

# Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2014

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

*Commitment*

**SHARP**<sup>®</sup>

Sharp HealthCare  
Community Benefit Plan and  
Report  
Fiscal Year 2014

Submitted to:

Office of Statewide Health Planning and Development  
Healthcare Information Division – Accounting and Reporting Systems Section  
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*Community.* It's a powerful word. It means different things to different people.

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

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

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

Since that time, Sharp HealthCare has held true to its commitment, and has expanded to serve San Diego County with four acute care and three specialty care hospitals, two affiliated medical groups and nearly 17,000 employees. In addition, Sharp has pledged to our community an extraordinary standard of care through The Sharp Experience – bringing focus and alignment in all we do to the most basic and critical element of the health care equation: people.

Each page of our Fiscal Year 2014 *Sharp HealthCare Community Benefit Plan and Report* reflects a commitment to the community that is stronger than ever. This commitment is represented not only by uncompensated care dollars, but also by hundreds of thousands of hours devoted by Sharp team members and volunteers to programs beyond our medical facilities – including free screenings, resources and transportation to those in need, mentorship and training for students, and education and support to members of our community.

In Fiscal Year 2014, Sharp's community benefit contributions totaled more than \$354 million and included such vital community support as uncompensated care, benefits for vulnerable populations, and health research and education activities.

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



Michael W. Murphy  
President and CEO



# Preface

Sharp HealthCare (Sharp or SHC) prepared this Community Benefit Report for Fiscal Year 2014 (FY 2014) in accordance with the requirements of Senate Bill 697, community benefit legislation.<sup>1</sup>

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

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



## **Glossary of Terms and Abbreviations**

### **A**

#### **AA**

Alcoholics Anonymous

#### **AACCN**

American Association of Critical Care Nurses

#### **AACN**

American Association of Colleges of Nursing

#### **AAP**

American Academy of Pediatrics

#### **AARP**

American Association of Retired Persons

#### **ACHE**

American College of Healthcare Executives

#### **ACNL**

Association of California Nurse Leaders

#### **ACP**

Advance Care Planning

#### **ACPE**

Association for Clinical Pastoral Education

#### **ACS**

American Cancer Society

#### **ADA**

American Diabetes Association

#### **AFPJ**

American Family Physician Journal

#### **AHA**

American Heart Association

#### **AIS**

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

#### **ANAD**

National Association of Anorexia Nervosa and Associated Disorders

#### **ANCC**

American Nurses Credentialing Center

#### **ANN**

Academy of Neonatal Nursing

#### **AORN**

Association of periOperative Registered Nurses

#### **APA**

American Psychological Association

#### **APU**

Azusa Pacific University

#### **ARC**

American Red Cross

#### **ARES**

Amateur Radio Emergency Service

#### **Are You OK?**

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

**AWHONN**

Association of Women’s Health,  
Obstetric and Neonatal Nurses

**B**

**BFHI**

Baby-Friendly Hospital Initiative – a global program designed to support and recognize hospitals and birthing facilities that offer an optimal level of care for infant feeding and mother/baby bonding.

**BLS**

U.S. Bureau of Labor Statistics

**BMI**

Body Mass Index

**BU**

Boston University

**C**

**Cal MediConnect**

Three-year project between Medi-Cal and Medicare in seven California counties, to promote coordinated health delivery to seniors and people with disabilities who are dually eligible for both public health insurance programs.

**CalFresh/SNAP**

Supplemental Nutrition Assistance Program – a federal program known locally as the CalFresh Program.

**CCARE**

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

**CCCC**

Coalition for Compassionate Care of California

**CCP**

Community Care Partner program

**CCPs**

Community Care Partner volunteers

**CCR**

California Cancer Registry

**CCT**

Compassion Cultivation Training

**CDC**

Centers for Disease Control and Prevention

**CDPH**

California Department of Public Health

**CHA**

California Hospital Association

**CHAMPVA**

Civilian Health and Medical Program of the Department of Veterans Affairs

**CHAPCA**

California Hospice and Palliative Care Association

**CHCF**

California HealthCare Foundation

**CHF**

Congestive Heart Failure

**CHIP**

San Diego Community Health Improvement Partners

**CHIS**

The California Health Interview Survey – California’s state health survey and the largest state health survey in the nation. Conducted on a continuous basis, a full data cycle takes two years to complete.

CHIS data provide statewide information on the overall population, including many racial and ethnic groups, as well as local level information on most counties.

**CHNA**

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

**CICU**

Cardiac Intensive Care Unit

**CME**

Continuing Medical Education

**CNA**

Certified Nursing Assistant

**CNI**

Community Need Index

**CO<sub>2</sub>**

Carbon Dioxide

**COBRA**

Consolidated Omnibus Budget Reconciliation Act

**CoC**

Commission on Cancer Program, part of the American College of Surgeons

**COPA**

Campeonata Subamericano de Futbol

**COPD**

Chronic Obstructive Pulmonary Disease

**Covered California**

Insurance marketplace implementing the federal Patient Protection and Affordable Care Act in California.

**CPN**

Cancer Patient Navigator

**CPR**

Cardiopulmonary Resuscitation

**CPSP**

Comprehensive Perinatal Services Program

**CRC**

Caregiver Resource Center

**CSA**

Community Supported Agriculture

**CSUSM**

California State University San Marcos

**CT**

Computed Tomography Scan

**C-TAC**

Coalition to Transform Advanced Care

**CTAP**

California Telephone Access Program

**CTI**

Care Transitions Intervention

**CTIS**

California Teratogen Information Service

**CVCC**

Chula Vista Community Collaborative

**CVFHC**  
Chula Vista Family Health Centers

**CWISH**  
Council of Women's and Infants'  
Specialty Hospitals

**CY**  
Calendar Year

## D

**DBT**  
Dialectical Behavioral Therapy

**DePart**  
Discharge Process Acute Rehab  
Transition

**DHHS**  
United States Department of Health and  
Human Services

**DME**  
Durable Medical Equipment

## E

**EAPA**  
Employee Assistance Professionals  
Association

**EBPI**  
Evidence-Based Practice Institute

**Echo**  
Echocardiogram

**ECP**  
Endoscopic cyclophotocoagulation

**ECSSP**  
East County Senior Service Providers

**ED**  
Emergency Department

**EEG**  
Electroencephalography

**EKG**  
Electrocardiogram

**ELNEC**  
End-of-Life Nursing Education  
Consortium

**EMCC**  
Emergency Medical Care Committee

**EMS**  
Emergency Medical Services

**EMSA**  
Emergency Medical Services Authority

**EMT**  
Emergency Medical Technician

**ENT**  
Otolaryngology (Ear, Nose, and Throat)

**EPA**  
Environmental Protection Agency

**ES**  
Energy Star, an international standard  
for energy efficiency.

**EVCs**  
Electric vehicle chargers

## F

**FAC**  
Family Assistance Center

**FAST**  
Face, Arms, Speech and Time

**FPL**  
Federal Poverty Level

**FHCSD**

Family Health Centers of San Diego

**FOCUS**

The Friends of Children United Society

**FOD**

Foreign Object Damage

**FRPM**

Free and Reduced Price Meal

**FY**

Fiscal Year

**G****GC**

Grossmont College

**GPA**

Grade Point Average

**GUHSD**

Grossmont Union High School District

**GWTG**

American Heart Association's Get With the Guidelines – a national in-hospital program for improving care by promoting consistent adherence to the latest scientific treatment guidelines.

**H****HASD&IC**

Hospital Association of San Diego and Imperial Counties

**HASPI**

Health and Science Pipeline Initiative

**HESI**

Health-Careers Exploration Summer Institute

**HHI**

Healthier Hospitals Initiative

**HHSA**

County of San Diego Health and Human Services Agency

**HICS**

Hospital Incident Command System

**HICAP**

Health Insurance Counseling and Advocacy Program

**HIT**

Health information technology

**HIV/AIDS**

Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

**HP 2020**

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

**HPNA**

Hospice and Palliative Nurses Association

**HPP**

Hospital Preparedness Program

**HRO**

High Reliability Organization

**HRSA**

Health Resources and Services  
Administration

**HSHMC**

Health Sciences High and Middle  
College

**HVAC**

Heating, Ventilation and Air Conditioning

**HVP**

Hospice-Veteran Partnerships

**I****ICS**

Incident Command System

**ICU**

Intensive Care Unit

**IGRT**

Image-Guided Radiation Therapy

**IHN**

Integrated Healthcare Network

**IHSS**

In Home Support Services

**ILA**

Independent Living Association

**ILFs**

Independent living facilities

**IMRT**

Intensity-Modulated Radiation Therapy

**IOM**

Institute of Medicine

**IPH**

Institute for Public Health

**IRB**

Institutional Review Board

**IRT**

International Relief Team

**IV t-PA**

Intravenous Tissue Plasminogen  
Activator

**J****JAMA**

Journal of the American Medical  
Association

**K****KC**

Kaplan College

**kWh**

Kilowatt-hour

**L****LBP**

Low Back Pain

**LBW**

Low Birth Weight

**LCSW**

Licensed Clinical Social Worker

**LEED**

Leadership in Energy and  
Environmental Design

**LGBT**

Lesbian, Gay, Bisexual and  
Transgender

## M

### **MAGNET Recognition Program®**

An ANCC program that recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practices. It is the leading source of successful nursing practices and strategies worldwide.

### **MC**

San Diego Mesa College

### **MCAS**

Marine Corps Air Station

### **Medi-Cal**

California's Medicaid program

### **MFT**

Marriage and Family Therapy

### **MHA**

Mental Health America

### **MICN**

Mobile Intensive Care Nurse

### **MICU**

Medical Intensive Care Unit

### **MRI**

Magnetic Resonance Imaging

### **MRO**

Mass Rescue Operations Exercise

## N

### **NAMI**

National Alliance on Mental Illness

### **NAPBC**

National Accreditation Program for Breast Centers

### **NCHS**

National Center for Health Statistics

### **NCQA**

National Committee for Quality Assurance

### **NCTI**

National College of Technical Instruction

### **NHDD**

National Healthcare Decisions Day

### **NHPCO**

National Hospice and Palliative Care Organization

### **NICHQ**

National Initiative for Children's Healthcare Quality

### **NICN**

Neurological-Intensive Care Nursery

### **NICU**

Neonatal Intensive Care Unit

### **NIH**

National Institutes of Health

### **NIMS**

National Incident Management System

### **NorCan**

North County Community Action Network

### **NRI**

Sharp Neonatal Research Institute

### **NRI-PAB**

Neonatal Research Institute Parent Advisory Board

**NU**  
National University

**O**

**OB/GYN**  
Obstetrics and Gynecology

**OFC**  
Operation Family Caregiver

**OPP**  
Sharp Memorial Outpatient Pavilion

**OR**  
Operating Room

**ORI**  
Sharp HealthCare Outcomes Research  
Institute

**OSHPD**  
California Office of Statewide Health  
Planning and Development

**OVERPAR**  
Open Versus Endovascular Repair of  
Popliteal Artery

**P**

**PACU**  
Post-anesthesia Care Unit

**PAES**  
Pre-anesthesia evaluation services

**A New PATH**  
Parents for Addiction Treatment and  
Healing

**(The) Pavilion**  
Sharp Memorial Outpatient Pavilion

**PCN**  
Perinatal Care Network

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

**PET**  
Psychiatric Evaluation Team

**PET/CT**  
Positron Emission  
Tomography/Computerized  
Tomography

**PFAC**  
Patient Family Advisory Council

**Planetree**  
Planetree, Inc. is a mission based not-  
for-profit organization that partners with  
healthcare organizations around the  
world and across the care continuum to  
transform how care is delivered.

**PLNU**  
Point Loma Nazarene University

**PMI**  
Pima Medical Institute

**POLST**  
Physician Orders for Life-Sustaining  
Treatment

**PON**  
Professional Oncology Network

**Project CARE**  
Community Action to Reach the Elderly  
– a community program that includes  
the county's AIS, U.S. Postal Service,  
SDG&E, local senior centers, sheriff and  
police, and many others to keep seniors

living alone from being isolated by providing a welfare-check system through daily phone calls, and training to postal and utility employees on spotting when someone is in trouble, as well as other services.

**Project HELP**

Project Hospital Emergency Liaison Program – Sharp HealthCare hospital funds that provide emergency financial assistance for medications, transportation and other needs to assist patients who cannot afford to pay.

**PSCU**

Perinatal Special Care Unit

**PTSD**

Post-traumatic stress disorder

**R**

**RD**

Registered Dietician

**RME**

Rapid Medical Evaluation

**RN**

Registered Nurse

**RPS**

Regional Perinatal System

**RSVP**

Retired and Senior Volunteer Program

**S**

**SANDAG**

San Diego Association of Governments

**SanDi-CAN**

San Diego Community Action Network

**SB 697**

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

**SBRT**

Stereotactic Body Radiation Therapy

**SCHHC**

Sharp Coronado Hospital and Healthcare Center

**SCI**

Spinal Cord Injury

**SCRC**

Southern Caregiver Resource Center

**SCVMC**

Sharp Chula Vista Medical Center

**SDC**

San Diego County

**SDCCEOL**

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

**SDCCOA**

San Diego County Council on Aging

**SDCTP**

San Diego Care Transitions Partnership

**SDG&E**

San Diego Gas & Electric

**SDI**

San Diego Imaging

**SDRHCC**

San Diego Regional Home Care Council

**SDSU**  
San Diego State University

**SGH**  
Sharp Grossmont Hospital

**Sharp**  
Sharp HealthCare

**Sharp Rehab**  
Sharp Rehabilitation Services

**SHC**  
Sharp HealthCare

**SHP**  
Sharp Health Plan

**SICU**  
Surgical Intensive Care Unit

**SIDS**  
Sudden Infant Death Syndrome

**SIOP**  
Senior Intensive Outpatient Program at Sharp Mesa Vista Hospital

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

**SMBHWN**  
Sharp Mary Birch Hospital for Women & Newborns

**SMC**  
Sharp McDonald Center

**SMH**  
Sharp Memorial Hospital

**SMMC**  
Sharp Metropolitan Medical Campus, including Sharp Memorial Hospital, Sharp Mary Birch Hospital for Women &

Newborns, Sharp McDonald Center, Sharp Mesa Vista Hospital and the Sharp Memorial Outpatient Pavilion.

**SMV**  
Sharp Mesa Vista Hospital

**SNAP**  
Supplemental Nutrition Assistance Program

**SNF**  
Skilled Nursing Facility

**SoCAN**  
South County Action Network

**SOHL**  
San Diego Organization of Healthcare Leaders

**Spectrum**  
Sharp HealthCare corporate office

**SRC**  
Sharp’s Senior Resource Center

**SRS**  
Sharp Rees-Stealy Medical Centers

**START**  
Simple Triage and Rapid Treatment

**STDs**  
Sexually Transmitted Diseases

**STEMI**  
ST Segment Elevation Myocardial Infarction – acute heart attack

**SUHSD**  
Sweetwater Union High School District

**SWC**  
Southwestern College

## T

### **TACO**

Third Avenue Charitable Organization

### **TBI**

Traumatic Brain Injury

### **ThinkFirst/Sharp on Survival**

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention

### **TLC**

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

### **TRICARE**

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

## U

### **UCLA**

University of California, Los Angeles

### **UCSD**

University of California, San Diego

### **UNICEF**

United Nations Children's Fund

### **U.S.**

United States of America

### **USC**

University of Southern California

### **USD**

University of San Diego

## **USU**

Utah State University

## V

### **VA**

U.S. Department of Veterans Affairs

### **VEST**

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

### **Vial of Life**

A magnetic container for the home that contains important medical information and is readily available in case of emergency, provided by Sharp Senior Resource Centers.

### **VIPs**

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

### **VLBW**

Very Low Birth Weight

## W

### **WACU**

Women and Children's Unit

### **WET**

County of San Diego Mental Health Services Workforce Education and Training

### **WHI**

West Health Institute

**WHO**

World Health Organization

**WHV**

We Honor Veterans

**WIC**

Women, Infants, and Children

**WME**

World's Most Ethical

**WOW**

Women on Wheels

**WRAP**

Wellness Recovery Action Plan

**Y**

**YESS**

Young Enthusiastic Stroke Survivors

**YMCA**

Young Men's Christian Association



## Transforming the Health Care Experience

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

To educate and empower the San Diego community to take a proactive role in their health, Sharp launched a free community

health screening program in May 2013.

Health screenings included body mass index, blood sugar, cholesterol, blood pressure and tobacco use, and helped determine risk for critical health issues such as diabetes and heart disease. Participants were encouraged to share their results with their primary care doctor, and also received educational resources with strategies to improve their health and well-being.

From May 2013 through April 2014, Sharp conducted nearly 100 screening events across San Diego — ultimately screening more than 7,400 community members and positively changing countless lives.

# 1 An Overview of Sharp HealthCare

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*To be an exceptional community citizen is to be respectful of others' opinions, value their contributions, and reflect and promote excellence. – Sara Steinhoffer, Vice President of Government Relations, Sharp HealthCare*

Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals; three specialty hospitals; two affiliated medical groups; 21 medical clinics; five urgent care facilities; three skilled nursing facilities; two inpatient rehabilitation centers; home health, hospice, and home infusion programs; numerous outpatient facilities and programs; and a variety of other community health education programs and related services. Sharp offers a full continuum of care, including: emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation, and urgent care. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan (SHP). Serving a population of approximately 3.2 million in San Diego County (SDC), as of September 30, 2014, Sharp is licensed to operate 2,087 beds, and has approximately 2,600 Sharp-affiliated physicians and nearly 17,000 employees.

## **FOUR ACUTE CARE HOSPITALS:**

### **Sharp Chula Vista Medical Center (343 beds)**

The largest provider of health care services in San Diego's rapidly expanding South Bay, Sharp Chula Vista Medical Center (SCVMC) operates the region's busiest Emergency Department (ED) and is the closest hospital to the busiest international border in the world. SCVMC is home to the region's most comprehensive heart program, services for orthopedic care, women and infants and the only bloodless medicine and surgery center in SDC.

### **Sharp Coronado Hospital and Healthcare Center (181 beds)**

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

### **Sharp Grossmont Hospital (536 beds)**

Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County, and has one of the busiest EDs in SDC. SGH is known for outstanding programs in heart care, orthopedics, rehabilitation, robotic surgery, stroke care and women's health.

### **Sharp Memorial Hospital (656 beds)**

A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation. SMH houses San Diego's largest emergency and trauma center.

### **THREE SPECIALTY CARE HOSPITALS:**

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

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

#### **Sharp Mesa Vista Hospital (149 beds)**

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

#### **Sharp McDonald Center (16 beds)<sup>1</sup>**

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

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

### Mission Statement

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

### Vision

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

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

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

## Values

- Integrity
  - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values
- Caring
  - Compassionate, Communicative, Service Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins
- Safety
  - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Making
- Innovation
  - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change
- Excellence
  - Quality Focused, Compelled by Operational and Service Excellence, Cost Effective, and Accountable



## Culture: The Sharp Experience

For more than 14 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping, organization-wide performance and experience improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work, and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people.

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

- *The best place to work:* Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This

commitment to serving patients and supporting one another will make Sharp “the best health system in the universe.”

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

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

## Pillars of Excellence

In support of Sharp’s organizational commitment to transform the health care experience, Sharp’s Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In FY 2014, Sharp HealthCare made an important decision regarding these pillars as part of its continued journey toward excellence.

Each year, Sharp incorporates cycles of learning into its strategic planning process. This year, Sharp’s Executive Steering and Board of Directors enhanced Sharp’s safety focus, further driving the organization’s emphasis on its culture of safety, and incorporating the commitment to become a High Reliability Organization (“HRO”) in all aspects of the organization. At the core of HROs are five key concepts:

- Sensitivity to operations,
- A reluctance to simplify,
- Preoccupation with failure,
- Deference to expertise, and
- Resilience.

Applying high reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could become better. It begins with a culture of safety.

With this learning, Sharp is now a **seven**-pillar organization – Quality, **Safety**, Service, People, Finance, Growth and Community. The foundational elements of Sharp’s

strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner.

The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:



Demonstrate and improve clinical excellence to set industry standards and exceed customer expectations.



Keep patients, employees and physicians safe and free from harm.



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



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



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



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



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

## Awards

Sharp has received the following recognition:



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



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



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



Sharp HealthCare was named “Best Hospital Group” by *U-T San Diego* readers participating in the paper’s 2014 “Best of San Diego” Readers Poll, and Sharp Rees-Stealy Medical Group was named “Best Medical Group” in 2014. SGH was named “Best Hospital,” while SMH and SMBHWN were ranked second and fourth “Best Hospitals.”



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



Sharp was named one of the nation’s “Most Wired” health care systems from 2012 to 2014, as well as from 1999 to 2009, by *Hospitals & Health Networks* magazine’s annual Most Wired Survey and Benchmark Study. “Most Wired” hospitals are committed to using technology to enhance quality of care for both patients and staff.



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



In 2014, SCVMC and its onsite Birch Patrick Convalescent Center became the first co-located hospital and skilled nursing facility in the nation to be designated as a Planetree Patient-Centered Organization. SCVMC joins both SMH and SCHHC in Planetree distinction. In 2012, SMH was designated as a Planetree Patient-Centered Hospital, and is the largest hospital-only designated facility in the U.S. SCHHC was originally designated in 2007 and is the only hospital in the state to be re-designated twice, occurring in both 2010 and 2013. Additionally, SCHHC was named a Planetree Hospital with Distinction for its leadership and innovation in patient-centered care. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient’s perspective.



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



In 2013, both SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that are awarded use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere. SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011 and 2013.



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San Diego Gas & Electric (SDG&E) recognized Sharp HealthCare for outstanding results in energy efficiency and conservation. Sharp was named San Diego's "Healthcare 2014 Energy Champion" for its successes in energy conservation.



In 2013, Sharp HealthCare was named a "Recycler of the Year" at the City of San Diego's annual Waste Reduction and Recycling Awards for a successful and extensive recycling program. SMH and SMBHWN were honored for their comprehensive waste reduction programs.



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



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



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



Sharp Health Plan was ranked a top 100 U.S. health plan and a top 3 California health plan based on the National Committee for Quality Assurance's (NCQA) Private Health Insurance Rankings 2014-2015. Sharp Health Plan is the largest locally based commercial health plan in San Diego.

## Patient Access to Care Programs

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

Sharp provides services to help every unfunded patient received in the Emergency Department (ED) find opportunities for health coverage through PointCare – a team of health coverage experts whose main product is a quick, web-based screening, enrollment and reporting technology designed to provide community members with health coverage and financial assistance options. At Sharp, patients use a simple online questionnaire through PointCare to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire allow SHC staff to have an informed and supportive discussion about health care coverage with the patient, empowering them with options. From the inception of the program in FY 2010 through September 2014, Sharp helped guide approximately 70,200 self-pay patients through the maze of government health coverage programs while maintaining the patient's dignity throughout the process.

In January, 2014 Sharp hospitals implemented an onsite process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility). Sharp was the first hospital system in San Diego County to provide these services, and secured this benefit for 9,500 unfunded patients in the ED during FY 2014.

In anticipation of Covered California's roll out, 28 members of Sharp's registration staff completed the State's Certified Enrollment Counselor Certification to better assist both patients and the general community navigate the Covered California website (CoveredCA.com) and plan enrollment. In addition, three Sharp hospitals – SCVMC, SGH, and SMH – qualify as covered entities for the 340B Drug Pricing Program administered by the Health Resources and Services Administration (HRSA). Hospital participation in the 340B Drug Pricing Program permits the purchase of outpatient drugs at reduced prices. The savings from this program are used to offset patient care costs for Sharp's most vulnerable patient populations, as well as to assist patient access to medications through the Patient Assistance Team.

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

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

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

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

## Community Health Screenings

Sharp's dedication to improving community health extends beyond the walls of its health care facilities, and Sharp continues to demonstrate this commitment with its community-wide health screening program. These complimentary health screenings provide

community members with information on their current health status to help determine their risk for common diseases including diabetes, heart disease and other health conditions. The screenings include body mass index (BMI), blood sugar, cholesterol, blood pressure and an attestation of tobacco use.

From May 1, 2013 to April 30, 2014, a cross-disciplinary team of Sharp HealthCare professionals organized, promoted and hosted nearly 100 community health screening events across San Diego – ultimately screening more than 7,400 San Diegans and positively changing countless lives. Participants were not asked to provide personal information, nor were they required to show proof of insurance or have any relationship with Sharp to be eligible for the screening. All participants received their results and an informational brochure that outlined strategies to improve health and well-being. Participants were then encouraged to share the results with their primary care physician to determine an appropriate, customized follow-up plan. Since its inception, the community screening effort has conducted events at more than 40 locations across San Diego, including vulnerable communities. Sharp team members devoted nearly 1,900 hours actively screening community members, not including time spent on administrative support and logistics. Twenty-eight team members provided screenings and 37 team members served as concierge personnel. In addition, Spanish-speaking team members were available to provide participants with health information in Spanish.

But the biggest indicator of success cannot be measured numerically. In response to the community screenings, Sharp received countless emails and letters expressing heartfelt gratitude from community members, many of whom were inspired to take control of their health after their screening. Through these efforts, Sharp's community health screenings brought helpful, and at times, life-changing, health information to the people of San Diego – truly exemplifying Sharp's commitment to the health of its community.

## Health Professions Training

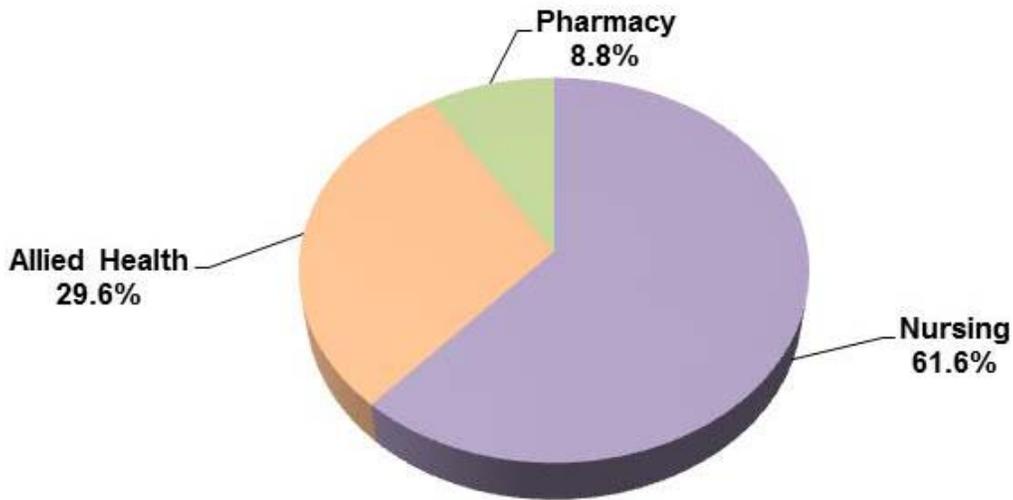
Students and recent health care graduates are a valuable asset to the community. Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid and career pipeline programs. In FY 2014, there were more than 4,500 student interns within the Sharp system, providing nearly 618,000 hours in disciplines including nursing, allied health and professional educational programs. Sharp provided education and training programs for nursing students (e.g., critical care, medical/surgical, behavioral health, women's services and wound care) and allied health professions such as rehabilitation therapies (speech, physical, occupational and recreational therapy), pharmacy, respiratory therapy, exercise physiology, cardiovascular, dietetics, lab, radiology, social work, psychology, business, health information management and public health. Students from local community colleges such as Grossmont College (GC), San Diego Mesa College (MC), San Diego City College, and Southwestern College (SWC); local and national university campuses such as San Diego State University (SDSU), University of California, San

Diego (UCSD), University of San Diego (USD), and Point Loma Nazarene University (PLNU); and vocational schools such as Kaplan College (KC) participated in Sharp's health professions education and training. **Table 1** presents the number students and student hours at each of the Sharp entities in FY 2014. **Figure 1** presents the distribution of students at Sharp HealthCare by internship type in FY 2014.

Table 1: Sharp HealthCare Internships – FY 2014

Sharp HealthCare Entity	Nursing			Ancillary		Total	
	Students	Group Hours	Precepted Hours	Students	Hours	Students	Hours
Sharp Chula Vista Medical Center	920	60,905	20,616	193	34,884	1,113	116,405
Sharp Coronado Hospital and Healthcare Center	487	83,781	2,008	106	22,544	593	108,333
Sharp Grossmont Hospital	581	44,428	13,472	226	51,324	807	109,224
Sharp Mary Birch Hospital for Women & Newborns	194	14,035	4,991	30	7,200	224	26,226
Sharp Memorial Hospital	442	30,680	20,386	318	62,074	760	113,140
Sharp Mesa Vista Hospital	330	25,457	3,128	34	16,524	364	45,109
Sharp HospiceCare	96	0	768	1	80	97	848
Sharp HealthCare	368	0	55,730	197	42,531	565	98,261
<b>Total</b>	<b>3,418</b>	<b>259,285</b>	<b>121,099</b>	<b>1,105</b>	<b>237,161</b>	<b>4,523</b>	<b>617,545</b>

Figure 1: Sharp HealthCare Interns by Student Type – FY 2014



### Health Sciences High and Middle College

Since 2007, Sharp has been an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide students broad exposure to health care careers. Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real world application of their school-based knowledge and skills. This collaboration prepares high school students to enter health, science and medical technology careers in the following five career pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011. HSHMC students also devote time to various SRS sites in San Diego.

New in FY 2014, HSHMC students began their experience with a systemwide orientation to Sharp HealthCare and their upcoming job-shadowing activities. Throughout FY 2014, nearly 400 HSHMC students were supervised for thousands of hours on various Sharp campuses, where they rotated through instructional pods in specialty areas such as nursing, obstetrics and gynecology (OB/GYN), occupational therapy, physical therapy, behavioral health, surgical intensive care unit (SICU), medical intensive care unit (MICU), imaging, rehabilitation, laboratory services, pharmacy, engineering, pulmonary services, cardiac services and operations. The students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development as well as job and education requirements. HSHMC students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates.

Even with many of HSHMC students facing financial hardship –the free and reduced price meal (FRPM) eligibility rate is higher than the averages for SDC and California – the charter school excels in preparing students for high school graduation, college entrance and a future career. In 2014, 91 percent of the HSHMC graduating class went on to attend two- or four-year colleges, while 82 percent of students said they wanted to pursue careers in health care. In addition, HSHMC has a 99 percent graduation rate, higher than California’s 80 percent state average, as well as an Academic Performance Index score of 827, exceeding the state’s goal of 800. In addition, HSHMC is a *U.S. News & World Report* “Best High Schools” bronze award winner, a National School Safety Advocacy Council award-winning school and is recognized by the California Department of Education as a Title I Academic Achievement Award winner and a California Distinguished School.

Each year, Sharp HealthCare reviews and evaluates the collaboration with HSHMC to promote long-term sustainability.

### **Lectures and Continuing Education**

Sharp contributes to the academic environment of many colleges and universities in San Diego. In FY 2014, Sharp staff provided hundreds of academic hours in lectures, courses and presentations on numerous college and university campuses throughout San Diego. Through the delivery of a variety of guest lectures, including pharmacy practice lectures, health information technology lectures at MC and USD, nutrition lectures at PLNU, and a variety of health administration lectures to public health graduate students at SDSU, Sharp staff remains active and engaged with San Diego’s academic health care community.

To better serve the health care needs of the San Diego community, Sharp’s Continuing Medical Education (CME) department assesses, designs, implements and evaluates educational initiatives for Sharp’s affiliated physicians, pharmacists and other non-Sharp health care professionals. In FY 2014, the professionals at Sharp HealthCare CME invested more than 1,850 hours in numerous CME activities open to San Diego health care providers, ranging from conferences around primary care, atrial fibrillation, kidney transplant, compassion cultivation training, binational breast and cervical cancer and presentations on the Kenyan perspective of spine surgery and the power of mindfulness.

### **Research**

Innovation is critical to the future of health care. Sharp HealthCare Center for Research (Center for Research) supports innovation through its commitment to quality research initiatives that are safe and effective; provide valuable knowledge to the San Diego health care community; and positively impact patients and community members. To date, Sharp HealthCare participates in more than 365 research studies.

The Center for Research provides education and guidance for researchers across Sharp, and in the community. Nurses, pharmacy residents and other members of the health care community receive education on various study-specific requirements regarding the protection of human subjects and Health Insurance Portability and Accountability Act compliance. Additionally, the Center for Research hosts quarterly meetings on relevant educational topics to the research community within and outside of Sharp HealthCare. These meetings are open to physicians, psychologists, research nurses, study coordinators and students throughout San Diego. Recent presentations have covered topics such as “Taking the Mystery out of the IRB Process,” “Research and the Sunshine Act” and “Riding the Big Data Wave in Health Care.” The Center for Research also includes the Sharp HealthCare Institutional Review Board (IRB) and the Sharp HealthCare Outcomes Research Institute (ORI).

### **Sharp HealthCare Institutional Review Board**

Sharp HealthCare’s IRB seeks to promote a culture of safety and respect for those participating in research for the greater good of the community. All proposed entity research studies with human participants are required to be reviewed by the Sharp HealthCare IRB in order to protect participant safety and maintain responsible research conduct.

In FY 2014, a dedicated IRB committee of 14 – including physicians, psychologists, research nurses and pharmacists – devoted hundreds of hours to the review and analysis of both ongoing and new research studies. Research is conducted on all phases of drug and device development, and spans from research with newborns to older adults with Alzheimer’s disease. Current studies include regenerative medicine (stem cells), gene therapy and neonatal research.

### **Sharp Outcomes Research Institute**

The Sharp ORI began in 2010 as a pilot initiative funded by Sharp HealthCare Foundation. The ORI is dedicated to facilitating interdisciplinary research on health care practices for generating the clinical knowledge necessary to improve overall patient-centered health outcomes, as well as promoting the importance of outcomes research and best practices to members of the professional health care community. With both inpatient and ambulatory locations and a diverse patient population, Sharp is well-positioned to study care processes and outcomes in a real world setting, reflecting an authentic picture of the health care environment.

The ORI collaborates with all Sharp team members interested in optimizing patient care by: facilitating the creation and design of patient-centered outcomes research projects; assisting in database development as well as data collection and analysis; assisting with grant writing and exploring funding mechanisms for research projects; and facilitating IRB application submissions.

The ORI has made it a priority to seek guidance and expertise from the local and national academic community on how to effectively conduct outcomes research, with the aim of improving patient and community health. This networking has resulted in collaborative research partnerships with investigators at National University (NU) and SDSU. In addition, the ORI Student Research Intern Program offers advanced nursing and public health students an opportunity to learn about and become involved in outcomes research. Since its inception in 2011, the ORI has successfully graduated nine interns. Interns have presented ORI-sponsored posters throughout San Diego to educate students on the importance of research to develop evidence-based practice.

In order to develop and promote best practices across the health care community, the ORI has conducted numerous research studies to identify the benefit and outcomes of quality patient care. This includes recently completed feasibility studies examining:

- The association of perfect adherence to heart failure quality care measures for hospitalized patients with readmission and mortality rates
- Sharp HospiceCare's Transitions chronic disease management program influence on advanced heart failure patient care patterns, including regular and acute care utilization (ED use, overall hospitalization rates) and costs
- The association of a 90-day remote-monitoring program with acute care utilization (including readmission rates and use of ED) for underserved heart failure and Chronic Obstructive Pulmonary Disease (COPD) patients compared to a similar but untreated patient sample
- The predictive capacity of evidence-based and Sharp physician-identified clinical factors for identifying patients at risk for poor blood sugar control when hospitalized

The ORI has developed educational presentations that foster awareness of the importance of research for improving health outcomes; provide information on ORI study results; and provide practical information about research designs and methods to the greater health care research community. The ORI has also presented peer-reviewed abstracts of its research results and provided lectures to the health care community on innovative research designs. ORI presentations have been delivered at the Heart Failure Society of America, the Council for Advancement of Nursing Science, the Society for Obstetric Anesthesia and Perinatology, the Association of California Nurse Leaders and the American Association of Colleges of Nursing.

### **Evidence-Based Practice Institute**

Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows (interprofessional staff) and mentors to change and improve clinical practice and patient care. This evolution in practice and care occurs through identifying a care problem, developing a plan to solve it and then incorporating this new knowledge into practice. The EBPI is part of the Consortium of Nursing Excellence, San Diego, which promotes evidence-based practice in the nursing community. The consortium is a partnership between SCVMC, SGH, SMBHWN, SMH, Scripps Health,

Palomar Health, Rady Children's Hospital – San Diego, UC San Diego Health System, VA San Diego Healthcare System and Elizabeth Hospice, as well as PLNU, SDSU, Azusa Pacific University (APU) and USD.

Sharp actively supports the EBPI by providing instructors and mentors, as well as administrative coordination. The San Diego EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom and structured mentorship provided throughout the program. The EBPI fellows partner with their mentors and participate in a variety of learning strategies. Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellows through the process of evidence-based practice. Mentors also assist the fellows in working collaboratively with other key hospital leadership personnel.

In FY 2014, the EBPI consisted of a nine-month program culminating with a community conference and graduation ceremony in November, where the project results of all EBPI fellows were shared. Forty-one fellows graduated from the EBPI program in FY 2014, and completed projects that addressed the following issues in clinical practice and patient care: managing electrocardiographic nuisance alarms; bedside shift reports; the effect of teach-back on patient satisfaction; reducing catheter-associated urinary tract infections; hand massage in older adults to reduce pain and anxiety; and strategies for clinicians to combat fatigue on the night shift.

## Volunteer Service



### **Sharp Lends a Hand**

In FY 2014, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). In October, Sharp team members suggested project ideas that would: improve the health and well-being of San Diego in a broad, positive way; rely on Sharp for volunteer labor only; support existing nonprofit initiatives, community activities or other programs that serve SDC; and could be completed by September 30, 2014.

Eleven projects were selected: Stand Down for Homeless Veterans, San Diego Food Bank, San Diego Half Marathon, San Diego Center for Children – Spring Garden Project, Life Rolls On – They Will Surf Again, San Diego River Park Foundation – Point Loma Native Plant Garden, San Diego River Park Foundation – Creek Cleanup at Forester Creek in Santee, Habitat for Humanity, USS Midway Foreign Object Damage Walk-Down, Special Olympics and Electronic and Pharmaceutical Waste Collection.

More than 1,770 Sharp employees, family members and friends volunteered nearly 6,200 hours in support of these projects.<sup>1</sup>

During ten days in June and July, more than 500 volunteers joined the Veterans Village of San Diego in Stand Down for Homeless Veterans, a community-based intervention program designed to help the nation's estimated 200,000 homeless veterans endure life on the streets. Volunteers sorted and organized clothing donations and provided onsite support, medical services and companionship to hundreds of San Diego's homeless veterans.

The San Diego Food Bank feeds people in need and advocates and educates the public about hunger-related issues. Across 14 days in January, February, March, April, May, August and September, more than 840 SLAH volunteers inspected and sorted donated food, assembled boxes and cleaned the San Diego Food Bank warehouse.

In March, 75 SLAH volunteers provided registration and finish line support at the San Diego Half Marathon, a premier race that raises money for vulnerable communities. With all net proceeds going towards service projects and select charitable causes in San Diego, the race inspires volunteerism as a way to help struggling communities throughout the city.

The San Diego Center for Children provides behavioral health care services for the county's most vulnerable children suffering from behavioral and emotional health issues. In April, 12 volunteers dedicated their time to the San Diego Center for Children Spring Garden Project by weeding, planting, spreading mulch and other light gardening work to beautify the garden for children in the community.

The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by spinal cord injury through action sports. With support from adaptive equipment and volunteers, the award-winning series of bicoastal events empowers paraplegics and quadriplegics to experience mobility through surfing. In July, approximately 100 SLAH volunteers assisted Life Rolls On – They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water.

Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River. The Foundation works with community groups and other organizations dedicated to the wildlife, recreation, water, and cultural and community values of the San Diego River and the River Park. In November and December, 40 SLAH volunteers assisted the San Diego River Park Foundation with cleaning up Forester Creek in Santee and caring for the Point Loma Native Plant Garden.

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

Habitat for Humanity believes that every man, woman and child should have a decent, safe and affordable place to live. From January through May, nearly 100 SLAH volunteers joined this volunteer labor organization dedicated to building and repairing houses all over the world. During the effort, volunteers worked alongside construction professionals to complete a home for a selected family in need.

In April, 20 SLAH volunteers helped keep the decks of the legendary USS Midway aircraft carrier clean during the USS Midway Foreign Object Damage (FOD) Walk-Down. Walking in the footsteps of sailors who have served our country, volunteers used hand tools and vacuums to clear the carrier decks and prevent debris from getting sucked into and damaging the aircraft engines.

The Special Olympics program provides free, year-round sports training and competitions for children and adults with intellectual disabilities. It uses sports as an opportunity for physical fitness, social interaction, community involvement and empowerment. In April, nearly 30 SLAH volunteers attended the Special Olympics, providing competition assistance in running and long jump events and serving the athletes lunch.

In support of waste reduction for a healthier environment, approximately 50 SLAH volunteers participated in Sharp HealthCare's Community Waste Collection Events in October and April. Through the events, community members and employees recycled 330 pounds of pharmaceutical waste, nearly 12 bins of electronic waste and more than 530 gallons of shredded paper documents. Volunteers assisted the attending collection agencies with set-up, clean-up, traffic control, and guiding event visitors.

### **Sharp Humanitarian Service Program**

In FY 2014, the Sharp Humanitarian Service Program funded 52 Sharp employees in service programs that provide health care or other supportive services to underserved or adversely affected populations including Haiti, Guatemala, Peru, West Africa and other vulnerable areas.

Sharp employees volunteered with humanitarian organizations, including Project Compassion. This nonprofit, multi-denominational medical mission organization is dedicated to the physical and spiritual needs of people and provides free medical care in communities with little to no care available. In addition, the organization builds clinics and churches, and provides assistance to orphanages. In July 2014, Sharp team members participated in Project Compassion's medical mission trip to Cameroon, West Africa, where they provided education and physical therapy care to approximately 1,500 impoverished community members.

In May 2014, a Sharp team member led a three-week medical mission trip to Haiti. The team included 12 nursing and pre-med students with PLNU's LoveWorks program, which conducts mission trips across the world. The team also collaborated with Heart to Heart International, a nonprofit organization committed to improving global health with

initiatives that connect people and resources to communities in need. The team worked in mobile clinics in 11 different rural mountain villages in Southeast Haiti, as well as a downtown Port-au-Prince clinic, where clinic visits are typically twice per month. Over the three weeks, the team triaged thousands of community members ranging from infants to the elderly. The team assessed patients for health conditions, dispensed prescribed medication and provided education regarding medication management and diet. The experience was not only special and rewarding for the Sharp team member, but also for the students, as it further enhanced their skills, confidence and passion for the health care field.

Through Sharp's Humanitarian Service Program, another Sharp team member took a medical mission trip to Peru serving as a nurse in several of the shanty towns outside of Lima. Health care providers set up tents to treat people of all ages who were without access to health care. Because several community members were treated for parasites, the team also provided significant amounts of education on hand hygiene. The team consisted of three medical providers and six college students, and treated approximately 175 patients each day. The medical team also mentored the attending students, teaching them to perform health assessments, obtain vital signs and perform blood glucose tests.

In December 2013, another Sharp team member traveled to India, treating wounded patients and teaching wound care to students. The trip was organized by Health Volunteers Overseas, a nonprofit organization that sends health care workers all over the globe. At a 300-bed hospital in Raxaul – near the border of Nepal – the Sharp team member joined with other foreign medical staff and learned how local health care workers treated wound care patients. In addition, Sharp donated medical supplies to the hospital, including much-needed suture material. Over nine days, the medical team taught local health care professionals and students various types of wound dressings, performed student rounds and provided lectures on wound care.

In FY 2014, Sharp team members once again participated in multiple weeklong medical/surgical mission trips to the northwest mountains of Guatemala. This included teams of 60 to 100 Sharp-affiliated physicians, surgeons, anesthesiologists, nurses, technical staff, therapists, students, chaplains, and many others. Teams participated in partnership with the Ioamai Medical Ministries and Helps International. Over the course of each 10-day trip the teams provided surgeries under different specialties including general surgery, OB/GYN, plastics, otolaryngology, cleft palate repair, and urology. Basic clinic and dentistry services were also available. A team also built stoves in rural houses to keep fires off the floor and reduce burns and smoke inhalation exposure, while other teams provided a water purification unit. In the time provided as a functioning temporary hospital, teams performed an average of 100 surgeries and treated approximately 1,500 patients in clinic. The teams served rural and urban populations surrounding the sites at no cost, and in some cases, members of the impoverished mountain community traveled many hours to receive care. Sharp also donated numerous supplies and equipment to this life-changing experience for both patients and participants.



## Community Walks **HEART WALK**

For the past 19 years, Sharp has proudly supported the American Heart Association® (AHA) annual San Diego Heart & Stroke Walk. In September 2014, more than 800 walkers represented Sharp at the 2014 San Diego Heart & Stroke Walk held at Balboa Park. Sharp was the No. 1 team in San Diego and the No. 3 team in the AHA Western Region Affiliates, raising nearly \$180,000.

## Sharp Volunteers

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

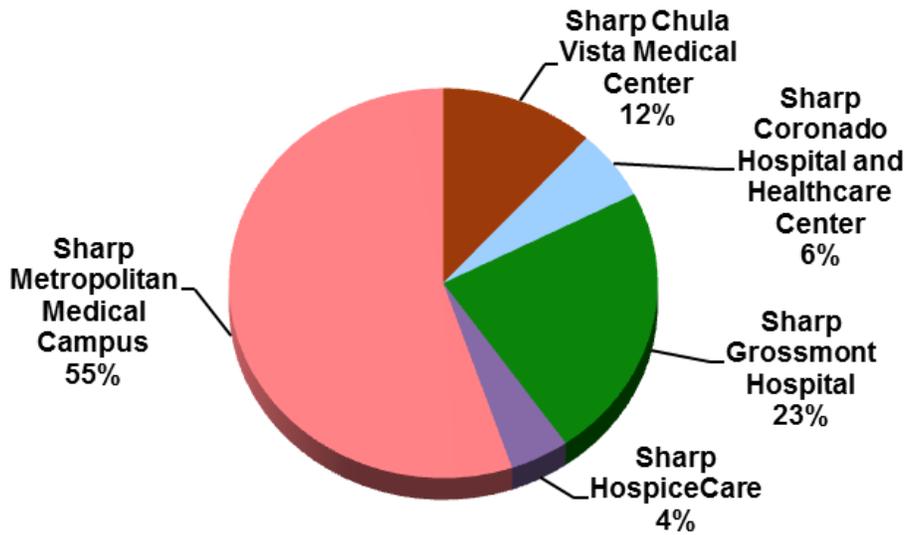
In FY 2014, more than 3,300 individuals volunteered for various programs across the Sharp system, contributing more than 302,500 hours of service time to Sharp and its initiatives<sup>1</sup>. This includes more than 800 auxiliary members and thousands of individual volunteers from the San Diego community. More than 10,600 of these hours were provided externally through activities such as delivering meals to homebound seniors and assisting with health fairs and events. **Table 2** details the number of individual volunteers and the hours provided in service to each of Sharp’s entities, specifically for patient and community support. **Figure 2** displays the percent of these volunteers at each entity. Volunteers also spent additional hours supporting Sharp’s three foundations for events like the Grossmont Hospital Foundation’s Annual Golf Tournament; galas held for SCHHC and SGH, and other events in support of Sharp entities and services.

Table 2: Sharp Individual Volunteers and Volunteer Hours – FY 2014

Sharp HealthCare Entity	Individual Volunteers	Volunteer Hours
Sharp Chula Vista Medical Center	369	56,597
Sharp Coronado Hospital and Healthcare Center	184	8,627
Sharp Grossmont Hospital	724	115,756
Sharp HospiceCare	142	10,325
Sharp Metropolitan Medical Campus	1,748	101,565
<b>TOTAL</b>	<b>3,167</b>	<b>292,870</b>

<sup>1</sup> These totals include Sharp board members, and volunteers from Sharp Rees-Stealy Medical Group. Information on Sharp board members is detailed on the following page but is not included in Table 2 above. Sharp executives and staff serving on Sharp boards are excluded from this total.

Figure 2: Sharp Individual Volunteers by Entity – FY 2014



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

Sharp employees also volunteer their time for the Cabrillo Credit Union Sharp Division Board, the Sharp and Children’s MRI Board, the UCSD Medical Center/Sharp Bone Marrow Transplant Program Board, and the Grossmont Imaging LLC Board.<sup>2</sup>

Volunteers on Sharp’s auxiliary boards and the various Sharp entity boards volunteer to provide program oversight, administration and decision making regarding financial resources. In FY 2014, 125 community members contributed their time to Sharp’s boards.

This section describes various Sharp volunteer programs, as well as their achievements in FY 2014.

### *Sharp HospiceCare Volunteer Programs*

In FY 2014, Sharp HospiceCare provided extensive training for nearly 70 new volunteers. Because volunteers are often considering a career in the medical field, they gain important knowledge and experience. They learn how to provide valuable services to the hospice organizations, including companionship to those near the end-of-life, support for families and caregivers and help with community outreach. Before being with patients and providing administrative support activities, hospice volunteers go through an extensive, 32-hour training program to confirm their understanding of and

<sup>1</sup> Sharp volunteers’ time is not financially valued in this community benefit report.

<sup>2</sup> Sharp employees’ time on these boards is not financially valued in this community benefit report.

commitment to hospice care. In FY 2014, Sharp HospiceCare also trained five teenagers through its Teen Volunteer Program. Through the program, teens are assigned special projects in the office or patient assignments at Sharp HospiceCare's LakeView and ParkView homes. The teens provide simple acts of kindness such as sitting with patients, listening to their stories, providing grooming and hygiene tasks and being a comforting presence by just holding their hand. Three nursing students from PLNU also volunteered at Sharp HospiceCare in FY 2014, offering assistance to family caregivers in private homes.

The Sharp HospiceCare Memory Bear Program supports community members who have lost a loved one. Through the program, volunteers created teddy bears out of the garments from those who have passed on. The bears serve as special keepsakes and permanent reminders of the grieving family member's loved one. In FY 2014, Sharp HospiceCare volunteers devoted approximately 3,200 hours to handcraft more than 800 bears for approximately 400 families. Sharp HospiceCare recognized its volunteers by providing a monthly support group to enhance their education and training as volunteers, and by acknowledging their valuable contribution during National Volunteer Month and National Hospice Month.

Sharp HospiceCare furthers its volunteer efforts through the 11<sup>th</sup> Hour Program, a special program to ensure that no patient dies alone. Through this program, patients at the end-of-life without family members by their side are accompanied by a Sharp HospiceCare volunteer. During their final moments, the volunteer sits with and comforts the patient by holding their hand, reading softly to them and simply being present. In addition, families who are present with their dying loved one may prefer the company of a volunteer to help them feel comfortable as their loved one passes away.

#### *Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV) Volunteer Programs*

To help serve and comfort patients without family or friends to support them during their hospital stay, SMH created the Community Care Partner (CCP) program. This unique program hand-selects and trains hospital volunteers to become Community Care Partners (CCPs). The CCPs act as companions to provide comfort and help keep patients safe by notifying medical staff as needed – a task that is usually performed by a family member or friend, but often overlooked for patients who lack a companion. The CCPs provide patients with company and support, share common interests, spend time together in conversation, read to patients, write letters, take walks and play games.

Since February 2010, the Cushman Wellness Center Community Health Library and the SMH Volunteer Department have provided the Health Information Ambassador Program for patients and family members during their stay at SMH and the Perinatal Special Care Unit at SMBHWN. The Health Information Ambassador Program brings the library's services directly to patients and their families, and empowers them to become involved in their own health care. The Health Information Ambassadors are volunteers who receive special training through the Community Health Library. The volunteers visit patients in their rooms and ask if they or their family members would like to receive any

further information on their diagnosis, and then bring any requests to the consumer health librarian. The librarian prints out consumer-oriented information from quality websites and sends the information back with the volunteers to the patients' rooms. After they've been discharged, patients are also welcome to keep in touch with the library to ensure they have reliable health information at home. In FY 2014, the volunteers visited nearly 3,400 patients and approximately 900 information requests were filled.

At Sharp Metropolitan Medical Campus (SMMC), the volunteer-run Arts for Healing Program was established to improve the spiritual and emotional health of patients facing significant medical challenges. Through art, music and creative writing at the patient's bedside or in group activities, Arts for Healing helps reduce a patient or loved one's feelings of fear, stress, pain and isolation improving emotional and spiritual health and facilitating faster recovery. Arts for Healing is led by Sharp's Spiritual Care Program chaplain, and is implemented with help from licensed music and art therapists, as well as a team of trained volunteers serving as the primary providers of the program. The program is offered at SMH, SMH Outpatient Pavilion (OPP), SMBHWN, SMV and SMC, as well as at events throughout the San Diego community.

At SMH, Arts for Healing typically serves patients recovering from stroke, receiving treatment for cancer, facing life with newly acquired disabilities following catastrophic events, recovering from surgery, waiting for organ transplant or receiving palliative care. In December, Arts for Healing provided art activities for children at Saturday With Santa, a public event hosted by the SMH Auxiliary for children to have their picture taken with Santa, and attended by approximately 500 community members. In February, the program celebrated Valentine's Day by providing more than 130 patients, visitors and staff with a card-making activity in the SMH lobby. In May, nearly 50 staff members participated in a craft activity to celebrate Hospital Week and in June, 60 patients, guests and staff at the OPP made a craft to celebrate Cancer Awareness Week.

At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who stay at SMBHWN from several days to up to four months awaiting childbirth. These mothers are susceptible to stress and loneliness over the separation from their families. In February 2014, Arts for Healing began providing music therapy in the SMBHWN neonatal intensive care unit (NICU) to help promote development in premature babies. SMBHWN staff, patients and guests also participated in special Arts for Healing activities celebrating Valentine's Day and National Hospital Week in FY 2014.

At SMV and SMC, Arts for Healing provided several therapy groups. They included: art and music therapy groups at SMV for patients recovering from drug addiction and receiving treatment for mood and anxiety disorders; a music therapy group at SMV for older adults receiving treatment for dementia and depression; and an art group for patients recovering from drug addiction at SMC.

In collaboration with social workers and palliative care nurses, Arts for Healing also facilitated the donation of nearly 180 blankets and quilts to patients receiving end-of-life

care at SMH. Eighteen of the blankets were knitted and crocheted by patients at SMV's East County Outpatient Program, an activity that could also help reduce anxiety and depression from the patients making and donating the blankets. In FY 2014, 50 volunteers, including several students from PLNU and MC, supported Arts for Healing by facilitating art activities for patients and their loved ones.

Arts for Healing also provided music at several hospital and systemwide events, including Sharp's Disaster Preparedness Expo at the Spectrum corporate office in September. Since the inception of the program in 2007, more than 50,000 patients, guests and staff have benefitted from the time and talent provided by the Arts for Healing group.

In FY 2014, SMH and SMBHWN brought the Junior Volunteer Program to high school students interested in future health care careers. The program is open to 10<sup>th</sup> through 12<sup>th</sup> grade students, ages 15 years or older who maintain a minimum grade point average (GPA) of 3.25 for two full semesters. New volunteers are placed either as guest ambassadors at the concierge desk or in the upscale gift shop or boutiques. The junior volunteers enhance the patient-centered services of staff by greeting and escorting patients and families, answering visitors' questions and baking cookies to create aromatherapy and a relaxing environment for patients and visitors. Through volunteering in the gift shop or boutiques, junior volunteers learn about merchandizing and retail sales while also helping to raise funds for the SMH Auxiliary. After completing a six-month, 100-hour commitment, 11<sup>th</sup> and 12<sup>th</sup> grade volunteers have the opportunity to earn promotions into clinical units based on their good attendance, professional communication and high level of productivity. In FY 2014, 110 junior volunteers provided more than 7,800 hours of service to the program. In FY 2015, SMH and SMBHWN plan to continue expanding opportunities for the Junior Volunteer Program.

### **Other Sharp Volunteer Efforts**

In FY 2014, Sharp staff donated their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare of San Diegans. Below are just a few examples of how Sharp employees participated in the community.

SGH's Engineering Department volunteered in a number of initiatives in FY 2014, including This Bud's for You, a program that delivers flowers hand-picked from the campus' abundant gardens to unsuspecting patients and their loved ones. The SGH landscape team grows, cuts, bundles and delivers colorful bouquets each week, bringing an element of natural beauty to patients and visitors of both the hospital and Sharp's hospice homes. The team also regularly offers single-stem roses in a small bud vase to passers-by. In FY 2014, the team delivered a daily average of eight to 10 vases of flowers to patient rooms, with as many as 20 vases or more during peak flower season and upon additional requests. In its fourth year, This Bud's for You has become a natural part of the landscape team's day, an act that is simply part of what they do to enhance the experience of visitors to the hospital. The Engineering Department further extends the spirit of caring through Sodexo Cares Cheers Bouquets. During their work

day, the engineers keep an eye out for patients or visitors that appear to need encouragement or cheer. With help from Sodexo, the hospital's food service, housekeeping and engineering vendor, a bouquet of balloons, ribbon, a teddy bear or Sodexo football, plus an inspirational quote are quickly assembled. The gift is delivered to bring the patient or visitor comfort and joy while at the hospital.

