



Mercy Medical Center Redding

A member of CHW



Mercy Medical Center Redding

Community Benefit Report 2011
Community Benefit Plan 2012

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EXECUTIVE SUMMARY

Mercy Medical Center Redding is located at the tip of the Sacramento River Valley in Redding, California. It serves as a regional referral center for far Northern California offering major medical services including a Level II Trauma Center with a dedicated Orthopedic Traumatologist, Level III Neonatal Intensive Care Unit, Cardiovascular Services, and Oncology Services. Mercy Medical Center Redding is also the sole provider of obstetrical services in its primary service area. Mercy Medical Center Redding is licensed for 266-beds and has approximately 1,700 employees. In addition to the key services listed above, Mercy Medical Center Redding also offers a wide array of specialty and surgical services including but not limited to:

- Pediatric Care
- Surgical Inpatient and Outpatient Care
- Center for Joint and Spine Health
- Mercy Regional Cancer Center in Redding
 - Ida C. Emerson Oncology Unit
 - Outpatient Chemotherapy Services
 - Floyd Morgan Family Cancer Resource Center & Medical Library
 - Affiliation with UCSF Helen Diller Family Comprehensive Cancer Center
- Mercy Heart Center
- Mercy Home Health & Hospice Services
- Mercy Family Practice Residency Program
- Mercy Family Health Center – A clinic associated with the Mercy Family Practice Residency Program. The clinic serves Medi-Cal and Medicare patients as well as un-/under-insured individuals, under the direction of the Mercy Family Practice Residency faculty.
- Mercy Maternity Clinic – This Clinic helps mothers and babies achieve a healthy start, by offering comprehensive prenatal care for low-income mothers and high-risk pregnancies.
- Patient Services Centers – Offering outpatient laboratory testing in convenient consumer settings
- Wound Healing and Hyperbaric Medicine Center – This freestanding service cares for individuals with hard-to-heal wounds.
- An 11-room hospitality house for families of patients who reside outside of the greater Redding area and must travel to Mercy Medical Center Redding for trauma, cardiac or cancer care. These families are often unable to sustain this unforeseen financial burden and these rooms are provided at a low nightly rate or at no cost for those who cannot afford to pay
- A dedicated campus for senior services. Named Mercy Oaks, this campus currently features a senior housing complex operated by Mercy Housing, a comprehensive senior nutrition and transportation program and a myriad of social services dedicated to seniors and people who have disabilities.

Mercy Medical Center Redding provided over \$19 million (excluding shortfall from Medicare) in serving the poor and broader community through June 30, 2011. This amount includes the hospital's reinvestment through community grants and other gifts/sponsorships to help improve community health. Listed below are a few highlights of major support for community benefit activities that were operated or substantially supported by Mercy Medical Center Redding during FY11.

- Mercy is a founding partner of the Healthy Shasta Collaborative and continues to be a major annual supporter with financial and in-kind support.
- Scholarships provided for graduating high school seniors majoring in a healthcare related field and other health professions education
- CHAMP® service to qualifying patients with heart failure through a partnership with Mercy Heart & Vascular Institute in Sacramento, Calif.
- Provider of Every Women Counts State Program for early detection of breast cancer.

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

Mercy Medical Center Redding (MMCR) is part of Catholic Healthcare West, a ministry of more than 40 hospitals in Arizona, California and Nevada. As part of CHW, Mercy Medical Center Redding plays a lead role in caring for the community and partnering with others to help make Redding and the surrounding areas a healthier place. In living out the mission, MMCR is particularly attentive to the needs of the poor, disadvantaged and vulnerable.

Community benefit is integrated into the strategic planning process at Mercy Medical Center Redding and is demonstrated at multiple levels throughout the organization. The community benefit planning process is a joint effort that engages the CHW North State Board, Mercy Redding's President and Leadership Team, and Mercy Redding's Advisory Council.

The CHW North State Board has overall responsibility for community benefit activities for Mercy Medical Center Redding to ensure that the activities support the mission, policies and strategic plan of the organization, as well as, address the priority needs of the community. The CHW North State Board gives final approval of the annual community benefit report and plan. In addition to the involvement and oversight of the CHW North State Board, Mercy Medical Center Redding's Advisory Council provides a community perspective to help prioritize the health opportunities for the organization. This 24-member Council represents a broad range of community organizations and needs. The individual responsible for the implementation and facilitation of the Community Benefit process reports to the President of CHW North State and is a member of the Mercy Medical Center's senior management team.

