



Mercy Medical Center Mt. Shasta

A member of CHW



Mercy Medical Center Mt. Shasta

Community Benefit Report 2011
Community Benefit Plan 2012

TABLE OF CONTENTS

Executive Summary	Page 3
Mission Statement CHW Mission Statement	Page 5
Organizational Commitment	Page 6
Community Definition of Community Community Needs and Assets Assessment Process	Page 8 Page 9
Community Benefit Planning Process Developing the Hospital's Community Benefit Report and Plan Planning for the Uninsured/Underinsured Patient Populations	Page 11 Page 11
Plan Report and Update including Measurable Objectives and Timeframes Summary of Key Programs and Initiatives – FY 2011 Description of Key Programs and Initiatives (Program Digests)	Page 12 Page 14
Community Benefit and Economic Value Report – Classified Summary of Un-sponsored Community Benefit Expense Non-quantifiable Benefit Telling the Story	Page 19 Page 20

EXECUTIVE SUMMARY

Mercy Medical Center Mt. Shasta (MMCMS) is a member facility of Catholic Healthcare West (CHW), a not-for-profit network of hospitals and health services providing an extensive continuum of care in California, Arizona and Nevada.

MMCMS is designated as a 25-bed Critical Access hospital and one of three medical centers comprising the CHW North State Service Area, along with Mercy Medical Center Redding and St. Elizabeth Community Hospital in Red Bluff. In addition to our acute care hospital, MMCMS also includes a Rural Health Clinic (Mercy Medical Center Community Clinic). The facility has 33 licensed beds and a campus that is 14 acres in size. MMCMS has a staff of 278, an active medical staff of 45 local professionals, and over 100 dedicated volunteers.

MMCMS provides a full range of health care services and programs that contribute to the physical, psychological, social and spiritual well being of area residents and visitors of Siskiyou County. By combining a strong sense of caring with sophisticated medical technology, MMCMS has earned a reputation as a quality health service institution, and consistently wins corporate, state and national awards for excellence in patient care services and satisfaction. Major programs include orthopedics, intensive care, diagnostic medicine, emergency medicine and a Pulmonary Rehabilitation Program.

In response to identified unmet health-related needs in the 2007 community needs assessment, during FY11 MMCMS focused on increasing access to health care for the broader and underserved disadvantaged members of the surrounding community. Major Community Benefit activities for FY11 focused on increased programming, coalition building within our primary and secondary service area and health education for those with disproportionate unmet health related needs.

Health education was selected as a priority to address prevention of disease, to empower community members to assume responsibility for their health, and to educate people about various medical conditions and the ability they have to make wise choices. Lectures topics included COPD (Chronic Obstructive Pulmonary Disease) /pneumonia, nutrition and heart health. Health screenings including, spirometry, blood pressure, cholesterol, blood glucose checks and skin cancer were provided at several venues over the course of the year. Locations included - Senior Health Fairs, Siskiyou Golden Fair, Community College Health Fairs and our local Family Resource Centers.

MMCMS continues to focus efforts toward **Diabetes Prevention and Management**. The goal of our program was to demonstrate a 5% decrease in readmission of the participants in the hospital's preventive health intervention by 2010. While this goal has been met, we continue our successful program by partnering with the McCloud Community Clinic and the Mt. Shasta Family Resource Center. The McCloud Clinic program offers lectures that present ideas on lifestyle modification, such as diet and exercise, diabetes prevention activities (walking groups, yoga classes etc.) and education regarding managing diabetes. The Mt. Shasta Family Resource Center offers a diabetes support group that meets monthly offering participants the latest diabetes information, education and healthy cooking classes.

The **Childbirth Preparation Class** provided education to mothers and their partners regarding prenatal preparation, child birth and labor/ pain management education. This year the program expanded its services by providing lactation counseling at our Mercy Mt. Shasta Community Clinic.

Mercy Mt. Shasta's Auxiliary continues to enhance access to care by providing free **Transportation Services** for residents of Siskiyou County who have absolutely no other means of getting to physician appointments (for physicians on our active medical staff), for cancer treatments, imaging tests, etc. In FY11, 906 individuals were transported to their medical appointments, with a total of 31,465 miles traveled, and

1834 gallons of gas used. Through participation on the County's Sub-Committee on Aging and the Siskiyou Health Partnership, lack of transportation continuously emerges as a crucial issue in this rural county.

Our **Financial Counselors** provide MMCMS patients with assistance in addressing their medical insurance coverage and the CHW/MMCMS billing process. For those patients who do not have health insurance coverage, Financial Counselors help find government or private programs that may be able to provide assistance. For those patients who are eligible for government-sponsored health insurance programs, our Counselors assist in the application process. Many of these programs can provide access to healthcare and other vital social services for the patient and the patient's family members. For those who do not have health insurance and do not qualify for a government-sponsored insurance program, our Financial Counselors are here to help. Depending on each individual's income level and circumstances, MMCMS may be able to enroll these individual in CHW Payment Assistance programs to provide discounted or free services. Our Financial Counselors assist new moms who have Medi-Cal coverage by submitting information for their newborns, so they will be immediately enrolled. During FY11, MMCMS' three Patient Financial Counselors assisted 750 individuals in applying for Medi-Cal coverage and charity care.

Throughout FY11, MMCMS promoted its **"Patient Financial Counseling Service"** in area newspapers, on bulletin boards, and flyers distributed throughout the facility. As indicated above, our PFS staff is available to assist patients who don't have health insurance in applying for public health coverage programs and appropriate assistance plans; moreover, they assist patients who have health insurance coverage, but may be concerned or confused about their actual coverage, deductibles, paperwork, etc. These insurance programs/plans can provide increased access to healthcare services and other vital socials services needed by the patients/family. Over 3,630 individuals accessed the services provided by the Patient Financial Counselors.

