



*Community Benefit Plan  
2011*

*~Being the  
hospital in our  
community that  
physicians prefer,  
patients request,  
and employees  
choose*

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# Contents

|   |            |
|---|------------|
| About Dameron Hospital.....                                 | Page 2     |
| What is Community Benefit.....                              | Page 6     |
| Community.....  | Page 7     |
| Assessment Process.....                                     | Page 12    |
| Improving Access To Care.....                               | Page 14    |
| Preventing Chronic Disease and Increasing Wellness.....     | Page 15    |
| Workforce Development.....                                  | Page 17    |
| What Have We Been Up To?.....                               | Page 18    |
| Community Benefit Plan 2012.....                            | Page 23    |
| Inventory and Economic Valuation of Community Benefits..... | Page 25    |
| Public Review.....  | Page 26    |
| References.....   | Page 27    |
| Appendices.....   | Page 28    |
| Hospital Organizational Chart.....                          | Appendix A |
| Charity Care Policy.....                                    | Appendix B |

Dameron Hospital is a fully accredited, 202-bed, nonprofit, community hospital offering a broad range of medical, surgical and health maintenance services for emergency and acute care. Dameron Hospital has been providing medical services for the surrounding communities of San Joaquin County since 1912. Dameron will celebrate 100 years of caring for the community in August 2012. Dameron provides services with advanced technology and state-of-the-art diagnostic and therapeutic equipment, as well as facilities for inpatient, outpatient and occupational care. Dameron Hospital is a non-sectarian hospital with one goal: to be the hospital physicians prefer, patients request, and employees choose to work.

Dameron Hospital has a Governing Board with seven directors who are elected at the Annual Meeting of the Membership. Each director serves a term of one year. The Board meets monthly on a year round basis. The Directors are as follows:

- Budget and Finance
- Building and Expansion
- Nominating
- Professional Relations
- Safety and Disaster
- Joint Conference and Accreditation
- Negotiating

Dr. Christopher Arismendi is President of the Board and Chief Executive Officer. A detailed organizational chart for Dameron Hospital can be located in Appendix A.

Dameron Hospital is a member of the San Joaquin County Community Health Assessment Collaborative (SJC<sub>2</sub>HAC), which is responsible for producing and releasing the *Healthier San Joaquin County Community Assessment* every three years. The assessment is used to inform and engage local stakeholders and community members to promote collaborative efforts based on data, community input and group consensus in order to improve the health of community residents. The most recent assessment was released in June 2011.

Based on the needs identified in the *2011 Healthier San Joaquin County Community Assessment*, Dameron Hospital is currently focusing community benefit planning efforts on the following health needs:

- Improving access to care
- Preventing chronic disease and increasing wellness
- Workforce development

The ensuing Community Benefit Plan describes how Dameron Hospital meets the community needs listed above and provides insight into additional community benefit activities and programs at Dameron Hospital.

### Mission

Dameron Hospital is your community hospital. Our mission and promise to our patients is to support physicians and our employees in providing quality patient care in a safe and caring environment. Our mission, in part, is carried out by meeting the community's health needs by developing and participating in innovative, cost effective and high quality health care services for our patients and the surrounding community.

### Vision

Dameron's vision is being the hospital in our community that physicians prefer, patients request, and employees choose to work.

### Our Values:

- **Leadership:** exists throughout all levels of the organization in alignment with our vision and mission
- **Integrity:** means consistently demonstrating the following by individual and collective actions
- **Teamwork:** a committed team working collaboratively to ensure that we support each other to fully reach our effectiveness
- **Service Excellence:** we are in the ultimate people business. Everything we do is based upon respect and appreciation for the individuality of patients, families, physicians, co-workers, and vendors
- **Financial Stability:** deliver high quality services in an effective, efficient and economical manner to meet the hospital's long-term commitment to our community

Dameron Hospital is proud to offer the following medical services:

### **Medical Care Services:**

Anesthesia  
Cardiology  
Cardiothoracic Surgery  
Dental Surgery  
Emergency Medicine  
Gastroenterology  
General Surgery  
Gynecology  
Hematology/Oncology  
Maxillo-Facial Surgery  
Medicine  
Neonatology  
Nephrology  
Neurology  
Nuclear Medicine  
Obstetrics  
Occupational Medicine  
Oncology  
Ophthalmology  
Orthopedics  
Otorhinolaryngology  
Otolaryngology  
Pathology  
Pediatrics  
Plastic Surgery  
Pulmonology  
Radiology  
Urology  
Vascular Surgery  
Wound Care

### **Nursing Services:**

Medical/Surgical Nursing Service  
Telemetry Nursing Service

### **Specialized Nursing Services:**

Acute Dialysis Services  
Basic Emergency Medical Services  
Cardiac Catheterization Laboratory  
Cardiovascular Surgery Services  
Coronary Care Services  
Radiological Services  
Endoscopic Services  
Home Care Services  
Intensive Care Newborn Nursery Services  
Intensive Care Services (Adult)  
Pediatric Services  
Perinatal Services  
-Labor and Delivery  
-Post Partum  
-Normal Infant Nursery

### **Surgical Services:**

Pre-admission Department  
Pre-operative Unit  
Operating Room  
Ambulatory Operating Room  
Post Anesthesia Care Unit  
Perfusion Services

### **Supplemental Services:**

Echocardiographic and Electrocardiographic Services  
Neurodiagnostic Service  
Nuclear Medicine Service  
Occupational Therapy Services  
Physical Therapy Service  
Radiation Therapy- Brachytherapy Services  
Respiratory Care Service  
Social Services  
Speech Therapy Services

### **Other:**

Pathology and Clinical Laboratory Services  
Pharmaceutical Services  
Dietetic Services

## Community Benefits and Outreach Activities Provided by Dameron Hospital

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In addition to our medical services and programs, Dameron Hospital also offers the following community benefits and activities:

- Classroom use for community education and support groups
- A program for adults to volunteer their time in a health care environment
- Sponsorship of health-related community events and activities
- Donations of materials, equipment and supplies to community groups
- Employee volunteer time
- Transportation
- Continuing medical education for physicians
- Scholarship programs
- Community educational classes
- Diabetic outpatient education program
- Hearing-impaired interpreting services
- Outpatient endoscopy center
- Outpatient surgery
- Home health care services
- Unreimbursed Medi-Cal, Medicare, and charity care
- On-site interpreting services for: Arabic, Bengali, Bosnian, Cambodian, Cantonese, Chinese, Farsi, French, Haitian Creole, Hmong, Italian, Japanese, Korean, Mandarin, Polish, Portuguese, Russian, Somali, Spanish, and Vietnamese speaking patients
- Pastoral care
- Free wireless internet access
- Workforce development
- A hospitalist program for inpatients admitted through the Dameron Hospital Emergency Room who do not have access to a primary-care physician
- Health professional education
- Management staff participation in local leadership programs
- An online health center where people can get information about preventive health care
- Management participation in local school mentoring programs
- Physician recruitment in a medical shortage area
- Staff participation in conducting community health needs assessments
- A Sweet Success program (Dameron Hospital is San Joaquin County's certified affiliate of the California Pregnancy & Diabetic Program)
- Multilingual-education classes
- Junior volunteers
- A variety of support groups
- Participation in a program exposing high-school students to health care careers to encourage youth to give back to their communities and consider a career in medicine (Decision Medicine)
- A free, health-related newsletter mailed twice a year to approximately 20,000 Stockton households

## What is Community Benefit

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Community benefit is a program or activity that provides treatment or promotes health as a response to identified community needs and meets at least one community objective:

- Improve access to health services
- Enhance public health
- Advance knowledge
- Relieve government burdens

