



Arroyo Grande Community Hospital

A member of CHW



Arroyo Grande Community Hospital

Community Benefit Report 2011 Community Benefit Plan 2012

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EXECUTIVE SUMMARY

Arroyo Grande Community Hospital (AGCH) with a history of service in the community since 1961 became a member of Catholic Healthcare West (CHW) in 2004. This not-for-profit 67-bed hospital is a state-of-the-art facility providing a full range of services, including medical-surgical, acute care and emergency care. Its emergency department is one of the busiest in the area, treating an average of 1800 patients each month, and consistently excelling in patient satisfaction ratings. Arroyo Grande Community Hospital has the second busiest Emergency Department in the County. With an affiliation of approximately 109 active physicians, surgeons and other medical professionals and 382 employees, Arroyo Grande Community Hospital is a respected focal point for healthcare in the community. It is one of four major hospitals in San Luis Obispo County (including its nearby sister CHW hospitals French Hospital Medical Center and Marian Medical Center). Having returned to non-profit status 7 years ago, Arroyo Grande Community Hospital is well on its way to establishing an exemplary community benefits program.

Arroyo Grande Community Hospital works to provide **access to healthcare** for all residents of our local community. Admitting personnel provide information about the Healthy Families insurance programs in both English and Spanish. Additionally, in-house assistance is provided to assist patients through the enrollment process for insurance through the contracted services of Integrated Health Management Services. Admitting personnel also provide bi-lingual payment assistance insurance brochures in the Emergency waiting room and hospital admitting room.

Health education is viewed as a priority to address prevention of disease, to empower community members to assume responsibility for their health and increase their ability to make wise choices. Health lectures for disease prevention focused on the topics of diabetes and obesity prevention. These educational opportunities were available to the broader and poor communities. The hospital provided support to the underserved with a variety of bilingual health education classes and three bilingual health fairs. Through partnership with other community agencies, these health fairs were able to provide screenings and other health related services and information to the poor.

The **cancer awareness and support program** included participation in two free health and wellness fairs for the public, and the design and development of a Cancer Navigator Binder and Breast Self-Examination pamphlet translated into Spanish to meet the needs of the local community. A Community Focus Group identified mammograms and colonoscopies as focal areas for the upcoming year and provided ongoing cancer management classes and cancer support services.

Outreach to the underserved included providing monthly meals for the homeless at the local People's Kitchen and partnering with Catholic Charities to provide monthly box lunches to the poor at a Food Bank distribution center located at St. Patrick's Catholic Church. Local senior citizens were provided a healthy lunch or snack at health related lectures at AGCH, local senior mobile home parks and senior centers. Poor Latino families

were served a healthy dinner at Spanish nutrition classes at local schools and community centers.

With the acknowledged **healthcare professional shortage** Arroyo Grande Community Hospital continues to identify and develop a projected priority recruitment plan for healthcare workers. Partnering with Allan Hancock College, Cuesta College, and Cal State Dominguez Hills, AGCH contributes money annually to provide for instructors and other program support. These agreements allow the hospital to provide clinical training experiences for students in a variety of health science fields of study, thereby providing the hospital with improved recruitment capacity. AGCH continues to expand its hospitalist program, recruiting staff physicians who direct, coordinate and monitor in-patient treatment. AGCH will continue its ongoing program of recruiting more primary care physicians to the area and promote expansion of existing community health care services, focusing on the needs of the poor.

The priority areas of focus determined in collaboration with major community partners, including CHW sister hospitals, Marian Medical Center and French Medical Center, Community Health Center of the Central Coast, San Luis Obispo County Public and Social Services, Lucia Mar School District and HICAP/Area Agency on Aging, are:

- providing quality health care;
- improving access to quality health care; and
- providing education to prevent and manage chronic diseases to the uninsured, under-insured, poor, senior and homeless populations in southern San Luis Obispo county.

The total dollars quantified for Community Benefits for these and numerous other community benefit programs in FY2011 are \$5,350,603 which excludes Medicare. Including the expenses incurred for the unreimbursed costs of Medicare, the total Community Benefit expense for Arroyo Grande Community Hospital was \$12,358,610.

MISSION STATEMENT

A. Mission Statement (CHW Mission Statement)

Catholic Healthcare West and our Sponsoring Congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- delivering compassionate, high-quality, affordable health services;
- serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- partnering with others in the community to improve the quality of life.

ORGANIZATIONAL COMMITMENT

A. Hospital's Organizational Commitment

1. Arroyo Grande Community Hospital's (AGCH's) organizational commitment to the community benefit process begins with our Strategic and Operating Plan which focuses on enhancing the Community Benefit Planning process through improved quality of data and accountability of results. AGCH is also committed to implementing education strategies to reduce the risk of diabetes and childhood obesity. Our commitment to identify opportunities and implement changes through collaboration with CHW Central Coast entities continues to improve operational efficiency and performance.
 - AGCH's commitment to the CHW community grants program provides for community improvement by providing funding to non-profit organizations for programs that coordinate with AGCH's existing outreach programs. AGCH's Foundation CHW Grants Committee annually reviews and awards non-profit organizations CHW community grants.
 - AGCH and sister hospital, French Medical Center, have joined together to support the San Luis Obispo County Trust Fund with their application to the CHW Community Investment Fund. This has enabled them to develop new low income housing for county residents in the communities of Paso Robles, Atascadero and Nipomo. AGCH continues to encourage eligible non-profit organizations to apply for CHW Community Investment Funding.
 - A subcommittee of Hospital and Community Board members and staff participates in quarterly Community Benefit Team meetings and contributes their expertise in monitoring community programs to ensure success.
 - Each year the hospital community board reviews community outreach statistics and determines which programs will be funded in the coming year, choosing programs that focus on the unmet health-related needs of the poor and underserved.
 - Program leaders are accountable for meeting their program's community benefit goals and reporting on the outcomes of their program to the Community Benefit Team on a quarterly basis.
 - Community based organizations regularly collaborate with AGCH to plan and facilitate local community health fairs and assist with AGCH's outreach programs while providing valuable support in maintaining a focus on community needs. These organizations are active partners in providing health services to the community.

