



Mark Twain  
St. Joseph's Hospital  
A member of CHW



Mark Twain St. Joseph's Hospital

Community Benefit Report 2011  
Community Benefit Plan 2012

# TABLE OF CONTENTS

<b>Executive Summary</b>	3
<b>Mission Statement</b>	4
<b>Organizational Commitment</b>	5
<b>Community</b>	5
Definition of Community	
Community Needs and Assets Assessment Process	
<b>Community Benefit Planning Process</b>	7
Developing the Hospital's Community Benefit Report and Plan	
Planning for the Uninsured/Underinsured Patient Population	
<b>Plan Report and Update including Measurable Objectives and Timeframes</b>	9
Summary of Key Programs and Initiatives – FY2011	
Description of Key Programs and Initiatives (Program Digests)	
<b>Community Benefit and Economic Value</b>	17
Report – Classified Summary of Un-sponsored Community Benefit Expense	
Non-quantifiable Benefit	
Telling the Story	
<b>Appendix</b>	19

## **EXECUTIVE SUMMARY**

Mark Twain St. Joseph's Hospital is a not-for-profit, 25-bed Critical Access Hospital serving all of Calaveras County, California. Established in 1951 and centrally located in San Andreas, the hospital is affiliated with Catholic Healthcare West. Over 300 employees provide the necessary services.

The hospital's services include 24-hour Emergency Services; Inpatient/Outpatient Surgery; Intensive Care Unit; Medical and Surgical Units; General X-ray, Ultrasound, Mammography, CT Scan, MRI and Nuclear Medicine; Respiratory Therapy Services; Nurse Call Center; Physical Therapy Services; Inpatient Skilled Rehabilitation; Full Service Clinical Lab; Cardiac & Pulmonary Rehabilitation; and Health Education.

The hospital's affiliated active medical staff provide Family Practice, Allergy, Alternative Medicine, Internal Medicine, Pathology, Psychology, Women's Health, Pediatrics, Gynecology, Orthopedic Surgery, General Surgery, Ophthalmology, Orthopedic Surgery, Urology, Podiatry, Allergy, Behavioral Health, Dermatology, Radiology, Anesthesiology, Neurology, Pain Management, Emergency Medicine, Cosmetic and Reconstructive Surgery, Spine Surgery, Cardiology and Pulmonary Medicine.

Access to care in the County is further supported by five Family Medical Centers located in Arnold, Angels Camp, Valley Springs, San Andreas and Copperopolis. Services at the Centers include Immediate Care, Primary Care, Behavioral Health, Pediatrics, General X-ray, Laboratory Draws and Health Education.

In the rural environment of our community, small business, agencies and the hospital partner to provide various events throughout the year that are focused on promoting the health of the community, enhancing quality of life for the residents and showcasing the unique history and natural wonders of our environment. Based on the prioritized health need of the community, a specific focus has been on Women's Health issues and primary prevention.

In FY2011, over 80,000 persons benefited from our community programs. Highlights included \$513,129 net benefit for the vulnerable and \$81,538 for the broader community, with a total hospital expenditure of over \$27 million. Quantifiable Benefits included traditional charity care, unpaid costs of Medi-Cal and Medicare, community service donations, community health services and education, and community building activities.

# MISSION, VALUES AND VISION STATEMENT

## MISSION

The Mission of Mark Twain St. Joseph's Hospital is to continuously improve the health status of its community.

## VALUES

We achieve the mission through our **core values** of **dignity, collaboration, justice, stewardship and excellence**, as are seen in the following principles:

1. Continuous improvement of the quality of care delivered
2. Access to care for all
3. Respect for the individual
4. Working with others towards common goals
5. Fostering a sense of family and community
6. Employee development and recognition

## VISION STATEMENT

A vibrant general acute care provider linked to a comprehensive system of care, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of the communities we serve.

## **ORGANIZATIONAL COMMITMENT**

Each year the Board of Directors, Board of Trustees, medical staff leadership, and hospital leadership develop the Community Benefit Plan as part of the annual Strategic Planning process. This process takes a snapshot of the community, reviews the forecast demographics and community health needs assessment (2008, currently being reassessed), reminds itself of its mission and values and develops strategies and goals for the upcoming years. Hospital leadership then develops tactics to meet these goals and dedicates the resources during the budgetary process and program design. Performance measurements and accountabilities are established.