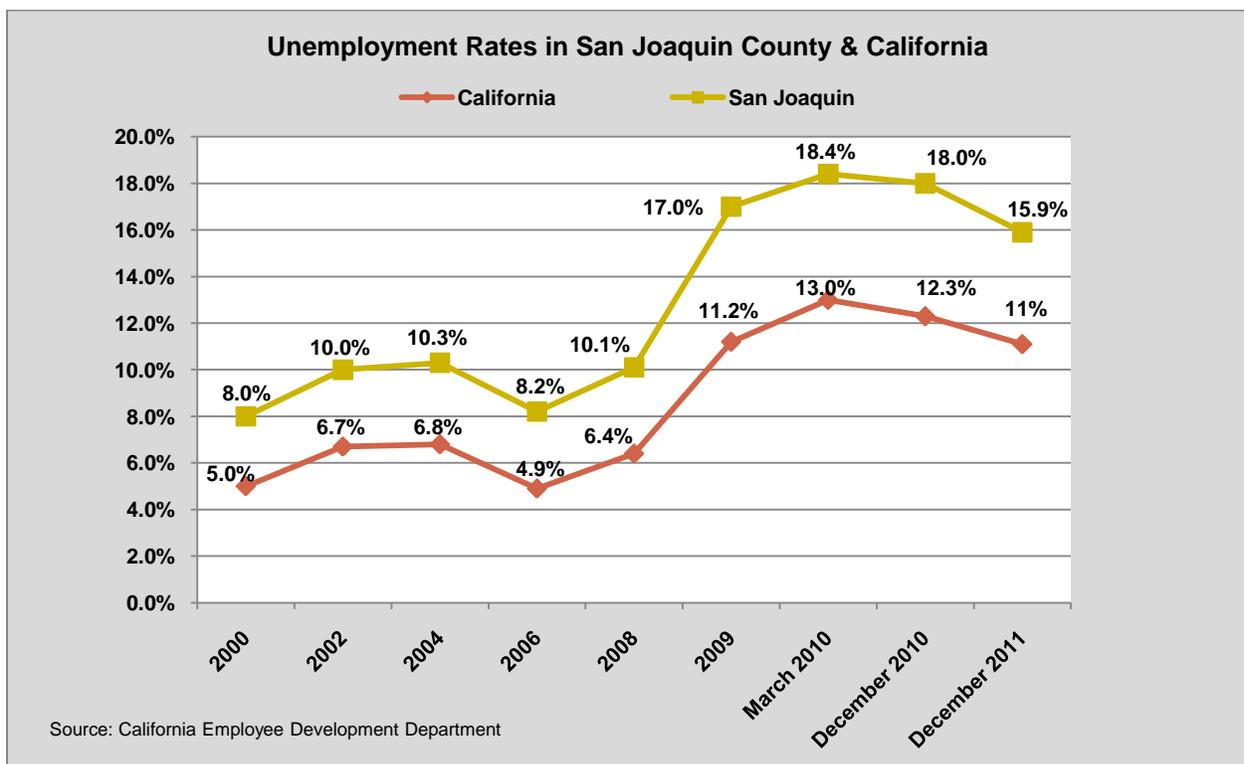
Community benefit also includes charity care and the unreimbursed costs of Medicaid and other means-tested government-funded insurance programs for the indigent, as well as health professional education, research, efforts to build upon the community's capacity and the costs associated with community benefit operations.



Dameron Hospital provides community benefits in many forms, including our community outreach programs and providing care for the uninsured and the underinsured. The hospital has an overall responsibility for ensuring that the Community Benefit Plan is implemented. However, implementation of individual components of the plan rests with the appropriate Department Directors and Managers and their staff. Implementation of the plan also comes from collaborative partnerships Dameron has formed with other community agencies and organizations in order to improve the health and wellbeing of San Joaquin County residents. Some of the collaborative partnerships Dameron participates in include the San Joaquin County Healthier Communities Coalition; the Breastfeeding Coalition of San Joaquin County; San Joaquin Delta College-Associate Degree in Nursing Program; the San Joaquin County Community Health Assessment Collaborative; the Health Careers Academy High School, and the Women's Center of San Joaquin County, just to name a few.

San Joaquin County is one of the original counties of California, created in 1850. As the northernmost county in the Central Valley, San Joaquin County includes the cities of Stockton, Lathrop, Lodi, Manteca, Ripon, Tracy, and Escalon, as well as numerous small towns and unincorporated areas. Dameron Hospital is located in the city of Stockton, the county seat and the largest city within the county. Stockton is home to the oldest inland port in the Central Valley, and is the county’s air and rail transportation center.

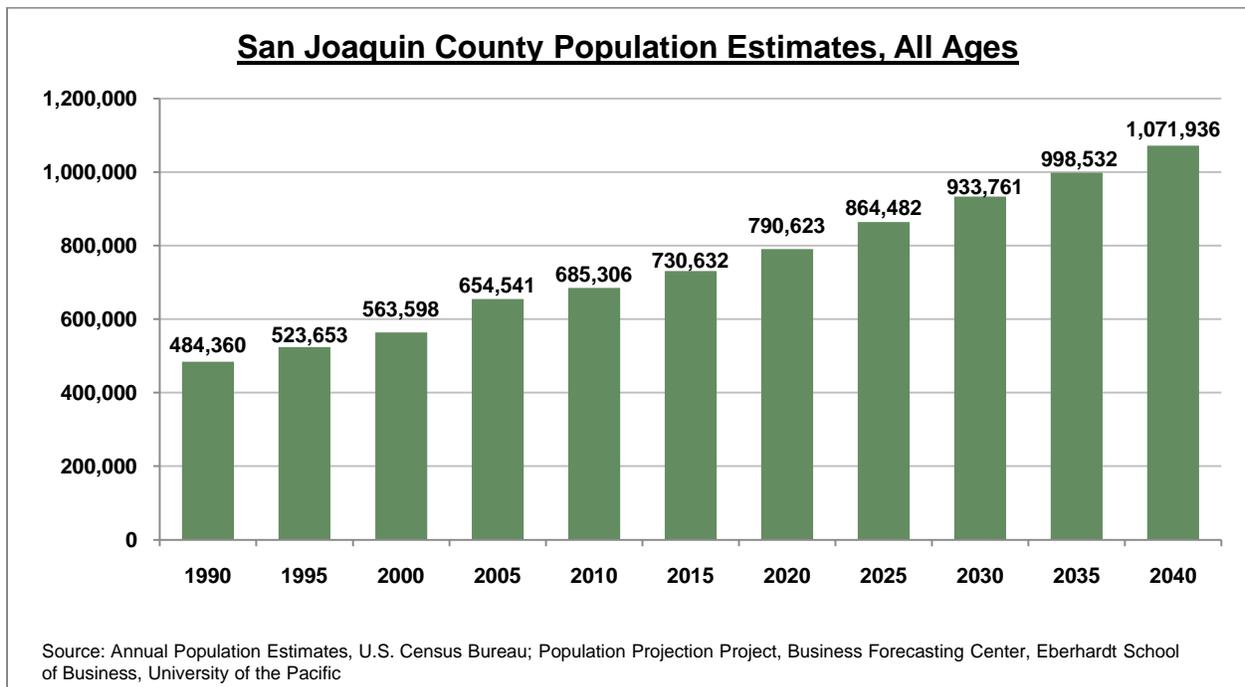
Due to the Great Recession of 2008, San Joaquin County continues to face economic hardship. Some county residents continue to go without basic needs such as food, housing, child care and health care. According to the California Employment Development Department, the unemployment rate in San Joaquin County was 15.9% in December 2011, up from 15.5% in November 2011. The county unemployment rate is down from the December 2010 rate of 18%, but is still higher than the state unemployment rate, which was 11.1% for December 2011.



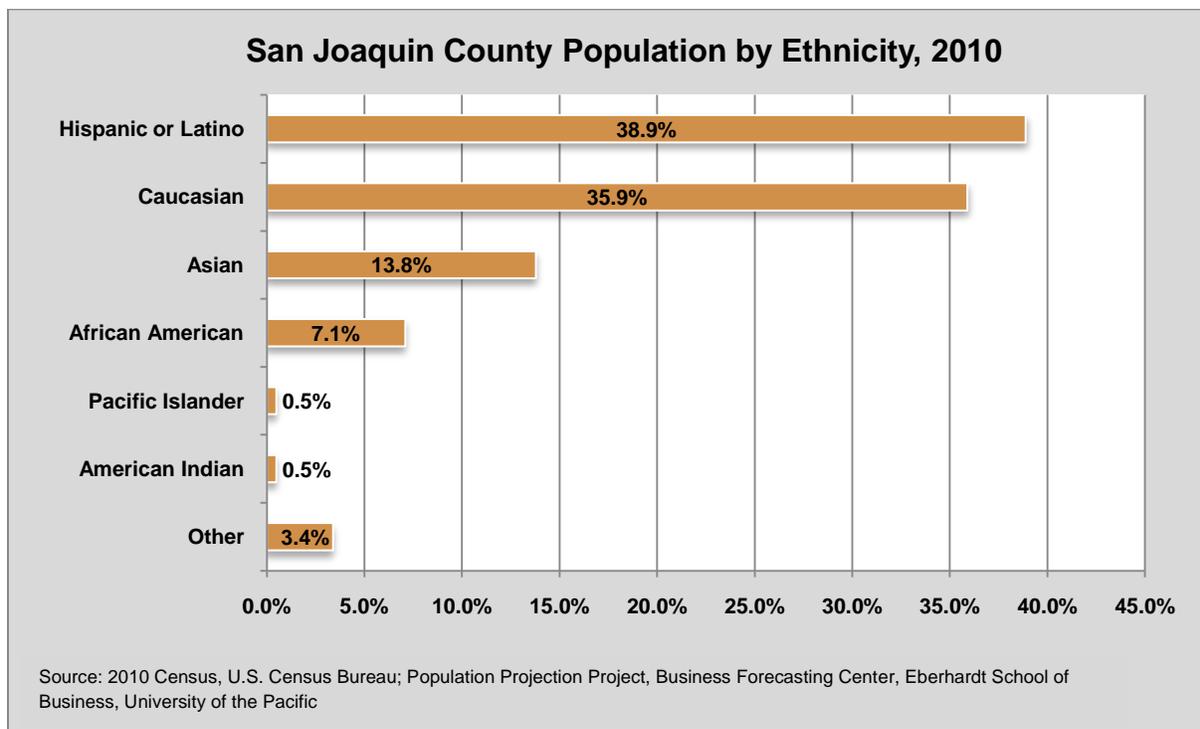
San Joaquin County’s median household income has increased 39% over the last decade, reaching \$63,100 in 2010. However, this figure is lower than the median household income in the state (\$71,000) and the nation (\$64,000).

