The background image shows the Good Samaritan Hospital in Los Angeles. It features a large, multi-story beige building with a prominent entrance. The text "Good Samaritan Hospital" is visible on the building's facade. In the foreground, there is a landscaped courtyard with several trees, including some with white blossoms, and a paved walkway. A white SUV is parked on the left side of the courtyard. The sky is blue with some light clouds.

**GOOD SAMARITAN HOSPITAL
LOS ANGELES**

**COMMUNITY BENEFIT PLAN
UPDATE
FISCAL YEAR 2010/2011**

FEBRUARY 2012

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1. EXECUTIVE SUMMARY

1. EXECUTIVE SUMMARY

Recognized as Best Medical Center in Downtown for 11 years by the Los Angeles Downtown News, Good Samaritan Hospital (GSH) has a reputation for excellence. The 126-year-old hospital is located just west of Downtown Los Angeles. The 408 bed facility offers acute care and emergency care. A leader in specialty and tertiary services, the hospital houses many regional centers of excellence which draw patients from all over California, the western states and other countries. The hospital offers a state-of-the-art heart care program, including cardiology, cardiothoracic surgery and an AMI transport ambulance; a neurosciences program featuring the Gamma Knife Stereotactic Unit for treatment of brain cancer and functional disorders; women's health services, including obstetrics, gynecology, perinatology, neonatal intensive care, gynecology, and breast care; orthopedic sports medicine, joint replacement and spine surgery program; podiatric services; nasal and sinus disorders treatment; ophthalmologic care, including retinal surgery; an oncology program offering Intensity Modulated Radiation Therapy (IMRT) and the latest radiotherapy technologies; a tertiary digestive diseases program; a transfusion-free medicine and surgery program; emergency services with a "FastTrack" urgent care program and many other outstanding specialized medical services.

GSH provides medical services in two of the eight Service Planning Areas (SPAs) in the County (SPA 4 and SPA 6). More specifically, GSH identified five of the 26 health districts in Los Angeles County as target regions for its needs assessment. In 2009, 554,388 individuals resided within GSH's primary service area. The majority of the population in the primary service area for Good Samaritan Hospital was Hispanic/Latino (60.0%), followed by Asian (19.9%), and then African American (8.6%). The median household income continues to be far below the Los Angeles County average with incomes ranging between \$9,999 (zip code 90013) and \$35,526 (zip code 90026).

The service area has a low education profile with 41.7% of the adult population not completing high school compared to 31% of the overall population in LA County.

In 2008, the top causes of death in Good Samaritan's primary service area were heart disease and cancer. However, when age-adjusting the population to determine the cause of premature deaths, homicide and motor vehicle crashes surface as major additional public health concerns.

This Community Benefits Plan is based on the findings of the 2010 Community Needs Assessment. The Needs Assessment for Good Samaritan Hospital was conducted in collaboration with California Hospital Medical Center, Children's Hospital of Los Angeles, Kaiser Foundation Hospital-Los Angeles, and St. Vincent Medical Center.

The Community Needs Assessment process identified the top broad health issues as:

- Access to care (specifically pertaining to regular source of care, specialty care, ER use, language/cultural barriers, lack of insurance, lack of transportation, and senior care)
- Health behaviors and preventive care (including screenings and vaccinations, especially for adults)

- Chronic disease (specifically diabetes and heart disease)
- HIV/AIDS
- Communicable diseases (specifically pertussis and sexually transmitted diseases)
- Community and social issues pertaining to matters of health (particularly housing, food insecurity, safety/crime, domestic violence, teenage pregnancy and availability of community clinics)

Since the last needs assessment report in 2007, the communities within GSH's service area, like much like the rest of the nation, have suffered through a devastating economic recession that left many of its residents more vulnerable. Because many components of health care reform legislation have not taken effect, many participants reported seeing more people who have lost their insurance coverage as a result of job loss.

The hospital emergency room continues to be the last resort for many community members who are uninsured or delay care. Having patients in the emergency room whose symptoms do not warrant emergency care taxes the quality and efficiency of the health care system as wait times increase for all patients. In the same manner, as the uninsured forego receiving any care because of cost concerns, the result is often real emergencies that could easily have been avoided. Increasingly, though, community clinics are becoming a regular source of care in the Los Angeles health care landscape, especially for immigrants. This overcomes some of economic barriers to accessing health care. However, few clinics provide the "medical home" necessary for complete, integrated care.

The findings in the 2010 Needs Assessment will be the basis of our Fiscal Year 2010/2011 Community Benefits Report.

For Fiscal Year 2010, the quantifiable costs to Good Samaritan Hospital for its community benefits activities totaled \$21,879,022 and represent an increase of \$660,000 (3%) over Fiscal Year 2009.

The \$21.8 million in quantifiable costs for fiscal year 2010 includes \$16,801,926 for the Medi-Cal program including charity costs; \$3,678,228 for services to vulnerable populations; \$1,398,868 for health research, education and training. In addition to these costs, Good Samaritan Hospital provides significant non-quantifiable benefits as a major employer in the community; and through the volunteer and advocacy efforts of its physicians, employees, and Board of Trustees.

In tracking the progress toward community benefit goals established in Good Samaritan Hospital's last Community Benefit Plan, it is clear that many objectives have been accomplished. The following are examples of objectives that were achieved:

- Expansion of the physical therapy/occupational therapy services at the Tom Bradley Center for Healthcare.
- Recruitment of five physician specialists willing to serve the Medi-Cal population.

To address issues cited in the Community Needs Assessment, Good Samaritan Hospital's initiatives for 2010/2011 include:

- Recruiting additional bilingual physician primary care and specialists to address community needs.
- Continuing the hospital's presence in the city of Inglewood with our Congestive Heart Disease Clinic.
- Providing community lectures focusing on the topics of arthritis, cancer prevention, diabetes, and women's health issues.

The separate initiatives included in this year's plan update will require collaboration with many public and private organizations including philanthropic foundations, disease support groups, governmental programs for the uninsured, community service agencies, local elected officials, security agencies and schools.

2. ABOUT GOOD SAMARITAN HOSPITAL

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General Identifying Information

Good Samaritan Hospital is a 408-bed facility located just west of the heart of the city in the Pico-Union-Westlake district. Addressing the health care challenges of the Los Angeles community since 1885, the hospital continues its mission to meet the needs of our patients and their families, the community and our physicians.

The majority of Good Samaritan Hospital's patient population resides in the city of Los Angeles. Of those, almost half come from the hospital's primary service area, within an approximate five-mile radius of Good Samaritan Hospital.

A leader in specialty and tertiary care, the hospital houses many regional centers of excellence that draw patients from all over California, the western states, and other countries. The hospital offers a state-of-the-art heart care program, including cardiology, cardiothoracic surgery and an AMI transport ambulance; a neurosciences program featuring an updated Gamma Knife Stereotactic Unit for treatment of brain cancer and functional disorders; women's health services, including obstetrics, gynecology, perinatology, neonatal intensive care, and breast care; orthopedic sports medicine, joint replacement and surgery program; a urology program including the Kidney Stone Service and state of the art treatment modalities for prostate cancer treatment such as the high dose radiation (HDR) implant program; a gastroenterology and pancreatico-biliary program with endoscopic ultrasonographic capabilities; nasal and sinus disorder treatment; ophthalmologic care, including retinal surgery; an oncology program featuring the latest radiotherapy technologies; a transfusion-free medicine and surgery program; and many other outstanding specialized medical services.

While Good Samaritan Hospital has historic ties to the Episcopal Church, it is now a non-sectarian, community-governed hospital, with patients, staff and physicians representing a diverse cross-section of Los Angeles. Good Samaritan is a not-for-profit, stand-alone hospital and has approximately 1,600 employees, including 550 nurses, and more than 680 physicians on its medical staff. Charles T. Munger heads the Board of Trustees; Andrew B. Leeka serves as president and chief executive officer; and Sammy Feuerlicht, vice president of Business Development, is the contact for this Community Benefit Report.

Organizational Structure

As previously noted, the hospital is led by Andrew B. Leeka, the president and CEO who reports directly to the Hospital's Board of Trustees. Working very closely with him is our Medical Staff Chairman, Andrew Fishmann, M.D.

The President's Council is made up of seven vice-presidents who meet weekly with Mr. Leeka to implement and evaluate hospital activities. Included in the council are the: Vice President of Information Systems; Vice President of Business Development; Vice President of Development; Vice President of Ancillary and Support Services; Vice President of Patient Care Services, Vice President of Financial Services (Chief Financial Officer) and Vice President of Human Resources.

This report is the product of an ad-hoc task force that met weekly over a two month period. Members included:

- Katrina R. Bada (Manager of Public Relations & Marketing)
- Thomas Baumann (Director of Business Development)
- Rosemary Boston (Manager of Cancer Services)
- Esther Duenas (Director of Volunteer Services)
- Sammy Feuerlicht (Vice President of Strategic Planning and Business Development)
- Anthony Stewart (Director, Security)
- Jamie Whitcomb (Director, Revenue Management)

Mission Statement – *adopted in 1998, last reviewed October 2004*

Good Samaritan Hospital is a progressive, tertiary, not-for-profit hospital. Our mission is to provide accessible, quality, cost-effective and compassionate health-care services that meet the needs of our patients and their families, the community and our physicians.

Good Samaritan Hospital's centers of excellence focus on advancing the science of medicine and providing outstanding health care. We will manage our resources responsibly, maintaining the financial viability necessary for success.

Vision Statement - *adopted in 1998, reviewed October 2004*

Good Samaritan Hospital will grow into a leading regional health care provider. As we expand the breadth of our services, we will practice continuous quality improvement. We will accomplish our mission by seeking new opportunities and forming alliances with physicians, other health care providers and purchasers of health care services.

We will encourage improvement in the health status of community residents, advocating equal access to necessary care. We will respond to Southern California's health care needs in the most caring, compassionate and efficient manner.

