POMONA VALLEY HOSPITAL
MEDICAL CENTER

*Expert care with a personal touch*

# 2015 Community Benefit Plan

## and Implementation Strategy in Support of Pomona Valley Hospital Medical Center's 2015 Community Health Needs Assessment

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**Prepared in Compliance with**
California's Community Benefit Law and
Section 501(r)(3) of the Internal Revenue Code
Report for fiscal year 2014

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# Preface

**California's Community Benefit Law**

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

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

**Federal Requirements**

Federal requirements in Section 501(r)(3) of the Internal Revenue Code, created by *The Patient Protection and Affordable Care Act* (2010), require not-for-profit hospitals and healthcare organizations to conduct a triennial Community Health Needs Assessment (CHNA) and complete a companion Implementation Strategy for addressing those identified community needs. These requirements are a provision to maintaining tax-exempt status under Section 501(c)(3). In compliance with these requirements, Pomona Valley Hospital Medical Center (PVHMC) conducted a 2015 CHNA and completed an Implementation Strategy to address the significant needs identified in our assessment. The Implementation Strategy has been included in our 2015 Community Benefit Plan and PVHMC continuously monitors performance metrics to track progress and gauge the success of our outlined programs and strategies.

## Approval from a Governing Body

PVHMC's Community Benefit Plan, Community Health Needs Assessment (CHNA) and Implementation Strategy were adopted by the Board of Directors on May 7, 2015. As we proceed with 2015 and move into 2016, PVHMC plans to continue supporting its varied community benefit activities and programs currently in place as described in this report, and develop new programs, when appropriate, to meet the needs of the community as identified in our 2015 Community Health Needs Assessment.

# Executive Summary

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

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

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

In 2015, in compliance with California's Community Benefit Law and Section 501(r)(3) of the Internal Revenue Code, created by *The Patient Protection and Affordable Care Act* (2010), a Community Health Needs Assessment was completed. This assessment is intended to be a resource for PVHMC in the development of activities and programs that can help improve and enhance the health and well-being of the residents of Pomona Valley. In response to the assessment's findings, an Implementation Strategy was developed to operationalize the intent of PVHMC's Community Benefit Plan initiatives through documented goals, performance measures, and strategies.

PVHMC demonstrates its profound commitment to its local community and has welcomed this occasion to formalize our Community Benefit Plan and Implementation Strategy. Our community is central to us and it is represented in all of the work we do. PVHMC has served the Pomona Valley for 112 years, and we value maintaining the health of our community.

# About Pomona Valley Hospital Medical Center

## Our Mission

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

## Our Vision

PVHMC's vision is to:

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

## Our Values

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

## Our Location

1798 N. Garey Avenue, Pomona, CA 91767

## Our Organizational Structure

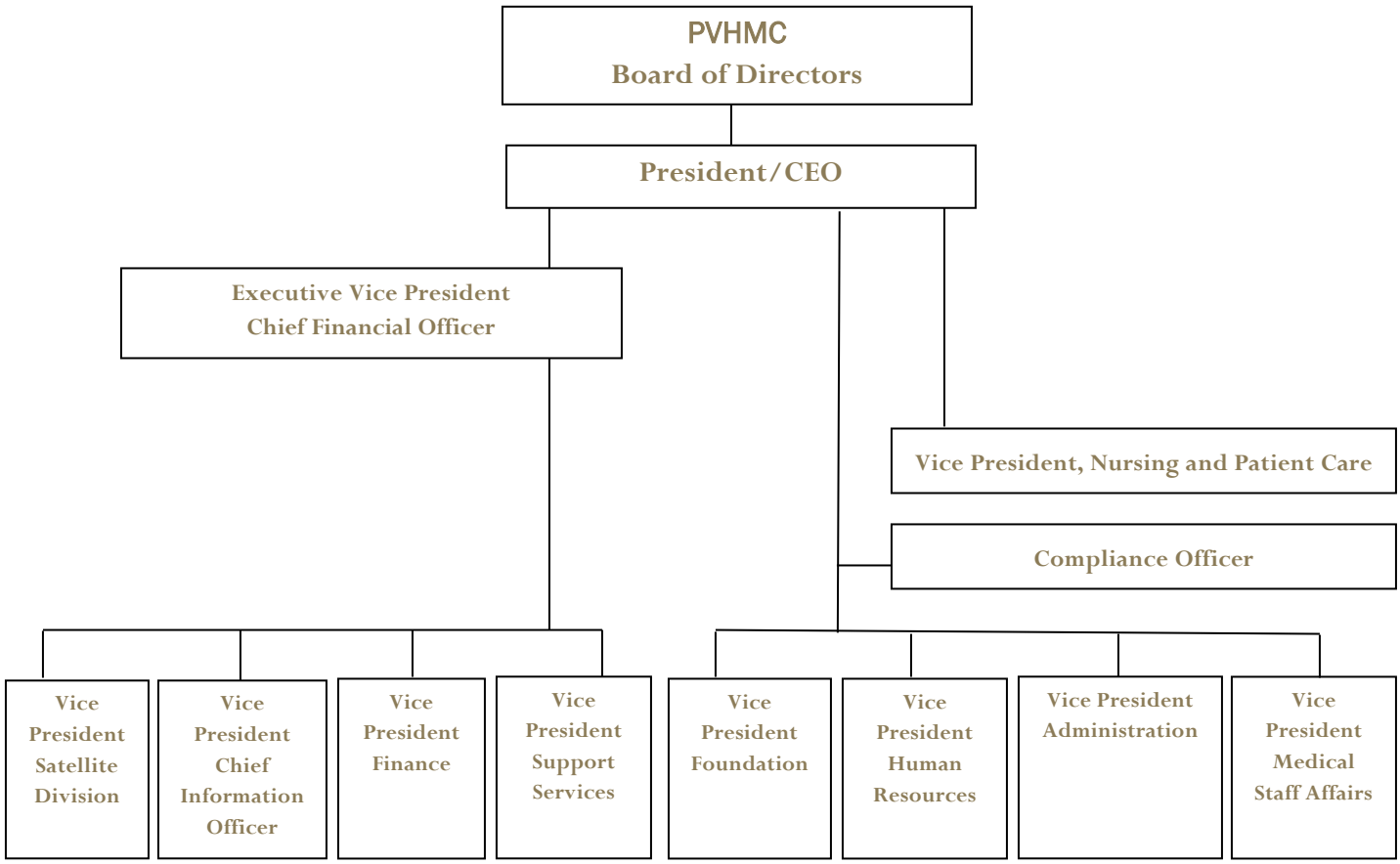
PVHMC is governed by a Board of Directors whose members are representative of the community, hospital and medical staff leadership. The Board of Directors has been integrally involved from the earliest days of the Senate Bill 697 process. The President/CEO is charged with the day-to-day administrative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

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

***Chairman, Board of Directors:*** Kevin McCarthy

***Community Benefit Plan Coordinator***: Leigh C. Cornell, MHA

**Figure 1**. Organization Chart



## Unique Pomona Valley Hospital Medical Center Assets

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

### Services

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

### Awards and Designations

- Joint Commission Accredited Hospital
- Los Angeles County STEMI-receiving Hospital
- EDAP- Emergency Department Approved Pediatrics
- Los Angeles County Disaster Resource Center
- Primary Stroke Center certified by the Joint Commission
- Advanced certification in Palliative Care by the Joint Commission
- Healthgrades "Top 100" Hospital in America for Cardiac Care, Cardiac Surgery, and Coronary Intervention
- Healthgrades Cardiac Services Excellence Award- 2014
- American Heart Association "Get with the Guidelines" gold plus rating- 2012-2013
- Joint Commission Top Performer on Key Quality Measures for heart attack, heart failure, pneumonia-2012
- Blue Distinction Center recipient for spine care, knee and hip replacement, and cardiac care-2013
- CALNOC Sustained Excellence Award recipient for Best Performance in the Reduction of Pressure Ulcers (Stage II+)-2013
- CalHEN Improvement Champion for falls, pressure ulcers, surgical site infection, ventilator-associated pneumonia, and venous thromboembolisms- 2013
- Healthgrades Outstanding Patient Safety Excellence Award-2013 and Outstanding Patient Experience Award - 2012
- Thomas Reuters Top 50 Cardio Hospitals-2011
- Four time "Top 100 Hospital" rating achievement- 1996, 1998, 1999, 2000
- U.S. News and World report ranking for Gynecology and Nephrology care – 2011

## PVHMC Admission Statistics

| | 2012 | 2013 | 2014 |
|---|---|---|---|
| **Total Admissions** | 21,039 | 20,466 | 20,102 |
| **Percentage Direct Admit** | 51% | 52% | 56% |
| **Overall Hospital Length of Stay** | 4.4 | 4.5 | 4.5 |
| **Average Daily Census (Acute)** | 275 | 255 | 249 |
| **Average Daily Census (Adult-Only)** | 266 | 200 | 193 |
| **Emergency Visits (including LWBS and Admissions)** | 83,402 | 85,689 | 93,499 |
| **Hours on Diversion** | 599 | 277 | 113 |
| **Surgery** | | | |
| **Inpatient** | 3,750 | 3,315 | 3,300 |
| **Cardiac Surgery** | 160 | 157 | 190 |
| **Specialty Lab** | 5,356 | 5,493 | 6,383 |
| **Cath Lab Procedures** | | | |
| **Inpatient** | 3,585 | 2,854 | 2,491 |
| **Outpatient** | 10,588 | 8,284 | 3,791 |
| **Dialysis Treatments** | 3,844 | 3,551 | 3,270 |
| **Radiation Oncology** | 24,515 | 24,162 | 25,975 |
| **Deliveries** | 6,917 | 6,546 | 7,016 |
| **NICU Days** | 17,995 | 17,009 | 17,595 |
| **Ambulatory Visits** | 439,784 | 445,143 | 472,796 |
| **Sweet Success Visits** | 8,803 | 8,426 | 9,156 |
| **Respiratory** | 216,394 | 198,565 | 199,119 |

## Facts and Figures

*Year PVHMC Established:* **1903**

*Number of Licensed Beds:* **437**

*Average Number of Associates:* **2,900**

*Number of Volunteers:* **955**

*Number of Hours of Services:* **101,441**

*Number of Active Physicians on Medical Staff:* **446**

## Our Community

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

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

**Map 1: The Communities We Serve**

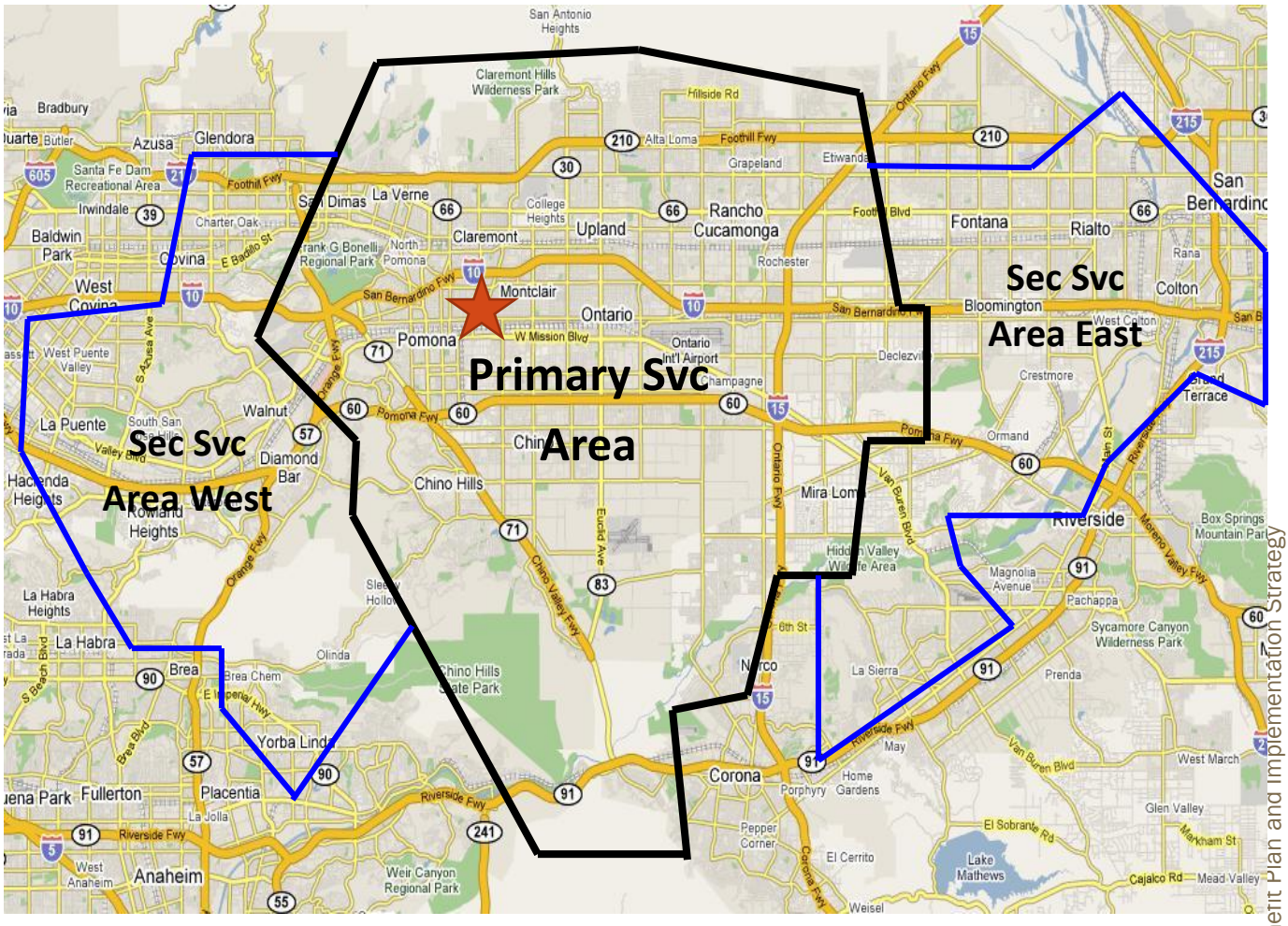

Primary Svc
Area
Sec Svc
Area East
Sec Svc
Area West
Pomona
Claremont
Upland
Ontario
Montclair
Rancho
Cucamonga
Fontana
Rialto
Bloomington
Colton
Chino Hills
Chino
Riverside
Corona
Norco
Mira Loma
Ontario Int'l Airport
La Verne
San Dimas
Glendora
Azusa
Baldwin Park
Covina
West Covina
La Puente
Walnut
Diamond Bar
Rowland Heights
La Habra Heights
La Habra
Brea
Yorba Linda
Placentia
Fullerton
Anaheim
San Antonio Heights
Claremont Hills Wilderness Park
Alta Loma
Etiwanda
Grapeland
Rochester
Crestmore
Ormand
Pachappa
Sycamore Canyon Wilderness Park
Prenda
La Sierra
May
Home Gardens
Porphyry
Pepper Corner
El Cerrito
Lake Mathews
Weir Canyon Regional Park
Chino Hills State Park
Olinda
Brea Chem
Sleepy Hollow
Hacienda Heights
South San Jose Hills
West Puente Valley
Santa Fe Dam Recreational Area
Irwindale
Charter Oak
Frank G Bonelli Regional Park
North Pomona
Hillside Rd
Foothill Fwy
San Bernardino Fwy
W Mission Blvd
Pomona Fwy
Orange Fwy
Chino Valley Fwy
Euclid Ave
Ontario Fwy
Van Buren Blvd
Riverside Fwy
Moreno Valley Fwy
Box Springs Mountain Park
Magnolia Avenue
West March
Glen Valley
El Sobrante Rd
Markham St
Cajalco Rd
Mead Valley
Weisel
Terrace
Rana
Declezville
Champagne
Hidden Valley Wildlife Area
Bradbury
Butler
Azusa
Glendora
Foothill Fwy
Charter Oak
E Badillo St
S Azusa Ave
Valley Blvd
Brea Blvd
S Beach Blvd
E Imperial Hwy
La Jolla
West Anaheim
Riverside Fwy
Pomona Fwy
Van Buren Blvd
Ontario Fwy
Euclid Ave
Chino Valley Fwy
Orange Fwy
Foothill Fwy
Riverside Fwy
Corona Fwy
Moreno Valley Fwy
Van Buren Blvd
Riverside Fwy
Pomona Fwy
San Bernardino Fwy
Foothill Blvd
Hillside Rd
Ontario Fwy
Grapeland
Etiwanda
Rana
Colton
West Colton
Crestmore
Ormand
Pachappa
Prenda
La Sierra
May
Home Gardens
Porphyry
Pepper Corner
El Cerrito
Lake Mathews
Weir Canyon Regional Park
Chino Hills State Park
Olinda
Brea Chem
Sleepy Hollow
Hacienda Heights
South San Jose Hills
West Puente Valley
Santa Fe Dam Recreational Area
Irwindale
Charter Oak
Frank G Bonelli Regional Park
North Pomona
Claremont Hills Wilderness Park
Hillside Rd
Alta Loma

**Table 1: PVHMC's Primary Service Area Population**

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

Source: U.S. Census Bureau, 2010

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

**Table 2. Ethnic Diversity of Our Community 2010**

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

Source: U.S. Census Bureau, 2010

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

# 2015 Community Health Needs Assessment

Grounded in a longstanding commitment to address the health needs of our community, Pomona Valley Hospital Medical Center (PVHMC) partnered with California State University San Bernardino's Institute of Applied Research (IAR) to conduct a formal Community Health Needs Assessment (CHNA). The complete 2015 CHNA process consisted of primary and secondary data collection, including valuable community, stakeholder, and public health input, that was examined to prioritize the most critical health needs of our community and serve as the basis for our Community Benefit Plan initiatives and Implementation Strategy.

### *Methodology*

Primary data was collected via telephone survey and consisted of input from 333 residents- including low income, medically-underserved and minority members- within eleven communities that we serve. Telephone surveys were conducted between January 7, 2015 and January 10, 2015. The Principal Investigator was Barbara Sirotnik, PhD and the Project Coordinator was Lori Aldana, MBA. Additional primary data was obtained through PVHMC's interview with Christin Mondy, Los Angeles County SPA 3 and SPA 4 Health Officer, and through three focus group meetings with organizations who represent the broad interests of the communities we serve. Secondary supporting data highlighting health status indicators and major health influencers was collected from several sources, and when appropriate, compared to Healthy People 2020 goals.

Every attempt was made to solicit primary, secondary, and health-related information relative to the communities we serve. In some instances, PVHMC's ability to assess the health needs was limited by lack of existing data at the city and county level. Additionally, in some instances, comparable health-related data was limited across both counties in which our primary service area encompasses.

### *Objectives*

The objectives of the 2015 CHNA were to: 1) objectively look at demographic and socioeconomic aspects of the community, health status, and barriers to receiving care, 2) identify opportunities for collaboration with other community based organizations 3) identify communities and groups that are experiencing health disparities, and 4) to assist PVHMC with the development of resources and programs that will improve and enhance the well-being of the residents of Pomona Valley.

*The following is a summary of PVHMC's 2015 CHNA. The full report is widely available for review on our website (pvhmc.org).*

## Community Profile

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

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

- ### *Low Income*

  17.2% of Pomona residents are living at or below the federal poverty level[2]

## Summary of Needs Assessment Findings

In general, this section of the report is divided by conceptual categories. The following is a summary of findings from surveying 333 members of our community:

### *Demographic and Self-Reported Health Status*

| | | 2009 | 2012 | 2015 |
|---|---|---|---|---|
| Gender | Male | 35.9% | 32.5% | 42.3% |
| | Female | 64.1% | 67.5% | 57.4% |
| Married | | 63.4% | 58.8% | 55.8% |
| Some College or College Degree | | 71.4% | 74.4% | 67.8% |
| Median Household Income Category | | $50,000 -$66,000 | $50- $66,000 | $50,000- $65,000 |
| Ethnicity | Caucasian | 62.2% | 57.7% | 51.3% |
| | Hispanic | 28.3% | 26.1% | 41.8% |
| Average Age | | 54 | 55 | 53 |
| Average # of Years Living in Community | | 23 | 23 | 20 |
| Average # of People Living in the Household | | 3 | 3 | 3 |
| Those with No Children Living in the Household | | 58.0% | 57.2% | 61.7% |
| (Of those with Children): # of Children Living in the Household | | | | |
| | One | 44.2% | 42.5% | 44.1% |
| | Two | 31.0% | 37.2% | 25.2% |

When respondents were asked "would you say that in general your health is excellent, very good, fair or poor" (Question 25), most of the respondents (68.8%) said "excellent" or "very good". Only 3.3% said their health is "poor." These figures are not a significant shift from 2009 and 2012 values.