The city of Stockton was disproportionately affected by the collapse of the sub-prime lending market in 2007, and led the country in foreclosures for that year, with one out of every thirty homes posting for foreclosure. Stockton housing prices fell 39% in 2008, and the city had the country’s highest foreclosure rate as well. San Joaquin County as a whole experienced a similar trend in foreclosure rates, with the number of default notices increasing 308% between 2006 through 2009. In 2008, the county experienced the highest number of default notices at 15,430. Foreclosures in San Joaquin County dropped during the fourth quarter of 2011, with the state overall experiencing a similar decrease in default notices. According to DataQuick, a public records database company located in San Diego, California, there was a countywide 12.3% drop in notices of default from the same time period a year earlier.

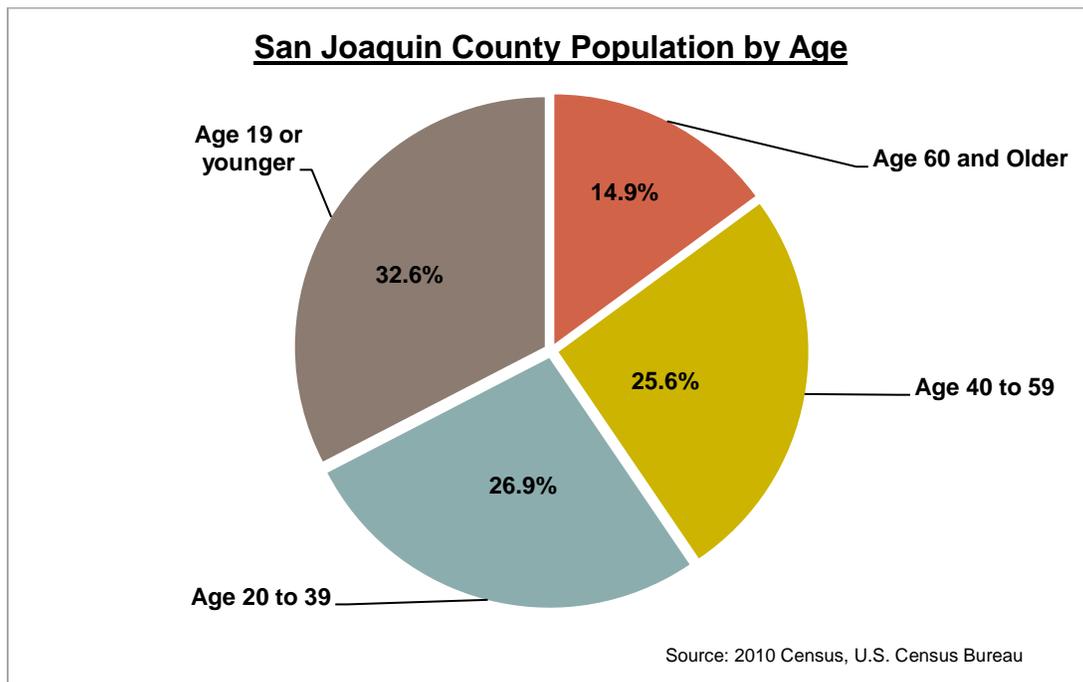
According to the U.S. Census Bureau, the population of San Joaquin County was 685,306 people in 2010. Results from the 2010 Census show that San Joaquin County’s population increased by 121,000 (21.6%) since the 2000 Census. By comparison, California’s population grew to 37.25 million in 2012, up from 33.87 million in 2000, a 10% increase. The county’s population growth can be attributed to a number of Bay Area commuters trying to escape high living costs during the mid-2000’s. After the mid-2000’s, the migration trend reversed: outmigration overtook in-migration, slowing annual population growth. Population growth remained positive because San Joaquin County birth rates significantly exceeded death rates.



High population growth in the early half of the decade brought a number of demographic shifts to the county: the increase of high income families in the southern half of San Joaquin County, and people of Hispanic and Latino ethnicity becoming the largest demographic in the county, surpassing the Caucasian population by about 20,000 people. 47% of the population reported itself as being Caucasian on the 2000 Census compared to 36% of the population on the 2010 Census. This represents the most significant demographic shift in San Joaquin County over the past decade. This shift has some implications for future population growth in San Joaquin County. First, women of Hispanic or Latino ethnicity generally have higher fertility rates across all child-bearing age groups as opposed to non-Hispanic and non-Latino women. This will help maintain a positive rate of population growth in the county as it ages. Second, San Joaquin County will remain younger than other California counties as the state's population ages and fertility rates continue to decline.



The 2010 Census counted 102,229 people aged 60 or older compared to 78,070 in the 2000 Census. The population of people aged 60 and older now makes up 15% of the population, up from 14% in 2000. The 2000 Census found 34.3% of the county's population to be under the age of 20. The 2010 Census shows that this figure has shrunk to 32.9%, which is one third of the population. These trends show that San Joaquin County's population is slowly aging, like many other counties throughout the country. The median age in the county has increased from 31.9 years in 2000 to 32.7 years in 2010. The median age in California was 35.2 years in 2010, up from 33.3 years in 2000. These aging trends will bring a number of changes to San Joaquin County- a falling overall fertility rate and increasing health care costs for seniors are just two examples of those changes.



In January 2011, the CDC released a report entitled *"CDC Health Disparities and Inequalities Report- United States, 2011."* This report highlighted some of the health disparities that exist throughout the United States, including those for chronic diseases. For example, coronary heart disease and stroke account for the largest proportion of inequality in life expectancy between Caucasians and African Americans, despite the existence of low-cost, highly effective treatment. Chronic disease disparities also exist in San Joaquin County. According to California Breathing ([www.californiabreathing.org](http://www.californiabreathing.org)), the rate of age-adjusted asthma hospitalizations for African Americans in San Joaquin County is more than three times higher than for Caucasians, Hispanics and Asians, and the rate of emergency department visits by African Americans for asthma is three to four times higher than other race/ethnicities. San Joaquin County's Public Health Services released the *"San Joaquin County Community Health Status Report 2011,"*

which shows that African American women living in San Joaquin County have higher rates of smoking during the first trimester of pregnancy, and both African American and Hispanic women have higher rates of being overweight and obese prior to pregnancy compared to Caucasians and Asians. To combat chronic disease disparities, as well as the high prevalence and associated mortality of chronic diseases in San Joaquin County, an Obesity and Chronic Disease Prevention Taskforce was established in the county in 2009. The goal of the Taskforce is to decrease the incidence and prevalence of obesity, chronic disease, and the related risk factors through a combined and expanded effort involving more than 40 community agencies (including Dameron Hospital) and individual members of the Taskforce.