The SGH Engineering Department, landscape team, SGH Auxiliary and local businesses collaborated to bring The Shirt Off Our Backs program to San Diego's needy population during the 2013 holiday season. During the holidays, this program collects, prepares and donates a variety of items to homeless or low-income community members – ranging from small children to adults – helping to meet their basic needs and bring them holiday joy. Volunteers for The Shirt Off Our Backs program personally collected and filled three trucks with food and other essential items, including hand-made sandwiches, water bottles, clothing, socks, shoes, toiletries, pet food, children's toys, towels, blankets and other household items. In its fourth year, The Shirt Off Our Backs program is committed to bringing comfort and hope to all who express need.

The hospital furthers its efforts to provide for those in need during the holidays through its annual Santa's Korner giving event. For more than 30 years, various hospital departments have adopted a family referred by local service agencies, and dedicated personal time to making the holidays the best they can be for each family. Special holiday gifts – including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys, and a holiday meal – are purchased for the families by hospital staff using primarily their personal resources, and through occasional fundraisers.

The SGH Engineering Department also participated in the Food Bank's Food 4 Kids Backpack program in FY 2014. The program provides a backpack full of child-friendly, shelf-stable food for elementary school children who receive a free meal at school, but are suffering from hunger over the weekends when little or no food is available. Food 4 Kids strives to alleviate hunger, improve school performance, improve health and provide additional information to parents about available local community services. Through hospital-wide support at SGH, approximately 2,000 pounds of food were collected, filling more than 200 backpacks for chronically hungry elementary school students in FY 2014.

Similarly, the Labor and Delivery Department at SMBHWN is committed to the fight to end hunger through participation in the International Relief Team's (IRT) Feeding San Diego's Kids project. Based in San Diego, IRT is a relief organization providing worldwide support that combines both short-term relief efforts and long-term programs to save and change lives. Through Feeding San Diego's Kids, nutritious food is provided to children from kindergarten through 5<sup>th</sup> grade in the Linda Vista Elementary School nutrition club, a group specifically for children who have been identified as homeless by the school nurse. Every week, Labor and Delivery staff volunteer their time to stuff backpacks with non-perishable, nutritious food that can feed a family of four for the weekend. The backpacks are also stuffed with weekly nutrition-related prizes to

encourage students and families to learn and participate in their own nutrition, as well as with occasional holiday-related gifts. Since the start of the program in May 2013, the SMBHWN Labor and Delivery Department has dedicated over 70 weeks of service to filling 1,800 backpacks for approximately 25 children and their families per school year.

## All Ways Green Initiative



Maintaining a healthy environment is central to the health of our community. By improving environmental health, Sharp HealthCare is helping fulfill its mission to improve the health of the communities it serves. As San Diego's largest private employer, Sharp promotes a culture of environmental responsibility through education and outreach. Sharp created the All Ways Green™ logo to brand its environmental activities and communicate sustainability throughout Sharp and the San Diego community. Sharp's systemwide All Ways Green™ Committee is charged with identifying, creating and evaluating opportunities and best practices in seven distinct areas: (1) energy efficiency, (2) alternative energy generation, (3) water conservation, (4) waste minimization, (5) commuter solutions, (6) green building design and (7) sustainable food practices.

Established Green Teams at each entity are responsible for developing new programs that educate and motivate Sharp employees to conserve natural resources and reduce, reuse and recycle. Sharp has also partnered with key vendors and community organizations to identify and develop new programs and initiatives to help achieve its environmental goals. Sharp also participates in San Diego's Gathering of Green Teams, a group of teams from a variety of local businesses who meet quarterly to share innovative sustainability solutions. Sharp's Environmental Policy serves to affirm its commitment to improving the health of the environment and therefore the communities it serves.

According to the U.S. EPA, health care ranks as the country's second most energy intensive industry. Furthermore, the U.S. Department of Energy Information Agency states that hospitals and health care facilities account for more than eight percent of the nation's annual energy consumption and generate nearly eight percent of the country's carbon dioxide (CO<sub>2</sub>) emissions. Unlike other industries, hospitals must operate 24 hours a day, seven days a week, and must provide service during power outages, natural disasters and other emergencies. The EPA estimates that 30 percent of the health care sector's current energy use could be reduced without sacrificing quality of care through a shift toward energy efficiency and use of renewable energy sources. Sharp has responded to the need for hospitals to conserve energy and reduce carbon emissions by implementing numerous green initiatives. Some of those include: retro-commissioning of heating, ventilation and air conditioning (HVAC) systems; lighting retrofits; pipe insulations; infrastructure control initiatives; occupancy sensor installation; energy audits; and energy-efficient motor and pump replacements. In addition, in 2013 Sharp implemented a computer power management program which enables computers

and monitors to go into a low-power sleep mode after a period of inactivity. Since its implementation, the program has been installed on 14,500 computers and has resulted in annual energy savings of 1.2 million kilowatt-hours (kWh). The initiative earned Sharp a Certificate of Recognition from the EPA in 2013.

Sharp's energy-saving initiatives are driven by its Energy Conservation Guideline to help manage energy utilization practices throughout the system. Since 2009, these initiatives have reduced the system's energy consumption by more than 17 million kWh and 200,440 natural gas therms (unit of heat energy). As a result of its lighting retrofits alone, Sharp has saved approximately 3.9 million kWh, resulting in annual energy costs savings of more than \$500,000. In total, Sharp's energy initiatives have reduced the system's carbon footprint equal to the removal of almost 17,000 metric tons of CO<sub>2</sub> each year. In May, Sharp was named as San Diego's HealthCare 2014 Energy Champion – by SDG&E in recognition of its commitment to the innovative programs it has implemented to reduce its carbon footprint. Furthering its dedication to energy efficiency, Sharp HealthCare participates in SDG&E's Major Customer Advisory Panel, a group of SDG&E's largest customers who meet quarterly to receive energy updates from SDG&E and provide feedback on important regional energy issues.

All Sharp entities participate in the EPA's ES database and monitor their ES scores on a monthly basis. ES is an international standard for energy efficiency created by the EPA. Buildings that are certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrifices in comfort or quality. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011 and 2013. In addition, Sharp's SRS Downtown medical office building was built to Leadership in Energy and Environmental Design (LEED) gold-certification specifications, one of the first medical office buildings in San Diego of its kind.

According to the EPA, hospital water use constitutes seven percent of the total water used in commercial and institutional buildings in the U.S. On any given day, Sharp uses an average of 575,000 gallons of water. Of this, approximately 25 percent is used for domestic purposes such as sinks, toilets and showers, while the remaining 75 percent is used to cool Sharp's buildings, sterilize equipment, prepare food and water the landscape. In an effort to conserve water, Sharp has researched and implemented numerous infrastructure changes and best practices to ensure its facilities are optimally operated while monitoring and measuring water consumption. These changes include: installation of motion-sensing faucets and toilets in public restrooms; low-flow showerheads and toilets in patient and locker rooms; mist eliminators; micro-fiber mops; water-saving devices and equipment; installation of water-efficient chillers; water monitoring and control systems; water practice and utilization evaluations; regular rounding to identify leaks; and landscape improvements including reduced watering

times, drip irrigation systems, hardscaping and planting succulents and other drought tolerant plants.

According to the Healthier Hospitals Initiative (HHI), hospitals generate an average of 26 pounds of waste per staffed bed each day. Sharp has implemented a comprehensive waste minimization program to significantly reduce waste at each entity and extend the lifespan of local landfills. A systemwide, multi-disciplinary Waste Minimization Team has been established to oversee system waste minimization initiatives, including: single-stream recycling; reprocessing of surgical instruments; use of reusable sharps and pharmaceutical waste containers; hard-sided surgical cases to reduce blue wrap used during the instrument sterilization process; blue wrap and exam paper recycling; use of recyclable paper for printing brochures, newsletters and other marketing materials; electronic patient bills; paperless payroll; repurposing of supplies, equipment and furniture; encouragement of reduced paper use at meetings through electronic correspondence, laptops and double-sided paper; and use of one-at-a-time paper napkin and plastic cutlery dispensers. In FY 2014, Sharp contracted with a vendor to help create an Integrated Waste Stream Solution Program, by separating waste into wet and dry categories. The effort can reduce waste stream disposal costs by an estimated ten percent primarily through increased recycling, thus extending the life of the local landfill.

To further reduce Sharp's carbon footprint, Office Depot (Sharp's primary office supply vendor) created the GreenerOffice™ Delivery Service. Small and mid-sized cardboard boxes have been replaced with paper bags composed of 40 percent post-consumer recycled material and then returned to Office Depot for reuse. Sharp became an early adopter of the program in 2013 in an effort to make supply delivery more environmentally friendly. Sharp's participation in this program results in an estimated annual reduction of 22,000 pounds of wood, 24,000 pounds of CO<sub>2</sub>, 82,000 gallons of wastewater and 8,000 pounds of solid waste. Office Depot and Sharp have also arranged for 30 percent recycled copy paper to be used at all Sharp entities.

Sharp furthered its recycling efforts in FY 2014 through continued participation in the Lion's Club Recycle Sight program, through which employees and hospital visitors donated approximately 175 pairs of eyewear to people in need both locally and globally. Sharp also hosted a complimentary community workshop on pharmaceutical waste management in partnership with the County of San Diego. The workshop was designed to educate participants, including hospitals, pharmacy personnel and medical providers who handle pharmaceuticals, about the proper disposal of pharmaceutical waste. Information included pharmaceutical waste liability, regulatory compliance and cost effective disposal strategies.

Sharp also recognizes Earth Day and America Recycles Day. Each year emails are sent out that highlight Sharp's recycling efforts and accomplishments, and offer reminders for proper workplace recycling, carpooling and energy and water conservation. In April 2014, Sharp held its fifth annual systemwide All Ways Green

Earth Week event, including All Ways Green fairs at each Sharp entity. During the fairs, employees learned how they can contribute to recycling, waste minimization, healthy eating practices and other sustainability efforts. Many of Sharp's key vendor partners participated in the fairs to help raise awareness of green initiatives and how Sharp HealthCare is involved in those programs. In October 2013 and April 2014, Sharp hosted two free Community Waste Collection Events where community members and employees recycled 330 pounds of pharmaceutical waste, nearly 12 bins of electronic waste and more than 530 gallons of shredded paper documents.

The impact of Sharp's waste reduction programs has been significant. In FY 2014, Sharp facilities diverted over 7.5 million pounds of waste from local landfills, which equates to an overall recycling rate of 37 percent. This included, but was not limited to 111,608 pounds of waste diverted through utilization of reusable sharps and pharmaceutical waste containers at SCHHC and SMMC, as well as systemwide recycling of 270,464 pounds of hazardous and universal waste (e.g., batteries, solvents and fluorescent light bulbs), and 39,784 pounds of waste diverted through surgical device reprocessing. In the coming year, Sharp has a system goal of diverting 7.6 million pounds of waste from local landfills. **Table 3** presents the waste diversion rates at Sharp HealthCare in FY 2014.

Table 3: Sharp HealthCare Waste Diversion – FY 2014

Sharp HealthCare Entity	Recycled Waste Per Year (lbs.)	Total Waste Per Year (lbs.)	Percent Recycled
Sharp Chula Vista Medical Center	773,131	2,665,343	29%
Sharp Coronado Hospital and Healthcare Center	252,848	1,335,244	18%
Sharp Grossmont Hospital	1,761,515	4,703,949	37%
Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women and Newborns	2,006,597	6,450,334	34%
Sharp Mesa Vista Hospital	257,739	555,811	46%
Sharp Rees-Stealy Medical Centers	1,158,209	2,743,139	42%
Sharp Corporate Sites	1,329,075	2,154,748	92%
<b>Total Sharp HealthCare</b>	<b>7,539,114</b>	<b>20,608,568</b>	<b>37%</b>

According to the Intergovernmental Panel on Climate Change, agriculture is responsible for 13.5 percent of greenhouse gas emissions worldwide. Sharp is committed to making eco-friendly food choices to minimize its environmental footprint. This includes a

systemwide focus on its sustainable Mindful food program to provide education and healthy food options designed to improve the health of Sharp's patients, staff, community and environment. In collaboration with Sodexo, Sharp's food service vendor, Sharp's Mindful program includes Meatless Mondays, Wellness Menus, Community Supported Agriculture (CSA) fresh produce, food composting, increased recycling activities, the promotion of sugarless beverages, the use of post-consumer recycled packaging solutions and increased local and organic food purchases which are approaching 65 percent at some entities. In addition, SMH, SMV, and SCHHC created the first county-approved organic gardens and use the produce from these gardens in the meals served at the hospital cafés.

Sharp has implemented many other sustainable food practices including the use of green-label kitchen soaps and cleansers; electronic café menus; recycling of all cardboard, cans and grease from cafés; organic markets at each hospital and corporate office; purchasing of hormone-free milk; and partnering with vendors who are committed to reducing product packaging. In April 2014, Sodexo began replacing the traditional foam, plastic and aluminum packaging commonly used in food service, and expanded purchases of paper products made from recycled, compostable and chlorine-free renewable materials. If recycled, these paper napkins, cups, bowls and take-out containers will divert 3,220 pounds of waste from the local landfill each month.

In 2012, Sharp partnered with the City of San Diego to implement a Food Waste Composting Program in the kitchen that services SMH and SMBHWN, making Sharp the first San Diego health care organization to join the city's initiative. In FY 2014, SMV joined this effort and SCHHC plans to participate in 2015. Through the program, food waste is picked up weekly by EDCO, a solid waste vendor, and transported to the Miramar Greenery, a 74-acre facility located at the Miramar Landfill in Kearny Mesa. The food waste is processed into a rich compost product and sold to commercial landscapers and non-city residents, and to city residents at no charge at volumes of up to two cubic yards. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water, and helping the environment by recycling valuable organic materials. According to the City of San Diego, such waste diversion programs contribute to the landfill's lifespan being extended from 2012 to at least 2022. Sharp continues to work with the City to expand food waste composting to other Sharp entities.

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

According to the *Journal of the American Medical Association* (JAMA), the U.S. health care industry produces eight percent of the country's total carbon dioxide emissions. Ride sharing, public transit programs and other transportation efforts contribute to the reduction of Sharp's transportation emissions. Sharp uses centralized patient

scheduling to improve patient vanpools, and has replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. Sharp's employee parking lots offer carpool parking spaces, designated bike racks and motorcycle spaces. Employees can also purchase discounted monthly bus passes. In addition, as part of the nationwide Electric Vehicle Project, Sharp has installed 17 electric vehicle chargers (EVCs) at its corporate office location and SMMC. Sharp was the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil. Sharp will continue its efforts to expand EVCs at other entities.

In partnership with the San Diego Association of Governments (SANDAG), Sharp offers a vanpool and carpool match-up to help employees find convenient ride share partners. Sharp employees also utilize SANDAG's online iCommute TripTracker tool to monitor the cost and carbon savings of their alternate methods of commuting. In 2014, for the second year in a row and for the third time in four years, Sharp was awarded the top spot in the Mega Employer Category in the iCommute Rideshare Corporate Challenge. Throughout the month of October, 51 organizations representing more than 102,000 employees participated in the challenge in which employees earned points for replacing their solo drive with a sustainable commute choice, such as biking, walking, carpooling, vanpooling and public transit. Through the challenge, more than 750 Sharp employees reported nearly 25,000 alternative commute trips, saving more than 16,600 gallons of gasoline and approximately 341,000 pounds of carbon dioxide.

To further reduce the number of cars on the road Sharp's Commuter Solutions Sub-Committee continuously works to develop new programs and marketing campaigns to educate employees on the benefits of ride sharing. The committee has overseen the implementation of bike racks and designated car pool spots, as well as adding a Bicycle Commuter Benefit, which each year gives employees who bike to work up to \$20 per month to use for qualified costs associated with bicycle purchase, improvement, repair and storage.

Sharp furthered its support of green transportation through several bike to work initiatives in FY 2014. This included two Bike to Work Day events during which Sharp employees opted to ride their bike to work in place of driving. Sharp also participated in the fifth annual iCommute Bike to Work 2014 Corporate Challenge for the entire month of May (National Bike Month), competing with similar-sized organizations for the highest percentage of bike ridership for the month. In June, Sharp promoted National Dump the Pump Day to employees by sharing special promotions from iCommute, such as vanpool discounts and gift card drawings, for individuals who pledged to "Dump the Pump" and make greener transportation choices.

Furthering the commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for more than 200 employees so that they are able to efficiently and effectively telecommute to work. These employees work

in areas that do not require an onsite presence, such as information technology support, transcription and human resources.

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

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

Table 4: All Ways Green Initiatives by Sharp Entity – FY 2014

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

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

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

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

Emergency and Disaster Preparedness

Sharp protects the San Diego community through essential emergency and disaster planning activities and services. Throughout FY 2014, Sharp provided education and training to community members, staff and other health care professionals on emergency and disaster preparedness.

Sharp’s disaster preparedness team offered disaster trainings to first responder and health care providers across SDC. This included a standardized, on-scene federal emergency management training for hospital management entitled, NIMS (National Incident Management System)/ ICS (Incident Command System)/ HICS (Hospital Incident Command System), and a START (Simple Triage and Rapid Treatment) Triage/ Jump START Triage class to train emergency responders at all levels to triage a large volume of trauma victims within a short period of time.

In March, Sharp’s disaster team participated in the 2014 Mass Rescue Operations Exercise (MRO) at the San Diego Mission Bay Lifeguard Headquarters. During the exercise, the San Diego Lifeguards, U.S. Coast Guard, American Red Cross (ARC), multiple response agencies, UC San Diego Health System, Palomar Health and Sharp HealthCare engaged in a maritime emergency simulation designed to practice and improve communication, water rescue, helicopter support and Emergency Medical Services (EMS) handoff of victims.

In July, Sharp hosted the 5<sup>th</sup> Annual Disaster Partnership Conference at its Spectrum office location. The conference was attended by approximately 100 health care providers, county emergency personnel, Sharp HealthCare employees and community members and included speakers from SDC hospitals plus a review of lessons learned during an active shooter response exercise.

In September, Sharp's disaster leadership presented to more than 900 California hospital staff, state and local officials, and key preparedness and response partners at the California Hospital Association's (CHA) 9<sup>th</sup> annual Disaster Planning for California Hospitals Conference in Sacramento, California. Presentations aimed at helping hospitals strengthen their disaster planning efforts, including how to develop a perinatal evacuation plan.

Sharp's disaster leadership donated their time to multiple state and local organizations and committees in FY 2014. This included the Southern California Earthquake Alliance, the County of San Diego Emergency Medical Care Committee (EMCC) Disaster Operations and the County of San Diego Healthcare Disaster Council, a group of representatives from SDC hospitals, other health care delivery agencies, county officials, fire agencies, law enforcement, ARC and others who meet monthly to share best practices for emergency preparedness. Sharp's disaster leadership also served on the Statewide Medical Health Exercise work group that designed training materials for the 2014 California Statewide Medical Health Training and Exercise Program through the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA). The program is designed to guide local emergency outlets in developing, planning and conducting emergency responses. Furthermore, Sharp disaster leadership is part of the San Diego Patient Tracking Committee, which is in the process of designing a countywide Family Assistance Center (FAC) to aid community members in finding their loved ones during a disaster event.

Sharp supports safety efforts of the state and the city through maintenance and storage of a county decontamination trailer at SGH, to be used in response to a mass decontamination event. Sharp has also arranged for the prospective storage of 24 state hospital ventilators at three Sharp hospitals. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event that the system's normal water supply is interrupted.

As part of its participation in the U.S. Department of Health & Human Services (DHHS) Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp continued its involvement in the Sharp HealthCare HPP Disaster Preparedness Partnership (the Partnership). The Partnership includes SCVMC, SCHHC, SGH, SMH, SRS Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital, Kaiser Foundation Hospital, Alvarado Hospital, Paradise Valley Hospital, the Council of Community Clinics, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriffs, Marine Corps Air Station (MCAS) Miramar Fire Department and Fresenius Medical Centers. The Partnership seeks to continually identify and develop relationships with health care

entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning, and the sharing of resources, training and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC.

In September, Sharp hosted its 3<sup>rd</sup> annual Disaster Preparedness Expo to educate San Diego community members on preparing their household for an earthquake, wildfire, power outage or other emergency. This free, interactive event featured disaster preparedness vendors, special appearances by local emergency service units and first responders, demonstrations by the San Diego Search & Rescue Dog Team, education on caring for pets during a disaster, opportunity drawings, and the Quake Cottage – an 8.0 magnitude earthquake simulator.

Sharp plans to collaborate with other SDC hospitals to create regional teams of health care personnel trained to respond to a community decontamination event. Internally, Sharp plans to develop employee disaster teams who will be trained to provide leadership, order and safety during an emergency or disaster.

#### Employee Wellness: Sharp Best Health

Recognizing the importance of improving the health of its team members as part of impacting the health of the broader community, Sharp HealthCare established the Sharp Best Health employee wellness program in 2010. With a goal to improve the overall health, happiness and productivity of Sharp's workforce, Sharp Best Health encourages team members to incorporate healthy habits into their lifestyles and supports them on their journey to attain their personal health goals.

Sharp Best Health provides team members with the tools, information and resources for them to get fit and stay healthy. The program includes a comprehensive and interactive website – the Sharp Best Health Web Portal - that Sharp team members can access any time of day to support their health improvement efforts. The Sharp Best Health Web Portal offers team members a variety of digital health tools, including a personal health assessment, meal and exercise planners, food and physical activity logs, healthy recipes and tips, a progress tracker and health library. The web portal also provides information and resources on available support groups, classes and events, wellness workshops, health coaching, and discounts on thousands of health and wellness products including dinner delivery, gym memberships, wellness centers, training clubs, footwear, weight management, golf packages, yoga, massage and more.

Through Sharp Best Health, employees can participate in a variety of health and wellness events throughout the year. Sharp team members are encouraged to take advantage of onsite fitness classes, walking and running clubs and events such as bike to work days, wellness days and take the stairs days. In May, Sharp Best Health collaborated with SANDAG to recognize National Bike to Work Day and promote a

healthier alternative for commuting to work. Sharp Best Health also participated in community health events throughout the year, including the American Cancer Society (ACS) Great American Smoke Out, the AHA Go Red for Women, National Nutrition Month, the American Diabetes Association (ADA) Tour de Cure Bike Ride, National Walking Day, Fit for the Holidays and “Caught in the Act” of being healthy at work (i.e. taking the stairs, walking outside, etc.).

In addition, each Sharp hospital as well as SRS has a dedicated Best Health committee, which works to promote employee wellness in different ways for their team members. For instance, in FY 2014, more than 700 Sharp team members attended the annual Wellness Fair at SCVMC. Organized by SCVMC’s Best Health committee, the event provided an inviting atmosphere for employees to improve wellness of the mind, body and spirit. Educational resources included employee safety, cancer awareness, physical therapy and weight management, as well as bone density screenings and a nutrition booth that offered healthy food samples. At SMH, the Best Health committee provided a Best Health wellness cart, led by members of the committee and a physical therapist. The cart navigated throughout the SMH campus and provided team members with healthy food and wellness tips, such as how to perform stretch breaks and other healthy ideas.

Sharp Best Health added healthy vending machine options on all hospital campuses, as well as healthy food items in each cafeteria and retail area. Sharp Best Health also conducts a semi-annual food and nutrition survey at each Sharp hospital and corporate office location to assess employee satisfaction of the organization’s cafeteria food and customer service, including requests for feedback and suggestions for improvement. Additionally, in September, Sharp Best Health supported Fresh Fruit and Vegetable Month through the Five-A-Day Challenge, a 21-day initiative designed to motivate Sharp team members to increase their daily consumption of fruits and vegetables.

In collaboration with Sodexo and Specialty Produce, Sharp Best Health offers the Green Grocers – Delivered to You program at more than 15 Sharp sites. Through the Green Grocers program, seasonally available, locally grown and organic produce can be selected online and delivered to the workplace twice a month. The program provides a convenient method for employees and their families to incorporate more fruits and vegetables into their diet. Along with supporting employee health, the purchase of locally grown produce helps support local farmers and the San Diego community. Since January 2014, Sharp team members have ordered approximately 17,024 pounds of produce through the Green Grocers program.

Sharp Best Health also provides a free Nutrition Education Series to employees and family members designed to help Sharp team members develop healthier eating habits. The program includes live workshops with cooking demonstrations from registered dietitians, educational videos and blog posts. More than 30 nutrition classes were offered to Sharp employees and their families by Sharp Best Health in FY 2014. Offsite activities like hiking and walking clubs are also available to Sharp team members, family

and friends. In FY 2014, Sharp Best Health organized 12 systemwide hikes with more than 80 attendees.

Beginning in FY 2013, Sharp Best Health has offered annual health screenings to Sharp employees in order to raise awareness of important biometric health measures and help team members understand how to reduce their risk of related health issues. Screenings are completed in less than 15 minutes and include indicators for blood pressure, body mass index (BMI), blood sugar, tobacco use and cholesterol. In FY 2014, more than 9,400 Sharp employees participated in the screening effort, and more than 2,300 employees reduced their risk levels in at least one screening metric when compared to FY 2013 screening results.

A variety of post-screening resources and tools are available for Sharp employees and their family members, including a free health coach and classes on diabetes, heart disease, smoking cessation, healthy weight and eating, physical activity and stress management. As a fun incentive for completing their health screening, Sharp Best Health provided employees with a Fitbit Zip™ wireless pedometer that tracks steps, distance and calories, and syncs these statistics to computers or smartphones. Sharp Best Health highly encourages its team members to utilize the Fitbit Zip™ to track their physical activity and achieve their personal fitness goals. On a monthly basis, Sharp Best Health provides a systemwide update on each entity's Fitbit Zip™ activity levels to inform team members of their progress, and encourage them to continue working toward the recommended goal of 10,000 steps per day. Since January 2014, Sharp's Fitbit Zip™ users have achieved a daily average of 8,260 steps.

The success of Sharp Best Health's employee health screenings prompted the design and implementation of a free health screening program for the broader San Diego community (non-Sharp employees). Checking for the same health indicators included in the employee health screenings, as well as follow-up resources, Sharp team members conducted screening events at community sites throughout San Diego. Through these different programs, Sharp connects with both its employees and community members and encourages them to achieve healthy lifestyles. Sharp Best Health also offers community members free fitness and stretch break activities.

Looking forward, Sharp Best Health remains committed to an environment that promotes healthy and sustainable lifestyle choices for Sharp team members and the San Diego community. Sharp Best Health plans to provide highly nutritious food options in Sharp's cafeterias that balance nutrition with appealing flavors. Future plans of implementing a new color coding system in cafeterias and vending machines will make it easier for team members, visitors and guests to quickly discern the nutritional value of items based on the item's color categorization. Sharp Best Health continues to search for creative ways to support a healthier lifestyle.

Sharp Best Health was awarded the 2014 and 2013 American Heart Association Fit-Friendly Worksites Honor Roll award (Gold Category). The Fit-Friendly program

recognizes employers that promote a culture of health and physical activity in the workplace or the community.



## Addressing the Community's Needs

*In* fiscal year 2014, Sharp HealthCare provided unreimbursed community benefit programs and services, including unreimbursed medical care services; benefits for vulnerable populations and the broader community; and health research, education and training programs. The *Sharp HealthCare Community Benefit Plan and Report, Fiscal Year 2014*, addresses the following community needs: access to care for individuals without a medical provider and other vulnerable

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

Commitment

## 2 Executive Summary

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*Community is about relationships. It is about supporting each other in good times and bad and working together to build a sustainable environment of well-being for all.*

– Sandy Pugliese, Manager, Community Relations, Sharp Grossmont Hospital

This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Report, and a summary of community benefit programs and services provided by Sharp in Fiscal Year (FY) 2014 (October 1, 2013, through September 30, 2014). In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in SB 697, for the following entities:

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

### Community Benefit Planning at Sharp HealthCare

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

Listing of Community Needs Addressed in the *Sharp HealthCare Community Benefit Plan and Report, FY 2014*

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

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

Highlights of Community Benefit Provided by Sharp in FY 2014

The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2014.

- Unreimbursed **Medical Care Services** included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA),

and TRICARE – the regionally managed health care program for active-duty and service members, National Guard and Reserve members, retirees, their loved ones and survivors; and unreimbursed costs of workers' compensation programs. This also included financial support for on-site workers to process Medi-Cal eligibility forms.

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

## Economic Value of Community Benefit Provided in FY 2014

In FY 2014, Sharp provided a total of **\$354,271,459** in community benefit programs and services that were unreimbursed. **Table 1** displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. **Figure 1** presents the percentage distribution by each category, and **Figure 2** presents the percentage distribution within the Medical Care Services category.

Table 1: Total Economic Value of Community Benefit Provided<sup>1</sup>  
Sharp HealthCare Overall – FY 2014

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2014 Unreimbursed Costs
<b>Medical Care Services</b>	Shortfall in Medi-Cal <sup>2</sup>	\$129,446,653
	Shortfall in Medicare <sup>2</sup>	160,841,853
	Shortfall in San Diego County Indigent Medical Services <sup>2</sup>	10,547,826
	Shortfall in CHAMPVA/TRICARE <sup>2</sup>	2,664,033
	Shortfall in Workers' Compensation <sup>2</sup>	167,061
	Charity Care and Bad Debt <sup>3</sup>	41,362,966
<b>Other Benefits for Vulnerable Populations</b>	Patient transportation and other assistance for the needy <sup>4</sup>	2,340,135
<b>Other Benefits for the Broader Community</b>	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events <sup>4</sup>	2,090,478
<b>Health Research, Education and Training Programs</b>	Education and training programs for students, interns and health care professionals <sup>4</sup>	4,810,454
<b>TOTAL</b>		<b>\$354,271,459</b>

<sup>1</sup> Economic value is based on unreimbursed costs.

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

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

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

Figure 1: Percentage of Community Benefit by SB 697 Category  
 Sharp HealthCare Overall - FY 2014

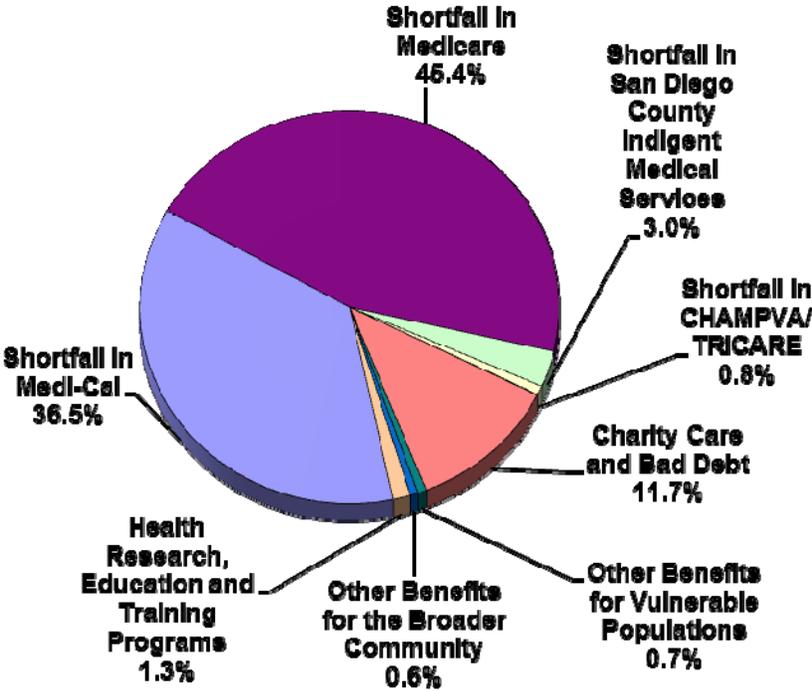
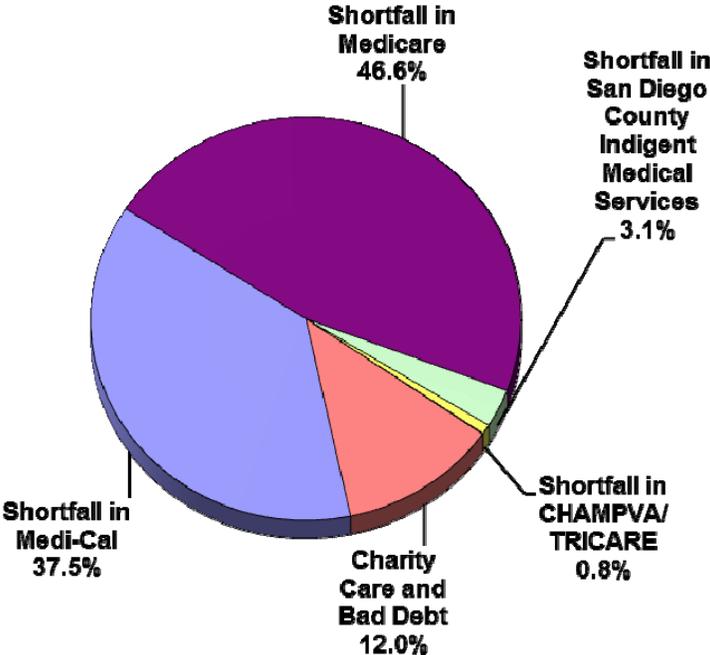


Figure 2: Percentage of Unreimbursed Medical Care Services  
 Sharp HealthCare Overall - FY 2014

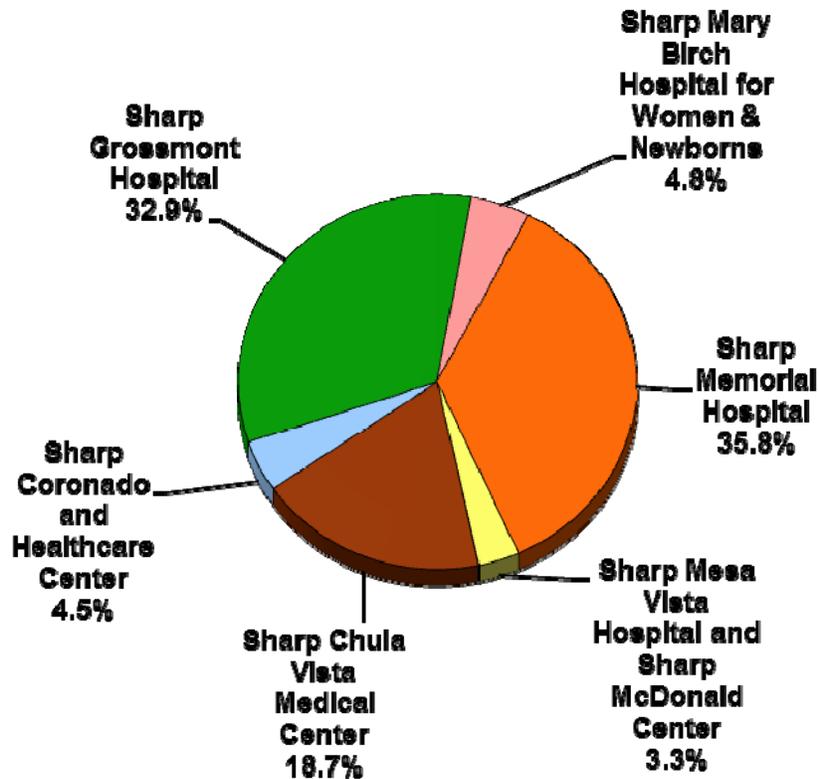


**Table 2** shows a listing of these unreimbursed costs provided by each Sharp entity and **Figure 3** shows the percentage distribution by Sharp entity.

Table 2: Total Economic Value of Community Benefit Provided<sup>1</sup>  
By Sharp HealthCare Entities – FY 2014

Sharp HealthCare Entity	Estimated FY 2014 Unreimbursed Costs
Sharp Chula Vista Medical Center	\$66,364,211
Sharp Coronado Hospital and Healthcare Center	15,755,637
Sharp Grossmont Hospital	116,587,353
Sharp Mary Birch Hospital for Women & Newborns	17,069,286
Sharp Memorial Hospital	126,648,487
Sharp Mesa Vista Hospital and Sharp McDonald Center	11,714,311
Sharp Health Plan	132,174
<b>TOTAL FOR ALL ENTITIES</b>	<b>\$354,271,459</b>

Figure 3: Percentage of Community Benefit Provided by Hospital  
Sharp HealthCare Hospital Entities – FY 2014



<sup>1</sup> Economic value is based on unreimbursed costs.

**Table 3** includes a summary of unreimbursed costs for each Sharp entity based on the categories specifically identified in SB 697. In FY 2013, Sharp led the community in unreimbursed medical care services among San Diego County's SB 697 hospitals and health care systems. For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2014, see tables presented in **Sections 4** through **11**.

Table 3: FY 2014 Detailed Economic Value of Community Benefit at Sharp HealthCare Entities Based on Senate Bill 697 Categories<sup>1</sup>

Sharp HealthCare Entity	SENATE BILL 697 CATEGORY				Estimated FY 2014 Unreimbursed Costs
	Medical Care Services	Other Benefits for Vulnerable Populations	Other Benefits for the Broader Community	Health Research, Education and Training Programs	
Sharp Chula Vista Medical Center	\$64,918,400	\$310,178	\$225,236	\$910,397	\$66,364,211
Sharp Coronado Hospital and Healthcare Center	14,858,765	22,021	160,405	714,446	15,755,637
Sharp Grossmont Hospital	114,172,426	721,474	590,239	1,103,214	116,587,353
Sharp Mary Birch Hospital for Women & Newborns	16,613,741	45,880	162,516	247,149	17,069,286
Sharp Memorial Hospital	123,785,739	711,595	530,820	1,620,333	126,648,487
Sharp Mesa Vista Hospital and Sharp McDonald Center	10,681,321	511,787	311,288	209,915	11,714,311
Sharp Health Plan	-	17,200	109,974	5,000	132,174
<b>ALL ENTITIES</b>	<b>\$345,030,392</b>	<b>\$2,340,135</b>	<b>\$2,090,478</b>	<b>\$4,810,454</b>	<b>\$354,271,459</b>

<sup>1</sup> Economic value is based on unreimbursed costs.



## Designing the Community Benefit Strategy

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

In 2013, Sharp participated in a new CHNA process with the Hospital Association of San Diego and Imperial Counties, the Institute for Public Health at San Diego State University and local hospitals to identify health needs for San Diego County. The results of this collaborative, countywide CHNA process provided the foundation to develop CHNAs for each Sharp hospital in fiscal year 2013. For the *Sharp HealthCare Community Benefit Plan and Report, Fiscal Year 2014*, Sharp hospitals utilized the results of their individual 2013 CHNAs to help identify and address the needs of their communities.

## 3 Community Benefit Planning Process

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*Giving back to the community is about doing something for the benefit of others versus for the benefit of ourselves. It's about helping those in need. - Alison Fleury, Senior Vice President of Business Development, Sharp HealthCare*

For the past 18 years, Sharp HealthCare has based its community benefit planning on findings from a triennial Community Health Needs Assessment (CHNA) process, as well as from the combination of expertise in programs and services of each Sharp hospital and knowledge of the populations and communities served by those hospitals.

### Methodology to Conduct the 2013 Sharp HealthCare Community Health Needs Assessments

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

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

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

The results of this collaborative process significantly informed the 2013 CHNAs for each Sharp hospital, and individual hospital assessments were further supported by additional data collection and analysis and community outreach specific to the primary

communities served by each Sharp hospital. Additionally, in accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2013 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities.

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

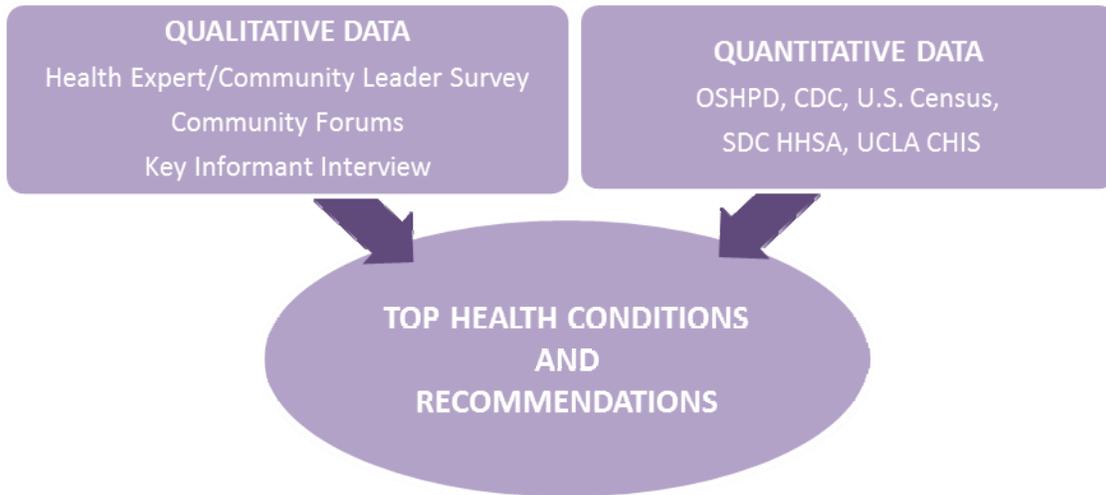
### **Data Collection and Analysis**

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

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

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

Figure 1: HASD&IC 2013 CHNA Framework



Source: [www.hasdic.org](http://www.hasdic.org)

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

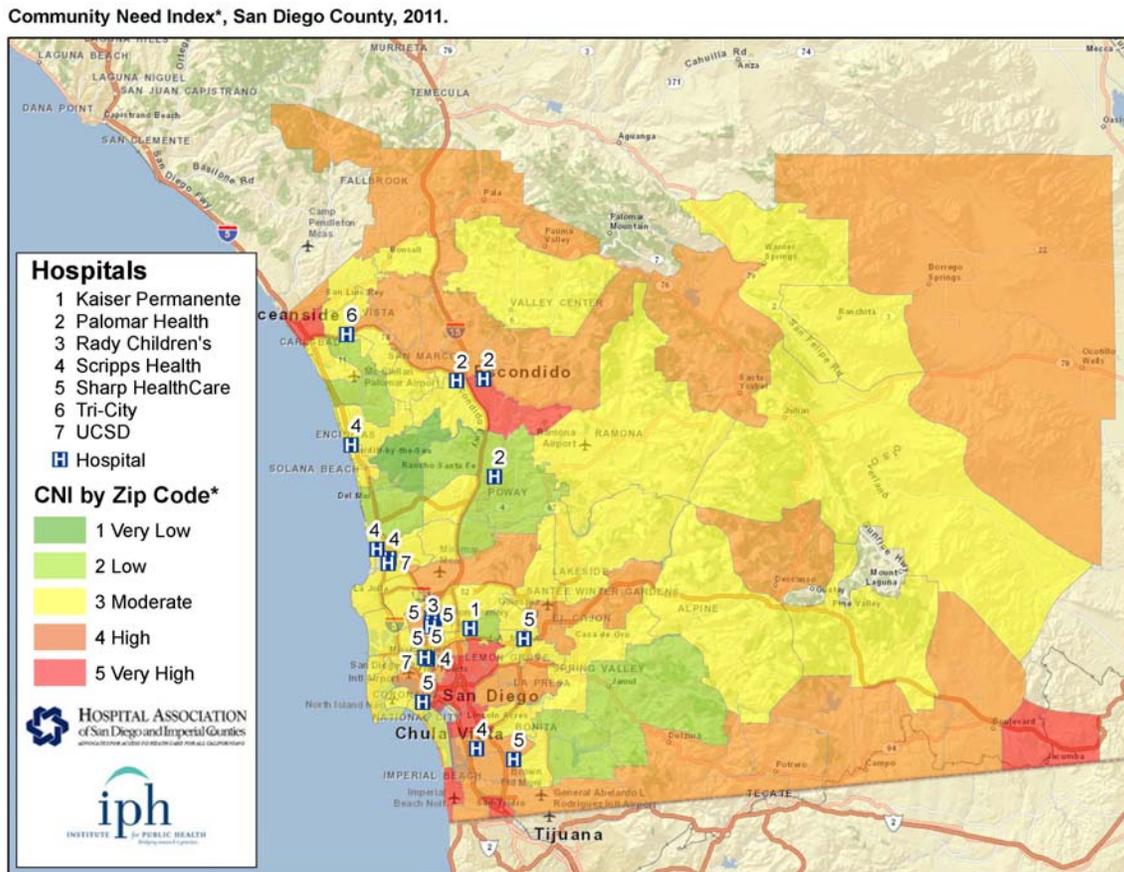
Table 1: Variables Analyzed in the HASD&IC and Sharp HealthCare 2013 CHNAs

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

Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC’s 2013 CHNA and Sharp’s 2013 CHNA processes utilized the Dignity Health/Truven Community Need Index (CNI) to identify

communities in SDC with the highest level of health disparities and needs. Residents in five of these high-need neighborhoods across SDC were asked to provide input in a community forum setting. **Figure 1** below presents a map based on CNI score for SDC: areas of high need (CNI score of 4 to 5) are indicated with red or orange while areas of lower need (CNI score of 1 to 3) are yellow or green. The CNI tool is publicly accessible at [http://www.dignityhealth.org/Who\\_We\\_Are/Community\\_Health/STGSS044508](http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508).

Figure 1: CNI Map of SDC



Data Source: \*Dignity Health. Basemap: © 2013 NAVTEQ. All rights reserved.

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

issues in SDC. Key informants included county public health officers, health care and social service providers and members of community-based organizations.

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

## **Findings**

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

- Behavioral Health (Mental Health)
- Cancer
- Cardiovascular Disease
- Diabetes, Type 2
- High-Risk Pregnancy
- Obesity
- Orthopedics
- Senior Health (including end-of-life care)

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

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

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

Sharp is committed to the health and well-being of the community, and the findings of Sharp's 2013 CHNAs will help to inform the activities and services provided by Sharp to improve the health of the community members it serves. The 2013 CHNA process also

generated a list of currently existing resources in SDC, an asset map, that address the health needs identified through the CHNA process. While not an exhaustive list of the available resources in San Diego, this map will serve as a resource for Sharp to help continue, refine and create programs that meet the needs of their most vulnerable community members.

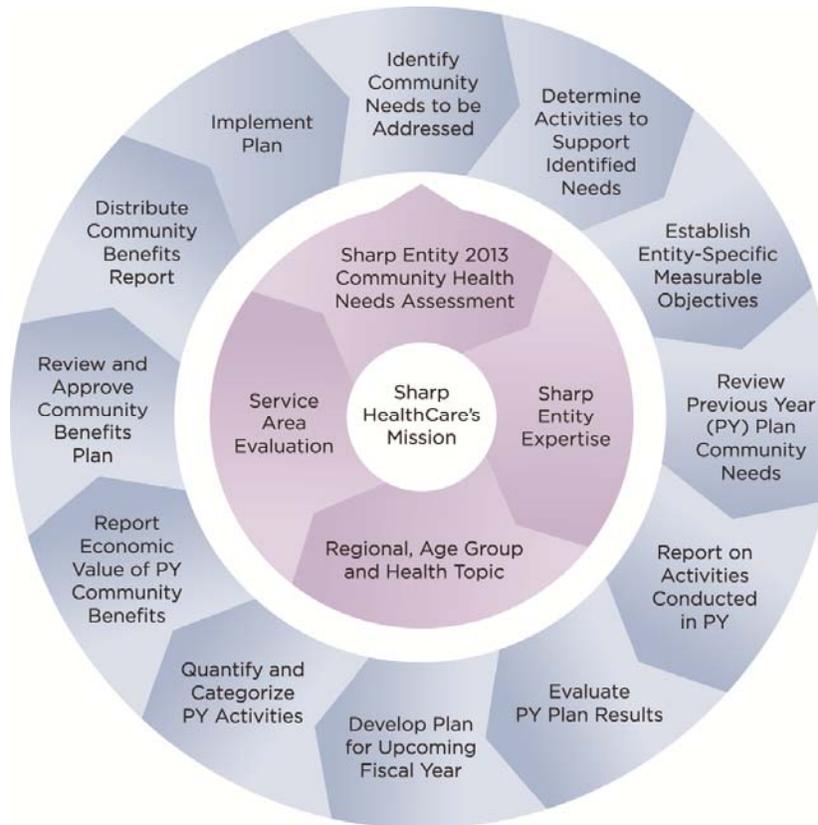
With the challenging and uncertain future of health care, there are many factors to consider in the development of programs to best serve members of the San Diego community. The health conditions and health issues identified in this CHNA, including, but not limited to health care and insurance access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

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

#### Determination of Priority Community Needs: Sharp HealthCare

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

Figure 1: Sharp HealthCare Community Benefit Plan and Process



### Steps Completed to Prepare an Annual Community Benefit Report

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

- Establishes and/or reviews hospital-specific **objectives** taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community
- Verifies the need for an ongoing focus on identified community needs and/or adds new identified community needs
- Reports on activities conducted in the prior fiscal year – **FY 2014 Report of Activities**
- Develops a plan for the upcoming fiscal year, including specific steps to be undertaken – **FY 2015 Plan**
- Reports and categorizes the **economic value of community benefit provided in FY 2014**, according to the framework specifically identified in SB 697

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

### Ongoing Commitment to Collaboration

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



## Bonding Mothers and Babies Through Breastfeeding

~ SHARP CHULA VISTA MEDICAL CENTER ~

*Sharp* Chula Vista Medical Center strongly supports breastfeeding, as studies have shown it provides a lifetime of maternal and child health benefits. The hospital offers a free bilingual breastfeeding support group to help mothers and babies learn from other moms about their own successes and challenges with breastfeeding in a safe, comforting environment.

The breastfeeding support group is offered during the day and in the evening to better accommodate working mothers' schedules.

Each year, the hospital holds a Halloween Baby Parade for mothers of the support group. The parade encourages the mothers to dress their little ones in costumes and celebrate their babies with other mothers in the community. In addition, the hospital is actively involved in the San Diego County Breastfeeding Coalition, which promotes and supports breastfeeding in the community through education and outreach.

# 4 Sharp Chula Vista Medical Center

*To be an exceptional community citizen means to ensure that we have a healthy community.*  
- Pablo Velez, Chief Executive Officer, Sharp Chula Vista Medical Center

## FY 2014 Community Benefit Program Highlights

Sharp Chula Vista Medical Center (SCVMC) provided a total of **\$66,364,211** in community benefit in FY 2014. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697.

Table 1: Economic Value of Community Benefit Provided  
Sharp Chula Vista Medical Center – FY 2014

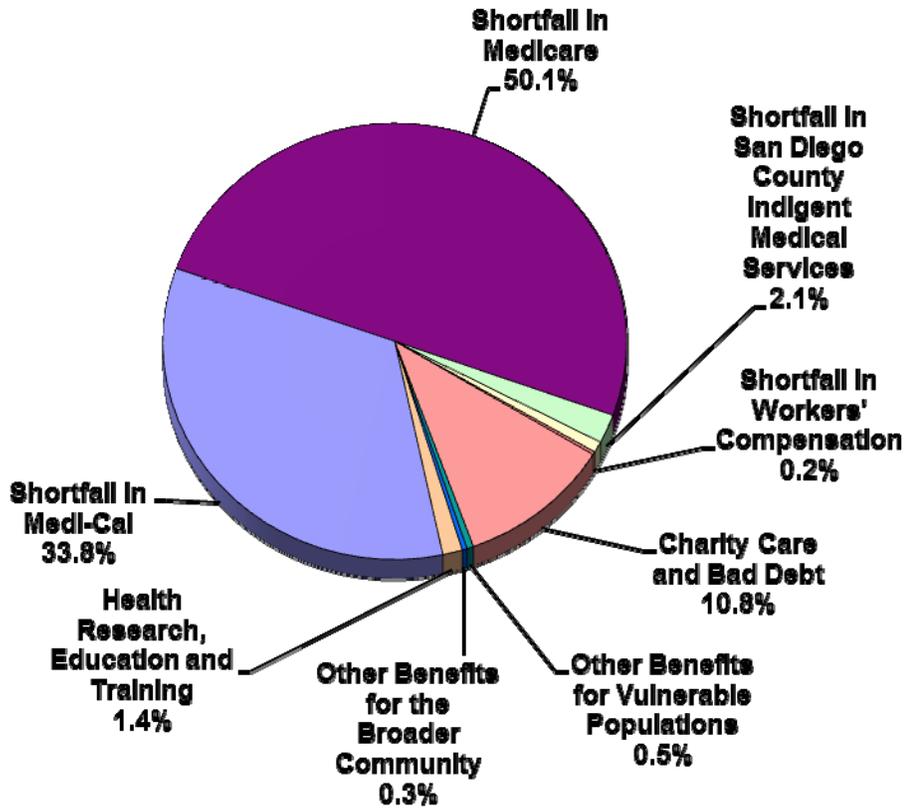
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2014 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal <sup>1</sup>	\$22,397,944
	Shortfall in Medicare <sup>1</sup>	33,244,497
	Shortfall in San Diego County Indigent Medical Services <sup>1</sup>	1,420,298
	Shortfall in CHAMPVA/TRICARE <sup>1</sup>	544,467
	Shortfall in Workers' Compensation <sup>1</sup>	144,811
	Charity Care and Bad Debt <sup>2</sup>	7,166,383
Other Benefits for Vulnerable Populations	Project HELP, patient transportation, and other assistance for the needy <sup>3</sup>	310,178
Other Benefits for the Broader Community	Health education and information, health screenings, flu vaccinations, support groups, meeting room space and donations of time to community organizations <sup>3</sup>	225,236
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals <sup>3</sup>	910,397
<b>TOTAL</b>		<b>\$66,364,211</b>

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

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

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

Figure 1: Percentage of Community Benefit by SB 697 Category  
 Sharp Chula Vista Medical Center – FY 2014



Key highlights:

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

health fairs and events; Spanish and English support groups; flu vaccinations and health screenings for blood glucose, blood pressure, cholesterol, stroke, body mass index (BMI), bone density, balance, breast cancer and cervical cancer; the Breast Cancer Patient Navigator Program; and SCVMC's collaboration with local schools to promote interest in health care careers. SCVMC also donated meeting room space to community groups. In addition, hospital staff actively participated in community boards, committees and other civic organizations, including the American Cancer Society (ACS), Las Damas de San Diego, Chula Vista Kiwanis, Chula Vista Chamber of Commerce, Rotary Club of Chula Vista, South Bay Community Services, San Diego Science Alliance and Chula Vista Veterans Home Support Foundation. See **Appendix A** for a listing of Sharp's community involvement. Additionally, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

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

#### Definition of Community

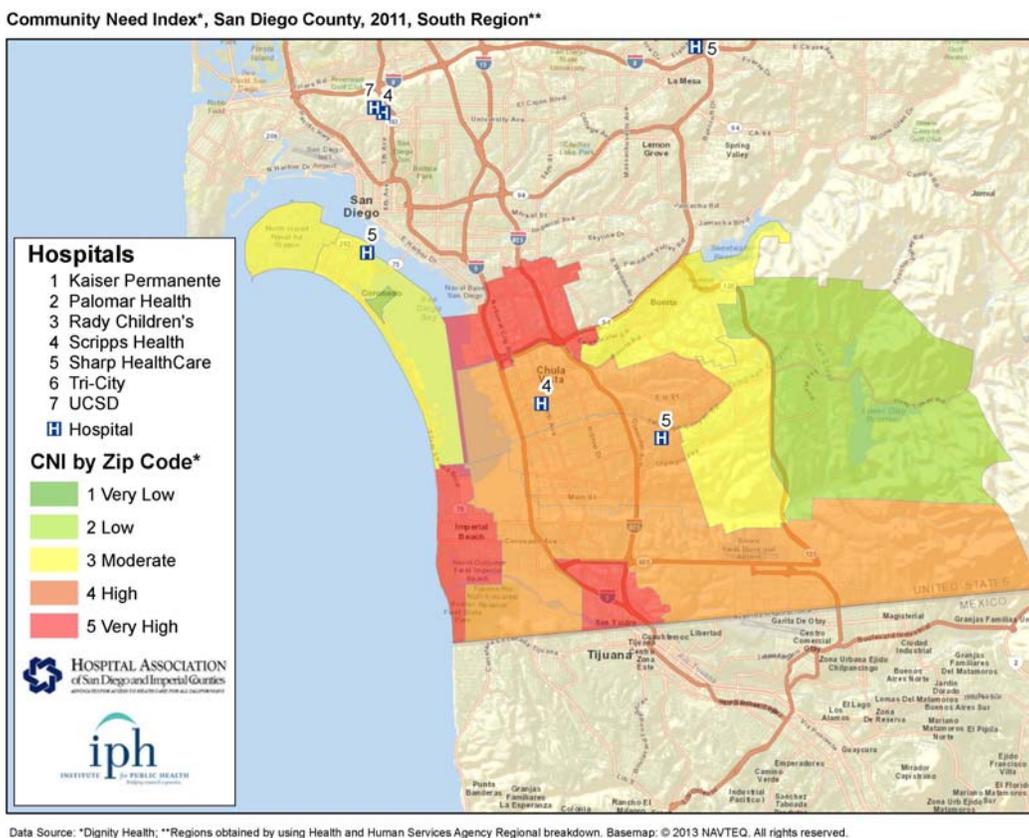
*Sharp Chula Vista Medical Center is located at 751 Medical Center Court in Chula Vista, ZIP code 91911.*

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

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

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

Figure 2: CNI Map – SDC’s South Region



In the county’s south region in 2011, 96.4 percent of children ages 0 to 11 years, 95.1 percent of children ages 12 to 17, and 75.7 percent of adults had health insurance, failing to meet the Healthy People (HP) 2020 national targets<sup>1</sup> for health insurance coverage. See **Table 2** for a summary of key indicators of access to care and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

In SDC overall, during 2012, 16.3 percent of adults ages 18 to 64 did not have a usual source of care. In addition, 72.2 percent of these adults had health insurance, and 7.3 percent utilized Medi-Cal Healthy Families. Further, 15.9 percent of SDC adults ages 18 to 64 reported fair or poor health outcomes and 12.7 percent reported as food insecure.<sup>2</sup>

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

<sup>2</sup> This information is sourced from the 2012-2013 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning Areas, and more. Customized and detailed health statistics are available through *AskCHIS* biennially, with the most recently available information from 2011-2012.