"Growing thru Grief" community program provides support to individuals who are dealing with the death or grave illness of a loved one. This 6-week program is provided as a free community service twice per year, and is facilitated by a member of our Hospice team. The MMCMS sponsored **"Circles of Healing"** weekend retreats focus on providing support for those whose lives have been touched by cancer or chronic illness. Retreats were held twice a year with over 20 participants attending each session.

MMCMS's FY2011 Community Benefit Report and FY2012 Community Benefit Plan document our commitment to the health and improved quality of life in our community.

MISSION STATEMENT

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

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

ORGANIZATIONAL COMMITMENT

As a member of Catholic Healthcare West (CHW), Mercy Medical Center Mt. Shasta (MMCMS) is committed to providing quality services, which respond to the healthcare-related needs of the communities it serves. In the spirit of the Scriptures and the Sisters of Mercy tradition, we dedicate ourselves to a Christian-oriented response that embraces physiological, psychological, and spiritual healing, as well as promotion of health.

Mercy Mt. Shasta has a further commitment to develop excellent health care in a fiscally responsible manner, while recognizing our commitment as the area's acute care health facility for the financially indigent. Our health care community appreciates the wisdom of collaboration while reaching out to satisfy current health care needs.

As a non-profit health ministry, we reinvest any income in excess of expenses back into our operations to support medical services that are needed in our community. We reinvest in the medical center by acquiring new technology and by providing and supporting community endeavors with others who want to make the southern Siskiyou County area a healthier place to live and work.

The governing bodies of the North State Service Area in addition to our local Community Advisory Council and the MMCMS Senior Leadership Team are all directly involved in the community benefit planning and prioritization process. The CHW Board of Directors is composed of individuals who represent Mercy Mt. Shasta, Mercy Medical Center Redding and St. Elizabeth Hospital in Red Bluff. This Board has overall responsibility for these three facilities' Community Benefit activities, and gives final approval to their annual Community Benefit Report and Plan.

The Mercy Mt. Shasta's Community Advisory Council (CAC) is composed of local individuals who represent a cross-section of vocations and constituencies based in southern Siskiyou County. A roster of members is included in the Appendix of this report for reference. These individuals provide strong guidance in the prioritization of community benefit plans and activities/services, and their unique insights help ensure our effectiveness in meeting the needs of the community. CAC members are not involved in budgeting or determining the continuation or termination of Community Benefit initiatives; rather, their role is to provide input regarding the identification, implementation and effectiveness of Community Benefit initiatives.

CAC members openly share their feedback about their perceptions regarding MMCMS, its services and programs. Their interest in assisting MMCMS in better meeting the needs of the communities it serves is evident through the many vigorous discussions held during these meetings. Every three years, at the completion of the Community Needs Assessment the findings are presented to the CAC. These individuals then review the information and provide verbal and/or written ranking of key community benefit initiatives. Their input in establishing these key initiatives is highly valued; and when combined with the MMCMS six - member Senior Management Team input, final Community Benefit initiatives are determined. These initiatives are in turn interwoven into the strategic planning focus for MMCMS for the coming year(s).

MMCMS provides community benefits programs, services and activities that are difficult (sometimes impossible) to measure. These "non-quantifiable" community benefits are provided to enhance the general health and well-being of the communities we serve.

- Support College of the Siskiyous vocational nursing programs and community programs with in-kind contribution of both supplies and funding in addition to mentoring student nurses.
- CNE is an active board member of the Rural Health Sciences Institute at College of The Siskiyous.
- MMCMS Hospice – Light-Up a Life Christmas event which brings our community together to remember and honor those who have gone before us.

- Several employees of MMCMS are active members of the Mt. Shasta Rotary Club. We also provide speakers, sponsor programs via “donation in kind” publicity, participation in events.
- The MMCMS Lab sponsors a robust Blood Bank donor program.
- The MMCMS Nutrition Services Department sponsors a Meal Donation program. Nutrition Services staff boxes up and freezes individual servings of surplus meals. These meals are then distributed at no cost to the local Senior Nutrition Program, Hospice, and community members in need.
- MMCMS sponsors the Mountain Runners Mt. Shasta’s annual Fourth of July Run/Walk in which over 6,000 residents and visitors participate.
- Collaboration with Mt. Shasta Police Department D.A.R.E. program re. anti-drug focus at area schools.
- Participate as members of the local Chamber of Commerce (Weed, McCloud, Dunsmuir & Mt. Shasta) in events/programs for community enhancement.
- Provided transportation service to more than 1000 transports to area residents for healthcare related issues (MD appointments, lab, physical therapy, cancer treatments, etc.) thereby enhancing access to care.
- Provide a Physician Directory Service to assist area residents/visitors in finding a physician who best meets their needs. This free service serves as a resource for community members and enhances access to healthcare services.
- Provided the broader community with various healthcare-related support groups, classes and programs, including:
 - Bereavement Support Groups
 - Quarterly “Health Talks” in Lake Shastina
 - Childbirth classes throughout the year
 - Free Glucose/Cholesterol Screens in Primary Service Area Communities

By working collaboratively with other area organizations, MMCMS provides leadership and advocacy, assists with local capacity building, and participates in community-wide health planning. Examples include (but are not limited to) the following:

- Support of many environmental “green projects” including recycling aluminum, tin, glass, newspapers, batteries, plastic and cardboard. Overall, we recycle approximately 18% of our total waste. With these efforts it is estimated that MMCMS has kept 27.3 tons of recyclable products out of the landfill. In 2011, MMCMS was given a “Cool Globe” to display on campus in recognition of our commitment to sustainable environmental practices.
- Active Board member of the Siskiyou Health Partnership The partnerships objective is to promote coordination among, and innovation in, activities that enhance the well being of the people of Siskiyou County.
- Financial Peace University was a new financial literacy and financial management program established this year. This successful program, developed by Dave Ramsey and facilitated by Mercy staff member Pastor Ray Horst, teaches participants how to communicate with their spouse about money, put together a spending plan, and completely eliminate debt as well as understanding investments and insurance. In FY11 alone 47 individuals participated paying off \$222,000 of debt.