There are numerous health resources available throughout San Joaquin County. Some of these resources include:

- American Cancer Society
- American Diabetes Association
- American Heart Association
- Breastfeeding Coalition of San Joaquin County
- Charterhouse Center for Families
- Community Medical Centers, Inc.
- Council for the Spanish Speaking (El Concilio)
- Dameron Hospital
- Delta Blood Bank
- Doctor's Hospital of Manteca
- Family Resource and Referral Center
- First 5 San Joaquin
- Health Plan of San Joaquin
- Hospice of San Joaquin
- Kaiser Permanente
- Lodi Memorial Hospital
- Planned Parenthood Mar Monte
- San Joaquin County Behavioral Health Services
- San Joaquin County Health Care Services Agency
- San Joaquin County Public Health Services
- San Joaquin General Hospital
- San Joaquin Medical Society
- St. Joseph's Medical Center
- St. Mary's Interfaith Community Services
- Sutter Tracy Community Hospital
- University of the Pacific

Dameron Hospital is an original member of the San Joaquin County Community Health Assessment Collaborative (SJC<sub>2</sub>HAC). The SJC<sub>2</sub>HAC was first formed in 2004 in order to complete the Community Health Needs Assessment mandated by the State of California (SB 697) which requires non-profit hospitals to document how they are serving their communities. The collaborative evolved from the 2001 Needs Assessment Group that included St. Joseph's Medical Center, Dameron Hospital, Sutter Tracy Community Hospital, Kaiser Permanente and Health Plan of San Joaquin. Current community agencies that have joined SJC<sub>2</sub>HAC include Community Partnership for Families of San Joaquin; San Joaquin County Public Health Services; St. Mary's Interfaith Community Services; First 5 San Joaquin; Community Medical Centers, Inc.; University of the Pacific; and the Breastfeeding Coalition of San Joaquin County. SJC<sub>2</sub>HAC is responsible for preparing and releasing the *Healthier San Joaquin County Community Assessment*, which is produced every three years. The primary goals of the assessment are to:

- Engage local stakeholders
- Generate knowledge that will lead to collaborative action
- Identify data that would be useful for policy and advocacy work
- Establish "A Call to Action" for community members
- Assess community needs and assets
- Develop a community dissemination plan
- Provide ongoing tracking and monitoring

The most recent assessment was released in June 2011. Knowledge gained from the assessment is integrated into Dameron's ongoing community benefit planning, implementation, and assessment. Many of Dameron's planned community benefit activities are driven by indicators and trends found in the assessment. SJC<sub>2</sub>HAC partners with Applied Survey Research (ASR), a nonprofit social research firm dedicated to helping people build better communities, located in Northern California's Bay Area, to complete the 2011 assessment. SJC<sub>2</sub>HAC had previously partnered with ASR to compile and release the 2005 and 2008 *Healthier San Joaquin County Community Assessments*.

The SJC<sub>2</sub>HAC met in September 2004 and developed over fifty-five quality-of-life indicators. The committee was represented by a mixture of professionals and community advocates, all of whom were experts in the respective areas under review. Indicators were chosen based on criteria which stipulated that the indicators should be understandable by the general public, allow for a quick response, drive noticeable change and be available annually. In 2010, all of the indicators were reviewed for relevancy and additional indicators and sources were added for the 2011 community assessment. Members of the SJC<sub>2</sub>HAC are currently working towards publicly releasing a Community Health Needs Assessment in 2013.

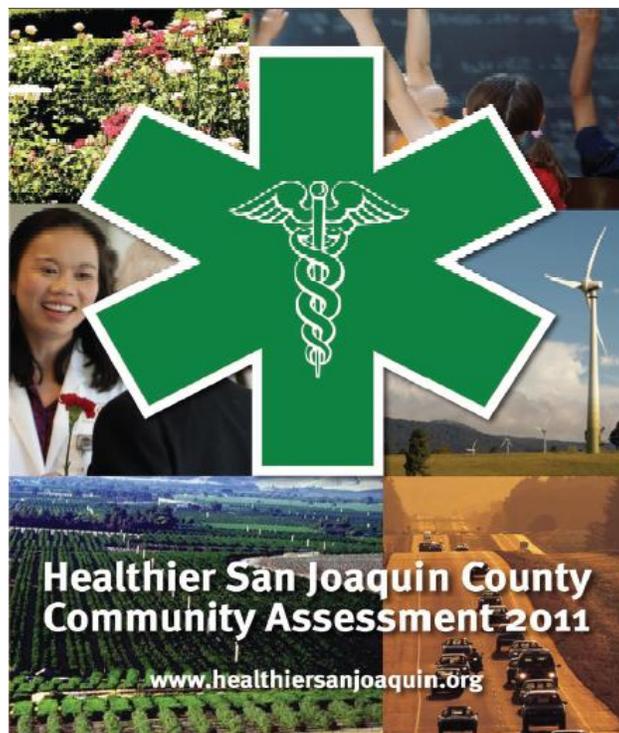
## Assessment Process

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Primary data is obtained from face-to-face surveys and telephone surveys. Face-to-face surveys are conducted by collaborative members at different sites throughout San Joaquin County, including First 5 San Joaquin, Community Medicals Centers, Inc., health fairs, hospitals, and clinics. Over 1,955 face-to-face surveys were completed in August and September 2010 for the 2011 Assessment. ASR conducted a telephone survey (in both English and Spanish) of 430 randomly selected adult residents in September 2010. The telephone survey also included calling cellular phone numbers. The survey sample was pulled from wireless-only and wireless/land-line random digit dial prefixes in San Joaquin County. Cellular phone respondents were screened for geography, as cell phones are not necessarily located where the number originally came from. Calling cell phone users yielded an additional 1,110 survey respondents in the county.

Secondary data for the fifty-five quality-of-life indicators is collected from a variety of sources, including but not limited to: the US Census Bureau; the California Health Interview Survey (CHIS), academic institutions, health care institutions, the Internet, the U.S. Health and Human Services Department, the California Department of Public Health, and the U.S. Department of Housing and Urban Development (HUD).

A copy of the 2011 Healthier San Joaquin County Community Assessment can be found at [www.healthiersanjoaquin.org](http://www.healthiersanjoaquin.org). Previous community assessments can also be found at this same website. Assessments are available for download.



Health insurance is a critical component of health care access. Uninsured people are less likely to receive medical care, more likely to have poor health, and are more likely to die early. Prevention and early detection of illness leads to better health outcomes for residents and monetary savings for the government, businesses, and patients.

According to the *2011 Healthier San Joaquin County Community Assessment*, the rate of health insurance coverage for adults in San Joaquin County has been decreasing from 85% in 2003 to 81% in 2007. Health insurance coverage rates were similar in San Joaquin County and California until 2007, when the county fell below the state. Data shows that 97% of children and youth, (0 to 17 years), had health insurance coverage in 2007. 96% of respondents to the telephone survey and 85% of face-to-face survey respondents indicated that their children had health insurance at the time of the 2010 survey. According to the UCLA Center for Health Policy Research, 28.2% of the county's population younger than the Medicare-eligibility age of 65 was uninsured at some point in 2009.

Dameron Hospital recognizes the need to provide accessible and affordable health care services to the community in which we serve. Dameron provides health care services to poor and underserved patients throughout the community in a variety of ways, including:

- Providing charity care or partial charity discount to those individuals who demonstrate an inability to pay (whose income is at or below 350% of the federal poverty level)
- Charity care via the Emergency Room
- Providing an uninsured patient discount to patients who do not qualify for charity care, but still may face hardship paying their medical bills
- Covering the unpaid costs of health care for Medi-Cal patients

Full charity or partial charity discount is offered to those individuals who demonstrate an inability to pay for medically necessary services. Dameron Hospital strives to ensure that every person receives required services, regardless of inability to pay. Consistent with our mission to provide quality patient care in a safe and caring environment, with or without compensation, the hospital provides a full charity and charity discount program. Dameron Hospital provided charity care to 821 patients in 2011. The unpaid costs of Medi-Cal and charity care comprised 13% of the hospital's operating expenses in 2011 (the unpaid costs if Medi-Cal, Medicare and charity care comprised 19% of the hospital's 2011 operating expenses).

Patients that are uninsured or have high medical costs who are at or below 350% of the federal poverty level may be eligible for charity care and discounted payments from emergency room physician's that provide emergency services in our general acute care hospital.

The uninsured patient discount is intended to apply to patients who do not qualify for charity care, but still may face hardships paying their medical bills.

### Diabetes Awareness, Management and Education

Diabetes is the leading cause of kidney failure, adult blindness, amputation, and a leading contributor to strokes and heart attacks. Diabetes affects 25.6 million adults ages 20 or older, or 11.3% of all people in this age group in the United States. The vast majority of U.S. residents who have been diagnosed with diabetes have type II diabetes, previously called adult onset diabetes. Many people who have type II diabetes can control their condition by eating well, exercising, losing weight and taking oral medication. According to the *2011 Healthier San Joaquin County Community Assessment*, over 9% of adults in San Joaquin County were diagnosed with diabetes, compared to 8% in California in 2007. Data shows that San Joaquin County has consistently had higher rates of diabetes than California from 2003 to 2009.