Membership on the CHW North State Board and Advisory Council include community stakeholders, Sisters of Mercy, senior hospital leadership, physicians, and Mission Integration leadership (rosters for the CHW North State Board and Mercy Redding's Advisory Council are listed in Appendix A).

Responsibilities of the Board and the Advisory Council include:

- Review and approval of the annual community benefit report and plan to ensure it is aligned with Mercy Medical Center Redding's mission and strategy, is focused on the priority needs identified through the community health assessment and/or by hospital leadership, and fulfills responsibilities as a charitable organization.
- Provide oversight for the CHW Grants Program, including the identification of grant funding priorities and selection of grant review committee members.
- Serve as advocates in the community that further Mercy Medical Center Redding's mission and help foster strategic partnerships to improve community health.

MMCR believes it is vitally important to work with other values-driven organizations to truly make a difference. By effectively using limited resources and linking together, MMCR can often offer healthy and health prevention options in our community as well as help address the broader health needs of the community. We do not believe we can address the community's health care needs alone. Every year, MMCR reinvests in the community through its Community Grants program. The goal of the program is to reinvest community benefit resources by partnering with non-profit organizations who share our mission and values of working to improve the health and quality of life in our community. In Fiscal Year 2011, MMCR received 21 Letters of Intent and 17 of those organizations were invited to develop and submit full grant proposals. The total amount of funds requested from Mercy in the grant proposals was

approximately \$409,961. After a rigorous review process (which provided a deeper insight into the scope of needs being responded to), MMCR was able to fund nine of those requests for a total of \$137,568.

The following organizations received a FY2011 CHW Community Grant from Mercy:

- Good News Rescue Mission received \$25,000 to help expand the scope and quality of mental health service components to better identify and respond to the Mission's mentally ill guests.
- True North Inc. received \$24,996 for a family wellness program that will provide family centered nutritional education, physical activities, and environmental support to address childhood obesity and other health related issues among at-risk teens.
- Northern California Center for Family Awareness received \$22,000 for their Kids' Turn program that provides workshops focusing on the developmental needs of children whose families have separated.
- Shasta County Child Abuse Prevention Council received \$16,000 for their Eat Better, Move More program that provides workshops that focus on physical activity and nutrition for 7th to 12th graders.
- Shasta County Chemical People received \$15,000 for the Start With A Spark program designed to provide activities and skill development to improve healthy eating habits and physical fitness goals among 7th through 12th graders.
- Shasta Women's Refuge received \$15,000 for the Community Insight Group that will provide an integrated therapy mode addressing both domestic violence and mental health concerns.
- Shasta Family YMCA received \$11,572 for a health and fitness program designed to encourage exercise and healthy nutrition for developmentally disabled persons.
- Help, Inc received \$5,000 to help continue the Helpline project that provides telephone crisis intervention, emotional support suicide prevention and information/referral services to anyone in need.
- Mountain Communities received \$3,000 for community based health education workshops that will include information on nutrition, diabetes and other community healthcare issues.

In addition to the Community Grants Program, MMCR also assists local organizations with community-building activities and programs to help address the root causes of health problems. In FY11, MMCR provided expertise and/or hospital resources to help strengthen community partnerships:

- AARP
- American Cancer Society
- Anderson Community Inc.
- First 5 Shasta
- Good News Rescue Mission
- Leadership Redding
- NorCal Think Pink
- Northern Valley Catholic Social Services
- Redding Chamber of Commerce
- Shasta County Public Health – Healthy Shasta Initiative
- Shasta Community Health Center
- YMCA

COMMUNITY

Mercy Medical Center Redding (MMCR) serves a primary service area (PSA) comprised of zip codes in Redding and surrounding communities in Shasta, Tehama and Trinity County. Portions of Shasta and Tehama County and all of Trinity County are federally designated Medically Underserved Areas (MUA). The PSA has a population estimated at 205,975 residents, and is expected to grow by 1.25% per year, resulting in a projected population of 219,225 by 2015. The 2010 median income for most households in (6 of 10) zip codes within the PSA is less than the Shasta County median income of \$43,712. The fastest growing age segment is 65+. The ethnic make-up of the PSA reflects a Caucasian majority (81.85%). The Hispanic population, which represents 9.04% of the total population, is the largest ethnic minority group.