The Board of Directors is comprised of five local elected officials who are responsible for providing the healthcare services to the community. The Board of Trustees is responsible for governance oversight of hospital operations. One new trustee, Katherine Medeiros, joined the Mark Twain St. Joseph's HealthCare Corporation Board. Ms. Medeiros is the President/CEO of Sierra Nevada Memorial Hospital, Grass Valley, providing valuable insight into the overall health of our service area.

Mark Twain St. Joseph's Hospital participates in the Catholic Healthcare West Community Grants program and annually allocates a percentage of the previous year's expenses to award through grants to other not-for-profit organizations in the community. In FY2011 community grants were given to the following agencies:

- Calaveras Mentoring Foundation, to educate the community and develop volunteer and financial support for the Calaveras Youth Mentoring Program
- Toyon Middle School and Calaveras Unified School District, to provide all individuals with the tools needed to become life-long learners who responsibly participate in our diverse, changing society.
- Mind Matters Clinic, to help individuals and families affected by autism spectrum disorders, attention deficit hyperactivity disorders, and learning disabilities, in achieving their maximum potential, and to promote public understanding by serving as a community resource.
- Community United Methodist Church Food Pantry, to help feed the hungry of Calaveras County

## **COMMUNITY**

Calaveras County is approximately 130 miles east of San Francisco, 60 miles southeast of Sacramento, and 50 miles east of Stockton. The total population is about 43,000 with an area of 1,008 square miles. Our only incorporated city, the City of Angels has a population of about 5,400.

Our county terrain begins near sea-level in the west with oak-dotted rolling hills, changes to mixed evergreens and oak forests, then dramatic stands of gigantic trees, and culminates near 8,200 feet in the eastern part of the county with evergreens growing among granite boulders of the Sierra Nevada Range. Major rivers, the Mokelumne and the Stanislaus, form borders north and south.

## DEMOGRAPHICS OF COMMUNITY SERVED

A Community Health Needs Assessment was last conducted in 2008, as required by State law (SB 697). The needs assessment is a primary tool used by the hospital to determine its community benefit plan, which outlines how the hospital will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the MTSJH Service Area. The primary Service Area encompasses the cities, towns and communities of Calaveras County that include 10 zip code areas.

Targeted interviews were used to gather primary data collection information and opinions from members of the MTSJH community. For the interviews, community leaders were contacted and asked to participate in the needs assessment. The 2008 Community Needs Assessment identified the following sizeable and severe needs:

### Health Issues

- Residents have high rates of death from cancer, lung disease and heart disease.
- A large percentage of youth (17.9%) suffer from asthma.
- Disease rates of arthritis, asthma, cancer, heart disease and hypertension are high in the County.
- The area has high rates of skin, cervical and colon cancer.
- Limited services and service providers make it difficult to access mental health, obstetrical and specialty care services.
- Females suffer from diabetes at higher rates than men in the County.
- An increase in preventive care is needed to obtain flu shots, Pap smears, mammograms and other recommended routine screening tests.
- There is inadequate attention given to preventive care, healthy lifestyles, nutrition and exercise.

### Social/Demographic Issues

- The area reflects an aging population with a median age of 42.6 years. Approximately 67% of the population is over the age of 35 and 50.3% of the population is female.
- A declining economy is impacting the community by increased joblessness, decreases in employer-based health insurance, higher costs for transportation and decreased availability of affordable housing.
- The median household income is \$57,037 compared to the state median income of \$58,925.
- Persons below the federal poverty level is 11.3%.
- Home ownership rate is 79.8%.
- A lack of providers in the County (primary care, mental health, specialists) negatively impacts access to care and requires residents to travel outside of the County to obtain services.
- 1 in 116 houses in Calaveras County was in foreclosure in September 2010.
- Large numbers of youth and adults are overweight and obese.
- Smoking among adults and teens is a concern.
- ER usage increases among the County's poorest residents.
- Calaveras County is not a medically underserved area.