Dameron Hospital is proud to offer the Diabetes Outpatient Education Program, which is free to residents who register for the program. Our on-site program covers every stage of diabetes. Patients who attend the program can achieve a lifestyle of success with our caring and guidance. Dameron Hospital has a full staff of dietitians, registered nurses, certified diabetic educators, social workers and physicians to assist local residents in maintaining a normal active lifestyle. The Diabetes Outpatient Education Program utilizes the American Diabetes Association (ADA) certified U.S. Department of Health “Diabetes Conversation Maps.” There are 4 maps:

- Map 1: On the Road to Managing Diabetes
- Map 2: Diabetes and Healthy Eating
- Map 3: Monitoring Your Blood Glucose
- Map 4: Continuing Your Journey with Diabetes

Dameron’s Diabetes Outpatient Education Program saw 188 people attend the Maps classes in 2011 and Dameron expects more people to attend these educational classes throughout 2012. Please visit [www.dameronhospital.org](http://www.dameronhospital.org) for the class schedule. Classes are free, but pre-registration is required. Dameron Hospital’s Diabetes Outpatient Education Program is a proven path to lifestyle control and enjoyment.

### Comprehensive Care for Women and Infants

Dameron Hospital is well known for its comprehensive Women's and Newborn's Services. The A. G. Spanos Family's Start-of-Life Center offers specially trained nurses, advanced technology, and a safe, caring environment for both mother and child. Newborns requiring more advanced care have the advantage of our on-site Level III Intensive Care Nursery with 24 hour neonatology coverage and the Oshtory Pediatric Center. Dameron Hospital offers several pregnancy and parenthood classes throughout the year, including:

- Stork Tours
- All Day Prepared Childbirth Class
- Big Brother-Big Sister
- Infant CPR and Safety
- NICU/SCN Support Group
- Breastfeeding Support for Expectant and Delivered Families

Dameron Hospital is certified by California Children's Services as a Community Level III NICU and Community Level Pediatrics for ages birth to 20 years of age. Dameron Hospital maintains a Regional Cooperation Agreement for Maternal Child services with the University of California, San Francisco, Benioff Children's Hospital. The hospital also provides referral services to local obstetricians, perinatologists, and pediatricians; Dameron's Developmental High Risk Follow-Up Clinic; the Sweet Success Program; Woman Infants, and Children (WIC); and Public Health Services, including Maternal Child and Adolescent Health, Black Infant Health (BIH), Family Resource and Referral Center (FRR), and Valley Mountain Regional Center's Early Start Program.

The California Diabetes and Pregnancy Program (CDAPP) provides comprehensive technical support and education to medical personnel and community liaisons to assist in promoting improved pregnancy outcomes for high-risk pregnant women with pre-existing diabetes and women who develop diabetes while pregnant. These medical providers, who undergo standardized training and provide direct patient care to women with diabetes while pregnant, become known as Sweet Success Affiliates. Dameron Hospital is San Joaquin County's certified affiliate of the California Pregnancy and Diabetic Program. Sweet Success at Dameron Hospital is supported by a full service hospital with Community Level Low and High Risk Perinatal Services and a Community California Service approved Level III Neonatal Intensive Care Unit. In response to our community's diversity, Dameron Hospital's Sweet Success Program is also communicated in Spanish.

### Decision Medicine 2011

Decision Medicine is a program of the San Joaquin Medical Society. The two week program is designed to introduce high-achieving students to the field of medicine through intensive hands-on field study opportunities. The program challenges students with real world decisions as they explore the many facets of a career in the health care industry. Throughout the program, students work in various team configurations including several one-on-one mentoring opportunities with local physicians in their practices and several area hospitals. Dameron Hospital has been participating in the Decision Medicine program since 2005. While visiting Dameron Hospital, students explore the many specialties offered at Dameron. Students begin their visit to Dameron by having their blood drawn. They then listen to a lecture on Basic Hematology before they examine their own blood in Dameron's laboratory. Students also get to listen to a lecture and view a demonstration on the field of Forensic Pathology as well as have lunch with participating physicians. Dameron was host to 24 students in July 2011.

### Health Careers Academy

To meet the growing community need for health care clinicians in Stockton and the greater San Joaquin County, Stockton Unified School District established the Health Careers Academy. The Health Careers Academy will train a work force for the California state prison hospital and the Veteran's Administration hospital that are expected to open in Stockton in the coming years. The Health Careers Academy is a high school that will prepare students for careers in the health care industry. The academy began in 2011 with 120 ninth grade students attending class. Each year the academy will add a grade. The goals of the Health Careers Academy are to produce students who have been challenged with a rigorous college prep curriculum as well as teaching them health career technical skills and finally providing them with opportunities to gain a better sense of community awareness. When students finish their four years at the academy, they will leave prepared to join the workforce, to pursue further health-related vocational training or to attend a four-year college. Health Careers Academy graduates could be starting down the road to working in a medical office, to becoming an X-ray technician, to being a phlebotomist, a nurse, or a doctor. Dameron personnel are committed to conducting tours and offering speakers at the request of the Health Careers Academy. The Health Careers Academy is currently applying for Health Occupations Students of America (HOSA) membership. There are several opportunities for Dameron Hospital to be involved with the Health Careers Academy in the coming year, including e-mentoring; classroom speakers; job shadowing for 10<sup>th</sup> graders; assistance with classroom lessons on medical theme integration; and teacher/professional pairing.

### Read to Me, Stockton!

Stockton is one of the cities in California with a high literacy problem. The Mayor of Stockton, Ann Johnston, started the “Read to Me, Stockton!” program in 2011 in collaboration with the Stockton Rotary Club and Dolly Parton’s Imagination Library. Children, from birth to 5 years of age (living in a targeted area), can be enrolled in the program for no cost. Each child who is enrolled in the program will receive a new book once a month up to age 5 years from the Dollywood Foundation. Dameron Hospital began participation in this program in 2011 and is continuing its participation in 2012. Our Pediatric unit clerks ask new parents who reside in targeted zip codes to enroll in the program when they complete the birth certificate. Dameron helped enroll over 800 children in the Read to Me, Stockton! Program in 2011.

### American Heart Association Heart Walk



*Dameron Hospital staff and their families participate in the 2011 AHA Heart Walk in Stockton, California.  
Photo courtesy of Younnel Advertising, Inc.*

Dameron Hospital staff participated in the September 2011 American Heart Association “Heart Walk” in downtown Stockton, California, walking in support of heart and stroke awareness and prevention. In addition to participating in the walk, Dameron Hospital staff contributed \$5,040.00 to the American Heart Association in 2011. Hospital staff plan to participate in the American Heart Association Heart Walk in 2012.

### **American Heart Association Go Red for Women Event**

Dameron Hospital continued its participation in the American Heart Association's Go Red for Women event in 2011. The Go Red Luncheon is an inspiring, informative event created to encourage the community to champion the fight against heart disease in women. Heart disease is the number one killer of women, but most women do not know this fact. Dameron Hospital staff sits on the Planning Committee for this annual event. Dameron Hospital has been a consistent partner with the American Heart Association throughout the years, working together to improve the health of community residents. The Go Red for Women event celebrates the energy, passion and power women have to band together to wipe out heart disease and stroke.

### **NICU Family Support Group/Families Helping Families**

One of the key components of Dameron's Spanos Start of Life Center is the Dameron Level III Neonatal Intensive Care Unit (NICU). Premature infants can achieve normal growth when assisted by a state-of-the-art Neonatal Unit. The NICU Family Support group is facilitated by Mastered Prepared Maternal Child Health Social Workers and the Maternal Child Community Outreach Nurse. The NICU Family Support Group, by reducing isolation through care and support, is about bringing together and strengthening families.

On December 3, 2011, Dameron's NICU held its annual Christmas Party with Santa Claus and gifts for both past and present NICU families. One of the features of the Christmas party is to offer a venue where past NICU families can meet and offer support to current NICU families. The Christmas party is open to the public. NICU families, both past and present, brought in new toys which were donated to the Mary Graham Children's Shelter.