Employers in Shasta County tend to be comprised of small businesses with one to four employees being most common. The economic recession has had a significant impact on local businesses and has affected unemployment rates. Shasta County's unemployment rate was 15% in June of 2011, which was greater than California's June 2011 rate of 12.1%. Due to the recession there has been a growing need for services provided to the un-/underinsured. Insurance coverage estimates for 2010 showed a total of 45.79% of individuals in Mercy Redding's PSA are either uninsured (25.6%) or have Medi-Cal (20.15%) coverage. People are often turning to the Emergency Department for basic non-acute medical services. To respond effectively to these needs requires collaborative problem solving. Nonprofit organizations need to work together to leverage resources and maximize health assets in innovative ways to enhance existing programs and ensure sustainable health programs and services are available over the long-term. Community-based collaboration will be a priority for Mercy Medical Center Redding and will help drive community benefit efforts in the future.

COMMUNITY BENEFIT PLANNING PROCESS

A community health needs assessment is a systematic process involving the community, to identify and analyze community health needs in order to prioritize, plan and act upon unmet community health needs. An assessment is conducted every three years and an essential component of the process is to prioritize the health opportunities that are identified through the assessment process. In late 2010, a community health assessment was sponsored by MMCR as one of its strategies and commitment to the health of our community. Professional Research Consultants (PRC), located in Omaha Nebraska, conducted the community health assessment for Shasta County. Through a series of telephone interviews, focus groups and the evaluation of existing health related data; PRC compiled a report inventorying community health priorities and provided recommendations for areas of intervention.

The community health assessment was the product of analysis of primary and secondary data sources relating to a wide array of community health indicators in Shasta County. Data input included:

- Community Health telephone survey consisting of a random sample of 500 individuals aged 18 and older in Shasta County. The sample was then weighted in proportion to the actual population distribution at the zip code level.
- Community Health Panels:
 - Two health panels (focus groups) were conducted. One was conducted with physicians and other health care professionals and the other one consisted of social workers and other community leaders.
- A variety of existing (secondary) data sources was consulted to complement the research quality of the health assessment. The data for Shasta County was obtained from the following sources: California Department of Health Services, California Department of Public Safety, Centers for Disease Control & Prevention, ESRI BIS Demographic Portfolio (projections based on the US Census) and National Center for Health Statistics.

PRC identified 14 “areas of opportunity” for health improvement. The health opportunities were (in alphabetical order):

- | | |
|------------------------------------|---|
| ■ Access to Healthcare | ■ Nutrition, Physical Activity & Overweight |
| ■ Cancer | ■ Oral Health |
| ■ Disability & Chronic Pain | ■ Respiratory Disease |
| ■ Heart Disease & Stroke | ■ Sexually Transmitted Diseases |
| ■ Immunizations | ■ Substance Abuse |
| ■ Injury & Violence | ■ Tobacco Use |
| ■ Mental Health & Mental Disorders | ■ Vision & Hearing |

Mercy Medical Center Redding carefully considered how to identify and prioritize various community benefit initiatives. Once the health opportunities were identified, they were ranked by members of the Hospital Advisory Council. The ranking tool contained seven criteria with which to rank each health opportunity. Each criterion was assigned a specific weighted value. Definitions of the criteria are listed below:

- High Incidence or Prevalence - Is the local rate/percent higher than the state or national rate/percent? Consider absolute numbers directly affected by the problem, as well as disproportionate rates among special populations (subgroups of age, sex, race/ethnicity, geographic region).
- Trending - What are the trends? Is the rate/percent increasing or decreasing over time?
- Severity of Problem/Consequences - Consider the degree to which the problem leads to death, disability or impairs one’s quality of life. Also consider the risk of exacerbating the problem by not addressing at the earliest opportunity.

- Amenable to Intervention - Consider how likely it is that interventions will be successful in preventing or reducing the consequences of a problem. Keep in mind all types of intentions (e.g., community education, policy and/or organizational changes, etc.), the potential to reach populations at greatest risk, and the ability of the community at large to mobilize to support the intervention. *In other words ... can we make a difference?*
- Resources Available - Consider what programs are currently in place to address the problem, and consider the ability of organizations to reasonably impact the issue, given available resources.
- Costliness of Treatment of Problem/Consequences - Consider the financial costs of treating the problem; what costs might be saved by preventing or reducing the severity of the problem?
- Acceptability - Considering what the community feels is important, as it can mean greater community support later on.