B. Non-quantifiable Benefit

1. Twenty employees participated in the American Cancer Society's Relay for Life- raising \$3,000 to help find a cure for cancer.
2. Eighty AGCH employees supported emergent needs of co-workers by donating funds to the Friendship Fund Group to assist other needy employees in times of death, tragedy, accident, illness or dire circumstances.
3. Eighty employees donated personal funds to improve the community's health and to support AGCH programs and services by joining the Circle of Friends.
4. AGCH encourages health care employees to volunteer for the Emergency System for Volunteer Professionals, a program that provides volunteers with limited liability coverage and workers' compensation benefits while volunteering to provide aid in local, state or national emergencies.
5. Employees supported the community's poor by participated in a clothing drive, food drive, baby car seat drive and children's Christmas gift program.
6. Two AGCH employees-completed a 5K marathon in Disneyland raising money for the Leukemia and Lymphoma Society to help find a cure for blood cancers.
7. Another employee donates her time to organize and plan an annual fundraiser to feed the poor at St. Patrick's Catholic Church. She also volunteers monthly to participate on the planning committee for the building of a homeless shelter, food pantry and soup kitchen in south San Luis Obispo County.
8. AGCH collaborated with local agencies to provide a free Oceano Kids Summer Camp for poor children. AGCH staff and community volunteers provided activities including cooking classes, self-defense instruction, games, arts and crafts, nutrition education and walking field trips to local farms and garden nurseries.
9. AGCH's Environmental Team continues to promote to staff and the community the importance of recycling and reducing waste. AGCH staff work together to reduce water consumption, replacing old fixtures or installing new low energy fixtures on new construction projects.

COMMUNITY

A. Definition of community

1. Arroyo Grande Community Hospital (AGCH) is a respected focal point for healthcare in the community but it is not the only hospital serving the community. Sierra Vista Medical Center and CHW sister hospital, French Hospital Medical Center in San Luis Obispo have a slight overlap in the service area north of the city of Arroyo Grande. CHW sister hospital, Marian Medical Center, is located south of AGCH, and also provides overlap in service to the community of Nipomo. AGCH is located in southern San Luis Obispo County, serving the Five Cities area, including the communities of Arroyo Grande, Oceano, Grover Beach, Pismo Beach, Shell Beach, and the northern part of Nipomo. The ethnic demographics are listed below.

San Luis Obispo County Ethnicity 2008	Percent
White alone	71.8
Hispanic or Latino	19.6
Asian	3.1
Black	2.1
Persons of two or more races	3.4
Total	100

The total population for this primary service area is estimated at 74,902, as reflected in the **Community Need Index (CNI) 2009** (Attachment A). The CNI information shows the service area for AGCH with the most need is Oceano with a CNI score of 4.6 out of 5.0 maximum. The second most needy service area is Grover Beach with a CNI score of 3.6 out of 5.0 maximum. Based on the U.S. Census Update in 2010, the population for the entire San Luis Obispo County is 273,231.

Persons 65 years old and over make up 14.5% of the county's total population. From the time seniors are 65 years old to the time they are 85 years or older, their median income decreases, reflected in a 13.6% county individual poverty rate and 6.1% county family poverty rate.

Economic Condition – Key industries in the county include tourism, education, agriculture and government. Health services and other public services account for the largest concentration of jobs in the area. Because of the national recession and California's huge struggling economy, the County's economy remains stagnant. Residents in SLO County have a per capita income of \$72,500. This average income is probably not a true reflection of our community members as Hispanic income is most likely over estimated. There are often three or four laborer families living together in one household. If calculated by each family separately, their average income would most likely be significantly lower. The percentage of the county's population that is living at or below the Federal poverty level is 13.6%. Poverty increases the risk of many conditions, including poor nutrition, low birth weight, children's cognitive and developmental delays, unaffordable and inaccessible health care, decreased mental well-being, poor academic achievement, unemployment and inadequate housing. Death rates for people below the poverty level are much higher

than those above it. Low socioeconomic status is also associated with higher risks of infectious diseases accidents and homicides.

Housing – San Luis Obispo County is one of the least affordable housing markets in the nation. Only 27% of local households are able to afford a median-priced home. The high cost of living is especially problematic for the larger, low-income Hispanic families. The Hispanic ethnic group is growing faster than any other ethnicity in San Luis Obispo County. Many Latino families suffer from overcrowding with multiple families living in one household. There is a significant need for more affordable housing in Latino dominated areas and other low-income communities in the county. Planners and public policy makers need to be more sensitive to cultural differences in developing adequate housing. Adequate and affordable housing was identified as the second most important need of Latinos in the county (second only to the need for more employment opportunities). The cities of Nipomo and Oceano exhibit the highest percentages of “overcrowded” housing units in the county; both communities are in our service area. There is a large population of homeless, mostly men, living on the streets, in creeks, in the sand dunes and campgrounds. Because they are transients, they are difficult to count. Their numbers are estimated by churches and other community service agencies to be included in the 13.6% of the county’s total poverty population. A 24 hour survey of the county found 3774 homeless people.

Uninsured Population – 17.5% of San Luis Obispo County’s low income population is eligible for Medi-Cal. In addition, the percentage of uninsured is indicated below:

Uninsured in San Luis Obispo County	
Age	Percent
0-17	13.4%
18-64	15.1

The recent economic recession and California’s fiscal crisis has and will continue to impact health insurance status among adults with significant impacts on children under the age of 18. The approximate number of uninsured individuals in the County is estimated to be 7,000 children (ages 1-17) and 24,000 non-elderly adults (ages 18-64).

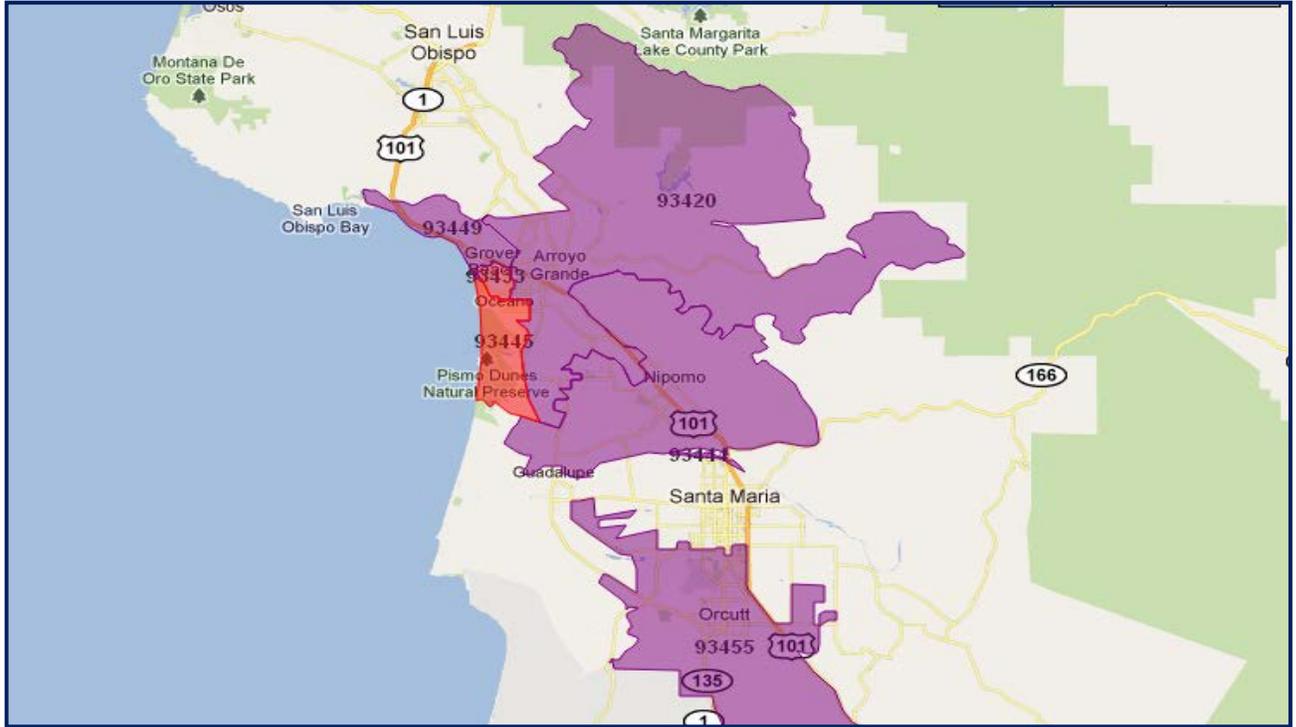
Language - The major languages spoken in the area are English, Spanish, Filipino and Asian languages. Demographic changes over the last 20 years have created an area with no major ethnic populations. Among the more affluent residents are hidden Hispanic populations of low wage service workers who provide services for tourists and wealthier local residents and agricultural workers who provide food for our nation. These poor workers do not share equally in the region’s abundance and have greater health needs and inadequate access to healthcare services.