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

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

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

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

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

Source: 2011-2012 CHIS

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

Table 4: Leading Causes of Death in SDC's South Region, 2012

Cause of Death	Number of Deaths	Percent of Total Deaths
Diseases of heart	689	25.1%
Malignant neoplasms	655	23.9%
Cerebrovascular diseases	141	5.1%
Alzheimer's disease	133	4.8%
Diabetes mellitus	127	4.6%
Chronic lower respiratory diseases	109	4.0%
Accidents (unintentional injuries)	104	3.8%
Chronic liver disease and cirrhosis	50	1.8%
Influenza and pneumonia	41	1.5%
Essential (primary) hypertension and hypertensive renal disease	38	1.4%
All other causes	656	23.9%
<b>Total Deaths</b>	<b>2,730</b>	<b>100.0%</b>

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch

### Community Benefit Planning Process

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

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

## Priority Community Needs Addressed in Community Benefit Report – SCVMC 2013 CHNA

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

- Behavioral Health (Mental Health)
- Cancer
- Cardiovascular Disease
- Diabetes, Type 2
- Obesity
- Senior Health (including end-of-life care)

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

Through its social services staff, SCVMC provides comprehensive behavioral health services to safety net patients. Individuals who present in the Emergency Department (ED) with severe mental illness receive a Psychiatric Evaluation Team (PET) assessment and are provided mental health placement and given information and resources as needed. SCVMC's social services also provide ongoing counseling, crisis intervention and debriefing for patients. Staff is placed as needed throughout the hospital and at Birch Patrick Skilled Nursing Facility. SCVMC provides around-the-clock social services both onsite and on-call.

Beyond these clinical services, SCVMC lacks the resources to comprehensively address community education and support in behavioral health. Consequently, these issues are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC.

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

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

- Health education and screening activities (general)

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

For each priority community need identified above, subsequent pages include a summary of the rationale for and importance of the need, objective(s), FY 2014 Report of Activities conducted in support of the objective(s), and FY 2015 Plan of Activities.

### Identified Community Need: Cancer Education and Patient Navigator Services

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

#### Rationale

- The SCVMC 2013 CHNA identified cancer as one of six top priority health issues for community members served by SCVMC.
- Key informant interviews in the SCVMC 2013 CHNA process identified the following chief concerns for cancer patients in SDC's south region: consistent access to care, navigation of the health care system throughout treatment, education and screening for community members, general cultural competence in treatment and effective communication.
- The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA identified various types of cancer as priority health conditions seen in SDC hospitals.
- In 2012, cancer was the second leading cause of death in SDC's south region, responsible for nearly 24 percent of deaths.
- In 2012, there were 655 deaths due to cancer in SDC's south region. The region's age-adjusted death rate due to cancer was 151.8 deaths per 100,000 population, close to the SDC age-adjusted rate of 158.3 deaths per 100,000 population.
- From 2010 to 2012, cancer was the leading cause of death in SDC, responsible for 24.7 percent, or 14,618, deaths overall.
- According to a 2014 report from the American Cancer Society (ACS), California Cancer Facts & Figures, screenings offer the ability for secondary prevention by detecting cancer early. Regular screenings that allow for the early detection and removal of precancerous growth are known to reduce mortality for cancers of the cervix, colon, and rectum. Five year relative survival rates for common cancers are 93 percent to 100 percent if they are discovered before having spread beyond the organ where the cancer began.
- According to the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report, breast cancer was the most common cancer among women in California, regardless of race/ethnicity. In 2011, there were an estimated

22,115 new cases of breast cancer for females in California. Of the estimated 12,490 new cases of all cancers in SDC for 2011, an estimated 15.7 percent (1,960) were breast cancer. San Diego has a higher incidence rate for breast cancer (163.95 per 100,000) than the neighboring counties of Imperial, Los Angeles, Orange and Riverside. San Diego's incidence rate for breast cancer is also above that of California (151.82 per 100,000).

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

### Objective

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

## FY 2014 Report of Activities

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

In FY 2014, SCVMC hosted three free cancer-related health seminars and two Community Cancer Expos, one in English and one in Spanish. Through these events, approximately 140 community members received screenings or education about awareness and prevention of various cancers, including ovarian, uterine, prostate, cervical, breast, colorectal and lung. There was also education on smoking cessation. SCVMC offered a seminar on colorectal cancer in Spanish, and two seminars on lung cancer, one in English and one in Spanish. In addition, the hospital collaborated with Las Damas de San Diego and Clinica Medica de la Mora to provide two screening events –breast and cervical cancer – to more than 50 community members in February and May. Las Damas de San Diego and Clinica Medica de la Mora partner to provide cancer screening services for women through registration in Every Woman Counts, a state program that pays for their screenings and care. The screenings provided 48 clinical breast exams, 35 mammograms and 37 pap smears. Going forward, SCVMC seeks to strengthen its partnership with Las Damas de San Diego and Clinica Medica de la Mora, and offer patients and community members access to medical care, resources, education, financial assistance and prevention and screening programs.

The Douglas & Nancy Barnhart Cancer Center at SCVMC offers a free monthly wellness series on yoga, healthy eating and other issues for patients, their families and those in the community. In addition, in FY 2014 those newly diagnosed with breast cancer were invited to attend quarterly Meet the Pathologist presentations. These 90-minute educational presentations by a SCVMC pathologist provided detailed, personal information about the attendee's diagnosis by reviewing their pathology report and explaining it in layman's terms. These presentations reached 16 community members in FY 2014.

In FY 2014, SCVMC conducted cancer support groups in response to community needs. This included weekly breast cancer support groups in English and Spanish, a monthly men's cancer support group and a monthly cancer caregiver support group for those caring for individuals battling any type of cancer. These meetings reached nearly 300 individuals. The hospital utilized grant funding from the Susan G. Komen Breast Cancer Foundation to conduct additional community outreach and educational services among Latinas, and provide patient navigator services for breast cancer patients.

SCVMC also provided free healing touch energy therapy for community members in FY 2014. Through healing touch therapy, practitioners use their hands in a heart-centered way to promote relaxation, decrease pain and stress and support the body's natural healing process. This treatment leads to increased support of the patient and caregiver's physical, emotional, mental and spiritual health. SCVMC also provided

aromatherapy, hand massage, music therapy, Reiki and pet therapy. SCVMC also provided meeting space for quarterly classes for women with cancer undergoing treatment called Look Good...Feel Better. This free program is offered by the ACS to teach women with cancer beauty techniques to help manage the side-effects related to cancer treatment. Six meetings were held in FY 2014 serving nearly 50 community members. SCVMC also offered a wig and prosthesis bank, providing nearly 130 cancer patients with a variety of donated wigs and prosthetic devices at no cost.

The hospital's cancer patient navigator program has specialized training, certification and experience to assist patients from early detection through diagnosis and treatment. This service allows cancer patients and their loved ones to receive personalized education, support and guidance. In FY 2014, more than 550 community members were assisted by SCVMC's cancer patient navigators. In addition, five volunteer patient navigators, including two cancer survivors, assisted the cancer patient navigator program by helping patients with wigs and prosthetics, and providing support and navigation through their course of radiation therapy. The SCVMC cancer patient navigator also participates in educational events for the South Bay community and offers ongoing support at the Meet the Pathologist presentations.

In FY 2014, SCVMC executive leadership donated time to community cancer organizations including the Komen National Hispanic and Latina Advisory Council, Las Damas de San Diego, Chula Vista Community Collaborative, Chula Vista Chamber of Commerce, ACS and the Professional Oncology Network (PON), a local network of oncology professionals working together to improve psychosocial services, support and referrals for cancer patients and their families.

#### FY 2015 Plan

SCVMC will do the following:

- Continue to conduct comprehensive cancer seminars with health screenings in English and Spanish for community members
- Continue to work with Las Damas de San Diego to provide Latina women in the community with health education and access to breast and cervical cancer screenings
- Explore collaborations to conduct outreach to the African American community and provide education on breast health and early detection for cancer
- Offer Meet the Pathologist lectures
- Offer cancer support groups for patients, community members, caregivers and their loved ones in English and Spanish

## Identified Community Need: Diabetes Education and Screening

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

### Rationale

- The SCVMC 2013 CHNA identified diabetes as one of six top priority health issues affecting members of the communities served by SCVMC.
- The HASD&IC 2013 CHNA identified diabetes as one of the top four priority health issues for community members in SDC.
- Data presented in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC's south region, including National City, Imperial Beach, and San Ysidro.
- Input collected from San Diego community health leaders and experts in the HASD&IC 2013 CHNA strongly aligned access to care, care management, education and screening with care for Type 2 diabetes.
- According to data presented in the SCVMC 2013 CHNA, diabetes is a major cause of heart disease and stroke as well as the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the U.S. (CDC, 2011).
- In 2012, diabetes was the fifth leading cause of death in SDC's south region, ranking higher than the previous year (ranked sixth in 2011).
- In 2012, there were 127 deaths due to diabetes in SDC's south region. The region's age-adjusted death rate due to diabetes was 28.6 per 100,000 population, higher than SDC's overall age-adjusted diabetes death rate of 20.4 deaths per 100,000.
- In 2012, there were 882 hospitalizations due to diabetes in SDC's south region. The rate of hospitalization was 186.3 per 100,000 population, the second highest rate in SDC, and also higher than the age-adjusted rate of hospitalization for SDC overall of 133.2 per 100,000 population.
- In 2012, there were 909 diabetes-related ED visits in SDC's south region. The rate of ED visits was 192.0 per 100,000 population. The south region diabetes-related ED rate was the second highest in SDC, and higher than the age-adjusted diabetes-related ED visit average of 142.6 per 100,000 population for SDC overall.
- According to the California Health Interview Survey (CHIS) in 2011, 11 percent of adults ages 18 and up in SDC's south region indicated that they were ever diagnosed with diabetes, higher than SDC overall at 7.8 percent.
- According to the *3-4-50 Chronic Disease 2010* report from the County's Health and Human Services Agency (HHS), the most common risk factors associated with Type 2 diabetes include being overweight or obese, physical inactivity, smoking, hypertension and abnormal cholesterol. (Note: Two out of three Americans are now overweight or obese.)
- In 2012, according to the American Diabetes Association (ADA), the prevalence of diabetes in the U.S. was 29.1 million, or 9.3 percent of the population. The incidence of diabetes in 2012 was 1.7 million new diagnoses.
- The 2014 National Diabetes Statistics Report from the CDC reports that there are 21 million people in the U.S. diagnosed with diabetes.

- According to the ADA, in 2012, the total cost of diagnosed diabetes in the U.S. was \$245 billion, with \$176 billion in direct medical costs and \$69 billion in reduced productivity.

## Objective

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

## FY 2014 Report of Activities

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

In FY 2014, the SCVMC Diabetes Education Program conducted five blood glucose screenings at hospital sites and offsite locations, screening nearly 160 community members. As a result of these screenings, seven individuals were identified with elevated blood glucose levels and were referred to follow-up resources. Of those individuals with elevated blood glucose levels, two did not have pre-existing cases of diabetes. Screenings were held at locations in the South Bay community, including the Cycle EastLake & EastLake Half Marathon, Chula Vista Chamber of Commerce Mixer and the Chula Vista Chamber of Commerce Trade Show.

As part of these screening efforts, the SCVMC Diabetes Education Program provided education, screenings and outreach for women in the South Bay. At the SCVMC Women's Heart Expos, held in July and August, the SCVMC Diabetes Education Program provided approximately 250 women in the community with health education and resources. The July expo targeted Spanish-speaking women in the community and covered topics such as diabetes prevention and management, nutrition, exercise, weight loss and lipid control. From these expos, more than 70 women were screened and 11 women were identified with elevated blood glucose levels.

In recognition of November's American Diabetes Month<sup>®</sup>, the SCVMC Diabetes Education Program provided resources to community members through a variety of media sources. A Sharp nurse provided a live Facebook chat, as well as a live Spanish radio broadcast on the La Invasora radio network. There was education on various topics on diabetes and nutrition, including eating healthy during the holidays and making healthy choices. There were approximately 50 attendees for the live Facebook chat and thousands of listeners for the radio interview. SCVMC also participated in a phone interview on nutrition and diabetes for the Spanish-language newspaper, *Enlace*. In addition, the SCVMC Diabetes Education Program provided a seminar on nutrition to 100 physicians and medical students in Mexicali, Mexico.

In August, the Sharp Rees-Stealy (SRS) Chula Vista Diabetes Education Team conducted a community blood glucose screening at Dr. Daramola's Health Fair. As a result of the screening, 31 community members were identified with elevated blood glucose levels and were connected to resources for follow-up. Of those individuals with

elevated blood glucose levels, 10 did not have pre-existing cases of diabetes. At the Sharp Women's Health Conference, the Sharp HealthCare (SHC) Diabetes Education Program provided resources on diabetes management and nutrition. Through fundraising and team participation, the SHC Diabetes Education Program also continued to support the ADA's Step Out: Walk to Stop Diabetes held in October at Mission Bay.

In FY 2014, the SHC Diabetes Education Program submitted abstracts and poster presentations to national conferences on various topics, including: the safe and effective use of insulin; designing and implementing Glucometrics (measures that assess the success of inpatient glucose management); and predictors of poor blood sugar control for hospitalized diabetic patients.

Throughout FY 2014, the SCVMC Diabetes Education Program continued to provide assistance for underserved, uninsured individuals in need of diabetes treatment. Individuals that both enrolled in and completed the SCVMC Diabetes Education Program received an outpatient number through the SCVMC Outpatient Pharmacy, which allowed them to receive assistance for insulin and other treatments to maintain and care for their diabetes at home.

#### FY 2015 Plan

The SCVMC and SHC Diabetes Education Program will do the following:

- Conduct diabetes education at various community venues in SDC's south region
- Continue to participate in ADA's Step Out: Walk to Stop Diabetes
- Conduct educational outpatient and inpatient symposiums for health care professionals
- Keep current on resources to provide community members support of diabetes treatment and prevention
- Develop relationships with community clinics to provide education and resources to community members
- Explore partnerships with YMCAs in SDC's south region to provide education and resources to community members

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

## Rationale

- The HASD&IC 2013 CHNA process identified the following among priority health conditions seen in San Diego hospitals: diabetes; obesity; cardiovascular disease and stroke; mental health and mental disorders; unintentional injury; high-risk pregnancy; asthma; cancer; back pain; infectious disease; and respiratory diseases.
- Participants in the HASD&IC 2013 CHNA community forums recommended increased health information and community health education as the most important factor in maintaining health. There was particular emphasis on the need for health education at the community forum held in the south region.
- Generally speaking, data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease and obesity in more vulnerable communities within SDC's south region (e.g., San Ysidro, National City, etc.).
- According to data presented in the SCVMC 2013 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. Additional risk factors include alcohol use, obesity, diabetes and genetic factors. About half of Americans (49 percent) have at least one of these three risk factors.
- In 2012, heart disease was the leading cause of death and cerebrovascular disease was the third leading cause of death for SDC's south region. Together, these illnesses were responsible for more than 30 percent of all deaths in the south region of SDC.
- According to 2011 data from the CHIS, the self-reported obesity rate for adults (ages 18 and older) in SDC's south region was 26.6 percent, higher than the self-reported obesity rate of 22.1 percent for SDC overall.
- Also in 2011, 11.3 percent of adults (ages 18 and older) in SDC's south region self-reported eating at fast-food restaurants four or more times each week (CHIS, 2011).
- According to the CDC, obesity increases the risk of many health conditions, including the following: coronary heart disease, stroke, high blood pressure, Type 2 diabetes, various cancers, high total cholesterol, high levels of triglycerides, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, mental health conditions and reproductive health complications such as infertility (CDC, 2011).
- According to the CDC, some of the leading causes of preventable death include obesity-related conditions such as heart disease, stroke, Type 2 diabetes, and certain types of cancer. The CDC reports that approximately 34.9 percent of U.S. adults are obese.
- In 2011, the leading causes of death among senior adults ages 65 years and older in SDC were heart disease; cancer; Alzheimer's disease; stroke; chronic lower respiratory diseases; diabetes; influenza and pneumonia; unintentional injuries; hypertension and hypertensive renal disease; chronic liver disease and cirrhosis; Parkinson's disease; and intentional self-harm.

- In 2011, 97,647 seniors ages 65 and over were hospitalized in SDC. Seniors in SDC's south region experienced higher rates of hospitalization and ED visits for falls, coronary heart disease, stroke, diabetes, influenza, pneumonia and Chronic Obstructive Pulmonary Disease, when compared to SDC overall.
- In SDC's south region in 2012, the number of arthritis-related hospitalizations totaled 1,205, which is a rate of 254.6 per 100,000 population.
- In SDC's south region in 2012, females had a higher hospitalization discharge rate for arthritis-related diagnoses than males.
- According to the National Institutes of Health (NIH), more than 52 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass. In addition to the financial costs, osteoporosis takes a toll in terms of reduced quality of life for many people who suffer fractures.
- In SDC's south region in 2012, there were 479 low birth weight (LBW) births, which translate to 6.0 percent of total births for the south region. Additionally, in 2012 there were 75 very low birth weights (VLBW) in the south region, or 0.9 percent of births.
- There were 904 hospitalizations due to maternal complications in SDC's south region in 2012. The region's age-adjusted rate was 379.8 per 100,000 population, which is higher than the actual rate for SDC overall (319.9 per 100,000 population).
- In 2012, among adults 65 and older in the south region, there were 113 deaths, 763 hospitalizations, and 185 discharges for strokes.
- The total number of deaths from stroke in SDC in 2012 was 1,003, or a rate of 31.9 per 100,000 population.

## Objectives

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

## FY 2014 Report of Activities

In FY 2014, SCVMC participated in numerous community health fairs and events serving more than 1,500 community members. Events included Cycle EastLake & EastLake Half Marathon, Caring Hearts Health Fair, Bonitafest, Celebrando Latinas Conference at the Hilton San Diego Bayfront, Campeonata Sudamericano de Futbol (COPA) soccer tournament, Walk a Day in Someone Else's Shoes Expo, the American Heart Association (AHA) Heart & Stroke Walk, A Day for Women's Heart Health Expo, Chula Vista Chamber Mixer, Chula Vista Chamber Trade Show and the Susan G. Komen Race for the Cure® at Balboa Park. SCVMC provided a variety of health services during these events, including first aid booths and screenings for glucose, cholesterol, blood pressure, grip strength and bone density. In May, SCVMC provided approximately 300 Olympian High School students with heart health screenings including Electrocardiogram (EKG) and Echocardiogram (Echo). The hospital also held three flu vaccination events in FY 2014, providing vaccines to more than 500 community members, including seniors. In September, SCVMC hosted a conference for about 200

community members that provided information about influenza and the flu season titled Kick the Flu 2014 Community Immunization Summit. Also in FY 2014, SCVMC conducted four blood drives where approximately 120 SCVMC team members donated blood, helping to increase the blood supply in SDC.

As part of screenings provided to the South Bay community, SCVMC offered stroke screening and education to the Veterans Home of California, Chula Vista and the Kiwanis Club of Bonita. Through these events, nearly 30 community members received screenings, and 120 community members received education regarding risk factors for stroke, warning signs and appropriate interventions. In May, Sharp's systemwide stroke program participated in Strike Out Stroke Night at the Padres. This annual event, organized by the San Diego County Stroke Consortium, San Diego County Health and Human Services Agency, the San Diego Padres and other key partners, promoted an evening of stroke awareness and survivor celebration during the baseball game. SCVMC also collaborated with the County of San Diego Emergency Medical Services, providing data for the SDC stroke registry and participating with other hospitals in the San Diego County Stroke Consortium.

In FY 2014, two community health education classes on joint replacement and arthritis were provided by an SCVMC physician, nurse and physical therapist, reaching more than 30 community members. The hospital also offered a health education class titled Care of the Patient with Osteoporosis & Fractures, covering topics such as osteoporosis and fall and fracture prevention. The class was held at the Veterans Home of California, Chula Vista, and served more than 20 community members. In addition, Sharp Multicultural Services offered two educational sessions as part of the Conviva y Aprende (Share and Learn) educational series in the South Bay. These events targeted Spanish-speaking community members and provided education and resources on stress, depression and women's heart disease to more than 120 attendees. SCVMC also collaborated with San Diego Imaging (SDI) to provide bone density screenings at select health fairs throughout the year, including its Community Cancer Expos.

Throughout FY 2014, SCVMC provided community health education classes on a variety of topics, including stroke, advance care planning, breast and prostate cancer, joint replacement, arthritis, osteoporosis, fall and fracture prevention, diabetes and the proper use of medication, reaching approximately 200 community members. As part of these efforts, SCVMC reached out to seniors in high-risk communities of the South Bay, including the provision of four educational sessions to approximately 100 senior community members at the Imperial Beach Senior Center.

To provide additional community education on health-related topics including cancer, heart health, women's health, and more, SCVMC physicians and other health care providers reached out to local media outlets. This included collaboration with "Parent Savers", a weekly audio podcast and online resource for moms and dads with newborns, infants and toddlers. They recorded an audio podcast titled "The Milk Mystery", in which an SCVMC registered dietitian (RD) spoke on topics such as calcium, diet, milk, nutrition and Vitamin D. In addition, an RD wrote an article for *Union-*

*Tribune San Diego* titled “Mediterranean Diet: A Weapon in the Fight Against Heart Disease.” The article educated readers on the effects of nutrition on heart disease and the benefits of eating a Mediterranean diet.

In FY 2014, SCVMC hosted two Women’s Heart Health Expos – one in English and another in Spanish. These half-day events reached more than 130 community members and provided physician- and nurse-led cardiac education, including nutrition, heart health, healthy food and exercise. Screenings were also provided for blood pressure, cholesterol, BMI, glucose and bone density. SCVMC also participated in the annual Sharp Women’s Health Conference, where they provided a breast model to demonstrate how to perform a breast self-exam, distributed a variety of health education materials and conducted balance and bone density screenings for approximately 250 attendees.

Throughout the year, SCVMC Women’s Health Services offered free weekly breastfeeding support groups. Groups were held twice a week in order to serve working mothers, and were led by the hospital’s lactation educators. Sessions were offered in English and Spanish and provided education, support and guidance to more than 630 breastfeeding mothers and their babies. In October, SCVMC Women’s Health Services provided its 12<sup>th</sup> annual Fall Baby Parade to more than 40 mothers in the community. The parade provided mothers from the breastfeeding support groups with the opportunity to dress their infants in costumes and celebrate with other mothers in the community. In addition, SCVMC Women’s Health Services collaborated with Babies “R” Us in Chula Vista to provide seminars in both English and Spanish. The seminars were held twice a month at Babies “R” Us and included topics such as breastfeeding and baby care basics. These hour-long classes reached more than 100 couples in FY 2014. SCVMC Women’s Services was also actively involved in the San Diego County Breastfeeding Coalition, Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) and the Regional Perinatal System (RPS).

In FY 2014, SCVMC provided coordination, support and related fundraising activities for various nonprofit organizations in the community, including the San Diego Immunization Coalition, South Bay Community Services, San Diego Science Alliance, Family Health Centers of San Diego, Combined Health Agencies, Chula Vista Kiwanis, Chula Vista Chamber of Commerce, Chula Vista Veterans Home Support Foundation, Las Primeras, San Diego Human Dignity Foundation, Rotary Club of Chula Vista and Billy’s Kids<sup>®</sup>.

## FY 2015 Plan

SCVMC will do the following:

- Provide a variety of educational resources and health screenings at community health fairs and events
- Provide community outreach on stroke education and prevention including two stroke screenings or education events in the South Bay

- Provide education for individuals with identified stroke and osteoporosis risk factors, including residents at the Veterans Home of California, Chula Vista
- Conduct two half-day comprehensive heart health seminars with health screenings in English and Spanish
- Conduct health education classes on a variety of topics on the SCVMC campus
- Conduct quarterly blood drives
- Continue to assist community nonprofit organizations through coordination, support and fundraising activities
- Continue to reach out to underserved communities to provide education and community resources on health issues
- Participate with other SDC hospitals in the San Diego County Stroke Consortium and continue to provide data to the SDC stroke registry

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

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

#### Rationale

- According to the 2013 *Healthcare Shortage Areas Atlas* from the County of San Diego Health and Human Services Agency (HHS), SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area.
- The demand for RNs and other health care personnel in the U.S. will increase due to the aging population, and nurses also will be needed to educate and care for patients with various chronic conditions, such as arthritis, dementia, diabetes, and obesity. As a result of federal health insurance reform, the numbers of individuals who have access to health care services will increase and more nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012).
- The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020.
- The BLS projects that home health aide demand will grow by 48 percent from 2012 to 2022. As the U.S population ages, the demand for home health aides to provide assistance and companionship will continue to increase. The older population often has health problems and will need help with daily activities.
- According to the San Diego Workforce Partnership 2011 report titled, *Healthcare Workforce Development in San Diego County: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, RNs, medical record and health information technicians, radiologic technologists and technicians, pharmacists and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically

and linguistically diverse backgrounds, as well as a need for culturally competent workers with skills in foreign languages.

- According to the San Diego Workforce Partnership, there is a growing demand for health care workers, but employers express a challenge to fill open position because of an “experience gap” among recent graduates. While new graduates often possess the requisite academic knowledge to be hired, they lack professional experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer opportunities to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.
- According to a report from the November 2013 In-Demand Jobs through the San Diego Workforce Partnership, health care has been one of the few local industries that has experienced strong employment growth in the last three to four years. The health care specialty occupations expected to grow considerably are radiological technologists and technicians, dental assistants and RNs.
- According to a March 2014 report from the California Hospital Association (CHA) titled Critical Roles: California’s Allied Health Workforce Follow-Up Report, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities. This includes time and resources dedicated to the thousands of interns and high school students spending time in California hospitals each year, gaining valuable work experience and career exposure.

### Objective

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

### FY 2014 Report of Activities

Through affiliations with San Diego State University (SDSU), Point Loma Nazarene University (PLNU), University of San Diego (USD), University of California San Diego (UCSD), Azusa Pacific University (APU), Southwestern College (SWC), Grossmont College (GC) and other colleges and universities, SCVMC provided training, leadership and facilities for more than 900 nursing and other health care students. Nursing programs ranged from associate degrees to Master of Science degrees in Nursing. In FY 2014, nursing students received nearly 61,000 preceptor hours at SCVMC. The hospital also hosted eight first-year postgraduate pharmacy residents, 38 pharmacy students in Advanced Pharmacy Practice Experience rotations, and 10 pharmacy tech students. In addition, SCVMC conducted 31 interviews, provided professional education lectures on pharmacy administration and provided an open house to 42 pharmacy residency candidates. In total, SCVMC provided nearly 1,900 hours of supervision, lectures and support to pharmacy students in FY 2014.

SCVMC also participated in Sharp HospiceCare’s 5<sup>th</sup> annual Resource and Education Expo at College Avenue Baptist Church. The theme of the expo was Law, Ethics and

Advocacy in Health Care and SCVMC provided palliative care and hospice materials to approximately 150 community health care professionals. In addition, SCVMC provided a lecture at USD on palliative care to five students and one instructor.

In May, SCVMC welcomed students from nearly a dozen Chula Vista elementary schools to the third annual Robotics Day. The students were members of Smart Mind Robotics, an after-school program that encourages interest in science, technology, engineering and math. The students learned about robotic surgery and were able to simulate a procedure in an operating room. The students also enjoyed the opportunity to maneuver the da Vinci Si HD Surgical System and speak with the medical staff.

In FY 2014, SCVMC continued its participation in the Health Sciences High and Middle College (HSHMC) program. This partnership provides students with early professional development and promotes interest in health care careers through hospital internships. In FY 2014, 36 students choose from a variety of hospital specialties to shadow based on their personal interests, including pharmacy, radiology/oncology, pathology, nursing, respiratory, laboratory, bloodless medicine, medical/surgical, catheterization laboratory, operating room (OR), ED and patient financial services.

SCVMC also continued to foster student interest in health care careers by providing four hospital tours for high school students from the Sweetwater Union High School District (SUHSD): San Ysidro High School, Southwest High School, Sweetwater Adult School and Otay Ranch High School. Approximately 15 students participated in each tour. Two additional tours were conducted for more than 75 students from abroad – including a tour of the SCVMC ED and OR, as well as a tour of the entire hospital that included lectures on emergency services and pharmacy.

#### FY 2015 Plan

SCVMC will do the following:

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

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

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

### Rationale

- Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recommended further work in access to care, health insurance and care management with each of the priority health issues identified for SDC (cardiovascular disease, Type 2 diabetes, mental/behavioral health, and obesity).
- Community members participating in the HASD&IC 2013 CHNA community forums throughout SDC also strongly aligned access to care and care management with maintaining health.
- According to the SCVMC 2013 CHNA, in 2011, nearly 20 percent of families in the south region received some form of cash public assistance, compared to 14.9 percent of families in SDC overall.
- In 2013, SDC's south region had an unemployment rate of 11.1 percent, higher than the overall SDC unemployment rate of 9.1 percent, the California unemployment rate of 10.1 percent and the U.S. unemployment rate of 8.7 percent.
- According to 2011 CHIS data, 28.0 percent of those 18 to 64 years of age in SDC's south region were currently uninsured, which was higher than SDC overall (22 percent).
- In 2011, 13.3 percent of the population in SDC's south region was living below the poverty level, with more than 25 percent of those being families.
- A December 2013 report from San Diego Association of Governments (SANDAG), entitled Poverty in the San Diego Region, shows that 13 percent of individuals and 9 percent of families in SDC are living below the Federal Poverty Level (FPL).
- According to 2011 CHIS data, 84.5 percent of adults in SDC's south region have a usual source of care. Among these adults, 31.5 percent utilize a community clinic, government clinic or community hospital as their usual source of care.
- According to 2011 CHIS data, in SDC's south region for those 18 to 65 years of age, the most common sources of health insurance coverage include employment-based coverage (52.4 percent) and public programs (14.5 percent).
- In a 2011 survey from the California Hospital Association (CHA) of California's hospital case managers, 97 percent reported that they have difficulty finding beds in Skilled Nursing Facilities (SNFs) for Medi-Cal beneficiaries. Three-quarters of respondents reported that they encounter delays all or most of the time when attempting to transfer patients to SNFs, and 38 percent of these facilities reported average delays of more than seven days. These difficulties have increased in recent years; 94 percent of case managers stated that it has become much harder or somewhat harder to discharge Medi-Cal patients to freestanding SNFs over the past three years (CHA Special Report, 2011).
- At SCVMC in FY 2014, of the 2,961 referrals to both SNFs as well as custodial nursing facilities, 2,536 were rejected – an 86 percent rejection rate. Reasons for

declined referrals included: no available beds, (50 percent of the rejections), insufficient funding, and care needs exceeding current capacity (Extended Care Information Network/Allscripts).

- If current hospital-based SNFs close, long-term-care residents will either remain in acute-care beds or will need to be relocated. Many Medi-Cal beneficiaries will be transferred to SNFs that are significantly farther away, perhaps even out of state, causing additional burden on relatives and impacting care outcomes (CHA Special Report, 2011).
- Community clinics in California have experienced rising rates of primary care clinic utilization; the number of persons utilizing the clinics increased by 27.3 percent between 2007 and 2011 (OSHPD, 2010).

### Objectives

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

### FY 2014 Report of Activities

In FY 2014, SCVMC continued to provide specialized programming to help establish medical homes for low-income, medically uninsured and underserved patients in the South Bay who are managed by SCVMC hospitalists. The program provided access and timely referrals to primary care and behavioral health services for safety net patients. It also helped them to establish medical homes at community clinics, including Chula Vista Family Health Centers (CVFHC). In FY 2014, SCVMC referred approximately 500 patients (an average of 10 per week) to CVFHC, either through scheduled appointments or as walk-ins. SCVMC provided care and resources to support safety net patients that suffered from chronic conditions so that they could better manage their pain, diseases and overall health care.

SCVMC provided safety net patients with resources for affordable medications through low-cost generic prescriptions available at Costco and Walmart. The program provided additional pharmaceutical assistance via discount cards for select medications available through Sharp's pharmacy assistance program and other resources.

In addition, SCVMC provided comprehensive behavioral health services to safety net patients through SCVMC social services staff. Individuals who presented in the ED with severe mental illness received a PET assessment and were provided mental health placement, information and resources as needed. In FY 2014, 3,057 social service interventions, including behavioral health interventions, were conducted throughout the ED, an increase of 12 percent over the previous year. Of these interventions, more than 100 family conferences were conducted – an increase of 32 percent from the previous year – as well as more than 70 psychosocial assessments, and more than 875 staff

consultations. More than 315 patients were seen for counseling, more than 80 patients were evaluated for substance abuse and more than 340 individuals received information and referral resources. Nearly 300 individuals were also assessed due to suicidal or homicidal ideations. They were provided with outpatient resources or mental health treatment placement, which is an increase of 43 percent from the previous year. SCVMC also continued programming for safety net patients who frequent the ED that establishes outpatient treatment plans collaboratively with the patients. It also added a numerical identifier to their accounts so that social service referrals could be more easily triggered if the patient returns to the ED.

SCVMC's specialized programming established a higher standard of care delivery for nurses and doctors that handle exceptionally vulnerable patients. Utilization of the ED as a source of primary care by such vulnerable populations has decreased dramatically due to the increased establishment of medical homes, and thus has improved access to and quality of care for these community members.

To assist economically disadvantaged individuals, SCVMC provided more than \$28,600 in free medications, transportation and financial assistance through its Project HELP funds. Additionally, during FY 2014, SCVMC provided financial assistance to a variety of post-acute care services, such as housing fees for homeless patients at the Recuperative Care facility run by the San Diego Rescue Mission, as well as durable medical equipment necessary for a safe discharge for unfunded patients.

#### FY 2015 Plan

SCVMC will do the following:

- Continue to collaborate with local community clinics to provide referrals and establish appointments for low-income, underserved and uninsured individuals in the South Bay; collaboration to include SCVMC case management
- Continue to provide safety net patients with opportunities for education on the proper use of the ED, as well as help them establish medical homes; target approximately 500 patients per year, depending on ED volume
- Continue to explore new funding opportunities for programs that assist safety net patients to establish a medical home
- Continue to administer Project HELP funds to those in need

## SCVMC Program and Service Highlights

- 24-hour emergency services
- Acute inpatient medical care
- Bariatric surgery
- Birch Patrick Skilled Nursing Facility
- Bloodless Medicine and Surgery Center
- Brachytherapy
- Breast health, including mammography
- Breast Center – certified by National Accreditation Program for Breast Centers
- Cardiac catheterization laboratory
- Cardiac Intensive Care Unit (CICU)
- Cardiac program, including open-heart surgery and cardiac rehabilitation
- Care Transitions Intervention Program
- Chest Pain Center, specializing in emergency treatment of chest pain
- Community Hospital Cancer Program – certified by American College of Surgeons Commission on Cancer (CoC)
- Computed Tomography (CT) Scan
- Douglas & Nancy Barnhart Cancer Center – the only comprehensive cancer center in the South Bay, featuring True Beam stereotactic radiosurgery, the most advanced radiation treatment technology in the region:
- Electrocardiogram (EKG)
- Electroencephalography (EEG)
- Endoscopy services
- Endovascular care
- Home health<sup>1</sup>
- Hospice<sup>2</sup>
- Image-guided radiation therapy (IGRT)
- Imaging services, including interventional radiology
- Infusion therapy
- Intensity-modulated radiation therapy (IMRT)
- Laboratory services
- Minimally invasive surgery, including da Vinci
- Magnetic Resonance Imaging (MRI)
- Medical Intensive Care Unit (MICU) and Surgical Intensive Care Unit (SICU)
- Neonatal Intensive Care Unit (NICU)
- Nuclear medicine
- Orthopedics
- Outpatient diabetes services, recognized by American Diabetes Association
- Outpatient Imaging Center
- Outpatient nutrition counseling
- Outpatient pharmacy
- Outpatient Surgery Center
- Pathology services

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<sup>1</sup> Provided through SMH Home Health Agency

<sup>2</sup> Provided through Sharp HospiceCare

- Pharmacy residency program
- Pulmonary care
- Rapid Medical Evaluation (RME) triage system
- Rehabilitation services, including physical, occupational and speech therapy, balance disorder and vestibular rehabilitation and lymphedema therapy
- Stereotactic body radiation therapy (SBRT)
- Stereotactic radiosurgery
- Surgical services, including two dedicated open-heart surgical suites
- Ultrasound
- Van services
- Women's and infants' services



## Hope and Healing for Countries in Need

~ SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER ~

*Each* year, U.S. hospitals discard more than two million tons of unused or recyclable medical supplies and equipment that no longer meet federal regulatory standards. Meanwhile, medical facilities in developing countries lack the supplies and equipment needed to treat their communities.

With help from Ssubi, a nonprofit organization committed to helping the Ugandan community become independent and sustainable, Sharp Coronado Hospital and Healthcare Center joined the effort to divert usable medical waste to those in need.

Through its Villa Basement Cleanup Project, a semi-annual event dedicated to cleaning the basement of the Villa Coronado Skilled Nursing Facility, the hospital worked with Ssubi to repurpose and donate medical equipment and supplies to medical facilities in Uganda, one of the poorest areas in the world.

The Villa Basement Cleanup Project demonstrates the impact of creative sustainability efforts by reducing landfill use in the U.S. while offering hope and healing to the people of Uganda.

Section

# 5 Sharp Coronado Hospital and Healthcare Center

*Community includes everyone our actions touch directly or indirectly. It is all of humanity. What we do today does impact people around the world. Keeping this in mind is critical in order to use every moment we have on earth to its fullest potential.* – Susan Stone, Chief Executive Officer, Sharp Coronado Hospital and Healthcare Center

## FY 2014 Community Benefit Program Highlights

Sharp Coronado Hospital and Healthcare Center (SCHHC) provided a total of **\$15,755,637** in community benefit in FY 2014. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697.

Table 1: Economic Value of Community Benefit Provided  
Sharp Coronado Hospital and Healthcare Center – FY 2014

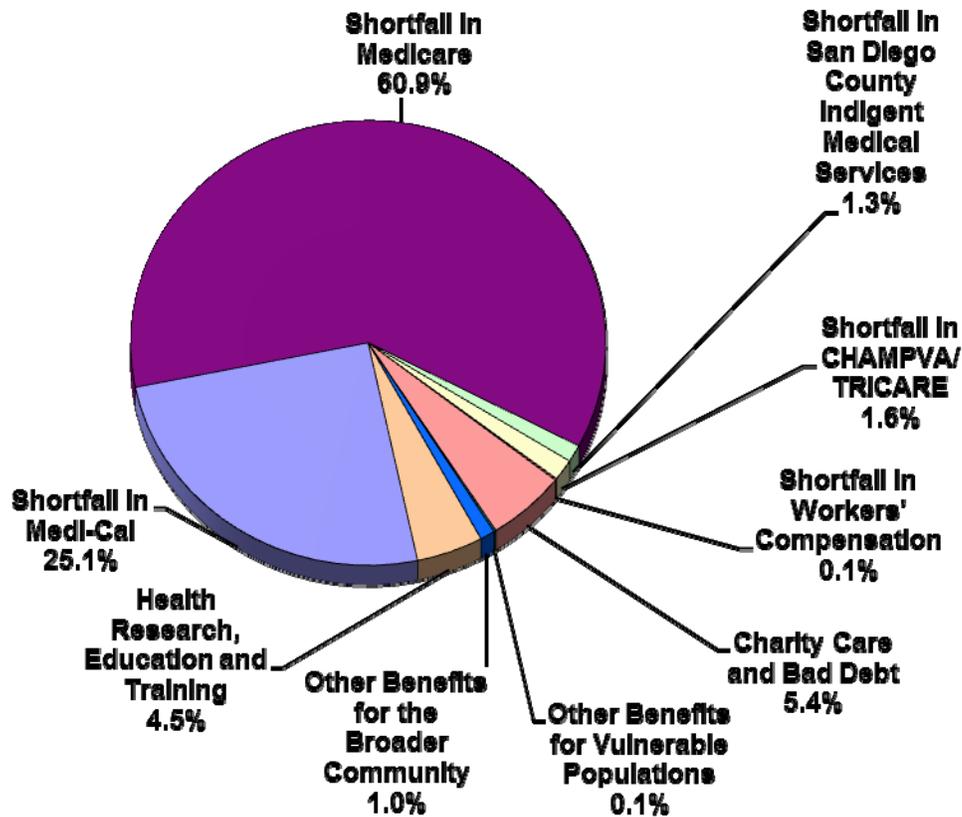
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2014 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal <sup>1</sup>	\$3,957,788
	Shortfall in Medicare <sup>1</sup>	9,592,237
	Shortfall in San Diego County Indigent Medical Services <sup>1</sup>	197,419
	Shortfall in CHAMPVA/TRICARE <sup>1</sup>	242,467
	Shortfall in Workers' Compensation <sup>1</sup>	19,053
	Charity Care and Bad Debt <sup>2</sup>	849,801
Other Benefits for Vulnerable Populations	Project HELP, patient transportation, and other assistance for the needy <sup>3</sup>	22,021
Other Benefits for the Broader Community	Health education and information, health screenings, flu vaccinations, support groups, meeting room space and donations of time to community organizations <sup>3</sup>	160,405
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals <sup>3</sup>	714,446
<b>TOTAL</b>		<b>\$15,755,637</b>

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

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

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

Figure 1: Percentage of Community Benefit by SB 697 Category  
 Sharp Coronado Hospital and Healthcare Center – FY 2014



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services, and unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE.
- **Other Benefits for Vulnerable Populations** included Project HELP, patient transportation for hospital inpatients and emergency room patients, contribution of time to Stand Down for Homeless Veterans, San Diego Habitat for Humanity and the San Diego Food Bank, support of the Sharp Humanitarian Service Program, Meals-on-Wheels, and other assistance for vulnerable and high-risk community members.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics; participation in community health fairs and events; health screenings for blood pressure, body mass index (BMI), and conditions of the hands, such as arthritis; and SCHHC's collaboration with local schools to promote

interest in health care careers. SCHHC also donated meeting room space to community groups. SCHHC staff actively participated in community boards, committees, and other civic organizations such as the Association of California Nurse Leaders (ACNL), California Action Coalition, Planetree Board of Directors, Rotary Club of Coronado, Coronado Senior Center, Emergency Medical Care Committee (EMCC), San Diego Eye Bank Nurses' Advisory Board, and the San Diego County Stroke Consortium. See **Appendix A** for a listing of Sharp's community involvement. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

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

#### Definition of Community

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

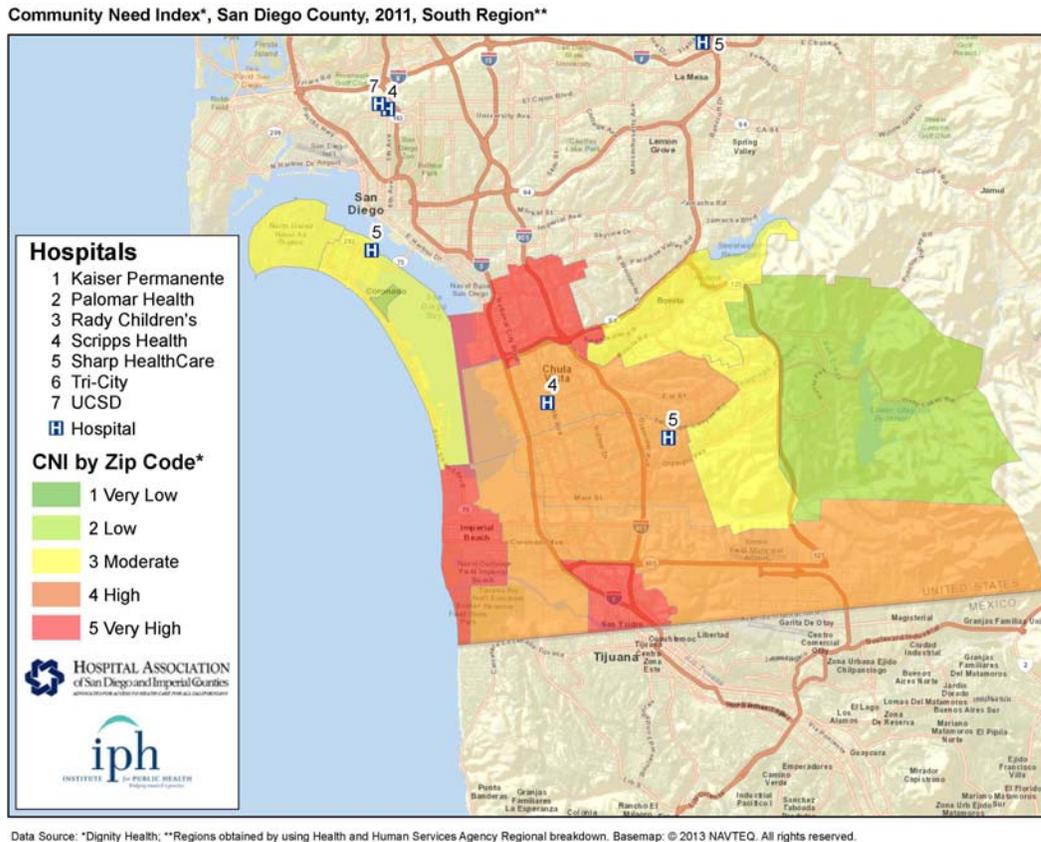
The communities served by SCHHC include the City of Coronado, Downtown San Diego and Imperial Beach, an incorporated city. Notably, most Coronado residents use SCHHC. Coronado is connected to central San Diego by a bridge to the east and an isthmus known as the Silver Strand to the south. SCHHC is geographically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

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

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

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

Figure 2: CNI Map – SDC’s South Region



## Description of Community Health

In SDC’s south region in 2011, 96.4 percent of children ages 0 to 11 years, 95.1 percent of children ages 12 to 17, and 75.7 percent of adults had health insurance, failing to meet the Healthy People (HP) 2020 national targets<sup>1</sup> for health insurance coverage. See **Table 2** for a summary of key indicators of access to care and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

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

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

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

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

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

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

Source: 2011-2012 CHIS

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

Table 4: Leading Causes of Death in SDC's South Region, 2012

Cause of Death	Number of Deaths	Percent of Total Deaths
Diseases of heart	689	25.1%
Malignant neoplasms	655	23.9%
Cerebrovascular diseases	141	5.1%
Alzheimer's disease	133	4.8%
Diabetes mellitus	127	4.6%
Chronic lower respiratory diseases	109	4.0%
Accidents (unintentional injuries)	104	3.8%
Chronic liver disease and cirrhosis	50	1.8%
Influenza and pneumonia	41	1.5%
Essential (primary) hypertension and hypertensive renal disease	38	1.4%
All other causes	656	23.9%
<b>Total Deaths</b>	<b>2,743</b>	<b>100.0%</b>

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch

### Community Benefit Planning Process

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

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

### Priority Community Needs Addressed in Community Benefit Report – SCHHC 2013 CHNA

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

- Behavioral Health (Mental Health)
- Cardiovascular Disease

- Diabetes, Type 2
- Obesity
- Orthopedics
- Senior Health (including end-of-life care)

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

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

Additionally, SCHHC is a well-recognized community resource and provider of orthopedic services for the entire county. In response to the demand for orthopedic care in SDC, SCHHC is committed to providing community educational support. SCHHC also provides education and screening programs that address a healthy lifestyle and are an important factor in care for obesity, cardiovascular disease and Type 2 diabetes. However, it does not have the capacity to comprehensively address these health needs, nor does SCHHC have the resources to meet the need for community education and support in behavioral health. Community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC.

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

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2014 Report of Activities conducted in support of the objective(s) and FY 2015 Plan of Activities.

## Identified Community Need: Health Education, Screening and Support Activities

Rationale references the findings of the SCHHC 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated.

### Rationale

- The SCHHC 2013 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, orthopedics and senior health as the six priority health issues affecting members of the communities served by SCHHC.
- Participants in the Hospital Association for San Diego and Imperial Counties (HASD&IC) 2013 CHNA community forums recommended increased health information and community health education as a critical factor in maintaining health. There was particular emphasis on the need for health education at the community forum held in the south region.
- In general, data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease and obesity in more vulnerable communities within SDC's south region (e.g., Imperial Beach, San Ysidro, etc.).
- Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recommended further work in access to care, health insurance and care management with each of the priority health issues identified for SDC (cardiovascular disease, Type 2 diabetes, mental/behavioral health, and obesity).
- Community members participating in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health.
- Key informants from the SCHHC 2013 CHNA process recommended the following potential activities and services to address senior health needs: additional educational classes for seniors at sites throughout the community to ease access challenges; increased transportation services to include educational programs, exercise classes, community senior centers and food banks; additional social workers for seniors in outpatient settings; and greater care management including follow-up after discharge to ensure compliance with medication and treatment and access to/affordability of medication and treatments.
- According to data presented in the SCHHC 2013 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. Additional risk factors include alcohol use, obesity, diabetes, and genetic factors. About half of Americans (49 percent) have at least one of these three risk factors.
- In 2012, heart disease was the leading cause of death and cerebrovascular disease was the third leading cause of death for SDC's south region. Together, these illnesses were responsible for more than 30 percent of all deaths in the south region of SDC.
- In 2011, the leading causes of death among senior adults ages 65 years and older in SDC were heart disease, cancer, Alzheimer's disease, stroke, chronic lower respiratory diseases, diabetes, influenza and pneumonia, unintentional injuries,

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

- In 2012, the number of arthritis-related hospitalizations in SDC totaled 10,241; a rate of 325.8 per 100,000 population. In addition, adults 65 years and older presented much higher hospitalization rates for arthritis when compared to all other age groups, as well as SDC overall, with a rate of 1,449.5 per 100,000 population.

## Objectives

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

## FY 2014 Report of Activities

In FY 2014, SCHHC actively supported the San Diego and Coronado communities through participation in the American Heart Association (AHA) Heart & Stroke Walk and the Coronado Fire Department Open House. SCHHC also provided BMI and blood pressure screenings to approximately 300 Hotel Del Coronado staff members at the hotel's health fair. SCHHC staff attended Sharp's annual Women's Health Conference where they provided screenings to detect a variety of hand conditions such as arthritis and trigger finger. They also demonstrated proper hand hygiene including an ultraviolet germ light to reveal the germs that are often left behind after washing one's hands.

In celebration of October's Patient-Centered Awareness month, SCHHC held a Community Open House where team members offered free pharmacist consultations, flu shots, health screenings, chair massages, executive chef cooking demonstrations and nutrition counseling. More than 150 community members attended the event dedicated to patient education and empowerment. Also in October, the hospital put on a free community flu clinic where the hospital's infection preventionist and nursing students provided more than 150 community members with free flu vaccinations.

Throughout FY 2014, a variety of educational classes and lectures featuring physicians, nurses, specialists and end-of-life professionals reached hundreds of community members at the Sandermann Education Center at SCHHC. This included yoga and tai chi classes to promote wellness, as well as special physician lectures on treating chronic knee and hip pain, pre-diabetes, and liver health. SCHHC also hosted the Health Insurance Counseling and Advocacy Program (HICAP) to provide community education on updates in Medicare and how it works with other insurance coverage. In addition, Sharp's Advance Care Planning (ACP) team informed community members about ACP and the importance of future health care options. In collaboration with the County of San Diego, SCHHC provided two community workshops, one to educate community members about Covered California, and the other to educate seniors on identifying various types of fraud and fraud prevention.

SCHHC continued to offer valet service to attendees at selected community events in FY 2014. The hospital also keeps the community regularly informed of upcoming health classes and events through local newspaper announcements, fliers within doctor's offices and other community organizations, and posters in the hospital lobby.

To assist economically disadvantaged individuals, SCHHC provided nearly \$3,750 in free medications and transportation through its Project HELP funds. SCHHC staff provided clothing, toys and other items to Family Health Centers of San Diego's (FHCS) Baby Boutique program. SCHHC also held a food drive to support the Serra Mesa Food Pantry – an organization dedicated to reducing the impact of hunger in the Serra Mesa community – collecting approximately 270 pounds of non-perishable food items.

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

#### FY 2015 Plan

SCHHC will do the following:

- Participate in community events to provide free health information and screenings for community members
- Provide education from physicians, nurses, specialists and end-of-life professionals on a variety of health topics, including at least one lecture each on diabetes, liver care, and health and wellness
- With the assistance of volunteers, continue to coordinate the delivery of hot lunches and boxed dinners to seniors and others in their homes through the Meals-on-Wheels program
- Administer Project HELP funds to those in need
- Continue to support the FHCS Baby Boutique program
- Continue to collect and donate non-perishable food items to support the Serra Mesa Food Pantry

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

Rationale references the findings of the SCHHC 2013 Community Health Needs Assessment or the most recent SDC community health statistics unless otherwise indicated.

### Rationale

- According to the 2013 *Healthcare Shortage Areas Atlas* from the County of San Diego Health and Human Services Agency (HHSA), SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area.
- The demand for RNs and other health care personnel in the U.S. will increase due to the aging population, and nurses also will be needed to educate and care for patients with various chronic conditions, such as arthritis, dementia, diabetes and obesity. As a result of federal health insurance reform, the number of individuals who have access to health care services will increase. More nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012).
- The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care. The BLS projects that health care support occupations (home health aides, etc.) will be the fastest growing occupational group from 2010 to 2020 (BLS, 2010).
- According to the San Diego Workforce Partnership 2013 report titled, *In-Demand Jobs: A Study of the Occupational Outlook in San Diego*, health care has been one of the few local industries experiencing strong employment growth the last three to four years. The health care specialty occupations expected to grow considerably are radiological technologists and technicians, dental assistants and RNs.
- According to the San Diego Workforce Partnership 2011 report titled, *Healthcare Workforce Development in SDC: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, RNs, medical record and health information technicians, radiologic technologists and technicians, pharmacists and medical and clinical laboratory technologists.
- According to the San Diego Workforce Partnership, there's a growing demand for health care workers, but employers express a challenge to fill open position because of an "experience gap" among recent graduates. While new graduates often possess the requisite academic knowledge to be hired, they lack professional experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer opportunities to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.
- According to the California Hospital Association (CHA) 2014 report titled, *Critical Roles: California's Allied Health Workforce Follow-up Report*, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and

communities. This includes time and resources dedicated to the thousands of interns and high school students spending time in California hospitals each year, gaining valuable work experience and career exposure.

### Objectives

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

### FY 2014 Report of Activities

In FY 2014, SCHHC staff supervised and trained nearly 500 nursing students and more than 100 ancillary students, including 144 respiratory therapist (RT) students, 21 pharmacy students and one pharmacy technician student. Internships were completed at SCHHC by students from a variety of schools, including National University (NU), San Diego Mesa College (MC), San Diego City College, Point Loma Nazarene University (PLNU), Kaplan College (KC), Southwestern College (SWC), Western University, Utah State University (USU), Touro University, Pima Medical Institute (PMI), Concorde Career Colleges, California State University-San Marcos (CSUSM), California College San Diego, California Northstate University, University of Phoenix, University of San Diego (USD) and University of California San Diego (UCSD).

In FY 2014, SCHHC participated in the Health Sciences High and Middle College (HSHMC) program to provide professional development for 9<sup>th</sup> and 10<sup>th</sup> grade students. During the school year, 40 students visited SCHHC once a week spending more than 200 hours at the hospital. Students shadowed staff in a variety of hospital specialties, including physical therapy, long-term care, engineering, biomedicine, laboratory, radiology, dietary, patient access services, medical records, information management, clinical nutrition, respiratory care, discharge planning and social services, wound care, and human resources. Students also had the opportunity to spend time with staff in the SCHHC Motion Center, which offers acupuncture, massage therapy and personal training services to patients and community members. Throughout the program, students received instruction on education and career ladder development, as well as job requirements for a career in health care. Students also had the unique opportunity to learn about the Planetree philosophy of patient-centered care at SCHHC.

With funding from a state health science grant, SCHHC continued the Coronado High School – Sharp Coronado Hospital Internship Partnership. In FY 2014, 24 students in 10<sup>th</sup> through 12<sup>th</sup> grade from Coronado High School's Advanced Sports Medicine program spent nearly 350 hours at the hospital. Students rotated through various areas of the hospital, including laboratory, physical therapy, pathology, radiology, wound care, emergency, pharmacy, and administration. This unique learning experience allowed students to observe real world application of the skills they learned in the classroom, while exploring the range of potential career paths available to them in health care.