Organizational Values

The leadership and staff at Good Samaritan Hospital recognize the importance in providing accessible, quality, cost-effective, and compassionate healthcare to our community. To accomplish this mission, we have established the following values:

We maintain the highest level of ethical and professional conduct, treating our patients with dignity and respect.

We, as employees, physicians and volunteers will work as a team to provide outstanding and compassionate care to anyone in need, regardless of race, creed, sex or religion, age, and physical or mental disability.

We constantly strive for excellence in all we do and recognize the importance of creativity and innovation.

We recognize that the care of our patients is our primary responsibility and our reason for existence.

We believe in operating efficiently to ensure fiscal soundness and maintain the viability of this organization.



The values are exemplified by leadership, employees, the Medical Staff, our volunteers, and others who we partner with to provide services to our patients, and are demonstrated through various policies and programs. These include our team-based leadership structure to implement innovative ways to improve our health care services, our Peak Performance in Practice and Six Sigma Models to continuously improve quality and patient safety, and our hospital- wide customer service initiatives which focus on improving the way in which interact with each other.

How Mission Statement Supports GSH Community Benefits Report

Every Good Samaritan Hospital employee wears badges that include our Mission and Vision statements and core values for the hospital. Our organizational values are highlighted in frequent employee newsletter articles that relate to projects that address these values. We realize that to live up to our mission and reach our vision, each employee must accept and recognize that they are a part of our growth.

The driving force of our mission is to meet the needs of our patients, their families and communities by providing quality and accessible health care services in a manner that uses our resources responsibly. Our outreach and involvement with the community surrounding Good Samaritan Hospital is maintained through efforts to address and resolve problems associated with the unmet medical needs of our local population. Data from our community needs assessment is presented to the hospital's entire management staff so that their care-giving activities can be put into the larger context of serving the community.

Our Business Development Department is constantly looking for ways to increase access to care based on the needs of the community and our health care expertise. Once secured by our business development team, hospital staff pull together to help introduce and sponsor health fairs or seminars which are either located on campus or at residential housing or church facilities within neighboring ethnic communities.

Our Emergency Department, Perinatal Services, Social Services and Educational Departments evaluate and develop new programs that address community needs based on the clinical profile of our patients.

As our partners in health care, Good Samaritan Hospital works very closely with our medical staff to create programs that make our services more accessible and beneficial to the community. Physician recruitment efforts focus on increasing access for the underserved, Medi-Cal, and linguistically isolated communities in our service area.

**3. SUMMARY OF FINDINGS FROM
COMMUNITY NEEDS ASSESSMENT**

3. SUMMARY OF FINDINGS FROM COMMUNITY NEEDS ASSESSMENT

Assessment Process

Collaborative Effort for Needs Assessment Process

In 2010, Good Samaritan Hospital worked in collaboration with nearby hospitals to develop a community needs assessment based on the health of residents in their collective service areas. This was the fourth time Good Samaritan has participated in a multi-hospital needs assessment. The group of hospitals, called the Metro Collaborative, includes:

- California Hospital Medical Center
- Children's Hospital of Los Angeles
- Good Samaritan Hospital
- Kaiser Foundation Hospital-Los Angeles
- St. Vincent Medical Center

The Center for Nonprofit Management (CNM) conducted the Community Needs Assessment. This assessment fulfills one provision of California's Senate Bill 697 (SB 697), which requires non-profit hospitals to conduct a needs assessment every three years. The 2010 assessment was based on past assessment efforts and recent developments in the combined service areas. Although a cooperative effort, CNM provided each hospital with an assessment report tailored to its individual service area.

Primary Data Sources

Focus groups were conducted across Los Angeles County as part of the 2010 community needs assessment in order to gather information from community members and Community Based Organizations (CBOs) about health issues facing local communities. CBOs included agencies that provide health, social, and other types of services. Information was gathered to identify areas of needs and services available or lacking to meet those needs. There were two types of focus groups conducted in order to collect information from both the community member perspective as well as the CBO perspective. In addition, an online survey was made available to CBOs who were unable to attend a focus group. In total, there were ten focus group conducted (5 with community members and 5 with CBOs). A total of 158 participants attended one of the 10 focus groups. They were conducted in either English or Spanish, with a mixed age group, and they included both males and females. These focus groups took place in a variety of sites throughout Los Angeles County.

Focus groups – Topics in the focus group included major areas from previous needs assessments and other issues anticipated to be important in health care. Areas covered were: health care utilization, preventive and primary care, health insurance, access and barriers to care, emergency room use, chronic disease management and community issues. Groups that hospitals commonly identified as important stakeholders in the needs assessment were prioritized. These groups included residents from major ethnic groups, geographic areas and service providers in the Collaborative's service areas. Residents from ethnic communities were African American and Latino, representing areas of downtown Los Angeles, East Los Angeles and other metro areas. Translation was provided in the Latino focus groups. Seniors, community health promoters and service providers were gathered separately. Ten focus groups were conducted to cover the number

of communities served by the hospital collaborative. A majority of these focus groups were done with community residents identified by community agencies involved in previous needs assessments and by the collaborative. Two focus groups included representatives of community agencies and service providers who interacted with residents on issues related to health care.

Interviews – Thirty interviews were conducted to gather information about the needs and challenges faced by the community in accessing and utilizing health care services, and to ensure reliable and representative information. Key informants included staff at collaborative hospitals and health care service organizations in the primary service areas. Interviews were conducted over the phone or in person and lasted approximately 45 minutes.

Demographics of Service Area

Good Samaritan Hospital's primary service area is defined by sixteen zip codes within a five mile radius. The cities/areas in Good Samaritan Hospital's service area are: Echo Park, Los Angeles, Pico-Union, Westlake, and Wilshire Center (see Appendix A)

Good Samaritan Hospital (GSH) provides services in two of the eight Service Planning Areas (SPAs) in the County SPA 4 and SPA 6. Specifically, GSH identified five of the 26 health districts in Los Angeles County as target regions: Central, Hollywood/Wilshire, Northeast, Southeast, and Southwest.

Population Data

In 2009, the U.S. Census Bureau reported an estimated total Los Angeles County population of 9,848,011 residents. Of the total County population, 5.6% (or 554,388 individuals) resided within GSH's primary service area. The highest populated zip code within the GSH primary service area was 90026 with 74,633 residents, followed by zip code 90004 with 70,525 residents. In contrast, the least geographically populated zip codes serviced by GSH were zip codes 90071 with 11 residents and zip code 90010 with 2,215.

In the GSH primary service area, the majority of the population was Hispanic/Latino (60.0%), followed by Asian (19.9%), and African American (8.6%). In Los Angeles County, Hispanic/Latinos also made up the majority of the population (48.1%). However, the second largest subset of the population in Los Angeles County in 2009 was White (27.4%), followed by the Asian subgroup (12.8%).

In Los Angeles County, a large percentage of the immigration population in 2008 originated from Latin America (59.9%) and Asia (32.1%). The same was true in the 2007 community needs assessment. However, there was a larger percentage of Asians (32.1%) in 2007 than in 2005 (27.4%). In 2009, 41.0% of foreign-born people were born in Mexico (smaller percentage than California, 43.3%).¹

In 2009, a median household income of \$55,499 was reported for Los Angeles County (U.S. Census, 2010). Similar to the 2007 community needs assessment report, GSH's primary service area median household income continued to be far below the Los Angeles County average. The

¹ U.S. Census Bureau, 2009, American Community Survey
Good Samaritan Hospital, Los Angeles
Community Benefit Plan – FY 2010/2011

zip codes with the lowest reported household incomes were 90014 (\$9,999) and 90013 (\$10,717). Zip code 90026 had the highest reported income (\$35,526) within GSH's primary service area.

Births & Deaths

- There were 7,530 births in the GSH primary service area in 2008. The majority of births (71.3%) were to Hispanic/Latina mothers. Nearly half of all births (48.8%) in this primary service area were to mothers' ages 20-29 years and more than 1 in 5 births (23.1%) were to mother's age 30-34 years. The percentage of births to mothers age 20 or younger (10.4%) was higher in GSH's primary service area than that of Los Angeles County (9.5%). Additionally, the percentage of births to mothers age 35 or older in GSH's primary service area (17.7%) was similar to that of Los Angeles County (17.6%).
- From 2005 to 2006, 87.3% of pregnant women in Los Angeles County began prenatal care in the first trimester. The following groups of expectant mothers tended not to receive prenatal care during their first trimester: pregnant women who completed some high school, those between the ages of 15 and 19, or living at home where an Asian language is the primary language.
- In 2008, there were 2,374 deaths in GSH's primary service area. The top two causes of death for the GSH primary service area were heart disease (28.7%) and cancer (22.7%).

Premature Death

Understanding the reasons why people die prematurely is important in order to better understand the health needs of the community and mortality statistics are frequently used to quantitate the extent of public health problems and to determine the relative importance of the various causes of death. Premature death rate (PDR) is the number of deaths under age 75 to residents of a specific population (during a specific time period) age-adjusted to a standard population distribution and expressed as a rate per 100,000. Analyses of crude and age-adjusted death rates have traditionally played an important role in this process as they enable priorities to be set and progress towards the achievement of public health goals to be monitored. Although these rates are important measures of the nation's health status, they often fail to tell the entire story of temporal changes in mortality. Since most deaths occur among persons in older age groups, crude and age-adjusted mortality data are dominated by the underlying disease processes of the elderly. In contrast, the PDR focuses on populations that are more responsive to public health interventions, and is therefore more useful in setting public health priorities.

- In 2006, the life expectancy in Los Angeles County was 80.3 years of age². In 2007, 24 out of every 100 premature deaths were caused by coronary heart disease³.
- In the GSH primary service area, the most common causes for premature death for 2007 were coronary heart disease, homicide, and motor vehicle crashes.