### **Healthier Community Coalition**

Dameron Hospital is an active participant in the San Joaquin County Healthier Community Coalition. The purposes of the Coalition are to provide leadership in the development and coordination of health status improvement efforts in San Joaquin County; to provide a forum for health services stakeholders to share ideas and information about projects and seek collaborative partners; and to work collaboratively and encourage the efforts of other collaboratives attempting to respond to community health issues and problems. While providing leadership to other collaboratives throughout the county, the Healthier Community Coalition also sponsors the annual Public Health Leadership Breakfast and the Breastfeeding Coalition of San Joaquin County's annual Birth, Baby and Bonding Fair.

### Child Abuse Prevention Council

In 2011 Dameron Hospital employees selected from a list of local charities and chose the Child Abuse and Prevention Council to be the recipients of the proceeds from raffle tickets the hospital staff sold throughout the year. During the Christmas season, Dameron staff members visited children at the Child Abuse Prevention Council. The children were able to have their photo taken with Santa Claus and were each given a new toy. Dameron Hospital is proud to support the Child Abuse Prevention Council and plans to continue to support this local agency in 2012.



*Dameron Hospital staff pose for a holiday photo at a Child Abuse Prevention Council holiday event. Photo courtesy of Julie Arismendi.*

### Continuing Medical Education

Dameron Hospital offers Continuing Medical Education classes at noon on Fridays (excluding holidays). The classes are open to all physicians throughout the community. The classes are held in the hospital's Annex building. Dameron Hospital is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. Dameron provided thirty-nine continuing medical education classes throughout 2011 and will continue to provide Continuing Medical Education Classes in 2012. A total of 739 medical professionals attended the continuing medical education classes at Dameron in 2011. Contact the Staff Development and Medical Education Department or visit [www.dameronhospital.org](http://www.dameronhospital.org) for more information.

### Breastfeeding Coalition of San Joaquin County: Birth, Baby and Bonding Fair

The Breastfeeding Coalition of San Joaquin County is made up of representatives from local hospitals, WIC programs, community groups, non-profit organizations, health plans, San Joaquin County government agencies, and interested individuals. The Coalition's objectives are:

- Increase the number of physicians and other primary healthcare providers in San Joaquin County who include breastfeeding/lactation counseling and referral as part of routine care
- In accordance with Healthy People 2010 National Health Promotion and Disease Prevention Objectives, increase to at least 75% the proportion of mothers who initiate breastfeeding; increase to at least 50% the proportion who continue to breastfeed until their infants are 6 months old, and increase to at least 25% the proportion who continue to breastfeed past one year
- Provide accurate and consistent breastfeeding support, information and resources to women, families, health professionals and the community
- Encourage breastfeeding-friendly policies and procedures in all area hospitals, birthing centers, local businesses and workplaces
- Educate local city and county government officials on the benefits of breastfeeding and involve them in making San Joaquin County baby-friendly

The Birth, Baby and Bonding Fair is an annual event hosted by the Breastfeeding Coalition of San Joaquin County. Dameron Hospital was a Silver Sponsor of this event in 2011 and will continue to sponsor this event in 2012. The Birth, Baby and Bonding Fair is a free event where new parents can check out local resources, products and services regarding breastfeeding; view a maternity wear, nursing wear, and baby wear fashion show; participate in mini-workshops, and win raffle prizes.

### The Biggest Loser

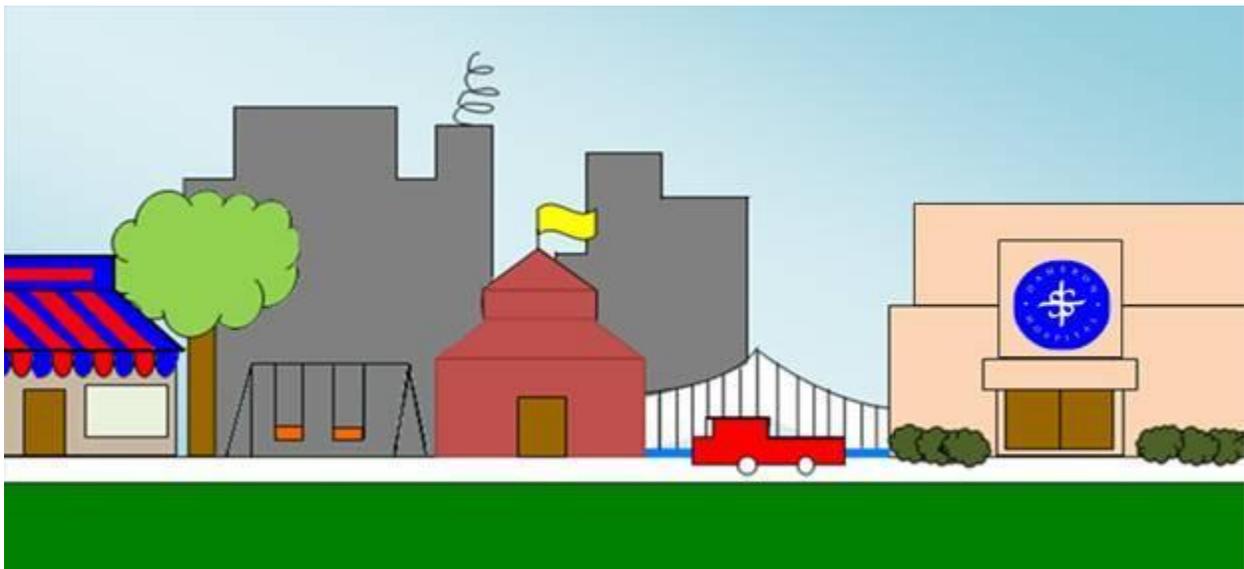
Dameron Hospital employees are participating in a Biggest Loser campaign to lose weight, get healthy, and live a healthy lifestyle. All participants must agree to have the following measurements evaluated: HgA1c; cholesterol; blood pressure; weight; and body fat index. The campaign began January 1, 2012 and will run through June 30, 2012. In July, 2012, the participants will re-evaluate their health status and a monetary donation equal in poundage of total weight lost will be donated to the Stockton/San Joaquin County Emergency Food Bank ([www.stocktonfoodbank.org](http://www.stocktonfoodbank.org)). A total of 146 Dameron employees registered for the Biggest Loser campaign in 2011.

## Donations of Time, Money and Equipment

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In addition to the activities and programs previously described, Dameron Hospital offered sponsorships and donations of food (over 800 pounds of food was donated to the Stockton/San Joaquin County Emergency Food Bank in November 2011), toys, medical supplies and equipment to the following community organizations and programs in 2011:

- Decision Medicine
- Child Abuse Prevention Council of San Joaquin County
- Mary Graham Children's Shelter
- Children's Home of Stockton
- Lodi Memorial Hospital Laboratory
- St. Andrews
- St. Mary's Interfaith Community Services
- St. Helena Hospital
- St. Peter Lutheran School
- Folsom Lake College
- Full Gospel Tabernacle Pentecostal Church of God



Dameron Hospital staff volunteered 18,362 hours by volunteering at various community events; providing mentoring to students throughout the county; leading support groups; providing health education to various groups and individuals; and volunteering their skills and expertise to various clinics, health fairs, and schools throughout San Joaquin County.

Dameron Hospital will continue to focus community benefit planning efforts on improving access to care, preventing chronic disease and increasing wellness, and workforce development. In addition to the various activities and programs listed in the previous sections, Dameron hopes to bring back its Young Scrubs Program. Due to new visitation policies and budget reductions, this program was taken out of service in 2010 and 2011, but the hospital is currently planning to bring the program back in 2012. Dameron Hospital is also participating in the 2012 March of Dimes Walk. The hospital's NICU department has formed a team and is currently raising funds for the March of Dimes. The hospital will have a booth at the Asparagus Festival, in Stockton, California, in April 2012. The booth will feature CPR, BMI measurements for children, health information and education, along with Dameron Hospital giveaways. The hospital plans to continue sponsoring the Breastfeeding Coalition of San Joaquin County's annual Birth, Baby and Bonding Fair, as well as continue to provide staff volunteer hours, donations of medical supplies and equipment, and leadership support to various school mentoring programs.