Throughout FY 2014, SCHHC shared its expertise on the Planetree philosophy of care to industry professionals in the community. The Planetree philosophy upholds that care should be organized first and foremost around the needs of the patient. SCHHC was California's first Planetree designated hospital and has maintained its designation since 2007. In 2012, the hospital received Designation with Distinction, Planetree's highest honor for patient- and person-centered care. SCHHC leadership presented at the 2014 Planetree Conference in Montreal, Canada, an annual conference for Planetree organizations to come together and share knowledge on providing patient-centered care. The theme of the conference was Compassion in Action, a salute to health care providers dedicated to comforting, healing, protecting and partnering with patients and residents each day. Topics presented by SCHHC leadership included: creating and revitalizing a Patient Family Advisory Council (PFAC); the benefits of well-informed patients; strategies to recruit and involve patients and community members in the work of an organization; the integration of evidence-based design and outcomes to create a healing outpatient setting; the correlation between physical environment and defined metrics for measuring success; and the design of a healing environment.

SCHHC also continued to share the Planetree philosophy of care with a variety of local and national organizations through the provision of hospital tours. This included tours for Carson Valley Medical Center; the Rock Church's Impact 195 discipleship school; The Friends of Children United Society (FOCUS) charitable group for local needy or abused children; and the Amateur Radio Emergency Service (ARES) group.

Throughout FY 2014, SCHHC leaders and other team members volunteered with several community organizations: Association of California Nurse Leaders (ACNL), California Action Coalition, Rotary Club of Coronado, Coronado Senior Center, Emergency Medical Care Committee (EMCC), San Diego Eye Bank Nurses' Advisory Board, Planetree Board of Directors and the San Diego County Stroke Consortium.

#### FY 2015 Plan

- Continue to collaborate with colleges and universities in the San Diego community on internships, externships and other opportunities for students
- Continue to participate in the HSHMC program by offering learning experiences for approximately 40 students
- Continue to collaborate with Coronado High School by offering learning experiences for 18 students in grades 10 through 12
- Continue to provide education, training, and hospital tours for local and national health care professionals
- Continue to provide hospital tours and presentations to educate community health care professionals about the Planetree philosophy of patient-centered care

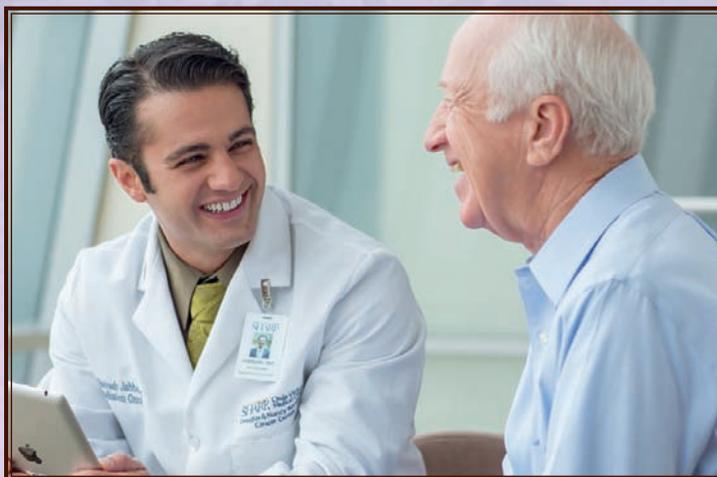
## SCHHC Program and Service Highlights

- 24-hour emergency services
- Acute care
- Advanced liver care
- Cardio-Pulmonary services
- Computed tomography (CT) Scan
- Digital Mammography
- Electrocardiogram (EKG)
- Electroencephalography (EEG)
- Endoscopic cyclophotocoagulation (ECP) for glaucoma (Laser Treatment for Glaucoma)
- Endoscopy
- Heart and Lung services
- Home health<sup>1</sup>
- Hospice<sup>2</sup>
- Imaging services
- Inpatient hospice unit
- Integrative therapies, including acupuncture, clinical aromatherapy and massage therapy
- Intensive Care Unit (ICU)
- Laboratory services
- Long-Term Care at Villa Coronado Skilled Nursing Facility
- Magnetic Resonance Imaging (MRI)
- Orthopedics, including total joint replacement
- Outpatient nutrition counseling
- Pathology services
- Pharmacy
- Rehabilitation services
- Senior services
- Sewall Healthy Living Center, providing integrative therapies and fitness programs
- Stroke care, recognized by the American Heart Association (AHA)
- Sub-acute services
- Surgical services
- Ultrasound
- Women's services
- Wound Care Clinic

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<sup>1</sup> Provided through Sharp Memorial Hospital Home Health Agency

<sup>2</sup> Provided through Sharp HospiceCare



## Ensuring the Safety of East County Seniors

~ SHARP GROSSMONT HOSPITAL ~

*Just* as it takes a village to raise a child, it takes a community to help a senior. Project CARE (Community Action to Reach the Elderly) — a partnership between San Diego County’s Aging and Independence Services, the Sharp Senior Resource Center at Sharp Grossmont Hospital, and numerous other public and private agencies throughout San Diego County — helps to ensure the well-being and independence of older adults and disabled community members living alone.

The Senior Resource Center at Sharp Grossmont Hospital leads Project CARE’s

“Are You OK?” telephone program in East San Diego County. Hospital staff and volunteers place daily computerized phone calls to verify the safety of isolated participants living in East County, and contact the individual’s family or friends when calls go unanswered. In fiscal year 2014, Project CARE placed more than 7,250 phone calls to approximately 30 community members, and responded to more than 100 unanswered phone calls.

# 6 Sharp Grossmont Hospital

*Community is where people live, work and participate with each other; sharing our concern for each other, our trust in each other, and reaching out to assist each other. – Maryann Cone, Chief Operations Officer, Sharp Grossmont Hospital*

## FY 2014 Community Benefit Program Highlights

Sharp Grossmont Hospital (SGH) provided **\$116,587,353** in community benefit in FY 2014. See **Table 1** for a summary of unreimbursed costs based on the categories identified in SB 697.

Table 1: Economic Value of Community Benefit Provided  
Sharp Grossmont Hospital – FY 2014

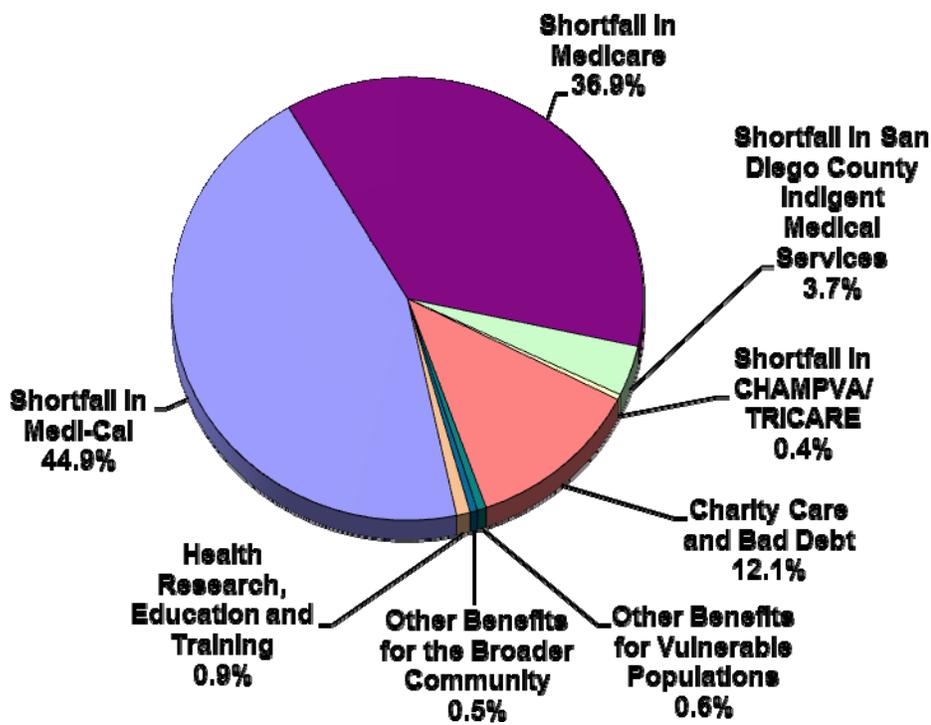
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2014 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms <sup>1</sup>	\$52,367,776
	Shortfall in Medicare <sup>1</sup>	42,986,793
	Shortfall in San Diego County Indigent Medical Services <sup>1</sup>	4,287,441
	Shortfall in CHAMPVA/TRICARE <sup>1</sup>	455,553
	Charity Care and Bad Debt <sup>2</sup>	14,074,863
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy <sup>3</sup>	721,474
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donations of time to community organizations and cost of fundraising for community events <sup>3</sup>	590,239
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals <sup>3</sup>	1,103,214
<b>TOTAL</b>		<b>\$116,587,353</b>

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

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

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

Figure 1: Percentage of Community Benefit by SB 697 Category  
 Sharp Grossmont Hospital – FY 2014



Key highlights:

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

prevention, hand, depression, lung function, peripheral artery disease, vascular disease and carotid artery disease; the SGH Cancer Patient Navigator Program – including breast, head, neck and lung cancers; and specialized education and information and flu vaccinations offered through the SGH Senior Resource Center. SGH also collaborated with local schools to promote interest in health care careers, and donated meeting room space to community groups. In addition, SGH staff actively participated in community boards, committees, and civic organizations, such as Association of California Nurse Leaders (ACNL), Aging and Independence Services (AIS), East County Chamber of Commerce Health Committee, Neighborhood Healthcare Community Clinics, Santee Chamber of Commerce, Meals-on-Wheels Greater San Diego East County Advisory Board, San Diego County Social Services Advisory Board, YMCA, Caregiver Coalition of San Diego Caregiver Education Committee and East County Senior Service Providers (ECSSP). See **Appendix A** for a listing of Sharp’s community involvement. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

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

## Definition of Community

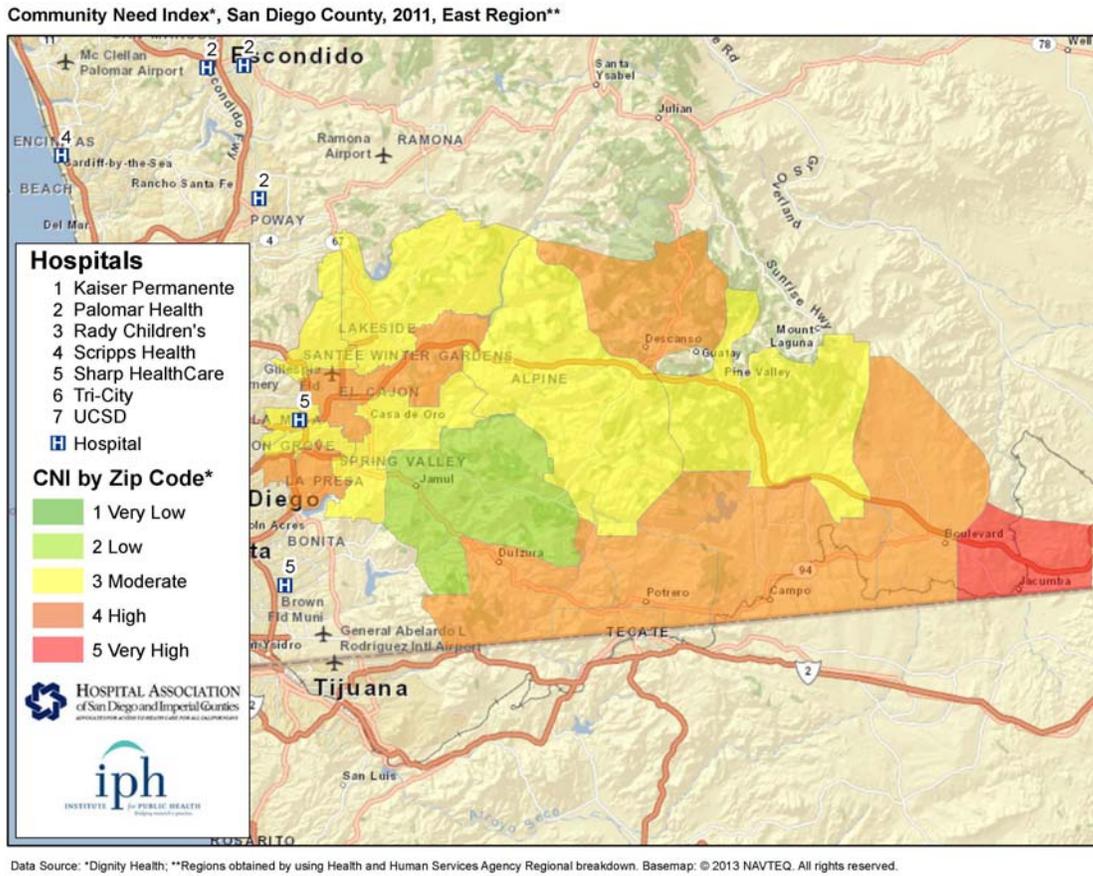
*Sharp Grossmont Hospital is located at 5555 Grossmont Center Drive, in La Mesa, ZIP code 91942.*

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

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

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

Figure 2: CNI Map – SDC’s East Region



### Description of Community Health

In SDC’s east region in 2011, 93.6 percent of children ages 0 to 11, 95.7 percent of children ages 12 to 17 and 82.7 percent of adults ages 18 and older had health insurance – failing to meet the Healthy People (HP) 2020 national targets<sup>1</sup> for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

In SDC overall, during 2012, 16.3 percent of adults ages 18 to 64 did not have a usual source of care. In addition, 72.2 percent of these adults had health insurance, and 7.3

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

percent utilized Medi-Cal Healthy Families. Further, 15.9 percent of SDC adults ages 18 to 64 reported fair or poor health outcomes and 12.7 percent reported as food insecure<sup>1</sup>.

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

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

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

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

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

Source: 2011-2012 CHIS

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

<sup>1</sup> This information is sourced from the 2012-2013 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning Areas, and more. Customized and detailed health statistics are available through *AskCHIS* biennially, with the most recently available information from 2011-2012.

Table 4: Leading Causes of Death in SDC’s East Region, 2012

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	885	24.0%
Diseases of heart	868	23.6%
Chronic lower respiratory diseases	225	6.1%
Accidents (unintentional injuries)	208	5.6%
Alzheimer’s disease	187	5.1%
Cerebrovascular diseases	180	4.9%
Diabetes mellitus	126	3.4%
Essential (primary) hypertension and hypertensive renal disease	67	1.8%
Intentional self-harm (suicide)	61	1.7%
Chronic liver disease and cirrhosis	57	1.5%
All other causes	820	22.3%
<b>Total Deaths</b>	<b>3,684</b>	<b>100.0%</b>

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch

### Community Benefit Planning Process

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

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

## Priority Community Needs Addressed in Community Benefit Report – SGH 2013 CHNA

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

- Behavioral Health (Mental Health)
- Cardiovascular Disease
- Diabetes, Type 2
- Obesity
- Senior Health (including end-of-life care)

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

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

Beyond these clinical services, SGH lacks the resources to comprehensively meet the need for community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC.

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

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

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

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

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2014 Report of Activities conducted in support of the objective(s), and FY 2015 Plan of Activities.

#### Identified Community Need: Stroke Education and Screening

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

#### Rationale

- The SGH 2013 CHNA identified cardiovascular disease (including cerebrovascular disease/stroke) as one of five priority health issues affecting members of the communities served by SGH.
- The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA identified cardiovascular disease (including cerebrovascular disease/stroke) as one of the top four priority health issues for community members in SDC.
- Feedback from key informant interviews conducted during the HASD&IC 2013 CHNA process aligned access to care and insurance coverage closely with care for cardiovascular disease.
- In 2012, heart disease was the second leading cause of death for the east region of SDC. Cerebrovascular disease was the sixth leading cause of death for the east region.
- In 2012, there were 180 deaths due to cerebrovascular diseases (stroke) in SDC's east region. The east regions' age-adjusted rate due to cerebrovascular disease was 38.3 per 100,000 population. This age-adjusted death rate was the highest in all of SDC and higher than the overall SDC age-adjusted death rate due to cerebrovascular disease of 30.3 per 100,000 population.
- In 2012, there were 1,226 hospitalizations due to stroke in SDC's east region. The rate of hospitalizations in the east region was 260.9 per 100,000 population, also higher than the 2012 SDC overall age-adjusted rate of 212.3 per 100,000 population. The stroke hospitalization rate in the east region was the highest in comparison to all SDC regions.
- In 2012, there were 262 stroke-related ED visits in SDC's east region. The rate of visits was 55.7 per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County* 2010 report, if no changes are made in risk behavior, based on current disease rates, it is projected

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

- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.
- According to the Centers for Disease Control and Prevention (CDC), stroke is the fourth leading cause of death in the U.S. and a major cause of adult disability. About 800,000 people in the U.S. have a stroke each year. Some stroke risk factors cannot be controlled, such as heredity, age, gender, and ethnicity. Others are able to be controlled, such as avoiding smoking and drinking too much alcohol, eating a balanced diet, and exercising (CDC, 2014).

### Objective

- Provide stroke education, support and screening services for the east region of SDC

### FY 2014 Report of Activities

Note: SGH is recognized with advanced certification by The Joint Commission as a Primary Stroke Center and was re-certified in June 2014. The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SGH is a recipient of the American Heart Association's (AHA) Get With the Guidelines (GWTG) Gold Plus Achievement Awards for Stroke as well as the Target: Stroke Honor Roll Quality Achievement Award. The AHA's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients. The AHA's Target: Stroke Honor Roll Quality Achievement Award focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients.

SGH's Stroke Center conducted screening and educational events to educate the public on stroke risk factors, warning signs and appropriate interventions, including arrival at hospitals within early onset of symptoms. In FY 2014, the hospital conducted 12 community stroke screenings and educational events in SDC's east region, serving more than 900 attendees. The events were held at various community sites, including but not limited to St. Michael's Parish, Lakeside Fire Station, La Mesa Fire Station, Farragut Circle Health & Safety Fair, Dr. William. C. Herrick Community Health Care Library, John A. Davis Family YMCA Health Fair, Women's World Gym, Kimball Elementary School, Spring Valley Library and the 15<sup>th</sup> Annual East County Senior Health Fair at the Santee Trolley Square. In addition to offering stroke screenings at these events, SGH provided education and advised behavior modification, including smoking cessation, weight and stress reduction for community members with health risk factors identified during the stroke screenings.

In FY 2014, SGH's Stroke Center also provided lectures in both English and Spanish on stroke recognition and prevention and provided stroke education to approximately 65 community members at the Center for the Blind and Visually Impaired. In May, SGH's

Stroke Center presented to nearly 20 community members at a Meet the Physician lecture titled Stroke Is a Brain Attack, organized through the SGH Senior Resource Center.

Also in May, Sharp's systemwide stroke program participated in Strike Out Stroke Night at the Padres. This annual event organized by the San Diego County Stroke Consortium, San Diego County Health and Human Services Agency, the San Diego Padres and other key partners, promotes an evening of stroke awareness and survivor celebration during the baseball game. Stroke education was displayed on the JumboTron throughout the evening to the entire stadium of more than 27,700 community members. In November, Sharp provided stroke screening and risk education to more than 200 attendees at the Sharp Women's Health Conference held at the Sheraton San Diego Hotel and Marina. Topics discussed included different types of strokes and the importance of using the window of opportunity to call 911.

In FY 2014, the SGH Outpatient Rehabilitation Department offered a free support group for stroke survivors and their family members. SGH also actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. Additionally, SGH collaborated with the County of San Diego Emergency Medical Services to provide data for the SDC stroke registry.

#### FY 2015 Plan

SGH Stroke Center will do the following:

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

## Identified Community Need: Heart and Vascular Disease Education and Screening

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

### Rationale

- The SGH 2013 CHNA identified cardiovascular disease as one of five priority health issues affecting members of the communities served by SGH.
- The HASD&IC 2013 CHNA identified cardiovascular disease as one of the top four priority health issues for community members in SDC.
- In general, data presented in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease in more vulnerable communities within SDC's east region.
- Feedback from key informant interviews conducted during the HASD&IC 2013 CHNA process aligned access to care and insurance coverage closely with care for cardiovascular disease.
- According to the SGH 2013 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. Additional risk factors include alcohol use, obesity, diabetes, and genetic factors. About 49 percent of Americans have at least one of these three risk factors.
- In 2012, heart disease was the second leading cause of death for the east region of SDC. Cerebrovascular disease was the sixth leading cause of death for the east region.
- In 2012, there were 627 deaths due to coronary heart disease in SDC's east region. The region's age-adjusted death rate due to heart disease was 133.4 per 100,000 population. This was highest of all SDC regions, and well above the SDC overall age-adjusted death rate of 99.3 deaths per 100,000 population and the HP 2020 target of 108.2 deaths per 100,000 population.
- In 2012, there were 1,399 hospitalizations due to coronary heart disease in SDC's east region. The rate of hospitalizations for heart disease was 297.7 per 100,000 population. The hospitalization rate in the region was the highest in SDC overall, and well above the SDC overall age-adjusted rate of 238.3 per 100,000 population.
- In 2012, there were 242 coronary heart disease ED discharges in SDC's east region. The rate of discharges was 51.5 per 100,000 population, higher than SDC's age-adjusted average of 35.4 per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County* 2010 report, if no changes are made in risk behavior, based on current disease rates, it is projected that by the year 2020 the total of both the number of deaths from heart disease and stroke will both increase by 38 percent.

### Objectives

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

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

### FY 2014 Report of Activities

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

In FY 2014, SGH provided two free congestive heart failure (CHF) classes to individuals with CHF and their family members covering topics such as exercise, nutrition, treatment plans and symptoms. SGH's Cardiac Rehabilitation Department served more than 280 individuals through Heart and Vascular Risk Factor Education classes, which were offered twice per month to patients and community members at no charge.

Throughout FY 2014, SGH's Cardiac Training and Cardiac Rehabilitation Departments provided free cardiovascular screenings at various community events throughout San Diego. The events included cardiopulmonary resuscitation (CPR) demonstrations and education and resources on critical issues of cardiac health, including prevention, evaluation and treatment. This included the Summer Healthcare Saturday Health Fair at Grossmont Center, the SGH Women's Heart Health Expo, Celebrando Latinas Conference at the Hilton San Diego Bayfront, December Nights, the Sharp Women's Health Conference, and the American Heart Association (AHA) Heart & Stroke Walk. A class on cardiac disease and healthy eating was also provided to 35 senior community members at La Vida Real senior living community, as well as a cardiac health lecture to 20 seniors at the Dr. William C. Herrick Community Health Care Library.

Throughout the year, SGH provided expert speakers on heart disease and heart failure for various professional events, including SGH's annual Heart and Vascular Conference. At this conference, cardiac team members provided lectures on patient management. In May SGH participated in the Southern California VOICe (Vascular Outcomes Improvement Collaborative) semi-annual meeting, which included approximately 40 regional vascular physicians, nurses, epidemiologists, scientists and research personnel. The goal was to collect common vascular datasets in order to pool information that will improve patient care. SGH shared its expertise during the meeting through a presentation on carotid endarterectomy technique, a type of surgery performed to prevent stroke.

SGH participated in several programs in FY 2014 to improve the care and outcomes of individuals with heart and vascular disease. To assist in improving care for acutely ill patients in the County, SGH provided data on STEMI (ST elevation myocardial infarction or acute heart attack) to San Diego County Emergency Medical Services (EMS). Sharp HealthCare also continues to host the quarterly San Diego County Emergency Medical Services County Advisory Council for STEMI at Sharp's corporate office (Spectrum).

In 2014, SGH continued its Peripheral Arterial Disease Rehabilitation program. This program provides education and coaching on exercise, diet and medication management and is designed to keep patients – particularly low-income patients – at the highest functional level. The program is funded in part by donations contributed to the SGH Foundation, to help defray cost for patients with limited resources.

SGH's cardiac team is committed to supporting future health care leaders through active participation in student training and internship programs. The SGH cardiac catheterization lab hosted four Grossmont College (GC) cardiovascular technologist students for three months, totaling more than 380 hours. The catheterization lab RN and staff worked with six nursing students from GC, Azusa Pacific University (APU) and National University (NU) for approximately 300 hours during the school year. The Noninvasive Cardiology Department also hosted students in echocardiography, electrocardiography and vascular laboratory two days per week during the school year, while the Cardiac Rehabilitation Department hosted 11 nursing students from APU, and provided a question and answer session for Exercise Physiology students from GC.

#### FY 2015 Plan

SGH will do the following:

- Provide free bimonthly cardiac education classes by the Cardiac Rehabilitation Department
- Provide free monthly CHF education classes
- Provide cardiac or vascular risk factor education and screening through participation in community events
- Provide one cardiac health lecture to community members
- Offer educational speakers to the professional community on topics such as performance improvements in CHF and acute myocardial infarction, and cardiovascular treatment options, as invited
- Provide data on STEMI patients to San Diego County EMS
- Continue to participate in the Open Versus Endovascular Repair of Popliteal Artery Aneurysm (OVERPAR) trial for popliteal aneurysm patients
- Pursue additional research opportunities to benefit patients and community members
- Provide a conference on heart and vascular disease for community nurses and physicians in fall 2015
- Continue to provide student learning opportunities

## Identified Community Need: Diabetes Education and Screening

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

### Rationale

- The SGH 2013 CHNA identified diabetes as one of five priority health issues for community members served by SGH.
- The HASD&IC 2013 CHNA identified diabetes as one of the top four priority health issues for community members in SDC.
- In general, data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC's east region (e.g., El Cajon, Jacumba, etc.).
- Input collected from San Diego community health leaders and experts in the HASD&IC 2013 CHNA strongly aligned access to care, care management, education and screening with care for Type 2 diabetes.
- In 2012, diabetes was the seventh leading cause of death for residents of SDC's east region.
- In 2012, there were 126 deaths due to diabetes in SDC's east region. The region's age-adjusted death rate due to diabetes was 26.8 per 100,000 population, tied for first as the highest rate among all of the regions and higher than the overall SDC age-adjusted rate of 20.3 deaths per 100,000 population.
- In 2012, there were 862 hospitalizations due to diabetes in SDC's east region. The rate of hospitalizations for diabetes was 183.4 per 100,000 population. This rate was the third highest in SDC overall, and higher than the county age-adjusted average of 133.2 hospitalizations due to diabetes per 100,000 population.
- In 2012, there were 764 diabetes-related ED discharges in SDC's east region. The rate of visits was 162.6 per 100,000 population. The diabetes-related ED discharge rate in the east region was among the highest in SDC and higher than the age-adjusted average of 142.6 ED discharges per 100,000 population for SDC overall.
- According to the California Health Interview Survey (CHIS), in 2011, 15.3 percent of adults living in SDC's east region indicated that they were ever diagnosed with diabetes, higher than SDC at 13.7 percent.
- According to the *3-4-50 Chronic Disease in San Diego County* 2010 report from the County's HHSA, the most common risk factors associated with Type 2 diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol.
- The 2014 National Diabetes Statistics Report from the CDC reports that there are 21.0 million people in the U.S. diagnosed with diabetes.
- According to the American Diabetes Association (ADA), in 2012 the prevalence of diabetes in the U.S. was 29.1 million, or 9.3 percent of the population. The incidence of diabetes in 2012 was 1.7 million new diagnoses.
- According to the ADA, in 2012 the total cost of diagnosed diabetes in the U.S. was \$245 billion, with \$176 billion in direct medical costs and \$69 billion in reduced productivity.

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

### Objective

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

### FY 2014 Report of Activities

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

In FY 2014, the SGH Diabetes Education Program provided several community educational lectures and blood glucose screenings at hospital and off-site locations, reaching more than 1,100 community members. Educational lectures on diabetes were held at libraries, community centers, educational institutions and national conferences. Blood glucose screenings were provided at five community events including the Grossmont Healthcare District Library, Summer Healthcare Saturday at the Grossmont Center mall, the Cuyamaca College Health Fair, the 15<sup>th</sup> Annual Senior Health Fair at the Santee Trolley Square and the John A. Davis Family YMCA. More than 200 community members were screened during these events and as a result, more than 50 community members were identified with elevated blood glucose levels and were provided with follow-up resources. Of these individuals, nearly 40 did not have a pre-existing diagnosis of diabetes.

At the SGH Women's Heart Health Expo, the SGH Diabetes Education Program provided resources on healthy eating and risk factors for gestational and Type 2 diabetes. The SGH Diabetes Education Program also provided a lecture on healthy living, including tips for exercise and healthy food choices, at the Dr. William C. Herrick Community Health Care Library in the Grossmont Healthcare District. At the Sharp Women's Health Conference, the SHC Diabetes Education Program provided resources on diabetes management and nutrition. In October, the SHC Diabetes Education Program continued to support the ADA's Step Out: Walk to Stop Diabetes at Mission Bay through fundraising and team participation.

In FY 2014, the SGH Diabetes Education Program continued to provide targeted outreach to San Diego's newly immigrated Iraqi Chaldean population. The program facilitated translation, as well as provided materials and resources to better understand the Chaldean cultural needs. Materials included a binder with various educational resources such as: How to Live Healthy With Diabetes; What You Need to Know About Diabetes; All About Blood Glucose for People With Type 2 Diabetes; All About Carbohydrate Counting; Getting the Very Best Care for Your Diabetes; All About Insulin Resistance; All About Physical Activity With Diabetes; Gestational Diabetes Mellitus 7 Day Menu Plan; and Food Groups. Food diaries and log books were also given out to

the community. Handouts were provided in Arabic as well as Somali, Tagalog, Vietnamese and Spanish. Education was also provided to staff members regarding the different cultural needs of these communities.

In addition, in 2014, the SHC Diabetes Education Program submitted abstracts and poster presentations to national conferences on various topics, including: the safe and effective use of insulin; designing and implementing Glucometrics (measures that assess the success of inpatient glucose management); and predictors of poor blood glucose control for hospitalized diabetic patients.

### FY 2015 Plan

The SGH Diabetes Education Program will do the following:

- Provide diabetes education at various community venues in SDC's east region
- Continue to support ADA's Step Out: Walk to Stop Diabetes
- Continue to provide resources for culturally competent diabetes education or outreach to newly immigrated populations
- Keep current on resources to provide community members support of diabetes treatment and prevention
- Develop relationships with community clinics to provide education and resources to community members
- Develop partnerships with YMCAs in SDC's east region to provide screenings, education and resources to community members
- Explore opportunities for further collaboration with community organizations to provide diabetes education to refugee communities and other high-risk populations

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

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

### Rationale

- The SGH 2013 CHNA identified senior health as one of five priority health issues for community members served by SGH.
- In the HASD&IC 2013 CHNA, dementia and Alzheimer's disease were identified among the top 15 priority health conditions seen in SDC hospitals.
- Attendees of community forums held during the HASD&IC 2013 CHNA process identified Alzheimer's disease and dementia as priority health needs for SDC.
- In SDC's east region, there were 61,275 residents, or 13 percent of the total population, ages 65 years or older in 2012. By the year 2020, the region expects a 51 percent growth among the 65 and older population.
- In 2012, the leading causes of death among senior adults ages 65 years and older in SDC were cancer, heart disease, chronic lower respiratory diseases, diabetes,

stroke, unintentional injuries, chronic liver disease and cirrhosis, Alzheimer's disease, Parkinson's disease, hypertension and hypertensive renal disease, influenza, pneumonia and septicemia.

- In 2012, influenza ranked as the eleventh leading cause of death in all regions of SDC.
- In 2011, 108,853 seniors were treated and discharged from SDC EDs, representing nearly one out of every three senior residents. Additionally, seniors in SDC's east region experience higher ED visit rates for falls, coronary heart disease, Alzheimer's disease and influenza in comparison to SDC overall.
- In 2011, 97,647 seniors ages 65 and over were hospitalized in SDC. Seniors in SDC's east region experienced higher rates of hospitalization for falls, coronary heart disease, stroke, pneumonia, Chronic Obstructive Pulmonary Disease, diabetes and influenza, when compared to SDC overall.
- According to the *San Diego County Senior Health Report: Update and Leading Indicators*, significant health issues for seniors include obesity, diabetes, stroke, chronic lower respiratory diseases, influenza and pneumonia, mental health issues including dementia and Alzheimer's disease, cancer and heart disease. In addition, seniors are at high risk for falls, which is the leading cause of death due to unintentional injury (HHS, 2013).
- According to the *San Diego County Senior Falls Report*, adults ages 65 and older are the largest consumers of health care services, as the process of aging brings upon the need for more frequent care (HHS, 2012).
- In 2011, 68,817 calls were made to 911 for seniors ages 65 years and older in need of pre-hospital (ambulance) care in SDC, representing a call for one out of every five seniors. Seniors in SDC use the 911 system at higher rates than any other age group.
- Among the populations that the CDC recommends annual vaccination against influenza are: people ages 50 years and older; adults with a chronic health condition; people who live in nursing homes and other long-term care facilities; and people who live with or care for those at high risk for complications from flu, including household contacts of persons at high risk for complications from the flu. Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers.
- While researchers have long known that caregiving can have harmful mental health effects for caregivers, research shows that caregiving can have serious physical health consequences as well. Seventeen percent of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities (American Association of Retired Persons (AARP) Public Policy Institute, *Valuing the Invaluable*, Updated November 2012).
- One in five caregivers report having had training, but seek additional resources. Nearly 78 percent report needing more help and information with at least 14 specific topics related to caregiving, and caregivers in high burden situations are more likely to seek help. The top four topics of concern to caregivers are: keeping their loved one safe; managing their own stress; finding easy activities to do with their care recipient; and finding time for themselves. (The National Alliance for Caregiving and

AARP (2009), Caregiving in the U.S., Bethesda, MD: National Alliance for Caregiving. Washington, D.C., 2012.)

## Objectives

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

## FY 2014 Report of Activities

Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them – through phone and in-person consultations – to a variety of free and low-cost programs and services. The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources. In addition, the SGH Senior Resource Center develops and mails quarterly calendars that highlight its programs and services to more than 7,500 households in SDC's east region.

In FY 2014, the SGH Senior Resource Center provided approximately 50 free health education programs to nearly 1,150 community members. Programs were presented by various professionals including physical therapists, speech therapists, a psychologist, an audiologist and an attorney, as well as by experts from community organizations. Health education topics included hearing, stroke, balance and fall prevention, the power of touch, fitness, diabetes, senior services, patient-provider communication, Project CARE, Vials of Life, financial issues, memory loss, caregiver resources, end-of-life issues, bereavement, advance care planning, Medicare, depression, chronic pain management, Parkinson's disease, Alzheimer's disease and maintaining a healthy voice. Educational programs were offered at the SGH campus, the Grossmont HealthCare District Conference Center and at community sites in SDC's east region. As part of their educational offerings, the SGH Senior Resource Center also provided a series of physician lectures in FY 2014, covering topics such as chronic pain management, stroke and hearing loss. In total, more than 90 community members attended these lectures.

In FY 2014, the SGH Senior Resource Center provided 10 health screening events at various sites in SDC's east region, reaching more than 160 members of the senior

community. This included four balance and fall prevention screenings and four hand screenings, as well as screenings for lung function, diabetes and stroke. The SGH Senior Resource Center also offered more than 30 free monthly blood pressure screenings at the SGH campus, two local senior centers, health fairs and special events, screening more than 550 community members.

The SGH Senior Resource Center is the lead agency for Project CARE in SDC's east region. Project CARE is a community program that includes the County of San Diego's Aging and Independence Services (AIS), Jewish Family Services, San Diego Gas and Electric (SDG&E), local senior centers, sheriff and police, and many others. Through its component services, Project CARE helps people live independently in their homes. As part of Project CARE, the SGH Senior Resource Center distributed approximately 4,000 Vials of Life in FY 2014, which provide critical medical information to emergency personnel for seniors and disabled people living in their homes. Also through Project CARE, the SGH Senior Resource Center provided daily Are You OK? phone calls to approximately 25 isolated or homebound seniors in SDC's east region. Are You OK? program participants select regularly scheduled times to receive computerized phone calls at their home. In the event that staff members – supported by the SGH Senior Resource Center and volunteers – do not connect with participants through these phone calls, the participants' family or friends are contacted to ensure the participants' safety. In FY 2014, more than 7,250 Are You OK? calls were placed to seniors or disabled community members, and 105 follow-up phone calls were placed to their family or friends.

In collaboration with the Caregiver Coalition of San Diego, the SGH Senior Resource Center provided two conferences to more than 110 family caregivers, titled Finding the Balance in Caregiving, at the Meridian Baptist Church in El Cajon and College Avenue Baptist Church in San Diego. These conferences provided education on emotional issues and physical aspects of caregiving, as well as community resources. At these conferences, the Senior Resource Center coordinator spoke on Caring for Yourself as the Family Caregiver. In addition, the SGH Senior Resource Center participated in the AIS 2014 Aging Summit: Creating a Safe and Caring Community, which focused on safety and caregiving, specifically regarding Alzheimer's disease and other dementias. Other topics included, but were not limited to, self-defense, financial planning, disaster preparedness, helping the caregiver, finding the best long-term care, how technology can keep you safe and easing the burden of Alzheimer's disease. The SGH Senior Resource Center provided a resource booth at the event with information on Vials of Life, screening events and other SRC programs for seniors and caregivers.

In April, the SGH Senior Resource Center partnered with Sharp HospiceCare to provide a conference for seniors and their families on how to approach aging from a healthy perspective. The conference, titled Aging: Planning and Coping, was held at the La Mesa Community Center and reached more than 100 community members. The conference provided education on a variety of topics, including: chronic care management; geriatric frailty and warning signs for specific chronic diseases; when to access care; advance care planning; understanding available resources; coping with

life's transitions; and healing touch for self-care. The conference included educational presentations by a physician, psychologist and advance care planning specialist, as well as education from other experts in the field of aging and health care to help seniors effectively navigate their later years. The conference also offered free health and mental health screenings, advance care planning consultations and resource tables.

Throughout FY 2014, the SGH Senior Resource Center also participated in health fairs in El Cajon, Rancho San Diego, Lakeside, Santee, La Mesa, Dulzura, the College Area and San Diego. Populations served at these fairs included seniors and caregivers in rural areas; Lesbian, Gay, Bisexual and Transgender (LGBT) seniors; and In Home Supportive Services (IHSS) employees who provide in-home non-medical care for frail and at-risk seniors. In addition, the SGH Senior Resource Center participated in the Sharp HospiceCare Resource and Education Expo at the College Avenue Baptist Church, serving 75 community health care professionals. The SGH Senior Resource Center event provided blood pressure screenings as well as educational resources on senior and caregiver services. Through participation in these events, the SGH Senior Resource Center provided education and resources to more than 1,760 community members.

Also in FY 2014, SGH's Senior Resource Center coordinated the notification of availability and provision of seasonal flu vaccines in selected community settings. Seniors were alerted through activity reminders, collaborative outreach conducted by the flu clinic site, Sharp.com and both paper and electronic newspaper notices. The SGH Senior Resource Center provided more than 900 seasonal flu vaccinations at 16 community sites to high-risk adults with limited access to health care resources, including seniors without transportation and those with chronic illnesses. Sites included senior centers, community centers, churches, senior nutrition sites, the Salvation Army, food banks and the SGH campus. At the community sites, the SGH Senior Resource Center also provided its activity calendars detailing upcoming community events and programs, including blood pressure and flu clinics, Vials of Life, community senior programs and Project CARE. At the food banks, the SGH Senior Resource Center provided vaccines not only to seniors, but also to high-risk community members, many of whom were uninsured or had limited access to transportation.

In FY 2014, the SGH Senior Resource Center maintained active relationships with organizations serving seniors, enhancing networking among professionals in SDC's east region and providing quality programming for seniors. These organizations included the Caregiver Coalition of San Diego (the Caregiver Education Committee), the Aging Disability Resource Connection, Project CARE, ECSSP and Meals-on-Wheels Greater San Diego East County Advisory Board.

## FY 2015 Plan

SGH Senior Resource Center will do the following:

- Provide resources and support to address relevant concerns of seniors and caregivers in the community through in-person and phone consultations
- Provide community health information and resources through educational programs, monthly blood pressure clinics and at least five types of health screenings annually
- Utilize Sharp experts and community partners to provide approximately 35 seminars per year that focus on issues of concern to seniors
- Participate in 20 community health fairs and special events targeting seniors
- Collaborate with East County YMCA, AIS and East County Action Network on a healthy living for seniors conference
- Coordinate two conferences – one dedicated to family caregiver issues in collaboration with the Caregiver Coalition of San Diego and one in collaboration with Sharp HospiceCare
- Continue as the lead agency for Project CARE in SDC's east region through the Are You Okay? program and provision of approximately 4,000 Vials of Life to senior community members
- Produce and distribute quarterly calendars highlighting events of interest to seniors and family caregivers
- In collaboration with Sharp's Advance Care Planning Program, present an Advanced Directives and Health Care Decisions program to inform seniors about advance directives and other necessary documents available to communicate their end-of-life wishes
- As funding allows, provide seasonal flu vaccinations to the community
- Maintain active relationships with other organizations serving seniors in SDC's east region

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

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

#### Rationale

- In the HASD&IC 2013 CHNA, various types of cancer were identified among the top priority health conditions seen in SDC hospitals.
- In 2012, cancer was the leading cause of death in SDC's east region.
- In 2012, there were 885 deaths due to cancer in SDC's east region. The east region's age-adjusted death rate due to cancer was 188.3 deaths per 100,000 population, higher than the overall SDC age-adjusted rate due to cancer of 157.5 per 100,000 population and higher than the HP 2020 target of 160.6 deaths per 100,000 population.

- In 2011, 25 percent of all cancer deaths in SDC's east region were due to lung cancer, nine percent to colorectal cancer, eight percent to female breast cancer, five percent to prostate cancer, and less than one percent to cervical cancer.
- In 2012, the death rates for colorectal, female breast cancer, lung cancer, cervical cancer, and prostate cancer in SDC's east region were all higher when compared to the age-adjusted death rates for these specific cancers in SDC overall.
- According to the California Cancer Registry (CCR) 2014 report, *California Cancer Facts & Figures*, in 2014 the predicted number of new cancer cases for all sites in SDC is 13,455. Expected cancer deaths in SDC for 2014 are predicted to be 4,815.
- According to the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report, San Diego had the highest incidence rate for breast cancer (163.95 per 100,000) compared to the neighboring counties of Imperial, Los Angeles, Orange and Riverside. San Diego's incidence rate for breast cancer is also above that of the state (151.82 per 100,000).
- According to the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report, SDC's minority women had high breast cancer mortality rates and were less likely to have breast cancer detected at an early stage. In addition, Latinos were least likely to receive a mammogram compared to other ethnic groups, with 37.3 percent reporting never having had the screening.
- The same report states that the most common barriers to receiving effective breast health care included lack of awareness and knowledge, financial barriers, cultural barriers and emotional factors. The most common challenges in the current breast health care system included cost of care, quality of providers, lack of communication and education and language barriers. Increased advocacy, education, funding and partnerships were among the suggestions for improving programs, services and the breast health care system overall.
- According to a 2014 report from the American Cancer Society (ACS), the estimated number of new cases of breast cancer in California is 26,130. This is far higher than any other type of new cancer cases in the state.
- According to a 2012 report from the CCR, breast cancer is the most common cancer among women in California, with an estimated 292,400 existing cases (42 percent of all cancers).
- According to the CDC, cancer survivors face many physical, psychological, social, spiritual and financial issues at diagnosis, during treatment and for the remainder of their lives. Breast cancer patient navigation is an intervention that addresses barriers to quality standard care by providing individualized assistance to patients, cancer survivors and their families.
- According to the ACS, a total of 1,665,540 new cancer cases and 585,720 cancer deaths are projected to occur in the U.S. in 2014. California is projected to have the most new cancer cases (171,730) and the highest number of deaths (57,950) (ACS, 2014).
- According to a 2014 report from the ACS, *California Cancer Facts & Figures*, screening offers the ability for secondary prevention by detecting cancer early. Regular screening that allows for the early detection and removal of precancerous growth is known to reduce mortality for cancers of the cervix, colon, and rectum. Five year relative survival rates for common cancers are 93 percent to 100 percent if

they are discovered before having spread beyond the organ where the cancer began.

- According to the CDC, observational studies have shown that patient navigation in complex health systems leads to more complete, timely breast cancer care and earlier stage at diagnosis. Emerging evidence from randomized controlled trials supports this intervention in high risk populations.
- According to the National Institutes of Health (NIH), clinical trials are part of clinical research and are at the heart of all medical advances. Clinical trials look at new ways to prevent, detect, or treat disease, with the goal to determine if a new test or treatment works and is safe. Clinical trials can also look at other aspects of care, such as improving the quality of life for people with chronic illnesses. If clinical trials are to be successful, it is critical that more people are involved.

### Objectives

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

### FY 2014 Report of Activities

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

In FY 2014, the SGH Cancer Center participated in a variety of community cancer educational events. These events served more than 1,300 community members and included the East County Senior Health Fair at Santee Trolley Station; Learn and Live Events for Colon and Prostate Cancer; the Summer Healthcare Saturday Event at Grossmont Center; health fairs at Waterford Terrace retirement community; Jewish Family Service Senior Health Fair; Sharp's annual Women's Health Conference; the Sharp HospiceCare Resource and Education Expo; the SGH Cancer Awareness Expo, and breast cancer awareness talks for Sister Connection for Breast Cancer and Jewish Family Service. SGH Cancer Center staff also supported the ACS Making Strides Against Breast Cancer Walk, as well as served as health and science project judges for approximately 30 junior high and high school students at the San Diego Science Fair held in Balboa Park.

Throughout FY 2014, SGH provided educational sessions to more than 40 community members whose lives are impacted by cancer through two Learn and Live Events, one

for Colon Cancer and one for Prostate Cancer. The educational seminars covered critical issues around cancer, including treatment options with radiation. In September, the SGH Cancer Center held a Cancer Awareness Expo that included a panel of physicians to answer questions from the community on topics such as preventative measures, screening, detection, diagnosis and treatment. The seminar included educational information from different hospital departments and featured a breast cancer survivor who shared her story with seminar attendees. In addition, through the provision of skin cancer screenings, two community members were identified as at-risk and were referred to their general practitioner for follow-up. Also in FY 2014, SGH attended two health fairs at Waterford Terrace retirement community, providing more than 120 senior residents with a variety of cancer education and resources, including prevention and healthy lifestyle choices and instruction on self-breast exams.

The SGH Cancer Center continued to offer free support programs for cancer patients in FY 2014, including biweekly breast cancer support groups with an average attendance of 15 community members. In FY 2014, the Look Good...Feel Better program – offered through the ACS – provided six classes to approximately 40 women in the community. The program boosts women's self-confidence by teaching techniques to help manage the side effects of cancer treatment, such as using cosmetic and skin care products, wigs, scarves and other accessories to manage skin changes and hair loss.

In FY 2014, the SGH Cancer Center provided professional social work services to patients and families through its licensed clinical social worker (LCSW), including psychosocial services (assessments, crisis intervention, counseling and stress management), support group leadership, and advocacy and resources for transportation, palliative care and hospice, food and financial assistance. This included improving patient and family connections to community services such as Mama's Kitchen, 2-1-1 San Diego, Jewish Family Service of San Diego Food Pantry, On-the-Go Transportation for Seniors, Foodmobile, ACS, San Diego Brain Tumor Foundation, Leukemia and Lymphoma Society, and Lung Cancer Alliance. In August, two new monthly support groups, one for lung cancer and one for brain tumors, were offered to patients and their family members. They were also offered to non-Sharp patients and community members in order to meet the educational and emotional needs of those living with or caring for someone with these diseases. Since the end of March, 75 patients and family members received oncology social work services at SGH. In addition, 15 community members in need of assistance contacted the LCSW and received consultation regarding support groups and other Cancer Center services and community resources.

Throughout FY 2014, SGH continued its Cancer Patient Navigator (CPN) program for breast cancer, where an RN certified in breast health personally assists breast cancer patients in their navigation of the health care system. The Breast CPN offers support, guidance, financial assistance referrals and connection to community resources. Through collaboration with community clinics – including Family Health Centers of San Diego (FHCS), Neighborhood Healthcare and Centro Medico – the Breast CPN refers unfunded or underfunded women to local community clinics for a covered diagnostic

mammogram, or immediate Medi-Cal insurance should their biopsy prove positive and require treatment. Patients needing psychosocial support are referred to a breast cancer case management program through Jewish Family Service of San Diego or to the SGH Oncology Department's LCSW. The Breast CPN also plays an active role in community education, providing presentations and educational resources about breast cancer, mammography guidelines and early detection at no charge to the community. In addition, the Breast CPN facilitated access to care for nearly 180 breast cancer patients in need – many with late-stage cancer diagnoses – through the provision of referrals to various community and national organizations.

In April, SGH started its CPN program for patients with cancers other than breast with a current focus on patients with head and neck cancers and lung cancer. Since the start of the program, the CPN has assisted 54 patients and their families. It has connected them to resources for transportation and translation needs, financial assistance, speech therapy, nutritional support, and social work services. In August, the CPN provided information about healthy lifestyle behaviors at the Waterford Terrace retirement community health fair. In the future, the CPN plans to increase its role in providing free community education related to cancer screenings, self-care techniques and survivorship topics.

In FY 2014, the SGH Cancer Center screened more than 50 patients for participation in cancer clinical trials. As a result, 23 patients were enrolled in cancer research studies while 75 patients continued to receive follow-up care through the studies.

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

### FY 2015 Plan

SGH Cancer Center will do the following:

- Provide biweekly breast cancer support groups to community members at no charge
- Provide free monthly lung cancer and brain tumor/brain cancer support groups to community members
- Provide six Look Good...Feel Better classes
- Continue to provide education and resources to the community with a patient navigator for breast cancer and a patient navigator for head and neck and lung cancers
- Provide ongoing personalized education and information, support and guidance to cancer patients and their loved ones as they move through the continuum of care
- Continue to connect individuals with services and community resources to assist them in managing their illness
- Screen and enroll oncology patients in clinical trials for research studies

- Provide educational information on cancers and available treatments through community residents and community physician lectures, and participation in health fairs and events with demonstrations on breast self-exams
- Continue to provide internships to NU Radiation Therapy students

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

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

### Rationale

- In the HASD&IC 2013 CHNA, back pain was identified among the top 15 priority health conditions seen in SDC hospitals.
- In SDC's east region in 2012, the number of arthritis-related hospitalizations totaled 1,977, a rate of 420.7 per 100,000 population. This is the highest in the county and above the county overall age-adjusted average of 323.2 per 100,000 population.
- In SDC's east region in 2012, the number of arthritis ED discharges totaled 3,275, which is a rate of 696.8 per 100,000 population. This was the second highest rate in SDC and above the overall age-adjusted average of 515.8 per 100,000 population.
- In SDC's east region in 2012, females had higher arthritis-related ED discharges than males (777.7 and 613.6 per 100,000 population, respectively). Blacks had higher arthritis related ED discharges than other race/ethnicity groups, and persons aged 65 and older had higher arthritis-related ED discharges than those in other age groups.
- According to the CDC, arthritis is the nation's most common cause of disability. An estimated 52.5 million U.S. adults (more than one in five) report doctor-diagnosed arthritis. As the U.S. population ages, these numbers are expected to increase to 67 million by 2030, and more than one-third of these adults will report arthritis-attributable activity limitations. In addition, a recent study indicated that some form of arthritis or other rheumatic condition affects one in every 250 children under the age of 18 (CDC, 2012).
- According to the NIH, more than 52 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass. Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer fractures. It can also affect the lives of family members and friends who serve as caregivers (NIH, 2014).
- According to the NIH, osteoporosis is the most common type of bone disease. The NIH reveals that about half of all women over age 50 will experience a fracture of the spine, wrist or hip during their lifetime (NIH, 2012).
- Some of the risk factors for developing osteoporosis include: body size, family history, age, sex hormone deficiencies, diet low in calcium and vitamin D, certain medications, physical inactivity, smoking, and excessive alcohol use (NIH, 2014).
- Fifty percent of people who fracture a hip will be unable to walk without assistance and about one in five hip fracture patients over age 50 die in the year following their

fracture as a result of associated medical complications. Vertebral fractures can also have serious consequences, including chronic back pain and disability. These fractures have also been linked to increased mortality in older people (NIH, 2014).

- According to the CDC, there were 258,000 hospital admissions for hip fractures among people ages 65 and older. By 2030, the number of hip fractures is projected to increase by 12 percent (CDC, 2013).
- According to HP 2020, approximately 80 percent of Americans experience low back pain (LBP) in their lifetime. Each year, it is estimated that 15 to 20 percent of the population develops protracted back pain, two to eight percent have chronic back pain (pain that lasts more than three months), three to four percent of the population is temporarily disabled due to back pain, and one percent of the working-age population is disabled completely and permanently due to LBP.

### Objective

- Provide education on orthopedics and osteoporosis to the community

### FY 2014 Report of Activities

Note: SGH was re-certified in June 2014 by The Joint Commission in Disease-Specific Care for its Total Knee and Total Hip Replacement Programs. The programs are nationally recognized for their outreach, education and utilization of evidence-based practices, as well as documentation of their performance measures and success rates.

In FY 2014, SGH offered quarterly educational sessions on hip, knee and shoulder problems to more than 500 community members. Topics included management of arthritis, as well as hip and knee repair and treatment covering non-surgical options to minimally-invasive surgery using the latest technology. Sessions were held at the Grossmont Healthcare District Conference Center, and attendance ranged from 30 to 70 individuals at each event. SGH provided two seminars on the treatment of shoulder pain, reaching approximately 150 community members, including education on arthritis, torn rotator cuff, bursitis and frozen shoulder, as well as treatment options. In July, SGH provided education to 80 community members at a seminar titled Osteoporosis Prevention and Women's Bone Health. Topics included risk factors such as diet, lifestyle, age, family history, treatments and physical activity to help maintain bone health.

In April 2014, SGH hosted a webinar about treating shoulder pain, in which participants had the opportunity to ask the presenters questions. More than 70 community members participated in the webinar, which was led by a physician and a senior orthopedic specialist. Topics included common shoulder problems and treatment options.

Additionally, Sharp offered specialized education on osteoporosis prevention and treatment, as well as osteoporosis heel scan screenings to the community during the Sharp Women's Health Conference held at the Sheraton San Diego Hotel and Marina in October. Approximately 850 community members attended the event and an estimated

100 attendees received education regarding osteoporosis, calcium and vitamin D requirements as well as exercise tips for osteoporosis treatment and prevention.

### FY 2015 Plan

SGH will do the following:

- Continue to offer orthopedic, arthritis, joint health and osteoporosis educational presentations to the community
- Provide a physician-led session on osteoporosis prevention and education at the Sharp Women's Health Conference

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

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

### Rationale

- In the HASD&IC 2013 CHNA, high-risk pregnancy was identified as one of the top 15 priority health conditions seen in SDC hospitals.
- In 2012, SDC's east region had 383 low birth weight (LBW) births, six percent of total births for the region. LBW births were higher among female infants than male infants. Infants of black mothers had an 11.1 percent LBW, the highest percentage when compared to mothers of other races and ethnicities.
- In 2012, 22 infants died before their first birthday in SDC's east region. The infant mortality rate was 3.4 infant deaths per 1,000 live births, lower than the infant mortality rate for SDC overall.
- There were 730 hospitalizations due to maternal complications in SDC's east region in 2012. The east region's age-adjusted rate was 306.2 per 100,000 population, which was lower than the actual rate for SDC overall (319.9 per 100,000 population).
- In 2012, there were 5,140 live births with early prenatal care in SDC's east region, which translates to 80.6 percent of live births for the region. This was slightly lower than the percentage of live births receiving early prenatal care in SDC overall (84.3 percent).
- In 2011, 87.6 percent of women in SDC initiated prenatal care in the first trimester.
- According to 2011 CHIS data, 22.6 percent of women (ages 18 to 65 years) were obese (BMI > 30). This statistic increases to 30.9 percent for women in SDC's east region.
- According to HP 2020, the risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception and inter-conception care.
- According to a recent study in the *Journal of the American Medical Association* (JAMA), one in seven women have depression in the year after they give birth (JAMA, 2013).

- According to the CDC's 2014 Breastfeeding Report Card, breastfeeding provides many known benefits for infants, children, and mothers. Professional lactation support can help mothers initiate and continue breastfeeding.
- The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for approximately the first six months of life, followed by continued breastfeeding with complementary foods for one year or longer (AAP, 2012).
- According to the CDC's 2014 Breastfeeding Report Card, 63.1 percent of mothers in California were breastfeeding at six months, while only 25.4 percent were exclusively breastfeeding at six months (CDC, 2014).
- In California, SDC is ranked 22<sup>nd</sup> out of 50 counties for exclusive breastfeeding (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2013).
- Nearly two-thirds of California women plan to breastfeed exclusively, but less than 40 percent are doing so at one month postpartum. Hospitals, health care providers, public health agencies, and support groups must work together to ensure all mothers have the needed resources to breastfeed in the hospital and at home (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2013).
- According to the CDC, maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid.
- Each year, preterm birth affects nearly 500,000 babies, or, one of every eight infants born in the U.S. Preterm birth is the birth of an infant prior to 37 weeks of pregnancy. Preterm-related causes of death together accounted for 35 percent of all infant deaths in 2009, more than any other single cause. Preterm birth is also a leading cause of long-term neurological disabilities in children. Preterm birth cost the U.S. health care system more than \$26 billion in 2005 (CDC).