The population (2010) of Calaveras County was 57,955 with a growth of 1.46% annually over the past five years. The population by ethnic group is 83.1% Caucasian, 10.4% Hispanic, 1.5% Asian, and 1.2% Black and 3.8% other. Our top ten admitting diagnoses for FY 2011 were Major Joint Replacement; Esophagitis, Gastroent & Misc. Digestive Disorders; Septicemia; Heart Failure; Chronic Obstructive Pulmonary Disease; Pneumonia; Cellulitis; Cardiac Arrhythmia; Kidney/Urinary Infection; and CVA. Mark Twain's patient population consists of 18.32% Medicare, 10.22% Medi-Cal, 52.31% Private and 19.15% Uninsured/Other Government.

Our partners have identified Women's Health as our highest priority. A new Community Needs Assessment is currently being conducted and the information will help with our planning in the next years.

## **COMMUNITY BENEFIT PLANNING PROCESS**

Hospital Leadership oversees community benefit activities for the hospital as it meets the health and wellness needs of the local community. Several members of Mark Twain's senior and middle management team serve the community on a variety of community-based not-for-profit Boards, such as Children and Families Commission, Habitat for Humanity, Soroptimists International, Economic Development Corporation and Chamber of Commerce to name a few. In addition, most employees have linkages to various service organizations throughout the communities. Community involvement is evidenced by participation of local business and community leaders in the Hospital's Governing Boards, Finance Committee, Ethics Committee and our Parish Nurse Advisory Committee.

A Patient Advisory Committee, consisting of four community members and several staff members, meet monthly to discuss issues and provide input into hospital-wide improvements.

**Community Needs Assessment Process** – An updated Community Needs Assessment is being conducted by Applied Survey Research. The process includes the following activities:

### **Prior to Data Collection:**

- Clarify the project development process (including organization, roles, and responsibilities), and how decisions will be reached
- Create and submit a detailed project schedule
- Finalize list of secondary data indicators
- Finalize project goals and objectives for the report

### **Secondary Data Collection**

- Collection of secondary data indicators approved by project workgroup (approximately 40 Quality of Life Indicators for five years of trend data)
- Inclusion of basic demographic data

### **Final Report**

- Written description of all data provided throughout report
- Data proofing and verification of all data and text

- Written description of primary and secondary data collection methodology
- Organization of secondary data into tables/charts/graphs as appropriate, including formatting, content, graphic design, and layout.
- Development of a summary page
- Development of data highlights in the full report

Other ongoing assessments involve advisory committees through Calaveras County:

- **Community Health Education Substance Abuse** – Collaborative between the Calaveras County Health Services Agency, Mark Twain St. Joseph’s Hospital and the Calaveras County Office of Education. Vision is to have a community free from substance abuse through better education.
- **Children and Families Master Plan** – Includes Mark Twain St. Joseph’s Hospital, Human Resources Council and the Calaveras County Health Services Agency as the lead agent. The goal is to train community advocates.
- **Mark Twain St. Joseph’s Hospital’s Family Medical Centers** - Five Federally-qualified Rural Health Clinics strategically located in remote communities of Calaveras County. Visitors to these centers provide us with information about the needs and services that are important to their community.
- **Women’s Health Resource Center** – As part of our Strategic Plan for FY2006, we first identified Women’s Health as a major need for services. In the years since, our strategic plan continues to identify a Women’s Resource Center as a goal. A community advisory group was identified and provided valuable input into the Center’s programs. The Center will be part of the new Family Medical Center in Angels Camp, scheduled to open in FY2012.
- **Planning for the Uninsured/Underinsured Patient Population** – Uninsured or underinsured residents who are not able to pay for the services received and are not eligible for any of the government sponsored programs may qualify for a Payment Assistance Program. This program is announced at all registration areas and a brochure is included with the admission package or is available in the registration department. The program is announced as part of the continuing “Did you know...” educational marketing campaign. An executive summary of the policy is included in the Appendix.