*C. Sanders, RN, Community Outreach and Education, and D. Vigil, Executive Director of the Dameron Hospital Foundation, pose for a picture in front of Dameron's booth at the San Joaquin County's Family Fun in the Park Day. Photo courtesy of Creighton Younnel Advertising, Inc.*

The matrix below summarizes Dameron Hospital's Community Benefit Plan for 2012:

| <b><u>Benefit</u></b>  | <b><u>Need Addressed</u></b>  | <b><u>Targeted/Affected</u></b>  | <b><u>Goal</u></b>   | <b><u>Measureable Objective</u></b>  |
|--|---|--|--|--|
| Traditional Charity Care and Financial Assistance and Means-Tested Government Programs | Improving access to care  | Uninsured and underinsured   | Allocate 20% of operating expense for charity care and financial assistance and means-tested government programs (excluding Medicare, goal will be 15% of operating expense) | Financial end-of-year report reflects 20% of operating expense spent on charity care and unpaid costs of financial assistance and means-tested government programs         |
| Community Education  | <ul style="list-style-type: none"> <li>▪Improving access to care</li> <li>▪Preventing chronic disease and increasing wellness</li> </ul>                | <ul style="list-style-type: none"> <li>▪Medically underserved</li> <li>▪Uninsured and underinsured</li> <li>▪Low-income</li> <li>▪Infants, children and teens</li> <li>▪General population</li> </ul>                          | Provide ongoing and/or periodic community education regarding parenting, breastfeeding, infant safety and CPR, and diabetes awareness  | Semi-annual newsletter; monthly and periodic classes regarding parenting, infant CPR and safety, breastfeeding classes, and diabetic education                             |
| School Mentoring Programs  | Workforce development   | Children and teens   | Continue participation in Decision Medicine and the Health Careers Academy; continue to provide leadership support to different school mentoring programs                    | Participation in annual Decision Medicine program and the Health Careers Academy; provide leadership support to school mentoring programs                                  |
| Support Groups   | Improving access to care  | <ul style="list-style-type: none"> <li>▪Infants</li> <li>▪Families of NICU/Special Care Nursery babies</li> <li>▪Breastfeeding mothers</li> <li>▪Prostate cancer patients</li> </ul>   | Continue to provide monthly support groups for NICU/SCN families and breastfeeding mothers; continue to provide monthly support to patients suffering from prostate cancer   | NICU/SCN and breastfeeding support groups held every month; prostate cancer support group held on a monthly basis  |
| Donations of Time, Money and Equipment   | <ul style="list-style-type: none"> <li>▪Broad benefit to the community</li> <li>▪Commitment of the organization's resources to the community</li> </ul> | <ul style="list-style-type: none"> <li>▪Medically underserved</li> <li>▪Infants, children, and adolescents</li> <li>▪Low-income</li> <li>▪Senior citizens</li> <li>▪Homeless</li> <li>▪Other vulnerable populations</li> </ul> | Continue to provide time, money and equipment to enhance the health and meet the needs of the local community  | The yearly cost of hours donated by staff to the community while on the organization's payroll; the financial value of donated food, supplies, equipment, and sponsorships |
| Health Professions Education   | Improving access to care  | <ul style="list-style-type: none"> <li>▪Accessible to all physicians</li> <li>▪Other health care professionals</li> </ul>  | Provide continuing medical education to community physicians and other healthcare professionals  | Schedule of 2012 CME classes; schedule of health professional education events provided throughout 2012  |
| Transportation   | Improving access to care  | <ul style="list-style-type: none"> <li>▪Low-income</li> <li>▪Senior citizens</li> <li>▪Other vulnerable populations</li> </ul>   | Provide transportation to patients who have no other means of transportation to and from the hospital  | Yearly transportation invoice with the number of taxi vouchers issued to patients  |

## Inventory and Economic Valuation of Community Benefits

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| <u>Category</u>  | <u>Reporting Period</u> | <u>Planned</u>      |
|--|-------------------------|---------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>                               |                         |                     |
| Traditional Charity Care   | \$1,932,884             | \$1,932,884         |
| Unpaid Cost of Medicaid  | \$19,741,706            | \$19,741,706        |
| Unpaid Cost of Medicare  | \$9,609,645             | \$9,609,645         |
| Total for Financial Assistance and Means-Tested Government Programs, excluding unpaid Medicare | \$21,674,590            | \$21,674,590        |
| Total for Financial Assistance and Means-Tested Government Programs, including unpaid Medicare | \$31,284,235            | \$31,284,235        |
| <b>Other Benefits</b>  |                         |                     |
| Community Health Improvement Services and Community Benefit Operations                         | \$5,097.15              | \$5,250.06          |
| Health Professions Education   | \$68,049                | \$70,090.47         |
| Cash and In-kind Contributions   | \$133,930.68            | \$137,948.60        |
| <b>Total Community Benefits (excluding unpaid Medicare)</b>                                    | <b>\$21,881,666</b>     | <b>\$21,887,878</b> |
| <b>Total Community Benefits (including unpaid Medicare)</b>                                    | <b>\$31,491,311</b>     | <b>\$31,497,523</b> |

## Public Review

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The Community Outreach specialists act as the central points of focus for evaluation of the Community Benefit Plan. Community Outreach specialists attend collaborative meetings and community-agency functions while representing Dameron Hospital. They also collect, summarize and analyze data related to program performance. Results are shared with community agencies and groups with whom Dameron collaborates with.

A review committee comprised of the Community Outreach specialists, the Chief Financial Officer, the Director of Finance, members of the Executive Corporate Compliance Committee and other staff deemed appropriate meet to evaluate program performance issues of adequate data collection, resource distribution and progress towards required compliance. The annual Community Benefit Plan is presented to the Executive Corporate Compliance Committee and is distributed to the Governing Board. The annual Community Benefit Plan is made available to the public via the hospital's internet site, [www.dameronhospital.org](http://www.dameronhospital.org). Requests for the Plan may also be directed to the Community Outreach specialists at (209) 461-3136.

## References

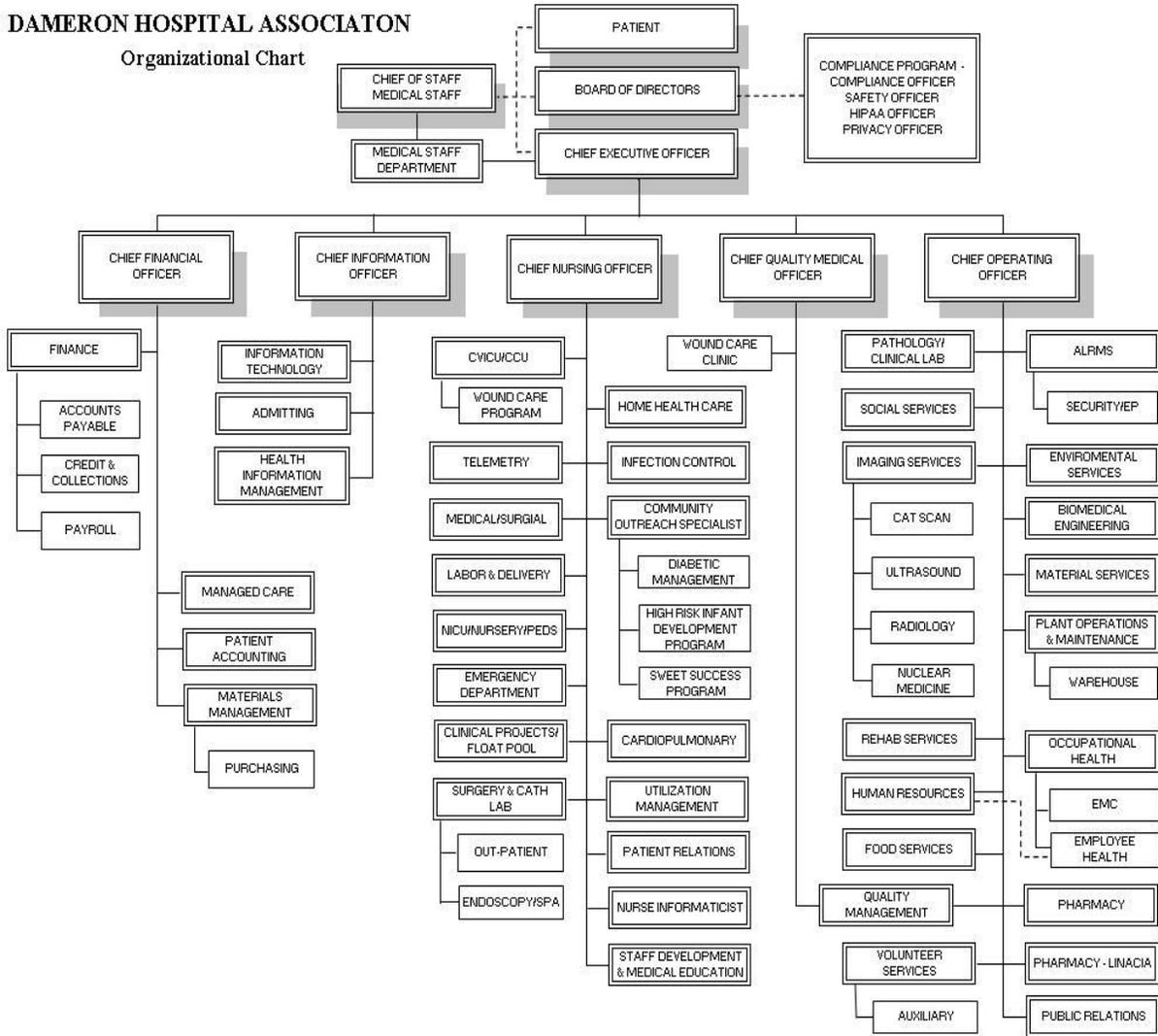
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- San Joaquin County Population Forecast. University of the Pacific, Eberhardt School of Business, Business Forecasting Center, in partnership with San Joaquin Council of Governments. (June 2011). San Joaquin County Population Forecast. *Regional Analyst*, pp. 1 through 8.
- United States Census Bureau, [www.census.gov](http://www.census.gov) .
- United States Department of Commerce, [www.commerce.gov](http://www.commerce.gov) .