COMMUNITY

Mercy Medical Center Mt. Shasta is located in Siskiyou County, the northern-most part of California, and is bordered by Oregon's southern-most border; Modoc County to the east, and Trinity and Shasta Counties to the south. Health Maintenance Organizations (HMO) are not present in our service area. There is an additional 25-bed Critical Access hospital 30 miles north of MMCMS. Local residents sometimes travel to either Medford, Oregon or Redding, California to seek specialty care.

The primary and secondary service areas within Siskiyou County are considered key factors in defining our community. These designations are based on proximity (miles) from Mercy Mt. Shasta in addition to geographic barriers and boundaries that limit access to healthcare.

Siskiyou County is considered a rural county dependent upon tourism, agriculture and public employment. It has an overall population base of 46,010 with an expected decrease of 0.1 % over the next 20 years. The median household income of \$37,718 is well below the state average of \$65,726 and reflects the high unemployment rates evident in our communities.

Southern Siskiyou County, which is our primary service area, is made up of several small rural communities that combined have an estimated population of 18,000 residents. The entire region has been severely impacted by the recession with drastic reductions in both county services and programs. Local Family Resource Centers and other community partners are working collaboratively to fill these gaps in services however the needs continue to escalate and have become overwhelming to those organizations who remain committed to providing services to those most in need. The area boasts of natural beauty and opportunities galore for outdoor enthusiasts however, that which we are most proud also contributes to a local economy dependent upon the low wage, seasonal, tourist industry. This creates high unemployment rates (close to 20% in March 2011) and a highly uninsured population base.

Like the county as a whole, the MMCMS primary service area suffers from a population base that lacks health insurance coverage. It is estimated that 28.93% of our primary service area is uninsured; 19.35% receive State Medi-Cal benefits; 21.77% are Medicare recipients, and only 28.66% are privately insured. Over 70% of our primary service area residents are receiving their insurance coverage by state or federal assistance programs. All of the communities in our primary service area are considered to have disproportionate unmet health care needs and have CNI scores ranging from a low of 3.6 to a high of 4.2 (see appendix for CNI map) which indicates the level of social economic need in the region. This is a major challenge for us as we plan and implement our community benefit programs and services. It is imperative that we provide a leadership role in building local capacity with our community partners in our efforts to create healthy communities.

We are fortunate to have strong partnerships with other organizations that respond to the health needs of our community. Major partners include; Siskiyou Health Partnership, College of The Siskiyous, Siskiyou County Public Health, Family Resource Centers, McCloud Health Care Clinic and our own Mercy Medical Center Community Clinic, a designated RHC.

Community Needs Assessment Process

Mercy Medical Center Mt. Shasta is committed to involving the residents of Southern Siskiyou County in a Community Needs Assessment Survey process every three years in fulfillment of California law for non-profit healthcare organizations. Our primary service area was the focus of the survey.

In an attempt to be more fiscally responsible, the decision was made at the regional level to complete the health assessment internally rather than contracting the assessment with a private party as was done in previous years. In order to achieve this, we partnered with Simpson College Aspire Nursing Program Students who developed the survey instrument and a California State University, Chico Health Administration Intern who compiled primary and secondary data in addition to documenting the results.

The Community Needs Assessment process provides MMCMS with current, real-time information to use to better align the facility's budget and strategic goals. Progress toward meeting these goals is monitored throughout the year.

We looked to our community partners to represent their respective communities in the survey process. The following partners assisted us in conducting the needs assessment:

- **Mercy Medical Center Community Advisory Council** - This group of active community members represent all of the communities in our primary service area. They completed the survey in addition to identifying priorities once the data was compiled.
- **Siskiyou Health Partnership** – This group of health care professionals completed the survey and assisted in gathering surveys from their constituents.
- **Siskiyou County Community Resource Centers** – Assisted in gathering completed surveys from their clients in the various Resource Centers located in the communities that make up our primary service area.

To get the best insights into the communities MMCMS serves, two methods were used in conducting our 2011 Community Needs Assessment:

1. Hard copy and on-line surveys were developed and completed by local representatives in the communities we serve. Surveys were available in local clinics, community resource centers and at our hospital. Flyers, radio advertising, and local print was utilized to inform the public and ask for cooperation in completing the surveys.
2. Two community presentations were also held among representatives working in the community health arena. These medical professionals and community leaders allowed us to gather qualitative input from participants regarding their opinions and perceptions of health needs of the residents in Siskiyou County. Both of these focus groups were well attended.

In addition, a variety of existing (secondary) data sources were used, including public health morbidity and mortality statistics in the 2011 Community Needs Assessment.

The results of the 2011 Community Needs Assessment were very similar to the results found in the 2007 assessment. This finding further supports our work in relation to community health and the fact that it takes concerted effort and time to change the behaviors of a community.