## Objectives

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

## FY 2014 Report of Activities

In FY 2014, the SGH Women's Health Center participated in the Sharp Women's Health Conference and the SGH Women's Heart Expo. At the Sharp Women's Health Conference, the SGH Women's Health Center provided resources for elevated BMI levels, while the SGH Women's Heart Expo included a series of experts that discussed methods to improve heart health, eating habits and emotional and mental well-being. The SGH Women's Heart Expo provided attendees free health screenings for blood pressure, BMI, cholesterol and glucose levels, as well as the opportunity to ask health care professionals their personal health questions.

Throughout FY 2014, SGH provided free community breastfeeding support groups twice per week. Facilitated by RN lactation consultants, the breastfeeding support group is designed to help mothers learn about and share their successes and challenges with breastfeeding. The support group served approximately 15 attendees per session in FY 2014. SGH provided a Breastfeeding Beyond the Basics class twice a week to teach mothers basic skills for successful breastfeeding, including understanding the advantages of breastfeeding, positioning, the use of breast pumps and more. The class served approximately 30 mothers per session in FY 2014. The hospital also offered weekly postpartum support groups for women and families, serving approximately 10 attendees per session. The support groups are led by the SGH Women's Health Center's social workers, and provide support to women and families struggling with the challenges and adaptations of having a newborn. New in FY 2014, the SGH Women's Health Center also offered the Little Wonders support group, dedicated to helping new parents share their experiences and responsibilities with other new parents. The Little Wonders support group served approximately 10 community members per session.

SGH participated in and partnered with a number of community organizations and advisory boards for maternal and child health in FY 2014, including the local chapter of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Women, Infants, and Children (WIC), California Teratogen Information Service (CTIS), Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, the Beacon Council's Patient Safety Collaborative, Association of California Nurse Leaders (ACNL), the regional Perinatal Care Network (PCN), Perinatal Safety Collaborative, and the Public Health Nurse Advisory Board.

SGH shared its expertise in neonatal care with the health care community through presentations at local and national conferences. This included three podium presentations – Exclusive Breastfeeding, NICU Bed Huddle, and Organizing Patient Outreach – at the San Diego Evidence-Based Practice Institute (EBPI) Conference. There was also a poster presentation at the annual AWHONN Conference titled Exclusive Breastfeeding Including Newborn and NICU. Poster presentations were completed and shared with attendees of the community and patient education classes provided by the SGH Women's Health Center in recognition of August 2014's World Breastfeeding Week.

SGH has implemented several critical process improvements to increase breastfeeding rates among new mothers, and continues to explore and participate in opportunities to share these best practices with the broader health care community. This included implementation of the Ten Steps to Successful Breastfeeding in 2012, as well as various other quality strategies to promote exclusive breastfeeding and exclusive breast milk in the neonatal intensive care unit (NICU) in 2013. The strategies included but were not limited to: facilitating skin-to-skin contact with the newborn immediately after delivery; implementing early intervention strategies for women identified as having difficulty with breastfeeding; and standardizing an interdisciplinary plan of care to identify mothers having difficulty with breastfeeding. These strategies promote the nutritional health of high-risk infants and prevent inflammatory disease processes that can cause serious bacterial infection in the intestine of sick premature infants, which can result in death of intestinal tissue and even progression to blood poisoning or septicemia. The SGH Women's Health Center also updated all of the breastfeeding educational resources provided at community clinics and the hospital's childbirth education classes to reflect best practices in breastfeeding for mothers and their families.

In the NICU, nurses encouraged mothers to use a pump log to document and increase accountability of their 24-hour breast milk volumes totals. The daily totals of exclusive breast milk volumes were documented by an RN, and nurses tracked the percentage of infants exclusively provided breast milk or some breast milk until discharge, incorporating early intervention strategies to promote the establishment of breast milk in the first couple of weeks. Additionally, the SGH Women's Health Center tracked the mothers of premature infants 28 to 34 weeks who established breast milk supply at two weeks. As a result of these comprehensive efforts, the SGH Women's Health Center was successful in raising the exclusive breastfeeding rate at discharge for newborns from 49 percent in 2011 to 68.4 percent in 2014. In addition, the documentation for 24-hour breast milk production by mothers with premature infants in the NICU progressed from 85 percent in 2012 to 97 percent in 2013, with current rates still high. The results of these efforts were developed into an abstract and used by AWHONN for poster presentation in June 2014.

SGH is currently in the dissemination phase for Baby-Friendly USA Designation through the implementation of evidence-based maternity care practices. Established by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in 1991, the Baby-Friendly Hospital Initiative (BFHI) recognizes and encourages hospitals and birthing centers that offer high-quality breastfeeding care. The BFHI has been implemented in more than 170 countries, resulting in the designation of more than 20,000 birthing facilities. SGH has completed requirements for Baby-Friendly USA Designation including: training health care staff to properly implement a breastfeeding policy; providing education to pregnant women on the benefits of breastfeeding; demonstrating how to breastfeed and maintain lactation to new mothers; encouraging breastfeeding on demand; allowing mothers and infants to remain together 24 hours a day; and establishing breastfeeding support groups and referring mothers to these resources following discharge from the hospital or clinic. Throughout FY 2014, SGH

continued to incorporate the requirements of a Baby-Friendly hospital along with its other process improvement efforts to improve exclusive breastfeeding at discharge. SGH anticipates Baby-Friendly USA Designation by December 2015.

The SGH Women's Health Center's Prenatal Clinic (SGH Prenatal Clinic) midwives continued to provide in-kind help at Neighborhood Health Centers in El Cajon and Lakeside, and FHCS D throughout FY 2014. The midwives provide care for pregnant women five days per week – approximately 1,780 hours at the El Cajon and Lakeside sites – to support the underserved population in SDC's east region. The hospital delivers more than 700 babies from community clinics each year.

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

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

#### FY 2015 Plan

SGH will do the following:

- Participate in wellness and prevention events for women that focus on lifestyle tips to enhance overall health
- Provide free breastfeeding, postpartum and new parent support groups
- Provide parenting education classes
- Participate in community events targeting women in the community, such as the Sharp Women's Health Conference
- Provide medical services to low-income patients through the SGH Prenatal Clinic

- Share evidence-based practices regarding improvements in elective deliveries less than 39 weeks as well as breastfeeding rates at discharge through presentations at national conferences and research publications

### Identified Community Need: Health Education and Wellness

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

- The SGH 2013 CHNA identified cardiovascular disease and obesity among its six priority health issues affecting members of the communities served by SGH.
- Senior community resident feedback in the SGH 2013 CHNA identified the following, priority health issues and topics, including the need for additional education in each area through in-person lectures and screenings: Alzheimer's, dementia, diabetes, cardiovascular health, cancer, falls, vaccines, diet and exercise, care options and resources, and preventative care.
- The HASD&IC 2013 CHNA process identified the following as top priority health conditions for SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease, and respiratory diseases.
- Participants in the HASD&IC 2013 CHNA community forums recommended increased health information and community health education as the most important factor in maintaining health. Health education was also specifically recommended by participants in the community forums held in El Cajon.
- Data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease and obesity within SDC's more vulnerable communities (El Cajon, etc.).
- According to data presented in the SGH 2013 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. Additional risk factors include alcohol use, obesity, diabetes, and genetic factors. About half of Americans (49 percent) have at least one of these three risk factors.
- According to 2011 data from the CHIS, the self-reported obesity rate for adults ages 18 and older in SDC's east region was 26.8 percent, higher than the county rate of 22.1 percent.
- In 2011, 12.4 percent of the population in SDC's east region self-reported eating at fast-food restaurants four or more times each week, higher than the county rate of 11.0 percent (CHIS, 2011).
- According to the CDC, obesity increases the risk of many health conditions, including the following: coronary heart disease; stroke; high blood pressure; Type 2 diabetes; various cancers; high total cholesterol; high levels of triglycerides; liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; mental health conditions and reproductive health complications such as infertility (CDC, 2011).
- According to the CDC, obesity-related conditions include heart disease, stroke, Type 2 diabetes, and certain types of cancer. These are some of the leading causes of

preventable death. The CDC reports that approximately 35 percent of U.S. adults are obese.

## Objectives

- Provide a variety of health and wellness education and services at events and sites throughout the community
- Provide health and wellness education to the community through a variety of media outlets

## FY 2014 Report of Activities

In FY 2014, SGH provided a variety of health and wellness offerings to the community through participation in events, presentations at neighborhood sites, and education through local media sources.

In November, SGH staff from a range of hospital departments participated in Sharp's annual Women's Health Conference. Community members received a variety of health education and services, including acupuncture, balance screenings, fall prevention education, nutrition education and healthy food samples. In September, SGH participated in the Kids Care Fest, a free family event at La Mesa's Briercrest Park, hosted by the Grossmont Healthcare District and the City of La Mesa. The event featured interactive health education for children and families, including screenings for vision, hearing and BMI from SGH staff. In addition, education on nutrition for aging gracefully was provided to 25 senior residents at La Vida Real senior living community, as well as a lecture on eating disorders to a nutrition class at Point Loma Nazarene University (PLNU).

Throughout FY 2014, medical and health professionals from SGH educated the community on healthy lifestyle topics to increase knowledge and awareness about current news and trends impacting their health and safety. Education was delivered through television interviews on KUSI News, Channel 10 News, KPBS and KGTV, as well as through various radio stations and printed articles in *U-T San Diego* and local magazines.

Hospital physicians from a variety of specialties, including internal and emergency medicine, infectious disease, obstetrics and gynecology (OB/GYN), cardiology, urology, psychology, gastroenterology, neurology and oncology, shared information with these outlets. The topics included but were not limited to: understanding types of flu vaccinations; risk-factors for pregnancy at a later age; second trimester pregnancy and gestational diabetes; curbing the drug overdose epidemic; risk factors for the shingles virus; preventing congestive heart failure; managing Type 1 diabetes; staying safe and healthy through the holidays; tips for how men can live longer and healthier; avoiding stress during the holidays; stress and hair loss; colonoscopy for detecting colon cancer and Crohn's disease; treatment options for sexually transmitted disease; long-term effects of hepatitis infection; the increase of heart attacks among young adults due to

poor eating habits; everyday health issues and when to see a doctor; warning signs of sleep apnea; recognizing symptoms of stroke; gallstones in women; and probability of the Ebola virus spreading.

Senior and end-of-life care professionals from SGH also provided community education through these media outlets, including tips on how family caregivers can take care of themselves, and how new Medicare programs can impact hospice care. Similarly, a hospital physical therapist discussed women's unique health issues and the importance of staying fit. SGH RDs provided additional education on topics including consuming trans fats and healthy alternatives to processed foods; healthy grocery shopping; how to meet daily nutritional needs without supplements; eating healthy on Thanksgiving; eating disorders among men; and how to read nutrition labels.

### FY 2015 Plan

SGH will do the following:

- Continue to provide health and wellness offerings to community members at a variety of community events and other sites
- Continue to provide health and wellness education through local news sources

### Identified Community Need: Prevention of Unintentional Injuries

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

### Rationale

- In the HASD&IC 2013 CHNA, unintentional injury was identified as one of the top priority health conditions seen in SDC hospitals.
- In 2012, accidents (unintentional injuries) were the fourth leading cause of death for SDC's east region.
- In 2012, accidents (unintentional injuries) were the sixth leading cause of death overall in SDC.
- Unintentional injuries – motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosion, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electric current/radiation/fire/smoke, natural disasters and injuries at work – are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.
- Between 2010 and 2012, nearly 3,000 San Diegans died as a result of unintentional injuries.
- In 2012, there were 208 deaths due to unintentional injury in SDC's east region. The region's age-adjusted death rate due to unintentional injuries was 44.3 deaths per 100,000 population, the highest of all regions in SDC and above the SDC age-adjusted rate of 30.3 deaths per 100,000 population.

- In 2012, there were 4,098 hospitalizations related to unintentional injury in SDC's east region. The age-adjusted rate of hospitalizations was 871.9 per 100,000 population, the highest of all regions in SDC and above the county age-adjusted average of 692.8 per 100,000 population.
- In 2012, there were 28,512 ED visits related to unintentional injury in SDC's east region. The age-adjusted rate for the east region was 6,066.6 per 100,000 population, the highest of all regions and above the SDC age-adjusted average of 5,097.2 ED visits per 100,000 population.
- Injury, including both intentional and unintentional, is the number one killer and disabler of persons ages one to 44 in California (California Department of Public Health, 2010).
- According to HP 2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; the physical environment both at home and in the community; access to health services and systems created for injury-related care; and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

### Objective

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

### FY 2014 Report of Activities

In FY 2014, ThinkFirst/Sharp on Survival participated in more than 30 programs that served more than 3,300 elementary, middle and high school students in SDC's east region. The programs consisted of one- to two-hour classes that covered the following topics: the modes of injury, disability awareness, and the anatomy and physiology of the brain and spinal cord. During these programs, students also received personal testimonies from individuals, known as Voices for Injury Prevention (VIPs), with traumatic brain or spinal cord injuries (SCI). In addition, ThinkFirst/Sharp on Survival offered schools multiple opportunities for learning through a variety of lesson plans, including information on physical rehabilitation, careers in health care and disability awareness panels to meet the needs of specific class curricula. ThinkFirst/Sharp on Survival also provided education to at-risk youth about the consequences of reckless driving, violence and poor decision making.

ThinkFirst/Sharp on Survival participated in a variety of community events throughout FY 2014, including presentations for youth and their parents, health and safety fairs, and community groups. These community-based events and presentations served more than 1,000 participants. Among these events, Think First/Sharp on Survival participated

in the annual Kids Care Fest event sponsored by the Grossmont Healthcare District in La Mesa, providing injury prevention education to children and their parents. Education provided to nearly 500 community members focused on proper helmet-fitting, booster and car seat use and state laws. In October, ThinkFirst/Sharp on Survival also provided proper helmet-fitting information and booster and car seat education to 500 people at the El Cajon Fire Department's Safety Expo.

With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), a dozen schools throughout SDC had the opportunity to provide ThinkFirst/Sharp on Survival speakers to their students. These students have an interest in pursuing careers in health care, and were provided with classroom presentations and the opportunity to participate in a half-day tour of the SMH Rehabilitation Center. Also in 2014, several high school seniors from Granite Hills High School and El Cajon Valley High School toured the SMH Rehabilitation Center and received an in-depth look at occupational, physical, speech, recreation therapy and nursing careers. Students also rotated through several stations run by VIP speakers to practice their wheelchair mobility, lower body dressing and driving skills using the driving simulator. Additionally, students participated in the provision of small group patient therapy activities to test memory, organization and a variety of executive cognitive skills. In total, more than 1,300 HASPI students from schools in SDC's east region benefitted from ThinkFirst/Sharp on Survival education in FY 2014.

In addition, the ThinkFirst/Sharp on Survival program presented to more than 200 college students enrolled in San Diego State University's (SDSU's) Disability in Society course and received education on injury prevention, brain injury, SCI and disability awareness.

### FY 2015 Plan

ThinkFirst/Sharp on Survival will do the following:

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

- As appropriate and with funding, provide a new ThinkFirst about Concussion program to schools in SDC's east region

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

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

#### Rationale

- Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recommended further work in access to care, health insurance and care management with each of the priority health issues identified for SDC (cardiovascular disease, Type 2 diabetes, mental/behavioral health, and obesity).
- Participants in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health.
- In 2012, SDC's east region presented a higher rate of unemployment (10.68 percent in 2012) when compared to SDC overall (9.16 percent in 2012).
- According to CHIS data, 20.1 percent of those 18 to 64 years of age in SDC's east region were uninsured in 2011.
- The same data indicates that in SDC's east region for those 18 to 65 years of age, the most common sources of health insurance coverage included employment-based coverage (62.9 percent) and public programs (13.7 percent). In 2011, 13.1 percent of the population in SDC's east region was living below the poverty level, with more than 22 percent of those being families.
- In 2012, 6.2 percent of families with children in SDC received food stamps/SNAP/CalFresh benefits and 19.5 percent of the population was equal to or below 130 percent Federal Poverty Level (FPL). In the east region, both of these numbers are higher, with 8.8 percent of families with children receiving food stamps/SNAP/CalFresh benefits and 19.7 percent of the population at or below 130 percent FPL.
- According to 2011 CHIS data, 86 percent of adults in SDC's east region have a usual source of care. Among these adults, 22 percent utilize a community clinic, government clinic or community hospital as their usual source of care.
- As of March 2012, the average unemployment rate in the cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee, and Spring Valley was 10.4 percent (Labor Market Information, State of California Employment Development Department, <http://www.labormarketinfo.edd.ca.gov>).
- According to the Bureau of Labor Statistics (BLS), the seasonally-adjusted September 2014 rate of persons unemployed for 27 weeks or longer was 31.9 percent.
- The cost of living in California is 35 percent above the U.S. average, with health spending per capita in California growing by 5.9 percent between 1994 to 2004 (California Hospital Association Special Report, October 2011).

- According to Community Health Improvement Partners (CHIP), between 2006 and 2009, demand for ED services in SDC increased by 11.9 percent, from 582,129 to 651,595 visits (CHIP, 2010).
- In 2014, the health insurance benefits available under the Consolidated Omnibus Budget Reconciliation Act (COBRA) cost a single person in California between \$487 and \$585 per month; for three or more participants on the plan in California, COBRA costs ranged from \$1,594.29 to \$1,856.77 per month (2014 COBRA Self-Pay Rates, Motion Picture Industry Pension & Health Plans).
- Community clinics in California have experienced rising rates of primary care clinic utilization; the number of persons utilizing the clinics increased by 27.3 percent between 2007 and 2011 (OSHPD, 2011).

### Objectives

- Connect high-risk, underfunded patients and community members to local resources and organizations for low-cost medical equipment, housing options, and follow-up care
- Assist economically disadvantaged individuals through transportation and financial assistance for pharmaceuticals
- Collaborate with community organizations to provide follow-up medical care, financial assistance, psychiatric and social services to chronically homeless individuals
- Through the Care Transitions Intervention pilot, provide high-risk, under and unfunded patients with health coaching, support and resources to ensure safe transition home and maintained health and safety

### FY 2014 Report of Activities

In FY 2014 SGH continued to provide post-acute care facilitation for high-risk patients, including individuals who were homeless or without a safe home environment. Individuals received referrals to and assistance from a variety of local resources and organizations. These groups provided support with transportation, placement, medical equipment, medications, outpatient dialysis and nursing home stays. SGH referred high-risk patients, families, and community members to churches, shelters and other community resources for food, safe shelter and other resources.

For unemployed and underfunded patients, or for those who simply cannot afford the expense of a wheelchair, walker or cane due to a fixed income, SGH has committed to improving access to Durable Medical Equipment (DME) for high-risk patients upon discharge. SGH case managers actively recruit DME donations from the community in order to provide for patients in need, and in 2014, SGH provided more than 100 DME items. SGH case managers and social workers continue to provide DME items to patients who are uninsured, underinsured, or who are otherwise unable to afford the equipment required to keep them safe and healthy.

To assist economically disadvantaged individuals, SGH provided more than \$133,500 in free medications, transportation, lodging, and financial assistance through its Project HELP funds. These funds assisted nearly 4,500 individuals in FY 2014. In addition, SGH pharmacists assisted more than 340 economically disadvantaged patients with more than 600 outpatient prescriptions valued at approximately \$278,000.

New in FY 2014, SGH piloted a Care Transitions Intervention (CTI) program for its high-risk, Medi-Cal and unfunded patients. The program provides 30-day coaching by an RN at no cost to Medi-Cal or unfunded patients that are identified as highly vulnerable through a comprehensive risk assessment tool. The assessment tool evaluates patients for multiple factors, including isolation, co-occurring health issues, food insecurity (lack of access to healthy food), behavioral health issues, and other conditions that impact the health and safety of vulnerable patients. The project team is a collaborative effort between various team members across Sharp – including nurses, case managers, disease specialists, SGH's Senior Resource Center and others. The team makes sure that vulnerable patients are connected with resources and support to ensure their safe transition home, and to keep them safe and healthy. In addition, partnership with community organizations connects these patients to critical social services upon discharge. A new partnership with the San Diego Food Bank helps provide access to nutritious food for patients identified with food insecurity, which is an area of particular concern in the first few days of discharge.

Since its inception in May, the CTI pilot has demonstrated a powerful impact. The program has enrolled 291 patients, and of those patients, 187 accepted services from a CTI coach. The readmission rate for this cohort was 19 percent in comparison to a readmission rate of 33 percent for those individuals that refused CTI coaching services. In these efforts, SGH coaches devoted more than 420 hours of time directly with these vulnerable patients.

In addition, 49 patients – about 36 percent of those enrolled– were identified with food insecurity. Of those 49 patients, three were referred to the San Diego Food Bank for CalFresh enrollment, 28 were referred to the Emergency Food Assistance Program and 12 were connected to the Senior Food Program, also provided through the San Diego Food Bank. Further, in an effort to provide food directly to those in need during the first few days after discharge, the pilot is exploring the development and provision of emergency food boxes for CTI patients without food in their homes. Food items will be selected under the guidance of an SGH dietician, and through partnership with Sodexo, Sharp's food service vendor. The pilot intends to provide patients without food with nutritious items specifically designed for their complex health conditions and nutritional needs, in order to sustain their health until they are enrolled in a food assistance program. This program is slated to start in early 2015 after final approval and a process established for referrals.

Looking ahead, SGH's CTI pilot is also exploring partnerships with Walmart to provide these highly vulnerable patients with medical equipment for diabetes treatment – including glucometers, strips and lancets.

In FY 2014 SGH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the San Diego Rescue Mission, SGH discharged chronically homeless patients to the Rescue Mission's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SGH in a safe space, and also provides psychiatric care, substance abuse counseling and guidance from the Rescue Mission's programs in order to help these patients get back on their feet.

### FY 2015 Plan

SGH will do the following:

- Continue to provide post-acute care facilitation to high-risk patients
- Continue and expand the DME donations project to improve access to necessary medical equipment for high-risk patients who cannot afford DME
- Continue to administer Project HELP funds to those in need
- Continue to collaborate with community organizations to provide medical care, financial assistance, psychiatric and social services to chronically homeless patients
- Continue to provide high-risk, Medi-Cal and unfunded patients with CTI health coaches and connection to resources, including resources to combat food insecurity
- Establish partnership with Walmart to provide diabetes medical equipment to unfunded patients enrolled in the CTI project
- Introduce collaboration between SGH health coaches and complex case managers from Molina, Care First, Community Medical Group (CMG) and Health Net
- Explore opportunities to improve communication with community clinics

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

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

### Rationale

- According to the 2013 *Healthcare Shortage Areas Atlas* from the County of San Diego Health and Human Services Agency (HHS), SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area.
- The demand for RNs and other health care personnel in the U.S. will increase due to the aging population. Nurses will also be needed to educate and care for patients with various chronic conditions, such as arthritis, dementia, diabetes and obesity. The number of individuals who have access to health care services will increase as a result of federal health insurance reform. More nurses will be needed to care for these patients (BLS, 2012).

- The BLS projects an employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care.
- The BLS projects that home health aide demand will grow 48 percent from 2012 to 2022. As the U.S. population ages, the demand for home health aides to provide assistance and companionship will continue to increase. The older population often has health problems and will need help with daily activities.
- Total employment is projected to increase by 10.8 percent, or 15.6 million, from 2012 to 2022. Occupations and industries related to health care are projected to add the most new jobs during the decade.
- Of the 30 occupations projected to have the largest percentage increase between 2012 and 2022, 14 are related to health care.
- According to the San Diego Workforce Partnership 2011 report titled, Healthcare Workforce Development in SDC: Recommendations for Changing Times, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, RNs, medical record and health information technicians, radiology technologists and technicians, pharmacists and medical and clinical laboratory technologists.
- According to the San Diego Workforce Partnership, there's a growing demand for health care workers, but employers express a challenge to fill open position because of an "experience gap" among recent graduates. While new graduates often possess the requisite academic knowledge to be hired, they lack professional experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students. On-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.
- According to the San Diego Workforce Partnership 2013 report titled, In-Demand Jobs: A Study of the Occupational Outlook in San Diego, health care has been one of the few industries in San Diego that has experienced strong employment growth the last three to four years. The health care specialty occupations expecting to grow considerably are radiological technologists and technicians, dental assistants and RNs.
- According to the California Hospital Association (CHA) 2014 report titled, Critical Roles: California's Allied Health Workforce Follow-up Report, in the coming decades health professionals will be required to have a more complex set of skills. Education and training programs will need to evolve and innovate in order to meet the current skill demands of health employers.
- According to the same report, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities. This includes contributions of time and resources dedicated to the thousands of interns and high school students that spend time in hospitals in California each year, gaining valuable work experience and career exposure.

## Objectives

- In collaboration with local schools, offer opportunities for students to explore health care professions
- Collaborate with local colleges and universities to provide professional development lectures to students from local colleges and universities

## FY 2014 Report of Activities

In collaboration with the Grossmont Union High School District (GUHSD), SGH participated in the Health-careers Exploration Summer Institute (HESI), providing 12 students with opportunities for classroom instruction, job shadowing, observations and limited hands-on experiences. Students shadowed staff in a variety of hospital specialties, including women's health, laboratory, pulmonary, interventional radiology, pre-and post-operative surgery, sterile processing, radio room, endoscopy, occupational and physical therapy, and the catheterization, hyperbaric and electroencephalography (EEG) laboratories. At the conclusion of the program, students presented their experiences as case studies to family members, educators and hospital staff. Those completing the program received high school credits equal to two summer school sessions.

SGH also continued its participation in the Health Sciences High and Middle College (HSHMC) program in FY 2014, providing early professional development for 155 students from a broad array of backgrounds in 9<sup>th</sup> through 12<sup>th</sup> grades. Students shadowed more than 50 health professionals in various areas throughout the hospital, including but not limited to: nursing, engineering, occupational and physical therapy, endoscopy, women's health, cardiology, pharmacy, rehab nursing, medical intensive care unit (MICU), surgical intensive care unit (SICU), volunteer office and emergency department (ED) radio room, as well as Sharp Rees-Stealy (SRS) OB/GYN, neurology, pediatrics, family practice and orthopedics. In addition, SGH staff provided students instruction on educational requirements, career ladder development and job requirements.

Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. In FY 2014, 52 ninth-graders shadowed primarily non-nursing areas of the hospital, spending a greater length of time within each department in order to more fully experience different clinical areas of the hospital. Level I students completed additional coursework in Infection Control and Mental Health Matters at San Diego Mesa College (MC).

Level II of the HSHMC program offers patient interaction, where students are trained in Tender Loving Care (TLC) functions by a Certified Nursing Assistant (CNA) on nursing floors. In FY 2014, 59 10<sup>th</sup>-graders, 19 11<sup>th</sup>-graders and 17 12<sup>th</sup>-graders participated in the Level II TLC program, experiencing college-level clinical rotations, hands-on experience, TLC function patient care and mentoring. Students were placed in a new assignment each semester for a variety of patient care experiences. Students also took

additional health-related coursework at MC, including Anatomy, Physiology, Medical Terminology, Health 101, Psychology and Abnormal Psychology.

In May 2014, the HSHMC program graduated its fourth full class of students. At the end of the academic year, SGH staff provided the students, their loved ones, community leaders and hospital mentors a symposium that showcased the lessons learned throughout the program.

In FY 2014, SGH provided more than 800 students from colleges and universities throughout San Diego with various placement and professional development opportunities. Throughout the academic year, approximately 580 nursing students spent more than 44,400 hours at SGH, including time spent both in clinical rotations and individual preceptor training. More than 220 allied health students spent more than 51,000 hours on the SGH campus. Among the nursing and allied health programs, academic partners included but were not limited to: SDSU, MC, Point Loma Nazarene University (PLNU), University of San Diego (USD), National University (NU), California State University San Marcos (CSUSM), Southwestern College (SWC), Kaplan College (KC), Grossmont College (GC), EMSTA College, Alliant University, San Diego City College, University of Southern California (USC), Concorde Career College, Touro University, University of Phoenix and Western University among others.

In addition, SGH leadership supported the professional development of students in SDSU's Masters of Public Health and Masters of Nursing programs through a variety of educational lectures, including hospital fundraising, nursing statistics, hospital delivery systems, and the role of hospital leadership in quality and changing culture and the American Nurses Credentialing Center (ANCC) Magnet Recognition Program.

#### FY 2015 Plan

SGH will do the following:

- In collaboration with Grossmont Union High School District, participate in the Health-careers Exploration Summer Institute
- Continue to report outcomes of HSHMC students and graduates to promote long-term program sustainability
- Continue to provide internship and professional development opportunities to college and university students throughout San Diego
- Continue to collaborate with local universities to provide professional development lectures for students

## SGH Program and Service Highlights

- 24-hour emergency services with heliport and paramedic base station – designated STEMI Center
- Acute care
- Ambulatory care services, including infusion therapy
- Behavioral Health Unit
- Breast Health Center, including mammography
- Cardiac services, recognized by the American Heart Association – GWTG
- Cardiac Training Center
- Computed Tomography (CT) scan
- David and Donna Long Center for Cancer Treatment
- Electrocardiogram (EKG)
- Electroencephalography (EEG)
- Endoscopy unit
- Grossmont Plaza Outpatient Surgery Center
- Group and art therapies
- Home health<sup>1</sup>
- Home infusion therapy
- Hospice<sup>2</sup>
- Hyperbaric treatment
- Intensive Care Unit (ICU)
- LakeView Home<sup>3</sup>
- Neonatal Intensive Care Unit (NICU)
- Orthopedics
- Outpatient diabetes services, recognized by the American Diabetes Association
- Outpatient Imaging Centers
- Laboratory services (inpatient and outpatient)
- ParkView Home<sup>3</sup>
- Pathology services
- Pediatric services<sup>4</sup>
- Pulmonary services
- Radiology services
- Rehabilitation Center
- Robotic surgery
- Senior Resource Center
- Sleep Disorders Center
- Spiritual care services
- Stroke Center
- Surgical services
- Transitional Care Unit
- Van services

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<sup>1</sup> Provided through Sharp Memorial Hospital Home Health Agency

<sup>2</sup> Provided through Sharp HospiceCare

<sup>3</sup> Hospice residential facility

<sup>4</sup> Inpatient services are provided through an affiliation with Rady Children's Hospital

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



## Giving the Gift of Self-Confidence

~ SHARP HOSPIECARE ~

*Hair* loss as a result of cancer treatment and other illnesses can be an emotionally challenging experience. The Sharp HospiceCare Wig Program helps community members look and feel their best by providing free wigs.

Donated to Sharp HospiceCare by national wig manufacturers, new, unused wigs are cleaned and styled by Sharp HospiceCare team members with a professional background in hairstyling, and then donated to community members suffering from medical-related hair loss. During a private

wig appointment, individuals receive a boost of self-confidence as they select their complimentary wig, are fitted and given personalized instruction on daily wig application, washing and other maintenance tips.

Since 2012, nearly 100 community members have received free wigs through the Sharp HospiceCare Wig Program. The program furthers its outreach by donating additional wigs to other community organizations working to support those facing hair loss due to illness.

Commitment

# 7 Sharp HospiceCare

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*We can change our community by continuing to design innovative programs and services that address and solve health related issues. – Suzi Johnson, Vice President of Hospice, Sharp HospiceCare*

As a systemwide program, Sharp HospiceCare provides programs and services to all of Sharp HealthCare's (Sharp's or SHC's) hospital entities. However, Sharp HospiceCare is licensed under Sharp Grossmont Hospital (SGH) and as such, the financial value of its community benefit programs and services are included in Section 6 (SGH) of this report. The following description highlights the variety of community benefit programs and services provided by Sharp HospiceCare to San Diego County (SDC) in FY 2014:

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

## Definition of Community

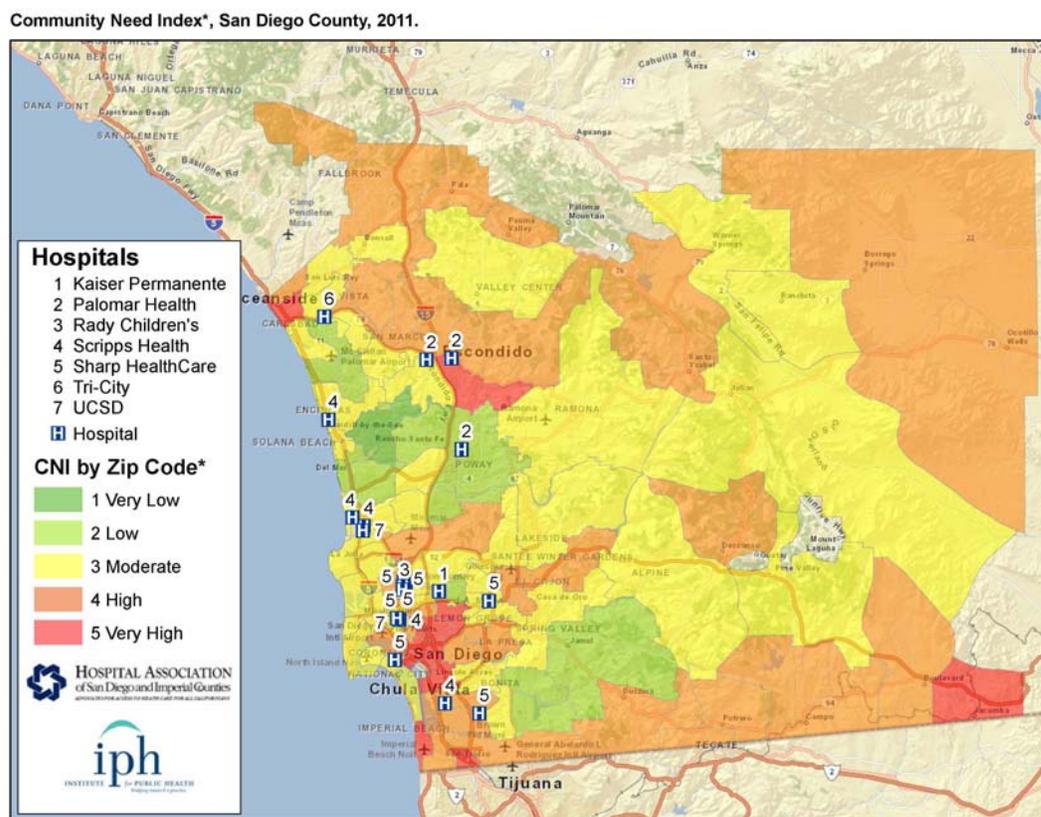
*Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942.*

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

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

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

Figure 2: CNI Map of SDC



## Description of Community Health

In SDC, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were insured in 2011— failing to meet the Healthy People (HP) 2020 national targets<sup>1</sup> for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

In SDC overall, during 2012, 16.3 percent of adults ages 18 to 64 did not have a usual source of care. In addition, 72.2 percent of these adults had health insurance, and 7.3 percent utilized Medi-Cal Healthy Families. Further, 15.9 percent of SDC adults ages 18 to 64 reported fair or poor health outcomes and 12.7 percent reported as food insecure<sup>2</sup>.

Table 2: Health Care Access in SDC, 2011

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

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

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

<sup>2</sup> This information is sourced from the 2012-2013 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning Areas, and more. Customized and detailed health statistics are available through *AskCHIS* biennially, with the most recently available information from 2011-2012.

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

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

Source: 2011-2012 CHIS

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

Table 4: Leading Causes of Death in SDC, 2012

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	4,958	24.8%
Disease of heart	4,626	23.1%
Alzheimer's disease	1,163	5.8%
Chronic lower respiratory diseases	1,029	5.1%
Cerebrovascular diseases	1,003	5.0%
Accidents (unintentional injuries)	989	4.9%
Diabetes mellitus	652	3.3%
Intentional self-harm (suicide)	408	2.0%
Chronic liver disease and cirrhosis	354	1.8%
Essential (primary) hypertension and hypertensive renal disease	332	1.7%
Influenza and pneumonia	303	1.5%
Parkinson's disease	264	1.3%
Pneumonitis due to solids and liquids	147	0.7%
Septicemia	129	0.6%
Neoplasms – in situ, benign or unknown behavior	124	0.6%
All other causes	3,537	17.7%
<b>Total Deaths</b>	<b>20,018</b>	<b>100.0%</b>

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch

## Community Benefit Planning Process

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

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

## Priority Community Needs Addressed by Sharp HospiceCare

The 2013 CHNAs for each SHC acute care hospital (Sharp Chula Vista Medical Center, Sharp Coronado Hospital and Healthcare Center, SGH, SMH) identify senior health as a priority health need for the community. Sharp HospiceCare provides hospice and palliative care services across the SHC care continuum, and helps to address senior health issues through the following community programs and services:

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

For each of the community programs and services described above, subsequent pages include a summary of the rationale and importance of the service(s), objective(s), FY 2014 Report of Activities conducted in support of the objective(s), and FY 2015 Plan of Activities.

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

### Management Education for Community Members

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

- In SHC's 2013 CHNAs, senior health was identified as one of the priority health issues for community members served by SHC.

- Research presented in the SHC 2013 CHNAs revealed that seniors are at high risk for developing chronic illnesses and related disabilities, and chronic conditions are the leading cause of death among older adults.
- Nationwide, about 80 percent of older adults have one chronic condition, and 50 percent have at least two chronic conditions. Efforts to identify preventable strategies or reduce the risk of disease and injury and to widely apply effective interventions must be pursued (Centers for Disease Control and Prevention, 2011).
- Findings presented in the SHC 2013 CHNAs revealed the following health conditions as chief concerns for seniors in SDC: cardiovascular disease, Alzheimer's disease, pain management, hearing loss (many seniors cannot afford treatment), and mobility issues (falls and resulting immobility). Health issues such as medication management, social planning for the future (including housing, advance care planning, etc.), and lack of education, management and support for behavioral changes were identified.
- According to research presented in the SHC 2013 CHNAs, older adults are among the fastest growing age groups in the U.S. In 2011, the first of more than 70 million baby boomers (adults born between 1946 and 1964) turned 65. By the year 2050, this age group is projected to more than double in size, from 40.3 million to 88.5 million. The increasing number of older adults, combined with the increasing rates of obesity, diabetes, and other chronic disease, are on track to overwhelm the health care system (America's Health Ranking Senior Report, 2013).
- There are an estimated four million family caregivers in California, according to the California Caregiver Resource Center (CRC).
- Although caregivers report some positive feelings about caregiving, including family togetherness and the satisfaction of helping others, they also report high levels of stress over the course of providing care. Sixty-one percent of family caregivers of people with Alzheimer's and other dementias rated the emotional stress of caregiving as high or very high (National Alzheimer's Association, Alzheimer's Disease Facts and Figures, 2013).
- While researchers have long known that caregiving can have harmful mental health effects for caregivers, research shows that caregiving can have serious physical health consequences as well. Seventeen percent of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities. Furthermore, an estimated 17 to 35 percent of family caregivers view their health as fair to poor (American Association of Retired Persons (AARP) Public Policy Institute, 2011; AARP Public Policy 2012).
- The demand for information by caregivers increased from 67 percent to 77 percent over the five year period from 2004 to 2009 (The National Alliance for Caregiving and AARP, 2009).
- Families provide 80 percent of the long-term care in the U.S., and the need for information is great and continues to grow (Family Caregiver Alliance).
- Caregivers responded positively to interventions such as individual/group therapy, educational/training support, home-based visits, or technology, depending on how they are delivered (National Alzheimer's Association, 2012).
- According to a 2011 article in the *American Family Physician Journal* (AFPJ), the demand for family caregivers is expected to rise by 85 percent in the next few

decades. Furthermore, family caregiving has been affected in several important ways over the past five years: caregivers and care recipients are older and have higher levels of disability than in years past; the duration, intensity and burden of care has increased; the financial cost associated with informal caregiving has risen; and the use of paid formal care has declined significantly.

## Objectives

- Provide education and outreach to the San Diego community concerning advanced illness management and end-of-life care
- Collaborate with community organizations to provide education and outreach to community members and their loved ones
- Support the unique end-of-life care needs of military veterans and their families

## FY 2014 Report of Activities

In an effort to support the San Diego community in the areas of end-of-life care, aging and caregiving, Sharp HospiceCare is a member of a variety of organizations including SDCCEOL, San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition, SDRHCC, HVP in San Diego, Caregiver Coalition of San Diego, SanDi-CAN, North County Community Action Network (NorCAN), SoCAN and ECSSP. In FY 2014, Sharp HospiceCare collaborated with these organizations to provide nearly 4,000 community members with end-of-life education and outreach at a variety of churches, senior living centers, and community health agencies and organizations throughout SDC, as well as through participation in community health fairs and events.

Educational presentations covered end-of-life issues and advanced illness management, including advance care planning (ACP), introduction to hospice, eligibility and other key facts about hospice. Presentations were provided at the San Diego Caregiver Coalition's Recognizing and Responding to Elder Abuse Conference; Q-Living Lunch and Learns for Qualcomm employee caregivers; the SCRC Workshop at Foothills Christian Church; The Rock Church; the Caregiver Coalition's Make the Best of Your Options event for family caregivers at First United Methodist Church; SDCCEOL Physician Panels at the Ramona Library and Bonita-Sunnyside Branch Library; and the Aging: Planning and Coping Conferences at First United Methodist Church, Point Loma Community Presbyterian Church and the La Mesa Community Center. Participation in community health fairs and events included but were not limited to: the College Avenue Senior Center Health Fair; the 3<sup>rd</sup> annual La Mesa Senior Expo at the La Mesa Community Center; the San Diego Gas & Electric (SDG&E) Employee Wellness Fair; St. Paul's Senior Homes Resource Fair; Norman Park Senior Health Fair; Spring Into Healthy Living at the Davis Family YMCA; the SanDi-CAN Live Well, Age Well Community Wellness & Resource Fair; Retired and Senior Volunteer Program (RSVP) appreciation luncheon; and the Mana de San Diego Family Health Fair at Sweetwater High School in National City.

In honor of California Health Care Decisions Week, Sharp HospiceCare partnered with SanDi-CAN and other community organizations in October to co-host a large community event at the Balboa Park Club titled Navigating End-of-Life Decisions: Planning Ahead...Crucial Conversations. This free conference provided approximately 200 seniors and families with tools to help them identify their values and goals, as well as communication tips to make educated and informed health care decisions. The event included resources from 36 community exhibitors, as well as presentations from a variety of community experts, including: Five Important Documents Everyone Should Have; Palliative Care: Living with Chronic Illness; Care Options: Knowing When; Grief vs. Depression: How to Recognize the Difference; Final Arrangements: All You Need to Know and Plan for; Essential Documents & Conversations: Community Physicians Share Their Thoughts on Their Own Advance Directives.

Sharp HospiceCare and the Sharp Senior Resource Centers collaborated to provide two free community conferences titled Aging: Planning and Coping in honor of the Third Annual National Healthcare Decisions Day (NHDD), a national effort held every April to motivate and educate community members and health care providers about the importance of ACP. The conferences were held at the La Mesa Community Center and Point Loma Community Presbyterian Church, and were attended by approximately 100 seniors and caregivers. They received educational presentations from Sharp HospiceCare leadership and community health experts on how to approach aging from a healthier perspective, including: coping with the challenges of aging; understanding geriatric frailty; ACP; and integrative therapy. In addition, Sharp team members provided free health screenings, and local health and senior service agencies offered information on a variety of community resources. In June, an Aging: Planning and Coping Conference was also held at the First United Methodist Church in Mission Valley, reaching approximately 100 community members. This conference featured similar education and services as the conferences in April, with an additional presentation on optimizing longevity with a healthy diet.

In further support of NHDD, Sharp HospiceCare played a lead role in the planning, organization and delivery of a countywide event titled Planning Ahead for Your Future Healthcare Needs, hosted by SDCCEOL. Held at the First United Methodist Church in Mission Valley, this dynamic, free conference was a collaboration of various community hospice agencies and mortuaries that provided approximately 120 community members with valuable tools on communicating one's health care preferences to family, friends and physicians. Education covered ACP tools and resources, including the advance directive and POLST documents. Community physicians also shared their personal experiences with completing an advance directive, including crucial conversations with their loved ones, and how they selected their health care agent.

In FY 2014, the Sharp HospiceCare integrative therapies team continued to provide a monthly stress management class called Relaxation for the Family Caregiver. Through an educational lecture, hands-on demonstrations and self-practice, more than 120 family caregivers learned simple techniques for self-care and relaxation, such as yoga, tai chi and meditation to prevent caregiver burnout and promote healing.

Sharp HospiceCare continued its wig donation program in FY 2014, providing more than 30 free wigs to community members who suffer from hair loss due to cancer treatment and other illnesses. Through the program, Sharp HospiceCare receives new, unused wigs from manufacturers, cleans and styles the wigs and donates them to individuals in need. Understanding that hair loss can be difficult, Sharp HospiceCare team members offer private wig appointments for community members to select their wig, and receive personalized wig fitting, styling and maintenance instructions. In addition, surplus wigs are donated to patients at the Douglas and Nancy Barnhart Cancer Center at SCVMC, and to other community organizations interested in supporting those with medical-related hair loss.

Sharp HospiceCare supports the needs of military veterans and their families through participation in veteran-oriented community events, and collaboration with local and national organizations advocating for quality end-of-life care for veterans. In October, Sharp HospiceCare provided education and resources on hospice, ACP and advanced illness management at the Veterans, Military and Families Expo at the War Memorial Building at Balboa Park. This free event was sponsored by the City of San Diego Parks and Recreation Department, Senior Citizen Services, SanDi-CAN, San Diego Veterans Coalition and the Caregiver Coalition of San Diego. The event included presentations, workshops, resource tables and assistance applying for veterans' benefits from a variety of non-profit organizations and federal, county, and municipal entities that support veterans and military families. In November, Sharp HospiceCare provided ACP education at a health fair for veterans and their family members at the Veterans Affairs (VA) San Diego Healthcare System in La Jolla, in collaboration with other community hospice organizations and the Hospice-Veteran Partnerships (HVP) in San Diego.

Since 2010, Sharp HospiceCare has been a member of the HVP in San Diego, a coalition of the Department of Veterans Affairs facilities and community hospices working together to ensure excellent end-of-life care for veterans and their families. Through the partnership, the VA San Diego Healthcare System and San Diego's community hospice organizations continually collaborate to promote and advocate for quality care for veterans experiencing a life-limiting illness, and serve as a voice and resource for veterans and their families. Sharp HospiceCare also participates on the advisory board for the SCRC's Operation Family Caregiver (OFC), a comprehensive program that helps all family caregivers of veterans, including those of post-911 conflicts, as well as service members with Traumatic Brain Injury (TBI), Post-Traumatic Stress Disorder (PTSD), or other physical disabilities.

In addition, Sharp HospiceCare is a partner in We Honor Veterans (WHV), a national project developed by the NHPCO in collaboration with the Department of Veterans Affairs to empower hospice professionals to meet the unique needs of veterans and their families at the end-of-life. As WHV partners, hospice organizations can achieve up to four levels of commitment in serving veterans. Sharp HospiceCare is currently a Level One Partner, indicating it is equipped to provide veteran-centric education to its staff and volunteers, including training them to identify patients with military experience.

## FY 2015 Plan

Sharp HospiceCare will do the following:

- Continue to collaborate with a variety of local networking groups and community-oriented agencies to provide education and resources for community seniors and their loved ones on advanced illness management and end-of-life care
- In collaboration with SCHHC and the Sharp Senior Resource Centers, host three free aging conferences, reaching 100 community members per conference
- Continue to provide a wig donation program
- Continue to support the needs of military veterans and their families through the provision of education and resources at veteran-oriented community events, and collaboration with local and national organizations advocating for quality end-of-life care for veterans
- Achieve WHV Level Two Partners to build the organizational capacity needed to provide quality care for veterans and their families
- Begin working towards WHV Level Three Partners to develop and strengthen relationships with VA medical centers and other veteran organizations and community hospices

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

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

### Rationale

- Participants in the HASD&IC 2013 CHNA community forums recommended increased educational resources on advance directives to help address the health concerns of seniors in SDC.
- Key informant interviews from the SHC 2013 CHNAs identified social planning for the future, including education on ACP, among chief concerns for seniors in SDC.
- Greater community education regarding care options and care management to ensure a positive experience as seniors approach the later stages of life were identified as areas of improvement for seniors in the SHC 2013 CHNAs.
- Advance directives should be filled out while people are healthy, because doing so gives them time to think about the end-of-life care they would choose if they were unable to communicate their own wishes. It also allows time to discuss these wishes with loved ones (National Cancer Institute, 2013).
- A 2013 report, *Completion of Advance Directives Among U.S. Consumers*, published in *The American Journal of Preventive Medicine* in January 2014, shows that of more than 7,900 respondents only 26.3 percent had an advance directive, with lack of awareness cited as the primary barrier for not having one. This study

also indicates racial and educational disparities in the completion of an advance directive and highlights the need for additional education about end-of-life decisions.

- Only 28 percent of home health care patients, 65 percent of nursing home residents and 88 percent of hospice care patients have an advance directive on record (National Center for Health Statistics, 2011).
- According to the CDC, barriers to ACP include: lack of awareness, denial of death and dying, denial of being in a circumstance in which we are unable to make our own decisions and speak for ourselves, confusion between whether to choose palliative care and doing whatever it take to extend life, and cultural differences (CDC, 2012).
- According to the CDC, planning for the end of life is increasingly being viewed as a public health issue, given its potential to prevent unnecessary suffering and to support an individual's decisions and preferences related to the end of life. In addition, the CDC recognizes the public health opportunity to educate Americans, and especially older adults, about ACP and to improve their quality of care at the end of life (CDC, 2010).
- Although making decisions on end-of-life care can be traumatic, providing information to family members, involving them in discussions and using advance directives has shown to reduce their symptoms of post-traumatic stress, anxiety, and depression (Detering et al., 2010, The Impact of Advance Care Planning on End of Life Care In Elderly Patient: Randomized Controlled Trial, *British Medical Journal*).

### Objectives

- Provide ACP education, engagement and consultation for community members
- Provide education to community health care professionals and students on ACP and important ACP components

### FY 2014 Report of Activities

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

medical decisions related to immediate life sustaining or prolonging measures, including completion of the POLST form.

In FY 2014, the Sharp ACP team provided printed educational resources, as well as nearly 130 phone and in-person consultations to community members seeking guidance with identifying their personal goals of care and health care preferences, appointing an appropriate health care agent, and completing an advance directive. The program engaged more than 2,550 community members in free ACP education at a variety of community sites, including health fairs, senior centers, homecare agencies, churches and seminars. Locations included but were not limited to: Collwood Terrace Retirement Community; the Rock Church; the Sharp Women's Health Conference; the Sharp HospiceCare and Sharp Senior Resource Centers Aging: Planning and Coping Conferences; and the SCRC Workshop at Foothills Christian Church. The team also provided ACP lectures to nearly 550 students and health care professionals in the community, including attendees of the Aging and Independence Services (AIS) Vital Aging Conference, County of San Diego Emergency Medical Service (EMS) providers, local fire departments, the CVCC, South Bay Senior Providers, SDCCEOL, SanDi-CAN, San Diego County Council on Aging (SDCCOA), United Health Group, C-TAC, case managers from the San Diego Care Transitions Partnership (SDCTP), the Caregiver Coalition of San Diego, the Sharp HospiceCare Resource and Education Expo, and a visiting physician from Mexico City.

In FY 2014, Sharp HealthCare developed the Sharp HealthCare Advance Directive to guide the public in outlining their health care decisions. It was made publicly available on its website. Using easy-to-read language, the document describes what an advance directive is and how and why to complete one. It also provides an opportunity for individuals to put their health care wishes into writing, and appropriately sign the advance directive making it a legal document that can be used as a tool for health care decision making. Additional contact information is also provided for community members who are interested in speaking with a Sharp ACP facilitator.

### FY 2015 Plan

Sharp HospiceCare will do the following:

- Continue to provide free ACP education and outreach to community members through phone and in-person consultations
- Continue to provide free ACP education and outreach to health care professionals
- Continue to collaborate with community organizations to provide more than 50 educational classes and events to raise awareness of ACP
- Host a variety of community events to promote the importance of ACP in honor of National Healthcare Decisions Day
- Provide education to health care clinicians on how to discuss and distribute the new Sharp HealthCare Advance Directive

## Identified Community Need: Health Professions and Student Education and Training, and Volunteer Training

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

### Rationale

- According to the 2013 SDC *Healthcare Shortage Areas Atlas* from the County of San Diego's HHSA, SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area.
- The demand for RNs and other health care personnel in the U.S. will increase due to the aging population. Nurses will be needed to educate and care for patients with various chronic conditions, such as arthritis, dementia, diabetes, and obesity. The number of individuals who have access to health care services will increase as a result of federal health insurance reform. More nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012).
- The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care.
- The BLS projects that home health aide demand will grow 48 percent from 2012 to 2022. As the U.S. population ages, the demand for home health aides to provide assistance and companionship will continue to increase. The older population often has health problems and will need help with daily activities.
- Overall employment is projected to increase 10.8 percent, or 15.6 million, from 2012 to 2022. Occupations and industries related to health care are projected to add the most new jobs during this decade and jobs requiring postsecondary education for entry are expected, on average, to grow faster than occupations that require a high school diploma or less.
- The number of Americans over age 65 is expected to increase 71 percent by 2030. Geriatrics health professions training programs are critical to ensuring there is a skilled eldercare workforce and knowledgeable, well-supported family caregivers available to meet the complex and unique needs of older adults (Eldercare Workforce Alliance, 2014).
- An estimated 3.5 million additional health care professionals will be needed by 2030 to care for older adults, while current levels of workforce are already stretched (Eldercare Workforce Alliance, 2011).
- Due to the expanding populations of older adults, and the growing desire to live independently and remain at home, the demand for the direct-care workforce is projected to reach 4.3 million by 2018. Furthermore, direct-care workers are responsible for providing 70 to 80 percent of the paid hands-on long-term care for older adults, but their preparation and training is underfunded and inconsistent (Paraprofessional Healthcare Institute, 2011).
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target

underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

## Objectives

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

## FY 2014 Report of Activities

Between the fall 2013 and spring 2014 semesters, Sharp HospiceCare provided 30 San Diego State University (SDSU) nursing students with opportunities to shadow case managers out in the field. Sharp HospiceCare's LakeView and ParkView homes served as training sites for 30 SDSU nursing students who spent an eight-hour day shadowing and learning from the highly skilled and compassionate nursing staff at each of the homes. Sharp HospiceCare also trained and supervised a medical student from Touro University in a two-week intensive program overseen by a board certified hospice medical director. In addition, 160 hours of training, supervision and shadowing was provided to a physician visiting from Mexico City, including education about hospice care and ACP through patient visits and classroom presentations.

In April, June and July, Sharp HospiceCare delivered lectures on ACP and bioethics to 100 nursing and medical students from Azusa Pacific University (APU). Furthermore, education on end-of-life care and comprehensive care for the terminally ill was provided to more than 40 advanced psychology students at Valhalla High School.

In June 2014, Sharp HospiceCare hosted its fifth annual Resource and Education Expo, reaching approximately 300 community health care professionals. The theme of the expo was Law, Ethics and Advocacy in Health Care, featuring education from local professionals on bioethical issues surrounding ACP and decision making; the legal aspects of elder abuse and mandated reporting in California; and the value of extending palliative care into the health care continuum. The expo featured 35 resource exhibits representing a variety of community agencies supporting end-of-life needs. Education was provided by various community agencies including the San Diego District Attorney and California State University San Marcos (CSUSM), as well as by Sharp's ACP facilitator.

In FY 2014, Sharp HospiceCare leadership provided education, training and outreach to local, state and national health care professionals. These efforts sought to guide industry professionals in achieving person-centered, coordinated care through the advancement of innovative hospice and palliative care initiatives. Educational outreach to local organizations included the San Diego Rotary, SDRHCC, San Diego Hospice and Palliative Nurses Association (HPNA), SDCCOA and San Diego POLST Coalition. State and national education included the Iowa Hospital Association Palliative Care Conference, Generations HealthCare, Healthsperien, Wellspan Health, Atlanticare, Front Porch Retirement Communities administration, the U.S. News & World Report Conference, the California HealthCare Foundation (CHCF) Improvement Network and Palliative Care Action Committee, NHPCO, CHAPCA, the Coalition for Compassionate Care of California (CCCC) Conference, California Physicians Medical Group, and Scott and White Medical Group of Central, Texas. Presentation topics included advanced illness management, hospice economics, prognostication, ACP and geriatric frailty. Throughout the year, Sharp HospiceCare also provided print, radio and television interviews with KPBS, Fox 5 San Diego and *Union-Tribune San Diego*, discussing issues pertaining to end-of-life care.

Sharp HospiceCare leadership continued to serve as part of the CHCF Palliative Care Action Community in FY 2014, to help health care organizations implement community-based palliative care services, including a site visit for Long Beach Memorial Medical Center. Sharp HospiceCare leadership also continued to serve on the board, and as a state hospice representative, for NHPCO and CHAPCA.