Community Need Index

Zip Code	State	County	CNI Score	Income Ranking	Education Ranking	Cultural Ranking	Insurance Ranking	Housing Ranking	Head of Household Poverty 65+	Family Poverty w kids	Family Poverty F Hd	Prct 25+ wo High School dip	Prct NWhite Hisp	Pop 5+ Ltd Eng	Prct Unemployed	Percent Uninsured	Prct Renting	Total 2009 Pop
93420	CA	San Luis Obispo County	3	2	2	4	3	4	5%	7%	18%	12%	19%	1%	4%	14%	28%	28,044
93433	CA	San Luis Obispo County	3.6	2	3	4	4	5	9%	11%	19%	17%	33%	5%	6%	18%	49%	12,812
93444	CA	San Luis Obispo County	3.2	2	3	5	3	3	6%	8%	25%	20%	39%	7%	6%	11%	22%	18,151
93445	CA	San Luis Obispo County	4.6	4	5	5	4	5	3%	19%	41%	33%	58%	14%	10%	19%	47%	7,384

Attachment A

Arroyo Grande Community Hospital



Lowest Need ■ 1 - 1.7 Lowest ■ 1.8 - 2.5 2nd Lowest ■ 2.6 - 3.3 Mid ■ 3.4 - 4.1 2nd Highest ■ 4.2 - 5 Highest

Zip Code	CNI Score	Population	City	County	State
93420	3	28,044	Arroyo Grande	San Luis Obispo	California
93433	3.6	12,812	Grover Beach	San Luis Obispo	California
93444	3.2	18,151	Nipomo	San Luis Obispo	California
93445	4.6	7,384	Oceano	San Luis Obispo	California
93449	3	8,511	Pismo Beach	San Luis Obispo	California

Total Population: 74,902

COMMUNITY BENEFIT PLANNING PROCESS

A. Community Needs and Assets Assessment Process

Arroyo Grande Community Hospital conducts its needs and assets assessment for 2011/2011 by utilizing secondary data from various other agencies such as **Kidsdata.org; Children in Lucia Mar Unified School District 2010, Hunger in America, Hunger in San Luis Obispo County, 2010; United States Census Bureau 2009; and Children Now, California Report Card 2010; Action for Healthy Communities Comprehensive Report 2010; and California Cancer Facts & Figures 2010.** Information was extracted from these resources to identify the socioeconomic needs of our service area. CHW CNI uses socio-demographic data to provide an “at a glance” view of those living with disproportionate unmet health care needs (DUHN) in a given geographic area. These published reports and statistics are the foundation for the Community Benefit Report and reflect needs of the underserved community, children, seniors, homeless and the migrant community who work and/or live in AGCH’s service area. Analyzing the data from these published reports for FY 2010/2011, we find commonalities that reflect identified health and socio-economic needs by specific population.

Zip Code	Location	CNI Score
93445	Oceano	4.6
93433	Grover Beach	3.6
93444	Nipomo	3.2
93449	Pismo Beach	3.0
93420	Arroyo Grande	3.0

Other secondary data comes from local community based organizations who work in partnership with AGCH to assess the community, participate in health care program design and partner to research funding for programs offered focusing on the disproportionate unmet health care needs of the community. These assessment tools provide insight on the needs of the community.

Access to Health Care

- California ranks 36th in the nation in the percentage of children with health insurance.
- Children’s health care programs including Children’s Dental Disease Prevention Program, Immunization Program, County Maternal and Child Health grants and community clinic programs that provided early and periodic screenings, diagnosis and treatment have been eliminated or suspended because of the State’s budget crisis.
- The increasing costs of health care and diminishing health insurance due to job loss and the high cost of health insurance have limited residents from seeking needed care.
- Poor Latino and immigrant populations have disparate measures of health status and access to health care compared to regional averages.
- Culturally appropriate health care is needed to ensure patient comprehension and engagement in appropriate self management health care techniques.
- Poor families, Latinos and immigrants compare negatively to the higher income whites and citizen families and are more likely to have poorer health status, be overweight, need help for emotional and mental health, smoke tobacco, are without a medical or dental care home and have not have been screened for cervical, breast, colorectal and prostate cancer.