The following health priorities represent recommended areas of intervention through our 2011 Community Needs Assessment process and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist; however, focus on one or more of these issues are subject to the discretion of the facility as to “actionability” and priority.

The top seven individual health concerns identified in the survey include:

- Aging problems (Arthritis, vision & hearing problems, lack of mobility)
- Cancer
- Mental Health
- Diabetes
- Heart Disease/Stroke
- Dental Problems
- Obesity

The perceived top seven behavioral health risks in our primary service area include:

- Drug Abuse
- Alcohol Abuse
- Being Overweight
- Poor Eating Habits
- Lack of Exercise
- Tobacco Use
- All of the above

In addition to the identified chronic disease issues found in the assessment results, healthcare access continues to be an issue most especially for the low-income residents of Siskiyou County.

Community Needs Index

As a complement to the traditional methodology used to conduct community needs assessments, we also take in to consideration the Community Need Index (CNI). CNI is a tool that uses socio-demographic and hospital utilization data to provide an “at a glance” view of disproportionate unmet health care needs in a geographic area. The CNI measures community need in a specific ZIP code by analyzing the degree to which a community has the following barriers to health care access: a) Income barriers, b) Education/literacy barriers, c) Cultural barriers, d) Insurance barriers, and e) Housing barriers.

Using statistical modeling, the combination of the above barriers results in a score between 1 (less needy) and 5 (most needy). Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Communities with scores of “5” are more than twice as likely to need inpatient care for preventable conditions (ear infection, etc.) than communities with a score of “1.”

The following current CNI information is provided for Mercy Mt. Shasta’s primary service area:

CITY	ZIP CODE	POPULATION	CNI SCORE
Mt. Shasta	96067	7,431	3.6
Weed	96094	6,349	4.0
Dunsmuir	96025	2,379	4.0
McCloud	96057	1,540	4.2

Please refer to the Appendix of this report for the CNI map of the MMCMS service area.

COMMUNITY BENEFIT PLANNING PROCESS

Mercy Medical Center Mt. Shasta carefully considered how to identify and prioritize various community benefit initiatives. Once the unmet health needs were identified (through the CHNA), they were presented to the Hospital Advisory Council. After each Advisory Council member selected a priority health concern discussion ensued to select the priorities that should be the Community Benefit focus for the next three fiscal years.

Based on input from its Advisory Council, over the next three fiscal years Mercy Mt Shasta will:

- Develop interventions to address increasing physical activity and fitness; improve nutrition and help local community members from becoming overweight and to optimize their fitness;
- Increase preventative health screenings (including cancer screenings);
- Use the following areas as criteria to accept submissions for funding from the CHW community grant program: Childhood Obesity Programs & Classes, Heart Health Program,; Diabetes Programs, Cancer Programs & Classes.
- Consider funding requests from its community benefit donation program that align with the identified health priorities established in the 2011 Community Health Assessment.

While additional health needs and risks were identified in the Community Health Assessment, they were determined to be beyond the scope of our Critical Access hospital and we lacked the ability and resources to effect sustainable change.

Planning for the Uninsured/Under-insured

Mercy Medical Center Mt. Shasta is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured. Currently, 28.93% of our PSA is uninsured, followed by 21.77% who are enrolled in the Medicare program and 19.35% enrolled in Medi-Cal. MMCMS ensures that any planning for the uninsured or under-insured population is in accordance with the Catholic Healthcare West financial assistance/charity care policy (attached in appendix of this report).

Information about patient financial assistance is available from CHW, including a toll free 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 within the facility.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Catholic Healthcare West has adopted five core principles recommended by the Advancing the State of the Art in Community Benefit national demonstration project that guide the selection and prioritization of Community Benefit program activities. These core principles are applied to MMCMS Community Benefit programming and include the following:

- **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.

Below are the major initiative and key community based programs operated or supported by Mercy Medical Center Mt. Shasta in FY2011. Programs intended to be operated in FY2012 are noted by an asterisk. Additional initiatives are in development in response to our latest Community Health Needs Assessment and are also noted below.

Initiative 1: Cancer Prevention and Education & Support

- Siskiyou Golden Fair Skin Cancer Screens *
- Circles of Healing Retreat *
- Local advertising for cancer prevention & education *

Initiative 2: Tobacco Cessation

- Two “Freedom from Smoking” classes offered free of charge to the local community
- MMCMS declared our campus “Smoke Free” as of January 1, 2011 *
- Worked in collaboration with local county Tobacco Cessation Task Force to distribute educational information to local high schools. *

Initiative 3: Diabetes Prevention and Management

- Community Grant Funding to McCloud Health Care Clinic Diabetes Program *
- Nurse Diabetic Educator in MMCMS Community Clinic *
- Individualized Nutritional Counseling Program with MMCMS Registered Dietitian *
- Senior Health Fair *
- Community Glucose Screen Events *
- Educational Health Talks – Lake Shastina
- Healthy Cooking Classes (Adult and Children)

Initiative 4: Heart Disease Awareness Campaign:

- Heart Check Program *
- Hearts & Hope Tea *
- Health Tips in local newspapers *

Initiative 5: Childhood Obesity & Healthy Living

- CHW Community Grant Program focus
- Garden Project with local Elementary Schools
- MMCMS Staff presentations in local schools
- Oral Health Dental Van

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Committee, Executive Leadership, the Community Board and Catholic Healthcare West receive quarterly updates on program performance and news.

Program Digest

The following pages include Program Digests for a few key programs that address one or more of the Initiatives listed above.