The Sharp HospiceCare interdisciplinary team is trained in ELNEC (End-of-Life Nursing Education Consortium) for Veterans. Administered by the American Association of Colleges of Nursing (AACN), the ELNEC project is a national education initiative to improve palliative care. Through Train-the-Trainer courses, the ELNEC for Veterans project trains a core of expert nursing educators on how to provide better palliative care for veterans with life-threatening illness, so that they can continue to teach this essential information to practicing nurses and other health care professionals. Since completing the Train-the-Trainer course in 2012, Sharp HospiceCare has been working with its community partners to locally expand training in ELNEC for Veterans, including sharing the curriculum with fellow members of the HVP, and with staff from the VA San Diego Healthcare System.

In FY 2014, Sharp HospiceCare provided training for nearly 70 new volunteers. Hospice volunteers are often working towards a career in the medical field, and can gain valuable knowledge and experience volunteering for a hospice organization. In addition, hospice volunteers provide important services to hospice organizations and those they serve, including providing companionship to those near the end of life, caregiver and family support, and help with community outreach. Prior to providing patient care and administrative support activities, Sharp HospiceCare volunteers participated in an extensive 32-hour training program to confirm their understanding of and commitment to hospice care. Sharp HospiceCare also trained five teenagers through its Teen Volunteer Program, and provided volunteer opportunities for three nursing students

from Point Loma Nazarene University (PLNU). The teen volunteers devoted their time to special projects in the office or at Sharp HospiceCare's hospice homes, while the nursing students provided assistance and care to family caregivers in private homes.

In addition, Sharp HospiceCare offers a unique volunteer opportunity through its 11<sup>th</sup> Hour Program. Through the program, a Sharp HospiceCare volunteer accompanies end-of-life patients without family members present, providing comfort in their final moments. These volunteers also provide company to family members who are present as their loved one passes away.

### FY 2015 Plan

Sharp HospiceCare will do the following:

- Continue to provide education and training opportunities for nursing and premedical students and interns
- Provide an end-of-life learning environment in community-based hospice homes
- Continue to provide education, training and outreach to local, state and national health care organizations to support the development and implementation of appropriate services for the needs of the aging population, including individuals in need of advanced illness management
- Maintain active relationships and leadership roles with local and national organizations
- Continue to provide ELNEC education to community health care professionals
- Provide volunteer training programs for at least 100 adults and teens
- Provide training to hospice volunteers on integrative therapies for family caregivers

### Identified Community Need: Bereavement Counseling and Support

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

### Rationale

- According to the Institute of Medicine (IOM) 2014 report, *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life*, clinical care is not a person's sole priority near the end of life. Patients and families may be deeply concerned with existential or spiritual issues, including bereavement, and with practical matters of coping. Appropriate support in these areas is an essential component of good care.
- According to the same report, risk factors for complicated grief among bereaved caregivers include fewer years of education, younger age of the deceased, and lower satisfaction with social support. The care provided by hospices may lead to positive health outcomes, including survival, among the bereaved and may help some people avoid long-term depression and other consequences of complicated grief.

- According to the NHPCO, grief may be experienced in response to physical losses, such as death, or in response to symbolic or social losses such as divorce or loss of a job. The grief experience can be affected by one's history and support system. Taking care of one's self and accessing counseling and support services can be a guide through some of the challenges of grieving as a person adjusts to their loss.
- According to a 2010 article in *Journal of the American Medical Association (JAMA)*, when compared with nursing homes or home health nursing services, bereaved family members report fewer unmet needs for pain and emotional support when the last place of care was hospice. In addition, lower spousal mortality at 18 months was found among bereaved wives of decedents who used hospice care versus those who did not.
- A 2004 JAMA study titled, *Quality of End-of-Life Care and Last Place of Care*, examined 1,578 family members of people who died in the year 2000 of non-traumatic causes. Families were asked about the quality of patients' experiences at the last place where they spent more than 48 hours. Significant findings of the study include more than one-third of those cared for by nursing homes, hospitals and home health agencies reported either insufficient or problematic emotional support for the patient and/or family, compared to one-fifth of those in hospice (JAMA, January 7, 2004).

### Objectives

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

### FY 2014 Report of Activities

Throughout FY 2014, Sharp HospiceCare offered a variety of bereavement service options to help grieving community members learn effective ways to cope with the loss of a loved one. Services were provided in both Spanish and English, and included professional bereavement counseling for individuals and families, as well as community education, support groups and monthly newsletter mailings.

In FY 2014, Sharp HospiceCare devoted more than 2,200 hours to home and office counseling and phone contacts with patients and their loved ones, providing them with bereavement counseling services from Master's-level social workers with specific training in grief and loss.

Free quarterly bereavement support groups facilitated by skilled mental health care professionals specializing in the needs of the bereaved reached more than 180 participants in FY 2014. Groups included Straight Talk about Grief and Loss and the Widow's/Widower's group. Straight Talk about Grief and Loss consisted of eight weekly sessions each quarter, including: Introduction to the Grief Process; Strategies for

Coping with Grief; Communicating with Family and Friends; Experiencing Anger in Grief; Guilt, Regret and Forgiveness; Differentiating Natural Grief and Depression; Use of Ceremony and Ritual to Promote Healing; and What Does Healing Look Like?/Who Am I Now?. The Widow's/Widower's group welcomed community members who lost a spouse, and provided them with an opportunity to share their emotional challenges and receive support and coping skills from other group members.

Additionally, a support group titled Support During the Holiday Season was offered on two days in December, while a special event titled Healing Through the Holidays was offered on two days in November. More than 80 adults attended the groups, receiving presentations and support around understanding grief, improving coping skills, exploring the spiritual meaning of the holidays in the face of grief, remembering loved ones and reviving hope. A similar group was provided in the spring titled Remembering Our Parents, which focused on coping with grief around Mother's and Father's Day, and served more than 15 community members.

In May, the Sharp HospiceCare Spiritual Care Department offered its annual memorial service for family members of hospice patients who have died in the past year. Through music, readings, and sharing memories with other attendees, the service provided family members a time for healing during their grief, and keeping the memory of their loved ones alive.

In addition, approximately 1,250 community members received a monthly bereavement support newsletter titled *Healing Through Grief* for 13 months after the loss of a loved one, in order to help them cope with the changes associated with this experience. Sharp HospiceCare bereavement counselors provided referrals to community counselors, mental health services, other bereavement support services and community resources as needed. Sharp HospiceCare volunteers supported grieving community members through the Memory Bear program, in which they used garments of loved ones who have passed on to sew teddy bears as keepsakes for surviving family members. In FY 2014, approximately 3,200 hours were dedicated to sewing more than 800 bears for approximately 400 families.

## FY 2015 Plan

Sharp HospiceCare will do the following:

- Continue to offer individual and family bereavement education, counseling and support groups
- Continue to provide referrals to needed community services
- Provide Healing Through the Holidays events and support services
- Provide 13 mailings of bereavement support newsletters
- Continue to provide a Memory Bear program to serve 400 families

## Sharp HospiceCare Program and Service Highlights

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

# Providing Comprehensive Medical Care

~ SHARP METROPOLITAN MEDICAL CAMPUS ~

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

{ Commitment }

# 8 Sharp Metropolitan Medical Campus

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

## FY 2014 Community Benefit Program Highlights

SMMC provided a total of **\$155,432,084** in community benefit in FY 2014. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMMC's community benefit among those categories.

Table 1: Economic Value of Community Benefit Provided  
Sharp Metropolitan Medical Campus – FY 2014

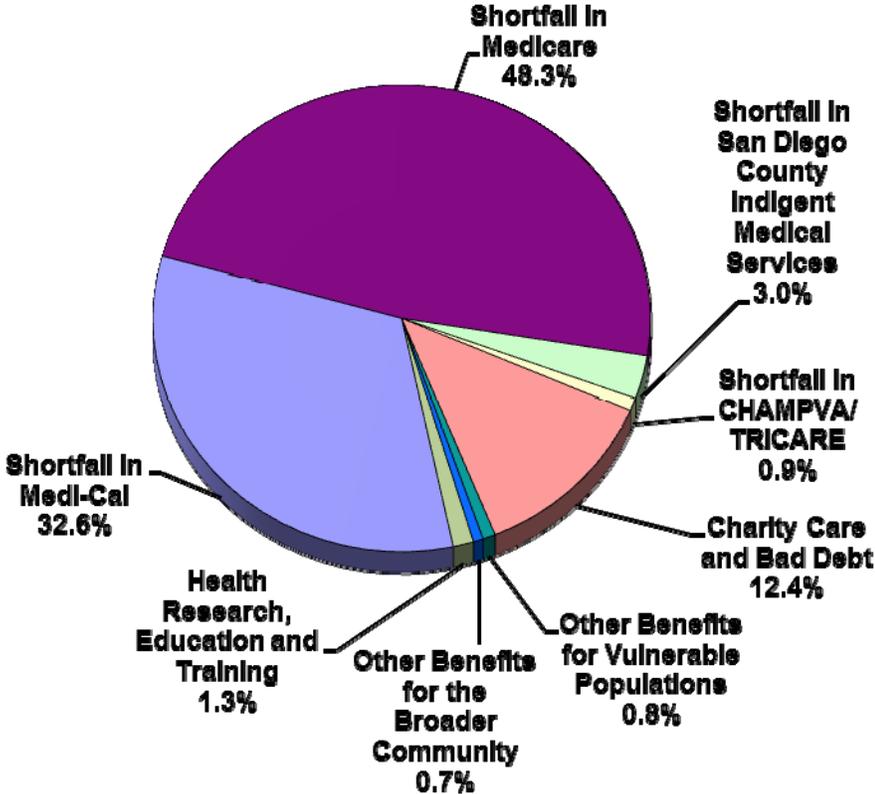
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2014 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal <sup>1</sup>	\$50,723,145
	Shortfall in Medicare <sup>1</sup>	75,018,326
	Shortfall in San Diego County Indigent Medical Services <sup>1</sup>	4,642,668
	Shortfall in CHAMPVA/TRICARE <sup>1</sup>	1,421,546
	Shortfall in Workers' Compensation	3,197
	Charity Care and Bad Debt <sup>2</sup>	19,271,919
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy <sup>3</sup>	1,269,262
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events <sup>3</sup>	1,004,624
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals <sup>3</sup>	2,077,397
<b>TOTAL</b>		<b>\$155,432,084</b>

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

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

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

Figure 1: Percentage of Community Benefit by SB 697 Category  
Sharp Metropolitan Medical Campus - FY 2014





# Improving Outcomes for At-Risk Newborns

~ SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS ~

*Babies* born prematurely or with complications deserve the best possible start in life. Sharp Mary Birch Hospital for Women & Newborns is committed to offering families access to the latest neonatal research and treatment. Through the Neonatal Research Institute (NRI), the hospital identifies and shares evidence-based neonatal care practices — regionally and nationwide — to improve the outcomes of at-risk newborns.

Parents or grandparents of infants who have been in the Neonatal Intensive Care Unit (NICU) also help shape the future of intensive

care through participation in the NRI Parent Advisory Board. Their participation allows them to share their unique point of view as a parent or grandparent of a NICU baby, and provide feedback on proposed and current clinical trials.

The Neonatal Research Institute has received grants from the National Institutes of Health, Little Giraffe Foundation, and the Will Rogers Institute 2014 Neonatal Ventilator and Pulmonary Grant Program in support of its continued research efforts.

Commitment

Section

# 9 Sharp Mary Birch Hospital for Women & Newborns

*To impact the community means to provide a service and skill or opportunity that has a positive benefit.* – Trisha Khaleghi, Chief Executive Officer, Sharp Mary Birch Hospital for Women & Newborns

## FY 2014 Community Benefit Program Highlights

Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) provided a total of **\$17,069,286** in community benefit in FY 2014. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMBHWN's community benefit among those categories.

Table 1: Economic Value of Community Benefit Provided  
Sharp Mary Birch Hospital for Women & Newborns – FY 2014

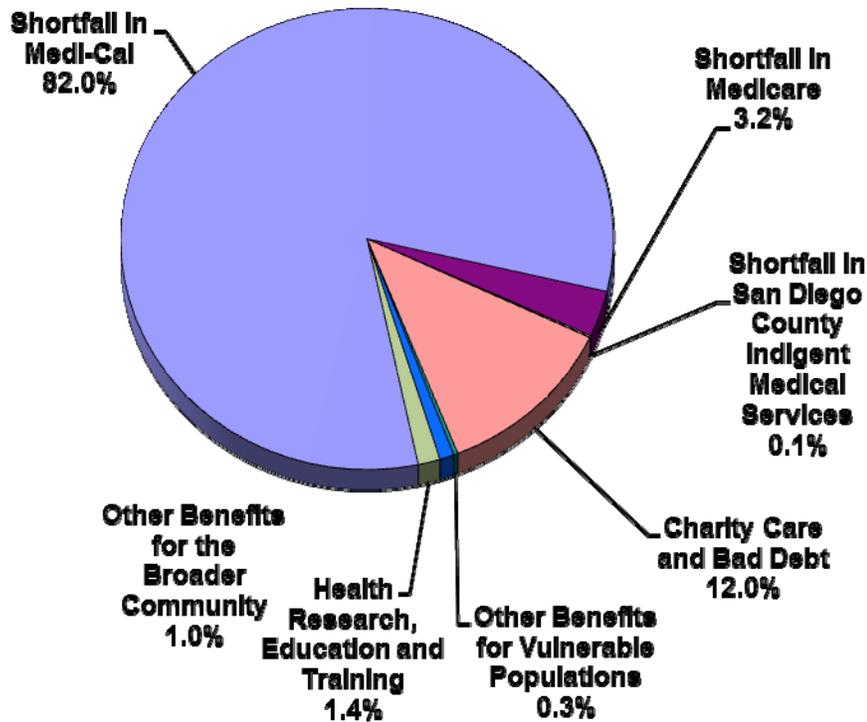
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2014 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal <sup>1</sup>	\$13,997,397
	Shortfall in Medicare <sup>1</sup>	552,155
	Shortfall in San Diego County Indigent Medical Services <sup>1</sup>	18,376
	Shortfall in CHAMPVA/TRICARE <sup>1</sup>	\$1,443
	Shortfall in Workers' Compensation	3,197
	Charity Care and Bad Debt <sup>2</sup>	2,041,173
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy <sup>3</sup>	45,880
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events <sup>3</sup>	162,516
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals <sup>3</sup>	247,149
<b>TOTAL</b>		<b>\$17,069,286</b>

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

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

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

Figure 1: Percentage of Community Benefit by SB 697 Category  
 Sharp Mary Birch Hospital for Women & Newborns – FY 2014



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, and CHAMPVA/TRICARE; and financial support for on-site workers to process Medi-Cal eligibility forms.
- **Other Benefits for Vulnerable Populations** included financial assistance for van transportation for patients to and from medical appointments; contribution of time to Stand Down for Homeless Veterans, San Diego Habitat for Humanity, and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for vulnerable and high-risk community members.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics; support groups; participation in community health fairs and events; and collaboration with local schools to promote interest in health care careers. SMBHWN also donated meeting room space to community groups. SMBHWN staff actively participated in community boards, committees and other civic organizations, such as the American Heart Association (AHA), the American Cancer Society (ACS), the Council of Women’s and Infants’ Specialty Hospitals

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

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

### Definition of Community

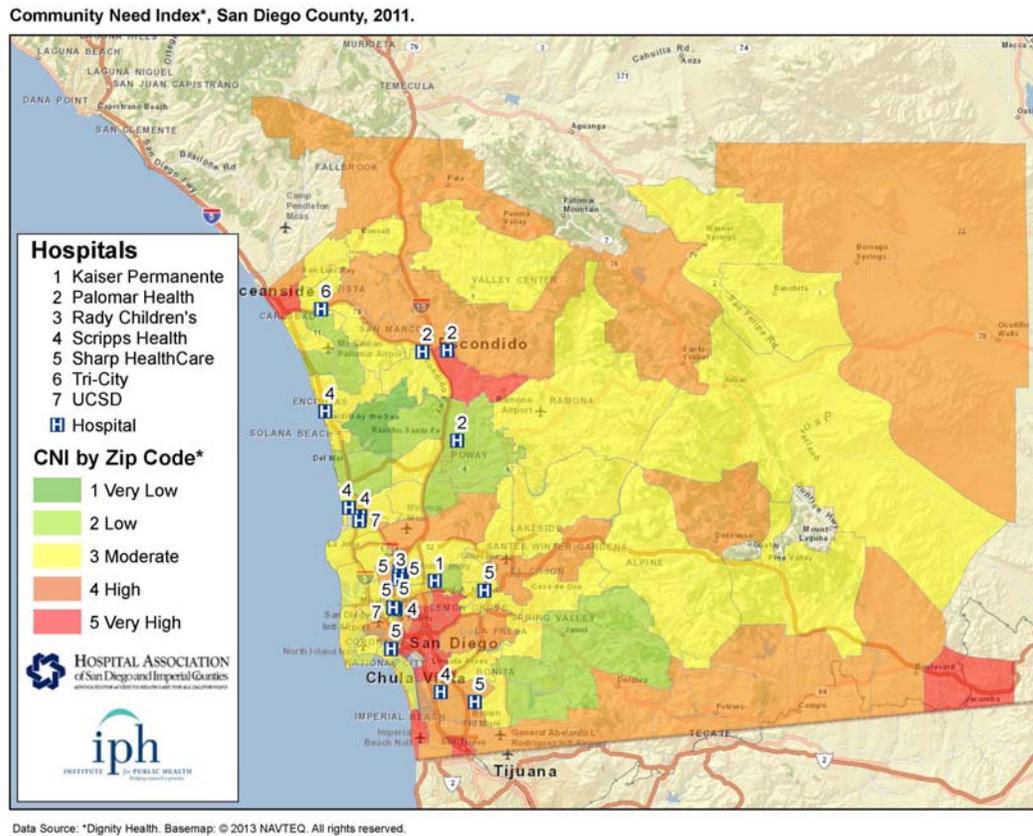
*Sharp Mary Birch Hospital for Women & Newborns is located at 3003 Health Center Drive in San Diego, ZIP code 92123.*

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

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

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

Figure 2: CNI Map – SDC



## Description of Community Health

In SDC, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were insured in 2011— failing to meet the Healthy People (HP) 2020 national targets<sup>1</sup> for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

In SDC overall, during 2012, 16.3 percent of adults ages 18 to 64 did not have a usual source of care. In addition, 72.2 percent of these adults had health insurance, and 7.3 percent utilized Medi-Cal Healthy Families. Further, 15.9 percent of SDC adults ages 18 to 64 reported fair or poor health outcomes and 12.7 percent reported as food insecure<sup>2</sup>.

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

<sup>2</sup> This information is sourced from the 2012-2013 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning

Table 2: Health Care Access in SDC, 2011

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

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

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

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

Source: 2011-2012 CHIS

In 2012, there were 44,391 live births in SDC. During this time, SDC overall met the HP 2020 national targets for all maternal and infant health indicators. See **Table 4** for a summary of maternal and infant health indicators.

In 2011 fetal mortality in SDC was 4.2 fetal deaths per 1,000 live births plus fetal deaths, also meeting the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births plus fetal deaths.

Table 4: Maternal and Infant Health Indicators in SDC, 2012

Maternal and Infant Health Indicator	Rate		Year 2020 Target
Early Prenatal Care <sup>1</sup>	84.3%		77.9%
Preterm Births <sup>2</sup>	9.1%		11.4%
Very Low Birth Weight (VLBW) Infants <sup>3</sup>	1.1%		1.4%
Low Birth Weight (LBW) Infants <sup>4</sup>	6.4%		7.8%
Infant Mortality <sup>5</sup>	3.9%		6.0%

Source: County of San Diego, Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services

In 2012, all regions of SDC met every HP 2020 national target except for Very Low Birth Weight (VLBW) Infants and Infant Mortality in the central region. See **Table 5** for a summary of maternal and infant health indicators by region.

Table 5: Maternal and Infant Health Indicators by Region in SDC, 2012

Indicator	North Coastal	North Central	Central	South	East	North Inland
Prenatal Care	82.2%	90.9%	82.8%	85.4%	80.6%	83.8%
Preterm Births	8.8%	8.6%	10.4%	8.4%	9.2%	9.1%
VLBW Infants	1.0%	1.0%	1.5%	0.9%	1.0%	1.0%
LBW Infants	5.9%	6.3%	7.4%	6.0%	6.0%	6.6%
Infant Mortality	3.2%	2.9%	6.3%	4.7%	3.4%	3.4%

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

In 2011 the fetal mortality rate was 4.8 (fetal deaths per 1,000 live births plus fetal deaths) in the north coastal region, 2.8 in the north central region, 5.1 in the central region, 3.8 in the south region, 3.0 in the east region and 5.4 in the north inland region. In 2011, all SDC regions met the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births plus fetal deaths.

For additional demographic and health data for communities served by SMBHWN, please refer to the SMH 2013 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

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

<sup>2</sup> Preterm birth refers to births prior to 37 completed weeks of gestation.

<sup>3</sup> Very low birth weight refers to birth weight less than 1,500 grams (approximately 3 pounds, 5 ounces).

<sup>4</sup> Low birth weight refers to birth weight less than 2,500 grams (approximately 5 pounds, 8 ounces).

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

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

## Community Benefit Planning Process

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

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

## Priority Community Needs Addressed in Community Benefit Report – SMH 2013 CHNA

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

- Behavioral Health (Mental Health)
- Cardiovascular Disease
- Diabetes, Type 2
- High-Risk Pregnancy
- Obesity
- Senior Health (including end-of-life care)

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

As a specialty hospital, SMBHWN lacks the resources to comprehensively address the elements of community education and support for cardiovascular disease, Type 2 diabetes, obesity, senior health or behavioral health. Consequently, the programs and services that attend to these health issues are addressed through the programs and services provided by SMH. The community education and support elements of behavioral health care are addressed through the programs and services provided

through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC.

Through further analysis of SMBHWN's community programs and consultation with its community benefit team, this section also addresses the following priority health needs for community members served by SMBHWN:

- Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery
- Meeting the needs of new mothers and their families
- Health professions education, training and promotion of health care careers

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2014 Report of Activities conducted in support of the objective(s), and FY 2015 Plan of Activities.

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

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

#### Rationale

- The SMH 2013 CHNA identified high-risk pregnancy as one of six priority health issues for community members served by SMH and SMBHWN.
- The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA process identified high-risk pregnancy among priority health conditions observed in San Diego hospitals.
- According to research from the SMH 2013 CHNA, risk factors for high-risk pregnancy include: advanced maternal age – there is an increased risk for mothers 35 years and older; lifestyle choices such as smoking, alcohol consumption or the use of illegal drugs; medical history including prior high-risk pregnancies or deliveries, fetal genetic conditions or family history of genetic conditions; underlying conditions such as diabetes, high blood pressure, obesity and epilepsy; and multiple pregnancies.
- In 2012, 175 infants died before their first birthday in SDC. The infant mortality rate was 3.9 infant deaths per 1,000 live births, meeting the HP 2020 target of less than six infant deaths per 1,000 live births. Infant mortality was similar for male infants and female infants and was highest among Hispanic infants when compared to infants of other races and ethnicities.

- In 2012, there were 4,042 preterm births (less than 37 weeks gestation) in SDC, while the preterm birth rate was 9.1 percent (of live births with known length of gestation).
- In 2012, preterm births were higher for male newborns when compared to female newborns, highest among Hispanic mothers when compared to mothers of other races and ethnicities, and highest for mothers ages 25 to 34 when compared to mothers in other age groups (defined as 15 to 24 years and 35 years and older).
- According to the Centers for Disease Control and Prevention (CDC), maternal health conditions that are not addressed before a pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid.
- In 2012, preterm birth affected more than 450,000 babies, or one of every nine infants born in the U.S. (CDC, 2014).
- Women who deliver prematurely, experience repeated miscarriages, or develop gestational diabetes are at increased risk of complications with subsequent pregnancies, according to the CDC.
- According to a report from the National Center for Health Statistics (NCHS), preterm infants are at increased risk of life-long disability and early death compared with infants born later in pregnancy. The U.S. preterm birth rate (less than 37 weeks of gestation) rose by more than one-third from the early 1980s through 2006. The first two-year decline in nearly three decades occurred from 2006 to 2008, during which the preterm birth rate decreased from 12.8 percent to 12.3 percent (NCHS, 2010).
- According to a 2006 report from the Institute of Medicine (IOM), the rate of preterm births in the U.S. is a growing public health problem that has significant consequence for families, and costs society at least \$26 billion per year. Further, premature and low birth weight infants (LBW) spent an average of 15 days in the hospital, compared to just over two days for healthy, full-term infants. Premature infants average about 20 outpatient medical visits compared to just 14 for full-term infants (March of Dimes, 2014).

### Objectives

- Develop, coordinate and provide educational programs on preterm labor and births, as well as prenatal health to women in the community, including high-risk populations
- Participate in community events and provide education on preterm births and prenatal health
- Identify and disseminate evidence-based best practices to improve outcomes of at-risk newborns through the Sharp Neonatal Research Institute (NRI)

## FY 2014 Report of Activities

In FY 2014, SMBHWN offered education for expecting mothers in the community, including teenagers and other high-risk populations. Free, monthly Preterm Birth Prevention classes taught approximately 120 individuals the warning signs of preterm labor and how to help prevent a premature birth.

SMBHWN was actively involved in a variety of events supporting the Miracle Babies Foundation, a volunteer-driven nonprofit organization that provides support and financial assistance to families with critically ill newborns in the neonatal intensive care unit (NICU). The hospital participated in the annual Miracle Babies 5K and Masquerade Ball as well as held a silent auction, gift basket raffles, and pizza and bake sales. Through these events SMBHWN raised nearly \$6,000 for Miracle Babies in FY 2014. SMBHWN also participated in the American Heart Association (AHA) Heart & Stroke Walk and provided educational resources on breastfeeding and information about the community programs and services offered at the hospital, to hundreds of community members at various events. This included the AHA Go Red for Women luncheon, Sharp's annual Women's Health Conference, and the Johnson & Johnson Health Fair.

Throughout FY 2014, SMBHWN led a variety of educational classes for expecting mothers and their families, covering various aspects of prenatal care. Topics included: how one's body prepares for birth and delivery; hospital procedures; medication choices; Cesarean delivery; relaxation and breathing techniques; postpartum care; breastfeeding and infant feeding; newborn characteristics and procedures; preparing for multiple babies; and prenatal fitness and yoga.

New in FY 2014, SMBHWN brought together a multidisciplinary team of physicians, nurses, respiratory therapists, research staff and data analysts to form the Sharp NRI. Established to identify and disseminate the latest evidence-based best practices for newborn care with the health care community, the clinical trials conducted by the NRI team have the potential to improve outcomes for at-risk newborns both regionally and nationwide. The NRI includes the Parent Advisory Board (NRI-PAB) consisting of parents and grandparents of infants who have been in the NICU. The NRI-PAB offers the NRI their unique perspective as parents of a NICU baby, including feedback on proposed and current clinical trials to help ensure that other parents will understand and feel comfortable participating in them. Current clinical trials aimed at improving outcomes for at-risk newborns include: delayed umbilical cord clamping; premature infant resuscitation with oxygen or air; sustained lung inflation in the delivery room; and treatment of ductus arteriosus, an opening between the two major blood vessels leading from the baby's heart, which should close shortly after birth but can mistakenly remain open.

## FY 2015 Plan

SMBHWN will do the following:

- Continue to offer monthly Preterm Birth Prevention classes
- Conduct community outreach and education to pregnant teens
- Provide free community education on the importance of breastfeeding
- Continue to conduct community outreach and provide prenatal education at various health fairs and events
- Continue to support the Miracle Babies Foundation in San Diego
- Continue the work of the NRI to identify and disseminate evidence-based best practices for newborn care with the health care community

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

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

#### Rationale

- According to the CDC's 2014 Breastfeeding Report Card, breastfeeding provides many known benefits for infants, children, and mothers. Professional lactation support can help mothers initiate and continue breastfeeding.
- The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for approximately the first six months of life, followed by continued breastfeeding with complementary foods for one year or longer (AAP, 2012).
- According to the CDC's 2014 Breastfeeding Report Card, 63.1 percent of mothers in California were breastfeeding at six months, while only 25.4 percent were exclusively breastfeeding at six months (CDC, 2014).
- In California, SDC is ranked 22<sup>nd</sup> out of 50 counties for exclusive breastfeeding (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2013).
- Breastfeeding is a crucial first step in protecting the health of mothers and infants, nourishing infants, and building a foundation for a healthy immune system. Hospital practices have an enormous impact on infant-feeding success and mothers who receive in-hospital support to breastfeed exclusively often continue to do so after discharge. Further, breastfeeding support aligns with the quality improvement and cost-saving strategies of the Triple Aim and Health Care Reform (California Women, Infants and Children (WIC) Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2013).
- Too many California mothers give up on their breastfeeding goals; nearly two-thirds of women plan to exclusively breastfeed, but less than 40 percent are doing so at one month postpartum. Hospitals, health care providers, public health agencies, and support groups must work together to ensure all mothers have the needed resources to breastfeed in the hospital and at home (California WIC Association and University

of California Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2013).

- According to the American Psychological Association (APA), between nine and 16 percent of postpartum women will experience postpartum depression. Among women who have already experienced postpartum depression following a previous pregnancy, some prevalence estimates increase to 41 percent.
- According to a recent study in the *Journal of the American Medical Association* (JAMA), one in seven women have depression in the year after they give birth (JAMA, 2013).
- The days and weeks following childbirth – the postnatal period – is a critical phase in the lives of mothers and newborn babies. Most maternal and infant deaths occur during this time. Yet, this is the most neglected period for the provision of quality care. Evidence-based practices recommended for the postnatal care period include: timing of discharge from a health facility after birth, number and timing of postnatal contacts, assessment of the baby, exclusive breastfeeding, cord care, assessment of the mother, and counseling on the physiological process of recovery after birth (World Health Organization (WHO), 2013).

## Objectives

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

## FY 2014 Report of Activities

In FY 2012, SMBHWN was selected from more than 200 applicants to participate in the NICHQ Best Fed Beginnings Learning Collaborative, a 22-month collaborative consisting of 90 hospitals throughout the nation. The collaboration enabled participating hospitals to exchange information and best practices in order to become a designated Baby-Friendly Hospital. Established by the United Nations Children's Fund (UNICEF) and the WHO in 1991, the Baby-Friendly Hospital Initiative (BFHI) recognizes and encourages hospitals and birthing centers that offer high-quality breastfeeding care. The BFHI has been implemented in more than 170 countries, resulting in the designation of more than 20,000 birthing facilities.

SMBHWN anticipates a Baby-Friendly USA site visit in the spring of 2015, while the hospital expects to receive Baby-Friendly USA Designation in late 2015. Designation will occur through participation in the NICHQ Best Fed Beginnings Learning Collaborative, and through the implementation of evidence-based maternity care practices including but not limited to: training health care staff to properly implement a breastfeeding policy; providing education to pregnant women on the benefits of breastfeeding; demonstrating how to breastfeed and maintain lactation to new mothers; encouraging breastfeeding on demand; and referring mothers to breastfeeding support groups following discharge from the hospital. In July 2013, more than 400 registered

nurses (RN) at SMBHWN started and are currently in the process of completing the required competency training to achieve Baby-Friendly USA Designation. Since 2011, the program has shown increases in the rate of exclusive breastfeeding at discharge, which is up to 57 percent on average throughout the year, compared to a baseline average of 47 percent throughout the year.

In FY 2014, SMBHWN continued to offer free breastfeeding support groups to new mothers and their families. Facilitated by an experienced lactation educator, the groups met three times per week, and provided support and education to nearly 1,900 mothers about the joys and challenges of breastfeeding. SMBHWN continued to provide its weekly NICU Breastfeeding Support Group – the Mother’s Milk Club – for all mothers in the community with a baby who spent any length of time in the NICU. In FY 2014, 100 mothers from the community received support and counseling for topics of concern including milk supply, latching, sleeping, the stress of having a baby who is experiencing problems and any other concerns of the group. The mothers also had the opportunity to share their experiences, feed and show off their babies, and measure and track their baby’s growth using a scale provided by the support group.

To support new parents in a smooth and safe transition from giving birth at the hospital to returning home, SMBHWN offered the Baby and Me Time support group, serving nearly 500 new parents in FY 2014. Understanding that new parents often experience difficulty retaining information given in the hospital setting, this free weekly group supports families after giving birth by providing access to valuable resources to help them adjust to home, as well as opportunities to share their insights regarding parenthood and establish friendships. All parents are invited to participate in Baby and Me Time, which includes a mix of working moms, military families with a parent stationed overseas, single parents and stay-at-home parents. This unique support group has evolved into a community-centered place of support during an often challenging time for parents.

SMBHWN provided specialized education and support to approximately 800 mothers through its free, ongoing postpartum support groups in FY 2014. Led by licensed clinical social workers (LCSW), the postpartum support groups provided emotional support to women dealing with feelings of anxiety or depression related to challenges associated with new motherhood. The groups were offered weekly in both the morning and evening to help accommodate working mothers’ schedules, and served mothers in the community with babies of newborn age up to 12 months. SMBHWN also offered its Multiple Loss support group, providing support and education to nearly 20 mothers and families in the community who lost a child during their pregnancy with twins or more.

In FY 2014, SMBHWN continued to offer a variety of educational classes for new mothers and their families, covering various aspects of postpartum care, including: infant sleep patterns and strategies; infant massage; mom and baby yoga; and preparing new brothers, sisters and family dogs for a baby. Additionally, SMBHWN staff devoted more than 540 hours to daily Family Home Care classes, providing critical support and information to more than 4,100 new mothers, family members and student

nurses. Topics included car seat safety, sudden infant death syndrome (SIDS), shaken baby syndrome, signs and symptoms of illness for mothers and babies, breastfeeding and jaundice.

SMBHWN also offered parents in the San Diego community a special volunteer opportunity in FY 2014 through the NICU Navigator Program. This unique program is designed to connect families with babies in the NICU with parents whose newborns previously graduated from the NICU. These experienced parents serve as NICU Navigators and volunteer their time to provide new parents with free one-on-one advice and guidance to appropriate resources as their baby transitions from hospital to home. The NICU Navigator Program also offered a Parent Hour, an informational session designed to enhance a parent's developing relationship with his or her newborn. Parent Hour sessions were offered free to families with a baby in the NICU and focused on an assortment of topics, including premature growth and development, breastfeeding, nutrition, feeding mechanics, and discharge preparations. In FY 2014, the NICU Navigator Program provided education, encouragement and emotional support to approximately 100 families with NICU newborns at SMBHWN.

Through the annual NICU Little Graduate Reunion, SMBHWN offers a unique experience for patients and families who have spent time in the NICU to continue the celebration of their care long after they leave the hospital. At this annual event, young children and babies who spent more than 10 days in the NICU are invited to reunite with their medical team and celebrate with great festivities, including a bounce house and a petting zoo. Often, former patients well into their teens continue to attend the event. In FY 2014, more than 600 former patients and their families attended the NICU Little Graduate Reunion.

### FY 2015 Plan

SMBHWN will do the following:

- Continue to implement current evidence-based breastfeeding practices for new mothers and their families
- Continue to offer a variety of free educational classes and outreach activities targeting new mothers and their families
- Continue to offer free postpartum, breastfeeding, and new parent support groups to new mothers and their families
- Continue to provide the NICU Navigator Program and the NICU Little Graduate Reunion to current and former NICU patients and their families
- Implement evidence-based maternity care practices required to achieve Baby-Friendly USA Distinction

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

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

### Rationale

- According to the 2013 SDC *Healthcare Shortage Areas Atlas* from the County of San Diego's Health and Human Services Agency (HHSA), SDC is one of 28 counties in California listed as an RN Shortage Area.
- The demand for RNs and other health care personnel in the U.S. will increase due to the aging population. Nurses will be needed to educate and care for patients with various chronic conditions including diabetes and obesity. In addition, the number of individuals who have access to health care services will increase as a result of federal health insurance reform. More nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012).
- The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care.
- The BLS projects that home health aide demand will grow 48 percent from 2012 to 2022. As the US population ages, the demand for home health aides to provide assistance and companionship will continue to increase. The older population often has health problems and will need help with daily activities.
- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.
- According to the San Diego Workforce Partnership 2013 report titled, *In-Demand Jobs: A Study of the Occupational Outlook in San Diego*, health care has been one of the few local industries that has experienced strong employment growth the last three to four years. The health care specialty occupations expecting to grow considerably are radiological technologists and technicians, dental assistants and RNs.
- According to the California Hospital Association (CHA) report titled, *Critical Roles: California's Allied Health Workforce*, in the coming decades, as health professionals will be required to have a more complex set of skills, education and training programs need to evolve and innovate in order to meet the current skill demands of health employers.

- According to the same report, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities. This includes contributions of time and resources dedicated to the thousands of interns and high school students that spend time in hospitals in California each year, gaining valuable work experience and career exposure.

### Objectives

- Provide obstetrical, gynecological and neonatal education and training for health care professionals
- Participate in local and national organizations to share specialty expertise and enhance learning for the broader health care community
- Provide education and training for students interested in health care careers

### FY 2014 Report of Activities

In FY 2014, SMBHWN served as a training site for more than 220 interns, residents, educators and student nurses in the following specialized areas: paramedics; social work; pharmacy; lactation; childbirth; obstetrics and gynecology (OB/GYN); labor and delivery; neonatal; and perioperative nursing. Nearly 200 student nurses spent more than 14,000 hours at SMBHWN during the fiscal year, while ancillary students spent approximately 7,200 hours on the campus. Academic institution partners included Azusa Pacific University (APU), California Northstate University, University of San Diego (USD), Point Loma Nazarene University (PLNU), San Diego State University (SDSU), Southwestern College (SWC), Concorde Career College, Grossmont College (GC), Grossmont Health Occupations Center, Pima Medical Institute (PMI), San Diego City College, Touro University, Western University, and University of California, San Diego (UCSD). SMBHWN leadership also reached approximately 70 USD nursing students through an educational lecture on the value of education in career advancement.

In FY 2014, SMBHWN continued to learn and share its expertise with staff at other hospitals and agencies through participation in organizations such as AWHONN, CWISH, ANN, Perinatal Social Work Cluster, Sigma Theta Tau International Honor Society of Nursing, ACNL, RPS and the Best Fed Beginnings Learning Collaborative.

SMBHWN provided presentations at local, state and national conferences and events, including: a poster presentation on the Neurological-Intensive Care Nursery (NICN) at the 11<sup>th</sup> annual National Advanced Practice Neonatal Nurses Conference; a poster presentation titled, Creating a Peaceful Postpartum Experience, at the 36<sup>th</sup> annual ACNL Conference; a guest lecture titled Is Your Bedside Care Defensible at the inaugural Scripps Mercy Hospital Perinatal Symposium; as well as a national webinar presentation to hospital physicians and nurses on the provision of safe bedside obstetrical care. Education and training was also provided to hundreds of local and national health care providers, including education on evidence-based practices to

community nurses interested in entering the obstetrical field, and training to prepare San Diego paramedics to safely assess and treat obstetrical trauma patients.

In FY 2014, SMBHWN completed its seventh year of participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experiences to 9<sup>th</sup> through 12<sup>th</sup> grade students. SMBHWN provided 12 students with professional development opportunities at the hospital. During a 16-week period, students rotated through a variety of hospital areas, including labor and delivery, maternal and infant services, post-anesthesia care unit (PACU), women and children's unit (WACU), and patient transporter services. Students learned about education and job requirements, as well as career ladder development.

#### FY 2015 Plan

SMBHWN will do the following:

- Continue to serve as a training site for interns, residents, educators and student nurses
- Continue to participate in local and national collaboratives to learn and share specialty expertise
- Continue to participate in the HSHMC program
- Offer Continuing Medical Education (CME) opportunities to community clinicians

## SMBHWN Program and Service Highlights

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



## Raising Stroke Awareness

~ SHARP MEMORIAL HOSPITAL ~

*Certified* as a Primary Stroke Center by The Joint Commission, Sharp Memorial Hospital is committed to community education, screening and support for stroke.

Sharp Memorial Hospital is an active participant in the San Diego County Stroke Consortium, working to improve stroke care in San Diego County. Since 2012, the hospital has collaborated with the San Diego County Stroke Consortium, which includes the County of San Diego Emergency Medical Services and other San Diego hospitals, to promote stroke awareness and survivor celebration through the annual Strike Out Stroke Night at the Padres, held at Petco Park.

Sharp Memorial Hospital Stroke Center and the Sharp Senior Resource Centers collaborate to meet the needs of seniors and high-risk adults through a variety of community stroke services at the annual Point Loma Community Presbyterian Church Health Fair, as well as by hosting a free community stroke seminar during Stroke Awareness Month each May. In addition, the hospital offers a free, ongoing community stroke support group, Young Enthusiastic Stroke Survivors, as well as provides stroke data to support the County's stroke registry.

# 10 Sharp Memorial Hospital

*To impact our community is to empower folks to see themselves as consumers of health. – Jackie Davis, Library Resource Center, Sharp Memorial Outpatient Pavilion*

## FY 2014 Community Benefit Program Highlights

Sharp Memorial Hospital (SMH) provided a total of **\$126,648,487** in community benefit in FY 2014. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMH's community benefit among those categories.

Table 1: Economic Value of Community Benefit Provided  
Sharp Memorial Hospital – FY 2014

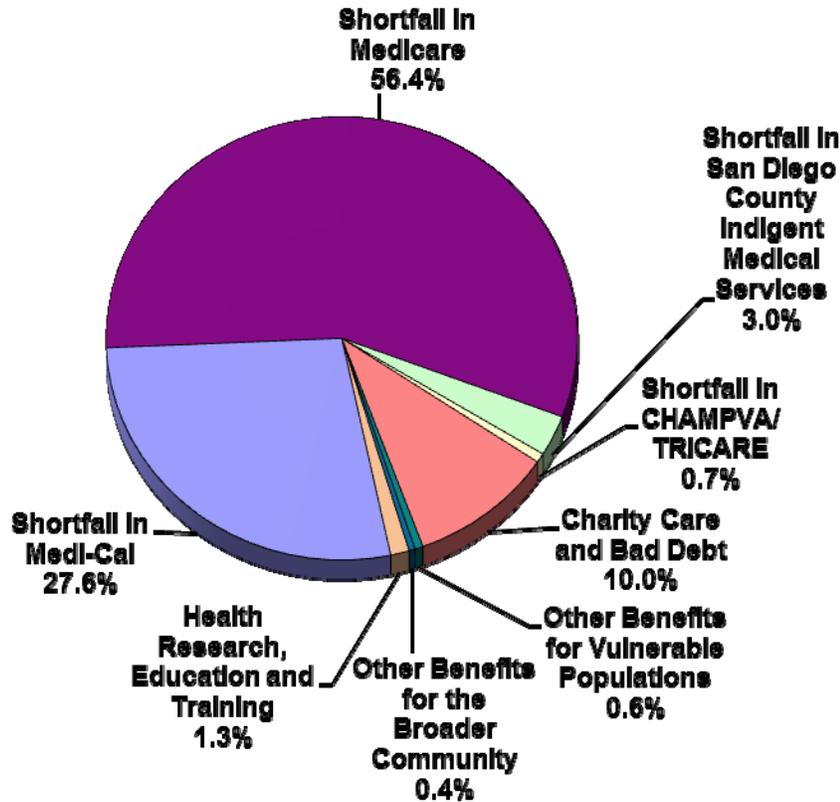
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2014 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms <sup>1</sup>	\$35,013,334
	Shortfall in Medicare <sup>1</sup>	71,495,908
	Shortfall in San Diego County Indigent Medical Services <sup>1</sup>	3,770,494
	Shortfall in CHAMPVA/TRICARE <sup>1</sup>	860,620
	Charity Care and Bad Debt <sup>2</sup>	12,645,383
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy <sup>3</sup>	711,595
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events <sup>3</sup>	530,820
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals <sup>3</sup>	1,620,333
<b>TOTAL</b>		<b>\$126,648,487</b>

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

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

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

Figure 1: Percentage of Community Benefit by SB 697 Category  
 Sharp Memorial Hospital – FY 2014



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who are unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare and San Diego County Indigent Medical Services; and financial support for onsite workers to process Medi-Cal eligibility forms.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; Project HELP; contribution of time to Stand Down for Homeless Veterans, San Diego Habitat for Humanity and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for vulnerable and high-risk community members.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics; participation in community health fairs and events; support groups; health screenings for diabetes, stroke, osteoporosis, depression, blood pressure, heart disease, nutrition, body mass index (BMI), hearing, balance, and diseases or disorders of the hands, such as arthritis and tendonitis; the SMH Cancer Institute Patient Navigator program – including breast, lymphomas, head, neck, lung, colon, rectal, renal, prostate, gynecological and all other cancers; and flu

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

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

#### Definition of Community

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

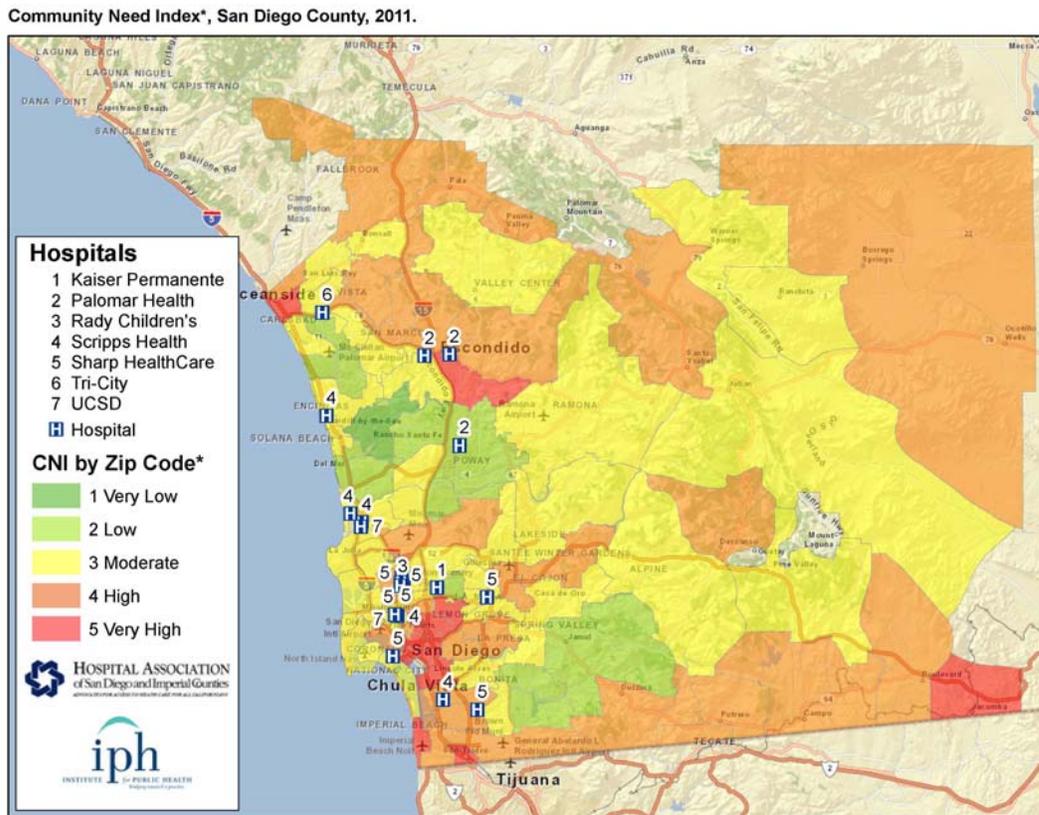
SMH serves the entire county of San Diego; however the primary communities served by the hospital include the City of San Diego, Chula Vista, the East County region and North Inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

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

the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

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

Figure 2: CNI Map – SDC



## Description of Community Health

In SDC, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were insured in 2011– failing to meet the Healthy People (HP) 2020 national targets<sup>1</sup> for health insurance coverage. See **Table 2** for a summary

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

of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

In SDC overall, during 2012, 16.3 percent of adults ages 18 to 64 did not have a usual source of care. In addition, 72.2 percent of these adults had health insurance, and 7.3 percent utilized Medi-Cal Healthy Families. Further, 15.9 percent of SDC adults ages 18 to 64 reported fair or poor health outcomes and 12.7 percent reported as food insecure<sup>1</sup>.

Table 2: Health Care Access in SDC, 2011

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

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

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

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

Source: 2011-2012 CHIS

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

<sup>1</sup> This information is sourced from the 2012-2013 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning Areas, and more. Customized and detailed health statistics are available through *AskCHIS* biennially, with the most recently available information from 2011-2012.

Table 4: Leading Causes of Death in SDC, 2012

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	4,958	24.8%
Disease of heart	4,626	23.1%
Alzheimer's disease	1,163	5.8%
Chronic lower respiratory diseases	1,029	5.1%
Cerebrovascular diseases	1,003	5.0%
Accidents (unintentional injuries)	989	4.9%
Diabetes mellitus	652	3.3%
Intentional self-harm (suicide)	408	2.0%
Chronic liver disease and cirrhosis	354	1.8%
Essential (primary) hypertension and hypertensive renal disease	332	1.7%
Influenza and pneumonia	303	1.5%
Parkinson's disease	264	1.3%
Pneumonitis due to solids and liquids	147	0.7%
Septicemia	129	0.6%
Neoplasms – in situ, benign or unknown behavior	124	0.6%
All other causes	3,537	17.7%
<b>Total Deaths</b>	<b>20,018</b>	<b>100.0%</b>

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch

### Community Benefit Planning Process

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

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

## Priority Community Needs Addressed in Community Benefit Report – SMH 2013 CHNA

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

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

- Behavioral Health (Mental Health)
- Cardiovascular Disease
- Diabetes, Type 2
- High-Risk Pregnancy
- Obesity
- Senior Health (including end-of-life care)

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

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

High-risk pregnancy services are addressed at SMBHWN, a specialty hospital providing care for expectant mothers, newborns and women in SDC. Please see Section 9 of this report for details on SMBHWN's activities that address this identified community need.

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

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

- Health education and wellness
- Cancer education and patient navigator services
- Prevention of unintentional injuries
- Health professions education and training, and promotion of interest in health care careers
- Support during the transition of care for high-risk, underserved patients with complex medical needs

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2014 Report of Activities conducted in support of the objective(s), and FY 2015 Plan of Activities.

#### Identified Community Need: Diabetes Education and Screening

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

#### Rationale

- The SMH 2013 CHNA identified diabetes as one of six top priority health issues for community members served by SMH.
- The HASD&IC 2013 CHNA identified diabetes as one of the top four priority health issues for community members in SDC.
- Data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC (City Heights, National City, etc.).
- Input collected from San Diego community health leaders and experts in the HASD&IC 2013 CHNA strongly aligned access to care, care management, education and screening with care for Type 2 diabetes.
- According to data presented in the SMH 2013 CHNA, diabetes is a major cause of heart disease and stroke as well as the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the U.S. (Centers for Disease Control and Prevention, 2011).
- In 2012, diabetes was the seventh leading cause of death for SDC residents.
- In 2012, there were 652 deaths due to diabetes in SDC overall, while the age-adjusted death rate due to diabetes was 20.3 per 100,000 population, both higher than the number and rate of deaths due to diabetes in 2011.
- In 2012, there were 4,245 hospitalizations due to diabetes in SDC, while the rate of hospitalizations for diabetes was 133.2 per 100,000 population, both higher than the number and rate of hospitalizations due to diabetes in 2011.
- In 2012, there were 4,508 diabetes-related Emergency Department (ED) visits in SDC, while the rate of diabetes-related ED visits in SDC was 142.6 per 100,000

population, both higher than the number and rate of diabetes-related ED visits in 2011.

- According to the California Health Interview Survey (CHIS), in 2011 7.8 percent of adults living in SDC indicated that they were ever diagnosed with diabetes.
- According to the *3-4-50 Chronic Disease in San Diego County* 2010 report from the County's Health and Human Services Agency (HHS), the most common risk factors associated with Type 2 diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol.
- The 2014 National Diabetes Statistics Report from the Centers for Disease Control (CDC) reports that there are 21 million people in the U.S. diagnosed with diabetes.
- According to the American Diabetes Association (ADA), in 2012 the prevalence of diabetes in the U.S. was 29.1 million, or 9.3 percent of the population. The incidence of diabetes in 2012 was 1.7 million new diagnoses.
- According to the ADA, in 2012 the total cost of diagnosed diabetes in the U.S. was \$245 billion, with \$176 billion in direct medical costs and \$69 billion in reduced in productivity.

### Objective

- Provide diabetes education and screening in the central and north central regions of SDC

### FY 2014 Report of Activities

The SMH Diabetes Education Program is recognized by the ADA and meets national standards for excellence and quality in diabetes education.

In FY 2014, the SMH Diabetes Education Program conducted three blood glucose screenings at events in the community, including a health fair for seniors at the Point Loma Community Presbyterian Church, the Celebrando Latinas Conference at the Hilton San Diego Bayfront and December Nights in Balboa Park, reaching more than 750 community members. The SMH Diabetes Education Program screened more than 200 people through these events and identified 34 attendees with elevated blood glucose levels. Of these identified individuals, 30 did not have a pre-existing diagnosis of diabetes.

The SMH Diabetes Education Program also provided a diabetes lecture to 25 senior community members at the Gary and Mary West Senior Wellness Center in downtown San Diego, entitled *Are You at Risk for Diabetes?* The SMH Diabetes Education Program is actively involved with San Diego's renal health community. The SMH Diabetes Education Program collaborated with the Balboa Institute of Transplantation to provide ongoing education and support to community members that had undergone transplant or experienced kidney disease, as well as members of the professional health care community.

At the Sharp Women's Health Conference, the Sharp HealthCare (SHC) Diabetes Education Program provided resources on diabetes management and nutrition. The SHC Diabetes Education Program continued to support the ADA's Step Out: Walk to Stop Diabetes held in October at Mission Bay through fundraising and team participation.

Also in FY 2014, the SHC Diabetes Education Program submitted abstracts and poster presentations to national conferences on various topics, including: the safe and effective use of insulin; designing and implementing Glucometrics (measures that assess the success of inpatient glucose management); and predictors of poor blood glucose control for hospitalized diabetic patients.

### FY 2015 Plan

SMH Diabetes Education Program will do the following:

- Provide diabetes education at various community venues in SDC
- Continue to support ADA's Step Out: Walk to Stop Diabetes
- Keep current on resources to provide community members support of diabetes treatment and prevention
- Develop relationships with community clinics to provide education and resources to community members
- Explore partnerships with YMCAs in the north central region to provide education and resources to community members

### Identified Community Need: Education, Support and Screening for Stroke

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

### Rationale

- The SMH 2013 CHNA identified cardiovascular disease (including cerebrovascular disease/stroke) as one of six top priority health issues for community members served by SMH.
- The HASD&IC 2013 CHNA identified cardiovascular disease as one of the top four priority health issues for community members in SDC (including cerebrovascular disease/stroke).
- In 2012, heart disease was the second leading cause of death and cerebrovascular disease was the fifth leading cause of death for SDC overall. Together, these conditions were responsible for nearly 30 percent of deaths in SDC.
- In 2012, there were 1,003 deaths due to stroke in SDC and the age-adjusted death rate due to stroke was 30.3 per 100,000 population, lower than the HP 2020 target of 33.8 deaths per 100,000.

- In 2012, there were 6,725 hospitalizations for stroke in SDC, with an age-adjusted rate of 212.3 per 100,000 population.
- In 2012, there were 1,789 stroke-related ED visits in SDC. The age-adjusted rate of ED visits was 56.9 per 100,000 population.
- If no changes are made in risk behavior, based on current disease rates it is projected that the total number of deaths from heart disease and stroke will increase by 38 percent by the year 2020, according to the *3-4-50 Chronic Disease in San Diego County* 2010 report from the County of San Diego HHSA.
- According to the same report, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.
- According to the Centers for Disease Control and Prevention (CDC), stroke is the fourth leading cause of death in the U.S. and a major cause of adult disability. About 800,000 people in the U.S. have a stroke each year. Some stroke risk factors cannot be controlled, such as heredity, age, gender, and ethnicity. Others are able to be controlled, such as avoiding smoking and drinking too much alcohol, eating a balanced diet, and exercising (CDC, 2014).

### Objective

- Provide stroke education, support and screening services for the central region of SDC

### FY 2014 Report of Activities

Note: SMH is certified by The Joint Commission as a Primary Stroke Center (recertified in FY 2013). The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SMH is also a recipient of the American Heart Association's (AHA) Get With the Guidelines (GWTG) Gold Plus Achievement Award for Stroke, and the Target: Stroke Honor Roll Quality Achievement Award. The AHA's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients. The AHA's Target: Stroke Honor Roll Quality Achievement Award focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients.

In collaboration with the SMH Senior Resource Center, the SMH Stroke Program provided a presentation and screening at Point Loma Community Presbyterian Church to 25 community members titled Stroke Is a Brain Attack. During the event, a neurologist discussed stroke prevention and warning signs, and community members received magnets with the acronym F.A.S.T. (Face, Arms, Speech and Time) to help them recognize the sudden signs of stroke and act accordingly.

In May, Sharp's systemwide stroke program participated in Strike Out Stroke Night at the Padres. This annual event, organized by the San Diego County Stroke Consortium, County of San Diego Health and Human Services Agency (HHSA), the San Diego Padres and other key partners, promotes an evening of stroke awareness and survivor

celebration during the baseball game. Stroke education was displayed on the JumboTron throughout the evening to a crowd of more than 27,700 community members.