Chronic Conditions

- In 2009, deaths among County residents were due to three leading causes: heart diseases, cancer and strokes (two thirds of all deaths). Below are the leading causes of death by illness in the County:

Diagnosis	Number	Percent	Deaths
Cancer	494	31.55	
Heart Disease	382	24.39	
Stroke	168	10.73	168
Unintentional injury	113	7.22	
Chronic Obstructive Pulmonary Disease	110	7.02	110
Dementia/Alzheimer's	53	3.38	
Diabetes	43	2.75	
Pneumonia & Influenza	42	2.68	42
Suicides	36	2.30	
Chronic Liver	22	1.04	
All Other Causes	103	6.58	
Total	1,566	100%	

- Health fairs and other outreach efforts provide initial diagnosis and illness identification including chronic diseases but many poor residents do not seek follow-up care because fee-based services are cost prohibitive and access is limited.
- Heart disease affects 8% of County residents, a slightly higher rate compared to the state's rate of 6.3%, (Heart disease accounts for 166 deaths per 100,000 residents in the County.)
- Ethnic minorities are less likely to have well-managed asthma and COPD as measured by their use of emergency room services. Asthma was diagnosed in 22.1% of children (age 1-17) and 12.4% in adults (age 18 +) in the county. Exposure to environmental pollutant within a child's infancy increases their chance of developing asthma.
- Diabetes, high blood pressure, high cholesterol and obesity are critical factors in determining risk of heart disease. Diabetes contributes to heart disease and 4.7% of County residents report having diabetes.
- Children have an increased risk of developing type 2 diabetes, sleep apnea, cardiovascular disease, high blood pressure and asthma if overweight or obese.
- Arthritis affects 27.3% of county residents.
- Obese adults in the county are estimated at 19.8% and another 42.1% are overweight. Obese county teens (ages 12-17) are estimated at 12.1% and another 21.1% are overweight.
- The percentage of persons in the county reporting engaging in some form of regular exercise at least three days a week increased from 72.8% to 77%.

Cancer

- One in two Hispanic men and one in three Hispanic women will be diagnosed with cancer in their lifetime.
- The lifetime probability of dying from cancer is one in five Hispanic men and one in six Hispanic women.
- Cancer is the second leading cause of death among Hispanics accounting for 20% of deaths overall and 13% of deaths in children.

New Expected Cancer Cases for 2010	# of Cases
Breast	25510
Prostate	25030
Lung	17660
Colon & Rectum	13880
Melanoma	8250
Uterus & Cervix	1520
Non-Hodgkin Lymphoma	7070
Bladder	6810
Leukemia	4760

Arroyo Grande Community Hospital Cancer Care Services Patient Data 2010						
Type	White	Black	Japanese	Filipino	Thai	Asian
Breast	103	0	1	1	0	1
Lung	15	2	0	0	0	0
Bladder	23	0	0	0	1	0
Colon	28	0	0	0	0	0
Prostate	12	0	0	0	0	0

Oral Health

- Visible tooth decay was found in 22% of first graders and eight percent of these children were referred for emergency dental care by the local school district nurses. These findings are consistent with State findings of 28% of children grade kindergarten to third grade with tooth decay and 4% in urgent need of dental care because of pain or infection.
- The newly formed county-wide dental coalition under the First Five Program has begun assessing children's dental needs and identified 57% of children in the Head Start program with tooth decay and found only 27% of Medi-Cal children had a dental visit in 2008.
- Fluoridation of community water has proven to save on the cost of dental treatment. However, the State program designed to assist in funding local fluoridation has been suspended indefinitely due to State budget problems.
- Dental varnish and sealants have been proven to assist in preventing tooth decay in children.
- Local dentists locally are reluctant to accept Medi-Cal insurance for children's dental care because of the low reimbursement rate for treatment.
- State funding for the California Children's Dental Disease Prevention program has been suspended indefinitely due to budget cuts.

Mental Health

- Proposition 63 provides counties with funding which varies by county for the prevention and early intervention of mental health problems but funds are not always used for direct patient services.
- Behavior problems that first appear in early childhood have been associated with adolescent delinquency, failure to complete high school and adult incarceration.

- Recognition and treatment of mental health disorders can reduce the number of suicides in the County. There were 36 suicides in the County in 2009.
- Elderly men age (85+) in the County are at a higher risk for suicide, 75% of the total suicides were men compared to 5% women.
- Suicide is a preventable problem. Development of strategies to reduce the stigma of being a consumer of mental health, substance abuse, and suicide prevention services is needed.
- Promotion efforts for healthy relationships with family and friends for at-risk individuals including resource information for community service organizations may prevent isolation and reduce the risk of suicides.

B. Community assets

An inventory of community assets is described below and is categorized by the hospital community benefit priority areas identified by Arroyo Grande Community Hospital.

Access to Primary Healthcare Services

First 5 and Community Health Clinics of the Central Coast are two lead agencies addressing the disparities among children with respect to oral health in San Luis Obispo County. AGCH is in collaboration with the county-wide First Five Dental Coalition partnering with USC School of Dentistry to secure funding for children's dental needs.

Arroyo Grande Community Hospitals contracts with Integrated Health Management Services to provide patients with bilingual assistance in applying for medical insurance.

Disease Management

Two AGCH staff are now trained to provide Stanford University's School of Medicine evidenced-based chronic disease workshops in English Healthy Living: Your Life Take Care. Two Spanish leaders have been trained to provide this same evidence-based program for diabetes self-management programs in Spanish. The Central Coast Service area recently trained seven lay leaders to teach the Spanish workshops: Healthy Living: Your Life Take Care. This evidence-based prevention program, which teaches self-management skills for chronic disease conditions, may improve the health status and quality of life for individuals and also lower hospital admissions and expenses.

Health Promotion/Disease Prevention

Arroyo Grande Community Hospital has leaders qualified to teach the Healthy for Life Nutrition Lecture Series in both English and Spanish.

Arroyo Grande Community Hospital works toward community health improvement partnering with the Community Health Centers of the Central Coast, San Luis Obispo County Public Health, Area Agency on Aging/HICAP, Alliance for Pharmaceutical Alliance and Community Action Partners, and the San Luis Obispo County Public Health Department. Additional partnering agencies include local churches, the Lucia Mar Unified School District, the South County Youth Coalition and California Polytechnic State University San Luis Obispo.

C. Developing the hospital's Community Benefit Report and Plan

The hospital's community benefit planning process considers the fiscal year 2010/2011 program outcomes and the uncompensated costs for various health conditions. The

Community Benefit fiscal year 2011 goals also serve as a springboard for the continuation of needed programs. As indicated in the previous section, data from other non-profit and community agencies has been collected and reviewed to assess the needs of our service area. To ensure CHW's values are integrated into programs and services, AGCH has implemented the following steps: (a) Strategic Planning has an impact on factors of involvement for specific program implementation; (b) The Community Benefit Team reviews outreach programs on a quarterly basis comparing goals to objective measures and outcomes of each program, ensuring commitment to the strategic plan; (c) Three Hospital and Foundation board members participate and provide strategic influence to the Community Benefit Team while the Hospital Board reviews community outreach programs through monthly board meetings and; (d) finally the community needs and assets assessment process provides a data analysis that directors and coordinators can use for program improvement and continuation of their respective programs.

Factors considered in planning for outreach programs include an analysis of the high utilization rate of the hospital's emergency room by the uninsured or underinsured and review of the severity of patients' health conditions. In the last five years, AGCH has seen an increase in the number of uninsured patients which resulted in a greater than 276% increase in charity care expense. This trend of increased expenses for the uninsured is driven by a variety of factors including an increased demand for healthcare services to treat chronic conditions that could otherwise have been treated in a primary care physician's office.