Cancer Programs & Services	
Hospital CB Priority Areas	X Cancer
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	<ul style="list-style-type: none"> - Broader community - Increase access to care - Increase awareness/knowledge
Program Description	<p>At MMCMS, 3 aspects of this program are:</p> <p>As the location of the county's only cancer treatment services, MMCMS seeks to meet the needs of cancer patients and their loved ones/friends in a variety of ways. Radiation Oncology treatments (nuclear accelerator) and Chemotherapy/Hematology consults are provided by a dedicated staff of medical professionals specially trained in this specialty.</p> <p>MMCMS strives to educate local residents to the early signs of cancer, most specifically skin cancers.</p> <p>MMCMS also offers a free program to the community called "Circles of Healing", which is provided in a support group format and retreats by trained facilitators. This program is specifically designed to provide tools and helpful information for anyone whose life has been touched in some way by cancer. Prayer/meditation, journaling, expressive art, and "finding the gift within" are aspects of this program.</p>
FY11	
Goal FY 2011	Improve community awareness and opportunity to detect cancer at its earliest stages.
2011 Objective Measure/Indicator of Success	<p>Develop comprehensive educational opportunities and screenings programs to help identify cancer in its earliest stages.</p> <p>Provide support group and grief counseling activities for both cancer patients and caregivers.</p>
Baseline	Cancer continues to be one of the top eight health care concerns in Siskiyou County. Specifically access to local care and support group activities remain high on the list of health care needs as identified in our most recent Health Needs Assessment.
Intervention Strategy for Achieving Goal	<p>Media: Newspaper, TV and Radio information (PSAs, paid ads, talk shows etc.) regarding program and services,</p> <p>Continue to provide free skin cancer screenings and educational information at annual county fair</p> <p>Continue to sponsor and promote "Circles of Healing" programs and retreats</p> <p>Continue to collaborate with area Community Resource Centers to provide free community education during October, which is National Breast Cancer Awareness Month.</p>
Result FY 2011	<p>Mercy Medical Center Mt. Shasta in collaboration with 21st Century Oncology provided radiation cancer treatments to 59 individuals in FY11.</p> <p>MMCMS sponsored one "Circle of Healing" retreat with 19 attendees.</p> <p>MMCMS hosted two six-week Growing thru Grief support group sessions with 20 attendees.</p> <p>MMCMS provided 107 free skin cancer screens at the Siskiyou Golden Fair.</p> <p>MMCMS along with grant funding from Mercy Foundation North provided 42 free mammograms to women in need.</p>

Hospital's Contribution / Program Expense	\$5000 Circles of Healing Retreat \$1500 (approx) Skin Cancer screenings at fair \$1274 Tobacco Cessation Class advertising \$500 Growing Thru Grief advertising
FY12	
Goal 2012	Improve community awareness and opportunity to detect cancer at its earliest stages.
2012 Objective Measure/Indicator of Success	Develop comprehensive educational opportunities and screenings programs to help identify cancer in its earliest stages. Provide support group and grief counseling activities for both cancer patients and caregivers.
Baseline	Cancer continues to be one of the top eight health care concerns in Siskiyou County. Specifically access to local care and support group activities remain high on the list of health care needs as identified in our most recent Health Needs Assessment.
Intervention Strategy for Achieving Goal	Additional external education and screenings Targeted flyers to medical professionals at all area medical centers and physicians' offices. Collaboration with area resource centers to provide sites for programs, screenings, etc Continue active participation with the Siskiyou Health Partnership
Community Benefit Category	Category A – Health Improvement Services

Diabetes Programs & Services	
Hospital CB Priority Areas	X Diabetes
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Broader community Increase access to care Increase awareness/knowledge
Program Description	<p>MMCMS seeks to address issues of Diabetes (pre-Diabetes, adult-onset Diabetes, childhood, and Type 1 and 2 Diabetes) through a variety of efforts.</p> <p>Newspaper/ radio/area TV educational info regarding Diabetes, including symptoms, treatment, management, etc.</p> <p>Provide free glucose screenings and educational information at various venues throughout the year (annual County Fair, College of the Siskiyou Health Day, etc.)</p> <p>Providing nutrition therapy outpatient services by our Registered Dietitian</p> <p>Continue our collaborative approach with Siskiyou County Community Resource Centers to offer glucose/cholesterol screenings/educational information on a periodic basis</p> <p>Two area programs received CHW/MMCMS Grant Funds for Diabetes-related programs (McCloud/Mt. Shasta). MMCMS assists these programs as possible to ensure successful implementation of their respective projects. .</p>
FY 2011	
Goal FY 2011	Continue to focus on addressing issues of Diabetes through a variety of efforts including community education, outreach, and screenings.
2011 Objective Measure/Indicator of Success	<p>Increase the community's awareness of symptoms and treatment related to issues of Diabetes. Collaborate with the Mt. Shasta Community Resource Center to provide monthly programs/support group to individuals whose lives have been touched by Diabetes.</p> <p>Serve as the area's key resource for information regarding diabetes.</p> <p>Through financial support (grant funds), provide focused Diabetes education and support, especially regarding nutrition, exercise, weight control, medications, and cooking.</p> <p>Provide glucose screenings and educational information at various community events.</p>
Baseline	Information from FY10 was used as a baseline for building Diabetes services programs for FY11.
Intervention Strategy for Achieving Goal	Intervention strategies to achieve this goal: <ul style="list-style-type: none"> • Continue to provide grant funding to area nonprofit organizations (assumes viable community programs and approval by our grant review committee) • Continue to provide glucose screenings and educational information to the community • Continue airing Public Access TV series (utilizing area medical professional(s)) • Continue collaborating with PSA Family Resource Center to provide educational community programs and support. • Collaborate with the Mercy Mt. Shasta Community Clinic to secure the services of a Nurse Diabetic Educator to work with individuals struggling with Diabetes management issues.
Result FY 2011	<p>Provided \$17,049 in Community Grant funding to two local non-profit organizations providing diabetes education, cooking and management programs.</p> <p>Provided a total of seven Free Glucose Screening educational events. Venues included Community Resource Centers, Siskiyou Golden Fair, Lake Shastina Health Talk, and Senior Health Fair.</p> <p>Provided "Health Tip" newspaper articles written by local physicians.</p> <p>Hired a Nurse Diabetic Educator in the MMCMS Community Clinic to provide individualized diabetic education.</p> <p>Developed individualized nutritional counseling program with MMCMS Registered Dietitian.</p>