# PLAN REPORT AND UPDATE

The Strategic Plan for FY2011 was focused in three areas:

- “Growth – Develop services to improve service area position and capital capacity to support future growth. Align physicians with MTSJH in order to meet the health care needs of the community”
- “Innovation – Create value for our patients, physicians, and community by exceeding expectations and continually improving outcomes for clinical quality, customer satisfaction, and organizational performance”
- “Leadership – Establish MTSJH as the health care employer of choice. Establish MTSJH as the cornerstone of the community, through provision of services and community engagement. Become the community health leader through collaboration, socially responsible programs and advocacy for the community”

The Strategic Plan outlines opportunities in community benefit, community grants, and advocacy and social justice.

Specific Community Benefit Programs’ Descriptions:

**Health Fairs (Free Admission)** – Throughout the year, Mark Twain St. Joseph’s Hospital is involved with many Health Fairs. Community Service Organizations attend the health fair and provide community education and service to those in attendance. Cholesterol Screening, Blood Pressure Checks, Bone Density Studies and Health Education are just a few of the activities.

In September, MTSJH conducted its 12th Annual Fall Health Fair. Over 60 information booths featured health, exercise, wellness, childcare, safety, traditional and alternative medicine, health foods, quality of life and recreation. Free Cholesterol and Osteoporosis screenings and Blood Pressure Checks were conducted, as well as flu (600+) and pneumonia (35) vaccinations. Over 600 blood draws/tests were provided at a discounted price. Other benefits included a Child Car Seat Checkup. This year’s “Fall” Health Fair is scheduled for October 1, 2012.

In March, MTSJH conducted its 2<sup>nd</sup> Annual Spring Health Fair at Ironstone Vineyards to accommodate the residents along the Highway 4 Corridor. Although not as large as our Fall fair, it has grown dramatically in its two years. .

**New Summer Health Fair (Free Admission)** – As a result of the success at the Fall and Spring Health Fairs, and the need to provide the services to the North-West communities, a new Summer Health Fair was held in Valley Springs. This new fair is funded by the Mark Twain Health Care District using the Fall and Spring health fairs as a template. The weather was wet and windy, the attendance was down, and the enthusiasm was up. The 2<sup>nd</sup> Annual Summer Fair will be scheduled for June 2<sup>nd</sup>.

**Teddy Bear Clinic** – This annual activity brings all of the kindergartners in Calaveras County to our hospital to learn more about what happens at a hospital. The children are taken on a tour of the hospital and visit several departments where they can diagnose their “teddy bear patient.”

The purpose of the clinic is to reduce some of the apprehension about the hospital and to remind the children that we are not always about pain and shots. This is a three-day community benefit of the hospital.

**Mini-Health Fairs** – A series of mini-health fairs were conducted in the community. Partnerships with the Music in the Parks, sponsored by the Calaveras County Arts Council; the Farmer’s Market, sponsored by the Angels Camp Business Association; and the First Friday Concerts, hosted by the Murphy’s Community Club, all provided venues for the Fairs. The Fairs include health information, blood pressure checks, strength testing, advice from nurse/mid-level, etc.

**Immunizations** – Annual vaccination against influenza is the primary means for minimizing serious adverse outcomes from influenza virus infections. These infections result in approximately 20,000 deaths and 110,000 hospitalizations per year in the United States. The amount of trivalent inactivated influenza vaccine produced for distribution in the United States has increased substantially. During the year over 1,500 influenza vaccinations were administered. Donations were accepted, but not required. Starting in 2007 the hospital began to offer pneumonia vaccinations at their annual Fall Health Fair and now offer them at all Health Fairs.

**Summer Health Career Camp** – This annual week-long camp provides high school students with exposure to various careers by working side-by-side with our employees. Besides working in the departments, the students receive a full day of orientation just like new employees; obtain a CPR training and certification; have a special lunch with their families in attendance on the last day of class; have a chance to share their experiences with hospital leadership and learn about other health care careers they may have missed.

**Blood Pressure Checks** – Free Blood Pressure Checks are offered at the five Family Medical Centers and the Hospital. Blood Pressure Checks are also conducted at various community events throughout the county.