**Table 3: Respondents' Rating of their Health**

| | 2009 | 2012 | 2015 |
|---|---|---|---|
| Excellent | 15.1% | 16.4% | 15.2% |
| Very Good | 54.9% | 51.4% | 53.6% |
| Fair | 23.7% | 25.1% | 27.9% |
| Poor | 6.2% | 4.3% | 3.3% |

### *Health Insurance Coverage:*

- The majority of respondents (80.5%) said that ***all*** of the adults in the household are covered by insurance, with another 14.0% saying that some of the adults are covered. Only 5.5% of them said that ***none*** of the adults are covered by health insurance. This is a significant improvement from previous year's needs assessments when only 76.6% of respondents said that all of the adults in the household were covered by insurance
- The vast majority (95.2%) said that ***all*** of their children are covered by health insurance. Only 3 people (2.4%) said that ***none*** of the children are covered, and another 3 people (2.4%) said the some of the children are covered. These figures are a significant improvement from 2009 and approximately the same as those collected in 2012 for previous assessment reports.
- The health insurance trend found in the 2015 assessment is as follows:
  - Younger people are less likely to have all adults covered than older people
  - Hispanics are less likely to have all adults covered than non-Hispanics

- People with higher incomes are more likely to have all adults covered than those with lower incomes
- Those people with more education are most likely to report that all adults are covered

### *Barriers to Receiving Needed Health Services:*

- When asked if they or anyone in their family had needed any health services within the past year that they could not get, 11.6% (38 people) said "yes."
- As might be expected, income was strongly related to the this question: 24% of those making $35,000 a year or less reported that they had needed services that they couldn't get, as opposed to 11% of those making $35,000 up to $80,000, and 5% of those making $80,000 or more.
- When asked what kept them from getting needed services (Question 8a), cost was the number one factor, with 27.0% (10 people) saying they are worried about the cost of services and/or co-payments, and 13.5% (5 people) indicating a concern about the cost of needed prescriptions. Another 9 said they do not have health insurance and 3 said their provider wouldn't accept their insurance coverage.
- What services were those people unable to get in the last year? The answers from the 37 people who responded were quite varied: 7 mentioned dental care, 4 mentioned some type of surgery, three mentioned vision, and another 3 indicated that they couldn't get prescriptions filled.

### *Utilization of Primary Care and Preventative Services:*

- Most respondents reported that they keep up with regular doctor visits. That is, 80.3% of them said they had visited their doctor for a general physical exam (as opposed to an exam for a specific injury, illness or condition) within the past year
- 83.2% said that all of their children had a preventative health care check-up within the past year; another 0.8% said that *some* of the children had a check-up. On the other hand, that still means that 16.0% said their children did NOT have a health-care check-up within the past year. It is unknown why the 16% (20 families) did not seek that service since almost all of them (19 of the 20) had earlier indicated that all of the children are covered by insurance. This question was noted for consideration in future needs assessment surveys.
- 94.4% of respondents said that all of their children have received all of the immunizations the doctor has recommended, and another 3.2% said that *some* of the children had received all of their vaccinations.

**Table 4. Percent of Respondents Who Said They or a Family Member Has Had a Health Screening**

| Health Screening Test | % "Yes" 2009 | % "Yes" 2012 | % "Yes" 2015 | HP 2020 Targets |
|---|---|---|---|---|
| Prenatal care in the past year | 5.2% | 6.5% | 10.4% | N/A |
| Pap smear in the past **year** (2009 & 2012) or **three years** (2015) | 51.2% | 49.8% | 63.1% | **93.0%** [a] |
| Mammogram in the past year | 52.9% | 53.9% | 50.8% | **81.1%** [b] |
| Blood test for cholesterol in the past year | 75.5% | 76.5% | 79.6% | **82.1%** [c] |
| Screened for colon cancer in the past ***five*** years (2009 & 2012) or ***ten*** years (2015) | 46.6% | 49.8% | 52.9% | 70.5% [d] |

**NOTES:**

a. The HP 2020 target for cervical cancer screening is age adjusted, 21 – 65 years, and refers to receiving a Pap test within the past ***3 years.***
b. The HP 2020 target for mammograms refers to the past ***2 years***, not the past year, and is age adjusted for ages 50 – 74.
c. The HP 2020 target for having their blood cholesterol checked is an age-adjusted percentage for the preceding ***5 years***, NOT the past year.
d. No time element is given for the colon cancer screenings in HP 2020.

Considering that these screening tests have proven over time to be invaluable in detecting medical problems early, why did people choose not to get them? The predominant reasons cited in an open ended multiple response question included being too old or too young to need the test (47.5%), not thinking the test is important or necessary (21.0%), the perception that "healthy people don't need it" (11.5%), and not having insurance (9.0%). Very few people (2.5%) indicated that a fear or dislike of the test kept them from getting the screening.

### Utilization of Urgent Care Services:

- 47.2% (154 people) have visited an urgent care within the past year
- 61.8% had ***not*** tried visiting their primary care doctor prior to going to urgent care; 38.2% said they had. In most cases (52.6%), the doctor directed the person to go to urgent care

### Need for Specialty Care:

**Table 5. Percent of Respondents Who Said They or a Family Member has a Chronic or Ongoing Health Condition**

| Chronic or Ongoing Health Condition | Percent Who Said "Yes" 2009 | Percent Who Said "Yes" 2012 | Percent Who Said "Yes" 2015 |
|---|---|---|---|
| Cancer | 15.8% | 9.0% | 13.4% |
| Diabetes | 32.1% | 19.5% | 25.9% |
| Asthma | 25.0% | 11.8% | 16.5% |
| High Blood Pressure | 51.5% | 36.5% | 42.7% |
| Obesity | 17.3% | 8.7% | 21.6% |
| Osteoporosis | 13.3% | 8.7% | 10.7% |
| Chronic Heart Failure | 8.2% | 3.4% | 4.6% |
| High cholesterol/arteriosclerosis* | -- | -- | 32.3% |
| Arthritis* | -- | -- | 29.9% |
| Other | 15.3% | 9.9% | 13.4% |

* These were new categories included in 2015 assessment and were surveyed in prior assessments

- Most of the respondents (88.7%) said that they and/or their family member have received adequate help in managing the disease
- When we focus on those who felt that they didn't receive adequate help, many are people with "high incidence" conditions: 12.7% of people with high cholesterol, 11.8% of those with obesity, 11.7% of those with arthritis, 10.3% of those with high blood pressure, and 9.9% of those with diabetes apparently need more help managing the disease.

### Experience and Evaluation with Pomona Valley Hospital Medical Center:

- 51.1% reported that they have at some time gone to PVHMC for healthcare ; 44.9% chose PVHMC because it was nearby
- 46.2% said they had been to PVHMC's Emergency Room; a figure virtually unchanged from previous needs assessment figures. The majority of those who actually needed care (71.7%) said they ***did not*** try to see their doctor before going to the emergency room (Question 24), predominantly because it was after hours (39.8%) or an emergency situation (28.9%), or a situation that required transportation by ambulance (26.5%).
- 6.6% of respondents reported they have utilized classes offered by PVHMC; a decrease from previous assessment figures of 10.9%

- 18.6% would like to see more classes offered; an increase from previous assessments. Over half of those individuals are Hispanics, thus it might make sense to offer some classes targeted specifically at that group.
- 10.1% had attended a health-related support group in the past year; a decrease from the previous assessment figure of 14.0%
- Nutrition (14.8%), Diabetes (9.9%), Obesity and Weight Loss (7.4%), High Blood Pressure (5.8%) and Cancer Care (6.6%) were the most requested health classes; interests in all categories increased from previous assessments.
- Only 5.4% responded that there are unmet health related services in the community; responses included general health insurance needs, pain management, gym/exercise, services for high blood pressure, and dental services.
- When asked what PVHMC can do to improve the health of the community, 24.6% said they couldn't think of anything, and 15.5% said PVHMC is doing a good job and they are happy with the services offered. However, suggestions to improve the health of the community were: 1) provide more outreach and awareness of programs and services (6.7%), 2) provide affordable health care services, free screenings, and accept all insurances payers (9.1%) and 3) provide more classes, events, and support groups (11.1%).

### *Summary of Focus Group Studies*

On January 20, 2015, IAR had the opportunity to meet with six community leaders representing minorities and medically underserved individuals. More specifically, these leaders represented the homeless, low income, youth and adults, and domestic violence victims. They are on the "front lines," providing services such as: delivering comprehensive health care for individuals of all ages; organizing fitness programs for families and individuals who are trying to regain or maintain a healthy lifestyle; working with victims of domestic violence who have suffered emotional and physical trauma and need counseling, intervention, shelter, transitional housing, and anger management services; providing primary care; overseeing services such as emergency food and shelter, and a community Farmer's Market; and engaging in community outreach and health care coverage enrollment.

PVHMC representatives conducted two additional focus groups studies on October 2, 2014 and again on January 6, 2015 with stakeholders in the community: Community Senior Services, a not-for-profit organization primary serving the needs of our senior population, and The Health Consortium of the Greater San Gabriel Valley, comprised of representatives from various health organizations whose primary focus is on improving the health and well-being of Los Angeles County's SPA 3 through collaborative partnerships that strengthen the healthcare safety net.

***Following is a brief summary of themes and responses to the three focus groups:***

- When asked about **disease and needs for specialty care**, respondents verbalized and/or wrote the following:
    - More community resources should be allocated for addressing diabetes
    - High blood pressure is a serious health issue
    - Addressing obesity will significantly improve the quality of life in the community
    - Lack of available mental health providers and resources is a significant concern for the wellbeing of the community
    - Lack of education about the need for (and frequency of) of preventative health screenings, and the lack of a strong link with a primary care provider
    - Lack of available Alzheimer's and Dementia services and support, including a significant need for caregiver specific resources and education

- When asked about **barriers to health** the community faces, respondents written and verbal comments included:
    - Language and cultural barriers between providers and patients
    - Lack of trust and lack of knowledge of how to access care and navigate the healthcare system
    - Lack of insurance coverage
    - Lack of affordable and easily accessible healthy food; lack of financial resources to purchase healthy food
    - Lack of extended-hour urgent care facilities; it was mentioned that low-income and minorities especially struggle with missing work for preventative healthcare that is oftentimes only open during normal business hours.
    - Lack of internet services; it was mentioned that providers are moving more and more to web based services but many low-income and minority and senior populations do not have easy access

- When asked to **identify any other unmet needs** in the communities PVHMC serves, responses were as follows:
    - Transportation services, specifically for those who are not disabled and do not qualify for certain transportation assistance but are lacking reliable transportation to appointments ; specific mention also included that vouchers for bus services often expire before next appointment
    - More health education classes and groups out in the community
    - Short term housing and a transitional housing program for homeless
    - Need for improved care coordination among healthcare providers; need for improved linkages between hospitals, clinics, and other community-based organizations
    - Financial and insurance education classes specific to seniors and their caregivers who are often overwhelmed by the financial aspect that comes with changes in health as they age and the costs of care.
    - Better promotion of what is offered to the community; oftentimes there are services available to meet these needs, but "*patients are lost on where to start and where to go for services and support*."
    - Health literacy classes that educate on the basics of health and the healthcare system, such as the what, why, who, where, and how of healthcare

- When asked for **suggestions** on how PVHMC can work to improve the health of the community, responses included:
    - Relationship building; increasing partnerships and program collaborations with primary care providers and Community Based Organizations (CBOs). In previous assessments, IAR suggested that PVHMC may want to increase outreach efforts to the community. That recommendation still holds, both for the general community and for CBOs which are eager to partner with PVHMC in an effort to improve the health and wellness of the community. A related suggestion (mentioned by focus group participants) is to enhance linkages between the hospital and primary care services so that there is a better continuity of care, particularly for low income or homeless individuals.
    - Others reiterated that spending time focusing on diseases just "silos" the problem. As noted by one individual: *"There needs to be a focus on prevention, wellness, being healthy, and getting early intervention. Resources need to be allocated to prevention starting with children so they don't get these health issues. Obesity is an epidemic in the Pomona Valley School district. We know there are a lot of variables that prevent cost of food but we need to educate to make good decisions, exercise, food, etc." And as said by another: "We need to educate people on healthy eating and how to make good decisions to prevent the health problems in the first place."*
    - It was felt that there needs to be more **promotoras** to help the people in the neighborhoods. These individuals would be able to mitigate somewhat the issues of lack of trust, lack of understanding of

culture, language barriers, and the fear factor which exists among some undocumented residents. This is clearly not a health care need per se; however, focus group respondents feel that it IS a need in the community relative to primary and preventive care

- Better *promotion* of what PVHMC offers to the community, especially in regards to insurance enrollment, social services, and classes;

**Bottom line:** As one participant said, ***"People don't know how good PVHMC is…it is a diamond in the rough!"*** Based on participants' input, PVHMC is already doing a great deal to improve the wellness of minorities and medically underserved populations and the community overall, but could do more through partnerships and a focus on early intervention and disease prevention.

### *Public Health Identified Community Needs:*

**Table 6**, below, summarizes the health needs that were identified through interviewing Los Angeles County SPA 3 and SPA 4 Public Health Officer with the Los Angeles County Public Health Department, Christin Mondy, on December 5, 2014.

| | |
|---|---|
| **Health Concerns** | • Physical fitness and nutrition habits related to a high percentage of obesity (cause of premature death)<br>• Identified need for primary and preventative care services to accommodate working schedules; low-income minority populations with financial concerns do not miss work to make doctor's appointments during business hours<br>• High incidence of Diabetes in SPA3 (cause of premature death)<br>• Need for Mental Health services<br>• Need for additional transportation services |
| **Barriers to Health** | • Language Barriers to Health; identified need for language resources<br>• Concerns for safety in the community directly correlates to the level of physical activity among children<br>• High level of homelessness in Pomona Valley and SPA3<br>• Lack of knowledge about insurance, navigating, and what is offered in the community |
| **Recommendations for PVHMC's Implementation Strategy** | • Programs for healthy food access and nutrition education, diabetes education and heart disease education<br>• Increase utilization and promotion of health education classes<br>• Consider developing measures to set up ED patients with primary care if currently unassigned to a Physician |
| **Recommended Short-term or Long-term goals for PVHMC** | • Identified need for Diabetes and Coronary Heart Disease education and management in the community to reduce premature deaths<br>• Health outreach and services for homeless individuals |
| **Recommendations for Collaboration** | • Increase collaboration with public health liaisons in the Pomona Valley region<br>• Focus efforts to compliment community services- not duplicate services; collaborate with others versus working in silos<br>• Identified need to make healthy living and education easy for people; consider collaborating with schools to reach children and parents in their environment |

### *Summary of Secondary Data*

Together with the primary data from the telephone survey, this information is helpful for the development of PVHMC's Implementation Strategy and helps in identifying which areas within PVHMC's primary service area are experiencing the health disparities.

The following tables present secondary data from the most recent available California Health Interview Survey (2011-2012)

**Table 7. Percent of Adults (18 – 64) Rating Their Health as "Fair" or "Poor" (City-Specific)**

| COUNTY/SPA | % |
|---|---|
| Los Angeles | 20.8% |
| San Bernardino | 21.8% |
| San Gabriel (SPA3) | 21.7% |

| CITY | % |
|---|---|
| Chino | 20.9% |
| Chino Hills | 15.8% |
| Claremont | 12.1% |
| La Verne | 12.9% |
| Pomona | 25.9% |
| Montclair | 31.5% |
| Ontario | 27.0% |
| Rancho Cucamonga | 18.8% |
| San Dimas | 13.5% |
| Upland | 19.7% |

Sources: 2011 – 2012 California Health Interview Survey;
2011 – 2012 California Health Interview Survey, Neighborhood Edition

**Table 8. Percent of Adults Diagnosed With Heart Disease, Diabetes, or Obesity (City-Specific)**

| CITY | % Heart Disease | % Diabetes | % Obese (BMI $\geq$ 30) |
|---|---|---|---|
| Chino | 5.7% | 9.4% | 31.7% |
| Chino Hills | 5.2% | 8.4% | 24.8% |
| Claremont | 5.8% | 5.4% | 16.9% |
| La Verne | 6.3% | 6.6% | 21.7% |
| Pomona | 4.8% | 8.6% | 29.3% |
| Montclair | 6.2% | 12.6% | 37.2% |
| Ontario | 5.8% | 11.9% | 35.3% |
| Rancho Cucamonga | 5.8% | 8.1% | 29.3% |
| San Dimas | 6.2% | 6.3% | 22.1% |
| Upland | 7.0% | 9.1% | 30.1% |

Sources: 2011 – 2012 California Health Interview Survey, Neighborhood Edition

Poor diet (eating too little or too much, not having enough fruits and vegetables in the diet, and not having a varied diet) tends to contribute to several disease states, including heart disease, obesity, diabetes, some cancers, high cholesterol, and high blood pressure.[3] In contrast, healthy eating can play a major role in the prevention of such diseases.

[3]. US Department of Agriculture and US Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th edition. Washington, DC: US Government Printing Office; 2010.

The following table is a snapshot of healthy (and not-so-healthy) eating patterns.

**Table 9. Food and Nutrition**

| | LA County | SB County | SPA3 |
|---|---|---|---|
| % ***all residents*** (children, teen, adult) who ate fast food in the past week | 68.4% | 73.6% | 68.1% |
| % ***adults*** who ate fast food in the past week | 67.2% | 72.4% | 67.6% |
| % ***children & teens*** who ate fast food in the past week | 72.6% | 76.8% | 70.0% |
| % ***adults*** who consume 1 or more sodas per *week* | 46.5% | 47.3% | 41.1% |
| % ***children & teens*** who consumed ≥ 2 glasses of soda or sugary drinks *yesterday* | 16.5% | 18.7% | 15.0% |
| % ***children*** who ate ≥ 5 servings of fruits and vegetables daily | 55.4% | 57.8% | 61.8% |
| % ***teens*** who ate ≥ 5 servings of fruits and vegetables yesterday | 22.1% | 15.7% | 15.6% |
| % ***adults*** without the consistent ability to be able to afford enough food | 9.9% | 11.3% | --- |

Sources: 2011 – 2012 California Health Interview Survey (CHIS)

**Table 10. Food Insecurity (City-Specific)**

| CITY | % Unable to Consistently Buy Food |
|---|---|
| Chino | 9.1% |
| Chino Hills | 4.3% |
| Claremont | 2.4% |
| La Verne | 3.2% |
| Pomona | 15.3% |
| Montclair | 18.0% |
| Ontario | 14.9% |
| Rancho Cucamonga | 5.9% |
| San Dimas | 3.6% |
| Upland | 6.8% |

Source: 2011 – 2012 California Health Interview Survey, Neighborhood Edition

### *Environmental and Behavioral Influencers of Health:*

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

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

## Prioritized Health Needs

PVHMC's Community Benefit Committee reviewed the 2015 Community Needs Assessment and through analysis of primary, secondary, focus group and public health input received, the following were identified as significant health needs in PVHMC's primary service area:

- Health Education and Support Groups for Patients and Caregivers
- Diabetes
- Obesity
- High Blood Pressure
- Alzheimer's and Dementia
- Access to Primary and Specialty Care
- Care Coordination
- Transportation
- Promotoras
- Mental Health
- Promotion of what PVHMC offers; increasing community awareness of what is available/offered in the community

**Three overarching health themes emerged from our 2015 Community Health Needs Assessment (CHNA) as considerations for PVHMC to organize community benefits:**

- *Chronic Disease Management*
- *Health Education and Support Groups*
- *Access to Care*

**Table 11,** below, shows Pomona Valley Hospital Medical Center's prioritized health needs. Those needs that the Hospital does not plan to address in the Community Benefit Plan and Implementation Strategy are noted.

| PRIORITY AREA | COMMUNITY HEALTH NEED | PLAN TO ADDRESS |
|---|---|---|
| **1. Chronic Disease Management** | Diabetes | Yes |
| | Obesity | Yes |
| | High Blood Pressure | Yes |
| | Alzheimer's & Dementia | No |
| **2. Health Education and Support Groups** | Free Classes & Support Groups | Yes |
| | Improved Awareness of Services/Resources | Yes |
| | Promotoras Services | No |
| **3. Access to Care** | Access to Primary and Specialty Care | Yes |
| | Mental Health Services | No |
| | Transportation | No |
| | Care Coordination | Yes |

## Prioritization Process

Health needs identified in our CHNA were determined to be significant through evaluation of primary and secondary data, whereby those identified health needs were prioritized based upon: (1) community respondents and key informants identified the need to be significant, or largely requested specific services that they would like to see Pomona Valley Hospital Medical Center provide in the community (2) feasibility of providing interventions for the unmet need identified in the community, in such that Pomona Valley Hospital Medical Center currently has, or has the current means of developing the resources to meet the need, and (3) alignment between the identified health need and Pomona Valley Hospital Medical Center's mission, vision, and strategic plan. PVHMC's 2015 CHNA was approved and adopted by the Board of Directors on May 7, 2015.