² County of Los Angeles Department of Public Health, Life Expectancy in Los Angeles County: How long do we live and why? A Cities and Communities Health Report

³ Los Angeles County Public Health: Mortality in Los Angeles County
Good Samaritan Hospital, Los Angeles
Community Benefit Plan – FY 2010/2011

Highlights of Key Findings

Below are the major study areas for the data in this community needs assessment report:

- Access to care (health insurance, regular source of care, inappropriate utilization of the ER)
- Community social issues (including mental health care)
- Care for chronic conditions (diabetes, heart disease)
- Cancer Care
- Health behaviors and preventive care (screenings and vaccinations)
- HIV/AIDS
- Communicable diseases including pertussis and sexually transmitted diseases

Focus Issue I: Access to Care

Access to primary and specialty health care services is a significant issue faced by patients and providers in the hospital service area. Whether or not one has insurance and the kind of insurance greatly influences one's ability to access primary and specialty care. In addition, various cultural factors create barriers to access.

SUMMARY OF KEY FINDINGS

- According to the 2005 California Health Interview Survey, all but one of the 16 zip codes in GSH's primary service area had an uninsured rate above 20% for individuals under the age of 65. (Data were not available for one of the zip codes)
- In 2007, the percentage of adults who reported a regular source of care in the Metro and South SPAs of GSH's primary service was slightly lower compared to Los Angeles County. These SPAs also have the highest percentage of adults receiving primary medical services from Los Angeles County Health Department facilities.
- The cost of prescription medication continues to be a problem for low-income, uninsured and under-insured individuals and families. The percentage of adults who did not get their prescription medication in the past year because they could not afford it was higher in GSH's primary service area than in the Los Angeles County.

Emergency Room Use

The percentage of 911 ambulance runs diverted away from the closest hospital emergency department is a measure of capacity problems that exist within the County's emergency network. From 2008 to 2010, Los Angeles County experienced a decline in hospital diversions to 911 traffic (13.2% in 2008, 10.8% in 2009, to 10.1% 2010). However, SPA 4 was the only SPA that experienced an increase from 2008 to 2010. SPA 6 had a small decrease in traffic from 2008 to 2010. As noted in the 2007 community needs assessment, the increase in ER use could increase the cost burden of the provider hospitals and decrease the service quality provided to clients (California Healthcare Foundation, 2006).

Barriers to Access

- Many patients' lack knowledge of how to navigate through an extremely complicated health care system.
- Competing priorities for financial resources are more common for the low-income and uninsured, requiring people to make difficult decisions in prioritizing basic needs.
- Cultural beliefs and traditions influences a patient's response to what a health care provider communicates.
- Miscommunication between provider and patient is common in non-English speaking populations.
- Immigrants without residential status, especially those who have children, worry that physicians will notify immigration authorities.
- Lack of transportation limits health care options for residents in the service area.

- Long wait times for appointments at primary care and specialty care facilities is one of the most cited reasons by low-income community members for failing to keep appointments, having a regular source of care, and making unnecessary ER visits.

COMMUNITY NEEDS:

Health Insurance

- Increased funding from foundations and state programs to maintain emergency room and OB services for the uninsured.

Regular Source of Care

- Increase in the number of primary care physicians in the GSH service area that accept Medi-Cal patients.

Emergency Room Use/Specialty Care

- Expansion of Emergency Room capacity.
- Increase in the number of physician specialists in the GSH service area that accept Medi-Cal.

Focus Issue II: Health Behaviors and Preventive Care

Many of the health problems encountered by residents in the Good Samaritan Hospital service area are in fact preventable, as they are a result of lifestyle factors such as obesity, smoking, alcohol and drug use. These problems affect all ages, races and ethnic groups. Other factors include physical activity, preventative care, childhood immunization, influenza and pneumonia vaccinations among the elderly, and cancer and cholesterol screenings. Chronic disease can put tremendous financial, physical, and emotional burdens on individuals and families. Key to limiting the incidence of chronic disease is a focused effort to improve health behaviors that have been shown to be preventative measures.

SUMMARY OF KEY FINDINGS

Vaccinations:

- Low vaccination rates remain a serious challenge within some neighborhoods such as Latino, Asian/Pacific Islander and African American communities.
- Los Angeles County had a higher percentage of childhood vaccination coverage than the state for Hepatitis B and A; and the rotavirus.
- Percentages across SPAs reveal about half of residents (51.0%) in SPA 6 received an influenza shot in 2007. This is a large improvement from 2005 where less than half reported receiving a shot (44.9%). The remaining SPAs had a range similar to the County's level of 71.3%.
- In Los Angeles County, pneumonia vaccination rates have steadily increased every year from 1999 to 2007, and over half of the population across each SPA reported ever having a pneumonia vaccination. SPA 4 (54.6%) and SPA 6 (51.1%) were below the Los Angeles County rate (60.5%).

Cholesterol screenings:

- Both SPA 4 and 6 in GSH's primary service area reported lower percentages of adults diagnosed with high blood cholesterol (26.0% and 25.5%) than Los Angeles County's estimate of 29.1%.

Fitness and Nutrition:

- Data for SPA 6 in GSH's primary service area shows an increase in the percentage of "active" adults from 2002 (45.4%) to 2007 (51.5%) and a decrease in the percentage of "sedentary" adults from 2002 (46.7%) to 2007 (38.9%), although both percentages are above the Los Angeles County rates.
- SPAs 4 and 6 in GSH's primary service area showed consistently higher average number of days of limited activity in the last 30 days than the County overall. SPA 4 demonstrated a positive trend, averaging 2.6 days in 2002-2003 and 2005 and decreasing to 2.2 days in 2007, only slightly higher than the County average.
- Less than half of the population in GSH's primary service area consumed at least 5 servings of fruits and vegetables per day. Regardless of the economic diversity and varied levels of access to fresh fruits and vegetables, little difference is represented among the zip

codes in the primary service area, with percentages ranging from 41.1% (90018) to 46.3% (90021).

Obesity

- SPAs 4 and 6 had an increase in the overweight/obesity rate from 2003-2005 to 2007.
- SPA 6 has a higher rate of obesity than L.A. County. 34.4% of its population were obese in 2007, up from 23.8% in 2003-2005.

Smoking

- Each year nearly 9,000 lives and \$4.3 billion are lost to smoking related disease in Los Angeles County.
- Smoking decreased in Los Angeles County from 2002 (15.2%) to 2005 (14.6%) except SPA 6, where smoking increased from 2002 (15.3%) to 2005 (17.3%).
- In 2005, the percent of adult smokers in GSH's primary service area is larger than the percent of adult smokers in Los Angeles County (16.4% in SPA 4 and 17.3% in SPA 6 vs. 14.6% in Los Angeles County overall).

Alcohol and Drug Use

Although moderate alcohol consumption is not usually associated with adverse effects, alcohol abuse can cause medical consequences such as cardiovascular disease, hypertension, cancer, and liver disease.⁴ Approximately 100,000 deaths each year can be attributed to alcohol and an estimated \$184.6 billion is spent on alcohol-related problems each year in the United States.⁵ In Los Angeles County in 2005, more than half of adults (53.6%) reported drinking alcohol in the past month, and approximately one in six (17.3%) admitted to binge drinking (five or more drinks for men/three or more drinks for women) at least once in the past month. One out of every 25 adults, or 4.3%, admitted to chronic consumption of alcohol (consuming 60 or more drinks) in the past month.

- In general, binge drinking rates have dropped since the 2005 community needs assessment.
- In GSH's primary service area, percentages are slightly higher compared to Los Angeles County.
- SPA 4 experienced a slight decrease in binge drinkers from, 19.2% in 2005 to 18.3% in 2007. However, In SPA 6, the percentage of binge drinkers increased from 13.7% in 2005 to 17.9% in 2007.

COMMUNITY NEEDS:

- Classes that educate the public on the health effects of obesity, alcohol and drug use.
- Classes to educate the public on the benefits of preventative health measures.
- Increased public knowledge of local places that offer free immunizations.
- Free cancer, glucose, cholesterol and hepatitis B screenings at community health fairs.

⁴ LACDPH, 2001

⁵ LAC/DHS 2001

Focus Issue III: Care for Chronic Conditions

Chronic diseases remain a leading cause of death and disability in Los Angeles County. During focus groups and interviews conducted in the community as a part of this needs assessment, community members frequently reported chronic diseases such as diabetes, heart disease, and asthma as major issues affecting their communities. Furthermore, these conditions were linked to poor nutrition, poverty, and lack of health care access due to insurance status and closure of clinics. More hands-on education and education materials regarding the management and treatment of chronic illnesses. Presentations and workshops were also identified as possible means of education, as they are able to effectively take into account the language needs and literacy levels of those seeking information and guidance.

SUMMARY OF KEY FINDINGS

Diabetes

- In Los Angeles County alone, diabetes is the sixth leading cause of death since 1997 and an important cause of premature death since 1999 (LACDPH, 2010).
- Across the GSH Service Area, Los Angeles County and California, the prevalence of diabetes has increased from 2003 to 2007.
- In 2007, 18.1% of adults ages 45 and over, almost 1 in 5, were diagnosed with a diabetic condition, including borderline and pre-diabetes. This is an increase from 14.6% in 2003-2005 and is also higher than the prevalence rate in California (15.9%).
- In GSH's primary service area, the percentage of diabetics in SPA 4 significantly decreased from 2005 (20.8%) to 2007 (14.5%). In SPA 6 (22.5%), the rate remained the same but this SPA continues to have the highest prevalence of diabetes among adults age 45 and over.

Asthma

- In 2007, 11.8% of the population in Los Angeles County had been diagnosed with asthma, which was comparable to the rate in 2003-2005. GSH's SPA 6 had an increase in percentage from 2003-2005 to 2007 (11.7% to 12.8%) but SPA 4 had a slight decrease (9.5% to 9.2%).

Heart Disease

- Overall, the prevalence of heart disease has increased every year in Los Angeles County from 1997 (4.8%) to 2007 (7.7%).
- GSH's SPAs 4 and 6 both show an increase in the percentage of adults diagnosed with heart disease from 2005 to 2007 (5.7% to 7.5% for SPA 4 and 6.4% to 7.6% for SPA 6).

Arthritis

- Overall, the prevalence of arthritis has increased every year in Los Angeles County from 1999 (16.4%) to 2005 (18.1%).