## Appendices

# Appendix A

## DAMERON HOSPITAL ASSOCIATION

### Organizational Chart



## Appendix B

Charity Care

Page 1 of 4

|   |                     |                         |
|---|---------------------|-------------------------|
|  | <b>Charity Care</b> |                         |
|   | ID Number:          | 20-01-0034              |
|   | Manual:             | Departmental Manual     |
|   | Division:           | Finance                 |
|   | Policy Level:       | Multi-Departmental      |
|   | Review Date:        | 12/20/2012              |
|   | Status:             | 4. Approved             |
|   | Primary Owner:      | Christine Wiebe/Dameron |

### Policy & Procedure Body

#### **I. Policy:**

Full charity or partial charity discount shall be offered to those individuals who demonstrate an inability to pay for medically necessary services.

#### **II. Purpose:**

To ensure that every person receives required services, regardless of ability to pay.

#### **III. Definitions:**

None

#### **IV. Text:**

Consistent with our mission to operate and furnish care, treatment, hospitalization and other services, with or without compensation, the hospital will provide a full charity or charity discount program.

In order to balance a patient's need for financial assistance and the hospital's broader fiscal responsibilities to the community of maintaining a financially healthy facility, the hospital must determine the patient's ability to contribute to the cost of their care, based on their individual ability to pay as well as the requirements of California Health & Safety Code 127400-127462.

**Effective January 1, 2011, patients that are uninsured or have high medical costs who are at or below 350% of the federal poverty level may be eligible for charity care and discounted payments from emergency room physician that provide emergency medical services in a general acute care hospital.**

#### **V. Procedure**

Patients may apply for charity under Section I or Section II as described below.

##### **A. Section I: Charity Discount Requirements of California Health & Safety Code 127400-127462**

There are two types of patients who shall be eligible to apply for participation under the charity discount provision of the charity policy; self-pay patients and patients with high medical costs. Patients seeking qualification of coverage under the charity discounted provision of California Health & Safety Code 127400-127462 must provide documentation of eligibility by submitting either recent check stubs or recent income tax returns. Failure to return a complete application within 30 days shall result in denial of the request for charity consideration. Subsequent requests for consideration will be processed at the sole discretion of the hospital.

1. Self-pay patient: If an uninsured patient's documented income falls at or below 350% of the Federal poverty level, the patient will receive charity discounted rates in accordance with the

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Medicare fee schedule for the services received by the patient. If the hospital provides a service for which there is no established payment by Medicare or other government-sponsored program of health benefits in which the hospital participates, the hospital shall establish an appropriate charity discount amount.

2. A patient with high medical costs: If a patient falls at or below 350% of the Federal poverty level and does not receive a discounted rate as a result of third party coverage, and has annual out of pocket costs incurred at the hospital or other medical providers in the prior 12 months that exceed 10% of family income, the patient shall qualify for a charity discount. The patient shall be liable for the lesser of the balance after the insurance payment, or the applicable Medicare rate.

Patients that provide required documentation and qualify under the income requirements of this section may also qualify for an extended, interest free, payment plan that shall be reasonable and may be negotiated by the patient and the hospital. Patients attempting to qualify for eligibility in good faith or to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or by making regular partial payments of a reasonable amount shall not be sent to an outside collection agency or other assignee, unless that entity has agreed to comply with the provisions of this policy. The hospital or hospital's assignee shall not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after initial billing.

#### B. Section II: Other Charity Care

Notwithstanding the eligibility requirements of the charity discount program, the hospital will also provide a charity program to those who demonstrate an inability to pay regardless of insurance status.

In determining an individual's ability to pay, it is important to distinguish between an individual's inability to pay versus unwillingness to pay. In order to evaluate inability versus unwillingness, the following criteria, if available, should be used:

1. The employment status of the patient, spouse, or parents along with the prospect of future earnings being sufficient to meet the obligation within a reasonable period of time.
2. Family size.
3. Net worth should be considered including all liquid and non-liquid assets owned, less liabilities and claims against assets. Retirement and deferred-compensations plans qualified under the Internal Revenue Code as well as nonqualified deferred-compensation plans shall not be used in determining net worth. Furthermore, the first \$10,000 of patient's monetary assets shall not be counted in determining eligibility nor shall 50% of a patient's monetary assets over the first \$10,000. Note: The hospital may require waivers or releases from the patient authorizing the hospital to obtain verifying information from financial or commercial institutions, or other entities that hold or maintain the monetary assets to verify their value.
4. The amount(s) and frequency of the hospital bill(s) in relation to the factors outlined above.
5. All other resources should first be applied, including Medi-Cal, Medicare, Victim of Violent Crime, and all other third-party sources.
6. Patient's financial reports (i.e. tax returns, W2 forms, pay stubs, etc.) may be used to verify inability to pay as well as investigative tools by the Credit Department (i.e. credit reports, skip tracing, etc.).
7. Bankruptcy Court determination of inability to pay all or a portion of the account.

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8. Homelessness (no demographic information given at time of service; i.e., address, city, state, zip, social security number, date of birth, etc.).

The Credit and Collections Department will be responsible for determining an individual's ability to pay utilizing all or a portion of the factors outlined above.

The determination of a patient's eligibility for charity care should be made as close to the time of admission as possible, but may be made at any time adequate eligibility information is available. In many instances considerable time and effort is required to adequately determine a patient's financial condition.

If an individual is determined to be unable to pay for all or part of the account, and there are no other avenues available to collect on the account, then the uncollected amount will be written off as charity care. Otherwise, the account will be pursued as outlined in the hospital's collection policy and procedure. Under no circumstances will contractual write-offs, discounts or any other administrative or courtesy allowances be written off as charity care.

The hospital or other assignee which is an affiliate or subsidiary of the hospital shall not, in dealing with patients eligible under any portion of this policy, use wage garnishments or liens on primary residences as a means of collection.

A collection agency or other assignee that is not a subsidiary or affiliate of the hospital shall not, in dealing with patients eligible under any portion of this policy, use as a means of collecting unpaid hospital bills, any of the following:

1. A wage garnishment, except by order of the court.
2. Notice or conduct a sale of the patient's primary residence.

Nothing in this policy shall preclude the hospital, collection agency or other assignee from pursuing reimbursement and any enforcement remedy or remedies from third-party liability settlements, tortfeasors, or other legally responsible parties.

In the event of a dispute, a patient may seek review from the hospital's Patient Relations and Service Excellence Coordinator.

#### **VI. References:**

Internal Revenue Code section 501(c)(3))

California Health & Safety Code, **Chapter 2.5 of Division 107, Article 1, Hospital Fair Pricing Policies 127400-127462**

U.S. Department of Health and Human Services website at: <http://aspe.hhs.gov/poverty/>

#### **VII. Cross References:**

Collection of Past Due Accounts Policy & Procedure, #20-01-0033

#### **VIII. Approvals:**

Operations Document Review Committee – 04/27/2011

Chief Financial Officer – 11/18/2011

Board of Directors – 12/20/2011

**Document Link Manager**

**No Documents Linked**

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**Attachment Manager**

No Attachments

<http://dhalts01/policy/policy.nsf/7db0ebfd3e210600872571470079e3a4/733bf6185225c276...> 5/1/2012

To learn more about Dameron Hospital, please visit our Web site at

[www.dameronhospital.org](http://www.dameronhospital.org)

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