## Health Needs Not Being Addressed

Pomona Valley Hospital Medical Center (PVHMC) responds to priority health needs in many ways. In addition to uncompensated and charity care, PVHMC annually provides direct financial support to local nonprofit organizations that are uniquely qualified to provide specialty services to our community and targeted populations. Of the priority health needs identified through our needs assessment, PVHMC evaluated its capacity to serve the mental health, transportation, Promotoras and Alzheimer's/Dementia needs of our community. PVHMC does not have a licensed psychiatric facility or the current capacity to provide inpatient and outpatient mental health or substance abuse treatment, and also does not currently have trained *promotoras* on staff to perform peer-to-peer education out in the community. PVHMC does not currently have programs in place to directly address Alzheimer's and Dementia and currently does not have concrete plans to develop this specific program; however, PVHMC does seek to address this need indirectly through our vast efforts in care coordination and social services. Additionally, while PVHMC has some services in place to assist with transportation needs, such as taxi vouchers and services in place to assist with ambulance transports between facilities, it was determined that this need at a community-wide level is best served by others. Accordingly, PVHMC will continue to support Tri-City Mental Health, the Department of Mental Health, Prototypes, the YWCA of the San Gabriel Valley and Inland Communities, Community Senior Services, and other community based organizations that directly provide services to address these needs. We are committed to our relationships with these organizations and continuously seek partnerships and opportunities to directly address these needs in the future.

## Evaluation of Anticipated Impact

As a non-profit organization, Pomona Valley Hospital Medical Center takes pride in our commitment to continuously strive to improve the status of health of our community. Even so, PVHMC's vast efforts in promoting community health, and dedication to providing *"Expert Care with a Personal Touch"* serves as an opportunity to examine some of our current programs, strategies, and successes. Taking a close look at specific actions that PVHMC has taken to address priority health needs identified in prior Community Health Needs Assessments, PHVMC's brief evaluation of the anticipated impact of such actions is as follows:

Through PVHMC's efforts and strategy to meet the growing health needs of our community, we have previously anticipated, and continue to anticipate through current efforts, the following impact on the health of the community:

- reduced prevalence rate of targeted chronic diseases,
- increased awareness of risk factors associated with targeted chronic diseases,
- increased awareness of early intervention and prevention strategies,
- increased access to emergency, specialty, and primary care, and
- increased awareness of resources available in the community to meet health needs

Evaluating primary and secondary data in our most recent Community Needs Assessment compared to previous needs assessments indicates the following areas of health improvement in the community:

- The percentage of community members who have received prenatal care, pap smears, cholesterol testing, and colon cancer screenings has increased since PVHMC's last assessment (Table 5). Through our vast efforts and dedicated programs in chronic disease management, along with our physician recruitment program, PVHMC will continue to seek out ways to further increase the numbers of community members receiving preventative health screenings.
- The majority of respondents (80.5%) said that all of the adults in the household are covered by insurance and 95.2% of all children in household are covered, a significant improvement from previous assessments that indicated only 76% of adults were covered. Through PVHMC's participation in the hospital presumptive eligibility program and the trained Covered California representatives in place at the hospital, we will continue our work and efforts to further increase insurance coverage in our community, which in turn will provide residents better access to established primary care and hospital services.

Evaluating the following areas within the needs assessment demonstrates areas in which there remain unmet needs:

- Although the assessment indicates an increase in the percentage of community members who have received prenatal care, pap smears, cholesterol testing, and colon cancer screenings since PVHMC's last assessment (Table 5), these percentages are currently below recommended Healthy People 2020 targets, and demonstrates there is still a need for promoting the benefit and availability of health screening tests.
- Percent of respondents who said they or a family member has a chronic or ongoing health condition such as cancer, diabetes, obesity, high blood pressure, osteoporosis, and asthma increased from prior needs assessments (Table 6) which demonstrates there is still a need for services, classes, and partnerships with local non-profits to address these needs.
- 18.6% of respondents would like to see more classes offered at PVHMC; an increase from previous surveys. Similarly, 6.6% of respondents reported they have utilized classes offered by PVHMC; a decrease from previous assessments. This demonstrates an opportunity to better promote what PVHMC has made available to the community.

Our evaluation of the anticipated impact of our strategies further looked at both successes as well as areas in which the Hospital might consider future strategies to meet additional needs. The conclusion of the evaluation was as follows:

PVHMC will –

- continue providing free and partial payment hospital services for those without the ability to pay or limited financial resources
- continue reaching out to our local schools and community groups on the importance of healthy living
- continue providing medical services in underserved areas through free and community based clinical services
- continue providing yearly vaccinations and screenings to children and the elderly
- continue training health professionals like Family Medicine residents and nursing students in order to meet the needs of the future, especially in medically underserved areas
- participate in continuous review of PVHMC's Implementation Strategy to gauge the success of community benefit strategies
- continue working collaboratively with other community groups (i.e. local public health departments, community based clinics) to optimize PVHMC's outreach efforts,
- seek to identify where gaps in services exist and identify opportunities for additional partnerships
- continue to meet with community groups and stakeholders to gather input that will be helpful in outlining PVHMC's Community Benefit programs and activities
- consider future community benefit programs in the areas of Alzheimer's/Dementia, health literacy, financial and insurance education, transportation, and other programs identified as a need or suggested by community members and stakeholders

**Consideration of Comments from Previous CHNA and Implementation Strategy:**
PVHMC received one formal written comment on its previous report, from Dr. Gregory Dahlquist, which suggested the following:

- Instead of having the demographics within the assessment list the average age, it was suggested to perhaps to break down demographics by both community and age
- When querying what chronic disease and prevention services the community members have recently received, it was mentioned that the interval perhaps be changed. Pap smears are no longer recommended annually for healthy women, rather, they are recommended every three years. Additionally, a colonoscopy is now recommended every 10 years.

Considering these written comments, PVHMC's 2015 needs assessment surveyed the community using the suggested intervals. PVHMC's 2015 needs assessment also made comparisons at the SPA and County Level as well as compared to Healthy People 2020. This was additional secondary data that was not collected in previous assessment years.

*PVHMC further evaluates its strategies, programs and the anticipated impact in which they have in our community throughout the "Expert Care with a Personal Touch" and Community Benefit section of this report.*

## Community Partners and Resources

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

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

### Additional resources and organizations identified to address the health needs of our community:

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

# Implementation Strategy

In support of PVHMC's 2015 Community Health Needs Assessment (CHNA), and ongoing Community Benefit Plan initiatives, Pomona Valley Hospital Medical Center's Implementation Strategy documents the priority health needs for which PVHMC will address in the community and translates our CHNA data and research into actual strategies and objectives that can be carried out to improve health outcomes. PVHMC determined a broad, flexible approach was best as strategies and programs for community benefit are budgeted annually and may be adjusted during this 12-month period of time. Accordingly, the Implementation Strategy will be continuously monitored for progress in addressing our community's health needs and will serve as a tool around which our community benefit programs will be tailored.

## Priority Area 1: Chronic Disease Management

### *Identified Need: High Blood Pressure, Diabetes, Obesity*

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

**Strategies to address this need:**

- Provide glucose screenings at health fairs and events (local and on-campus)
- Provide free or low cost diabetes, weight management and nutrition education classes and resources
- Provide education to promote cardiovascular health and risk reduction
- Offer blood pressure screenings at health fairs and events (local and on-campus)
- Publish information on cardiovascular health, diabetes, cancer treatment, and available resources to address these conditions
- Provide care coordination services that seek to assure patients are positioned for a safe discharge home, with positive health outcomes and increased awareness and understanding of their healthcare needs after discharge
- Provide Cancer Care Patient Coordinators and Social Services to guide patients with making appointments, receiving financial assistance, and enrolling in support groups

**Anticipated Impact:** Through the above strategies, PVHMC anticipates the following improvements in community health over time: 1) reduced prevalence rate of targeted chronic diseases, 2) increased awareness about self-management tools, and 3) increased awareness of risk factors associated with targeted chronic diseases, and 4) improved community-wide program collaboration to address health needs

**Metrics and/or Methods of Evaluation:**

- Number in attendance at health fairs and events in which PVHMC participates; number of screenings performed
- Number of publications distributed; number or sources and avenues in which PVHMC promotes what is offered to the community
- Number of participants in cardiovascular, diabetic, and cancer classes, support groups, and lectures provided by PVHMC

**Programs and services provided by PVHMC, specifically designated to address Priority Need 1 - Chronic Disease Management:**

- Stead Heart and Vascular Center lectures and classes for cardiovascular health
- Saving Strokes Event
- Annual Los Angeles County Half- Marathon
- Community blood pressure screenings
- Diabetic Education Fair (on-campus)
- Nutrition education
- The Robert and Beverly Lewis Family Cancer Care Center education, wellness classes, workshops, forums, and events
- Cancer Program Annual publication
- Stead Heart and Vascular Center publications

## Priority Area 2: Health Education and Support Services

### *Identified Need: Health Education, Wellness Classes, Support Groups*

**Description:** PVHMC identifies health education and support services as being those that provide the delivery of health education, disease prevention programs, wellness classes, speaking engagements, and support groups that aide our community in disease recovery and healthy lifestyle choices that lead to better health outcomes, improved quality of life, and longevity of life.

**Strategies to address this need:**

- Provide free or low-cost health education classes, wellness support groups, and other health improvement services both at PVHMC and out in a community setting
- Collaborate with community partners and participate in community-wide initiatives to improve the health of the community
- Increase awareness of available classes offered at PVHMC through reaching out directly to the community and other organizations through written and verbal communication and publications
- Develop education, resources, and/or classes that promotes healthy eating, disease prevention, and weight management
- Participate and host speaking engagements to communicate to the community about health and services in the community
- Provide comprehensive, culturally sensitive health forums, support groups, and workshops that provide hands-on healthy lifestyle support to the community

**Anticipated Impact:** Through the above strategies, PVHMC anticipates the following improvements in the health of our community: 1) increased awareness of disease-specific risk factors, early intervention, and prevention strategies, and 2) improved awareness of community benefit programs offered at PVHMC and throughout the community

**Metrics and/or Methods of Evaluation:**

- Number of classes, workshops, and support groups and other designated community benefit programs PVHMC provides to the community

- Number of community participants in attendance *or aware* of the programs that are available to them
- Community feedback

**Programs and services provided by PVHMC, specifically designated to address Priority Need 2 – Health Education and Support Services:**

- The Robert and Beverly Lewis Family Cancer Care Center wellness classes, support groups, early detection and prevention lectures, and community forums-
- Women's and Children's Services health and education classes
- Stead Heart and Vascular Center Risk Reduction Class; cardiac education
- Cancer Program Annual Report
- Health Fairs/Community Events
- Hands-Only CPR
- Sleep Disorders Meetings
- Nutrition education
- Hospital tours in English, Spanish, and Chinese
- Inpatient smoking cessation education
- Inpatient asthma education
- "Every 15 Minutes" drunk driving education

## Priority Area 3: Access to Care

### *Identified Need: General Access to Care, Access to Primary and Preventative Care, Care Coordination*

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

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

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

- Care Coordination includes efforts to aid community members in accessing appointments and needed services as well as efforts to assist in navigating the healthcare system and reducing readmissions and overutilization of emergency care.

**Strategies to address this need:**

- Provide on-site enrollment assistance and for appropriate health insurance plans; participation in the hospital presumptive eligibility program
- Increase community awareness about health services offered, wellness classes, and support groups
- Provide discharge transportation for vulnerable patients who are otherwise unable to get home

- Provide free, low-cost or reduced-cost health services, medications, and medical devices
- Provide free or reduced cost screenings and immunizations at local health fairs
- Collaborate with primary care providers and clinics to improve access to preventative and specialty care
- Continue working with PVHMC's Family Medicine Residency Program through UCLA to increase the number of primary care physicians in the region
- Continue to increase PVHMC's capacity to care for patients needing emergency treatment, trauma services, surgery, and primary care
- Continue providing enrollment assistance in appropriate health plans for our community's vulnerable populations

**Anticipated Impact:** Through the above strategies, PVHMC anticipates the following improvements in community health: 1) increased access to emergency, specialty, and primary care, 2) increased awareness of established resources available in the community to meet health needs, and 3) increased insurance coverage

**Metrics and/or Methods of Evaluation:**

- Number of patient encounters among general, specialty, and community outreach services
- Number of new and recurring community partnerships established
- Number of immunizations and screenings provided in the community
- Amount of transportation services provided; Amount of medical device and medication assistance provided

**Programs and services provided by PVHMC, specifically designated to address Priority Need 3 – Access to Care:**

- PVHMC Family Medicine Residency Program
- Sports Injury Evening Clinic
- Enrollment assistance in appropriate health plans for our patients who are admitted without insurance
- Discharge transportation services for our vulnerable patients; ambulance transports
- Medication assistance
- Immunizations provided (in community and on-campus

## Additional Investments in Community Healthcare Needs

In addition to the community benefit programs and strategies to address the priority areas identified in our 2015 Community Health Needs Assessment, years of planning will culminate in expanded facilities to care for the changing healthcare needs of the community. For the next three years, Pomona Valley Hospital Medical Center will embark on the first phase of an expansive master plan to add beds, increase access to care, and improve the patient and visitor experience. This transformation will increase capacity and ensure quality healthcare for generations to come.

**Projects**

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

**Highlights**

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

## Additional Investments in Community Health

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

- ***Community Financial Support:*** PVHMC has a formal sponsorship process to award, sponsor, and support local community organizations that share the same mission and vision for improving the health of our community. In 2014, more than $50,000 was provided to nonprofit organizations in support.

- ***Economic Development:*** As one of the largest employers in our service area, PVHMC generates thousands of jobs and is committed to the economic prosperity of our community. PVHMC employs over 2,900 Associates and has 446 active Physicians on Medical Staff.

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

- ***Charity and Uncompensated Care***: PVHMC is a designated Disproportionate Share Hospital (DSH), providing healthcare services to indigent, uninsured, and underinsured populations at a cost of $33,675,723 in unreimbursed and charity care in 2014.

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

- ***Research:*** The Robert and Beverly Lewis Family Cancer Care Center at Pomona Valley Hospital Medical Center engages in annual clinical research and trials to improve the delivery of cancer care. Moving into 2016, the Stead Heart and Vascular Center at PVHMC will engage in clinical research with the American Stroke Association.

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

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

# "Expert Care with a Personal Touch"

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

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

Pomona Valley Hospital Medical Center's vast efforts in promoting community health and dedication to providing *"Expert Care with a Personal Touch"* serves as an opportunity to **evaluate** some of our programs and identify our successes in meeting the needs of our community this past year. PVHMC's 2015 focus study highlights some of our many efforts to promote an improved quality of life and evaluates our current strategies and the anticipated impact those strategies and programs have in addressing priority health needs identified in our needs assessment. Programs PVHMC has chosen to highlight in the 2015 Community Benefit Plan and Implementation Strategy are:

Maternal-Child Wellness

Palliative Care

Recuperative Care

Cancer Awareness

## Maternal Child Wellness

During the 2013-2014 flu seasons, PVHMC began to see many admissions of pregnant women with the diagnosis of Influenza. Because of this high incidence, PVHMC's Women's Center conducted a survey to determine which percentage of patients delivering at our hospital was actually receiving the flu vaccine during pregnancy. The response was less than 20% (less than 1 out of every 5 women) despite recommendations by the Centers for Disease Control (CDC) and American College of Obstetricians and Gynecologists (ACOG) that every pregnant woman be vaccinated; a surprising figure for being the 4th largest birthing hospital in the state. Further in the study it was revealed that very few patients were aware of these recommendations, and as a matter of fact, many viewed the vaccine was harmful during pregnancy. At that point, PVHMC's Women's Center understood that there was a significant need to educate the public.

With the cooperation of one of our patients, PVHMC produced a short video documenting her hospitalization as a result of Influenza. The video showed the problems and complications she and her baby endured and presented a strong case for vaccination. The Women's Center distributed the video to the community and Physician offices as part of an educational campaign and after re-surveying, data showed an increase in vaccination to 25%. However, still only 1 in 4 of expectant moms. It was then determined that patients would be *more* likely to get vaccinated if the vaccine was offered in a place they are more comfortable with- the place they receive prenatal care, under the direction of their Physician.

When reaching out to providers within the community, PVHMC learned that the prenatal offices oftentimes do not offer the vaccine because of financial barriers. To address this barrier, PVHMC, in partnership with local providers', provides the vaccine free of charge to pregnant moms in the communities we serve.

With this program in place, the 2015 preliminary study shows that 50% of expectant mothers admitted for delivery are receiving the vaccine while pregnant. These efforts have demonstrated PVHMC's commitment to ensuring that our community has access to the recommended preventative care they need.

## Palliative Care

As identified in our 2015 Community Needs Assessment, care of seriously ill patients is often poorly coordinated. Oftentimes, there are many consulting physicians, poor communication across providers, lack of knowledge available in the community and a lack of clear transition goals. PVHMC's Palliative Care Program aims to address these identified care coordination needs for patients and families. This program's goals are to: provide physicians, patients and families with the support to improve communication, improve pain and symptom management, improve satisfaction of care, provide coping strategies and tools for caregivers, and to build and strengthen relationships with community partners. In addition, secondary benefits and goals include: reducing the overall length of hospitalization and decreasing the need for readmission.

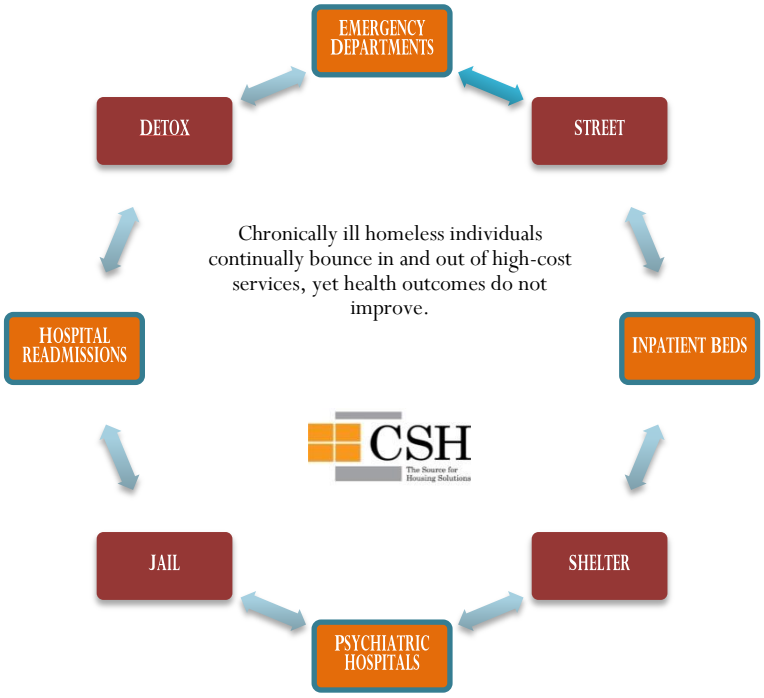
Palliative care represents patients through the lifespan and is truly a patient and family centered program, an adopted philosophy at PVHMC. The Palliative Care mission is to improve the quality of life for patients with life-limiting diagnoses through coordinated, comprehensive multidisciplinary approaches that address the physical, psychological, emotional, and spiritual needs of patients and families. PVHMC's Palliative Care team consists of Board-Certified Palliative Care Physicians, Registered Nurses, Licensed Clinical Social Workers, a Program Coordinator, and a Palliative Care certified Chaplain. Together, this team works to educate and promote understanding of disease processes, establish an environment that is culturally sensitive, engage patients and families in participating in the decision making process, and develop a plan that promotes quality of life.

On August 22, 2014, the Joint Commission on Accreditation of Hospital Organizations (JCAHO) awarded Pomona Valley Hospital Medical Center with Advance Certification in Palliative Care. PVHMC is the third hospital in the state to receive this distinction. The Joint Commission standards go beyond the basics of state and federal regulations and set consistently high standards for quality and safety. During the Palliative Care Survey, no improvements were identified. This makes PVHMC's Palliative Care Program an exemplary model of patient care and reflects our commitment to the care coordination of our patients.