- SPA 4 (14.9%) fell below Los Angeles County's rate (18.1%) of residents diagnosed with arthritis but SPA 6 ranked above (20.8%). Both SPAs 4 and 6 showed an increase from the 2002-2003 rates (12.5% and 15.8%).

COMMUNITY NEEDS:

- Additional preventative screenings (spirometry, blood pressure and cholesterol) at health fairs.
- Increase community education regarding free and low cost congestive heart failure resources.
- Increase community education and outreach on arthritis.
- Additional diabetes education programs for the community.

Focus Issues IV: Communicable Diseases

Aside from influenza, the most common communicable diseases in Los Angeles County and the Good Samaritan Hospital service area are tuberculosis (TB), hepatitis B, hepatitis C, and sexually transmitted infections (STI).

SUMMARY OF KEY FINDINGS

Tuberculosis

According to the 2007 LACDPH data:

- Almost 80% of TB cases were contracted by foreign born individuals. The infection rate was highest among Asian Americans (27.7 per 100,000) followed by African-Americans (10.3 per 100,000)
- Infections in males are more common than in females (61.4% vs. 38.6 percent of all cases).
- 6.4% of TB cases were contracted the homeless population.

Hepatitis A

- According to the 2008 LACDPH Annual Morbidity Report, the 2008 incidence rate in Los Angeles County is 0.82 per 100,000 populations. This rate is lower than the statewide rate of 1.22 per 100,000 and the national rate of 0.86 per 100,000
- Hepatitis A occurred most often for those between the ages of 15-34 (1.2 per 100,000) and among Asians (1.1 per 100,000). Reported cases for both SPAs in GSH's primary service area were low; SPA 4 had 7 cases (.5%) and SPA 6 had 2 cases (.2%).

Hepatitis B

- According to the 2008 LACDPH Annual Morbidity Report, the number of Hepatitis B virus (HBV) cases in the United States was down by 15% to 1.5 cases per 100,000 from 1999-2008.
- In Los Angeles County, the incidence rate for acute Hepatitis B increased from 0.57 cases per 100,000 in 2007 to 0.68 cases per 100,000 in 2008 (LADHS, 2008)⁶.
- In Los Angeles County, the Hepatitis B infection rate affected those between the ages of 55-64 (1.5 per 100,000). In GSH's primary service area, SPA 6 had the highest rate of infection (2.1 per 100,000).
- In 2008 of the 22 cases in SPA 6, eight were caused by a single outbreak at a long term care facility. SPA 4 had an infection of rate of 0.5 per 100,000 (seven cases).

Hepatitis C

- In 2008, there were five cases of confirmed, acute Hepatitis C in Los Angeles County, an increase from two cases confirmed in 2007. In GSH's primary services area, no cases of HCV were reported in 2008.

⁶ LA County Department of Public Health, Annual Morbidity Report 2008
Good Samaritan Hospital, Los Angeles
Community Benefit Plan – FY 2010/2011

Pertussis

In 2010, the Center for Disease Control reported several states were experiencing an increase in cases and/or localized outbreaks of pertussis (or whooping cough), including a statewide epidemic in California.⁷ As of August 2010, the Los Angeles County Health Department issued a pertussis health alert. Los Angeles County's occurrence of pertussis-related deaths is currently at its highest in 15 years. In June 2010, California declared an epidemic of pertussis. Pertussis is most serious in infants less than three months of age.⁸ It is a highly contagious respiratory disease caused by a bacterial infection and is preventable through vaccine. However, even the vaccinated can sometimes become infected because protection lasts only 5 to 10 years. Recently a pertussis vaccine became available for preteens, teens, and adults.⁹

- In GSH's primary service area, there were 14 cases reported in SPA 6 and 10 cases in SPA 4.

Sexually Transmitted Infections

Chlamydia

- Rates for chlamydia in Los Angeles County have been historically higher than both the national and state rates. The rate of chlamydia in Los Angeles County was 442.8 per 100,000 compared to the California rate of 390.8 per 100,000¹⁰ and the national rate of 401.3 per 100,000.
- Among all reportable sexually transmitted infections, chlamydia is the most common in the United States as well as in Los Angeles County; it accounted for 79.1% of all STD cases in Los Angeles County (LAC/DHS, 2008)¹¹ and has been increasing steadily from 2004 to 2008.
- In 2008, within GSH's primary service area, SPA 6 reported the highest rate of chlamydia cases in Los Angeles County with 960.0 cases per 100,000. However, this was a decrease from 2005 (859.5 per 100,000). In both 2005 and 2008, SPA 6 had the highest rate of chlamydia cases in Los Angeles County.

Gonorrhea

- The incidence of reported gonorrhea cases in Los Angeles County has decreased every year since 2006. Currently, it accounts for 15.1% of STD infections in Los Angeles County.
- In 2008, the infection rate in Los Angeles County was higher than California's rate but less than national rate (LAC/DHS, 2008). In 2008, gonorrhea affected 111.6 per 100,000 individuals the United States, 66.7 per 100,000 in California, and 84.7 per 100,000 in Los Angeles County.

⁷ Center for Disease Control and Prevention, Vaccines and Immunizations, Pertussis

⁸ County of Los Angeles Department of Public Health, August 2010 Pertussis Alert

⁹ County of Los Angeles Department of Public Health, Whooping Cough Fact Sheet

¹⁰ CA Sexually Transmitted Disease, 2008

¹¹ Los Angeles County Sexually Transmitted Disease Morbidity Report, 2008

- In 2008, within GSH's primary service area, SPA 6 reported the highest rate of gonorrhea cases with 246.5 cases per 100,000, down from 2005 (290.1 cases per 100,000). In both 2005 and 2008, SPA 6 had the highest rate of gonorrhea cases in Los Angeles County.

Syphilis

Incidence rates for primary and secondary syphilis fluctuated have in the last few years. Most recently, the number of reported syphilis cases has decreased from 2007 to 2008. It accounts for a little over one percent of the STD infections in Los Angeles County.

- In 2008, the incidence of reported primary and secondary syphilis was higher in Los Angeles County than in California and the United States (LAC/DHS, 2008).
- In 2008, syphilis affected 4.5 per 100,000 in the United States, 5.7 per 100,000 in California, and 7.3 per 100,000 in Los Angeles County.
- In 2008, SPA 4 reported the highest rate of syphilis in the county with 22.5 cases per 100,000, up from 2005 (16.8 per 100,000).

COMMUNITY NEEDS:

- Hepatitis screening at community health fairs.
- Additional outreach and education regarding sexually transmitted infections to community clinics and local schools.
- Recruitment of additional infectious disease physician specialists for at risk populations in the community

Focus Issue V: Community and Social Issues

There are many social issues among Los Angeles County residents that directly affect their health. Lack of affordable housing was considered to be a primary issue affecting the health and welfare of the community and it remains a serious challenge throughout California and Los Angeles County. Poor living conditions have been associated with a number of health problems such as lead poisoning, exposure to asbestos, asthma, viruses and skin rashes. Food insecurity, defined as a limited or uncertain ability to access nutritional and safe foods, is most common among low-income households with children. It can impair growth and development in children and is associated with chronic stress and increased risk for depression in adolescents, obesity in children and adults, and malnutrition in seniors. Safety and crime is another serious issue, especially in the Los Angeles Metro area.

SUMMARY OF KEY FINDINGS

Food Insecurity

Food insecurity can lead to nutritional deficiencies and poor health (LACDHS, 2007).¹² Not having sufficient food and nutrients can impair growth and development in children. It can also cause stress and increase the risk for depression in adolescents. Insufficient food can also cause obesity in adults and malnutrition in older adults. In 2007, of the adults living in food insecure households in California (2,875,000), 35% were living in Los Angeles County.¹³ Also in 2007, 36.3% of adults in Los Angeles County were experiencing food insecurity, up from 28.3% in 2005 (CHIS).¹⁴

- In GSH's primary service area, 39.5% of adults in SPA 6 experienced food insecurity, up from 31.1% in 2005. In SPA 4, 32.8% of adults are unable to afford enough healthy food, also up from 31.7% in 2005.

Safety/Crime

- In 2006, the California Department of Public Health reported a total of 784 homicides by firearms for Los Angeles County, of which 43 were reported within GSH's primary service area (California Department of Public Health, 2006).
- The majority of zip codes within the GSH primary service area did not report homicides by firearm. However, zip codes 90018 reported the highest number of homicides by firearm (13), followed by 90026 (8), 90004 and 90006 (both with 7), and 90057 with 6.

¹² LA Health Trends: Food Insecurity Increasing in Los Angeles County

¹³ California Food Policy Advocates, 2010 Los Angeles County Nutrition and Food Insecurity Profile; California Health Interview Survey (CHIS)

¹⁴ California Health Interview Survey (CHIS)

Domestic Violence

- In 2006, Los Angeles County reported 0.4 per 100,000 adult females for hospitalizations due to assaultive injuries by a spouse or partner; almost half the rate compared to the state at 0.7 per 100,000 female hospitalizations over the same year. Historically, the number of county- reported DV hospitalization cases are less frequent than state trends.¹⁵
- The most current Los Angeles County DV assistance phone call rate is 5.9 per 1,000 adults age 18 and over versus 6.4 per 1,000 in California.¹⁶ The County has experienced a lower rate of calls than the state since 2003.

Teenage Pregnancy

- In Los Angeles County, nearly one in ten live births, or 15,000, was to a woman under the age of 19.
- The birth rate among Hispanic/Latinas from 15-17 years of age is 12 times higher than Asian teen mothers and seven times higher than White teen mothers.
- The birth rate among African American teens, 15-17 years, is 6.5 times higher than White teens.
- In GSH's primary service area, SPA 6 had the highest percentage of teen births in Los Angeles County at 13.5%. SPA 4 was also higher than the County's 9.8 percent teen birth rate (2005).

Immigration

Immigrant populations particularly in the Latino and Asian communities have a very low health insurance rates despite high rates of workforce participation. The undocumented immigrant population creates additional challenges for health providers. In a focus group interview, undocumented immigrants, particularly in Asian and Latino communities, have tremendous fear of deportation because of their immigration status. Participants believed that medical providers cannot build trust with these immigrants unless they can demonstrate cultural and linguistic competence.