Social and health disparities also guide our process for community benefit planning. The Latino population lacks information allowing them to become proactive in their own healthcare. Uninsured Latinos in the area do not have adequate access to clinical support or health education for chronic diseases. Many Latinos are unaware that free and low cost programs and health education classes are available. AGCH will continue to offer Spanish health education classes focusing on chronic disease and nutrition education partnering with other community agencies and Spanish media to promote these programs. AGCH will refer patients to the Alliance for Pharmaceutical Access agency who provides assistance in securing free prescription medication for those in need.

1. The health areas that have been selected as focus by AGCH for FY 2011/2012 include:

- Health Education
- Congestive Heart Failure
- Cancer Awareness Education
- Diabetes

As identified in the Community Need Index, two key target areas are identified in AGCH service area: Oceano and Grover Beach. These two areas are in need of improved access to healthcare and services for the underinsured and uninsured.

2. To enhance the Congestive Heart Failure program, CHW's Central Coast Service area received a grant from the Center for Technology and Aging for the use of remote patient monitoring devices. Marian Medical Hospital, AGCH and French Hospital Medical Center acquired 50 home tele-station monitors for use in educating community-based patients in reporting critical vital signs such as blood pressure, pulse and weight.
3. The **Cancer Awareness Program** will continue to provide lectures to the broader and underserved English and Spanish speaking community on topics of available cancer resources and clinical trials. The American Cancer Society's Cancer Facts and Figures

- 2010 reports new cases for the top four cancers in San Luis Obispo County as breast, prostate, lung and colon/rectal cancers with a high incident rate of the Hispanic community affected. These statistics indicate where the focus of educational and screening efforts should be. Programming for cancer prevention in the AGCH service area will include cancer screenings, cancer-related lectures in English and Spanish and establishing support groups for English and Spanish community members.
4. A **Diabetes Prevention and Management** program has been established as a long term improvement program for the AGCH service area. Stanford School of Medicine's Spanish Diabetes Chronic Disease Self Management classes may now be offered through the Central Coast Service area by two Master Trainers. CHW's Central Coast Service Area will provide English training for two more Chronic Disease Self Management leaders. The Chronic Disease Self-Management program can also address persons with health issues of COPD, Heart Disease, Arthritis and Asthma as this program assists participants in developing their own action plan for healthier living.
 5. AGCH continues to collaborate with the San Luis Obispo Dental Coalition and distributes oral health information and promotes good oral hygiene.
 6. AGCH will continue to offer local field workers and those working in the vineyards flu shots going on location to where they work.
 7. **Dental care**, most especially for children, is another healthcare problem due to the lack of dental providers in our service area, the low reimbursement rate for treatment, and the lack of dental insurance coverage for children. USC School of Dentistry, working collaboratively with AGCH is searching for possible funding sources.
 8. A large concern in our service area, expressed by local non-profit, religious and local government agencies, is the need for a homeless shelter and expanded food bank. Because funding is difficult to secure, plans for construction are slow in development. AGCH participates in the planning committee along with various local churches and community service agencies, local city and county planning and development agencies, assisting in hastening its development.

These health areas were chosen after review of the previous year's outcomes and uncompensated costs for various health conditions, high utilization rates of AGCH's emergency room by the uninsured or underinsured, a review of patient's health conditions, assessment of the community's needs, including social and health disparities, the availability or lack of community resources and community partners' commitment in working collaboratively to address these needs.

C. Planning for the Uninsured/Underinsured Patient Population

1. The provision of Charity Care for those in need is a high priority for Catholic Healthcare West. Arroyo Grande Community Hospital follows the CHW Charity Care/Financial Assistance Policy and Procedures (attachment A).
2. Arroyo Grande Community Hospital (AGCH) trains and educates all staff regarding the Patient Payment Assistance Policy. The PFS/HIM Manager ensures that staff is qualified to determine when it is appropriate to give payment assistance information and applications to patients.
3. AGCH keeps the public informed about the hospital's Financial Assistance/Charity Care policy by providing signage and two types of informative brochures. Patient Financial Services and Admitting/Registration staff are provided training and scripting

information about payment assistance and the various programs that may be linked to services they need during the patients registration process. Letters are sent to all self-pay patients informing them of the program. Nursing units and lobby areas have brochures and information accessible to patients as well. A Financial Counselor is available to work with patients and to link them to various financial assistance programs including government funded insurance programs for which they may be eligible.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

A. Below are key programs and initiatives that have been a major focus of Arroyo Grande Community Hospital. These key programs will continue to be a major focus for this hospital over the next three years, based on our findings in the survey data statistics and related data in the Community Need Index. Arroyo Grande Community Hospital has selected our key programs that provide significant effectiveness. Local resources critical in the implementation and success of the five key programs include the Community Health Centers of the Central Coast, San Luis County Public Health and Social Services Departments, Lucia Mar Unified School District, HICAP/Area Agency on Aging, Boys and Girls Club of South San Luis Obispo County, St. Patrick's and St. Joseph's Catholic Churches, Cal Poly State University, Cuesta Community College, Hospice of San Luis Obispo County, First Five of California, South County Youth Coalition, Gold Coast Collaboratives' Network for a Healthy California, Healthy Eating, Active Living, San Luis Obispo (HEAL SLO). .

Below are the major initiatives and key community based programs operated or substantially supported by AGCH in 2010.

- **Disproportionate Unmet Health-Related Needs:** Seeks to accommodate the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention:** Addresses the underlying causes of a persistent health problems.
- **Seamless Continuum of Care:** Emphasizes evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance:** Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Priority Area 1: Access to Primary Healthcare Services

- Charity Care for uninsured/underinsured and low income residents
- Clinical experience for medical professional students
- Transportation vouchers for discharged patients
- Physicians Orders for Life Sustaining Treatment (POLST) lectures

Priority Area 2: Health Promotion / Disease Prevention

- Healthy for Life Nutrition Program
- Community health fairs with health screenings (six)
- Flu shots for farm workers and seniors
- Skin Cancer Screening event
- Spanish Cancer Prevention and Symptom lecture
- Food for homeless, poor and seniors at health lectures
- Promotoras de Salud education program

Priority Area 3: Disease Management

- Alliance for Pharmaceutical Access for medication
- Congestive Heart Failure Program – Long term improvement program
- Diabetes Prevention and Management – Long term improvement program
- Cancer Support Group
- English - Healthy Living: Your Life Take Care (Chronic Disease Self Management classes)
- Spanish - Healthy Living: Your Life Take Care (Chronic Disease Self Management classes)