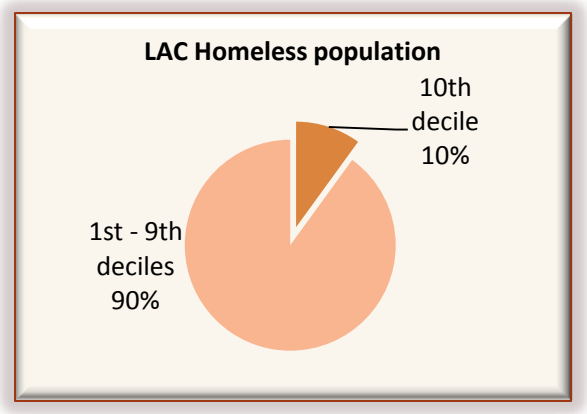
## Recuperative Care

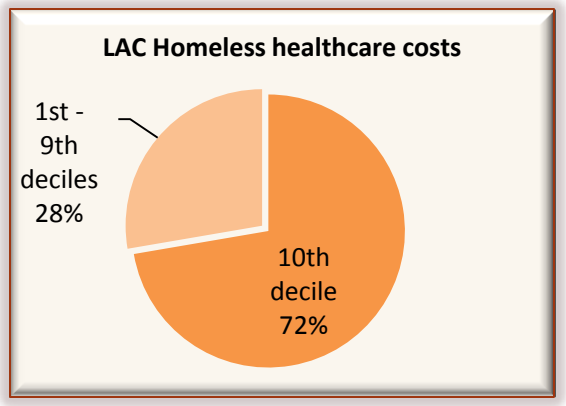
Los Angeles County has the largest homeless population of any major metropolitan area in the country; 5000 individuals are homeless within the San Gabriel Valley area alone. It is also well understood that homeless have higher incidences of physical and mental illness than the general population. Even so, San Gabriel Valley lacks a coordinated medical respite care program for homeless patients. These individuals are often in a cycle of chronic homelessness and social, behavioral and health crises, leading to frequent bouncing in-and-out of high-cost services without an improvement in outcomes.

In response to this significant need, Pomona Valley Hospital Medical Center applied for and received a grant totaling $916,000 from the National Health Foundation. The proposal was to establish a safe and nurturing "place" for homeless to go to after discharge from the hospital - a place for recuperation.




The Homeless Medical Respite Care provides recuperative care for homeless Emergency Room and inpatients to deliver post discharge care, connects these patients with a primary care medical home, and identifies the top 10th decile of end-users to attempt to move them to places with higher levels of support. Los Angeles County evidence reveals that 10% of the homeless population accounts for 72% percent of homeless healthcare costs. As also revealed in our Community Health Needs Assessment, homelessness exacerbates illness greatly and complicates treatment- which is why this is a great undertaking.



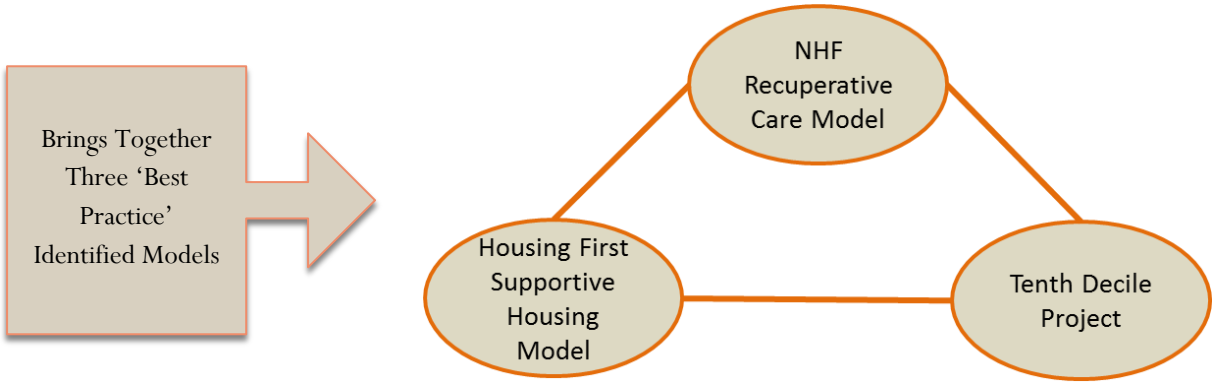




The goals of the Homeless Respite Care efforts are to reduce readmissions of these individuals, to reduce dependence and overutilization of Emergency Rooms, to better manage chronic diseases, and to establish permanent housing with supportive services for improved social, behavioral, and health outcomes.

PVHMC is not undergoing this effort alone however. In cooperation and collaboration with other Community-Based Organizations (CBOs), PVHMC is acting as the lead agency in organizing the grant as we work in partnership to meet this need for our most vulnerable patients across our broader community. Program participants include the Pomona Community Health Center, the National Health Foundation, the YWCA of the San Gabriel Valley, and Cooperation of Supportive Housing (CSH).

The roles of each partner are highlighted below:

| Project Partner | Role |
|---|---|
| PVHMC | Grantee; utilizer of services; grant management |
| Pomona Community Health Center | Medical home; project management, evaluation and reporting, pharmacy and ancillary services; patient advocacy |
| National Health Foundation and Illumination Foundation | Respite Care and Patient Follow-up |
| YWCA of SGV | Project Navigator; client follow-up; development of permanent support housing |
| Corporation for Supportive Housing | Technical Assistance for the 10th Decile Project and supportive housing |




This grant has allowed PVHMC and these partners to establish a place out in the community for recuperative care with clinical staff on site to provide Intravenous therapy, medications, and the like, and non-clinical staff are available to assist with Social Security, obtaining identification, applying for disability, and other services to support well-being. This program serves *all* hospitals within San Gabriel Valley, allowing them a place to discharge homeless patients to recuperate. Although the need for homeless care and services are great, and operationalizing and sustaining programs such as these are a challenge, PVHMC in collaboration with PCHC, CSS, YWCA, and the National Health Foundation is dedicated to improving the health of our community and committed to meeting this need for homeless individuals throughout the region.

## Cancer Awareness

Two years ago, PVHMC was the recipient of a grant from the Los Angeles Affiliate of the Susan G. Komen Foundation to provide diagnostic ultrasounds, mammograms, and biopsies to low-income women, especially Latinas, who don't have health insurance and who don't qualify for publicly funded programs. As PVHMC and others in the community have identified, young women experiencing breast cancer are especially at risk as they are often uninsured and have financial barriers that prevent them from accessing the early screening and diagnostic services they need. Although PVHMC

provides low-cost and reduced cost services, this grant in addition to our other efforts helps us to ensure that patients get diagnoses and treatment in earlier stages, therefore improving health outcomes.

The grant was well utilized; In 2014, PVHMC provided 53 diagnostic mammograms, 105 breast ultrasounds, and 19 breast and lymph node biopsies and follow-up analysis for those in need. A total of 4 breast cancers were diagnosed and those patients received life-saving treatment. A total of 135 patients under this Komen grant utilized the breast health services offered at PVHMC's Robert and Beverly Lewis Family Cancer Care Center.

Recognizing that PVHMC can further assist our community, the hospital decided to undergo an education campaign and thought Medline's Pink Glove Dance competition was a fantastic avenue to communicate the message about early diagnosis and to raise breast cancer awareness. More than 1000 Associates and Physicians participated, dancing in pink attire to raise awareness and bring HOPE through the following message:

*"Finding hope in a place that most identify or equate with grief and hopelessness seems like a daunting task. At PVHMC, it is a cornerstone of what we strive to provide: comfort, care, hope and happiness during difficult times. We chose to symbolize the transformation breast cancer patients experience by portraying the release of butterflies from our Box of Hope. The inspiration for the video is a depiction of just that…passing along hope and happiness one person at a time. With partnerships, friendships, and support, hope and happiness will abound "Like a room without a roof!" We find joy in lifting up our patients and Associates who have experienced breast cancer and are proud to partner with Susan G. Komen Los Angeles and our own Robert and Beverly Lewis Family Cancer Care Center to raise awareness. As a united front, we DANCE in the face of adversity against Breast Cancer."*

On October 2, 2014, live on the national news program for Fox & Friends, it was announced that Pomona Valley Hospital Medical Center was the winner of the 2014 Medline Pink Glove Dance Competition. Our award was exactly what we set out for it to be- our win resulted in a $15,000 grant that was designated to the charity of our choice. It is no surprise why we chose the recipient of our winnings to be the Los Angeles Affiliate of Susan G. Komen. They agreed to use these donated funds to further provide access to breast healthcare to people in the community; a true win for all.

# Community Benefit Activities and Programs

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

| |
|---|
| *Emergency Services* |
| *Women's and Children's Services* |
| *Ambulatory Services* |
| *Ancillary Services* |
| *Outreach Services* |

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

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

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

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

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

5. **Research**

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

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

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

# Emergency Services

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

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

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

## *Subsidized Health Services*

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

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

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

**Ambulance Transports:** Working with Case Management, the PVHMC Emergency Department provides appropriate level ambulance transports home or to another acute care facility or skilled nursing facility in an effort to meet the indigent or underinsured patient's continuing medical needs. In 2014, PVHMC provided this service to 210 persons served.

## *Community Building Activities*

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

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

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

**Safe Surrender:** The Safe Surrender program began in August, 1996 by a woman named Debi Faris who obtained permission to take custody of the remains of abandoned and unwanted newborns by giving them a name and a dignified burial. This place became known as the "Garden of Angels" and to date, 46 markers symbolize the work of Ms. Faris. From this beginning, Ms. Faris realized there was a crisis in our society that deserved immediate attention. Senator James Brulte was approached and immediately the Senator created a bill, Senate Bill 1368, which became known as the Newborn Abandonment Prevention Law. This law became effective in California on January 1, 2001. The law states that a parent of a newborn less than 72 hours of age can relinquish their baby anonymously and without the fear of criminal prosecution, to an employee at any hospital emergency department within the state of California. To date, Pomona Valley Hospital Medical Center has had three (3) newborns surrendered and we continue to prepare ourselves for future opportunities to save a life, which is basic to our mission and vision. The program has been shared with local schools and community programs; however, the need to increase awareness is crucial to the ongoing success of the program.

# Women's and Children's Services

At Pomona Valley Hospital Medical Center, we are focused on family health, perhaps that's why so many of families get their start here. **Ranked 4th in California and 2nd in Los Angeles County** for number of deliveries, 7,016, according to the most recent data from the Office of Statewide Health Planning and Development (OSHPD), PVHMC has the privilege of serving several generations of women in our community.

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

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

For patients experiencing complications during pregnancy, our Perinatal Center is led by a team of experts in maternal-fetal medicine who provide comprehensive care for high-risk mothers and their newborns. A pioneer and Southern California leader, our Maternal-Fetal Transport Program is equipped to handle any emergency when high-risk expectant mothers need to be quickly and safely transported to PVHMC from other nearby hospitals. Part of the program's uniqueness is it meets patients where they are, 24 hours/day, and deploys within 30 minutes of accepting a transport. The service transported 170 expectant mothers in 2013 and 143 in 2014. Goals of the program include serving the needs of expectant mothers in seven outlying counties, providing maternal-fetal ambulance and air transport for mothers needing emergency maternal services with a full-equipped level IIIb Neonatal Intensive Care Unit (NICU) on-site, and providing fully trained labor & delivery RNs capable of emergency care and able to deliver in route, if necessary. As part of our outreach, the PVHMC Maternal-Fetal Transport Team also provides training and education to healthcare providers on this specialty service.

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

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

The following is a list of Women's and Children's Programs and activities provided to the community in 2014:

### *Subsidized Health Services*

**In-House Obstetrics Coverage**: PVHMC has 10 participating Laborists (Hospital-based Obstetrics/Gynecology Physicians) providing 24-hours a day/7 days per week coverage for deliveries.

### *Community Health Improvement Services*

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

**Childbirth Preparation Class:** Offered in a 5 week series or a one-day course, our Childbirth Preparation Class provides community education on the physical and emotional aspects of the labor process. This class is designed to prepare the parent with hands on learning, comfort and breathing techniques, parenting, CPR, and the role of the support person. In 2014, 254 persons were served.

**Baby Express:** Designed to help parents get ready for the new baby experience, Baby Express education includes baby care, health, safety, and the "Happiest Baby" class which aims to teach new parents techniques to calm and soothe a baby. 112 persons were served.

**Big Brother/Big Sister:** Children, three to six years of age, are prepared for their first meeting with the new baby in the hospital and learn to help care for him/her at home. 42 persons served.

**Boot Camp for Dads:** A unique workshop designed to provide education to new dads. Boot camp veterans return with their 2-3 months old infant and give soon-to-be dads tips and support to head in the right direction with their new family. 163 persons were served.

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

**Breastfeeding Class:** Expectant parents receive current information and education about breastfeeding. About 240 persons were served.

**Breastfeeding Clinic:** Our free 4 day-a-week clinic is open to breastfeeding mothers and provides education, emotional support, pump rentals, and problem-solving techniques for successful breastfeeding. A lactation consultant is on hand to assist with their need. 816 persons were served.

**Infant/Child CPR:** This class provides infant/child Cardiopulmonary Resuscitation (CPR) skills for parents, grandparents and babysitters. Additional education provided on choking prevention how to handle other emergencies; also available in Spanish. 110 persons were served.

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

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

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

**Maternity Orientation:** A tour and orientation expectant parents to help them get acquainted with our labor, delivery, recovery, and postpartum units. Tours are also offered in Spanish and Chinese. 1,921 persons were served.

**Mommy n' Me Group:** Education and activities for moms with infants, birth to 6 months of age. Participants join other mothers to share and compare ideas, experiences, and information. 91 persons served.

**Safesitter Class**: Safesitter is a class to teach adolescents safe babysitting techniques. Students receive hands on practice in basic lifesaving techniques and education is provided on child development and age-appropriate activities. 242 persons served.

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

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

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

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

### *Health Professions Education*

**Perinatal Symposium:** Labor and Delivery and Neonatal education for the medical community (physicians and nurses). Education topics include management of various clinical situations that arise in practice with emphasis on optimizing the outcome for mother and infant. About 655 persons served.

# Ambulatory Services

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

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

## The Robert and Beverly Lewis Family Cancer Care Center

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

### *Community Health Improvement Services*

**Living Well After Cancer:** This exercise program for cancer survivors involves the staff of the Cancer Care Center, PVHMC's Physical Therapy department, and the Claremont Club, and is supported by the Oak Tree Charitable Foundation in Arcadia, California. *Living Well After Cancer* is targeted to aid in rehabilitation after cancer treatment and to improve fitness levels to live a better quality of life. 65 persons served.

**Health and Wellness Fairs, Forums and Events, Speaking Engagements, and Celebrations (e.g. Survivor's Day):** About 2,761 persons served in 2014

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

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

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

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

**Cancer Care Programs:** Multiple programs and support groups are offered to meet the needs of the community and to aid them through cancer diagnosis, treatment, and recovery. In 2014, 3,460 persons were served through the following cancer care support:

**Classes and Support Groups:**

- **Breast Cancer Support Group:** This group meets to discuss all issues related to breast cancer, and is led by a Breast Health Program Nurse.
- **Women with Cancer:** A support group for all women with all types of cancer meets to address their needs.
- **Look Good…Feel Better Support Group:** The focus is on the personal appearance of women who have experienced radiation or chemotherapy. Skin care and makeup techniques are presented along with a free makeup kit. Sponsored by The American Cancer Society.
- **Pomona Valley Ostomy Association:** Education and mutual support for "ostomates."
- **Leukemia/Lymphoma Support Group:** Support and education for people with leukemia, Hodgkin's disease, lymphoma, and multiple myeloma.
- **Bereavement/Loss Support Group:** This support group is for anyone who has suffered the loss of a loved one and is experiencing the grieving process; open to family members and friends.
- **When Cancer Enters Your Life:** A sharing support group for everyone - a cancer patient, a relative, friend, loved one, or co-worker- who has been affected by someone with cancer.
- **Cancer Treatment Fatigue-** Fatigue is the most common side effect of cancer treatment. Attendees learn the causes of fatigue, how to treat them, and how to cope with this challenging side effect.
- **"Do We Really Need to Talk About It?"** – This free program provides open discussion of the importance of Advanced Care Planning and the legal, financial and healthcare decision making processes, including Advance Directives, wishes, and how to access services in the community to assist with these needs.

**Wellness Programs:**

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

### *Research*

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

### *Cash and In-Kind Contributions to Community*

**Wig Program:** Wigs are available, free of charge, for women who have lost their hair as a result of cancer treatment. 175 persons were served.

## Pomona Valley Health Centers- Chino Hills

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

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

## Pomona Valley Health Center-Claremont

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

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

## Regional Kidney Stone Center

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

## Sleep Disorders Center

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

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

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

## Stead Heart and Vascular Center

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

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

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

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

As important as knowing the causes and risk factors of heart disease and stroke, it is also important to know where to go for the best treatment. In the past 12 months alone we've been recognized by objective organizations such as American Heart Association (AHA)®, American Stroke Association (ASA)®, Blue Cross®, Blue Shield®, HealthGrades®, California Coronary Artery Bypass Graft Outcomes Reporting Program (CCORP), Society of Thoracic Surgeons, and American College of Cardiology. Our recognitions include:

- First acute heart attack (STEMI) Receiving Center with dual county designation.
- Currently ranked in the top-ten among Los Angeles County's 34-hospital STEMI Receiving Center system for STEMI treatment times (LA County – Emergency Medical Services Agency)
- Top 5% nationally for STEMI treatment times (American College of Cardiology)
- Top 5% nationally for Stroke Treatment (HealthGrades)
- Top 5% nationally for Heart Failure Treatment (HealthGrades)
- Top 10% nationally for cardiac surgery outcomes (Society of Thoracic Surgeons)
- One of only 5 hospitals in California with BETTER than expected cardiac surgery outcomes (CCORP)
- GOLD – American Heart Association/American Stroke Association Get With The Guidelines for Heart Failure
- SILVER – American Heart Association/American Stroke Association Get With The Guidelines for Coronary Artery Disease
- Healthgrades "Top 100" Hospital in America for Cardiac Care, Cardiac Surgery, and Coronary Intervention
- Healthgrades Cardiac Services Excellence Award- 2014

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

### *Community Health Improvement Services*

**Community Education Group Lectures**: Chronic disease education is provided through lectures presented in the community; topics include: heart disease, vascular disease, diabetes, exercise, weight management, stress management and healthy lifestyles. In 2014, 24 lectures were held at a variety of locations in the community, including local nursing homes, local chambers, and middle schools.

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

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

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

**Diabetes Education and Health Fair:** This health fair hosted on-campus provides education, screenings, and resources and is open to Associates and the public alike. The services offered included: free blood glucose screenings, risk reduction education, and carbohydrate counting activities. About 120 persons were estimated to receive free glucose screenings.

**Stead Heart for Women Outreach and Education:** Provides education, support, and resources for women's health, especially regarding heart disease, stroke prevention, and making healthy nutrition choices. *Check Out Your Legs* which focused on vascular health, was the 2014 theme.

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

- EXERCISE – Participants are taught training principles, the components of an exercise program, how to improve each component, and the benefits of regular exercise.

- NUTRITION – Members learn about heart healthy eating, how fat and cholesterol impact the heart and vessels, planning a balanced meal, and what the major nutrients do for the body and why they should consume them.

- HEART DISEASE – Most of the classes explain the major risk factors for heart disease, which risk factors are modifiable, and how to decrease specific factors.

- HYPERTENSION – This class educates those with hypertension and those at risk for developing hypertension; topics include pathophysiology, diagnosis, and treatment of high blood pressure. In addition, members receive instruction regarding stroke - the causes, signs/symptoms, and the methods of diagnosis and treatment of a stroke.

- STRESS MANAGEMENT – The importance of stress management in the primary and secondary prevention of coronary heart disease is taught in this class. Participants learn what stress does to the entire body, both physically and psychologically, and are given numerous tips on how to decrease and manage stress.

- WEIGHT MANAGEMENT – Attendees learn the importance of consuming a variety of nutrients, how to lose weight safely, and are instructed in behavior therapy and altering the environment in which they live.

- CARDIAC SUPPORT GROUP – This class allows adults with cardiac disease, and at risk of cardiac disease, to share their feelings, needs, and concerns with other cardiac patients who have experienced the same events. This is a proven therapeutic model for coping and achieving a faster recovery.

- OPEN FORUM WITH PHYSICIAN – Patients at risk of cardiac disease are able to freely ask questions regarding heart disease pathophysiology, diagnosis, treatment, medications and cardiac rehabilitation.

### *Community Building Activities*

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

# Ancillary Services

Pomona Valley Hospital Medical Center's Ancillary Services include:

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

## Administration and Human Resources

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

### *Cash Donations and In-Kind Contributions*

In 2014, Pomona Valley donated over $50,000 to local community organizations that support the needs of our broader community and our most vulnerable populations. Such organizations include:

- Project Sister
- Casa Colina Health Foundation
- National Health Foundation
- Chino Valley YMCA
- Boys and Girls Club of Pomona Valley; Boys and Girls Club of San Gabriel Valley

Additionally, in 2014, PVHMC Human Resources awarded $750 in scholarships for Regional Opportunity Program (ROP) students.