- California's immigrant population is still the largest in the nation and continues to increase, however that growth slowed in the late 1990s and quickened in the 2000s.
- The immigrant population of Los Angeles County grew by only 1.8% annually from 1990 to 2007. In contrast, the immigrant population in Riverside grew 11.9% per year and Kern County's immigrant population grew 9.9%
- In Los Angeles County, a large percentage of the immigration population in 2008 originated from Latin America (59.9%) and Asia (32.1%). The same was true in the 2007 community needs assessment. However, there was a larger percentage of Asians (32.1%) in 2007 than in 2005 (27.4%). In 2009, 41.0% of foreign-born people were born in Mexico (smaller percentage than California, 43.3%).¹⁷

¹⁵ Los Angeles County Department of Public Health

¹⁶ Los Angeles County Department of Public Health

¹⁷ U.S. Census Bureau, 2009, American Community Survey

COMMUNITY NEEDS:

- Expand resources for food donations to local shelters.
- Community forums with the Rampart Area Community Police Advisory Board.
- Enhanced communication and cooperation between community clinics and hospital perinatal services.
- Expansion of County health services for uninsured individuals.
- Education on the rights of undocumented immigrants to access health services.
- Enhanced translation capabilities for non-English speakers.

Focus Issue VI: Cancer Care

California Cancer Statistics

- Cancer incidence rates in California declined by 11% from 1988 to 2007.
- Cancer incidence in California is about the same or somewhat lower than elsewhere in the U.S. for most types of cancer.
- Over the same period, cancer mortality rates declined by 21% in California. Mortality rates declined for all four major racial/ethnic groups in the state.
- The female breast cancer incidence rate in California has decreased by 7%, and the mortality rate has decreased by 31%.
- In 2006, 88% of African American women, 88% of non-Hispanic white women, 84% of Hispanic women, and 84% of Asian women ages 18 and older in California reported having a pap smear in the previous three years was.
- Colon and rectum cancer incidence and mortality rates are declining sharply in most racial/ethnic groups.

Cases of Invasive Cancer

Based on a 2010 statistics:

- In Los Angeles County, it was forecasted that over 34,335 residents will be diagnosed with cancer in 2010.
- 17% will be attributed to breast cancer, 11% due to colon cancer and 5% due to cervical cancer.
- 13,560 Los Angeles County residents will die due to cancer; specifically, 1,325 from colon cancer, 1,125 from cervical cancer and 375 from breast cancer. Since 2007, cancer incidence rates have remained steady and the rate of screenings continues to improve.

Colorectal Cancer Screening (Blood Stool Tests)

According to the American Cancer Society, Colorectal cancer is the third leading cause of cancer-related deaths in the United States when men and women are considered separately, and the second leading cause when both sexes are combined. It is expected to cause about 49,380 deaths during 2011.

The death rate (the number of deaths per 100,000 people per year) from colorectal cancer has been dropping in both men and women for more than 20 years. There are a number of likely reasons for this. One is that polyps are being found by screening and removed before they can develop into cancers. Screening is also allowing more colorectal cancers to be found earlier when the disease is easier to cure. In addition, treatment for colorectal cancer has improved over the last several years. As a result, there are now more than 1 million survivors of colorectal cancer in the United States.

- In Los Angeles County, screening rates for a sigmoidoscopy are on the rise. In 2005, 38% of adults in Los Angeles County reported having a blood stool test within the past two years compared to 32.8% from 2002-2003.
- The blood stool test rate in the County rate is 38.1%; rates by SPA range from a low of 35.6% in SPA 4 to a high of 43.3% in SPA 6, both the lowest and highest blood stool test rates are from GSH's primary service area.

Cervical Cancer Screenings (Pap Smear)

The countywide rate of cervical cancer screening has remained relatively constant from 2003 to 2007.

- In 2007 the percentage of women receiving pap smears in GSH's SPA 4 (84.6%) and SPA 6 (88.3%) were similar to Los Angeles County (84.4%).
- GSH SPA 4 and 6 experienced the greatest increase in pap smear rates since 1997 (17.8% and 17.3% respectively) compared to other SPAs and Los Angeles County (11.6%).

Breast Cancer Screenings (Mammogram)

Breast cancer is the most common cancer among women in California regardless of race. It is also the second leading cause of death among women. However, incidence rates of breast cancer has been decreasing (American Cancer Society, 2007)

- In GSH's primary service area, both SPAs 4 and 6 had slightly lower percentages of women 40 and older who had mammograms in the past 2 years (68.5% and 72.0%).
- The mammography rates for women 50 and older were 73.6% for SPA 4 and 81.1% for SPA 6.

Community Needs Conclusion

The focus issues identified in the 2011 Community Needs Assessment were: 1) access to healthcare, 2) health behaviors, 3) care for chronic diseases, 4) risk behaviors, 5) community and social issues, and 6) cancer care.

At an initial glance, these needs appear similar to those identified in previous assessments and studies of the hospital's service area. However, with each succeeding assessment – this is the sixth completed for SB 697 – the hospital is able to delve further to refine the problems and the barriers to solutions. Compared with previous needs assessments, data suggests modest improvements among some health status indicators. However, major areas of concern consistently remain.

Since the last needs assessment report in 2007, the communities within GSH's service area, like much like the rest of the nation, have suffered through a devastating economic recession that left many of its residents more vulnerable. Because many components of health care reform legislation have not taken effect, many participants reported seeing more people who have lost their insurance coverage. Some of this has to do with the high unemployment rate, as many people have lost their insurance coverage when they were laid off.

The emergency room continues to be the last resort for many community members who are uninsured or delay care. Having patients in the emergency room whose symptoms do not warrant emergency care taxes the quality and efficiency of the health care system as wait times increase for all patients. In the same manner, as the uninsured forego receiving any care because of cost concerns, the result is often real emergencies that could easily have been avoided. Increasingly, though, community clinics are becoming a regular source of care in the Los Angeles health care landscape especially for immigrants. While this cushions some of economic blows to health access, it also creates a seemingly fractured system.

Because of problems accessing health care services and increasing health needs, participants believed that there is a community interest in promoting healthy behavior and in focusing on prevention efforts. Access to green space and healthy food options were often cited as top priorities for the community. The quantitative data also suggested that certain health trends such as smoking cessation and breast cancer screening turned positive because of efforts in social marketing, policy advocacy, and community health promotion and outreach.

The weak economy has affected public health in other ways. Consistent with the quantitative data, participants reported that there was a rise in childhood diabetes as a result of increasing obesity rates in this population. Easy access to fast food and the elimination of physical fitness programs were just two reasons cited as the recession made the fast food an affordable option to many families. Also shrinking school budgets caused many schools eliminate physical education classes to students. Participants also believed that the recession led to stressors such as overcrowded housing and financial instability that further complicates the mental health of many community members. At the same time, budget cuts have reduced the availability of mental health services.

Good Samaritan Hospital has prepared a list of community benefit plan objectives for fiscal year 2011. We have plans to reach into the community through education and increased medical services to deal with the problems of our primary service area. And we are addressing social issues such as safety/crime by becoming better educated and taking a more active role in our immediate community. To accomplish many of the goals and remain financially solvent, Good Samaritan Hospital plans to seek additional funding from private grants and state-run programs for our community outreach efforts.

**4. PROGRESS MADE ON GOALS
OF PREVIOUS BENEFIT PLAN**

PROGRESS MADE ON GOALS OF PREVIOUS BENEFIT PLAN

Primary Care for the Uninsured

FOCUS ISSUE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Continue Congestive Heart Disease Clinic in Inglewood	Number of patients treated	Ongoing. Treated approximately 100 patient in FY 2010	Dr. Claudia Hampton Clinic/South Bay Family Healthcare	None
Expand the physical therapy/occupational therapy services at the Tom Bradley Center for Healthcare	Number of patient encounters	Ongoing. Treated approximately 10 patients a day	Angelus Plaza marketing committee, Tom Bradley physician group, Physical Therapy Department at Good Samaritan Hospital.	Language, parking and location/visibility.

Community Health Outreach Activities

FOCUS ISSUE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Provide diabetes education outreach to Centinela Valley Outreach Program	Number of screenings and patient encounters	Ongoing. Number of screenings: 54 in FY 2010 Patient encounters: 454 in FY 2010	California Healthcare of the West (CHW) Huntington Hospital Casa Maravilla Senior Center Eastmont Senior Center Salazar Park Other community organizations	Patient attrition rates are sometimes high (at times they do not come back for follow-up visits); Patients are sometimes reluctant to join program.
Continue ongoing cancer support groups and programs	Number of patient encounters	Ongoing. Attendees: 536	The American Cancer Society; Cancer Support Community (Formerly the Wellness Community). Celebrate Life Cancer Ministry and Sisters Breast Cancer Survivors Network.	None
Continue annual free health fairs and screenings: - Angelus Plaza Flu Clinic - Hollywood Senior Center - Korean Health Fair -Women's Wellness Conference - Lectures in churches for seniors and vaccination clinics	Number of patient encounters	Ongoing. Total number of attendees combined to approximately 2,000 people in FY 2010	Angelus Plaza Hollywood Senior Center	None
Continue arthritis community lectures	Number of patient encounters	Ongoing. Average of 50 attendees every lecture. Frequency of lecture: every other month	None	None
Develop heart education program	Number of patient encounters	Ongoing: 64 patients screened in FY 2010	Catholic Healthcare West (CHW) Huntington Hospital Casa Maravilla Senior Center Eastmont Senior Center Salazar Park Other community organizations	Patient attrition rates are sometimes high (at times they do not come back for follow-up visits); Patients are sometimes reluctant to join program. Major cultural barriers exist with patients who are used to eating certain foods or products.