**Nurse Call Center** – The Nurse Call Center offers free and confidential access to registered nurses answering health-related questions using a toll-free 800 number 24 hours a day, 7 days a week. The community can also obtain 24-hour access to health information by using the directory to link into our audio health library and receive physician referrals. Total calls for the year were 4,023 with 18 physician referrals.

**Breast Cancer Early Detection Program** – Mark Twain St. Joseph’s Hospital participates in the California State funded Breast Cancer Early Detection Program (BDECP) as a provider of clinical services and advanced diagnostics. Staff physicians and the hospital reach out to women over 40 who, because of financial or insurance limitations, are not able to receive annual breast exams and mammograms.

**Take It To Heart Foundation** - For the fifth year in a row, The Soroptimist International of Calaveras County joined MTSJH to offer free comprehensive cholesterol tests to all Calaveras County women during April and May.

**Diabetes Education** – Diabetes touches every family. It is the leading cause of blindness among adults ages 20 to 74, and is the sixth leading cause of death in America. Education is the key factor to managing Diabetes. Our commitment is to provide the skills and techniques needed to self-manage the disease. Monthly one-on-one classes were provided to the community, serving about 39 people.

**Charity Care** – Our Charity Care expense amounted to \$194,117. 601 persons benefited by our traditional Charity Care, Unpaid Costs of Medi-Cal and Medicare and other Public Programs.

**Calaveras County Fair** – Besides being a huge sponsor of this annual event, in 2011 the hospital staff supported a vendor booth during the 4-day run of the Fair to provide health information in the form of brochures and dialogue. Additionally, the hospital supported the first aid station with registered nurses 24 hours a day to support those persons who stayed with their animals during the entire run of the Fair..

**Community Grants** – Mark Twain St. Joseph’s Hospital participates in the Catholic Healthcare West Community grants program, which allocates a percentage of the previous year’s expenses to a grant fund that is offered to other not-for-profit organizations in our community.

**Radiation Therapy Transportation** – Mark Twain St. Joseph’s offers free transportation to the Ben Shaeffer Cancer Institute and St. Joseph’s Medical Center for Calaveras County residents who require radiation therapy. This service runs Monday-Friday and is utilized regularly by 1-3 patients. If necessary, special accommodations for non-radiation therapy patients can be made to the Stockton/Lodi area. This program is funded by the Mark Twain Health Care District and is not included in community benefit reporting by the Corporation.

**Sponsorships and Donations** - As a member of the community, Mark Twain St. Joseph’s responds to requests for direct funding and goods and services to support community organizations and activities.

**Community Health Education Center** - Calaveras County suffers from a scarcity of meeting rooms. MTSJH provides meeting room space in the Community Health Education Center at no cost to health and community related groups as our schedule permits.

For FY2012, Mark Twain St. Joseph’s Hospital has also identified five key community benefit programs. Significant efforts and resources will be focused with the expectation of clear and measurable outcomes.

Priority Focus Area	Program Outcomes	Possible Evaluation Measures
<b>Primary Prevention - Altering susceptibility or reducing exposure for susceptible individuals.</b>		
Family Medical Centers - Community Clinics	Increased rates of immunization/vaccination	Clinic clients/encounters. Decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia.
Diabetes Education/ Management	Change in awareness, knowledge, attitudes and skills.	Increase in awareness, knowledge, attitudes, and skill development or acquisition.
Heart Disease Management	Decrease in utilization rates for chronic diseases.	Increased health outcomes, decreased admissions and/or length of hospital stay.
Pulmonary Disease Management	Decrease in utilization rates for chronic diseases	Increased health outcomes, decreased admissions and/or length of hospital stay.
<b>Healthcare Access/Reform</b>		
Enhance geographic access for Medi-Cal and Healthy Families	Access to healthcare services	Number of persons enrolled, retained

Catholic Healthcare West has adopted five core principles that guide the selection and prioritization of Community Benefit program activities. These core principles are:

- **Disproportionate Unmet Health-Related Needs**  
Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- **Primary Prevention**  
Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care**  
Emphasize evidence-based approaches by establishing operational linkages (i.e., coordination and re-design of care modalities) between clinical services and community health improvement activities.
- **Build Community Capacity**  
Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance**  
Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

### Long Term Improvement Project (LTIP)

In FY2008 we identified a new community benefit initiative that supported CHW's Horizon 2010 vision to decrease inpatient admissions for ambulatory sensitive conditions. The literature and research have proven that if patients are treated appropriately in an outpatient and/or community-based setting, these conditions may not require an acute care ED visit or hospital admission.