### *Community Building Activities*

**Coalition Building:** Participation in community health groups such as the Health Consortium of the Greater San Gabriel Valley (formerly known as Los Angeles County Service Planning Area (SPA) 3 Health Planning Group).

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

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

## Case Management, Social Services, and Chaplain Services

### *Subsidized Health Services*

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

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

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

### *Community Health Improvement Services*

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

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

### *Health Professions Education*

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

## Education

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

### *Community Health Improvement Services*

**Hands-Only CPR:** The Hands Only CPR program is a one-day event that provides basic hands-on Cardio-Pulmonary Resuscitation (CPR) training to individuals in the community. Using the American Heart Association's Family & Friends CPR Anytime kit - which includes a demonstration manikin and training video –PVHMC's Education and Emergency Department collaborate with local fire departments and spend the day at various locations in the community teaching the layperson life-saving CPR. About 200 persons served.

### *Health Professions Education*

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

**Clinical Nursing Experience:** The Education Department offers clinical experience for nursing students from community colleges, and universities (public and private). Instructors from the Education Department are oriented on how to competently supervise in clinical areas and assist in orienting these nursing students. Approximately 90 students served.

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

## Food and Nutrition Services

### *Community Health Improvement Services*

**Community Nutrition Education**: Support for community through nutrition education such as senior nutrition, prostate cancer forum, diabetes workshop, healthy eating, and Ostomy support. 110 persons served.

### *Health Professions Training*

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

**Food and Nutrition Regional Opportunity Program (ROP):** Training for high school students enrolled in an ROP program. 9 students served.

### *Cash and In-Kind Contributions*

**Meals on Wheels**: Meals are provided to homebound members of our community. 8,767 persons served.

## Marketing and Public Relations

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

### *Community Health Improvement Services*

**Community Health Fairs and Events:** Provides published health information to the community via local health fairs and events, and proactively brings "PVHMC to the community". Approximately 10,000 persons reached annually in our primary and secondary service areas.

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

**American Health Journal:** A televised educational series featuring health lectures from specialty Physicians in the community. Approximately 5,000 viewers during 2014.

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

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

**Hospital Tour:** PVHMC provides tours to community residents interested in learning more about the Hospital and the health services available to them. About 265 persons toured PVHMC during 2014.

**Speakers Bureau:** A free community service whereby the Hospital provides speakers to community groups (i.e., Rotary, Kiwanis, The Ostomy Group) and employer-based audiences on a variety of health-related topics. Speakers include clinicians, dietitians, administrators, and health exercise physiologists. About 2,500 persons were served.

**Food Drive:** This annual event, held each July, donates food items to local shelters and food banks. Most food drives occur during the holidays, but PVHMC found that summer months are a time of critical need in local communities because most food banks are low on inventory. In the last 2 years, PVHMC brought more than 9,200 pounds of food to food banks across 10 local communities.

### *Community Building Activities*

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

### *Cash and In-Kind Contributions*

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

**Annual Tree Lighting:** During the December holidays, PVHMC hosts an event to light an outdoor Christmas tree for the community and provide free photos with Santa. Approximately 325 persons served.

## Medical Staff Office and Family Medicine Residency Program

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

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

### *Health Professions Education*

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

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

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

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

## Patient Relations and Risk Management

### *Community Health Improvement Services*

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

## Pharmacy

### *Community Health Improvement Services*

**Medications for those unable to pay:** A transition supply of medications is provided for patients who cannot pay or who are uninsured, particularly children and the homeless in the Emergency Department (ED). About 3,961 persons served.

## Physical Therapy and Rehabilitation Services

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

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

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

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

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

### *Community Health Improvement Services*

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

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

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

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

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

3. SERVICE to the local athletic community is provided through sports clinics on performance enhancement and injury prevention for athletes. Pre-participation Sports Physicals are provided to student athletes at local schools (Bonita High School, Charter Oak High School, Chino Hills High School, Claremont High School, Damien High School,

San Dimas High School, Walnut High School). Long-time partners with Cal Poly Pomona (CPP) Athletics, the Sports Medicine Center (SMC) provides athletes with injury assessment, rehabilitation, and advice to the athletic training staff. In addition, the SMC Physicians serve as team doctors for CPP Athletics, as well as for several local high schools. About 600 persons served.

4. ASSESSMENT of sports injuries are provided free of charge in our Sports Medicine Center Evening Clinic. Continuing our long tradition of providing expert, timely, cost-effective treatment for all athletes in the community, the Sports Medicine Center at PVHMC is available through our expanded network of board-certified Physicians, Residents, and PVHMC Physical Therapists; services provided include free injury assessment and x-rays to local athletes of all ages. In 2014, 227 sports injury screenings and 103 x-rays were provided at no cost to the community.

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

"Get Well" programs offered to our community include:

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

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

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

- **Pilates:** An exercise technique that emphasizes core stabilization as well as upper and lower extremity strengthening. Pilates focuses on posture while developing coordination, balance, control and fluid movement. We offer one-on-one training by a Physical Therapist who is also a Certified Pilates Instructor. Benefits include: longer, leaner muscles, improved posture, increased balance, flexibility, and enhanced sports performance.

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

### *Health Professions Education*

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

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

### *Community Building Activities*

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

## Laboratory

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

### *Health Professions Training*

**Clinical Experience for Phlebotomy Students:** Phlebotomy externships for students from Chaffey College. 16 students served.

**Clinical Experience for Histology Students**: Histology externships for students from Mount San Antonio College. 8 students served.

## Radiology

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

### *Health Professions Education*

**Radiology Technician Internship:** PVHMC is a training facility for Radiology students from Chaffey College. 8 students were served in 2014.

**Ultrasound and Nuclear Medicine Training:** PVHMC is a training facility for Ultrasound and Nuclear Medicine students from Loma Linda University. 16 students were served in 2014.

## Respiratory Services

### *Community Health Improvement Services*

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

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

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

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

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

### *Health Professions Education*

**Mount San Antonio College Students:** PVHMC's adult Intensive Care Unit (ICU) is a hospital-based training location for students enrolled in the Respiratory Program at Mount San Antonio College; 6 students served.

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

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

## Volunteer Services

Volunteers at PVHMC help make a difference in the lives of our patients and their families. We had a total of **955** Volunteers (adults, college and high school students) in 2014 totaling **101,441** hours of service. This translates to an estimated value of $2.5 million for the Hospital based on a California rate (Source: Independent Sector). We are proud of our Volunteers and the invaluable service they provide to our community.

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

### *Community Health Improvement Services*

**Flu Clinic:** Free flu shots were given to senior citizens at Washington Park in Pomona and also to families at the Renaciamiento After School Program. 103 persons served.

### *Health Professions Education*

**Chaplain Training:** Clinical chaplain training and experience for community ministers.15 persons served.

### *Cash and In-Kind Contributions*

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

**Scholarships:** The Auxiliary of PVHMC grants scholarships to high school and college Volunteers that are pursuing careers in the medical field. In 2014, 14 students received a scholarship.

**Infant Layette Sets:** Infant layette sets are given to families in need for their new baby, including clothing and blankets; 60 persons served.

**Car Seats:** A safety rated infant car seat is provided to low income and needy families with a newborn infant; 21 persons served.

# Outreach Services

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

## Pomona Community Health Center

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

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

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

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

The mission of the PCHC is to provide preventive and primary care services to the needy in the community. Accomplishing this mission depends on the generous support of a number of foundations, corporations, and caring individuals. PCHC collaborates with Pomona Valley Hospital Medical Center (PVHMC), Blue Shield of California Foundation, California Community Foundation, LA Care Health Plan, IEHP, Kaiser Permanente, The Ahmanson Foundation, The Rose Hills Foundation, The UniHealth Foundation, and the Valley Academics Foundation. Additional Information, including locations and hours, can be found by visiting PVHMC's website (pvhmc.org) or the Pomona Community Health Center website (www.PomonaCHC.org).

# Summary of Key Services

The following table provides a summary of key Community Benefit programs and activities provided by PVHMC to address the health needs of our community, identified in our 2015 Community Health Needs Assessment (CHNA). It is organized according to categories on Schedule H of the Internal Revenue Service (IRS) 990 form.

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

| *PVHMC Programs Addressing Priority Need* | | Chronic Disease Management | Health Education/ Wellness | Access to Care | Broader Community | Vulnerable Population |
|---|---|---|---|---|---|---|
| | Hospital Food Drive | | | | | ✓ |
| | Meals on Wheels | ✓ | ✓ | | ✓ | ✓ |
| | Speakers Bureau | ✓ | ✓ | | ✓ | |
| | Community Blood Pressure Screenings | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Hands-Only CPR | | ✓ | | ✓ | |
| | Women's Conference | ✓ | ✓ | | ✓ | |
| | Diabetes Awareness Fair | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Health Professions Education** | Physicians, Residents, Nurses and other professions; training and education | ✓ | ✓ | ✓ | ✓ | |
| | Perinatal Symposium | ✓ | ✓ | | ✓ | |
| | High School Career Day | | ✓ | | ✓ | |
| **Subsidized Health Services** | Paramedic Base Station | | | ✓ | ✓ | |
| | Ambulance and Transportation | | | ✓ | | ✓ |
| | Medications and Durable Medical Equipment | | ✓ | ✓ | | ✓ |
| | Home Health Visits | ✓ | ✓ | ✓ | ✓ | ✓ |
| **Research** | Cancer Care Clinical Trials | ✓ | | ✓ | ✓ | ✓ |
| **Cash and In-Kind Contributions** | Wig Program | ✓ | | | ✓ | ✓ |

| *PVHMC Programs Addressing Priority Need* | | Chronic Disease Management | Health Education/ Wellness | Access to Care | Broader Community | Vulnerable Population |
|---|---|---|---|---|---|---|
| | Administration, Human Resources and Facilities Donations | | ✓ | | ✓ | ✓ |
| | Volunteers Services Car Seat, Layettes | | ✓ | | | ✓ |
| | Medical Coverage for Los Angeles County Marathon | | ✓ | ✓ | ✓ | |
| **Community Building Activities** | Coalition Building | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Nursing Advisory Committee and Senior Services Board | ✓ | ✓ | | ✓ | |
| | High School Career Day | | ✓ | | ✓ | ✓ |

# Valuation of Community Benefits

For 2014, PVHMC's total value of community benefits came to **$43,197,852** (Schedule H (Form 990) Part I.7.k.). The amounts for Charity Care, Means-Tested Government Programs, and Other Benefits are shown.

**Table 12.** Economic Valuation of Community Benefit in 2014.

| Charity Care and Means-Tested Government Programs | |
|---|---|
| Charity Care[1] | $4,691,604 |
| Medi-Cal[2] | $28,984,119 |
| **Total Unreimbursed Care and Charity Care** | **$33,675,723** |
| Other Benefits | |
| Community Health Improvement Services and Community Benefit Operations | $1,568,734 |
| Health Professions Education | $3,393,936 |
| Subsidized Health Services | $4,306,061 |
| Research | $69,188 |
| Cash and In-kind Contributions to Community Groups | $166,385 |
| **Total Other Benefits** | **$9,504,304** |
| **Total Community Benefits for 2014**[3] | **$43,197,852** |

[1]Medicare net unreimbursed cost
[2]Medi-Cal Inpatient is the net unreimbursed cost (equivalent to Unreimbursed Cost less the Disproportionate Share Payment); Med-Cal Outpatient is net unreimbursed cost
[3]The value of Community Building Activities is an additional $17,825

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

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

# Plans for Public Review

As we proceed with 2015 and move into 2016, PVHMC plans to continue supporting its varied community benefit activities and programs currently in place as described in this report, and develop new programs, when appropriate, to meet the needs of the community as identified in our 2015 Community Needs Assessment. PVHMC's next steps include:

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

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

To access the Community Benefit Plan, Implementation Strategy, and CHNA on our website, please visit pvhmc.org and navigate to the Community Outreach tab on our home page. The direct link is http://www.pvhmc.org/Community-Outreach.asp

Requests for a paper copies can be made by phone, in person, by email, or by mail, by contacting:

Courtney Greaux
Administrative Services Coordinator
Pomona Valley Hospital Medical Center
courtney.greaux@pvhmc.org
1798 North Garey Avenue
Pomona, CA 91767
(909)630-7398

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

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

# Appendices

**Appendix A.** 2015 Community Health Needs Assessment – Telephone Survey Questionnaire

**Appendix B.** 2015 Community Health Needs Assessment Focus Group guides

**Appendix C.** Community Resource Directory

**Appendix D.** California Health and Safety Codes Section 127340-127365

**Appendix E**. Internal Revenue Service Section 501(r)3- Community Health Needs Assessments

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

## Appendix A. 2015 Community Needs Assessment – Questionnaire

**Pomona Valley Hospital Medical Center 2015 Community Needs Assessment**

**SHELLO**

Hello, I am calling from the Institute of Applied Research at Cal State San Bernardino. Have I reached [READ PHONE # FROM SCREEN]? We're conducting a scientific study of residents' health-related needs for Pomona Valley Hospital Medical Center and we need the input of the head of the household or his or her partner.

1. CONTINUE
2. DISPOSITION SCREEN

**SHELLO2** (used only to complete a survey already started)

Have I reached [READ PHONE NUMBER]? Hello, this is _____, calling from the Institute of Applied Research at CSU San Bernardino. Recently, we started an interview with the [MALE/FEMALE] head of the household and I'm calling back to complete that interview. Is that person available?

INTERVIEWER: PRESS '1' TO CONTINUE

**SPAN**

INTERVIEWER: PLEASE CODE WHICH LANGUAGE THE INTERVIEW WILL BE CONDUCTED IN

1. ENGLISH
2. SPANISH

**SHEAD**

Are you that person?

1. YES
2. NO
8. DON'T KNOW/NO RESPONSE
9. REFUSED

IF (SHEAD = 1) SKIPTO INTRO

**SHEAD2**

Is there an adult resident at home?

1. YES
2. NO

8. DON'T KNOW/NO RESPONSE
9. REFUSED

IF (SHEAD2 = 1) SKIPTO INTRO

**CALLBK**

Is there a better time I could call back to reach an adult resident?

1. YES (SCHEDULE CALL BACK)
2. NO

IF (CALLBK = 2) END SURVEY

**INTRO**

This survey takes about 10 minutes to complete, and your answers may be used by hospital officials to better meet the health needs of the community. Your identity and your responses will remain completely confidential, and of course, you are free to decline to answer any particular survey question.

I should also mention that this call may be monitored by my supervisor for quality control purposes only. Is it alright to ask you these questions now?

1. YES
2. NO

IF (ANS = 2) SKIPTO APPT

**AGEQAL**

First, I'd like to verify that you are at least 18 years of age.

1. YES
2. NO

IF (ANS > 1) SKIPTO QSORRY

IF (ANS = 1) SKIPTO BEGIN

**QSORRY**

I'm sorry, but currently we are interviewing people 18 years of age and older

Thank you for your time.

END SURVEY

**APPT**

Is it possible to make an appointment to ask you the survey questions at a more convenient time?

1. YES
2. NO

IF (APPT = 2) END SURVEY

**BEGIN**

I'd like to begin by asking you some general questions.

INTERVIEWER PRESS ANY KEY TO CONTINUE

**Q1**

First, what city do you live in?

1. ALTA LOMA
2. CHINO

3. CHINO HILLS
4. CLAREMONT
5. LA VERNE
6. MONTCLAIR
7. ONTARIO
8. POMONA
9. RANCHO CUCAMONGA
10. SAN DIMAS
11. UPLAND
12. OTHER (SPECIFY)
13. OUT OF GEOGRAPHICAL REGION
98. DON'T KNOW
99. REFUSED

IF (ANS = 13) SKIPTO QSORRY2

**Q2**

What is your zip code in (CITY NAME SHOWS FROM SELECTED Q1)

1. 91701 ALTA LOMA
2. 91737 ALTA LOMA
3. 91708 CHINO
4. 91710 CHINO
5. 91709 CHINO HILLS
6. 91711 CLAREMONT
7. 91750 LA VERNE
8. 91763 MONTCLAIR
9. 91758 ONTARIO
10. 91761 ONTARIO
11. 91762 ONTARIO
12. 91764 ONTARIO
13. 91766 POMONA
14. 91767 POMONA
15. 91768 POMONA
16. 91729 RANCHO CUCAMONGA
17. 91730 RANCHO CUCAMONGA
18. 91773 SAN DIMAS
19. 91784 UPLAND
20. 91785 UPLAND
21. 91786 UPLAND
22. OTHER (SPECIFY)

98. DON'T KNOW
99. REFUSED

**Q3**

Including yourself, how many people live in your household?

**Q4**

How many children ages 0 - 17 years old live in your household?
IF (Q3 = 1) SKIPTO Q4

**Q5**
How many persons in your household ages 18 and above are covered by medical insurance?
**Q6**
How many children in your household age 0-17 years are covered by medical insurance?
IF (Q4 = 0) SKIPTO Q7

**Q7**
What type of health insurance covers people in your household?
[INTERVIEWER: IF NO INSURANCE CHECK 97 AND MOVE ON – CHECK ALL THAT APPLY]

1. HAVE INSURANCE, BUT DON'T KNOW WHAT TYPE
2. PRIVATE INSURANCE-HMO
3. PRIVATE INSURANCE-PPO (CAN GO TO ANY DOCTOR WE WANT)
4. PRIVATE INSURANCE- DON'T KNOW IF HMO OR PPO
5. MEDI-CAL
6. MEDICARE
7. WIC (WOMEN, INFANT, AND CHILDREN) PROGRAM
8. CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)
9. VETERANS (VA)
10. OTHER GOVERNMENT PLANS
11. HEALTHY FAMILIES
12. HEALTHY KIDS
13. OTHER, (SPECIFY)_____
14. SUPPLEMENTAL INSURANCE (THEY PAY EXTRA FOR)
15. OBAMA CARE, COVERED CALIFORNIA, AFFORDABLE CARE ACT INS
16. KAISER PERMANENTE
17. BLUE CROSS

97. NOT COVERED (NO INSURANCE AT ALL)
98. DON'T KNOW
99. REFUSED

IF (ANS = 18) SKIPTO Q7a
ALL OTHER ANSWERS SKIPTO ACCESS

**Q7a**
What is the main reason you or your family members don't have health insurance?
[INTERVIEWER CHECK ALL THAT APPLY]

1. I AM HEALTHY
2. I DON'T NEED INSURANCE
3. DID NOT UNDERSTAND PLANS WELL ENOUGH TO BUY INSURANCE
4. LOST JOB OR CHANGED JOB
5. PERSON WITH PRIMARY POLICY (SPOUSE OR PARENT) LOST OR CHANGED JOBS
6. DIVORCE OR SEPARATION
7. PERSON WITH POLICY DIED

8. BECAME INELIGIBLE BECAUSE OF AGE OR LEFT SCHOOL
9. EMPLOYER DOESN'T OFFER OR STOPPED OFFERING COVERGE
10. CUT BACK TO PART-TIME OR BECAME TEMP EMPLOYEE
11. COULDN'T AFFORD PREMIUMS
12. INSURANCE COMPANY REFUSED COVERGE (DUE TO A PRE-EXISTING CONDITION)
13. LOST MEDICAID OR MEDICAL ASSISTANCE ELIGIBILITY
14. OTHER (SPECIFY)_____
98. DON'T KNOW
99. REFUSED

**ACCESS**

Now I want to ask you a few questions about your health care experiences.

**Q8**

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

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

IF (ANS = 2) SKIPTO Q9

IF (ANS > 7) SKIPTO Q9

**Q8a**

What kept you or your family members from getting the health services you needed?

[INTERVIEWER; DO NOT READ---CHECK ALL THAT APPLY]

1. WORRIED ABOUT COST OF SERVICE/CO-PAYMENTS
2. WORRIED ABOUT COST OF PRESCRIPTION
3. LACKED TRANSPORTATION
4. LACKED CHILD CARE/BABY SITTER
5. HAD PROBLEMS WITH THE ENGLISH LANGUAGE
6. HOURS WERE NOT CONVENIENT
7. DIFFICULTY SCHEDULING
8. NEEDED SERVICES WEREN'T AVAILABLE
9. DIDN'T KNOW WHERE TO FIND THE SERVICES
10. POMONA VALLY HOSP. MED. CTR. DIDN'T HAVE THE SERVICES NEEDED
11. DIDN'T LIKE THE PROGRAMS OR SERVICES
12. PROVIDER WOULDN'T ACCEPT INSURANCE
13. TECHNOLOGY WASN'T AVAILABLE IN THE AREA
14. OTHER (SPECIFY) _____
15. NO HEALTH INSURANCE AT ALL
98. DON'T KNOW
99. REFUSED

**Q8b**

What services couldn't you get?