Continue with Worksource program for youths and adults	Number of student volunteer	Ongoing: 499 students in FY 2010	Archdiocesan Youth Employment Services, LAUSD, Youth Opportunity Movement, Worksource Program, UCLA One Source Youth Center, Youth Policy Institute, Chicana Services Action Center, Managed Career Solutions	None
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Physician Access Supply for Target Population

FOCUS ISSUE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Recruit 2 new physician specialists for populations in the community (must accept Medi-Cal)	Number of physicians recruited	Completed. Recruited 2	Zinian Wan, M.D., orthopedic surgery David Liao, M.D., ophthalmology	None
Recruit 2 new bilingual primary care physicians to the Good Samaritan	Number of physicians recruited	Completed. Recruited 4	Beatrice Tamayo, M.D. Jenny Batongmalaque, M.D. Carlos Martinez, M.D. Kelly Wong, M.D.	None
Recruit 1 bilingual speaking physician for non-English speaking patients in the Tom Bradley Health Center	Number of providers recruited	Completed. Recruited 1	Edwin Choi, M.D., family practice	None

Community and Social Issues

FOCUS ISSUE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Continue implementation of disaster preparedness program	Number of meetings held	Ongoing: Monthly meetings	Emergency Medical Services Agency of L.A. County	
Sponsor and conduct Annual Blessing of the Bicycles and Los Angeles River ride	Number of cyclists	Completed: Approximately 80 cyclists attended the event	Los Angeles County Bicycle Coalition, Bicycle Kitchen, LAPD, LA City Council, LAFD, REI, METRO	None
Continue hosting Community Police Advisory Board meetings	Number of meetings	Ongoing monthly meetings	Los Angeles Police Department	None
Continue ongoing affiliations with local Alcoholics Anonymous and other organizations in the area for meetings, referral and treatment	Number of patients referred	Ongoing: refer approximately 5 patients a day to various agencies	None	None
Continue partnerships with local high schools and National Youth Leadership forum to cultivate interest in the health care professions	Number of students	Ongoing: Approximately 20 students from National Youth Leadership Forum seen in July 2010	National Youth Leadership Forum; Los Angeles Unified School District	None

5. COMMUNITY BENEFITS AND ECONOMIC VALUE

Good Samaritan Hospital			
FY 2010 Community Benefit Cost			
Unreimbursed			
Community Benefit Activity	Measure	Cost	Total
1. MEDICAL CARE SERVICES			
Medi-Cal program (excluding Charity cost)		\$ 16,801,926	
	Subtotal		\$ 16,801,926
2. BENEFITS FOR VULNERABLE POPULATIONS			
Charity care		\$ 3,629,725	
Health fairs	1,254 served	\$ 48,503	
	Subtotal		\$ 3,678,228
3. HEALTH RESEARCH, EDUCATION AND TRAINING			
Job training through the Volunteer Program		\$ 132,573	
Basic science research/Heart & Orthopedic Programs		\$ 1,263,895	
On-line health assessment tool		\$ 2,400	
	Subtotal		\$ 1,398,868
GRAND TOTAL			\$ 21,879,022

Non-Quantifiable Benefits

Good Samaritan Hospital provides many non-quantifiable benefits to the medical community and to the broader community surrounding the hospital. As one major example, the hospital pursues and secures grant funding for many community-focused chronic disease management activities such as diabetes, cancer, and heart disease. Although grant funded programs do not usually require hospital financial support, they clearly could not occur without the grant writing efforts and administrative support of our Development Department. Many other community-related activities are accomplished through the volunteer efforts of our employees. Through these efforts the hospital provides administrative support for organization and solicitation of volunteers, yet direct financial support from the hospital is not required. An example of this would be employee donated clothing drives for the homeless treated in the ER. Good Samaritan Hospital also allows outside organizations to use its conference center located on campus at no cost. For example the Community Police Advisory Board holds their monthly meetings in our conference center.

The health care advocacy efforts of our Board of Trustees and administrative team are other non-quantifiable benefits to our service area. Our most significant advocacy effort has been an attempt to secure additional funds for hospitals that provide a substantial volume of critical care services for the uninsured and low income populations, yet do not qualify for Disproportionate Share Hospital funding due to loopholes in the funding formulas. Good Samaritan Hospital authored SB 327 (Cedillo) and many of the tenets of the bill were included in special legislation created for a new category of hospitals in need – the Distressed Hospital Fund.

For over 125 years, the hospital has provided employment including health care insurance, retirement and vacation benefits for thousands of employees. The current workforce of approximately 1,600 employees patronizes the many shops, restaurants and service providers in the immediate area enhancing the local economy. This is in addition to the physicians and their office staffs who work in the medical office buildings on our hospital's campus.

6. COMMUNITY BENEFITS PLAN OBJECTIVES

6. COMMUNITY BENEFITS PLAN OBJECTIVES - 2011 SUMMARY

The community benefits goals for 2011 are based on the 2010 Community Needs Assessment. As in previous years' report, we have consolidated our efforts into five key areas where we believe we can have the greatest impact in meeting the community's health care challenges.

One of the principal goals of next year's community benefit plan is to continue to develop systems to increase access to primary care health services, with a focus on providing more appropriate care for the uninsured and homeless who come to our Emergency Department. Good Samaritan Hospital treated more than 33,000 emergency room patients in a department originally designed for a capacity of 9,000 visits. It is also imperative that we continue our programs such as the Congestive Heart Disease Clinic in Inglewood and our presence at the Tom Bradley Center for Healthcare to provide suitable alternatives to our emergency room, especially for people in need of primary care medical services.

The second community benefit goal for this year is to address health behaviors by conducting annual community health fairs, community lectures, free infant CPR classes and offering online health assessment tools.

A third community benefit goal is to address chronic diseases in the community by providing ongoing health education on diabetes, arthritis and heart health and working with our local police station to develop a Police Activities League (PAL) program.

A fourth community benefit goal is to provide cancer resources to the community. These include continuing and expanding ongoing support groups and programs such as establishing a cancer support group for men and hosting a cancer survivor's event.

The last community benefit goal is to address some of the social issues facing the residents of our service area. These social issues include crime and gang activity, prevention against acts of terror, and lack of educational opportunities for children in our community, which has been identified as a primary cause of the cycle of poverty in our neighborhood. Of course, our initiatives in this area require partnerships with other agencies that go beyond health care. To accomplish initiatives under this goal, we are continuing our partnerships with the LAPD Rampart Division, the Department of Homeland Security, the Los Angeles Unified School District, recreational organizations, local businesses, and the Mayor's office among other organizations.

COMMUNITY BENEFIT PLAN OBJECTIVES 2011/2012

ACCESS TO PRIMARY HEALTH CARE

Initiative	Completion Date
1. Continue Congestive Heart Disease Clinic in Inglewood	Ongoing
2. Expand Emergency Room to address the growing needs of the community	Fiscal year 2012
3. Continue advocacy efforts in Sacramento to expand funding for “Distressed Hospitals” in underserved urban areas. Counter opposition due to California State budget deficit and strong lobbying by California DSH hospitals	Ongoing
4. Recruit 2 new physician specialists for populations in the community (must accept Medi-Cal)	December 2010
5. Recruit 2 new bilingual primary care physicians to the Good Samaritan Hospital	December 2010
6. Recruit 1 bilingual speaking physician for non-English speaking patients in the Tom Bradley Health Center	December 2010
7. Sponsor Operation Walk program for 8 people who do not have a resource for hip or knee replacement	November 2010

Community Needs Addressed (by Focus Issue)

- Access to Care (Lack of Health Insurance)
- Access to Care (Lack of Regular Source of Care)
- Access to Care (Inappropriate Utilization of Emergency Rooms)
- Access to Care (Senior Care)

Health Behaviors

Initiative	Completion Date
1. Continue 4 annual free health fairs, screening and vaccination clinics <ul style="list-style-type: none"> a. Angelus Plaza Flu Clinic b. Hollywood Senior Center c. Korean Health Fair d. Women’s Wellness Conference 	Ongoing; Fiscal Year Ending 2011
2. Continue arthritis community lectures of 5 per year	Ongoing
3. Continue with online health risk assessment tools as a resource for the community	Ongoing
4. Provide free infant CPR classes on a weekly basis	Ongoing

Community Needs Addressed (by Focus Issue)

- Access to Care (Lack of Health Insurance)
- Access to Care (Lack of Regular Source of Care)
- Access to Care (Senior Care)
- Health Behavior and Preventive Care (Cancer Screenings; Vaccinations among Elderly Adults)
- Care of Chronic Conditions (Diabetes)
- Care of Chronic Conditions (Heart Disease/cholesterol)
- Communicable Diseases (Hepatitis B)

CHRONIC DISEASES

Initiative	Completion Date
1. Continue with monthly ongoing diabetes and heart disease education classes	Ongoing
2. Provide free heart disease education classes to the Los Angeles Police Department – PAL’s program	October 2011
3. Host 1 community diabetes education seminar	November 2011
4. Provide diabetes and heart disease education classes to senior centers	August 2012

Community Needs Addressed (by Focus Issue)

- Access to Care (Regular Source of Care)
- Access to Care (Specialty Care)

CANCER

Initiative	Completion Date
1. Continue monthly ongoing cancer support groups and programs	Ongoing
2. Establish a monthly general cancer support group for men	Fall 2011
3. Establish a monthly Post-Chemotherapy 101 class	May 2011
4. Host 1 cancer prevention programs	Fall 2011
5. Establish Korean Look Good Feel Better Program(Co-sponsor: American Cancer Society)	Fall 2011
6. Host 1 Cancer Survivor Event	Fall 2011

Community Needs Addressed (by Focus Issue)

- Access to Care (Regular Source of Care)
- Access to Care (Specialty Care)

Health Prevention/Community/Social Issues

Initiative	Completion Date
1. Continue disaster preparedness program	Ongoing
2. Sponsor and conduct annual Blessing of the Bicycles and Los Angeles River ride	May 2011
3. Continue hosting monthly Community Police Advisory Board	Ongoing
4. Continue ongoing affiliations with local Alcoholics Anonymous organizations in the area for meetings, referral and treatment	Ongoing
5. Continue partnerships with local high schools and National Youth Leadership forum to cultivate interest in the health care professions	Ongoing
6. Partner with local high schools, colleges and technical schools to provide students with health care experience.	Ongoing
7. Continue with educational programs/partnerships with local colleges.	Ongoing