Hospital's Contribution / Program Expense	\$23,177.00 (\$17,049 – Community Grants; \$6,128 advertising, educational supplies etc)
FY 2012	
Goal 2012	Continue our successful efforts addressing issues of Diabetes through a variety of efforts including community education, outreach, and screenings.
2012 Objective Measure/Indicator of Success	<p>Increase the community's awareness of symptoms and treatment related to issues of Diabetes.</p> <p>Collaborate with the Mt. Shasta Community Resource Center to provide monthly programs/support group to individuals whose lives have been touched by Diabetes.</p> <p>Serve as the area's key resource for information regarding diabetes.</p> <p>Through financial support (grant funds), provide focused Diabetes education and support, especially regarding nutrition, exercise, weight control, and medication management.</p> <p>Provide glucose and cholesterol screenings and educational information at various community events.</p>
Baseline	Our most recent Health Needs Assessment demonstrates that three of the top eight health risks in Siskiyou County include being overweight; poor eating habits, and lack of exercise. All three behaviors are precursors to Type 2 Diabetes.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Continue to provide grant funding to area nonprofit organizations (assumes viable community programs and approval by our grant review committee) • Continue to provide glucose screenings and educational information to the community • Continue collaborating with Family Resource Center to provide educational community programs and support. • Collaborate with the Mercy Mt. Shasta Community Clinic in providing a Nurse Diabetic Educator to work with individuals struggling with Diabetes management issues. Develop focused marketing effort with local physicians to enhance the referral base.
Community Benefit Category	Category A – Health Improvement Services

Heart Disease Awareness Campaign	
Hospital CB Priority Areas	Heart Disease Awareness Campaign - Increase access to care, enhance community awareness
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	The 2011 Community Needs Assessment again ranks heart disease, stroke, and obesity it the top eight identified health concerns and behaviors.
Program Description	<p>MMCMS "Heart Check" program is designed to educate the broader community (especially those age 50 and older) about the signs and symptoms of heart disease through the following steps: Individuals schedule an appointment with an MMCMS Cardiac-trained Registered Nurse; during that appointment, the individual completes a questionnaire, receives a CT scan to measure calcium deposits in coronary arteries, discusses the results of the questionnaire and scan with the RN, and receives American Heart Association educational information on nutrition/exercise/etc. Cost/individual is \$175.</p> <p>Main sponsor of Northern Valley Catholic Social Services "Hearts and Hope Tea", an event targeting all women in Siskiyou County. Educational speakers/information distributed at event.</p> <p>Provide free cholesterol screenings and American Heart Association information provided at no cost to the broader community at various venues, including County Fair, College of the Siskiyou's Health Day, and the Senior Fall Festival.</p>
FY 2011	
Goal FY 2011	Increase the broader community's awareness of heart healthy lifestyle through continuing to provide MMCMS "Heart Check" program, events, screenings and distribution of American Heart Association educational materials.
2011 Objective Measure/Indicator of Success	<p>Increase awareness of the Heart Check Program</p> <p>Research collaboration with MFN to provide free heart check appointments for high risk participants in local support group activities.</p>
Baseline	Historical participant data from FY10 was used in developing FY11 plans.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> Increase frequency of external/internal publicity (i.e., newspaper/radio/public access television/bulletin boards/flyers, etc.)
Result FY 2011	<p>Heart Healthy "Health Tips" published in local media</p> <p>Main sponsor of the Hearth & Hope Tea with Northern Valley Catholic Social Services</p> <p>Blood Pressure & Cholesterol screenings at a variety of local venues.</p> <p>Heart Check Program - nine participants</p>
Hospital's Contribution / Program Expense	Approximately \$2, 0000 - \$1,000 sponsorship of Heart & Hope Tea, \$1,000 for Marketing.
FY 2012	
Goal 2012	Increase the broader community's awareness of heart healthy lifestyle through continuing to provide MMCMS "Heart Check" program, events, screenings and distribution of American Heart Association educational materials.
2012 Objective Measure/Indicator of Success	Increased participation in preventative heart health interventions and screenings.
Baseline	Our most recent Community Health Assessment identifies Heart Disease/Stoke as one of the top eight health concerns in our county. Poor eating habits, obesity, and lack of exercise are listed as three of the top behavioral health concerns which are indicative of an increased risk for heart disease.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> Increase frequency of external/internal publicity (i.e., newspaper/radio/public access television/bulletin boards/flyers, etc.) Continue partnership with NVCSS in sponsoring the Heart & Hope Tea Increase community screenings with expansion into the outlying areas of our PSA.
Community Benefit Category	Category A – Community Health Improvement