As we move toward fulfillment of the initiatives identified in Horizon 2020, a long-term improvement program (LTIP) goal has been established to bring even greater focus to our direction.

Goal: By offering evidence-based chronic disease management (CDM) programs, CHW facilities/service areas will be effective in avoiding hospital admissions for two of the most prevalent ambulatory care sensitive conditions in their communities.

Objective: Participants in the facility/service area evidence-based CDM program(s) will avoid admissions to the hospital or emergency department for the six months following their participation in the program.

# PROGRAM DIGEST

## A. PROGRAMS

<b>Family Medical Centers</b>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Cancer <input type="checkbox"/> Chronic Conditions <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Access to Primary Care Services <input type="checkbox"/> Preventive Care Services
<b>Program Emphasis</b>	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment Vulnerable Population</b>	The service area for Mark Twain St. Joseph Hospital is known for its rolling hills and giant valleys, which often make access to health care services challenging for the residents.
<b>Program Description</b>	The hospital supports five federally qualified rural health clinics in Arnold, Angels Camp, Valley Springs, San Andreas and Copperopolis. Services at the Centers include immediate care, primary care, behavioral health, pediatrics, general x-ray, laboratory and health education.
<b>FY 2011</b>	
<b>Goal 2011</b>	Improve access to primary care and preventive services for the residents of the Mark Twain St. Joseph Hospital service area to sustain or improve health.
<b>2011 Objective Measure/Indicator of Success</b>	Residents utilizing clinic services will have decreased incidents of illness; decreased admissions and/or length of hospital stay for flu/pneumonia.
<b>Intervention Strategy for Achieving Goal</b>	Flu/pneumonia vaccines will be provided to residents who utilize the clinic services as well as to the members of the community at large who attend the community-based health fairs and hospital events.
<b>Result FY 2011</b>	In FY2011 more than 1,300 persons received flu/pneumonia vaccines and health promotion materials at various health fairs held in the community.
<b>Hospital's Contribution/Program Expense</b>	Mark Twain St. Joseph Hospital net expenses for participation in the Calaveras County Fair and Jumping Frog Jubilee and the "Let's Talk Health" programs amounted to XXXXXX
<b>FY2012</b>	
<b>Plan for FY2012</b>	Continue with flu/pneumonia vaccinations and health promotion materials at various health fairs held in the community.

<b>Diabetes Education/Management</b>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Chronic Conditions <input type="checkbox"/> Cancer <input type="checkbox"/> Access to Primary Care Services <input type="checkbox"/> Preventive Care Services
<b>Program Emphasis</b>	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment Vulnerable Population</b>	Although the rate is unreliable (+ or - 23%), Mark Twain St. Joseph's Hospital's last Community Health Needs Assessment indicates age-adjusted Diabetes is below the statewide rate, we believe the incidence is actually above the Health People 2010 objective of 15/100,000. A more recent thorough assessment report will probably indicate the prevalence of Diabetes in our county is 1 out of 10 adults and more prevalent among persons living below the poverty level and obese adults.
<b>Program Description</b>	Certified Diabetes Educator will meet with diabetic patients twice monthly after self-reporting of all hospital inpatient and outpatient visits in the past year. After consultations and education on self-management of their disease, the CDE will report on the increase or decrease in hospital readmissions. Tracking will continue for six months. The intent is to delay the progression of diabetes-related medical issues.