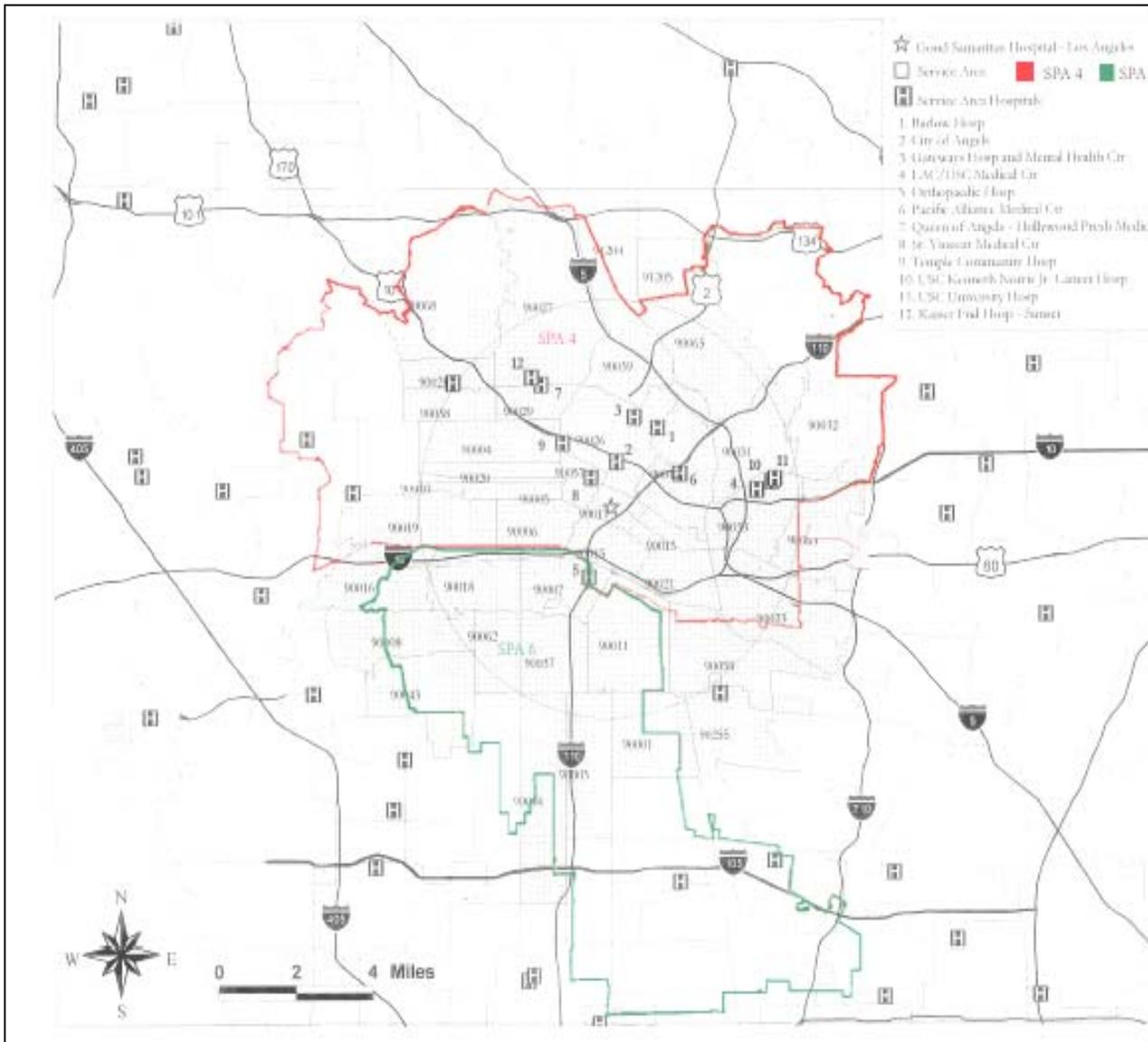
Community Needs Addressed (by Focus Issue)

- Risk Behaviors (Obesity; Physical Activity)
- Risk Behaviors (Alcohol and Drug Use)
- Community and Social Issues (Safety/Crime)

7. Appendix A

Metro Service Area Maps

MAP OF LOS ANGELES COUNTY SERVICE PLANNING AREAS



Appendix B
GSH Charity Care Policy

TITLE: Charity Care and Discount Policy

ADMINISTRATIVE

Date Written: 1999, Revised 8/06

Date Reviewed/Revised: August 2007,
January 2010

Page No.: 1 of 8

COMMITTEE APPROVAL:

President's Council 02/08/10

BOARD APPROVAL:

Date: 02/25/2010

I. PURPOSE

Good Samaritan Hospital (GSH) is committed to assuring that its patients will receive necessary care without regard to their ability to pay. The purpose of this policy is to provide guidelines for identifying and handling patients who may qualify for charity or self-pay discounts.

II. PRINCIPLES FOR SELF PAY PATIENTS

GSH will adhere to the following principles in implementing this policy:

- 1.1 Fear of a hospital bill should never prevent a patient from seeking emergency health care services and inability to pay should never be a reason to deny medically necessary care.
- 1.2 The Hospital will provide financial assistance to patients who cannot pay for part or all of the care they receive.
- 1.3 The Hospital will not financially penalize patients who have no health insurance by requiring them to pay more for care than a typical insurer or government program would pay.
- 1.4 However, the financial assistance the Hospital provides is not a substitute for personal responsibility. All patients are expected to contribute to the cost of their care, based upon their individual ability to pay.
- 1.5 All patients will be treated with dignity, compassion and respect.
- 1.6 Our debt collection practices will be consistent with these principles.

III. POLICY

- 3.1 GSH will assist patients who do not have health insurance to identify and apply for benefits for which they may be eligible from programs including Medicare, Medi-Cal, the Healthy Families program, California Children's Services (CCS), Victim of Crime (VOC), worker's compensation, State funded California Healthcare for Indigent Program (CHIP), and coverage for accidents through third party liability (TPL). In addition, qualifying low income patients may be granted assistance for some or all of their financial responsibility through charity grant programs such as QueensCare and Good Hope. GSH may also provide free or greatly discounted necessary care as unfunded charity on a case by case basis.
- 3.2 Uninsured patients who do not qualify for any insurance or health coverage benefits or programs will be offered self-pay discounted rates. These rates will be based on the higher of Medicare, Medi-Cal, Healthy Families or any other federal health care program, in which the hospital participates, would pay.
- 3.3 Depending upon their income and assets, patients who are not insured and are not eligible for benefits from any other program may qualify for a 100% charity care discount, a partial charity care discount or self-pay discount.
- 3.4 The policy does not apply to deductibles, co-payments and/or coinsurance imposed by insurance companies. It also does not apply to services that are not medically necessary (such as cosmetic surgery), or separately billed physician services.
- 3.5 The policy will not apply if the patient or responsible party provides false information about financial eligibility or if they fail to make every reasonable effort to apply for and receive third party insurance benefits for which they may be eligible.
- 3.6 Any patient or patient's legal representative who requests a charity discount under this policy shall make every reasonable effort to provide GSH with documentation of income and all potential health benefit coverage. Failure to provide information will result in the denial of the requested self pay or charity care discount.

IV. DEFINITIONS

- 4.1 **Medically necessary services** are those that are absolutely necessary to treat or diagnose a patient and could adversely affect the patient's condition, illness or injury if it were omitted, and is not considered an elective or cosmetic surgery or treatment.
- 4.2 A **Charity Care Patient** is a patient who demonstrates through financial screening and means testing, the inability versus unwillingness to pay for GSH services. A patient whose Family Income does not exceed 350% of the federal poverty level (FPL) can be considered under this policy.
- 4.3 A **Self Pay Patient** is a patient who does not have coverage through personal or group health insurance and is not eligible for benefits through Medicare, Medi-Cal, the Healthy

Families program, California Children's Services (CCS), Victim of Crime (VOC), worker's compensation, State funded California Healthcare for Indigent Program (CHIP), coverage for accidents (TPL), or any other program.

- 4.4 A **High Medical Cost Patient** is a patient who has insurance or is eligible for payment from another source, but who has family income at or below 350% of the FPL and out-of-pocket medical expenses in the prior twelve (12) months (whether incurred in or out of any hospital) that exceeds 10% of Family Income.
- 4.5 **Family Income** would include the income from all members of the patient's "family." For a patient 18 years of age and older, family includes the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not. For a patient under 18 years of age, family includes the patient's parents, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

V. **PROCEDURE**

- 5.1 Upon admission/registration all patients will be provided a written notice that contains information regarding the hospital's charity care and discount policy, including information about eligibility, and contact information for a hospital employee or office to obtain additional information. Written notices will be provided in English and languages spoken by at least 5% of people served (currently Spanish and Korean). Translators will be provided to translate orally the notices for patients who speak other languages.
- 5.2 GSH will provide financial screening to determine whether a Self Pay Patient might qualify for coverage from third party payor, including any private insurer or government-sponsored programs such as Medicare, Medi-Cal, The Healthy Families program, California Children's Services (CCS), California Health Insurance Program (CHIP), Victim of Crime (VOC), or any other third party, such as an employer through worker's compensation or another person due to third party liability (TPL). GSH will assist patients to identify possible sources of payment and to apply for the program. This financial screening will be performed as early as possible before services are rendered.
- 5.3 For patients who have or may have emergent conditions, the financial screening will be deferred until after the patient has received a medical screening and any necessary treatment to stabilize the patient. Treatment shall not be delayed while a patient completes an admission/registration process. At all times, full consideration must be given for the patient's medical condition and care should be taken not to let the financial review process create anxiety for the patient.
- 5.4 If financial information cannot be collected at the time of admission/registration, attempts should be made to collect it before the patient is discharged in order to fully facilitate proper billing and access to all financial assistance to which the patient may be entitled.
- 5.5 Patients will be expected to provide complete and accurate information concerning their health insurance coverage and if they are applying for charity care or self pay status, their

financial assets and income so that the Hospital may assess their eligibility for government sponsored programs or for assistance from charity care programs or the self pay discount program.