Throughout FY 2014, the SMH Rehabilitation Center provided meeting space for Young Enthusiastic Stroke Survivors (YESS), a free weekly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators. Education topics included coping skills; adjustment; family and intimacy; work and school re-entry; and support.

SMH actively participated in the quarterly San Diego County Stroke Consortium – a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. In FY 2014, SMH collaborated with the County of San Diego Emergency Medical Services to provide data for the SDC stroke registry.

### FY 2015 Plan

SMH Stroke Center will do the following:

- Participate in stroke screening and education events in SDC, including events targeting seniors and high-risk adults
- Provide a community presentation featuring a Sharp physician on stroke education and prevention during Stroke Month (May)
- Provide education for individuals with identified stroke risk factors
- Participate with other SDC hospitals in the San Diego County Stroke Consortium
- Collaborate with the state of California to develop a Stroke Center Registry
- Continue to offer stroke support groups through SMH Rehabilitation Services

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

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

### Rationale

- The SMH 2013 CHNA identified senior health as one of six top priority health issues affecting members of the communities served by SMH.
- Findings presented in the 2013 SMH CHNA revealed the following health conditions as chief concerns for seniors in SDC: cardiovascular disease, Alzheimer's disease, pain management, hearing loss (many seniors cannot afford treatment), and mobility issues (falls and resulting immobility). In addition, health issues such as medication management, social planning for the future (including housing, advance care planning, etc.), and lack of education, management and support for behavioral changes were also listed.

- In the HASD&IC 2013 CHNA, dementia and Alzheimer's disease were identified among the top priority health conditions within SDC hospitals.
- Attendees of community forums held during the HASD&IC 2013 CHNA process identified Alzheimer's disease and dementia as priority health needs for SDC.
- In SDC in 2012, there were 374,535 residents (11.91 percent of the population) ages 65 years or older. This number is expected to nearly double by the year 2030 to 723,572.
- In 2012, the leading causes of death among senior adults ages 65 years and older in SDC were cancer, heart disease, chronic lower respiratory diseases, diabetes, stroke, unintentional injuries, chronic liver disease and cirrhosis, Alzheimer's disease, Parkinson's disease, hypertension and hypertensive renal disease, influenza and pneumonia, and septicemia.
- In 2012, influenza ranked as the 11<sup>th</sup> leading cause of death in all regions of SDC.
- In 2011, rates of hospitalization among senior adults ages 65 years and older in SDC were higher than the general population due to coronary heart disease, stroke, chronic lower respiratory diseases, non-fatal unintentional injuries (including falls), overall cancer and arthritis. In 2011, 97,647 seniors ages 65 and over were hospitalized in SDC.
- In 2011, 108,853 seniors were treated and discharged from SDC EDs, representing nearly one out of every three senior residents. ED discharge and hospitalization rates both increased with age.
- In 2011, the top three causes of ED utilization among persons ages 65 years and older were falls, diabetes and stroke.
- According to data in the *San Diego County Senior Health Report: Update and Leading Indicators*, significant health issues for seniors include obesity, diabetes, stroke, chronic lower respiratory diseases, influenza and pneumonia, mental health issues including dementia and Alzheimer's disease, cancer and heart disease. In addition, seniors are at high risk for falls, which is the leading cause of death due to unintentional injury (HHS, 2013).
- According to the *San Diego County Senior Falls Report*, adults ages 65 and older are the largest consumers of health care services, as the process of aging brings upon the need for more frequent care (HHS, 2012).
- In 2011, 68,817 calls were made to 911 for seniors in need of pre-hospital care in SDC, representing a call for one out of every five seniors.
- The CDC recommends annual vaccination against influenza for the following: people ages 50 and older; adults and children with a chronic health condition; children ages six months to 19 years; pregnant women; people who live in nursing homes and other long-term care facilities; and people who live with or care for those at high risk for complications from flu, including health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children younger than age five.
- Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers.
- There are an estimated four million family caregivers in California, according to the California Caregiver Resource Center (CRC) (AARP Public Policy Institute, 2007).

- While researchers have long known that caregiving can have harmful mental health effects for caregivers, research shows that caregiving can have serious physical health consequences as well. Seventeen percent of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities (AARP Public Policy Institute, Valuing the Invaluable, Updated November 2012).
- One in five caregivers report having had training, but seek additional resources. Nearly 78 percent report needing more help and information with at least 14 specific topics related to caregiving, and caregivers in high burden situations are more likely to seek help. The top four topics of concern to caregivers are: keeping their loved one safe; managing their own stress; finding easy activities to do with their care recipient; and finding time for themselves (The National Alliance for Caregiving and AARP (2009), Caregiving in the U.S., Bethesda, MD: National Alliance for Caregiving. Washington, D.C., 2012).

### Objectives

- Provide a variety of senior health education and screening programs
- Produce and mail quarterly activity calendars to community members
- In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations
- Provide health education materials at seasonal flu clinics, as well as information about additional Sharp Senior Resource Center programs
- Provide education and community resources to family caregivers

### FY 2014 Report of Activities

Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them – through phone and in-person consultations – to a variety of free and low-cost programs and services. The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals, and caregiver resources. The SMH Senior Resource Center develops and mails quarterly calendars that highlight its programs and services to more than 3,000 households in San Diego. In addition, the SMH Senior Resource Center distributed nearly 2,000 Vials of Life in FY 2014 – providing critical medical information to emergency personnel for seniors and disabled people living in their homes.

In FY 2014, the SMH Senior Resource Center provided 35 free health education programs to nearly 800 seniors, caregivers and loved ones of the elderly. Programs were presented by various professionals including physical therapists, speech therapists, a psychologist, a physician, an audiologist and an attorney, as well as experts from community organizations. Health education topics included arthritis, diabetes, fall prevention, nutrition, vision loss, Parkinson's disease, Alzheimer's disease, driving and dementia, financial issues, caregiver resources, maintaining a healthy voice, brain health, Medicare, addressing behavior issues, stress management, hearing loss, advance care planning, lower back pain and stroke warning signs and risk

factors. Educational programs were offered at Sharp HealthCare administrative office locations, the Peninsula Family YMCA, Point Loma/Hervey Branch Library, Point Loma Community Presbyterian Church and the Sharp Senior Health Center in Clairemont.

The SMH Senior Resource Center provided health screenings at eight community health fairs and events, serving nearly 90 members of the senior community. Screenings included stroke, diabetes, hearing and hand mobility (arthritis, carpal tunnel, trigger finger, etc.) as well as medication review, in which a pharmacist reviewed attendees' medications and answered questions to support proper medication management. As a result of these screenings, approximately 40 community members were referred to physicians for follow-up care. In addition, free monthly blood pressure screenings were offered, serving nearly 500 members of the senior community. As a result of the blood pressure screenings, more than 50 seniors were referred to physicians for follow-up care. Screenings took place at the Point Loma Community Presbyterian Church, Peninsula Family YMCA, the War Memorial building at Balboa Park and various other community health fairs and special events.

The SMH Senior Resource Center participated in 12 community events in FY 2014, including health fairs, conferences and seminars that reached more than 1,430 attendees. Health fairs included the Sharp Senior Resource Center Fair at the Point Loma Community Presbyterian Church, the Health Fair at the Pacific Beach/Taylor Branch Library, California Telephone Access Program (CTAP) Resource Fair, the San Diego Community Action Network (SanDi-CAN) Wellness & Resource Expo and the Lesbian, Gay, Bisexual, and Transgender (LGBT) Senior Resource Fair. At the CTAP Resource Fair, free phones were provided to people with disabilities including difficulty hearing, speaking, moving, seeing and remembering or interpreting information. The eighth annual Senior Resource Fair at the San Diego LGBT Community Center focused on older adult health and well-being. The theme was Living Longer, Growing Stronger, and included resources and blood pressure screenings provided by the SMH Senior Resource Center. The SMH Senior Resource Center also participated in the Games Day event at All Souls Episcopal Church, an annual fundraiser for the Peninsula Shepherd Center that provides information, referrals, transportation and outreach to seniors in Point Loma. The SMH Senior Resource Center, the Alzheimer's Association and the Department of Motor Vehicles also provided an Aging and Driving seminar at the Point Loma/Hervey Branch Library. The free event educated participants on how to address the topic of driving with loved ones who are exhibiting early signs of dementia, including how to identify the warning signs of unsafe driving practices, and how to successfully ease the transition for themselves or their loved ones from driver to passenger.

The SMH Senior Resource Center also coordinated notification of the availability and provision of seasonal flu vaccines for seniors and high-risk adults in a variety of community settings through activity reminders, collaborative outreach conducted by the flu clinic site, both paper and electronic newspaper notices and via Sharp.com. In FY 2014, the SMH Senior Resource Center and the Sharp Senior Health Centers<sup>1</sup>

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<sup>1</sup>Sharp Senior Health Center Downtown is located at 956 10th Avenue in San Diego, ZIP code 92101; Sharp Senior Health Center Clairemont is located at 4320 Genesee Avenue, ZIP code 92117.

sponsored eight community seasonal flu clinics, serving nearly 550 seniors and others with chronic illness. Seasonal flu clinics were held at the Sharp Senior Health Centers, the Senior Health Fair at Point Loma Community Presbyterian Church, the Orchard Apartments low-income senior housing, Holy Trinity Catholic Church (homeless outreach), Potiker Family Senior Residence, City Heights Senior Living, Norman Park Senior Center and the Gary and Mary West Senior Wellness Center. At many of these community sites, the SMH Senior Resource Center also provided their activity calendars detailing upcoming community events and programs, including blood pressure and flu clinics, Vials of Life and other community programs for seniors.

In FY 2014, the SMH Senior Resource Center participated in the County of San Diego Aging and Independence Services (AIS) 2014 Aging Summit: Creating a Safe and Caring Community. Held at the Town & Country Resort & Convention Center, the conference focused on safety and caregiving, specifically regarding Alzheimer's disease and other dementias. Other topics included, but were not limited to self-defense, financial planning, disaster preparedness, helping the caregiver, finding the best long-term care, how technology can keep you safe and easing the burden of Alzheimer's disease. The SMH Senior Resource Center provided a resource booth at the event with information on Vials of Life, screening events and other Sharp Senior Resource Center programs for seniors and caregivers.

In honor of October's California Health Care Decisions Week, the SMH Senior Resource Center participated in the SanDi-CAN end-of-life conference at Balboa Park titled Navigating End-of-Life Decisions: Planning Ahead...Crucial Conversations. Approximately 115 community members attended the free conference, where they received education on how to make educated and informed health care decisions from a variety of end-of-life care professionals. The conference focused on assistance for community members to plan ahead regarding burial, advance directives and financial management. In May, the SMH Senior Resource Center participated in a conference for seniors and caregivers titled Recognizing and Responding to Elder Abuse, held at Balboa Park's War Memorial Building. The conference included a resource fair and education on understanding elder abuse, manipulation, internet and social media, dating websites and recognizing and responding to scams and identity theft.

In April, the SMH Senior Resource Center partnered with Sharp HospiceCare to provide a conference for seniors and their families on how to approach aging from a healthy perspective. The conference, titled Aging: Planning and Coping, was held at the La Mesa Community Center and reached approximately 110 community members. The conference provided education on a variety of topics, including: chronic care management; geriatric frailty and warning signs for specific chronic diseases; when to access care; advance care planning; understanding available resources; coping with life's transitions; and healing touch for self-care. The conference included educational presentations by a physician, psychologist and advance care planning specialist, as well as education from other experts in the field of aging and health care to help seniors effectively navigate their later years. The conference also offered free health and mental health screenings, advance care planning consultations and resource tables.

Sharp Senior Health Centers are committed to providing outreach and serving underserved seniors in the downtown area. Through educational presentations, Sharp Senior Health Centers are able to connect with and provide services to highly vulnerable seniors who need care, education and support. Throughout FY 2014, Sharp Senior Health Centers provided health education to approximately 100 seniors in the community, covering topics such as advance directives, Medicare, Medi-Cal, Vials of Life, Cal MediConnect, and depression during the holidays. Health education was provided at the Potiker Family Senior Residence and through a Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center. The Speaker Series provided information on topics such as healthy eating for diabetics, senior safety in the city, fall prevention, depression awareness and senior website training, as well as two cooking classes to demonstrate how seniors can cook healthy on a budget and reached approximately 200 members of the senior community.

Sharp Senior Health Centers participated in numerous community events in FY 2014, providing education and resources to approximately 500 attendees. Events took place at the Senior of Today Conference in Balboa Park; the Aging: Planning and Coping Conference at Point Loma Community Presbyterian Church; the SanDi-CAN Navigating End-of-Life Decisions: Planning Ahead...Crucial Conversations Conference; Live Well San Diego; the San Diego County Council on Aging (SDCCOA); and the Third Avenue Charitable Organization (TACO) in Downtown San Diego, which provides free medical, acupuncture, dental and legal clinics to those in need.

Throughout the year, both the SMH Senior Resource Center and Sharp Senior Health Centers maintained active relationships with numerous community organizations including the Gary and Mary West Senior Wellness Center, Peninsula Shepherd Senior Center, Serving Seniors (formerly Senior Community Centers of San Diego), Bayside Community Center, Westminster Tower (senior housing), Jewish Family Service of San Diego, Caregiver Coalition of San Diego, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's Association, American Parkinson Disease Association, SanDi-CAN, SDCCOA, Aging and Disability Resource Connection and the Health Insurance Counseling and Advocacy Program (HICAP) – ensuring ongoing networking among community professionals and the provision of quality programs for seniors. The Sharp Senior Health Centers' collaboration with HICAP included the provision of biweekly counseling and education by a HICAP representative to community members at the Senior Health Center Clairemont. HICAP staff offered objective counseling on Medicare rights, benefits and insurance policy options to address seniors' questions and concerns.

## FY 2015 Plan

The SMH Senior Resource Center and the Sharp Senior Health Centers will do the following:

- Provide information, resources and support to address relevant concerns of seniors and caregivers in the community, including senior mental health issues, memory loss, advanced illness management, caregiving, senior services, nutrition, healthy aging, and balance and fall prevention
- Provide community health information and resources through educational programs, monthly blood pressure clinics, and a variety of health screenings annually
- Produce and distribute quarterly calendars for approximately 3,000 San Diego households highlighting events of interest to seniors and family caregivers
- Continue support of the Vials of Life program through distribution of 2,000 vials to seniors in the community
- Participate in community health fairs and conferences, including the SanDi-CAN End-of-Life Conference
- In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to family caregiver issues
- In collaboration with Sharp HospiceCare, host an aging conference for seniors in Point Loma
- Provide an Aging and Driving program in collaboration with the Alzheimer's Association and the Department of Motor Vehicles
- Provide seasonal flu vaccinations to the community as funding allows
- Maintain active relationships with other organizations serving seniors in SDC, Point Loma, the county's north central and central regions, and downtown San Diego
- Continue to participate in a monthly Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center
- Explore collaboration with the Gary and Mary West Senior Community Center and West Health Institute (WHI) to conduct research that measures the clinical effectiveness of comprehensive long-term care coordination for high-risk seniors

### Identified Community Need: Health Education and Wellness

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

### Rationale

- The SMH 2013 CHNA identified cardiovascular disease and obesity among its six priority health issues affecting members of the communities served by SMH.
- According to data presented in the SMH 2013 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. Additional risk factors include alcohol use, obesity, diabetes, and genetic factors. About half of Americans (49 percent) have at least one of these three risk factors.

- The HASD&IC 2013 CHNA process identified the following among top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease, and respiratory diseases.
- Participants in the HASD&IC 2013 CHNA community forums recommended increased health information and community health education as the most important factor in maintaining health. Participants in community forums held in Oceanside and Escondido also recommended health screenings.
- Data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease and obesity within SDC's more vulnerable communities (City Heights, National City, etc.).
- In 2012, heart disease was the second leading cause of death for SDC and cerebrovascular disease was the fifth leading cause of death for SDC. Together, these conditions were responsible for nearly 30 percent of deaths in SDC.
- In 2012, the number of arthritis-related hospitalizations in SDC totaled 10,241; an age-adjusted rate of 323.2 per 100,000 population.
- In 2012, females in SDC had a higher ED discharge rate for arthritis-related diagnosis than males (579.9 and 459.7 per 100,000 population, respectively). Blacks had a higher ED discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups, and persons 65 and older had higher ED discharge rates for arthritis-related diagnosis than other persons.
- According to the CDC, arthritis is the nation's most common cause of disability. An estimated 52.5 million U.S. adults (more than one in five) report doctor-diagnosed arthritis. As the U.S. population ages, these numbers are expected to increase to 67 million by 2030, and more than one-third of these adults will report arthritis-attributable activity limitations (CDC, 2012).
- According to the National Institutes of Health (NIH), more than 52 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass. Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer fractures. It can also affect the lives of family members and friends who serve as caregivers (NIH, 2014).
- According to 2011 data from the CHIS, the self-reported obesity rate for adults ages 18 and older in SDC was 22.1 percent.
- In 2011, 12.1 percent of adults ages 18 and older in SDC self-reported eating at fast-food restaurants four or more times each week (CHIS, 2011).
- According to the CDC, obesity increases the risk of many health conditions, including: coronary heart disease; stroke; high blood pressure; Type 2 diabetes; various cancers; high total cholesterol; high levels of triglycerides; liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; mental health conditions and reproductive health complications such as infertility (CDC, 2011).
- According to the CDC, obesity-related conditions include heart disease, stroke, Type 2 diabetes, and certain types of cancer. These are some of the leading causes of preventable death. The CDC reports that approximately 34.9 percent of U.S. adults are obese.

## Objectives

- Coordinate and host a variety of health education and wellness offerings for the community
- Participate in community-sponsored events and support nonprofit health organizations

## FY 2014 Report of Activities

The Sharp Memorial Outpatient Pavilion (the Pavilion) and various departments of the hospital conduct a broad spectrum of community health education classes and support groups. In FY 2014, classrooms were booked for approximately 2,000 hours, serving nearly 10,000 community members.

Educational classes served nearly 5,800 students, and included topics such as integrative medicine and holistic healing (acupuncture, massage, meditation, stress reduction, etc.), healing touch for caregivers, Reiki (stress reduction and relaxation technique), Qi Gong, laughter yoga, diabetes, cancer, parenting and childbirth, hip and knee joint replacement, arthritis and senior issues such as Medicare and fall prevention.

Various support groups were also provided at SMH, including groups for cancer, bereavement, disability, stroke, heart transplantation, heart failure, and needs of new mothers and families. The groups provided an opportunity for community members facing similar challenges to come together and share their personal experiences and advice for coping. In FY 2014, more than 4,000 community members received valuable resources and comfort through support groups at SMH.

Sharp Rehabilitation Services (Sharp Rehab) also offered Women on Wheels (WOW) on the Sharp Metropolitan Medical Campus (SMMC). WOW strives to empower women with disabilities by offering facilitated support groups, peer support, lectures and social events. The group met monthly at the SMH Rehabilitation Center where women gathered to share thoughts and emotions about their current life challenges, victories and visions. WOW also arranged special outings in FY 2014, including a tour of the San Diego Watercolor Museum, birthday lunches and a summer party, among other activities. WOW hosted the annual Lois Herr Luncheon in honor of their group member, Lois Herr, a proud and passionate woman who suffered a spinal cord injury (SCI) and passed away in 2001. Supported by the Herr family, the luncheon paid tribute to Lois who had a difficult time after her SCI, but found great support through WOW. Forty-five support group members, family, friends and other members of the community attended the luncheon. WOW is facilitated by two experienced Sharp Rehab social workers and included 75 participants in FY 2014. With a network of more than 170 disabled women and community partners, WOW is the only support group strictly for women with disabilities in the San Diego area.

Sharp Rehab also offered the Support Group for Men with SCI on the SMMC throughout the year. This group provided emotional support through monthly meetings,

guest speakers and special outings, including a trip to a Padres game. Group members also offered their own peer support to patients with recent injuries. Led by a Sharp Rehab social worker, the Support Group for Men with SCI included approximately 40 meeting attendees in FY 2014, as well as an additional 80 community members involved through an electronic resource and support network.

Sharp Rehab also provided the Sharp Players weekly support group to approximately 25 members with a range of conditions including brain injury, SCI, spina bifida, cerebral palsy, post-encephalitis, multiple sclerosis, amputation, mental illness, blindness, cancer and stroke. The Sharp Players use a drama-focused approach to facilitate emotional healing and support. In FY 2014, the group provided eight performances for approximately 300 community members at senior centers, retirement homes, and other community organizations in SDC. Sharp Rehab staff also devoted their time to the HeadNorth organization, providing support and guidance to survivors of SCI.

The Pavilion also offers the Community Health Library at the Cushman Wellness Center. The library features DVDs, CDs, books, pamphlets and access to the Internet to help patients and community members locate reliable health information in various languages. The Community Health Library is led by a consumer health librarian with a specialty in community health, as well as a store manager with expertise in health-related gifts, assisted devices and community health resources. To keep the public regularly informed of pertinent health news and information, the library publishes and distributes a quarterly newsletter, as well as a classroom community calendar for the Pavilion. In FY 2014, 450 newsletters were mailed and 150 newsletters were electronically delivered to community members each quarter. The library also collaborates with and provides resources to all Sharp entities. Community members can also learn more about the Community Health Library through Sharp.com and may contact the consumer health librarian by email, phone or through the library's webpage.

In FY 2014, outreach to the local community was a high priority. The consumer health librarian presented on health literacy topics to approximately 3,000 people at a variety of community organization sites, health fairs and events. This included: talks with seniors through Jewish Family Service of San Diego and the Sharp Senior Health Center Downtown regarding how to partner with their doctors in their own medical care, how to prepare for an appointment with their doctor, and identifying reliable health websites; a nutrition lesson on ChooseMyPlate.gov for Girls with Goals to educate elementary and middle school females about the five food groups that make up the building blocks for a healthy diet; and the provision of health literacy information at the annual San Diego Earth Fair at Balboa Park, the San Diego Steps 4 Health Family Fun Day & Health Fair, the annual Sharp Women's Health Conference, and the 25<sup>th</sup> annual Women's Resource Fair hosted by the San Diego Volunteer Lawyer Program. The Women's Resource Fair is a unique event designed to provide women, children and teens in need with resources and services including applying for public benefits, confidential legal assistance, job skills, education and employment counseling, self-defense, mental health services, personal care and more. During this event, the consumer health

librarian provided health resources to attendees who often lack the internet access needed to obtain such information.

SMH also provided first-aid booths, health screenings and health information at numerous community-sponsored health fairs and events, including the Rock 'n' Roll Marathon, the Healthy Living Festival, Touch a Truck at Qualcomm Stadium, San Diego Earth Fair, San Diego Crew Classic, December Nights, the AHA Heart & Stroke Walk, and Finish Chelsea's Run. Various hospital departments also provided health services and education at Sharp's annual Women's Health Conference, including but not limited to: breast self-exam demonstrations; genetics and nutrition information; chair massage; acupuncture; sleep apnea assessment; pre-osteoporosis heel bone density scans; and bone health education on calcium and vitamin D requirements, exercise, and treatment and prevention. In addition, SMH provided coordination, support and related fundraising activities for various nonprofit organizations in FY 2014, including the AHA Heart & Stroke Walk, Susan G. Komen Race for the Cure<sup>®</sup>, and the San Diego Blood Bank (through quarterly blood drives).

To support families with children who have a loved one in the medical intensive care unit (MICU), the SMH Community Health Library created and piloted a booklet titled You Are Important! Children Visiting in the Medical Intensive Care Unit. Using colorful illustrations and age-appropriate language, the booklet helps parents prepare their children to feel more comfortable about visiting their loved one in the hospital, and for children who are not visiting the hospital to understand what is happening to their loved one. The booklet is also a helpful resource for clinical staff who interact with children visiting patients' rooms.

### FY 2015 Plan

SMH will do the following:

- Continue to provide health education and wellness classes on a variety of topics to community members
- Continue to host community support groups on a variety of topics, including cancer, bereavement, disability, stroke, heart transplantation, heart failure and needs of new mothers and families
- Develop and coordinate quarterly calendars and newsletters of community health education and screening events
- Continue to partner with local and national organizations to increase health literacy in the community
- Continue to increase awareness of the Community Health Library and its resources
- Continue to provide and participate in community events to provide health information, education, first-aid and health screenings as requested by community partners
- Provide coordination, support and fundraising-related activities for local nonprofit organizations

- Explore opportunities to collaborate with community organizations to educate community members about patient rights and responsibilities

## Identified Community Need: Cancer Education and Patient Navigator Services

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

### Rationale

- In the HASD&IC 2013 CHNA, various types of cancer were identified among the top priority health conditions seen in SDC hospitals.
- Community members participating in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health.
- In 2012, cancer was the leading cause of death for SDC residents, responsible for nearly 25 percent of deaths.
- In 2012, there were 4,958 deaths due to cancer (all sites) in SDC. The age-adjusted death rate due to cancer was 158.3 deaths per 100,000 population in SDC.
- From 2010 to 2012, cancer was the leading cause of death in SDC, responsible for 24.7 percent (or 14,618) of deaths overall.
- According to the California Cancer Registry (CCR) 2014 report, *California Cancer Facts & Figures*, in 2014 the predicted number of new cancer cases for all sites in SDC was 13,455. Expected cancer deaths in SDC for 2014 are predicted to be 4,815.
- Cancer diagnoses in SDC, for the top cancer sites, decreased 1.3 percent from 2006 through 2010. Despite the overall decrease, breast, brain and other nervous system tumor diagnosis saw noticeable increases. By 2018, total cancer cases in the county are expected to grow by 11.7 percent (CCR, 2013; Truven Health Analytics Market Discovery Planning).
- According to the 2011 Susan G. Komen for the Cure<sup>®</sup> San Diego Affiliate Community Profile Report, breast cancer was the most common cancer among women in California, regardless of race/ethnicity. In 2011, it is estimated there were 22,115 new cases of breast cancer for females in California. In addition, of the estimated 12,490 new cases of all cancers in SDC for 2011, an estimated 15.7 percent (1,960) were breast cancer. San Diego has the highest incidence rate for breast cancer (163.95 per 100,000) compared to the neighboring counties of Imperial, Los Angeles, Orange and Riverside. San Diego's incidence rate for breast cancer is also above that of California (151.82 per 100,000).
- In SDC, minority women have high breast cancer mortality rates and were less likely to have breast cancer detected at an early stage, according to the 2011 Susan G. Komen for the Cure<sup>®</sup> San Diego Affiliate Community Profile Report. In addition, Latinos were least likely to receive a mammogram compared to other ethnic groups, with 37.3 percent reporting never having had the screening.

- According to the same report, the most common barriers to receiving effective breast health care access included lack of awareness and knowledge, financial barriers, cultural barriers and emotional factors, while the most common challenges in the current breast health care system included cost of care, quality of providers, lack of communication and education, and language barriers. Increased advocacy, education, funding and partnerships were among the suggestions for improving programs, services and the breast health care system overall.
- Between 2006 and 2010, the female breast cancer incidence rate for women in California was 122.1 new cases per 100,000 women per year. Non-Hispanic white women experienced the highest incidence rate at 141.3 new cases per 100,000 women per year (CCR, 2013).
- The breast cancer mortality rate between 2006 and 2010 for women in California was 21.8 deaths per 100,000 women per year (CCR, 2013).
- According to the CDC, observational studies have shown that patient navigation in complex health systems leads to more complete, timely breast cancer care and earlier stage at diagnosis. Emerging evidence from randomized controlled trials supports this intervention in high-risk populations.
- According to the CDC, cancer survivors face many physical, emotional, social, and financial problems as a result of their cancer diagnosis and treatment. Cancer survivorship affects not only the cancer patient, but also family members, friends, and neighbors who often help with daily tasks.
- According to the American Cancer Society (ACS), a total of 1,665,540 new cancer cases and 585,720 cancer deaths are projected to occur in the U.S. in 2014. California is projected to have the most new cancer cases (171,730) and the highest number of deaths (57,950) (ACS, 2014).
- Healthy People 2020 has multiple objectives for reducing various cancer types, with an overall cancer death rate reduction goal of 10 percent, from 179.3 cancer deaths per 100,000 in 2007 (age-adjusted to 2,000 standard population) to 161.4 deaths per 100,000 population.
- According to a 2014 report from the American Cancer Society (ACS), California Cancer Facts & Figures, screening offers the ability for secondary prevention by detecting cancer early. Regular screening that allows for the early detection and removal of precancerous growth are known to reduce mortality for cancers of the cervix, colon, and rectum. Five year relative survival rates for common cancers are 93 to 100 percent if they are discovered before having spread beyond the organ where the cancer began.

### Objective

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

### FY 2014 Report of Activities

In FY 2014, the SMH Cancer Institute offered a variety of educational classes and support groups, and participated in numerous community events in support of

community members impacted by cancer. Approximately 2,600 community members, patients and families were reached through these efforts.

Educational classes in FY 2014 reached about 1,300 patients and community members, including a Food for Life Cooking Series; Nutrition and Cancer; Breast Cancer Education; Ovarian Cancer Education; Cancer and Genetics; Exercise and Stress Management; Cancer and the Arts; Healthy Steps, a weekly exercise class focused on gentle, therapeutic exercises using the Lebed method to aid the lymphatic system and improve overall strength and flexibility; and a monthly Cancer Lunch and Learn series for individuals and families impacted by cancer, including what to expect following cancer diagnosis and treatment and family survivorship. The Cancer Institute also held two lymphedema seminars in FY 2014 providing community members with education on risk factors, steps for prevention and next steps for dealing with lymphedema. Uninsured participants at risk for or suffering from lymphedema were referred to appropriate preventive services as well as community resources for need-based compression sleeves and gauntlets.

The SMH Cancer Institute provided a variety of cancer support groups reaching more than 300 patients and community members in FY 2014. Support groups included Women's Cancer; Life After Cancer; Living with Advanced Cancer; Care Partner, a support group specifically for friends and family members of cancer patients; and the Young Patient support group, the only support group in San Diego for young adult men and women with cancer. In November, a special Coping with Cancer Through the Holidays presentation was offered for community members, including understanding grief, improving coping skills, exploring the spiritual meaning of the holidays in the face of grief and reviving hope. The SMH Cancer Institute's licensed clinical social worker (LCSW) also offers free psychosocial and emotional support to family members of cancer patients, serving approximately 2,300 patients and family members through this service in FY 2014.

Throughout the year, the SMH Cancer Institute both hosted and participated in a variety of community events, providing cancer education and resources to more than 1,000 community members. For three days in May, staff celebrated National Cancer Survivorship Day with an informational table at the Pavilion, providing giveaways and information about the free community classes offered by SMH to those with cancer. Staff also participated in the San Diego State University (SDSU) Health Fair, the San Diego Crew Classic, the ACS Gala at the Grand Del Mar and the ACS Making Strides Breast Cancer Walk. The SMH Cancer Institute participated in the annual Sharp Women's Health Conference, providing breast self-exam demonstrations, and information on breast cancer, early detection, when genetic testing should be conducted, state-of-the-art diagnostic services and healthy nutrition choices. In addition, the SMH Cancer Institute provided education on cancer screening and prevention at the San Diego Regional Center annual health fair in April, and at the Sharp HospiceCare Aging: Planning and Coping Conference at First United Methodist Church in Mission Valley in June.

In addition, SMH provided meeting space for Look Good...Feel Better classes, led by the ACS to teach women beauty techniques that help manage the appearance of side-effects related to cancer treatment. In FY 2014, four classes were held reaching approximately 30 community members. The SMH Cancer Institute also provided cancer education to support the training of future Look Good...Feel Better instructors.

The SMH Cancer Institute offers three patient navigators to assist patients and family members from the time of diagnosis through the course of treatment. Each patient navigator is assigned to a group of specific cancer diagnoses, including: breast cancer; lymphomas and head, neck and lung cancers; and colon, rectal, renal, prostate, gynecological and all other cancers. The SMH patient navigators provide ongoing guidance for patients and families, including: facilitation of appointment scheduling; explanation of procedures and test results; provision of education and support during diagnosis and treatments; and provision of financial resources and referrals to community agencies. In addition, the patient navigator team provides education and resources during the seminars and classes offered by the SMH Cancer Institute to community members throughout the year.

### FY 2015 Plan

SMH will do the following:

- Continue to provide a variety of cancer-focused community education classes through the SMH Cancer Institute
- Continue to provide a variety of cancer support groups
- Continue to participate in community walks, health fairs and events
- Provide patient navigator services to cancer patients, families, and community members with cancer
- Continue to seek funding to support the SMH Cancer Institute

### Identified Community Need: Prevention of Unintentional Injuries

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

### Rationale

- In the HASD&IC 2013 CHNA, unintentional injury was identified as one of the top 15 priority health conditions among SDC hospitals.
- In 2012, accidents (unintentional injuries) were the sixth leading cause of death for SDC residents.
- In 2012, there were 989 deaths due to unintentional injury in SDC. The region's age-adjusted death rate due to unintentional injuries was 30.5 deaths per 100,000 population.
- Unintentional injuries – motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosion, poisoning (including drugs and alcohol, gas,

cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electric current/ radiation/ fire/ smoke, natural disasters and injuries at work – are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.

- Between 2010 and 2012, nearly 3,000 San Diegans died as a result of unintentional injuries.
- In 2012, there were 22,194 hospitalizations related to unintentional injury in SDC. The age-adjusted rate of hospitalizations due to unintentional injury was 692.8 per 100,000 population.
- In 2012, there were 161,467 unintentional injury-related ED discharges in SDC. The age-adjusted rate of visits due to unintentional injury was 5,097.2 per 100,000 population.
- Injury, including both intentional and unintentional, is the number one killer and disabler of persons ages one to 44 in California (California Department of Public Health, 2010).
- According to HP 2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; the physical environment both at home and in the community; access to health services and systems created for injury-related care; and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

### Objective

- Offer an injury prevention program for children, adolescents and young adults throughout SDC

### FY 2014 Report of Activities

With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), a dozen schools throughout SDC had the opportunity to provide ThinkFirst/Sharp on Survival speakers to their students. These students have an interest in pursuing careers in health care, and were provided with classroom presentations and the opportunity to participate in a half-day tour of the SMH Rehabilitation Center. Four separate presentations were provided in the city of San Diego, reaching a total of 145 at-risk teenagers.

Also in FY 2014, ThinkFirst/Sharp on Survival continued to provide education to SDC's south region, educating more than 60 students on the consequences of poor decision making at Mar Vista High School. Additionally, students received presentations on physical rehabilitation careers within health care through the HASPI program. During

these presentations, students also received personal testimonies from individuals, known as Voices for Injury Prevention (VIPs), with traumatic brain or SCI.

## FY 2015 Plan

SMH will do the following:

- With funding support from grants, provide educational programming and presentations for local schools and organizations
- With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community events and health fairs
- Continue to evolve program curricula to meet the needs of health career pathway classes as part of the HASPI partnership
- Grow partnership with HASPI through participation in conferences and round table events
- Through the HASPI partnership, expand educational presentations to schools in North County, South Bay and Coronado
- Explore further opportunities to provide education to health care professionals and college students interested in health care careers

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

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

## Rationale

- According to the 2013 SDC *Healthcare Shortage Areas Atlas* from the County of San Diego HHSA, SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area
- The demand for RNs and other health care personnel in the U.S. will increase due to the aging population. Nurses will be needed to educate and care for patients with various chronic conditions, such as arthritis, dementia, diabetes, and obesity. In addition, the number of individuals who have access to health care services will increase as a result of federal health insurance reform. More nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012).
- The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care.
- The BLS projects that home health aide demand will grow 48 percent from 2012 to 2022. As the U.S. population ages, the demand for home health aides to provide assistance and companionship will continue to increase. The older population often has health problems and will need help with daily activities.

- Overall employment is projected to increase 10.8 percent, or 15.6 million, from 2012 to 2022. Occupations and industries related to health care are projected to add the most new jobs during this decade and jobs requiring postsecondary education for entry are expected, on average, to grow faster than occupations that require a high school diploma or less.
- According to the San Diego Workforce Partnership 2011 report titled Healthcare Workforce Development in San Diego County: Recommendations for Changing Times, health care occupations that will be in highest demand in the next three to five years include physical therapists; medical assistants; occupational therapists; RNs; medical record and health information technicians; radiologic technologists and technicians; pharmacists; and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds, as well as a need for culturally competent workers with skills in foreign language.
- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the- job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.
- According to the San Diego Workforce Partnership 2013 report titled, In-Demand Jobs: A Study of the Occupational Outlook in San Diego, health care has been one of the few industries in San Diego experiencing strong employment growth in the last three to four years. The health care specialty occupations expecting to grow considerably are radiological technologists and technicians, dental assistants and RNs.
- According to the California Hospital Association (CHA) 2014 report titled, Critical Roles: California’s Allied Health Workforce Follow-up Report, in the coming decades, as health professionals will be required to have a more complex set of skills, education and training programs need to evolve and innovate in order to meet the current skill demands of health employers.
- According to the same report, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities. This includes contributions of time and resources dedicated to the thousands of interns and high school students that spend time in hospitals in California each year, gaining valuable work experience and career exposure.

## Objectives

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

## FY 2014 Report of Activities

SMH received MAGNET<sup>®</sup> re-designation in 2013, the highest honor given by the American Nurses Credentialing Center (ANCC) for nursing excellence and quality patient care. SMH has also earned Planetree Patient-Centered Hospital Designation with Distinction, representing the highest level of patient-centered care.

In FY 2014, SMH offered students and interns throughout SDC various placement and professional development opportunities. Approximately 440 nursing students and nearly 320 ancillary students from a variety of colleges and universities spent approximately 113,000 hours at SMH in FY 2014. Among some of the program partners were SDSU, Point Loma Nazarene University (PLNU), Azusa Pacific University (APU), California State University San Marcos (CSUSM), University of San Diego (USD), Kaplan College (KC), Palomar College, EMSTA College, Alliant International University, Boston University (BU), San Diego Mesa College (MC) and Southwestern College (SWC). Students from a variety of disciplines were represented including nursing, radiology, pharmacy, physical therapy, occupational therapy, and nutrition. SMH's Clinical Pastoral Education Program provided five chaplain residents with 1,000 hours of clinical training in FY 2014, teaching them theories and skills to help them provide exceptional spiritual care to patients and their families.

Through affiliations with SWC, Palomar Community College, EMSTA College, West Med College and National College of Technical Instruction (NCTI), SMH provided both clinical training and observation hours for Emergency Medical Technician (EMT) and paramedic interns. This included 29 EMT students who spent one eight-hour shift in the emergency department (ED), and 51 paramedic interns who spent 144 hours each in clinical training in the ED. The paramedic interns also completed rotations in other hospital areas including labor and delivery, pulmonary, trauma, neonatal intensive care unit (NICU), the operating room (OR) and catheterization lab. SMH staff contributed nearly 7,700 hours of clinical training and supervision to these specialized community programs.

Also in FY 2014, SMH and SGH continued to provide one of only two mobile intensive care nurse (MICN) training programs in SDC. Together, the hospitals offered extensive six-week training programs for San Diego base station emergency nurses. Participants receive certification through San Diego County Emergency Medical Services (EMS) upon successful completion of a 48-hour classroom component, a passing score of 85 percent or higher on the County EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit.

Additionally, throughout the year, Sharp Rehab social workers provided presentations to students and professionals throughout SDC. These presentations contributed to the advancement and improvement of rehabilitation services in the community, including a lecture to approximately 100 physical therapy students at the University of St. Augustine. SMH also provided a comprehensive two-day course in orthopedic nursing for health care professionals in the community. The course covered a variety of topics, including but not limited to peri-operative nursing, total joint replacement, trauma, bone tumors, spine, metabolic disease and complications.

SMH also continued its participation in the HSHMC program to provide early professional development for students at all levels of high school. During the school year, 62 students in 9<sup>th</sup> grade, 30 students in 10<sup>th</sup> grade, 16 students in 11<sup>th</sup> grade, and 17 students in 12<sup>th</sup> grade spent more than 8,600 supervised hours between SMH and the Pavilion. A variety of hospital areas participated in the program, including inpatient nursing, ED, laboratory, pathology, radiology, cardiology, pulmonary rehabilitation and physical therapy. Students were oriented to hospital operations including the cafeteria, engineering, supply chain and security. SMH has also incorporated educational components on patient- and family-centered care, and the culture of a professional work environment. In addition, 18 HSHMC students devoted more than 1,200 hours to the Sharp Rees-Stealy (SRS) facility located adjacent to SMMC.

SMH continues to provide planning and administrative support for the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practices in the nursing community. The consortium represents a partnership between Sharp HealthCare, Scripps Health, Palomar Health, Rady Children's Hospital – San Diego, UC San Diego Health System, VA San Diego Healthcare System, and Elizabeth Hospice, as well as four academic institutions – PLNU, SDSU, APU and USD. For the past six years, the consortium has sought to inspire clinical excellence through its Evidence-Based Practice Institute (EBPI), which prepares teams of fellows (interprofessional staff) and mentors to change and improve clinical practice and patient care. In FY 2014, the nine-month program consisted of six full-day workshops during which mentors guide fellows through the process of evidence-based practice and working collaboratively with hospital leadership. The program culminated with a community conference and graduation ceremony for 41 EBPI fellows in November.

As a Planetree Patient-Centered Hospital Designated with Distinction, SMH continued to provide hospital tours to share its experience in patient- and family-centered care upon request from various local, national and international hospitals, nonprofit organizations and universities. Participants toured various hospital units, as well as the Cushman Wellness Center Community Health Library, to learn about SMH's unique programs and design properties that promote: patient- and family-centered care, a healing environment, workforce efficiency and effective use of technology. Participants may then apply these learnings to improve service delivery and customer experience within their own organizations. SMH also presented at the 2014 Planetree Conference in Montreal, Canada, an annual conference for Planetree organizations to gather and share knowledge on providing patient-centered care. The theme of the conference was

Compassion in Action to salute health care providers dedicated to comforting, healing, protecting and partnering with patients and residents every day. Presentations by SMH included: Discharge Process Acute Rehab Transition (DePART): Responding to the Voiced Needs of Our Customers; Rediscovering True North: Connecting Passion for Healing and Building Resilience through Developing Compassion; and Promoting Staff and Family Communication through Collaboration in a Surgical Intensive Care Unit.

In collaboration with the Center for Compassion and Altruism Research and Education (CCARE) at the Stanford University School of Medicine, Sharp HealthCare furthered its support of professional education and development by providing an eight-week Compassion Cultivation Training (CCT) course, designed to help health care professionals and community members develop cognitive, emotional and behavioral aspects of human compassion. Led by Sharp employees certified by Stanford CCARE, the CCT course utilized lectures and guided compassion cultivation exercises and group discussions to improve communication, increase resilience to stress and enhance feelings of well-being among the participants. The CCT course consisted of eight weekly classes and six steps that build a foundation for developing a compassionate heart and mind, and encompassed topics such as: skills for calming the mind, self-compassion, empathy towards humanity and applications for daily life. In FY 2014, the CCT course trained approximately 100 employees and community members.

#### FY 2015 Plan

SMH will do the following:

- Continue to provide intern and professional development opportunities to health professions students throughout SDC
- Continue to collaborate with HSHMC to provide opportunities for students to explore health care careers
- Provide clinical training for chaplain interns in the Clinical Pastoral Education Program
- Annually review and evaluate the HSHMC program
- Continue to provide education and hospital tours for the local, national and international health care community on patient- and family-centered care
- Continue to offer CCT for community members and health professionals
- Provide continuing education lectures to community physicians, residents, interns and Navy at the SMH Hip Preservation Center
- Provide a two-day conference for orthopedic nurse certification
- Conduct a visiting professorship to provide learning opportunities to community orthopedists, radiologists, as well as student interns and residents in the community

## Identified Community Need: Support During the Transition of Care Process for High-Risk, Underserved Patients With Complex Medical Needs

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

### Rationale

- Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recommended further work in access to care, health insurance and care management with each of the priority health issues identified for SDC (cardiovascular disease, Type 2 diabetes, mental/behavioral health, and obesity).
- Community members participating in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health.
- According to 2011 CHIS data, 22.0 percent of those 18 to 64 years of age in SDC were currently uninsured.
- In 2012, 13.86 percent of the population in SDC was living below the poverty level, with 14.58 percent of those families with children.
- In 2011, nearly 15 percent of families in SDC received some form of cash public assistance.
- In 2012, 6.22 percent of families with children in SDC received food stamps/Supplemental Nutrition Assistance Program (SNAP)/CalFresh benefits.
- According to 2011 CHIS data, 83.8 percent of adults in SDC have a usual source of care. Among these adults, 26.9 percent utilize a community clinic, government clinic or community hospital as their usual source of care.
- According to 2011 CHIS data, in SDC for those 18 to 64 years of age, the most common sources of health insurance coverage include employment-based coverage (58.3 percent) and public programs (12.7 percent).
- As of October 2014, the overall unemployment rate for SDC was 5.8 percent (BLS, 2014).
- According to the BLS, the seasonally-adjusted September 2014 rate of persons unemployed for 27 weeks or longer was 31.9 percent.
- The cost of living in California is 35 percent above the U.S. average, with health spending per capita in California growing by 5.9 percent between 1994 to 2004 (California Hospital Association Special Report, October 2011).
- According to Community Health Improvement Partners (CHIP), between 2006 and 2009, demand for ED services in SDC increased by 11.9 percent, from 582,129 to 651,595 visits (CHIP, 2010).
- In 2014, the health insurance benefits available under the Consolidated Omnibus Budget Reconciliation Act (COBRA) cost a single person in California between \$487 and \$585 per month; for three or more participants on the plan in California, COBRA costs ranged from \$1,594.29 to \$1,856.77 per month (2014 COBRA Self-Pay Rates, Motion Picture Industry Pension & Health Plans).
- Community clinics in California have experienced rising rates of primary care clinic utilization; the number of persons utilizing the clinics increased by 27.3 percent

between 2007 and 2011 (Office of Statewide Health Planning and Development, 2011).

### Objectives

- Collaborate with community organizations to provide follow-up medical care, financial assistance, psychiatric and social services to chronically homeless individuals
- Assist economically disadvantaged individuals through transportation and pharmaceutical assistance

### FY 2014 Report of Activities

In FY 2014, SMH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the San Diego Rescue Mission, SMH discharged chronically homeless patients to the Rescue Mission's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SMH in a safe environment, and also provides psychiatric care, substance abuse counseling and guidance from the Rescue Mission's programs in order to help these patients get back on their feet.

Sharp also provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Advocacy for safe discharge from the hospital is priority, regardless of funding. Patients receive assistance with transportation and placement; connections to community resources; and financial support for medical equipment, medications, and even outpatient dialysis and nursing home stays. In addition, clinical social work services, particularly for homeless populations, include assessment for individuals at risk for psychiatric disorders, developmental disorders, and substance abuse issues. For these high-risk individuals, referrals are provided as needed for housing, medication management and supportive community services.

To further assist economically disadvantaged individuals, SMMC provided more than \$85,000 in FY 2014 in free medications, transportation, lodging and financial assistance through its Project HELP funds.

In addition, SMH's case management and social work teams are committed to the next generation of the health care workforce through internships for graduate students at University of Southern California (USC) and the SDSU Schools of Social Work and Public Health. In FY 2014, six graduate students from these programs were placed in with case management and social work team members.

## FY 2015 Plan

SMH will do the following:

- Continue to collaborate with community organizations to provide medical care, financial assistance, clinical social work services and community resources to chronically homeless patients
- Explore collaborations with Society of St. Vincent de Paul and Connections Housing to provide post-discharge housing and services to chronically homeless patients
- Continue to administer Project HELP funds to those in need; evaluate program to ensure it meets needs of the population served
- Continue to provide internship opportunities to graduate students
- Explore implementation of a Meds-to-Beds program for unfunded patients, ensuring their receipt of medication prior to hospital discharge

## SMH Program and Service Highlights

### *Sharp Memorial Hospital:*

- 24-hour emergency services with heliport and base station
- Acute care
- Bariatric
- Bioethics consultation
- Breast health, including mammography
- Cancer Institute
- Cardiac care
- Cardiac rehabilitation
- Community Care Partner Program
- Chest Pain Center, specializing in emergency chest pain treatment
- Congestive Heart Failure Management Program
- Computed Tomography (CT) Scan
- Electrocardiogram (EKG)
- Electroencephalography (EEG)
- Group and art therapy, including Arts for Healing Program
- Heart Valve Surgery Center
- Home health<sup>1</sup>
- Home infusion services
- Hospice<sup>2</sup>
- Integrative healing therapies
- Interventional radiology
- Intensive Care Unit (ICU)
- Laboratory services
- Mechanical Circulatory Support Device Program
- Nutrition and metabolic services
- Occupational therapy
- Open medical records program
- Organ transplantation (heart, kidney, pancreas)
- Orthopedics Program
- Pain Management Center
- Palliative care
- Pathology services
- Pre-Anesthesia Evaluation Services (PAES)
- Physical therapy
- Primary care
- Radiology services
- Rehabilitation Center
- Robotic surgery
- Senior health services
- Senior Resource Center
- Sharp and Rady Children's MRI Center

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<sup>1</sup> Provided through Sharp Home Care, located at: 8080 Dagget Street in San Diego, ZIP code 92111.

<sup>2</sup> Provided through Sharp HospiceCare.

- Sleep laboratory
- Spiritual care and education
- Stroke Center
- Surgical services
- Thoracic (lung) surgery
- Trauma Center
- Van services
- Warfarin management
- Wound and Ostomy Center

*Sharp Memorial Outpatient Pavilion:*

- Cancer services
- Cushman Wellness Center, including health screening, lifestyle and fitness assessment, and the Community Health Library
- Diabetes services – recognized by American Diabetes Association
- Diagnostic services
- Executive Health Program
- General and Diagnostic Outpatient Imaging Center, including Women’s imaging and 3-D mammography.
- Genetic Counseling
- Integrative Medicine
- Ophthalmology
- Outpatient Surgery Center
- PET/CT Imaging System (Positron Emission Tomography/ Computerized Tomography)
- Pre-Anesthesia Evaluation Services (PAES)
- Radiation oncology and infusion services
- Sharp Rees-Stealy Surgical Eye Consultants, including Ophthalmology and Optometry
- Summerfelt Endoscopy Center
- Virtual Colonoscopy
- Vision Laser Center

*Sharp Senior Health Center Downtown:*

- Community health education programs
- Community health services
- Primary and comprehensive physical and mental health care services to seniors

*Sharp Senior Health Center Clairemont:*

- Community health services
- Primary and comprehensive physical and mental health care services to seniors





## Supporting Long-Term Recovery From Eating Disorders

~ SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER ~

*Nearly* half of all Americans personally know someone with an eating disorder. Sharp Mesa Vista Hospital provides support for community members affected by these serious, complex illnesses.

Each week, the hospital hosts a free ANAD (Anorexia and Associated Disorders) support group that is facilitated by the Eating Disorders Program therapist. Requiring no registration or commitment, the support group is open to any adult who is currently struggling or has

struggled in the past with an eating disorder or disordered eating, including anorexia, bulimia or binge-eating disorder.

Attendees discuss a variety of topics impacting their recovery, including stress management, mindful eating, healing body image issues, maintaining healthy relationships, relapse prevention and more. Individuals support one another by sharing personal struggles and strategies for success, with optional peer support available outside of the group.

Section

# 11 Sharp Mesa Vista Hospital and Sharp McDonald Center

*Our goal at Sharp Mesa Vista is more than just providing behavioral health services; by helping our patients recover, re-integrate into the community and move forward with meaningful lives, we seek to bring their talents and energy to the entire community. As part of this goal, and to help achieve greater positive impact on behavioral health, we work with community partners – including other health care systems, county providers and nonprofit groups – to assess community needs, form collaborative action plans, and facilitate change together. – Kathi Lencioni, Chief Executive Officer, Sharp Mesa Vista Hospital*

## FY 2014 Community Benefit Program Highlights

Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided **\$11,714,311** in community benefit in FY 2014. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697.

Table 1: Economic Value of Community Benefit Provided  
Sharp Mesa Vista Hospital and Sharp McDonald Center – FY 2014

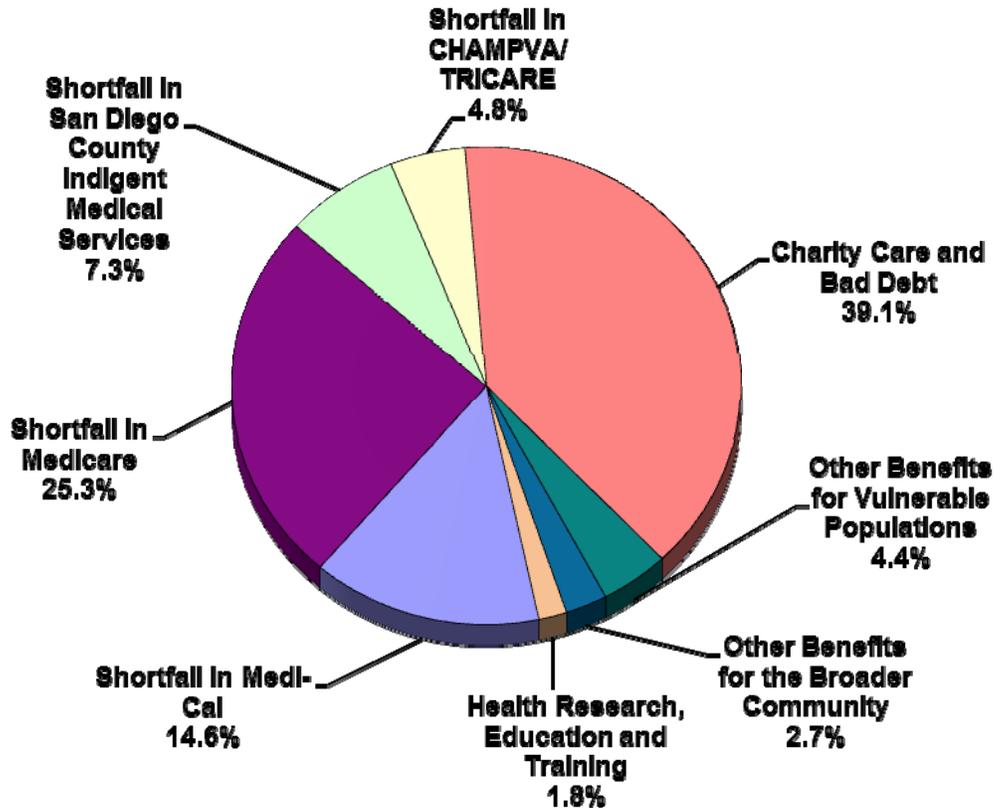
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2014 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal <sup>1</sup>	\$1,712,414
	Shortfall in Medicare <sup>1</sup>	2,970,263
	Shortfall in San Diego County Indigent Medical Services <sup>1</sup>	853,798
	Shortfall in CHAMPVA/TRICARE <sup>1</sup>	559,483
	Charity Care and Bad Debt <sup>2</sup>	4,585,363
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy <sup>3</sup>	511,787
Other Benefits for the Broader Community	Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events <sup>3</sup>	311,288
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals <sup>3</sup>	209,915
<b>TOTAL</b>		<b>\$11,714,311</b>

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

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

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

Figure 1: Percentage of Community Benefit by SB 697 Category  
 Sharp Mesa Vista Hospital and Sharp McDonald Center – FY 2014



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE; and financial support for on-site workers to process Medi-Cal eligibility forms.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; free psychiatric assessments and referrals; programs to address barriers to mental health services for disadvantaged, culturally diverse urban seniors; contribution of time to Stand Down for Homeless Veterans, San Diego Habitat for Humanity and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for vulnerable and high-risk community members.
- **Other Benefits for the Broader Community** included health education and information on a variety of behavioral health and chemical dependency topics, participation in community health and behavioral health events, and collaboration with local schools to promote interest in health care careers. SMV also offered

meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as Mental Health America (MHA), Residential Care Council, San Diego Suicide Prevention Council, Community Health Improvement Partners (CHIP) Behavioral Health Work Team, California Mental Health Coalition, Partners in Treatment Work Team, Association of Ambulatory Behavioral Healthcare, Employee Assistance Professionals Association (EAPA), A New PATH (Parents for Addiction, Treatment and Healing), California Board of Behavioral Health Sciences, Psychiatric Emergency Response Team (PERT) and Serving Seniors (formerly Senior Community Centers of San Diego). See **Appendix A** for a listing of Sharp community involvement. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

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

#### Definition of Community

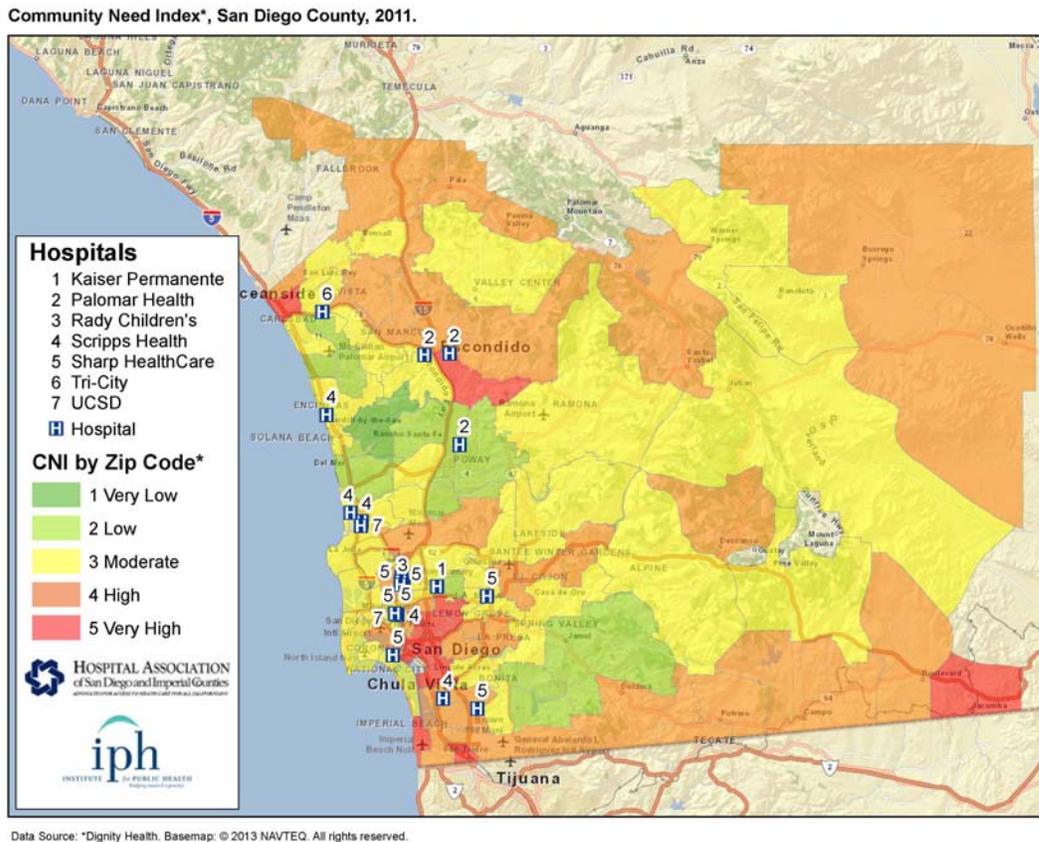
- *Sharp Mesa Vista Hospital is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123.*
- *Sharp McDonald Center is located at 7989 Linda Vista Road in San Diego, ZIP code 92111.*
- *SMV Mid-City Outpatient Program is located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92115; SMV East County Outpatient Program is located at 1460 East Main Street in El Cajon, ZIP code 92021.*

As specialty hospitals, SMV and SMC serve the community of San Diego County (SDC). The primary communities served by SMV and SMC include the City of San Diego, Chula Vista, the east region and north inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

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

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

Figure 2: CNI Map of SDC



## Description of Community Health

In SDC, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were insured in 2011— failing to meet the Healthy People (HP) 2020 national targets<sup>1</sup> for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

In SDC overall, during 2012, 16.3 percent of adults ages 18 to 64 did not have a usual source of care. In addition, 72.2 percent of these adults had health insurance, and 7.3 percent utilized Medi-Cal Healthy Families. Further, 15.9 percent of SDC adults ages 18 to 64 reported fair or poor health outcomes and 12.7 percent reported as food

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

insecure.<sup>1</sup> See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

Table 2: Health Care Access in SDC, 2011

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

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

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

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

Source: 2011-2012 CHIS

An analysis of 2012 mortality data for SDC revealed Alzheimer’s disease and suicide as the third and eighth leading causes of death for SDC, respectively. **Table 4** summarizes the leading causes of death in SDC. For additional demographic and health data for communities served by SMV and SMC, please refer to the 2013 CHNAs for these entities, available at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

<sup>1</sup> This information is sourced from the 2012-2013 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning Areas, and more. Customized and detailed health statistics are available through *AskCHIS* biennially, with the most recently available information from 2011-2012.