Health Education	
Hospital Community Benefit Priority Area	<input checked="" type="checkbox"/> Access to Primary Healthcare Services <input checked="" type="checkbox"/> Health Promotion/Disease Prevention <input checked="" type="checkbox"/> Disease Management
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	<input checked="" type="checkbox"/> Broader Community <input checked="" type="checkbox"/> Underserved, Poor
Program Description	Provide southern San Luis Obispo county, both underserved and broader community, with health-related programming that will empower community members to become proactive and assume responsibility for their health and to educate people to prevent and manage chronic disease conditions.
FY 2011	
Goal FY 2011	Provide health-related opportunities to prevent or manage chronic disease.
2011 Objective Measure/Indicator of Success	<ol style="list-style-type: none"> 1. 50% attendees will report an increase in knowledge, change in behavior or change in attitude. 2. Involve staff to provide health-related lectures. 3. Partner with other community based organizations to identify locations for Spanish lectures. 4. Partner with Promotoras y Promotores Foundation and community based organizations to support lectures and screenings for health fairs.
Baseline	<ol style="list-style-type: none"> 1. 4152 total people were provided nutrition and health education. Of the total, 1028 participated in health education classes, 241 Spanish and 787 English; 1951 served at 6 health fairs including 1435 health screenings and 516 served with health. Information; 886 were served at health promotion events and 287 children were educated at the Oceano Kids Summer Camp on nutrition and physical activity. 2. 705 flu shots were given to community members and 165 H1N1 shots to farm workers 3. 65% reported increase in knowledge, change in behavior or change in attitude. 4. 2398 homeless people served healthy lunches at People's Kitchen and St. Patrick's Catholic Church.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Provide 2 Chronic Disease Self Management class series in English and Spanish. 2. Provide 3 program series education of "Healthy for Life" nutrition program for poor families. 3. Provide monthly senior nutrition and health lectures. 4. Provide and participate in 6 comprehensive health fairs that offer screenings. 5. Train "Promotoras and Promotores" to assist with health lectures in the community and health fairs. 6. Promote Bi-National Health Week Annual Tri-Counties Conference in 2010. 7. Recruit volunteers to lead Oceano Kids Camp in nutrition and physical activity education.
Result FY 2011	<ol style="list-style-type: none"> 1. 81% of people participating in health education stated they reported an increase in knowledge, change in behavior or change in attitude (99 served for chronic disease self management classes, 321 adults provided health education at Lucia Mar Unified School District locations, 583 broader community seniors provided health classes and 128 poor seniors provided health related classes – total of 1131 participants.) 2. Identified and scheduled staff to present health lectures and assist with screenings at health fairs and health promotion events and identified and recruited physicians willing to present lectures and assist with screenings at health fairs. 3. Collaborated with St. Patrick's Catholic Church to provide health and cooking classes at their new Parish hall in Oceano. Collaborated with Oceano School principal and Spanish School Readiness Director to provide adult Spanish nutrition classes. 4. CHW's Central Coast Service area trained six Spanish Chronic Disease Self Management educators and 2 health educators for "Healthy for Life" program. Four Spanish Promotoras were trained (community health advocates) to assist with recruiting class participants and assist with health fairs.
Hospital's Contribution / Program Expense	\$28,913 (this does not include the staff time for 1.0 FTE \$64,879)

FY 2012	
Goal 2012	Provide health-related information to help manage chronic disease.
2012 Objective Measure/Indicator of Success	<ol style="list-style-type: none"> 1. Increase English HFL and CDSMP attendance by 20% 2. Train 2 promotoras to teach HFL workshops 3. Using 3 and six month follow up calls to engage 20% of these attendees to take HFL or CDSMP classes. 4. 50% of respondents report an increase in knowledge, improvement in behavior or improvement in attitude.
Baseline	99 chronic disease self management participants, 449 underserved participants received health education, 583 broader seniors participated in health related classes
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Train educators and Promotoras to teach community classes and assist at health fairs. 2. Provide 2 chronic disease self management class series. 3. Provide 4 "Healthy for Life" class series.
Community Benefit Category	Community Health Improvement Services (Lectures/Workshops) A1a

Congestive Heart Failure	
Hospital Community Benefit Priority Area	<input checked="" type="checkbox"/> Access to Primary Healthcare Services <input checked="" type="checkbox"/> Health Promotion/Disease Prevention <input checked="" type="checkbox"/> Disease Management
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	<input checked="" type="checkbox"/> Broader Community <input checked="" type="checkbox"/> Underserved, Poor
Program Description	The Congestive Heart Failure (CHF) program provides education to patients diagnosed with CHF during the hospital stay in addition to providing discharge instruction that have a doctor's order. Patients enrolled in the program are provided consistent telephonic patient follow-up and education thereby decreasing the number of readmissions to the hospital. This program also serves cardiac patients through education, risk assessment and referrals
FY 2011	
Goal FY 2011	Demonstrate a 5% decrease in readmissions within 30 days for participants in the hospital's Congestive Heart Failure program (preventative health intervention)
2011 Objective Measure/Indicator of Success	<ol style="list-style-type: none"> 1. Develop an automatic referral to the CHF Program to determine if the patient meets the criteria for admission for the program. 2. Create a continuum of care- diagnosis of heart failure with cardiac rehab, heart failure program, and palliative care. 3. Continue to collaborate with the Physician's Orders for Life Sustaining Treatment (POLST) Coalition in the community.
Baseline	<p><u>July 2009– June 2010</u> there were 98 CHF patients admitted to AGCH with a 22.7% readmission rate within 30 days)</p> <p><u>July 2009 – June 2010</u> there were 51 CHF patients enrolled in AGCH CHF Program with a 7.8% readmission rate within 30 days.</p>
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Advocate for change in protocol between the need for a doctor's order or use of the CHF Standing Order that includes a referral to the CHF Program. 2. Work with case management and other caregivers in the hospital to support development of efficient care pathways for appropriate out-patient care and patient referrals. 3. Continue to educate community based organizations, health care providers, and senior populations on the need to implement the POLST. 4. Evaluate CHF program with discharge survey.
Result FY 2011	180 total participants in the program with 8 admitted to the hospital or emergency department within six months of intervention = 4.025% which was less than the 5% program goal .
Hospital's Contribution / Program Expense	\$47,060
FY 2012	
Goal 2012	Avoid hospital and emergency department admissions for 6 months among 60% of participants enrolled in CHF Program.
2012 Objective Measure/Indicator of Success	<ol style="list-style-type: none"> 1. Enhance the telephone based monitoring program by implementing Philips Tele-monitoring devices to prevent hospital readmissions within 6 months of enrolling in the CHF Program 2. Identify all patients at high risk for readmission within 6 months of hospital discharge using the Probability of Repeated Readmission tool in Philips software for both telemonitor and telephonic patients. 3. Measure quality of life changes for all participants enrolled in the CHF Program by the completion of program (6 months)
Baseline	Current number of CHF participants at each facility.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Continue to offer the CHF Program to all in-patients with a diagnosis of heart failure. 2. Provide hospital inpatients evidence based education regarding heart failure. 3. Implement Philips telemonitoring pilot program for 50 patients within the CHW of the Central Coast service area. 4. Implement telephonic assessments in Philips software for remaining participants. 5. Continue to collaborate with CHW facilities as well as partners in the community (Community Health Clinic, Public Health Departments) to refer patients to the CHF Program. 6. Track reports for both telemonitor and telephonic participants for outcomes using SHP solutions tool as well as hospital MIDAS reports. 7. Partner with Marian Home Care for referrals to the CHF Program and collaborate on treatment plans with the home health case managers.