**Q9**

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

1. WITHIN PAST YEAR (1-12 months ago)
2. WITHIN PAST 2 YEARS (over 1-2 years ago)
3. WITHIN PAST 5 YEARS (over 2-5 years ago)
4. 5 OR MORE YEARS AGO
5. NEVER
8. DON'T KNOW
9. REFUSED

IF (Q4 = 0) SKIPTO Q11

**Q10**

[Has your child] / [Have your children] had a preventative health care check-up within the past year?

1. YES
2. NO
3. SOME OF THE CHILDREN HAVE
8. DON'T KNOW
9. REFUSED

IF (Q4 = 1)
SHOW "Has your child had"
IF (Q4 > 1)
Show "Have your children had" 5 5

**B10a**

[Has your child] / [Have your children] received all of the immunizations the doctor recommended?

1. YES
2. NO-NOT ALL VACCINATIONS GIVEN
3. SOME (NOT ALL) KIDS HAVE GOTTEN ALL VACCINATIONS
8. DON'T KNOW
9. REFUSED

IF (Q4 = 1)
SHOW "Has your child"
IF (Q4 > 1)
SHOW "Have your children" 5 5

**Q11**

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

1. 0 times
2. 1-2 times a week
3. 3-4 times a week
4. 5 or more times a week
9. REFUSED

**Q12a**

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

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

**Q12c**

How about a mammogram?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

**Q12d**

Has anyone had a blood test for cholesterol in the past year?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

**Q12b**

Has any member of your household had a Pap Smear within the past three years?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

**Q12e**

Has anyone in your household had a screening test for colon cancer in the past ten years?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

IF (12c, 12b, 12e answer is Yes) SKIPTO Q13

**Q12ADD**

May I ask why people in your household haven't had all of the cancer screenings I mentioned?

[PAP, MAMMOGRAM, COLON, INTERVIEWER --CHECK ALL THAT APPLY]

1. NO INSURANCE
2. FINANCIAL THE OUT OF POCKET COST EVEN WITH INSURANCE
3. FEAR OF THE TEST/DISLIKE OF THE TEST
4. DIDN'T THINK IT IS IMPORTANT OR NECESSARY
5. LACK OF CHILD CARE
6. FEAR OF THE RESULTS

7. TOO OLD OR TOO YOUNG TO NEED THE TEST
8. NO TRANSPORTATION
9. NO WOMEN IN THE HOUSEHOLD
10. NO REGULAR DOCTOR
11. HEALTHY PERSON
12. OTHER (SPECIFY) _____
98. DON'T KNOW
99. REFUSED

**Q13**

Do you or any member of your family have any of the following chronic or ongoing health problems? [READ THE OPTIONS, CHECK ALL THAT APPLY]

1. Cancer
2. Diabetes
3. Asthma
4. High Blood Pressure
5. Obesity
6. Osteoporosis
7. Chronic Heart Failure
8. High Cholesterol/Arteriosclerosis
9. Arthritis
10. Are there any other chronic conditions (specify) _____
11. NONE
98. DON'T KNOW
99. REFUSED

IF (answer > 10) SKIPTO Q15

**Q14**

Do you feel you and your family have received adequate help managing the disease?
[FALLBACK: HELP FROM DOCTORS OR SUPPORT GROUPS OR CLASSES]

1. YES
2. NO
3. ONLY FOR SOME OF THE ILLNESSES
8. DON'T KNOW
9. REFUSED

IF (ANS = 1) SKIPTO Q15
IF (ANS > 7) SKIPTO Q15

**Q14a**

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

**Q15**

Have you or a member of your family visited any urgent care center during the past year?

1. YES
2. NO
8. DON'T KNOW

9. REFUSED

IF (ANS = 2) SKIPTO Q18

IF (ANS > 7) SKIPTO Q18

**Q16**

Did you try to see your doctor before you visited the urgent care center?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

IF (ANS = 1) SKIPTO Q17

IF (ANS = 8) SKIPTO Q18

IF (ANS = 9) SKIPTO Q18

**Q16a**

May I ask why not? [INTERVIEWER --CHECK ALL THAT APPLY]

1. DON'T HAVE A REGULAR DOCTOR
2. AFTER OFFICE HOURS
3. BROUGHT BY AMBULANCE
4. DOCTOR TOO BUSY TO FIT ME IN
5. OTHER (SPECIFY) _____
8. DON'T KNOW
9. REFUSED

SKIPTO Q18

**Q17**

Did your doctor tell you to go to urgent care center?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

IF (ANS > 1) SKIPTO Q18

**Q17a**

May I ask why urgent care instead of taking care of you at the office?

[INTERVIEWER --CHECK ALL THAT APPLY]

1. DON'T HAVE A REGULAR DOCTOR
2. AFTER OFFICE HOURS
3. IT WAS TOO SERIOUS/OR PROCEDURE NOT DONE IN OFFICE
4. DOCTOR TOO BUSY TO FIT ME IN
5. OTHER (SPECIFY) _____
8. DON'T KNOW
9. REFUSED

**Q18**

Have you ever gone to Pomona Valley Hospital Medical Center for health care?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

IF (ANS = 2) SKIPTO Q19
IF (ANS > 7) SKIPTO Q19

**Q18a**

Why did you choose Pomona Valley Hospital Medical Center?
[INTERVIEWER: DON'T READ--CHECK ALL THAT APPLY]

1. CLOSE TO HOME (CONVENIENCE/LOCATION)
2. INSURANCE
3. REFERRED BY MY PHYSICIAN
4. SERVICES OFFERED
5. QUALITY/REPUTATION
6. WORD OF MOUTH (FRIEND, NEIGHBOR, FAMILY, CO-WORKER)
7. LOOKED IN THE PHONE BOOK
8. INTERNET
9. NEWSPAPER
10. RADIO
11. TELEVISION
12. WORK SITE
13. COMMUNITY PRESENTATION
14. OTHER (SPECIFY)
15. 911/EMERGENCY/AMBULANCE/SENT THERE/NO CHOICE
98. DON'T KNOW
99. REFUSED

**Q19**

Have you attended any classes offered by Pomona Valley Hospital Medical Center?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

**Q20**

Are there classes you'd like them to offer?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

IF (ANS = 2) SKIPTO Q21
IF (ANS = 8) SKIPTO Q21
IF (ANS = 9) SKIPTO Q21

**Q20a**

What type of classes?

**Q21**

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

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

**Q22**

What kind of support groups might you or someone else in your family be interested in?
[CHECK ALL THAT APPLY]

1. NOT INTERESTED AT ALL
2. SMOKING CESSATION
3. DIABETES
4. HIGH BLOOD PRESSURE
5. CANCER
6. NUTRITION
7. PREGNANCY/NEW MOMS/NEW DADS
8. HEART DISEASE
9. ASTHMA
10. ARTHRITIS
11. STROKE
12. GRIEF AND BEREAVEMENT
13. SLEEP APNEA/SLEEP DISORDERS
14. LIVING WITH A DISABILITY
15. OBESITY AND WEIGHT PROBLEMS
16. CAREGIVERS
17. HOMELESSNESS
18. CHILD/ELDER ABUSE
19. OTHER (SPECIFY)____
98. DON'T KNOW
99. REFUSED

**TRANSER**

And now just a few questions about the emergency room at Pomona Valley Hospital Medical Center. [INTERVIEWER: PRESS ANY KEY TO CONTINUE]

**Q23**

Have you been to Pomona's emergency room?

1. YES
2. NO
8. DON'T REMEMBER/DON'T KNOW
9. REFUSED

IF (ANS > 1 ) SKIPTO Q25

**Q24**

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

1. YES
2. NO
7. NOT FOR ME, WENT WITH A FRIEND OR FAMILY MEMBER
8. DON'T KNOW
9. REFUSED

IF (ANS = 1) SKIPTO Q25

IF (ANS > 6) SKIPTO Q25

**Q24a**

May I ask why not? [INTERVIEWER --CHECK ALL THAT APPLY]

1. DON'T HAVE A REGULAR DOCTOR
2. AFTER OFFICE HOURS
3. BROUGHT BY AMBULANCE
4. DOCTOR TOO BUSY TO FIT ME IN
5. OTHER (SPECIFY) _____
8. DON'T KNOW
9. REFUSED

**Q25**

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

1. EXCELLENT
2. VERY GOOD
3. FAIR
4. POOR
8. DON'T KNOW
9. REFUSED

**Q26**

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

1. YES
2. NO
8. DON'T REMEMBER/DON'T KNOW
9. REFUSED

IF (ANS = 2) SKIPTO Q27

If (ANS > 7) SKIPTO Q27

**Q26a**

What services do you need?

**Q27**

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

**DEMOGRAPHIC QUESTIONS**

And finally I'd like to ask a few questions about you and your background…

[INTERVIEWER: PRESS ANY KEY TO CONTINUE]

**D1**

What was the last grade of school that you completed?

1. SOME HIGH SCHOOL OR LESS
2. HIGH SCHOOL GRADUATE
3. SOME COLLEGE
4. COLLEGE GRADUATE (BACHELOR'S DEGREE)
5. SOME GRADUATE WORK
6. POST-GRADUATE DEGREE
8. DON'T KNOW
9. REFUSED

**D2**

Which of the following best describes your marital status? …

1. Single, never married
2. Married
3. Divorced
4. Widowed
5. Separated, or
6. Single, living with partner
7. OTHER (SPECIFY)
9. REFUSED

**D3**

Are you of Hispanic, Spanish, or Latino origin?

1. YES
2. NO
8. DON'T KNOW
9. REFUSED

**D4**

How would you describe your race or ethnicity?

[CHECK ALL THAT APPLY]

1. ASIAN (SPECIFY)
2. BLACK OR AFRICAN AMERICAN
3. CAUCASIAN OR WHITE
4. HISPANIC
5. OTHER (SPECIFY)
8. DON'T KNOW
9. REFUSED

**D5**

What was your age at your last birthday?

DON'T KNOW [ENTER 998]

REFUSED [ENTER 999]

**D6**

How long have you lived in your community?

[OVER 6 MONTHS…ROUND UP]

JUST MOVED HERE 6 MONTHS OR LESS [ENTER 997]

DON'T KNOW [ENTER 998]

REFUSED [ENTER 999]

**D7**

Which of the following categories best describes your total household or family income before taxes, from all sources, for 2014? Let me know when I get to the correct category.

1. Less than $25,000
2. $25,000 to less than $35,000
3. $35,000 to less than $50,000
4. $50,000 to less than $65,000
5. $65,000 to less than $80,000
6. $80,000 to $110,000
7. Over $110,000
8. DON'T KNOW
9. REFUSED

**END**

Well, that's it. Thank you very much for your time - we appreciate it. [INTERVIEWER HANGSUP]

**Question Gender**

The respondent was…

1. Male
2. Female
3. Couldn't tell

**Question Coop**

How cooperative was the respondent?

1. Cooperative
2. Uncooperative
3. Very Uncooperative

**Question Undstd**

How well did the respondent understand the questions?

1. Very easily
2. Easily
3. Some difficulty
4. Great deal of difficulty

## Appendix B. Community Needs Assessment Focus Group Guide

### *INSTITUE OF APPLIED RESEARCH FOCUS GROUP, TUESDAY JANUARY 20, 2015*

Thank you for agreeing to participate in this focus group! Your input will be invaluable in helping decision-makers better understand the health needs of those who live in PVHMC's service area, and will hopefully help create the foundation for improving the quality of health services available in the region. Please be assured that your individual responses to this survey (and your contribution to the focus group discussion) will remain anonymous.

1) Name: _____

2) Employer and job title: _____

3) Briefly, what experience do you have working with minority and medically underserved populations in PVHMC's service area?

4) What types of services does your organization offer?

5) From your experience, what is the biggest barrier to receiving routine and urgent health care in this region, especially for minorities and medically underserved populations in the region?

6) Please indicate with a "✓" or an "X" whether you strongly agree, agree, disagree, or strongly disagree with each of the following statements. Be sure you answer ***relative to the subgroup of the community*** you are here to represent (e.g. seniors, youth, minority):

| | Strongly agree | Agree | Disagree | Strongly disagree |
|---|---|---|---|---|
| More community resources should be allocated for addressing **diabetes** among the group I represent | | | | |
| **High blood pressure** is a serious health issue for the group I represent | | | | |
| Addressing **obesity** among the group I represent will significantly improve the quality of life in the community | | | | |
| Medical centers and hospitals should do more to **promote** what they are doing in the community (e.g. health fairs, programs, events) | | | | |

7) What is the one most important thing PVHMC can do improve the health and wellness of minorities and medically underserved populations in its region?

**Focus Group Semi-Structured Guide**

**PVHMC FOCUS GROUP GUIDE, 1/20/15**

| Design | Details |
|---|---|
| Purpose of Focus Group | **Purpose:** Part of the data gathering effort for Pomona Valley Hospital Medical Center's (PVHMC's) 2015 Community Health Needs Assessment.<br><br>**Composition of group**: People who work with minority and medically underserved populations in PVHMC's service area and have knowledge of the health care needs of these populations.<br><br>We will be discussing the health needs of the community – primary care and preventative care, support for patients and family, chronic disease management, and wellness. We will also discuss barriers to receiving both routine and urgent health care.<br><br>Your input will help decision-makers better understand the health needs of those who live in PVHMC's service area and will hopefully help create the foundation for improving the quality of health services available in the region. |

| Logistics | Details |
|---|---|
| Date and Time | Tuesday Jan 20th, 5:30pm-7pm in the Pitzer Conference Room (Main Hospital Tower, 1st floor).<br>❑ Set Up: ~4:45 pm<br>❑ Meet and greet: ~5:15 pm<br>❑ Begin & End: 5:30 – 7 pm<br><br>Light dinner provided by PVHMC |

| Types and Sequence of Questions | Draft Questions |
|---|---|
| **Introductions** – brief, factual, everyone answers, establishes common ground | 1. Name, employer and job, work with minorities and medically underserved populations in PVHMC service area. Which populations (kids, seniors, homeless, …)<br>2. Job or volunteer?<br>3. What types of services does your organization offer?<br>4. Have you worked with those populations in other areas? |
| **Introductory** – introduces topic, open ended, helps participants connect to topic | 1. Each of you has in front of you a sheet with a few questions we had you answer when you arrived. We will collect that sheet when you leave and it's your private place to share with us anything you didn't feel comfortable saying or didn't get a chance to say.<br>Remember, we want to pick your brain about any aspect of health care needs you'd like to talk about…primary care, support for patients and family, chronic disease management, barriers to receiving health care, anything. Obviously PVHMC can't solve all the problems itself, but if they don't know about the problems they |

| | |
|---|---|
| | can't address them! |
| **Key questions –** focus of the study and analysis | 1. Let's start with question **of primary care and preventive care**. What are the unmet needs in the community, focusing especially on minority and medically underserved populations?<br>PROBES:<br>❑ physicians not doing memory screening<br>❑ Access to care for homeless<br>❑ Mental health<br><br>How can the needs be met?<br><br>2. Now let's talk about **support for patients and families** – in other words, support groups, classes, caregiver services, whatever… What are the unmet needs in the community?<br>PROBES:<br>❑ Education for caregivers<br>❑ Transportation<br>❑ Respite for caregivers<br><br>How can the needs be met?<br><br>3. Now let's talk about **chronic disease management** –What are the unmet needs in the community?<br>PROBES:<br>❑ Diabetes<br>❑ Arthritis<br>❑ High blood pressure<br>❑ Dementia<br>❑ Transportation to dialysis<br><br>How can the needs be met?<br><br>4. We all know there are **barriers to receiving health care**, especially for the minority and medically underserved populations we are focusing on. From your experience, what is keeping people from getting the health care they need? PROBES:<br>❑ Language<br>❑ Access to assisted living<br>❑ Doctors have too many people to see<br>❑ Not enough doctors<br><br>How can the barriers be removed?<br><br>5. In our survey we found that a lot of people, especially low income, are **not receiving the cancer screenings** that are |

| | |
|---|---|
| | recommended…pap smears, colonoscopies, mammograms, etc. Can you shed some light on why this is the case?<br><br>How can people be convinced to get these lifesaving tests?<br><br>6. Finally, let's talk about the area of wellness…nutrition, physical activity, smoking, etc. What can PVHMC do to improve wellness of the populations we are discussing?<br><br>7. Other issues:<br>❑ Do people know about the Affordable Care Act, and have they taken advantage of low cost insurance?<br>❑ Unmet needs specifically for kids, or seniors, or another sub-group? |
| **Ending** – summarizes or highlights most important points of looks for gaps | 1. Now, reflect on our entire discussion. What have we missed? What are the final opinions you would like to offer to help PVHMC meet the needs of the community? |

POMONA VALLEY HOSPITAL
MEDICAL CENTER

*Expert care with a personal touch*

***Community Health Needs Assessment 2015***

***Community Stakeholder Interview***

***Name of Interviewee:***

***Date of Interview:***

***Agency:***

**Part I. About You**

**Please tell us about you and your agency:**

What is your title and role in your agency?

What populations do you primarily serve?

**OPEN DISCUSSION: Please use the topics listed below as a focus study *guide*. We will be openly discussing them.**

**Part II. Health Needs of Our Community.**

**We would like to ask your views on health needs of the community:**

**a.** In the area of ***support for patients and families*** (education, support groups, etc.), can you identify any significant unmet needs in the SPA 3 community? Which populations are most affected? Do you have any suggestions for meeting the needs of our community in this area?

**b.** In the area of ***primary care and preventative health services*** in our community, can you identify any unmet needs in the SPA 3 community? Which populations do you believe are most affected? Do you have any suggestions on how to meet the needs of our community in this area?

**c.** In the area of ***chronic disease management***, can you identify any unmet needs in the SPA 3 community? Which populations are most affected? Do you have any suggestions on how to meet the needs of our community in this area?

**d.** In the area of ***wellness*** (nutrition, physical activity, smoking, etc.), can you identify any unmet needs in the SPA 3 community? Which populations do you believe are most affected? Do you have any suggestions for meeting the needs of our community in this area?

**e. Can you identify any *other unmet health-related needs* in the SPA 3 community that we did not mention?**

**Part III. Barriers to Health**

Please provide your opinion on the types of ***barriers*** to meeting the needs of our community:

What do you believe are the most significant barriers to meeting the health needs of the SPA 3 community? Which do you believe is top priority to improve the health and wellness in our community?

**Part IV. Working Together in the Community**

Do you have suggestions for organizations in which PVHMC can work with to meet these unmet needs?

## Ranking Exercise

**Part V. Please see listing of health needs and health drivers below.** In order of ranking, **please leave a checkmark on what you believe are the top 3** most significant unmet needs and should be considered a priority.

- ☐ Health Education/Support Groups
- ☐ Care Coordination
- ☐ Chronic Disease Management
- ☐ Heart Disease/Heart Failure
- ☐ Stroke
- ☐ Diabetes
- ☐ Asthma
- ☐ Other:
- ☐ Cancer Support/Treatment/Resources
- ☐ Primary Care and Preventative Services
- ☐ Resources/Support for Homeless Populations
- ☐ Nutrition Services/Resources
- ☐ Physical Activity Services/Resources
- ☐ Mental Health Services/Resources
- ☐ Substance Abuse Services/Resources
- ☐ Transportation
- ☐ More community-wide partnerships / Collaboration
- ☐ Palliative Care
- ☐ Home Health Services
- ☐ Reduced cost Medications or Medical Supplies
- ☐ Dementia/Alzheimer's Services/Resources
- ☐ Day Treatment/Adult Day Care Services
- ☐ Physical Therapy/Rehabilitation Services
- ☐ Dental Services

# Appendix C. Community Resource Guide

## POMONA COMMUNITY LINKS AND ASSISTANCE REFERENCE

*Source:*
http://www.ci.pomona.ca.us/mm/comdev/pdf/Community_Resource_Directory_Vol12.2__2014.pdf

**Los Angeles Information Line**
(800) 339-6993 TDD (800) 660-4026
Services in Los Angeles County including emergency shelter, disability ,welfare, emergency food, legal referrals, senior services, rehabilitation, and many more.

**DPSS (CalWORKs & GAIN Programs)**
2040 W. Holt Ave
Pomona, Ca. 91768
DPSS Eligibility Worker
(909) 865-5315
GAIN Career Center
909.392.3032
Counseling/rehabilitation, Case management, Housing Links, Employment Resources, School/Education, Training Links, Skills Building (budget, saving, etc.)

**Pomona Homeless Outreach**
2040 N. Garey Ave
Pomona, Ca. 91767
(909) 593-4796
Resource and referral for social services

**Pomona Neighborhood Center, Inc**.
999 West Holt Blvd.
Pomona, CA
(909) 620-7691
Provides general needs assistance to homeless individuals and families. Clothing, direct emergency assistance and community referral.