After the participants ranked each of the areas of opportunity, the results were then calculated and further discussion ensued to select the areas that should be the focus for the next community benefit planning cycle (FY12 – FY15). As a result of the ranking and prioritization process, and taking into account that the hospital has limited financial resources, the following three initiative clusters were identified for Mercy to develop planned interventions to help address in partnership with other community organizations.

These initiative clusters will help address nine of the fourteen opportunities:

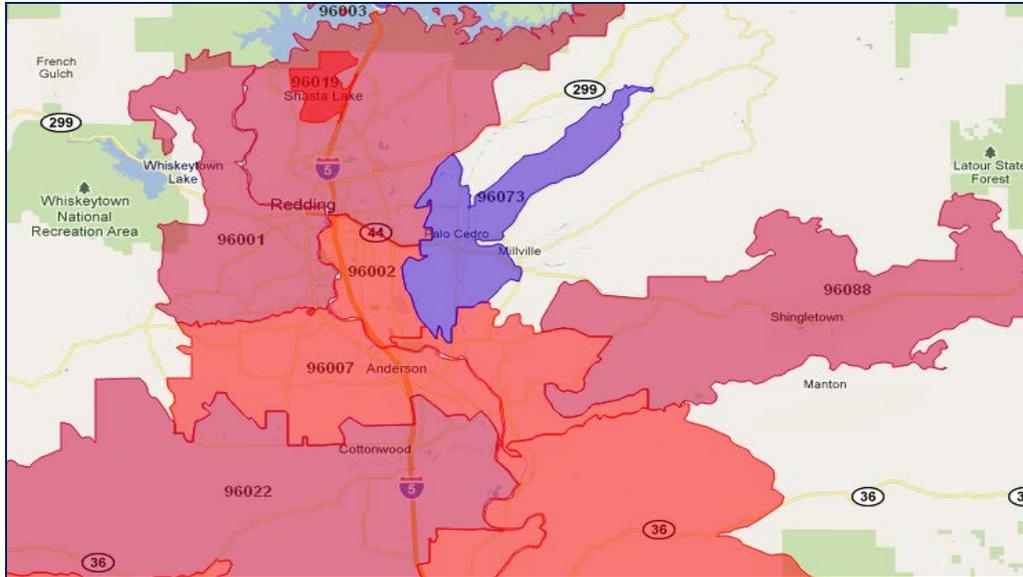
- Heart disease and stroke with a focus on physical activity, oral health, nutrition and overweight
- COPD with a focus on lung cancer and tobacco use
- Chronic pain with a focus on substance abuse and mental health

COMMUNITY NEED INDEX

The Community Need Index (CNI) is a tool used by CHW facilities to measure community need in a specific geography by analyzing the degree to which a community has the following health care access barriers: Income Barriers, Educational Barriers, Cultural Barriers, Insurance Barriers, and Housing Barriers.

By using statistical modeling, the combination of 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 ranked as scoring a “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 map specifies areas in Redding and surrounding areas with associated CNI scores. It is apparent that most of the zip codes within Shasta County are in need the most and represent areas of opportunity for Mercy Medical Center Redding to consider for specific community benefit’s intervention strategies.



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

Zip Code	CNI Score	Population	City	County	State
96001	4	34425	Redding	Shasta	California
96002	4.2	33327	Redding	Shasta	California
96003	3.6	45570	Redding	Shasta	California
96007	4.4	24034	Redding	Shasta	California
96013	4.4	4956	Burney	Shasta	California
96019	4.6	10119	Shasta Lake	Shasta	California
96021	4.8	15183	Tehama County	Tehama	California
96022	3.4	16199	Cottonwood	Tehama	California
96073	2.4	3823	Palo Cedro	Shasta	California
96080	4.4	28752	Rancho Tehama Reserve	Tehama	California
96088	3.4	5033	Shingletown	Shasta	California
96093	4	3757	Weaverville	Trinity	California

Planning for the Uninsured/Underinsured Patient Population

Mercy Medical Center Redding is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured. Currently, 25.6% of Mercy Redding's primary service area population is uninsured, followed by 18.2% who are enrolled in the Medicare program and 20.16% enrolled in Medi-Cal. MMCR ensures that any planning for the uninsured or under-insured population is in accordance with the Catholic Healthcare West financial assistance/charity care policy (see Appendix B).