Table 4: Leading Causes of Death in SDC, 2012

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	4,958	24.8%
Disease of heart	4,626	23.1%
Alzheimer's disease	1,163	5.8%
Chronic lower respiratory diseases	1,029	5.1%
Cerebrovascular diseases	1,003	5.0%
Accidents (unintentional injuries)	989	4.9%
Diabetes mellitus	652	3.3%
Intentional self-harm (suicide)	408	2.0%
Chronic liver disease and cirrhosis	354	1.8%
Essential (primary) hypertension and hypertensive renal disease	332	1.7%
Influenza and pneumonia	303	1.5%
Parkinson's disease	264	1.3%
Pneumonitis due to solids and liquids	147	0.7%
Septicemia	129	0.6%
Neoplasms – in situ, benign or unknown behavior	124	0.6%
All other causes	3,537	17.7%
<b>Total Deaths</b>	<b>20,018</b>	<b>100.0%</b>

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch

### Community Benefit Planning Process

In addition to the steps outlined in **Section 3** regarding community benefit planning, SMV and SMC:

- Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals
- Estimate an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels
- Host a bimonthly committee to discuss, plan and implement community activities

## Priority Community Needs Addressed in Community Benefit Report – SMV 2013 CHNA and SMC 2013 CHNA

Through the SMV 2013 CHNA and the SMC 2013 CHNA, mental/behavioral health was identified as a priority health need for SDC.

Although additional priority health needs were identified for SDC through the 2013 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (cardiovascular health, diabetes, and obesity), fall outside the scope of services provided by SMV and SMC. Thus, these identified health needs are not addressed in the community benefit report for these two hospitals.

In alignment with the identified need of mental/behavioral health, the following pages detail programs that specifically address:

- Mental health and substance abuse education and support for the community
- Improving outcomes for seniors at risk
- Mental health and substance abuse education for health care professionals and students, and collaboration with local schools to promote interest in health care careers

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2014 Report of Activities conducted in support of the objective(s), and FY 2015 Plan of Activities.

### Identified Community Need: Mental Health and Substance Abuse Education for the Community

Rationale references the findings of the SMV and SMC 2013 Community Health Needs Assessments or the most recent SDC community health statistics unless otherwise indicated.

#### Rationale

- The SMV and SMC 2013 CHNAs identified mental/behavioral health as the priority health issue for community members served by SMV and SMC.
- The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA identified mental/behavioral health as one of the top four priority health issues for community members in SDC.
- The following conditions were identified in the SMV and SMC 2013 CHNAs as priority behavioral health issues in SDC: anxiety; trauma – particularly with San Diego’s military population; mood disorders including depression and bipolar disorder; personality disorders – especially antisocial personality disorder with

indigent individuals or individuals with co-occurring disorders; and chemical dependency.

- Community health leaders participating in the SMV 2013 CHNA process identified stigma as a significant barrier to improving the behavioral health in SDC.
- Community member input from the SMV and SMC 2013 CHNAs revealed the concern for and need for specific attention to co-occurring disorders – behavioral health disorders that include both mental health and substance abuse issues.
- In general, data presented in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to behavioral/mental health in more vulnerable communities within SDC.
- In 2012, Alzheimer’s disease and suicide were the third and eighth leading causes of death for SDC, respectively.
- In 2012, the age-adjusted death rate due to suicide was 12.8 deaths per 100,000, less than the HP 2020 target of 10.2 deaths per 100,000.
- Mood disorders (depression, bipolar disorder), schizophrenia and other psychotic disorders, and self-inflicted injury were presented as the top three highest hospitalization rates for SDC in 2011.
- In 2011, anxiety disorders, mood disorders, schizophrenia and other psychotic disorders demonstrated the highest visit rates in the ED for SDC.
- In 2012, the age-adjusted rate of self-inflicted injury ED discharges in SDC was 80.5 per 100,000 population.
- From 2007 to 2012, the age-adjusted rate of overdose/poisoning hospitalizations among SDC residents increased from 68.8 hospitalizations per 100,000 population in 2007 to 81.8 hospitalizations per 100,000 in 2012.
- In 2012, the age-adjusted rate of overdose/poisoning-related ED visits in SDC was 163.1 per 100,000 population. County age-adjusted rates for overdose/poisoning-related ED visits were higher in females when compared to males, higher among Blacks when compared to other races, and higher among individuals ages 15 to 24 years when compared with other age groups.
- In 2011, 34.9 percent (811,000) of adults participating in the California Health Interview Survey (CHIS) reported an episode of binge-drinking in the past year. Additionally, five percent of teens participating in the same CHIS survey reported an episode of binge-drinking the previous month, and 8.7 percent reported that they had ever tried drugs including marijuana, cocaine, sniffing glue and other drugs.
- In the U.S., approximately 8.9 million adults have co-occurring disorders and only 7.4 percent of individuals receive treatment for both conditions with 55.8 percent receiving no treatment at all (Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2008 and 2009).
- In the U.S., approximately 26 percent of homeless adults staying in shelters live with serious mental illness and an estimated 46 percent live with severe mental illness and/or substance use disorders. Serious mental illness costs America \$193.2 billion in lost earnings per year and those facing serious mental illness face an increased risk of having chronic medical conditions.
- According to HP 2020, substance abuse has a major impact on individuals, families and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems, including

teenage pregnancy, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide.

- In the first six months of 2014, Family Health Centers in SDC reported huge increase in demand for mental health service, with a 52 percent increase in mental health visits compared to the same period in 2013. The increase is attributed to the Patient Protection and Affordable Care Act's requirement that mental health care be one of ten essential benefits all insurance policies had to include starting January 1, 2014.

### Objectives

- Provide mental health and substance abuse education for patients, their loved ones and the community
- Facilitate community reintegration through community service activities
- Provide support for members of the community impacted by mental health and substance abuse issues

### FY 2014 Report of Activities

To increase awareness of mental health and substance abuse, in FY 2014, SMV and SMC hosted numerous community speaking engagements and workshops, addressing a variety of behavioral health topics including cognitive therapy, substance abuse and child and geriatric psychiatry. In addition, monthly lectures were delivered through a cognitive therapy lecture series and included topics such as anxiety, anger, depression and stress. Further, in response to the need for information and support for caregivers of individuals with mental illness, SMV provided community educational materials in the hospital lobby through the National Alliance on Mental Illness's (NAMI's) Friends in the Lobby program. In addition, SMV psychiatric evaluation and intake teams provided approximately 13,000 free psychiatric evaluations and referrals for the general community in FY 2014.

In support of community members with behavioral health issues, SMV offered weekly support groups to the community throughout FY 2014, including: a Mood Disorders support group for individuals, family and friends impacted by depression, bipolar disorder, schizoaffective disorder or anxiety; an ANAD (National Association of Anorexia Nervosa and Associated Disorders) support group for individuals affected by an eating disorder; and a bi-weekly Dialectical Behavior Therapy (DBT) support group that teaches DBT cognitive behavioral therapy skills to help treat behavioral disorders.

Throughout the year, SMV provided its Veterans Engaging in Supportive Treatment (VEST) program to military members and their families in order to meet the needs of veterans of the wars in Iraq and Afghanistan. The program provides a safe environment for veterans to learn effective methods for managing symptoms of post-traumatic stress disorder (PTSD) or acute stress, and includes services for spouses and family members

who experience distress when their loved one returns with war- or trauma-related symptoms. VEST program team members also provide education on reducing the stigma of mental health issues in the military community as well as available resources. In addition, the VEST program continues to participate in the San Diego Military Family Collaborative, which meets monthly to discuss services for military members and their families in the community. SMV and SMC also collaborated with partners in the military community through participation in events such as the Veteran's Wellness Fair at Balboa Park and the Community Mental Health Summit at the Veterans Affairs (VA) San Diego Medical Center. SMV and SMC provided behavioral health education and resources to approximately 550 community members at these events.

In FY 2014, SMV and SMC sponsored and participated in six walks to increase awareness and raise funds for mental health services, including the NAMI Walk, American Foundation for Suicide Prevention's Out of the Darkness Community Walk, Save a Life San Diego/Yellow Ribbon (for suicide prevention) Walk, National Eating Disorders Association Walk, San Diego Alzheimer's Association Annual Memory Walk and the American Heart Association's Heart & Stroke Walk.

Throughout 2014, SMV attended several health and wellness fairs, conferences and events. At the Trauma Across the Lifespan Conference, SMV provided a resource booth with information and education on childhood trauma for professionals. SMV also provided information on services and intake processes at the Psychiatric Emergency Response Team Academy Resource Fair, a quarterly training event where SDC police officers are trained to be psychiatric emergency responders. SMV participated in other health fairs including the SanDi-CAN Wellness & Resource Expo and the Sharp HealthCare Behavioral Health Summit, as well as provided education and resources at the Child Mental Health Conference, the Make the Best of Your Options conference and the Coming Back with Wes Moore event. The latter event included conversations with Wes Moore, a renowned author and veteran, and local veterans to explore the challenges and triumphs facing veterans and their families. SMV also hosted a San Diego Film Festival Screening of the 1990 Robin Williams movie *Awakenings* at the Arclight Cinemas La Jolla to raise suicide awareness. The event included an expert group of panelists to discuss suicide and SMV provided a question and answer session following the film.

SMV sponsored and participated in several events in FY 2014, benefitting organizations such as the Alzheimer's Association, Mental Health Systems, NAMI and Jewish Family Service Behavioral Health Committee. SMV also sponsored and participated in the Strut for Sobriety event benefitting A New PATH, a nonprofit organization focused on reducing the stigma associated with addictive illness through education. In addition, SMV sponsored and participated in MHA's annual Meeting of the Minds educational conference, and also sat on the MHA board, which helps guide and facilitate educational opportunities in behavioral health. SMV also hosted and participated in monthly EAPA forums which focus on increasing knowledge and education in the behavioral health professional community.

In FY 2014, SMV continued its involvement in and support of an important initiative to improve housing conditions for community members living with serious, persistent mental illness. In 2012, a work team including CHIP, housing organizations and other community partners, secured a three-year contract issued by the County of San Diego to establish an Independent Living Registry and an Independent Living Association (ILA). The work team developed a four-prong approach to address the challenges to safe and healthy independent living facilities (ILFs), which included a registry of participating ILFs to be a central resource for consumers, family members and health care professionals; educational curriculums for members of the ILA; peer review and accountability through site visits; and advocacy. These efforts seek to both improve conditions for ILFs and the consumers housed there, and to help keep consumers linked with essential services and providers, and reduce crime and unnecessary arrest rates. The ILA is an initiative of CHIP's Behavioral Health Work Team, in which SMV actively participates, and the registry continues to expand with new participating ILFs.

Throughout the year, SMV provided more than 2,700 hours in free meeting space for a variety of self-help groups on a weekly basis including Al-Anon, NARANON, NARANON District Meeting, Alcoholics Anonymous (AA), Women's Alcoholics Anonymous, My Next 30 Years – Alcoholics Anonymous, Gambler's Anonymous, Tobacco Anonymous, Alcoholics Anonymous – Dual Diagnosis, Obsessive Compulsive Disorder Support, Child and Adolescent Support Group, Men's 12-Step Group, 12-Step Recovery Workshop, Cocaine Anonymous, Narcotics Anonymous, ANAD, Pills Anonymous, Sexaholics Anonymous, Co-Dependents Anonymous, Nicotine Anonymous, Shyness and Social Anxiety Group, Concerned United Birth Parents, San Diego Phobia Foundation, Recovery Innovations – California Wellness Recovery Action Plan (WRAP) classes, the Anxiety and Phobia Clinic, Smart Recovery Community, Saturday Support, Hoarders Anonymous and the SMC Aftercare and Lifetime Support meetings. Recently added self-help groups include: Friday Night Live, which promotes healthy youth development and engages youth as active leaders in the community; and As Bill Sees It, an AA group that is run according to inspiration from the same-titled book. In addition, SMV provided free meeting space for professional behavioral health organizations including San Diego Psychiatric Society and San Diego Physicians for Recovery.

SMV's Psychiatric Rehabilitation Program is dedicated to creating possibilities for social reintegration of individuals with mental illness by involving them in community service activities. In FY 2014, the program's community service activities included: the Green Thumbs Up Group, where patients of SMV's outpatient programs maintain a community garden in a transitioning neighborhood; Sharp Sluggers, where current and former SMV patients as well as community members with mental illness participate on a co-ed softball team; the Client Advisory Board, where SMV outpatients provide feedback on how to improve programs, empower patients, promote advocacy and better serve the community; and Transit Training, where current and former patients learn to utilize public transportation. SMV's Psychiatric Rehabilitation Program also provides current and former patients with the opportunity to attend mental health clubhouses, which provide free rehabilitation programs for individuals with mental illness by focusing on employment, education and support. The mental health clubhouses are mainly operated

by community members with mental illness and staff support. In FY 2014, SMV's program also encouraged current and former patients to participate in the California Department of Rehabilitation, which is committed to providing a variety of career opportunities for advancement and training to community members with mental illness.

### FY 2015 Plan

SMV or SMC will do the following:

- Provide free psychiatric assessments and referrals for the community
- Participate in community events to raise awareness and funds for behavioral health services
- Host and facilitate various weekly and bi-weekly support groups
- Participate in key mental health events and activities alongside patients
- Provide free meeting space for use by a variety of self-help groups
- Continue participation in psychiatric rehabilitation programs and activities that benefit the San Diego community
- Host and provide a variety of educational events and programs to community members
- Continue collaboration with community providers and provide education to ILFs to improve living conditions for individuals with mental illness
- Explore and expand collaborations with law enforcement and housing planning committees to provide better outcomes for community members living with mental illness and substance abuse issues
- Continue serving as the media's go-to experts for information on mental health conditions and treatment
- Continue to strategically align with nonprofit allies and key community partners through board and committee memberships
- Through grant funding, provide additional follow up staff for at-risk patients post-discharge
- Explore diversified collaboration with Gary and Mary West Senior Wellness Center to provide services to meet the unmet needs of the severely mentally ill in San Diego's downtown area, including seniors, children and adolescents
- Explore working with multi-cultural groups
- Expand collaborations and partnerships with community partners

Identified Community Need: Improving Outcomes for Seniors at Risk  
Rationale references the findings of the SMV and SMC 2013 Community Health Needs Assessments or the most recent SDC community health statistics unless otherwise indicated.

### Rationale

- Key informant interviews conducted in the SMV 2013 CHNA identified Alzheimer's disease among the chief health concerns for San Diego seniors.
- Attendees of community forums held during the HASD&IC 2013 CHNA process identified Alzheimer's disease and dementia as one of the top five priority health needs for SDC.
- In 2012, Alzheimer's disease was listed as one of the top ten leading causes of death for SDC residents ages 65 to 84 years, and the third leading cause of death for residents ages 85 and up.
- In 2011, the emergency department (ED) discharge rate for SDC seniors with a mental illness or depression diagnosis was 442.4 per 100,000 population.
- In 2011, the hospitalization rate for seniors in SDC with a principal diagnosis of mental illness or depression was 625.3 per 100,000 population.
- In 2012, the suicide rate for SDC seniors (ages 65 and up) was 18.4 per 100,000 population.
- According to 2011 CHIS data, 5.5 percent of adults over the age of 65 in SDC thought about committing suicide in the past year.
- According to 2011 CHIS data, 8.1 percent of adults over the age of 65 in SDC reported needing help for emotional/ mental health problems or alcohol-drug issues in the past year, however only 6.7 percent of adults over the age of 65 in SDC saw a health care provider for emotional mental health problems or alcohol-drug issues in the past year.
- Older adults at particularly high risk for depression include those who are unmarried, widowed or lack a strong social support network (NAMI, 2009).
- According to the *International Journal of Geriatric Psychiatry*, a study of how uninsured or publicly insured older adults with severe mental illness access mental health services in SDC revealed that older adults were more likely to access the public mental health system's Psychiatric Emergency Response Team (PERT), a combined law-enforcement and psychiatric service that responds to psychiatric-related 911 calls. Older adults were also less likely to receive follow-up care, due to both the initial site of service – and an associated lower rate of follow-up among PERT clients – as well as a lower rate of follow-up among older adult clients initiating services in other sectors (Gilmer, et al., 2009).
- According to the *Community Mental Health Journal*, in a qualitative study of unmet mental health needs of Latino older adults in SDC, barriers to appropriate mental health care included housing, transportation and social support, as well as language and cultural barriers secondary to a lack of translators, lack of information on available services, and scarcity of providers representative of the Latino community (Barrio, et al., 2008).
- According to the 2012 San Diego Association of Governments (SANDAG) Survey of Older Americans Living in San Diego County, almost half of the respondents (46

percent) either strongly or somewhat agreed that isolation and/or loneliness affects their quality of life, and more than one out of four (27 percent) said they suffered from emotional problems at least some of the time the month before the survey.

- According to the 2012 SANDAG Survey of Older Americans Living in San Diego County, the greatest percentage (26 percent) of respondents indicated that medical ailments/issues were the biggest problems impacting them, including depression, mental health concerns and memory loss among others.

## Objectives

- Provide culturally competent outreach services to high-risk seniors in SDC's disadvantaged communities
- Provide education and screening to senior community members

## FY 2014 Report of Activities

Throughout FY 2014, SMV clinicians provided 16 hours each week to senior community centers for senior clients and eight hours a week at Potiker Family Senior Residence, a residential site for low-income, at-risk seniors. Seniors received a variety of early intervention services, including examination by a nurse or psychiatrist, medication, referrals or counseling to reduce the risk of hospitalization and homelessness.

Also in FY 2014, SMV continued to collaborate with Potiker Family Senior Residence, the Gary and Mary West Senior Wellness Center and the City Heights Square Senior Community Center. At these sites, SMV provided free prevention and early intervention services to high-risk older adults. The services were designed to improve the utilization and effectiveness of mental health services for high-risk, culturally diverse seniors and address barriers to mental health services, including stigma, isolation and lack of services. Staff contributed more than 1,000 hours of clinical services to these high-risk members of the senior community.

In October, SMV participated in Mental Illness Awareness Week and provided free depression screenings and education to approximately 100 older adults. In addition, psychiatric services were provided by a culturally diverse psychiatrist and nurse contracted with SMV. Regardless of their income or ability to pay, seniors were provided with both early intervention services and additional medical services to help prevent hospitalization and homelessness.

In FY 2014, the SMV Senior Intensive Outpatient Program (SIOP) provided a monthly community service initiative where both staff members and their older adult patients provided education and outreach to community members. The initiative focused on debunking the myths associated with older adulthood – such as ‘depression is a normal part of aging’ and ‘growing old is characterized by loss and pain’ – in order to benefit both the older adult patients providing the community service, as well as members of the community. The initiative included free community lectures provided at a variety of venues, including the Point Loma Community Presbyterian Church, La Mesa

Community Center, Jewish Family Service of San Diego, El Cajon Branch Library, First United Methodist Church of San Diego and the Sharp Women's Health Conference. Educational sessions included: Helping Older Adults Cope with Loss and Transition; Battling the Blues: Helping Older Adults Identify Signs and Symptoms of Depression; and Don't Let the Worry Win: Coping Tools for Anxiety. Also in FY 2014, SMV's SIOP attended the health and wellness fair held at the Vi senior residential living center in La Jolla, and provided free lectures on anxiety, senior wellness and depression, as well as behavioral resources to approximately 60 older adults. SMV also provided a webinar on Alzheimer's disease to approximately 100 community members, caregivers and geriatric providers.

### FY 2015 Plan

SMV will do the following:

- In collaboration with Sharp Senior Health Center Downtown, provide outreach and education to seniors without stable housing
- Continue to address the behavioral needs of high-risk, culturally diverse seniors
- Through the SIOP, provide education and support to community members around senior behavioral health issues

Identified Community Need: Mental Health and Substance Abuse Education for Health Care Professionals and Students, and Collaboration with Local Schools to Promote Interest in Health Care Careers

Rationale references the findings of the SMV and SMC 2013 Community Health Needs Assessments or the most recent SDC community health statistics unless otherwise indicated.

### Rationale

- For the HASD&IC 2013 CHNA, community health leaders and key informants surveyed closely aligned care management with meeting the mental health/behavioral health needs of SDC community members.
- The 2008 County of San Diego Mental Health Services Workforce Education and Training (WET) Needs Assessment revealed that the lack of a clearly defined career pathway in mental health before the graduate level of education poses a challenge to SDC's behavioral health workforce.
- According to the 2008 County of San Diego Mental Health Services WET Needs Assessment, challenges in attracting and hiring mental health staff in SDC include the perceived low status of mental health careers, the under-representation of diverse cultural groups in higher education, and the intense competition for bilingual staff.

- According to the same report, an important component of strengthening the mental health workforce involves increasing the relevance, effectiveness and accessibility of training and education.
- A report from the San Diego Workforce Partnership in 2010 sites that despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience.
- The same report recommended that programs provide volunteer experiences to high school and post-secondary students, as on-the- job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.
- According to a 2008 report from the World Health Organization, mental disorders create an enormous toll of suffering, disability and economic loss. Despite the potential to successfully treat mental disorders, only a small minority of those in need receive even the most basic treatment. Integrating mental health services into primary care is the most viable way of closing the treatment gap and ensuring that people get the mental health care they need. Education and training of health workers is essential for mental health to be integrated successfully into primary care.
- According to a California OSPHD report from September 2014, California’s public mental health system suffers from a critical shortage of qualified mental health personnel to meet the needs of the diverse populations they serve. There are critical issues such as the poor distribution, lack of diversity, and under-representation of practitioners across disciplines with cultural competencies, including consumers and family members with lived experience to provide consumer and family-driven services that promote wellness, recovery and resilience.
- Employment of mental health and substance abuse social workers is projected to grow 23 percent from 2012 to 2022, much faster than the average for all occupations. Employment will grow as more people seek treatment for mental illness and substance use disorders. Because drug offenders are increasingly being sent to treatment programs rather than jail, use of substance abuse treatment programs is expected to grow, increasing demand for these specialists (BLS, 2014).
- According to a March 2014 report from the California Hospital Association, programs supported by local hospitals make tremendous impacts on the lives of individuals, families and communities. This includes contributions of time and resources dedicated to the thousands of interns and high school students that spend time in California hospitals each year, gaining valuable work experience and career exposure.

### Objectives

- Provide internship and clinical training programs in psychology, social work, marriage and family therapy (MFT), health information technology and pharmacy
- Serve as a placement site for medical, nursing, psychology, pharmacy, MFT and social work students

- Provide mental health and substance abuse education for health care professionals
- Collaborate with the behavioral health community through health professions education and training

### FY 2014 Report of Activities

Throughout the year, SMV participated in internship and training programs for psychology trainees, and social work, pharmacy and health information technology students. In addition, SMV served as a clinical placement site for medical, pharmacy, MFT, social work and nursing students. SMV provided clinical supervision and training for a total of 21 psychology trainees which included eight graduate students, seven doctoral interns, six postdoctoral fellows, 12 MFT student interns, five social work student interns and three integrative therapy students. In total, all ancillary (non-nursing) students served more than 16,500 hours on the SMV campus. In addition, approximately 330 nursing students completed eight- to 15-week placements at SMV. Nursing students worked clinical rotations of eight or 12 hour shifts, often with two clinical rotations in one day (day and evening). Including time spent with groups and individual preceptors, nursing students served more than 25,000 hours at SMV in FY 2014. Academic institution partners included but were not limited to University of San Diego (USD), San Diego State University (SDSU), California State University San Marcos (CSUSM), Western University, Touro University, University of Southern California (USC), Point Loma Nazarene University (PLNU) and San Diego City College.

In addition, in FY 2014 nearly 200 applications were received for seven intern positions available through Sharp's year-long, American Psychological Association-accredited doctoral internship in clinical psychology. Selected interns rotated through three four-month rotations that included experience in SMV's adult inpatient and outpatient programs, as well as inpatient and outpatient geriatric, and child and adolescent programs. Interns also rotated through SMC. SMV offered these interns a unique opportunity to receive intensive training in psychological assessment and neuropsychological screening. With this training, psychology doctoral students provided approximately 100 detailed psycho-diagnostic assessments throughout the year. In addition, psychology trainees provided approximately 7,000 hours of group therapy and more than 2,000 hours of individual therapy. Psychology trainees were also integrally involved in clinical staff training as well as program development and evaluation efforts throughout the hospital.

SMV and SMC psychologists provided over 2,500 hours of direct clinical supervision to psychology trainees. SMV also provided two hours of lectures every week for psychology interns and other trainees. Lectures included: Dialectical Behavioral Therapy (DBT): Theory; Self Injurious Behaviors: Understanding and Treatment; Child Abuse and Tarasoff Reporting; Assessing Psychosis in Children and Adolescents; Evaluating Personality Disorders in Adolescents; and Evaluating Complex Trauma in Children.

Throughout FY 2014, SMV also participated in health fairs at SDSU, San Diego City College, Southwestern College and CSUSM. In addition, SMV provided an educational session on opiate addiction to approximately 85 USD students.

SMV also continued its participation in the Health Sciences High and Middle College (HSHMC) program in FY 2014. The program provided 16 students with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Older Adults, SIOP and Chemical Dependency Recovery), as well as nutrition services. Students spent more than 500 hours at SMV, and received instruction on educational and job requirements, as well as career ladder development.

In addition, SMV and SMC provided 15 educational offerings for behavioral health care professionals in FY 2014, including continuing education classes, conferences and trainings. SMV and SMC provided education to a variety of audiences including psychologists, psychiatrists, community physicians, social workers, nurses and other health and human service providers, as well as the community at large. Topics covered included wellness and resilience, recognizing stress, substance abuse, self-injury, dual diagnosis, eating disorders, sleep disturbances, treating depression, geriatric mental health and cultural considerations in the treatment of Latino populations. SMV staff also participated in and provided educational resources to four of San Diego's PERT police officer trainings on understanding psychiatric emergencies and community psychiatric services. SMC also hosted educational events for the EAPA and provided education and resources to approximately 20 community members each month. The presentations covered current concerns in behavioral health care, evidence-based therapies and emerging treatment models.

Throughout FY 2014, staff at SMV and SMC regularly led or attended various health boards, committees, and advisory and work groups. Community and professional groups included Association of California Nurse Leaders (ACNL); San Diego Suicide Prevention Council; San Diego Military Family Collaborative; American Hospital Association's Regional Policy Board 9; American Psychiatric Nurses Association, American Nurses Association, California Hospital Association; California Mental Health Coalition; EAPA forums; Inner City Action Network; Live Well San Diego; Partners in Treatment Work Team; San Diego Mental Health Coalition; San Diego County Older Adult Council; San Diego County Alzheimer's Task Force; American Health Information Management Association; Mesa College Health Information Technology (HIT) Program Advisory Committee; Kaplan College HIT Program Advisory Committee; San Diego Health Information Association; Jewish Family Service Strategic Planning Committee-Vision Team; CHIP Behavioral Health Work Team; CHIP ILA Advisory Board and Peer Review Advisory Team; Journal for Nursing Care Quality Editorial Board; American Academy of Nursing; California Association of Marriage and Family Therapists; International Association of Eating Disorder Professionals; NAMI; MHA; HASD&IC; American Foundation for Suicide Prevention; Jewish Federation of San Diego County - Jewish Senior Services Council; Serving Seniors; ACHE; Association for Ambulatory Behavioral Healthcare; California Board of Behavioral Sciences; California Hospital

Association Center for Behavioral Health; CHIP Suicide Prevention Work Team; A New PATH; and Residential Care Council.

#### FY 2015 Plan

SMV or SMC will do the following:

- Offer internship programs and clinical training programs in psychology, social work, MFT, health information technology and pharmacy
- Serve as a placement site for medical, nursing students, psychology, pharmacy, MFT and social work students
- Provide educational offerings for behavioral health care professionals, community groups and community members
- Actively participate on boards, committees, and advisory and work groups to address behavioral health issues
- Continue the mental health careers curriculum within the HSHMC program, and provide students with experience in a broad range of programs including therapeutic activities services, environmental services, and health information services

## SMV and SMC Program and Service Highlights

### *Sharp Mesa Vista Hospital:*

- Child, adolescent, adult and older adult inpatient and outpatient psychiatric and chemical dependency services
- On and off-campus specialty outpatient programs treating seniors, eating disorders, trauma, chronic pain, opiate dependence and dual diagnosis
- Cognitive behavioral therapy and dialectical behavioral therapy programs
- Outreach to military members and their families through programs geared specifically toward service members.
- Transportation services
- Practicum programs for graduate social work and marriage and family therapy interns
- Clinical supervision site for graduate psychology doctorate interns
- Medication research studies

### *Sharp McDonald Center at Sharp HealthCare:*

- Chemical dependency and substance abuse inpatient, residential and outpatient treatment services for teens, adults and seniors
- Inpatient detoxification services
- Dual-diagnosis outpatient treatment services for adults and seniors
- Sober living and substance abuse education programs

### *Sharp Mesa Vista Mid-City Outpatient Program:*

- Caring for adults with severe and persistent mental health issues
- Individualized treatment planning and medication management
- Group, family and expressive therapies
- Psychiatric rehabilitation services
- Transitional Age Youth programs

### *Sharp Mesa Vista El Cajon Outpatient Program:*

- Adult and adolescent programs
- Caring for adults with severe and persistent mental health issues
- Group and expressive therapies
- Individualized treatment planning and medication management
- Psychiatric rehabilitation services



# Helping San Diegans Find Health Coverage

~ SHARP HEALTH PLAN ~

*As* San Diego's only locally based commercial health plan and a trusted health partner, Sharp Health Plan provided outreach and education to help individuals, families and small businesses understand their options through Covered California, the state's health insurance exchange.

Sharp Health Plan hosted free weekly educational forums to give community members the opportunity to learn from

industry experts about Covered California, its goals, processes and resources. Sharp Health Plan also held community enrollment meetings to answer questions, explain enrollment options and provide attendees with access to online resources. Through its efforts, Sharp Health Plan held more than 15 educational forums throughout the year, and reached nearly 500 community members.

Commitment

# 12 Sharp Health Plan

*At Sharp Health Plan, we recognize that real change in community health requires responsiveness and accountability to our community members. When we support and collaborate with organizations that care for our vulnerable community members, we improve the quality of life for all San Diegans, and we have a greater impact on the health of our entire community.* – Stephen Chin, Account Management and Community Relations, Sharp Health Plan

Sharp Health Plan (SHP) is located at 8520 Tech Way, Suite 200 in San Diego, ZIP code 92123. SHP is not required to develop a community benefit plan as part of Senate Bill 697, nor are they required to participate in a community health needs assessment. However, SHP partnered with and provided support to a variety of organizations in the San Diego community during Fiscal Year (FY) 2014, a selection of which are highlighted in this section. SHP services include health plans for both large and small employers.

## FY 2014 Community Benefit Program Highlights

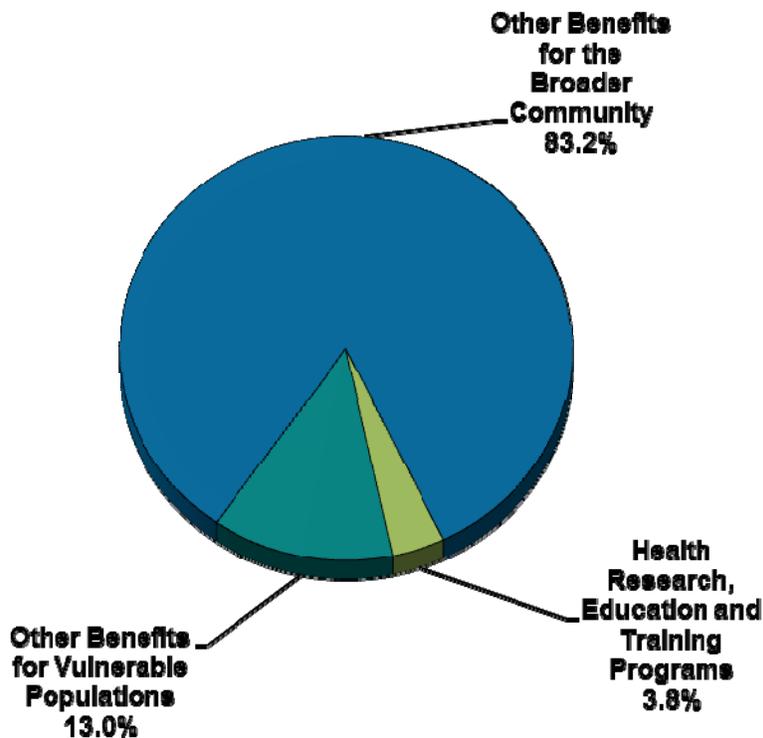
SHP provided a total of **\$132,174** in community benefit in FY 2014. See **Table 1** in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697, and **Figure 1** for the distribution of SHP's community benefit among those categories.

Table 1: Economic Value of Community Benefit Provided  
Sharp Health Plan – FY 2014

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2014 Unreimbursed Costs
Other Benefits for Vulnerable Populations	Donations to community health centers and other agencies serving the needy, and contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank <sup>1</sup>	\$17,200
Other Benefits for the Broader Community	Health education programs, donations to community organizations and participation in community organizations <sup>1</sup>	109,974
Health Research, Education and Training Programs	Support of education and training programs for students, interns and health care professionals <sup>1</sup>	5,000
<b>TOTAL</b>		<b>\$132,174</b>

<sup>1</sup> Unreimbursed costs may include an hourly rate for labor and benefits and costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants, and/or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Percentage of Community Benefit by SB 697 Category  
Sharp Health Plan – FY 2014



Key highlights:

- **Other Benefits for Vulnerable Populations** included donations to community health centers and other agencies to support low-income and underserved populations and other assistance for vulnerable and high-risk community members.
- **Other Benefits for the Broader Community** included health education, donations to community organizations, and participation by senior leadership and other staff on community boards, committees and civic organizations such as 2-1-1 San Diego, Family Health Centers of San Diego (FHCS), Girl Scouts San Diego, Health Sciences High and Middle College (HSHMC), Community Health Improvement Partners (CHIP) and Second Chance. See **Appendix A** for a listing of Sharp's community involvement.
- **Health Research, Education and Training Programs** included education and training of health care professionals, and student and intern supervision.

## Identified Community Need: Support of Community Nonprofit Health Organizations

### Rationale

Support of community nonprofit health organizations is an effective means to: raise awareness of various health and social issues, such as behavioral health and the disabled; collaborate to maximize community efforts without duplication of resources; and continue to share experiences and leadership capacity with others that have similar goals. Further, the Hospital Association of San Diego & Imperial Counties (HASD&IC) 2013 Community Health Needs Assessment (CHNA) identified collaboration with community organizations as a critical factor in addressing community health needs.

### Objective

- Participate in community-sponsored events and support nonprofit community health and social service organizations through financial donations, board service and other contributions

### FY 2014 Report of Activities

SHP participates in community-sponsored events, assists with event coordination, provides financial support and fundraises for health- and social-related causes, and contributes time to community boards and committees. SHP assisted numerous organizations through financial support in FY 2014, including but not limited to: 2-1-1 San Diego; American Diabetes Association; American Heart Association; Asian Business Association; Centers for Community Solutions; Chicano Federation of San Diego; Community Health Improvement Partners; Family Health Centers of San Diego; Girl Scouts San Diego; Helen Woodward Animal Center; Helix Charter High School; National Asian American Coalition; North County Health Project; San Diego Food Bank; San Diego Rescue Mission; SAY San Diego; Second Chance; St. Paul's Retirement Home Foundation; and Walk San Diego. Among the many community organizations supported by SHP in FY 2014, several were devoted to San Diego's most vulnerable populations, including the disabled, homeless and other high-risk members of the community.

With the historic launch of Covered California in 2014, there was an unprecedented need to support San Diego communities this past year, and SHP helped fellow San Diegans understand the new health coverage options available through Covered California. The effort began with a special gathering of community leaders, who had a unique opportunity to share the needs of San Diego's most vulnerable communities with SHP and Covered California. This discussion was followed by a press conference to announce key initiatives that would support outreach and education for Covered California. As a result of this collaboration, in FY 2014 SHP hosted a series of free weekly educational forums to provide information about Covered California's goals,

processes and resources. SHP also established special enrollment labs for the community where attendees were given the opportunity to ask questions of a fellow San Diegan, as well as to review personal questions, understand enrollment options, and access online resources with the assistance of SHP team members.

As cardiovascular disease persists as the second leading cause of death for San Diego County residents, in FY 2014 SHP continued its commitment to the heart health of its community members through support of the American Heart Association (AHA) in a number of ways. In FY 2014, SHP employees continued to participate in the annual AHA Heart & Stroke Walk, which promotes physical activity and a heart-healthy lifestyle. In addition, SHP provided financial support for the Teaching Gardens at Tiffany Elementary School, one of several gardens established by the AHA to support better health for Chula Vista's education communities. By providing a hands-on learning experience for students and their families, this innovative, evidence-based Teaching Gardens program shapes positive attitudes towards fruits and vegetables for a lifetime. To further support the AHA's vision and direction, SHC leaders also serve on the organization's board of directors.

With 480,000 San Diegans living in food-insecure households, SHP believes it is critical to support hunger-relief organizations, such as The Jacobs & Cushman San Diego Food Bank (San Diego Food Bank). Last year, the San Diego Food Bank distributed 22.3 million pounds of food, and served approximately 320,000 people per month in San Diego County. Throughout the year, SHP employees volunteered time packing and distributing food for the San Diego Food Bank on multiple occasions. In addition, SHP provided financial support for several San Diego Food Bank initiatives, including: Children and Families Initiative for Emergency Food Support; Senior Food Program; Fresh Produce Initiative; Military Support Initiative; and the Food 4 Kids Backpack Program, which provides local children with food during the weekend.

#### FY 2015 Plan

SHP will do the following:

- Participate in community-sponsored events to provide health information and education as requested by community partners, and to address identified health needs for members of the San Diego community
- Provide coordination, financial support and fundraising-related activities for local nonprofit organizations, particularly those that support San Diego's vulnerable community members
- Continue to serve on various community boards that support the health and well-being of San Diegans

# Appendices

**APPENDIX A:  
SHARP HEALTHCARE INVOLVEMENT IN COMMUNITY ORGANIZATIONS**

Community boards, committees and civic organizations where Sharp HealthCare executive leadership and staff participated on the organization's behalf.

**APPENDIX B:  
MAP OF SHARP HEALTHCARE LOCATIONS**

**APPENDIX C:  
MAP OF THE COUNTY OF SAN DIEGO**

A map of San Diego County communities and regions served by Sharp HealthCare.

*Commitment*

# A Sharp HealthCare Involvement in Community Organizations

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The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2014. Community organizations are listed alphabetically.

- 2-1-1 San Diego Board
- A New PATH (Parents for Addiction, Treatment and Healing)
- Adult Protective Services
- Aging and Independence Services (AIS)
- Alzheimer's Association
- American Association of Colleges of Nursing (AACN)
- American Association of Critical Care Nurses, San Diego Chapter (AACCN)
- American Cancer Society (ACS)
- American College of Healthcare Executives (ACHE)
- American Diabetes Association (ADA)
- American Foundation for Suicide Prevention
- American Health Information Management Association
- American Heart Association (AHA)
- American Hospital Association (AHA)
- American Psychiatric Nurses Association
- American Red Cross of San Diego (ARC)
- Arc of San Diego
- Asian Business Association
- Association for Ambulatory Behavioral Healthcare
- Association for Clinical Pastoral Education (ACPE)
- Association of California Nurse Leaders (ACNL)
- Association of periOperative Registered Nurses (AORN)
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Azusa Pacific University (APU)
- Beacon Council's Patient Safety Collaborative
- Boys and Girls Club of San Diego
- Bonita Business and Professional Organization
- California Association of Health Plans
- California Association of Hospitals and Health Systems
- California Association of Marriage and Family Therapists
- California Association of Physician Groups
- California Board of Behavioral Health Sciences
- California College, San Diego
- California Council for Excellence
- California Department of Public Health
- California Dietetic Association, Executive Board
- California HealthCare Foundation

- California Health Information Association
- California Hospice and Palliative Care Association (CHAPCA)
- California Hospital Association Center for Behavioral Health
- California Library Association
- California State University San Marcos (CSUSM)
- California Teratogen Information Service
- Caregiver Coalition of San Diego
- Caregiver Coalition of San Diego – Caregiver Education Committee
- Caring Hearts Medical Clinic
- Centers for Community Solutions
- Chelsea’s Light Foundation
- Chicano Federation of San Diego County
- Community Health Improvement Partners (CHIP) Behavioral Health Work Team
- CHIP Board
- CHIP Health Literacy Task Force
- CHIP Suicide Prevention Work Team
- CHIP Independent Living Association (ILA) Advisory Board and Peer Review Advisory Team
- Chula Vista Chamber of Commerce
- Chula Vista Community Collaborative
- Chula Vista Family Health Center
- Chula Vista Rotary
- City of Chula Vista Wellness Program
- Coalition to Transform Advanced Care (CTAC)
- Combined Health Agencies
- Community Emergency Response Team (CERT)
- Consortium for Nursing Excellence, San Diego
- Coronado Chapter of Rotary International
- Coronado Fire Department
- Council of Women’s and Infants’ Specialty Hospitals (CWISH)
- Cycle EastLake
- Downtown San Diego Partnership
- East County Senior Service Providers (ECSSP)
- El Cajon Fire Department
- Emergency Nurses Association, San Diego Chapter
- Employee Assistance Professionals Association
- EMSTA College
- Family Health Centers of San Diego (FHCSO)
- Gardner Group
- Gary and Mary West Senior Wellness Center
- Girl Scouts of San Diego Imperial Council, Inc.
- Grossmont College (GC)
- Grossmont Healthcare District
- Grossmont Union High School District (GUHD)
- Health Care Communicators Board
- Health Insurance Counseling and Advocacy Program (HICAP)

- Health Volunteers Overseas
- Heart to Heart International
- Helen Woodward Animal Center
- Helix Charter High School
- Helps International
- Home of Guiding Hands
- Hospice-Veteran Partnership (HVP)
- Hospital Association of San Diego and Imperial Counties (HASD&IC)
- HASD&IC Community Health Needs Assessment Advisory Group
- Health Sciences High and Middle College (HSHMC) Board
- I Love a Clean San Diego
- International Association of Eating Disorders Professionals (IAEDP)
- International Lactation Consultants Association (ILCA)
- International Relief Team (IRT)
- Ioamai Medical Ministries
- Jewish Family Service of San Diego
- Jewish Federation of San Diego County – Jewish Senior Services Council
- John Brockington Foundation
- Journal for Nursing Care Quality Editorial Board
- Kaplan College Advisory Board
- Kiwanis Club of Chula Vista
- Komen Latina Advisory Council
- Komen Race for the Cure Committee
- La Maestra Family Clinics
- La Mesa Lion's Club
- La Mesa Park and Recreation Foundation Board
- Las Patronas
- Las Primeras
- March of Dimes
- Meals-on-Wheels
- Medical Library Group of Southern California and Arizona
- Mended Hearts
- Mental Health America (MHA)
- Mental Health Coalition
- Miracle Babies
- MRI Joint Venture Board
- National Alliance on Mental Illness (NAMI)
- National Association of Neonatal Nurses (NANN)
- National Association of Hispanic Nurses (NAHN), San Diego Chapter
- National Hospice and Palliative Care Organization (NHPCO)
- National Initiative for Children's Healthcare Quality (NICHQ)
- National Kidney Foundation
- National University (NU)
- Neighborhood Healthcare Community Clinic
- North County Health Project
- *NurseWeek*

- Pacific Arts Movement (Pac-Arts, formerly the San Diego Asian Film Foundation)
- Partnership for Smoke-Free Families
- Peninsula Shepherd Senior Center
- Perinatal Safety Collaborative
- Perinatal Social Work Cluster
- Planetree Board of Directors
- Professional Oncology Network (PON)
- Project CARE
- Project Compassion
- Public Health Nurse Advisory Board
- Recovery Innovations – California
- Regional Perinatal System (RPS)
- Residential Care Council
- Safety Net Connect
- San Diego Community Action Network (SanDi-CAN)
- San Diegans for Healthcare Coverage
- San Diego Association of Diabetes Educators
- San Diego Association of Directors of Volunteer Services
- San Diego Black Nurses Association
- San Diego Blood Bank
- San Diego Brain Injury Foundation
- San Diego Community Care Transitions Partnership (SDCCTP)
- San Diego Center for Children
- San Diego City College
- San Diego City Parks and Recreation
- San Diego Council on Suicide Prevention
- San Diego County Breastfeeding Coalition
- San Diego County Coalition for Improving End-of-Life Care (SDCCEOL)
- San Diego County Council on Aging (SDCCOA)
- San Diego County Emergency Medical Care Committee
- San Diego County Health and Human Services Agency (HHSA)
- San Diego County Perinatal Care Network
- San Diego County Social Services Advisory Board
- San Diego County Stroke Consortium
- San Diego County Taxpayers Association
- San Diego Dietetic Association Board
- San Diego East County Chamber of Commerce Board
- San Diego Emergency Medical Care Committee (EMCC)
- San Diego Eye Bank Nurses Advisory Board
- San Diego Food Bank
- San Diego Half Marathon
- San Diego Health Information Association
- San Diego Healthcare Disaster Council
- San Diego Hospice and Palliative Nurses Association (HPNA)
- San Diego Housing Commission (SDHC)
- San Diego Imperial Council of Hospital Volunteers

- San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc. (The Center)
- San Diego Mental Health Coalition
- San Diego Mesa College (MC)
- San Diego Military Family Collaborative
- San Diego North Chamber of Commerce
- San Diego Older Adult Council
- San Diego Organization of Healthcare Leaders (SOHL), a local ACHE Chapter
- San Diego Patient Safety Consortium
- San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition
- San Diego Regional Energy Office
- San Diego Regional Home Care Council (SDRHHC)
- San Diego Rescue Mission
- San Diego River Park Foundation
- San Diego-Imperial Council of Hospital Volunteers
- San Diego Regional Chamber of Commerce
- San Diego Science Alliance
- San Diego State University (SDSU)
- San Ysidro High School
- Santee Chamber of Commerce
- SAY San Diego
- Second Chance
- Serving Seniors (formerly known as Senior Community Centers of San Diego)
- Sigma Theta Tau International Honor Society of Nursing
- Society of Trauma Nurses
- South Bay Community Services
- South County Economic Development Council
- Southern California Association of Neonatal Nurses
- Southern Caregiver Resource Center (SCRC)
- Special Olympics
- St. Paul's Retirement Homes Foundation
- St. Vincent de Paul Village
- Susan G. Komen Breast Cancer Foundation
- Sweetwater Union High School District (SUHSD)
- The Meeting Place
- Third Avenue Charitable Organization (TACO)
- Trauma Center Association of America
- United Service Organizations Council of San Diego
- University of California, San Diego (UCSD)
- University of San Diego (USD)
- VA San Diego Healthcare System
- Veterans Home of California, Chula Vista
- Veterans Village of San Diego
- Vista Hill ParentCare
- Walk San Diego
- Women, Infants and Children Program (WIC)

- YMCA
- YWCA Becky's House®
- YWCA Board of Directors
- YWCA Executive Committee
- YWCA In the Company of Women Event

# B Map of Sharp HealthCare Locations



## SAN DIEGO COUNTY MAP

Sharp has approximately 2,600 affiliated physicians on medical staffs and in medical groups. They provide quality medical services in a variety of settings, ranging from primary care in private offices or clinics to outpatient surgery and inpatient care at Sharp hospitals.

### HOSPITALS

- 1 Sharp Chula Vista Medical Center
- 2 Sharp Coronado Hospital
- 3 Sharp Grossmont Hospital
- 4 Sharp Mary Birch Hospital for Women & Newborns
- 5 Sharp Memorial Hospital
- 6 Sharp Mesa Vista Hospital
- 7 Sharp McDonald Center

### SKILLED NURSING LOCATIONS

- 1 Birch Patrick Convalescent Center
- 2 Villa Coronado Skilled Nursing Facility
- 3 Sharp Grossmont Hospital Transitional Care Unit

### MEDICAL OFFICE LOCATIONS

\* Urgent Care services available

- 1 Sharp Rees-Stealy Medical Center • Carmel Valley
- 2 Sharp Rees-Stealy Medical Center • Chula Vista\*
- 3 Sharp Rees-Stealy Medical Center • Chula Vista Rehabilitation Services
- 4 Sharp Rees-Stealy Medical Center • Del Mar
- 5 Sharp Rees-Stealy Medical Center • Downtown\*
- 6 Sharp Rees-Stealy Medical Center • El Cajon
- 7 Sharp Rees-Stealy Medical Center • Frost Street
- 8 Sharp Rees-Stealy Medical Center • Genesee
- 9 Sharp Rees-Stealy Medical Center • Kearny Villa
- 10 Sharp Rees-Stealy Medical Center • La Mesa\*
- 11 Sharp Rees-Stealy Medical Center • La Mesa West
- 12 Sharp Rees-Stealy Surgical Eye Consultants • Sharp Memorial Outpatient Pavilion
- 13 Sharp Rees-Stealy Medical Center • Mira Mesa
- 14 Sharp Rees-Stealy Medical Center • Mt. Helix
- 15 Sharp Rees-Stealy Medical Center • Otay Ranch
- 16 Sharp Rees-Stealy Medical Center • Point Loma
- 17 Sharp Rees-Stealy Medical Center • Rancho Bernardo\*
- 18 Sharp Rees-Stealy Medical Center • San Carlos
- 19 Sharp Rees-Stealy Medical Center • San Diego
- 20 Sharp Rees-Stealy Medical Center • Scripps Ranch
- 21 Sharp Rees-Stealy Medical Center • Sorrento Mesa\*

### SPECIALIZED FACILITIES/CENTERS

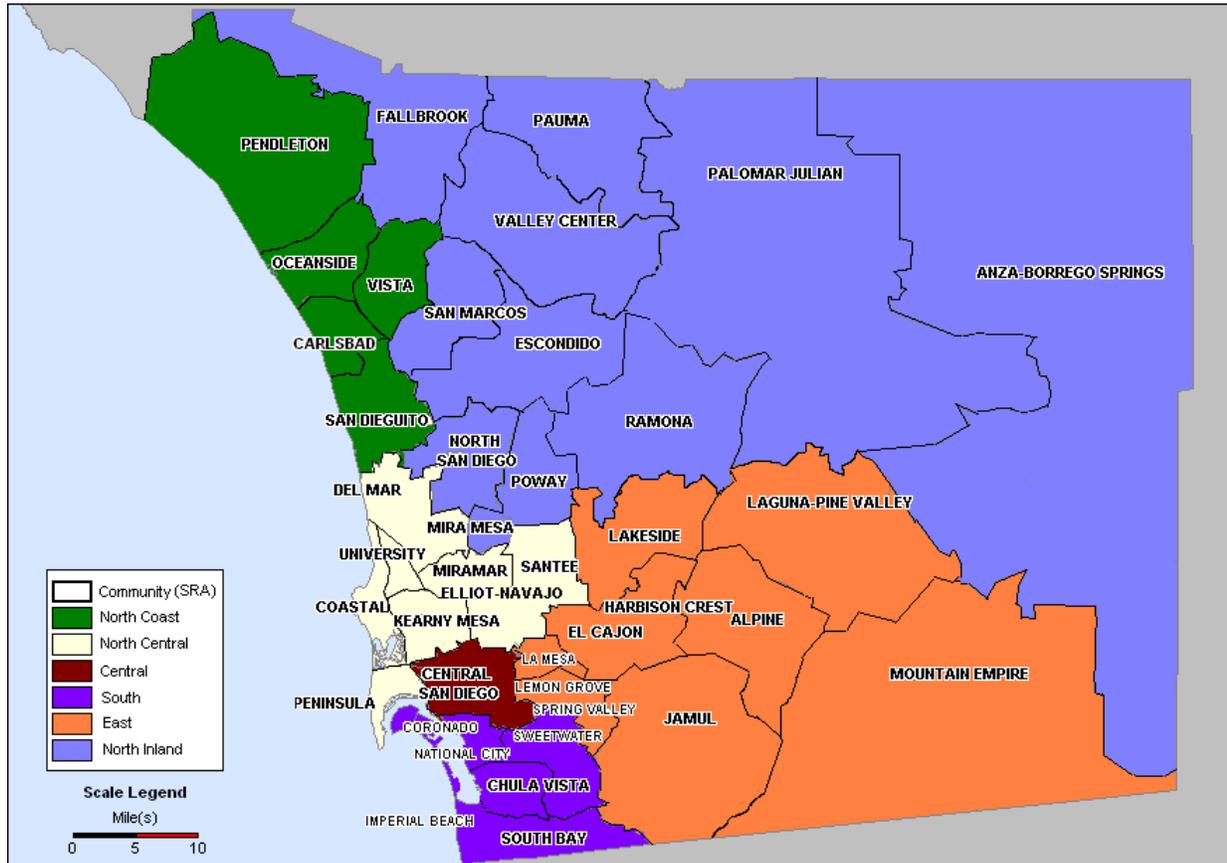
- 1 Sharp Chula Vista Medical Center Douglas & Nancy Barnhart Cancer Center
- 2 Sharp Grossmont David and Donna Long Center for Cancer Treatment
- 3 Sharp Grossmont Hospital Rehabilitation Center
- 4 Sharp HospiceCare LakeView Home
- 5 Sharp HospiceCare ParkView Home
- 6 Sharp Memorial Hospital Rehabilitation Center
- 7 Sharp Memorial Outpatient Pavilion
- 8 Sharp Memorial Senior Health Center – Clairemont
- 9 Sharp Memorial Senior Health Center – Downtown



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Appendix

# C Map of Community and Region Boundaries in San Diego County



Map created by Sharp Strategic Planning Department, January 2010.



**SHARP**

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