**Inland Empire United Way**
9644 Hermosa Ave.
Rancho Cucamonga
(909)980-2857
www.unitedwayla.org
Resource and referral for social services

**Mercy House**
905 E. Holt Blvd.
Ontario, Ca. 91764
(909) 391-2630
Motel vouchers, Food Vouchers, Hygiene kits Diapers, Laundry detergent, feminine hygiene products, Bus Passes for employment or medical appointments. Use of telephone, and referrals of reemployment, shelter, food, housing.

**Catholic Charities**
248 E. Monterey Ave
Pomona, CA 91768
(909) 629-0472
www.catholiccharitiesa.org
Utility assistance and Motel Vouchers

**Foothill Family Shelter**
1501 W. 9th Street, Ste D
Upland, Ca. 91786
(909) 920-0453
Assistance to families with children; geared towards temporary housing up to 120 days.

**Pomona Plus Link-up Service**
248 Monterey
Pomona, Ca. 91766
(909) 620-2571
Housing relocation and stabilization, house search and placement, legal services, credit repair.

**Inland Valley Hope Partners**
Our House Shelter
1753 N. Park Ave.,
Pomona, CA 91768
909-622-3806, x234
Provides up to 90 days of residential emergency shelter to single women and families. Services include room

and board, case management, individual counseling, support groups,
parenting classes, savings program, assistance with job and housing search, tutoring and homework assistance for the children.

**Salvation Army**
490 E. La Verne Ave.
Pomona, CA 91767
909-623-1579
909-620-6232 fax
www.salvationarmysocal.org
Can assist with meal vouchers and/or motel vouchers

**San Gabriel Valley Center**
11046 Valley Mall
El Monte, Ca. 91731
Outreach, intake and assessment services for homeless persons. On site supportive services include intake/assessment, case mgmt., housing assistance, employment assistance, veterans' services, mental health services, life skills training, benefits advocacy, parenting classes, medical services and referrals
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**West Covina Access Center**
415 S. Glendora, Ste F
West Covina, Ca. 91790
(626) 814-2421
A drop-in center where homeless persons can access a wide variety of services.

**W.E.W.I.N/For Christ's Sake**
727 W. 12th Street
Pomona, Ca. 91766
(909) 622-0094
(909) 721-2915
Provide non-Perishable food, clothing, small appliances, bedding, etc.

**American Recovery Center**
2180 W. Valley Blvd.
Pomona, CA
(909) 865-2336
Chemical dependency recovery: Provide inpatient detox, inpatient and outpatient

Crossroads, INC.
P.O. Box 15, Claremont
(909) 626-7847
Home for female parolees re-entering the community.

**Foothill Family Shelter**
1501 W. 9th Street, Ste D
Upland, Ca. 91786
(909) 920-0453
Must call for an appointment to apply for shelter. Assistance to families with children; temporary housing up to 90 days.

**Fresh Start Housing Program Tri-City Mental Health Center**
2008 N. Garey Avenue
Pomona, Ca. 91767
(909) 623-6131
Transitional housing for adults with psychiatric disabilities.

**House of Ruth**
Address Confidential
(909) 623-4364
(909) 988-5559 Hotline
Call the 24-hourhotline for crisis intervention, shelter intake, information and referral. Provides emergency shelter and transitional housing for women and children who are victims of domestic violence.

**HPRP**
**Pomona Plus**
248 Monterey
Pomona, Ca. 91767
909.622.2091
Fax 909.629.0328
Provides financial assistance and services to either prevent individuals and families from becoming homeless or to help those who are experiencing homelessness to be quickly rehoused and stabilized.

**Mercy House/Trinity House**
2040 N. Garey Ave

Pomona, CA 91767
(909) 593-4281
This is a transitional living shelter for single homeless men 18 and older. Participants must be employed or willing to find employment and have no history of violent or sexual crime. This program provides one-on-one evaluation process to set
goals

**Prototypes Women's Center Residential Program**
845 E. Arrow Hwy
Pomona, CA 91767
(909) 624-1233
www.prototypes.org
Substance abuse treatment facility for women and their children offering comprehensive residential, outpatient and day treatment programs. Mental health and HIV/AIDS services available.

**Total Restoration Ministries**
420 N. Reservoir
Pomona, Ca. 91767
909.620.7838
Sober Living- offers a 24 hour Resident Director, Regular Drug/Alcohol testing,12-step Meetings at house weekly, Meals prepared daily, Structured Schedule implemented by a caring and trained staff which eases the transition to a new way of life.

**Fountain of Love Church**
Community Development Center
188 W. Orange Grove Ave.
Pomona, CA
Resources and referral for homeless. Food can be picked up. resources.

**Helping Hands Caring Hearts Ministry**
New Harvest Church
480 W. Monterey St.
Pomona, Ca.
Sunday Dinner @ 3:45
Pantry 3:30-5:30
Sunday Dinner and clothing available

**Inland Valley Hope Partners Beta**
Program Center
1095 W. Grand Ave.
Pomona, CA 91766
909-622-7278
First time and every 30 days after that applicants will receive 5 days-worth of food (15 meals).

**Inland Valley Hope Partners**
Certified Farmers Market Garey Ave. and Pearl Street, Pomona, CA
Fresh fruits and vegetables; accepting food stamps, and WIC

**Inter City Volunteers**
P.O. Box 209
Pomona, CA 91769
909-865-8853
Food assistance. Provides hot meals to homeless individuals and families living in motels.

**New Life Community Church**
275 E. Foothill Blvd
Pomona, CA 91767
909-620-8137
Food distribution

**Pomona First Baptist Church**
586 N. Main St.
Pomona, CA 91767
909-629-5277
Fourth Saturday of the month dinner on this day only. Haircuts available at this time.
Portable Wellness Clinic-$5 to see doctor.
First Wednesday of each mo.

**Pomona Neighborhood Center**
999 W. Holt Ave., Pomona
(909) 620-7691
Emergency food/shelter, Educational counseling, job development, placement

**Pomona Valley Christian Ministry**
1006 S. Garey Ave
Pomona, Ca. 91768
(951) 212-2031

Meals, clothes, provide resources
and refer to other agencies. Food Pantry 4th
Thursday of each month.

**Trinity Methodist Church**
676 N. Gibbs St.,
Pomona, CA 91767
909-629-9748
Food pantry

**The Treasure Box**
www.thetreasurebox.org
Orders via Online
$30.00 box of food valued at 75.00-100.00
program available to everyone

**WIC Program**
Women, Infant and Children
888-942-2229
Food and nutritional assistance for women
with children up to age 5,or women who are
pregnant. Service based on income level.

**Dept. of Public and**
**Social Services**
12860 Crossroads Parkway South
City of Industry, CA 91746
562-908-8400
Provided services to residences in need of financial
assistance to meet their basic needs for food housing,
childcare, in-home care, and/or medical assistance

**Pomona District Office**
2040 W. Holt Ave.,
Pomona CA 91768
909-865-5210
www.co.la.ca.us/dpss
Able-bodied adults are provided a variety of services to
help them become employed and achieve economic self-
sufficiency as quickly as possible
**Social Security Office**
960 W. Mission Blvd.
Pomona, CA 91766
909-772-1213
www.ssa.gov
Benefits assistance-Social Security and Medicare
benefits, Social Security card, Social Security disability,
Supplemental Security Income
(SSI).

**Family Resources**
Pomona Unified School District
1690 S. White Ave.
Pomona, CA 91766
909-397-5045
Medical referral, Health Family application, childcare
referral available, information, and resource referral.
Will assist the children of homeless families. No Fee.

**LA County**
Dept. of Military and Veterans Affairs
1427 W. Covina Parkway
West Covina, CA 91790
626-813-3402
Counsels veterans, their dependents and survivors
regarding federal and state benefits such as
compensation, pensions, disability, education,
hospitalization, home loans, etc., and provides referrals
concerning drug and alcohol abuse and post-traumatic
stress disorders.

**Adult Education Center**
**Pomona Unified School District**
1515 W. Mission Blvd.
Pomona, CA 91766
(909) 469-2333
www. pusd.org
Adult education services: High school diploma;
General Education Development (GED); job training,
referral and placement; English as a Second Language
(ESL) Parent Education; community courses.

**Employment Development**
**Department (EDD)**
264 E. Monterey Avenue
Pomona, CA 91769
(909) 392-2659
Unemployment and Employment services

**Los Angeles Urban Assistance League**
264 E. Monterey Avenue
Pomona, CA 91767
(909) 623-9741
Employment and vocation training services.

**Chicana Service Action Center, Chicano Family Services**
151 East Second St. Pomona, CA 91766
(909) 620-0383
800-548-2722 – 24 hour hotline
Provides crisis assistance and placement for women and families of domestic violence.

**Pomona Community Crisis Center**
240 E. Monterey, Pomona
(909) 623-1588
Offers outpatient drug rehabilitation including individual, group and family counseling; youth counseling for ages 7-21; drug screening; and drug and domestic violence diversion

**Project Sister Sexual Assault Crisis Services**
303 S. Park Ave., Ste. 303,Pomona
(909) 623-1619
(909) 626-HELP / 24-HourHotline
Project Sister is a sexual assault crisis service dedicated to reducing the incidence and trauma of sexual assault in the West San Gabriel and Pomona Valleys. Provides support groups, individual counseling, and self-defense classes.

**The Butterfly Club**
6921 Edison Avenue
Chino, Ca. 91710
(909) 597-8570
Healing for victims of Sexual Assault/Trauma
Victim's Witness Assistance Program
400 Civic Center Plaza, Room 201, Pomona
(909) 620-3381
Assists victims of crimes in obtaining reimbursement for medical expenses, loss of income/support, therapy and funeral expenses.

**St. Anne's Transitional Home For Soldiers**
(909) 612-1197
Provides supportive housing and support for male homeless Veterans and obtain residential stability skills.

**Veteran's Benefit Information and Assistance**
1-800-827-1000
Resource and referral for veterans

**Boys and Girls Club of Pomona Valley**
1420 S. Garey Ave
Pomona, CA 91769
(909) 623-8538
Offers various activities such as swimming, summer leagues, basketball, indoor soccer, arts and crafts, woodshop, tournaments and other special events.

**Goodwill Goodguides Youth Mentoring Program**
264 East Monterey Ave
Pomona, Ca. 91767
(909) 973-9915
Mentoring Careers, leadership skills, Vision opportunities.

**Pomona Valley 4-H club**
Condit Elementary School
1759 N. Mountain Ave.
Claremont, CA 91771
(909) 374-8342
4-H is open for boys and girls ages 5-19 years of age. 4-H emphasizes leadership, community services and life skills.

**Youth Crisis Hotline**
(909) 448-4663
Runaway Switchboard
(800) 621-4000

**Wilene's Re-Growth Center**
637 N. Park Ave
Pomona, CA
(909) 469-6757
The Center hopes to reduce the number of youth who upon separating from group homes or foster families at

age 18 have no place to live. Services include counseling, housing placements, job training, employment assistance, referrals and support to homeless families.

**YMCA**
350 N. Garey Ave
Pomona, CA
(909) 623-6433
Offers shower passes to organizations and individuals at a low cost.

**Community Senior Services**
2120 Foothill Blvd. Ste 115
La Verne, CA 91750
Provides several program assisting senior. Their programs include: Get About Transportation, Retired and Senior Volunteers, In-Home Respite, Senior Poor Counseling and the Senior Resource Directory

**Meals on Wheels**
845 E. Bonita Avenue
Pomona, Ca. 91768
909-593-6907
Provides home delivered meals to homebound seniors and persons with disabilities.

**AEGIS MedicalSystems, INC**.
1050 N. Garey Avenue,
Pomona
(909) 623-6391
Drug diversion / Drug treatment

**American Recovery Center**
2180 W. Valley Blvd.
Pomona, CA
(909) 865-2336
Chemical dependency recovery: Provide inpatient detox, inpatient and outpatient

**Pacific Clinic**
790 East Bonita Avenue
Pomona, CA 91767
(909) 625-7207
(626) 254-5000
Pacific Clinics provides substance abuse prevention and education groups on-site to youth and adults ages 12 and up. They provide relapse prevention services, domestic violence services, anger management, and drug testing. The program duration is at least one year

**Pomona Open Door**
259 S. East End Ave.
Pomona, CA
(909) 622-8225
Services include outpatient therapy, alcohol/drug treatment, marriage/family counseling,

**National Council on Alcoholism and Drug Dependence**
160 E. Holt, Suite 101, Pomona
(909) 629-4084
Provides parenting classes, family re-unification, drug testing, one-on one counseling, and self-help meetings.

**Ability First, Claremont Center**
480 S. Indian Hill Blvd.
Claremont, CA 91711
(909) 621-4727
www.abilityfirst.org
Programs designed to help children and adults with physical and developmental disabilities after school programs, recreation aquatic exercise.

**Casa Colina Centers for Rehabilitation**
2850 N. Garey Ave.
Pomona, CA 91769
(909) 596-7733
This organization has many programs to address rehabilitation; Vocational and transitional living programs are also available.

**National Alliance on Mental Illness (NAMI)**
1111 N. Mountain Ave.
Claremont, CA 91711
(909) 399-0305
Offering education and support to people whose lives are affected by serious mental illness – family members and clients alike.

**San Gabriel/Pomona Regional Center**
761 Corporate Center Drive

Pomona, CA 91768
800-822-7504
Diagnostic and evaluation, information and referral, case management, advocacy and education to develop mentally disable persons and their families.

**Services for Independent Living, Inc.**
P. O. Box 1296, Claremont, CA 91711
(909) 621-6722
Disability information, referral and advocacy; disability counseling, benefits assistance, housing search assistance, sign language interpretation, attendance registry. Transitional Housing Programs for homeless men with disabilities. Motel and food vouchers.

**Tri-City Mental Health Center**
2112 S. Garey Ave., Suite C
Pomona, CA 91766
(909) 591-6773
Assistance for children, adolescent and adults.

**East Valley Community Health Center**
Pomona. CA
(909) 620-8088
Medical Services: primary health care, pediatrics, free immunization, OB-GYN, pregnancy testing and counseling, contraception, AIDS/HIV testing and counseling, TB screening. Teen outreach.

**Ennis W. Cosby Child and Family Services Friendmobile**
300 West Second St., Pomona, CA
(909) 869-3799
Free counseling services to children, families and adults.

**Family Health Center**
1770 N. Orange Grove Ave., Suite 101
Pomona, CA 91767
(909) 469-9494
Medical Services: Full primary care services for adults and children. Health benefits application assistance.

**Pomona Adult Day Health Care Center**
324 N. Palomar Dr.
Pomona, CA
(909) 623-7000
Designed to serve the frail elderly and those individuals eighteen years of age and older coping with a physical, cognitive or developmental disability.

**Pomona Health Center/LA County Health Center**
750 S. Park Ave. Pomona, CA
(909) 868-0235
Medical Services: Vaccinations and STD Immunizations for children (0-18); Primary Care Services and prescriptions at no or low cost

**Planned Parenthood**
1550 North Garey Ave, Pomona, CA
(909) 620-4268 Emergency Line: 800-328-2826
Pregnancy counseling, family planning, prenatal services, STD and HIV/AIDs testing. Abortion and sterilization services.

**Western University Health Clinic**
887 E. 21st St. Suite C., Pomona, CA
(909)865-2565
Medical Services: Full primary care services for adults and children.

**Foothill Aids Project**
233 W. Harrison Ave, Claremont, CA
(909) 482-2066
HIV/AIDs services: referrals, case management, counseling, support groups, prevention, bilingual services, Housing assistance, housing case management, substance abuse counseling and mental health counseling. and outreach education

**Inland Hospice**
233 W. Harrison, Claremont, CA 91711
(909) 399-3289
Bereavement groups for persons who have lost a friend or family member – call for a schedule of meeting for both adults and children.

**Interlink Hospice**
2001 N. Garey Pomona, Ca. 91767
(909) 784-3600
Hospice provides comfort care for terminally ill patients. Hospice caregivers can help with the patient's daily activities and medical needs and also help the

patient and family deal with the psychological and spiritual needs when facing the end of life. Hospice care can be received at home or in a facility. Services include nursing, social work, etc.

**Pomona First Baptist Church**
586 N. Main St.
Pomona, CA 91767
909-629-5277
Support groups: Divorce Care and Divorce Care 4 Kids, Women's Cancer Support, Parenting classes, Caregiver's Support Group, Celebrate Recover, Griefshare, AA.

**Dial-a-Ride**
(909) 623-0183
Transportation services

**Foothill Transit**
Pomona Regional Transit Center
100 W. Commercial St. Pomona, CA
800-743-3463
www.foothilltransit.org

**Metropolitan Transportation Authority (MTA)**
Information: 800-COM-MUTE
MetroLink
800-371-5465
Public Transportation

# Appendix D. California Health and Safety Codes Section 127340-127365

**SB 697 (Chapter 812, Statutes of 1994)**

**Health and Safety Code Sections 127340-127365**

**Article 2. Hospitals: Community Benefits**

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

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

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

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

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

(1) Community-oriented wellness and health promotion.

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

(3) Adult day care.

(4) Child care.

(5) Medical research.

(6) Medical education.

(7) Nursing and other professional training.

(8) Home-delivered meals to the homebound.

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

(10) Outreach clinics in socioeconomically depressed areas.

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

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

(a) "Community benefits plan" means the written document prepared for annual submission to the Office of Statewide Health Planning and Development that shall include, but shall not be limited to, a description of the activities that the

hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community.

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

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

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

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

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

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

(5) Health care cost containment.

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

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

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

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

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

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

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

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

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

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

**127350**. Each hospital shall do all of the following:

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

(b) By January 1, 1996, complete, either alone, in conjunction with other health care providers, or through other organizational arrangements, a community needs assessment evaluating the health needs of the community serviced by the hospital, that includes, but is not limited to, a process for consulting with community groups and local government officials in the identification and prioritization of community needs that the hospital can address directly, in collaboration with others, or through other organizational arrangement. The community needs assessment shall be updated at least once every three years.

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

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

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

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

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

(c) Community benefits categorized into the following framework:

(1) Medical care services.

(2) Other benefits for vulnerable populations.

(3) Other benefits for the broader community.

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

(5) Nonquantifiable benefits.

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

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

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

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

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

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

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

**Policy Name:** Patient Financial Assistance Program Policy **#:**
**Division: Manual:** Hospital Wide Policy Page **1** of **14**
**Origination Date:** 12/31/2007 **Revised Date:** 12/4/2014

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

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

Nonprofit acute care hospitals must comply with the California Hospital Fair Pricing Act (codified in California's Health & Safety Code Sections 127400 et seq.), and with Section 501(r) of the Internal Revenue Code requiring written policies providing discounts and charity care to financially qualified patients. This policy provides for both charity care and discounts to patients who financially qualify under the terms and conditions of the Pomona Valley

**Hospital Medical Center Financial Assistance Program.**
The Finance Department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing, recording and accounting treatment of transactions at PVHMC.

Patient Access and Business Office staff are responsible for assisting the patient with the financial assistance application as needed to include handling of patient accounting transactions in a manner that supports the mission and operational goals of Pomona Valley Hospital Medical Center.

**Policy:**
It is the policy of Pomona Valley Hospital Medical Center to offer financial assistance to patients who are unable to pay their hospital bills due to a financial inability to pay. Designated management will review individual cases to determine a patient's eligibility for financial assistance and determine the discount for which the patient qualifies.

All requests for financial assistance from patients, patient families, physicians or hospital staff shall be addressed in accordance with this policy.

**Introduction**
Pomona Valley Hospital Medical Center strives to meet the health care needs of all patients who seek inpatient, outpatient and emergency services. PVHMC is committed to providing access to financial assistance programs when patients are uninsured or underinsured and need help paying their hospital bill. These programs include state- and county-sponsored coverage programs, charity care, and discount partial charity care as defined herein. This policy focuses on charity care and discount partial charity care for which eligibility for financial assistance and qualification for a discount is determined solely by the patient's and/or patient's family's ability to pay.

The Hospital makes every effort to inform its patients of the Hospital's Financial Assistance Program. Specifically:

- Every registered patient receives a written notice of the Hospital's Financial Assistance Policy written in
- plain language per IRC 501(r);

- Upon request, paper copies of the Financial Assistance Policy, the Financial Assistance application form and
- the plain language summary of the Financial Assistance Policy are made available free of charge . These
- documents are also available on the Hospital's website;
- Whenever possible, during the registration process, uninsured patients are screened for eligibility with
- government -sponsored programs and/or the Hospital's Financial Assistance Program;
- Public notices are posted throughout the Hospital notifying the public of financial assistance for those who
- qualify (See "Reporting & Billing: Public Notice" within this policy for more information);
- Guarantor billing statements contain information to assist patients in obtaining government -sponsored
- coverage and/or financial assistance provided by the Hospital (See "Reporting & Billing: Billing Statements"
- within this policy for more information);
- The hospital will provide patients with a referral to a local consumer assistance center housed in a legal
- services office

**This policy addresses the following:**
Definitions
Financial Assistance Eligibility Criteria
Financial Assistance Discount Qualification Criteria
Application Submission and Review Process
Partial Charity Discount Methodology
Reporting & Billing
General Provisions

DEFINITIONS

**Amounts Generally Billed (ABG):** The amount generally billed by the hospital for emergency and other medically necessary services to patients who have health insurance.