<b>FY 2011</b>	
<b>Goal 2011</b>	Improve access to primary care and preventive services for the residents of the Mark Twain St. Joseph Hospital service area to sustain or improve health.
<b>2011 Objective Measure/Indicator of Success</b>	Decrease uncontrolled diabetes readmission rates of participants in the preventative health intervention.
<b>Intervention Strategy for Achieving Goal</b>	CDE met with persons identified in the baseline twice monthly.
<b>Result FY 2011</b>	The classes were temporarily placed on hold due to staffing issues while a new Registered Dietitian was recruited. Classes resumed January 2011. Classes were again on hold for the months of March and April due to dietitian utilization with inpatient care, resumed in May. 12 people participated in the hospital intervention for uncontrolled diabetes during January and February. Ten people participated and completed the Diabetes Management Class during May and June. No participants required emergency department visits or hospital admission. Remaining results will be available in November and December of FY2012.
<b>Hospital's Contribution/Program Expense</b>	Reported benefit \$2,994
<b>FY2012</b>	
<b>Plan for FY2012</b>	Continue with classes as developed.

<b>Chronic Heart Disease Management</b>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Chronic Conditions <input type="checkbox"/> Cancer <input type="checkbox"/> Access to Primary Care Services <input type="checkbox"/> Preventive Care Services
<b>Program Emphasis</b>	Please select the emphasis of this program from the options below: <input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment Vulnerable Population</b>	Residents of the community have a high mortality and morbidity rate from chronic diseases such as COPD and CHF.
<b>Program Description</b>	Mark Twain St. Joseph Hospital initiated a heart disease management program to help improve health outcomes and decrease admissions and/or length of hospital stay for persons with congestive heart failure.
<b>FY 2011</b>	
<b>Goal 2011</b>	Mark Twain St. Joseph Hospital will decrease inpatient utilization rates for persons with congestive heart failure who participate in the hospital's intervention program by at least 5%.
<b>2011 Objective Measure/Indicator of Success</b>	Decrease or avoid admissions of persons with congestive heart failure, particularly among the vulnerable populations of uninsured and dually eligible (Medicare/MediCal) community residents.
<b>Intervention Strategy for Achieving Goal</b>	Cultivate relationships with primary care physicians to partner in the care of patients with congestive heart failure. Provide short-term outpatient case management services for target population. Offer disease management education to program participants.
<b>Result FY 2011</b>	No participants were identified. It was determined that the CHF and COPD LTIP will be combined into one program to increase the class sizes.
<b>Hospital's Contribution/Program Expense</b>	n/a
<b>FY2012</b>	
<b>Plan for FY 2012</b>	HF and COPD LTIP will be combined into one program to increase the class sizes. Work with local providers to identify class participants. Begin classes.

<b>Pulmonary Disease Management</b>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Chronic Conditions <input type="checkbox"/> Cancer <input type="checkbox"/> Access to Primary Care Services <input type="checkbox"/> Preventive Care Services
<b>Program Emphasis</b>	Please select the emphasis of this program from the options below: <input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment Vulnerable Population</b>	Residents of the community have a high mortality and morbidity rate from pulmonary disease.
<b>Program Description</b>	Mark Twain St. Joseph Hospital will initiate a pulmonary disease management program to help improve health outcomes and decrease admissions and/or length of hospital stay for persons with chronic obstructive pulmonary disease.
<b>FY 2011</b>	
<b>Goal 2011</b>	Mark Twain St. Joseph Hospital will decrease inpatient utilization rates for persons with chronic obstructive pulmonary disease who participate in the hospitals' intervention program by at least 5%.
<b>2011 Objective Measure/Indicator of Success</b>	Decrease or avoid admissions of persons with COPD, particularly among the vulnerable populations of uninsured and dually eligible (Medicare/MediCal) community residents.
<b>Intervention Strategy for Achieving Goal</b>	Cultivate relationships with primary care physicians to partner in the care of patients with COPD. Provide short-term outpatient case management services for target population. Offer disease management education to program participants.
<b>Result FY 2011</b>	No participants were identified. It was determined that the CHF and COPD LTIP will be combined into one program to increase the class sizes.
<b>Hospital's Contribution/Program Expense</b>	n/a
<b>FY2012</b>	
<b>Plan for FY 2012</b>	HF and COPD LTIP will be combined into one program to increase the class sizes. Work with local providers to identify class participants. Begin classes.