	<ol style="list-style-type: none"> 8. Continue to refer underserved patients who cannot afford their medication to the Alliance for Pharmaceutical Access Program at Marian Medical Center. 9. Utilize American Heart Association and American College of Cardiology resources and guidelines to continue education regarding heart failure as well as referrals to community based programs. 10. Evaluate participant response the telemonitor and telephonic programs using exit surveys.
Community Benefit Category	Health Care Support Services A3e

Cancer Awareness	
Hospital Community Benefit Priority Area	<input checked="" type="checkbox"/> Access to Primary Healthcare Services <input checked="" type="checkbox"/> Health Promotion/Disease Prevention <input checked="" type="checkbox"/> Disease Management
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	<input type="checkbox"/> Broader Community <input checked="" type="checkbox"/> Underserved, Poor
Program Description	AGCH and Coastal Cancer Center will partner to provide education, support groups, screenings and health information to encourage prevention, early detection and disease and disability management for cancer patients. The Coastal Cancer Center provides resources for patients and their families in the AGCH service area and referrals to the Hearst Cancer Resource Center and Marian Cancer Resource Center and other community partners.
FY 2011	
Goal FY 2011	Improve health and well-being of Arroyo Grande Community Hospital's service area by providing health education and screenings for prevention and early detection of cancer. Target population focus are uninsured and underinsured Latino and senior citizen population. Develop skills and understanding of cultural issues surrounding prevention, early detection and treatment of cancer for this target population.
2011 Objective Measure/Indicator of Success	<ol style="list-style-type: none"> 1. Develop and provide additional educational materials in English and Spanish targeting unmet needs of the underserved groups in the community. 2. Provide cancer screenings to facilitate early detection which addresses prevalent types of cancer (skin) focusing on the poor vulnerable and Hispanic community and provide follow-up care and/or referrals. 3. Use baseline data from community focus group for strategic planning. 4. Provide cancer education lectures focusing on the poor, vulnerable and Hispanic community.
Baseline	1,759 total participants served including 523 in cancer education, 1,139 served with information and referrals, 5 served with self-help information and 92 served with support groups.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Nurse navigator to identify educational materials needed in Spanish to meet community needs and have materials translated in levels that meet the need. 2. Target DUHN community to provide cancer screenings, expanding to DUHN senior centers and focus marketing on Hispanic communities. 3. Target poor and vulnerable community to provide cancer education expanding outreach to senior communities and centers which service Hispanic community.
Result FY 2011	<ol style="list-style-type: none"> 1. Cancer Navigator Binder and Breast Self-Examination pamphlets designed, developed and translated into English and Spanish to meet local needs. Annual Report translated into Spanish. 2. Community Focus Group identified mammograms and colonoscopies as focal areas. 3. Stone Soup Health Fair; Hands-On Cooking Class/St. John's Lutheran Church; Cancer Survivorship Celebration; Bi-National Health Fair; St. Patrick's Catholic Church Health Fair; 50+ AG Senior Health Fair; SLO Health & Fitness Fair; Day of the Child Health Fair; Relay for Life/Arroyo Grande; Cancer Prevention/St. John's Lutheran Church.
Hospital's Contribution / Program Expense	\$114,254
FY 2012	
Goal 2012	Restructure AGCH and Coastal Care Center under one American College of Surgeons: Commission on Cancer accreditation program. New service area will continue services and incorporate into one with the Marian Cancer Care Services' Program Digest. Improve health and well-being of AGCH primary and secondary service area by providing health education, cancer screenings, educational seminars, support services to the poor and vulnerable community, to provide earlier detection of cancer in an effort to reduce preventable cancer-related deaths.
2012 Objective Measure/Indicator of Success	<ol style="list-style-type: none"> 1. Offer cancer screenings to facilitate early detection which address prevalent types of cancer (skin and prostate) focusing on the poor, vulnerable and Hispanic community and supply follow-up care and/or referrals. 2. Offer cancer educational forum and health fairs for patients and caregivers through presentations and materials. 3. Nurse Navigator to increase the number of patients seen by 10%.
Baseline	Served 768 through screenings, lectures and support groups FY 2010-2011. Served 157 walk-ins, calls, patient meetings and referrals.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Target poor and vulnerable and Hispanic community to provide cancer screenings expanding to Senior Centers.

	<p>2. Target poor and vulnerable community to provide cancer education expanding outreach to Senior Communities and Centers which service Hispanic community. Also utilize Cancer Care Newsletter as a tool to educate underserved community.</p> <p>3. New program conducted by staff distinguishing local farms and wineries on cancer education, prevention, early screenings, mammograms, diagnosis and available resources through AGCH Coastal Care Center and Marian Cancer Care Services.</p>
Community Benefit Category	Community Health Improvement Services (Lectures/Workshops; Support Groups, Self-help; Information and Referral) A1a, A1d, A1e, A3e

Diabetes Prevention and Management	
Hospital Community Benefit Priority Area	<input checked="" type="checkbox"/> Access to Primary Healthcare Services <input checked="" type="checkbox"/> Health Promotion/Disease Prevention <input checked="" type="checkbox"/> Disease Management
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	<input type="checkbox"/> Broader Community <input checked="" type="checkbox"/> Underserved, Poor
Program Description	Provide a comprehensive evidence-based diabetes management program providing education with registered dietitian and nurse specializing in diabetes management. The program will improve behavior and self management practices of diabetic patients; enhance and improve the access and delivery of effective preventive health care services.
FY 2012	
Goal 2012	Avoid Emergency Room visits for uncontrolled hyperglycemia among the targeted population by incorporating health system navigation, concise diabetes self-management skills and health-related education.
2012 Objective Measure/Indicator of Success	Participants in the facility/service area evidence-based CDM program(s) will avoid admissions to the hospital or emergency department for the six months following their participation in the program.
Baseline	
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Identify and engage a physician program champion 2. Identify registered dietician or CDE RN specializing in diabetes management to facilitate program 3. Engage home health, and Emergency Department case management for patient enrollment 4. Refer uninsured/underinsured patients to Alliance for Pharmaceutical Access for prescriptions 5. Develop a mechanism to follow-up and track these enrolled patients and for the six months following their participation in the program. (i.e. telephonic support) 6. Identify culturally and linguistically appropriate messaging for this population of diabetic patients. 7. Provide in-service to hospital staff regarding Diabetes Prevention and Management Program. 8. Enroll program participants in CDSMP and Healthy for Life programs. 9. Support in-patient awareness of chronic disease education through case management. 10. Investigate availability of software that can track indicators to follow patients.
Community Benefit Category	A1c – Community Health Education – Individual Health Education for uninsured/under insured