Community Benefit and Economic Value

Classified Summary

Mercy Medical Center Mt. Shasta Classified Including Non Community Benefit (Medicare)						
For period from 7/1/2010 through 6/30/2011						
	Persons	Total Expense	Offsetting Revenue	Net Benefit	% Exp.	% Rev.
<u>Benefits for Those Living in Poverty</u>						
Traditional Charity Care	375	863,173	0	863,173	1.9	1.8
Unpaid Cost of Medicaid	9,261	10,187,738	7,662,903	2,524,835	5.7	5.2
Means-Tested Programs	1,669	1,680,348	450,304	1,230,044	2.8	2.5
Community Services						
Financial and In-Kind Contributions	544	353,924	0	353,924	0.8	0.7
Community Benefit Operations	0	21,232	0	21,232	0.0	0.0
Community Health Improvement Serv	317	0	0	0	0.0	0.0
Subsidized Health Services	86	264,866	0	264,866	0.6	0.5
Totals for Community Services	947	640,022	0	640,022	1.4	1.3
Totals for Those Living in Poverty	12,252	13,371,281	8,113,207	5,258,074	11.8	10.9
<u>Benefits for Broader Community</u>						
Community Services						
Cash and In-Kind Contributions	101	65,743	0	65,743	0.1	0.1
Community Health Improvement Serv	1,990	62,626	2,441	60,185	0.1	0.1
Health Professions Education	2	4,482	0	4,482	0.0	0.0
Totals for Community Services	2,093	132,851	2,441	130,410	0.3	0.3
Totals for Broader Community	2,093	132,851	2,441	130,410	0.3	0.3
Totals- Community Benefit	14,345	13,504,132	8,115,648	5,388,484	12.1	11.1
Unpaid Cost of Medicare	21,773	19,658,756	17,224,936	2,433,820	5.5	5.0
Totals with Medicare	36,118	33,162,888	25,340,584	7,822,304	17.6	16.2

*Note: Community benefit expenses are developed from direct expenses, donations, and a **cost accounting method** for patients receiving medical services including offsetting grants and other revenues.*

Telling the Community Benefit Story

Mercy Medical Center Mt. Shasta will be using this report to help create a higher level of awareness of its community benefit activity. The report will be distributed of key internal and external stakeholders, including but not limited to: CHW North State Board; Mercy Medical Center Mt. Shasta Advisory Council; employees, auxiliary members, and Medical Staff leadership. This report along with the most recent Community Health Needs Assessment will also be available in CHW approved format on the hospitals web site at www.mercymtshasta.org.

APPENDIX

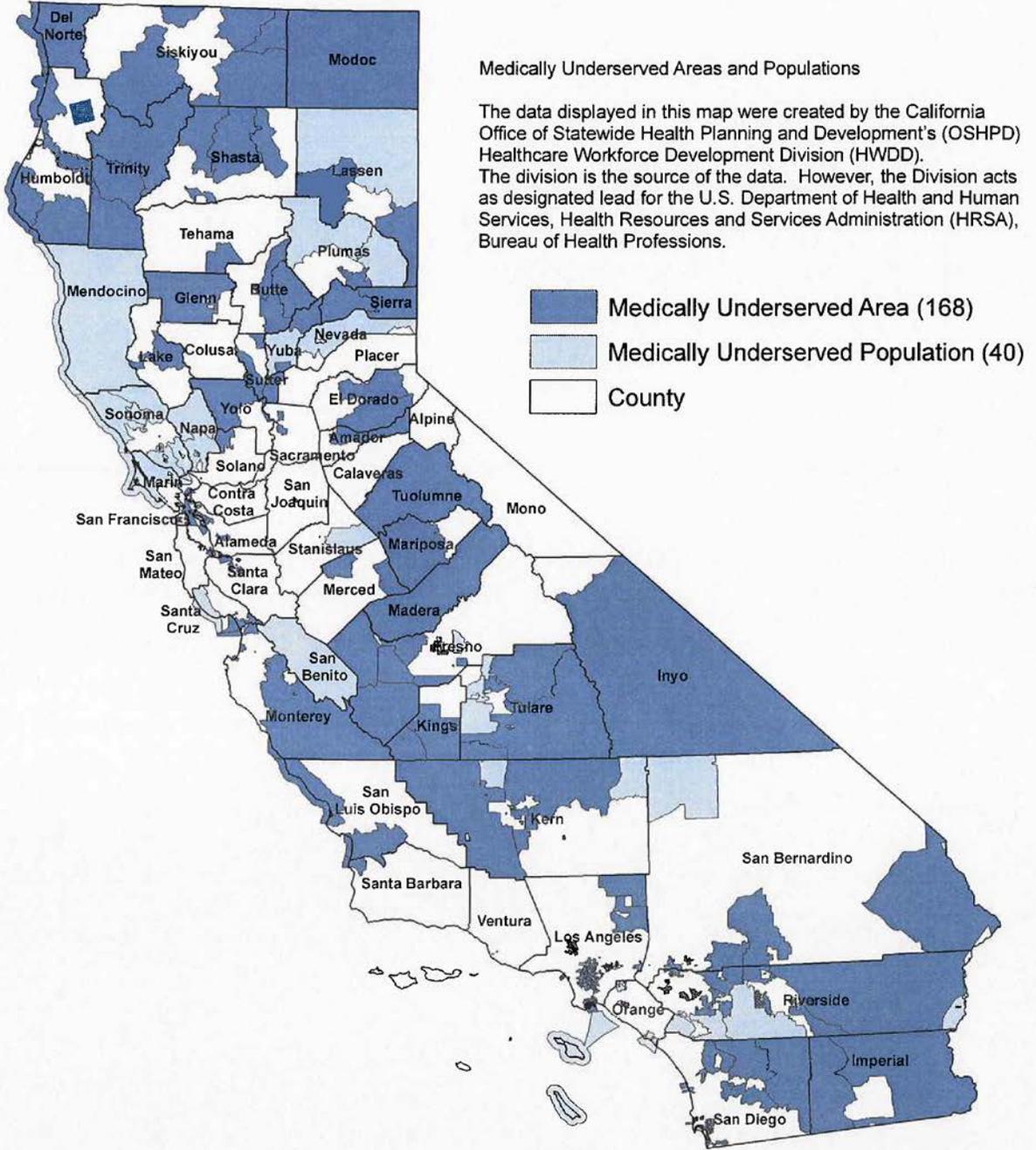
Mercy Medical Center Mt. Shasta COMMUNITY ADVISORY COUNCIL – FY11