**Essential living expenses:** Expenses for any of the following: rent or house payments (including maintenance expenses), food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child and spousal support, transportation and automobile expenses (including insurance, fuel and repairs), installment payments, laundry and cleaning expenses, and other extraordinary expenses.

**Full Charity**: A discount representing 100% of a patient's liability. A full charity discount is equivalent to 100% of billed charges when the patient is uninsured and equivalent to the patient's unmet deductible, coinsurance and/or copay when the patient is insured.

**High Medical Costs**: An insured patient is a "High Medical Costs" patient if:

- Annual out-of-pocket hospital/medical costs incurred by the patient and/or the patient's family members
- during the last 12 months exceed 10% of the patient's family income,
- The patient's family income does not exceed 400% of the federal poverty level;

**Income**: The sum of all the wages, salaries, profits, interests payments, rents and other forms of earnings received by all members of a patient's family during a one year period of time. This includes gross receipts less cost of goods sold for self-employed family members.
**Monetary Assets**: Assets that are readily convertible to cash, such as bank accounts and publicly traded stock but not assets that are illiquid, such as real property and/or the following assets:

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

- 50% of monetary assets after the first $10,000.

**Necessary Services**: Inpatient, outpatient or emergency medical care that is deemed medically necessary by a physician. Necessary services would not include purely elective services for patient comfort and/or convenience, including but not limited to a cosmetic lens implanted during cataract surgery.

**Partial Charity Discount**: A discount available to an uninsured or an insured patient that reduces an eligible uninsured patient's balance to an amount not to exceed 50% of the amount Medicare would have paid if Medicare was the primary payer or that limits an eligible insured patient's balance to the applicable Medicare inpatient deductible or outpatient coinsurance. The partial charity discounted balances is further limited to the established cash prices.

**Patient's Family Size**: is dependent on the age of the patient as defined below -
1) For patients 18 years of age and older, the patient's family includes the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not;
2) For patients under 18 years of age, the patient's family includes the patient's parent(s), caretaker relatives and other children less than 21 years of age

## *PROCEDURE FOR FINANCIAL ASSISTANCE*

### *FINANCIAL ASSISTANCE ELIGIBILITY*

Financial assistance eligibility is based upon the patient's ability to pay as determined by the Patient's Family incomerelative to the current Federal Poverty Level.

The primary eligibility categories are:

- Patient is uninsured AND Patient's Family Income is at or less than 400% of the Federal Poverty Level
- designated for the patient's family size
- Patient is insured AND Patient's Family Income is at or less than 400% of the Federal Poverty Level
- designated for the patient's family size AND patient meets the definition of a "High Cost Medical" patient

The following conditions must also be satisfied:

- If the patient is insured, the patient's liability is NOT a Medicaid share of cost or unmet deductible,
- coinsurance and/or copay related to subsidized coverage provided through a Covered CA qualified health plan or similar plan;
- Patient does not qualify for other income-based/means test government-sponsored coverage;
- A pending application for another health coverage program shall not preclude eligibility for financial
- assistance under this policy, however, final approval of financial assistance may be deferred until
- the pending application is processed and eligibility is determined
- Patient completes and submits a Financial Assistance Application;
- Patient submits all required and requested documents and responds to any questions that arise from the Financial Assistance Application.

A patient who is deemed eligible for financial assistance will not be charged for emergency or other medically necessary care more than amounts generally billed (AGB) to individuals who have insurance covering such care. Emergency physicians providing emergency services in the hospital are required to provide discounts to uninsured and high medical cost patients whose incomes are at or below 350 percent of the Federal Poverty Level. Eligible patients are offered a reasonable, extended payment plan. If an agreement is not reached, a reasonable payment formula similar to the hospital's payment formula defined in the "Payment Plans" section within this policy must be used in determining the monthly payment. A patient may obtain additional information regarding the emergency physicians discount policy by

contacting California Emergency Physician's (CEP) billing service, MedAmerica Billing Services, Patient Services Department at (800) 498-7157.

## *FINANCIAL ASSISTANCE DISCOUNT QUALIFICATION CRITERIA*

Once eligibility is established, the discounted amount and/or discounted balance is determined as defined in the following section of this policy depending upon:

- The Patient's eligibility category;
- The Patient's Family income;
- The Patient's Family Monetary Assets;

**Full Charity Discount Criteria**

The following chart summarizes the criteria that must be satisfied for a patient to qualify for full charity care:

- Uninsured <200% FPL <$10,000
- Insured with High Medical Costs <200% FPL <$10,000
- All patients who are eligible for financial assistance within this policy will receive full charity when the patient's family income is at or less than 200% of the Federal Poverty Level and their monetary assets are less than $10,000.

To qualify for this level of discount, the patient will apply for and submit the documentation required for full charity within this policy.

**Partial Charity Discount Criteria**

If a patient does not qualify for full charity care based on the criteria above, the patient may qualify for partial charity (discounted) care. Monetary Assets are not considered as criteria used to determine a partial charity discount. The following chart summarizes the criteria that must be satisfied for a patient to qualify for partial charity care:

Insured with High Medical Costs <400% FPL NTE MEDICARE OOP
Uninsured <400% FPL 50% of MEDICARE RATES

The discounted balance for an eligible uninsured patient is described in further detail in the "Partial Charity Discount

Methodology" section below. The applicable discounted rates are documented in Addendum A, based upon the year the service was provided and limited to the established cash prices.

An eligible insured patient shall receive a reduction of their out-of-pocket costs not to exceed the Medicare inpatient deductible or the Medicare outpatient coinsurance as applicable limited to the established cash prices.

**Dates of Service included in Application**

When the hospital determines that a patient qualifies for Financial Assistance, that determination will apply to the specific services and service dates for which the patient or the patient's family representative submitted the application. In cases of continuing care relating to a patient diagnosis that requires ongoing, related services, the hospital will treat continuing care as a single case for which qualification applies to all related ongoing services provided by the hospital. Management may, based on its review, determine that other pre-existing patient account balances outstanding at the time of qualification may be eligible for write- off. Generally, a patient will re-apply for financial assistance eligibility at least every 180 days, but management has the discretion to not require further application(s) for subsequent services following an initial application approval.

**Other Eligible Circumstances qualifying for Charity: Medi-Cal Payment Denials**

PVHMC deems those patients that are eligible for government -sponsored low-income assistance programs (e.g. Medi-Cal/Medicaid, California Children's Services and any other applicable state or local low-income program) to be indigent. Therefore such patients are eligible under the Financial Assistance Policy when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients (e.g. CHDP and CCS)), where the program does not make payment for all services or days during a hospital stay, are eligible for Financial Assistance Program coverage limited to the amount the payer denied instead of paid. Consistent with Medicare cost reporting guidance for the calculation of the Hospital's low income percentage for Medi-Cal DSH, non-covered services and all other denied services provided to eligible Medicaid beneficiaries will be reported as "Uncompensated Care" for cost reporting purposes without requiring a FAP application from each patient. Specifically included as Uncompensated Care are charges related to denied stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care.

The patient is NOT eligible for financial assistance on Medi-Cal share of cost or a patient's subsidized or discounted out-of-pocket expenses determined by Covered California or any other state or federal government insurance exchange. A patient's unsubsidized out of pocket expense may qualify for a discount as defined within this policy.

**Other Eligible Circumstances qualifying for Charity: Medicare Deductibles and Coinsurance Denials**

Patients whose primary coverage is Medicare and secondary coverage is Medi-Cal are eligible for financial assistance and may qualify for full charity. The amount qualifying for full charity is limited to the Medicare coinsurance and deductible amounts unreimbursed by any other payer including Medi-Cal/Medicaid, and which is not reimbursed by Medicare as a bad debt, if:

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

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

**Other Eligible Circumstances qualifying for Charity: Reassignment from Bad Debt to Charity**

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

**Criteria for Re-Assignment from Bad Debt to Charity Care:**

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

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

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

3) The patient's credit & behavior score is within the lowest 25th percentile as of November 2007, PVHMC's secondary agency has determined the credit and behavior score representing the lowest 25th percentile is 547 or lower as reported by Transunion;);

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

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

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

**Prompt Pay Discount**
A patient is not eligible for financial assistance, including a financial assistance discount, when the patient's family income is greater than 400% of the established Federal Poverty Level. Instead, uninsured patients qualify for a prompt pay discount, which shall apply to all necessary inpatient, outpatient and emergency services provided by PVHMC. The discounted balance is dependent on the type of service provided:

1) For outpatient services, the discounted balance represents the average commercial HMO/PPO collection rate on outpatient services, not to exceed established cash prices

2) For inpatient services, the discounted balance represents the Medicare DRG amount for adult inpatient services and the Medi-Cal APR DRG amount of pediatric inpatient services, not to exceed established cash prices

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

The hospital will discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be negotiated between the hospital and patient based upon the patient's ability to effectively meet the payment terms. As a general guideline, payment plans will be structured to last no longer than 12 months. The hospital shall negotiate in good faith with the patient; however there is no obligation to accept the payment terms offered by the patient. If the patient and the hospital are unable to agree on negotiated payment terms, the hospital shall offer the patient the default payment plan. Under the default payment plan, the patient's monthly payment shall not exceed 10% of a patient's family income for one month, excluding deductions for "essential living expenses" as defined herein above.

**Partial Charity Discount Methodology**
Patients below 400% of the current Federal Poverty Level, who meet all eligibility and qualification criteria, will not pay more than Medicare would typically pay for a similar episode of service. Section 501(r) of the Internal Revenue Code ("IRC") added by the Affordable Care Act, provides two methodologies to determine the "Amounts Generally Billed," the "Look-back" method or the "Prospective" method. For ease of administration, the Hospital has selected the "Look-back" method for outpatient services and the "Prospective" method for inpatient services. The "Prospective" method will be used to discount inpatient services provided to eligible uninsured patients. The applicable MediCal APR DRG reimbursement applies to obstetrics, newborns, neonatal intensive care and pediatrics. The Medicare DRG applies to all other inpatient services. The expected payment from the patient will be 50% of the amount determined to be the "Amounts Generally Billed" limited to the cash price established by the Hospital's service department. This amount will be billed once a patient has submitted and is approved for partial discounted financial assistance. Prior to submitting an application for financial assistance, the amounts billed will represent full billed charges consistent with the amount ALL payers and patients are charged. The "Look Back" method was selected for outpatient services due to the ease of administration to allow all support staff the ability to calculate and quote the patient based on a percentage of charges. The expected payment will be updated each year no later than January 31 by summarizing the claims paid in full by Medicare for the preceding calendar year. The reimbursement rate will be calculated by dividing the total collections on the claims paid in full for the preceding calendar year by the total billed charges on the claims paid in full, adjusted for the annual rate increase effective January 1 of the current year. The rate calculated will be rounded up to the nearest 5/100th of a percent. The reimbursement rates for each calendar year will be documented in Addendum A and updated each year.

## *APPLICATION SUBMISSION & REVIEW PROCESS*

**Single, Unified Application**

The PVHMC Financial Assistance Program utilizes a single, unified patient application for both Full Charity Care and Discount Partial Charity Care. The process is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify. The financial assistance application provides patient information necessary for determining patient qualification and such information will be used to qualify the patient or family representative for maximum coverage under the PVHMC Financial Assistance Program. The financial assistance application should be completed as soon as there is an indication that the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.

The hospital will provide guidance and/or direct assistance to patients or their family representative as necessary to facilitate completion of program applications. Financial counselors, eligibility services liaisons and/or patient account representatives are available to provide guidance over the phone or meet in person.

The application will cover all outstanding guarantor balances at the time the application is completed. Patients may be required to re-apply for financial assistance at least every 180 days.

**Required Documentation**

Eligible patients may qualify for the PVHMC Financial Assistance Program by following application instructions and making every reasonable effort to provide the hospital with documentation and health benefits coverage information such that the hospital may make a determination of the patient's qualification for coverage under the program. Eligibility alone is not an entitlement to coverage under the PVHMC Financial Assistance Program. To determine eligibility and to maximize the qualifying assistance/discount amount, the following documentation is required when applicable:

1) Completed & signed financial assistance application;
2) Current pay stubs from the last two pay periods or if self-employed, current year-to-date profit & loss statement to determine current income;
3) Award letters for social security, SSI, Disability, Unemployment, General Relief, Alimony, etc.;
4) For full charity only, last calendar year's filed tax return with all required schedules to determine income generating assets including monetary assets for a full charity discount only;
5) For full charity only, last two months' bank, brokerage & investment statements for a full charity discount only;
6) For full charity only, copies of prior year's 1099 for interest income, dividends, capital gains, etc.

**Completion of a financial assistance application provides:**

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

The Hospital may require waivers or releases from the patient or the patient's family authorizing the hospital to obtain account information from financial or commercial institutions or other entities including but not limited to credit reporting entities that hold or maintain the monetary assets, in an attempt to verify information the patient has provided on the charity care application. Information obtained pursuant to this paragraph regarding assets of the patient or the patient's family shall not be used for collection activities.

**Reasons for Denial of Assistance**

The PVHMC Financial Assistance Program relies upon the cooperation of individual patients who may be eligible for full or partial assistance. Financial assistance may be denied for failure to submit applicable required documentation.

The hospital may deny financial assistance for reasons including, but not limited to, the following:

1) Patient is not eligible for partial charity discounted care based on amount of income;
2) Patient is not eligible for full charity care based on amount of income plus monetary assets;

3) Patient is uncooperative or unresponsive, preventing the Hospital from determining financial assistance eligibility and qualification;
4) Service provided to a full charity care patient is not considered medical necessary;
5) Application is incomplete;
6) Patient's balance results from withholding from the Hospital an insurance payment;
7) Patient's balance after insurance pays does not meet the definition of high medical cost;
8) Patient meets eligibility for income-based government -sponsored coverage but failed to apply and/or cooperate with the application process;
9) Assistance was requested on a service provided more than 180 days after the most recent request for assistance was approved.; and
10) Patient's liability is a Medicaid share of cost or out-of-pocket expense related to means tested and/or income based coverage such as a subsidized Covered CA qualified health plan.
The financial assistance application should be completed as soon as there is an indication the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.

**Approval Process**
The patient or patient's representative shall submit the financial assistance application and required supplemental documents to the Patient Financial Services department at PVHMC. The Patient Financial Services department's contact information shall be clearly identified in the application instructions.

PVHMC will provide personnel who have been trained to review financial assistance applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response. Upon receipt of a completed financial assistance application, assigned staff in the business office will prepare a "Request for Consideration of Uncompensated Care (Charity)" attaching all supporting documentation as defined within this policy and submit to an applicable manager based upon the amount of the discount requested as defined below. For the circumstances defined below which do NOT require submission of a financial assistance application, the staff will prepare a "Request for Consideration of Uncompensated Care (Charity)" clearly noting the reason an application was NOT prepared and attaching a credit report if a valid social security number is available.
A financial assistance determination will be made only by approved hospital management personnel according to the eligibility criteria specific to the patient and the amount of financial assistance requested. Financial assistance shall not be provided on a discriminatory or arbitrary basis. The hospital retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.

The Hospital's designee authorized to approve financial assistance applications is based on the amount of the financial assistance requested; larger discounts require a higher level of approval as indicated below:

- Discounts less than $25,000: Assistant Director or Director of Patient Financial Services
- Discounts greater than $25,000: Vice President of Finance

**Application Exceptions**
A completed financial assistance application may not be required in certain circumstances. These circumstances are limited to situations when PVHMC determines it has sufficient patient financial information from which to make a financial assistance eligibility and qualification decision. Examples of circumstances not requiring a financial assistance application include, but are not necessarily limited to:
1) Patient is homeless;
2) Patient is a resident at a shelter including but not limited to Prototypes and The American Recovery Center;
3) Patient's address is the address for the Department of Public Social Services (DPSS) 2040 Holt Ave Pomona;
4) Patient is unknown;
5) Patient is receiving General Relief, Cal WORKS or Cal Fresh (documentation required);
6) Patient qualified for Medi-Cal without a share of cost (SOC) during a portion of the confinement or subsequent to their discharge/visit (proof of eligibility required); or

7) Non-covered and/or denied services provided to Medi-Cal eligible patients

**Appeal Process**
In the event that a patient disagrees with the hospital's determination regarding qualification, the patient may file a written appeal for reconsideration with the hospital as follows:
The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any or all additional relevant documentation to support the patient's claim should be attached to the written appeal. Any or all appeals will be reviewed by the hospital Director of Patient Accounting. The director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the director shall provide the patient with a written explanation of findings and determination. In the event that the patient believes a dispute remains after consideration of the appeal by the Director of Patient Accounting, the patient may request in writing, a review by the hospital Vice President of Finance. The Vice President of Finance shall review the patient's written appeal and documentation, as well as the findings of the director of patient financial services. The Vice President of Finance shall make a determination and provide a written explanation of findings to the patient. All determinations by the Vice President of Finance shall be final. There are no further appeals.

## *REPORTING AND BILLING:*

**Billing Statements**
Consistent with Health and Safety Code Section 127420, the Hospital will include the following clear and conspicuous information on a patient's bill:
(1) A statement of charges for services rendered by the hospital.
(2) A request that the patient inform the hospital if the patient has health insurance coverage, Medicare, Medi-Cal, or other coverage.
(3) A statement that if the consumer does not have health insurance coverage, the consumer may be eligible for coverage offered through the California Health Benefit Exchange (Covered CA), Medicare, Medi-Cal, California Children's Services Program, or charity care.
(4) A statement indicating how patients may obtain an application for the Medi-Cal program, coverage offered through the California Health Benefit Exchange, or other state- or county-funded health coverage programs and that the hospital will provide these applications. If the patient does not indicate coverage by a third-party payer or requests a discounted price or charity care, then the hospital shall provide an application for the Medi-Cal program, or other state- or county-funded programs to the patient. This application shall be provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care. The hospital shall also provide patients with a referral to a local consumer assistance center housed at legal services offices.

(5) Information regarding the financially qualified patient and charity care application, including the following:

(A) A statement that indicates that if the patient lacks, or has inadequate, insurance, and meets certain lowand moderate-income requirements, the patient may qualify for discounted payment or charity care.

(B) The name and telephone number of a hospital employee or office from whom or which the patient may obtain information about the hospital's discount payment and charity care policies, and how to apply for that assistance.

(C) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a hospital charity care or discount payment program, neither application shall preclude eligibility for the other program.

**Public Notice**
PVHMC shall post notices informing the public of the Financial Assistance Program. Such notices shall be posted in high volume inpatient, areas and in outpatient service areas of the hospital, including but not limited to the emergency department, inpatient admission and outpatient registration areas, or other common patient waiting areas of the hospital.

Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance.

These notices shall be posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. The notice states the following:

*Pomona Valley Hospital Medical Center provides financial assistance to our patients who qualify.*
*Contact our Eligibility Services Department at (909) 630-7720 to speak with a representative to obtain more information.*

**Access to the Financial Assistance Policy**
A copy of this Financial Assistance Policy and a plain language summary is available on the Hospital's website. A hard copy of the policy will be made available to the public upon request at the Hospital's main campus or by mail.

**OSHPD Reporting**
PVHMC will report actual Charity Care provided in accordance with regulatory requirements of the Office of Statewide Health Planning and Development (OSHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with the applicable requirement, the hospital will maintain written documentation regarding its Charity Care criteria, and for individual patients, the hospital will maintain written documentation regarding all Charity Care determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

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

## GENERAL PROVISIONS:

**Equal Opportunity**
The Hospital is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws.

**Confidentiality**
It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values. The Charity Care documentation will not be reviewed or accessed by staff involved in collection activities.

**Good Faith**
PVHMC makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate.
Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient or family representative. In addition, PVHMC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order to qualify for the PVHMC Financial Assistance Program.

# Additional Resources

For more information, please visit the following websites:

*Pomona Valley Hospital Medical Center*
www.pvhmc.org

*Office of Statewide Health Planning and Development Health care Information Division – Hospital Community Benefit Plan*
http://www.oshpd.ca.gov/HID/hospital/hcpb/faqshcbp.htm

*Hospital Annual Financial Data*
http://www.oshpd.state.ca.us/HQAD/Hospital/financial/hospAF.htm

*Internal Revenue Service on Section 501(c) (3) Organizations*
http://www.irs.gov/publications/p557/ch03.html

*Institute of Applied Research*
http://iar.csusb.edu/index.htm