- 5.6 All Self Pay Patients will be offered an opportunity to complete a Financial Assistance Request (FAR) form. The FAR and required supporting documentation will be used to determine a patient's ability to pay for necessary services and to determine a patient's possible eligibility for public assistance, other programs, and self pay discounts from the Hospital. Supporting documentation may include recent tax returns or pay stubs, and verification from financial institutions that hold the patient's assets. The written FAR will be provided in English and languages spoken by at least 5% of people served (currently Spanish and Korean), and translated for those who speak another language.
- 5.7 The Charity Care Discount financial screening and means testing will be performed by Financial Counselors in the Admissions Department and/or Collection Representatives in Patient Business Services.

VI. ELIGIBILITY FOR FULL OR PARTIAL CHARITY CARE DISCOUNTS

- 6.1 Self Pay Patients whose family incomes are at or below 350% of the FPL will be eligible for full or partial charity care discounts, depending upon family income.
- 6.1.1 Self Pay Patients whose family income is less than 200% of the FPL will be eligible for a full, 100% charity care discount on services rendered.
- 6.1.2 Self Pay Patients whose family income is between 200% and 350% of the FPL will be eligible for a partial charity care discount on services rendered equal to 60% of the amounts that Medicare would pay the Hospital.
- 6.2 A FAR form must be completed with supporting documentation for all patients requesting a Self Pay or charity care discount.
- 6.2.1 The patient's family income will be verified using the most recent filed Federal tax return or recent paycheck stubs.
- 6.2.2 Assets above the statutorily excluded amount will be considered exceeding allowable assets and may result in the denial of a charity care discount. However the following assets will be excluded from consideration:
- a. Retirement accounts and IRS-defined deferred compensation plans both qualified and non-qualified.
 - b. The first \$10,000 of all monetary assets.
 - c. 50% of all monetary assets above \$10,000.

d. The patient's primary family residence.

- 6.3 A High Medical Cost Patient is eligible for a 100% Charity Discount on outstanding patient liability amounts if his or her family income is at or below 350% of the FPL, and his or her out-of-pocket medical expenses in the prior twelve (12) months (whether incurred in or out of any hospital) has exceeded 10% of family income. Eligibility for such discounts will be reevaluated as necessary to satisfy the prior twelve month test.
- 6.4 Accounts for Self Pay Patients and High Medical Cost Patients who meet the eligibility criteria noted above for charity care discounts may be submitted to QueensCare, a public benefit charity, or Good Hope, a private charitable grant, when appropriate. Patients whose accounts will be submitted to QueensCare will be required to complete and sign a QueensCare certification. Good Hope patients will be required to pay a nominal amount towards their greatly discounted services.
- 6.5 Homeless patients (which includes all patients who indicate they have no address) will be asked if they would accept a referral to the People Assisting the Homeless (PATH) program which provides follow-up medical care after discharge through its outpatient clinic and provides a post office box service to facilitate follow-up communication with the patient. GSH will provide a brochure to the patient listing the services that PATH provides. Homeless patients who accept the referral to PATH will be asked to sign the "PATH Brochure and Referral Acceptance Confirmation Form" indicating acceptance of the referral. The patient will be given a copy of the signed document and the signed original will be placed in the patient's medical record. Staff facilitating discharge planning should make the appropriate contact with PATH to help arrange follow-up. The GSH discharge planner shall send PATH a referral form and a mailbox referral form so that PATH can register the patient for postal services and facilitate follow-up care with GSH when the patient presents to the clinic for continuing care.
- 6.6 Patients will be offered an extended payment plan if they indicate they cannot pay their discounted bills. The terms of the payment plan will be negotiated by the hospital and the patient. Generally, payment plans will be two (2) to six (6) months in length. Payment plans greater than six (6) months can be granted if approved by the Collection Manager or the Patient Accounts Supervisor. Longer payment plans can be provided on an exception basis if approved by the Director of Patient Financial Services. Extended payment plans will be interest-free.

VII. SELF PAY DISCOUNT

Self Pay Patients whose incomes exceed 350% of the FPL, regardless of whether they are citizens of the United States, and who do not qualify for any third party payor benefits or other health coverage programs will be offered self-pay discounted rates. These rates will equal the highest of the amount that Medicare or Medi-Cal would pay the Hospital, with the exception that obstetrical deliveries rates will equal the amount Medi-Cal would pay (as this rate is more applicable to the typically routine deliveries than the Medicare obstetrical rate which reflects the unique medical issues a Medicare patient faces in an obstetrical case).

VIII. PATIENT BILLING AND COLLECTION PRACTICES

- 8.1 GSH will strive to assure that patient accounts are processed fairly and consistently. All patients will be treated with dignity, compassion and respect. Our debt collection practices will be consistent with these principles.
- 8.2 Patients who have not provided proof of coverage at or before the time care is provided will receive a statement of full charges for services rendered at the hospital. Included with that statement will be a request to provide the hospital with health insurance information. In addition, the patient will be sent a notice that they may be eligible for Medicare, Medi-Cal, Healthy Families, California Children Services (CCS), charity, or a self pay discount. This notice will include the contact information for a hospital employee or office to obtain additional information, including how the patient can obtain the appropriate application forms.
- 8.3 If the patient does not respond to the above statement and notice within thirty (30) days, a second statement reflecting full charges will be mailed to the patient/guarantor address along with the information requesting insurance information and offering the option of applying for self pay or charity care discounts. If the patient again does not respond within another 30 days, the hospital will assume that the patient is not eligible for any coverage through personal or group health insurance and is not eligible for any third party payor benefits (e.g., Medicare, Medi-Cal, the Healthy Families program, California Children's Services (CCS), Victim of Crime (VOC), worker's compensation, State funded California Healthcare for Indigent Program (CHIP), and coverage for accidents (TPL).) The Hospital will also assume that the patient is not eligible for a charity discount as a result of having family income at or below 350% of the FPL. As a result, the patient's account will be adjusted to the Self Pay Patient Discounted rate. Subsequent statements will reflect these discounted rates.
- 8.4 If a patient is attempting to qualify for eligibility under the hospital's charity care and discount policy, and is attempting in good faith to settle the outstanding bill, the hospital shall not send the unpaid account to any collection agency or other assignee unless that entity has agreed to comply with this policy.
- 8.5 Eligibility for Self Pay Patient discounts, Charity Care Discounts, and High Medical Expense may be determined at any time the Hospital has received all the information it needs to determine the patient's eligibility. Patients are required promptly to report to GSH any change in their financial information.
- 8.6 GSH or its contracted collection agencies will undertake reasonable collection efforts to collect amounts due from patients. These efforts include assistance with application for possible government program coverage, evaluation for charity care eligibility, offers of self pay discounts and extended payment plans. GSH will not impose wage garnishments or liens on primary residences. This does not preclude GSH or its contracted collection

agencies from pursuing reimbursement from third party liability settlements pr other legally responsible parties.

- 8.7 Agencies that assist the hospital in billing outstanding amounts from patients must sign a written agreement that they will adhere to the hospital's standards and scope of practices.

The agency must also agree:

8.7.1 Not to 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.

8.7.2 Not use wage garnishment, except by order of the court upon noticed motion, supported by a declaration file by the movant identifying the basis for which it believes that the patient has the ability to make payment on the judgment under the wage garnishment, which the court shall consider in light of the size of the judgment and additional information provided by the patient prior to, or at, the hearing concerning the patient's ability to pay, including information about probable future medical expenses based on the current condition of the patient and other obligations of the patient.

8.7.3 Not place liens on primary residences.

8.7.4 Adhere to all requirements in California and Federal law.

- 8.8 If a patient is overcharged, the hospital shall reimburse the patient the overcharged amount. Interest will be paid on the overcharged amount. Interest will be based on the prevailing interest rate and calculated from the date the overpayment was received.

IX. DISPUTES

Patients may disagree with the determination of their eligibility for a charity discount. A patient may request a review of the determination from the Director of Patient Financial Services. A final decision will be made within 15 days of the patient's request for review.

X REPORTING PROCEDURES

GSH's Charity Care and Discount Policy will be provided to the Office of Statewide Planning at least biennially on January 1, or when a significant change is made. If no change has been made by the hospital since the information was previously provided, the office will be informed that no change occurred.

XI COMMUNICATION OF CHARITY CARE AND DISCOUNT POLICIES

GSH's Patient Financial Services shall publish and maintain the Charity Care and Discount Policy. They will also train staff regarding the availability of procedures related to patient financial assistance.

Notice of our Charity Care and Discount Policy will be posted in conspicuous places throughout the hospital including the Emergency Department, Admissions Offices, Outpatient registration areas and the Patient Business Services Department. These notices will be in English and languages spoken by at least 5% of people served (currently Spanish and Korean).

XII CHARITY CARE WRITE-OFFS

- 12.1 Charity Care shall include all amounts written off for Self Pay Patients and High Medical Cost patients pursuant to this policy.
- 12.2 Patients who qualify for Medi-Cal but do not receive coverage for the entire stay are eligible for **charity care write-offs**. These include charges for non-covered services, denied days or denied stays. Treatment Authorization Request (TAR) denials and lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity.
- 12.3 In addition, Medicare patients who have Medi-Cal coverage for their co-insurance/deductibles, for which Medi-Cal does not make a payment, and Medicare does not ultimately provide bad debt reimbursement will also be included as charity.

XIII. RESPONSIBILITY

Questions about financial assistance eligibility for inpatient services should be directed to the Eligibility Coordinator at (213) 482-2719. Questions about financial assistance eligibility for emergency services should be directed to the Eligibility Coordinator at (213) 977-2421. Questions about financial assistance eligibility for outpatient services should be directed to the Patient Accounts Supervisor at (213) 482-2700.

Questions about the implementation of this policy should be directed to the Director of Patient Financial Services at (213) 482-2700.