Community Benefit and Economic Value

A. Classified Summary of Quantifiable Community Benefit Costs is calculated using the cost accounting system

Complete Summary - Classified Excluding Non Community Benefit
For period 7/1/2010 through 6/30/2011

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
<u>Benefits for Living in Poverty</u>						
Traditional Charity Care	675	372,709	0	372,709	0.7	0.6
Unpaid Cost of Medicaid	8,893	8,498,441	5,045,331	3,453,110	6.3	5.8
Means-Tested Programs	517	1,052,854	372,442	680,412	1.2	1.1
Community Services						
Cash and In-Kind Contributions	2,254	69,891	0	69,891	0.1	0.1
Community Benefit Operations	0	50,444	0	50,444	0.1	0.1
Community Building Activities	501	3,532	0	3,532	0.0	0.0
Community Health Improvement Services	5,608	207,912	0	207,912	0.4	0.4
Health Professions Education	0	5,000	0	5,000	0.0	0.0
Subsidized Health Services	2,609	158,108	0	158,108	0.3	0.3
Totals for Community Services	10,972	494,887	0	494,887	0.9	0.8
Totals for Living in Poverty	21,057	10,418,891	5,417,773	5,001,118	9.1	8.4
<u>Benefits for Broader Community</u>						
Community Services						
Community Benefit Operations	0	14,435	0	14,435	0.0	0.0
Community Health Improvement Services	1,127	126,705	0	126,705	0.2	0.2
Health Professions Education	52	208,345	0	208,345	0.4	0.4
Totals for Community Services	1,179	349,485	0	349,485	0.6	0.6
Totals for Broader Community	1,179	349,485	0	349,485	0.6	0.6
Totals - Community Benefit	22,236	10,768,376	5,417,773	5,350,603	9.7	9.0
Unpaid Cost of Medicare	22,341	23,700,263	16,692,256	7,008,007	12.7	11.8
Totals with Medicare	44,577	34,468,639	22,110,029	12,358,610	22.4	20.9



Sue Andersen, Chief Financial Officer
Central Coast Service Area, Catholic Healthcare West

B. Telling the Story

Please find the following attachments at the end of this report: CHW Reporting for Community Need Index and Map of the Community (Attachment A); Roster for Hospital Community Board Membership (Attachment B); Community Benefit Team Roster (Attachment C); and Summary of Patient Financial Assistance Policy (Attachment E).

1. Arroyo Grande Community Hospital publishes a quarterly “Points of Excellence” newsletter, highlighting program activities throughout the year. Press releases, television, radio and newspaper coverage note programs and services that AGCH has been involved in, focusing on the underserved. Also, AGCH publishes a monthly hospital newsletter, titled “In-Service, “ which highlights a broad range of program activities including hospital, department-specific and individual activities.
2. Press releases and television, radio and newspaper coverage have noted the many programs in which AGCH is involved. Much of the coverage focuses on the underserved population of San Luis Obispo County.
3. Arroyo Grande Community Hospital’s Annual Report and Plan is posted on our website at www.arroyograndehospital.org.

CATHOLIC HEALTHCARE WEST
SUMMARY OF PATIENT FINANCIAL ASSISTANCE POLICY
(June 2008)

Policy Overview

Catholic Healthcare West (CHW) is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, CHW strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with CHW's procedures for obtaining financial assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Financial Assistance:

- Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
 - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. a reasonable effort by the CHW facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. The need for financial assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.
- CHW's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly, and the CHW facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Attachment C

Patient Financial Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the determination as follows:

Patients whose income is at or below 200% of the FPL are eligible to receive free care;

- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the CHW facility.

CHW's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as *income* for these purposes.

Communication of the Financial Assistance Program to Patients and the Public:

- Information about patient financial assistance available from CHW, including a contact number, shall be disseminated by the CHW facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the CHW facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the CHW facility.
- Any member of the CHW facility staff or medical staff may make referral of patients for financial assistance. The patient or a family member, a close friend or associate of the patient may also make a request for financial assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient financial assistance will be included within the Social Accountability Budget of the CHW facility. CHW facilities will report patient financial assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient financial assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- CHW system management has developed policies and procedures for internal and external collection practices by CHW facilities that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHW, and a patient's good faith effort to comply with his or her payment agreements with the CHW facility.

Attachment C

- For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, CHW facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, CHW management and CHW facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy

Attachment C

Hospital Community Board Roster 2011-2012

Sister Janet Corcoran, OSF
Sister of St. Francis

Matt Richardson
Interim Administrator
Arroyo Grande Community Hospital

Nathan Alvarado
General Manager
Wachovia Securities

Carsten Zieger, D.O.
Past Chief of Staff
Arroyo Grande Community Hospital

John Hayashi
Hayashi Y & Sons

Ernest Jones, M.D.
Board Chairman

Scott Robertson, M.D.
Chief of Staff

Steve Flood, DDS
Dentist

Sister Barbara Staats, OSF
Sister of St. Francis

Terry Fibich
Retired Fire Captain

Jacqueline Frederick
Attorney at Law
HCB-Secretary

Rebecca Alarcio
Director of Public Affairs
Allan Hancock College

Larry Foreman, D.O.
VPMA
Arroyo Grande Community Hospital

Dan Cashier
Foundation Board Chair

Jonathan Fow, M.D.
Chief of Staff Elect

Arroyo Grande Support Staff
Sue Andersen
Service Area CFO

Chuck Cova
Service Area President

Villa Infanto, RN
VP, Patient Care Services

Tauny Sexton, RN
Director, Quality Services

Attachment D

Community Benefits Committee 2010-2011

Sister Antoinette Navarro, OSF

Villa Infanto, RN
Vice President, Patient Care Services

Susan Winsell
Vice President Human Resources

Sandy Underwood
Senior Community Education Coordinator

Ami Padilla
Director, Education Services and Community Benefit

Michelle Alexis
Community Member

Matt Richardson
Interim Administrator

Terry Fibich
Community Member

Katherine Guthrie
Regional Director Cancer Care Services

Christina Squires
Education Coordinator

Joan McKenna
Case Management Director/Social Worker

Roberta Alderete
Community Educator

Attachment E