- Kenneth E.S. Platou, President, Mercy Medical Center Mt. Shasta
- Virginia Barham, Chamber of Commerce/Dunsmuir, retired Registered Nurse
- Bob Boston, Attorney-at-Law
- Diane Brickell, McCloud, Health Clinic Board member
- Bliss Bryan, Mt. Shasta Community Resource Center, Director
- Sr. Anne Chester, Director of Mission Services MMCMS
- Jim Cross, Mercy Foundation North Board member and large business owner
- Paul Engstrom, Mt. Shasta realtor
- Rita Green, Dunsmuir representative
- Lori Harch, School Board member
- Ray Horst, area Pastor
- Roger Kosel, Judge
- James Langford, retired teacher
- Mike Rodriguez, Mt. Shasta City Parks & Recreation Director
- Norma Stone, McCloud area representative, retired Mercy employee
- Sharon Stromsness, Mercy Mt. Shasta Auxiliary, retired teacher
- Karen Teuscher, CHW North State Service Area Board member

Other Participants:

- Morris Eagleman, RN, MMCMS Vice President
- Sean Malee, MD, Hospitalist, MMCMS Chief of Staff
- Joyce Zwanziger, MMCMS Marketing/Community Relations/Volunteer Services Manager

Medically Underserved Areas and Populations



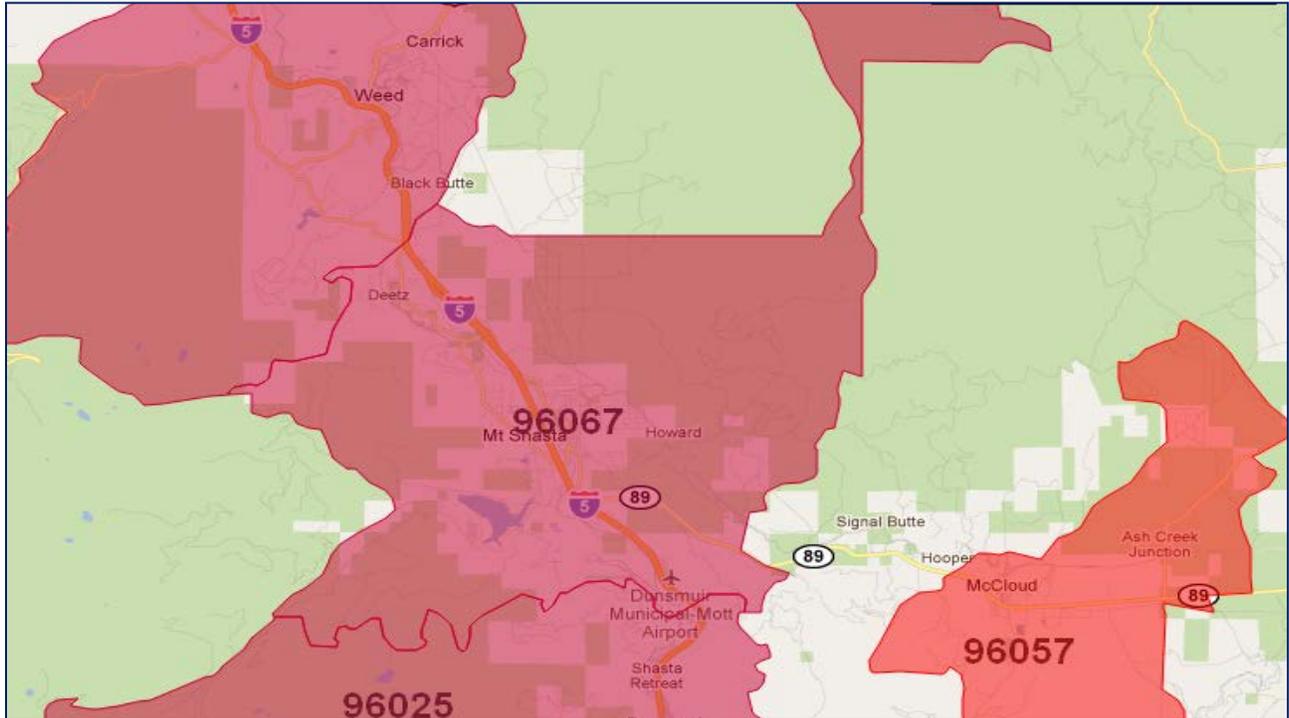
0 25 50 100 Miles

October 2010



Community Needs Index Southern Siskiyou County

Mercy Medical Center Mt. Shasta



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

Zip Code	CNI Score	Population	City	County	State
96067	3.6	7431	Mount Shasta	Siskiyou	California
96025	4	2379	Dunsmuir	Siskiyou	California
96057	4.2	1540	McCloud	Siskiyou	California
96094	4	6349	Edgewood	Siskiyou	California
96097	4.4	10084	Yreka	Siskiyou	California

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