# COMMUNITY BENEFIT AND ECONOMIC VALUE

A. Complete Summary – Classified Including Non-Community Benefit Expense:  
For period from 7/1/2010 through 6/30/2011

**Mark Twain St. Joseph's Hospital uses the cost accounting methodology.**

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Org Expenses	Revenues
<b><u>Benefits for Vulnerable</u></b>						
Traditional Charity Care	601	194,117	0	94,117	0.4	0.4
Unpaid Cost of Medicaid	18,910	7,355,895	8,030,621	(674,726)	(1.4)	(1.3)
Means-Tested Programs	4,610	2,372,614	1,626,572	746,042	1.6	1.4
<b>Community Services</b>						
Cash and In-Kind Contributions	12,000	224,027	0	224,027	0.5	0.4
Community Benefit Operations	10,000	14,560	0	14,560	0.0	0.0
Community Health Improvement Services	115	9,559	450	9,109	0.0	0.0
<b>Totals for Community Services</b>	<b>22,115</b>	<b>248,146</b>	<b>450</b>	<b>247,696</b>	<b>0.5</b>	<b>0.5</b>
<b>Totals for Vulnerable</b>	<b>46,236</b>	<b>10,170,772</b>	<b>9,657</b>	<b>513,129</b>	<b>1.1</b>	<b>1.0</b>
<b><u>Benefits for Broader Community</u></b>						
<b>Community Services</b>						
Cash and In-Kind Contributions	776	42,706	0	42,706	0.1	0.1
Community Building Activities	204	7,415	0	7,415	0.0	0.0
Community Health Improvement Services	4,978	31,417	0	31,417	0.1	0.1
<b>Totals for Community Services</b>	<b>5,958</b>	<b>81,538</b>	<b>0</b>	<b>81,538</b>	<b>0.2</b>	<b>0.2</b>
<b>Totals for Broader Community</b>	<b>5,958</b>	<b>81,538</b>	<b>0</b>	<b>81,538</b>	<b>0.2</b>	<b>0.2</b>
<b>Totals - Community Benefit</b>	<b>52,194</b>	<b>10,252,310</b>	<b>9,657,643</b>	<b>594,667</b>	<b>1.3</b>	<b>1.1</b>
Unpaid Cost of Medicare	27,824	17,326,068	15,542,364	1,783,704	3.8	3.4
<b>Totals with Medicare</b>	<b>80,018</b>	<b>27,578,378</b>	<b>25,200,007</b>	<b>2,378,371</b>	<b>5.1</b>	<b>4.6</b>

## B. Non-quantifiable Benefit

Non-quantifiable benefits related to the community contribution of the hospital's organizational capacity and consulting resources. Working collaboratively with community partners, the hospitals provided leadership and advocacy, assisted with local capacity building, and participated in community-wide health planning. A sampling of these community benefits include:

- Regional Occupational Program - The hospital provides on-site training for high school students who may wish to have a career in healthcare.
- Chamber of Commerce – Providing meeting rooms, support and leadership. The Chamber's goal is to strengthen the business community to help ensure the economic viability of the community.

## C. Telling the Story

For FY2011 Mark Twain St. Joseph's Hospital staff provided many speaking engagements to the community through Service Organizations, to the County Board of Supervisor's meetings during Public Comment, the Health Fairs, mini-Health Fairs, and community benefit projects such as the Teddy Bear Clinic, Health Career Fairs and other activities during this fiscal period. In addition, the hospital publishes a Community Report in local newspapers and mailings to key stake-holders in the community and posting on the hospital's website

# APPENDIX

Payment Assistance Policy  
Board of Trustees

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

Policy Overview:

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

Eligibility for Patient Financial Assistance:

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

Determination of Financial Need:

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

Patient Financial Assistance Guidelines:

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

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;

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

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

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

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

Budgeting and Reporting:

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

Relationship to Collection Policies:

- CHW system management has developed policies and procedures for internal and external collection practices by CHW facilities that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHW, and a patient's good faith effort to comply with his or her payment agreements with the CHW facility.
- For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, CHW facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

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

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