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Community Benefit Programs are developed in response to the current Community Health Assessment and are guided by the following five core principles:

- 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 - Emphasis on evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- Build Community Capacity - Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance - Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Listed below are key areas of support for community benefit programs that were operated or substantially supported by Mercy Medical Center Redding during FY11.

Physical Activity & Fitness and Nutrition & Overweight

- Mercy is a founding partner of Healthy Shasta and continues to be a major annual supporter with financial and in-kind support.
- Several local gyms offer discounted memberships to MMCR employees and families.
- Mercy Redding hosted a walking group for National Start Walking Day (April 6, 2011). The group consisted of 50 people and they walked for 16 minutes – participants were just shy of completing a mile (0.98).
- Implemented a Hospital-wide *Choose to Lose* weight loss challenge. This was a 13-week long program with participants weighing in weekly. One hundred twenty (120) employees participated and lost a combined total of 1,511 pounds.

Scholarships for Health Professions Education

- Shasta College - Sponsor Scholarship opportunities for the Advanced Nursing.
- Simpson University - Sponsor Scholarship opportunities for the RN to BSN program.
- Mercy Medical Center Redding also offers scholarships to graduating high school seniors that are pursuing a healthcare-related major.

Cardiovascular Disease

- Continued offering the CHAMP® service to qualifying patients with heart failure through a partnership with Mercy Heart & Vascular Institute in Sacramento, Calif.

Cancer Deaths/Skin Cancers/Prostate Exams

- Conversion of the Mercy Medical Center Redding campus to be “Tobacco Free”.
- Continued free tobacco cessation classes – “Quit for Good”.
- Provider of Every Women Counts State Program.
- Hosted a prostate screening in September of 2010.

PROGRAM DIGEST

Listed below are the FY11 Program Digest results for the major initiatives and key community based programs that were operated or substantially supported by Mercy Medical Center Redding.

Healthy Shasta	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Physical Activity & Fitness <input checked="" type="checkbox"/> Nutrition & Overweight
Program Emphasis	<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 checked="" type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Broader Community, Underserved, Children, Workforce
Program Description	Participate in the Healthy Shasta collaborative to increase physical activity and make better nutritional choices easier for those we serve to result in a healthier life and reduced obesity
FY 2011	
Goal FY 2011	Work in partnership with other community organizations to respond to help improve the quality of life
2011 Objective Measure/Indicator of Success	Increased rates of better nutritional choices and increased physical activity per Community Needs Assessment
Baseline	PRC community health assessment indicates that Shasta County has seen some significant improvements regarding nutrition of its residents regarding consuming fruits and vegetables; however, it is still seeing a trend that marks a statistically significant decrease in the healthy weight of its people since 1999. 65.7% of Shasta County adults are overweight or have a BMI of equal or greater to 25. 25.7% of Shasta County adults are obese with a BMI equal or greater to 30. 51.96% of employed Shasta County residents indicate that their jobs entails mostly sitting or standing – just over a quarter of the survey respondents indicate that they have no leisure time physical activity in the past month
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Continue active participation on community steering committee and partnership leadership team 2. Continue financial and in-kind support of annual Healthy Shasta initiatives/events and promote to workforce, Medical Staff and Volunteers 3. Continue implementing Walk The Talk initiatives (employee wellness) within MMCR 4. Feature Healthy Shasta at appropriate health fairs and events either hosted by or attended by MMCR
Result FY11	<ol style="list-style-type: none"> 1. 100% active participation at scheduled meetings <ul style="list-style-type: none"> ▪ Community Benefit staff attended the monthly steering committee meetings. 2. Continue financial and in-kind support of annual Healthy Shasta initiatives/events and promote to workforce, Medical Staff and Volunteers – Invested \$30,000 plus responsible for Kohl's for Kids grant of \$13,470 being directed to support Healthy Shasta efforts <ul style="list-style-type: none"> ▪ Community Benefit staff participated on the Action Hero committee and facilitated the Healthy Shasta Public Relations committee throughout FY11. Mercy's employees, medical staff and volunteers were invited to participate in all appropriate Healthy Shasta initiatives. 3. Continue implementing Walk the Talk initiatives (employee wellness) within MMCR <ul style="list-style-type: none"> ▪ MMCR through several local gyms offers discounted memberships to MMCR employees and families. ▪ MMCR contracted with WellCall and hosted a biometric screening for employees. The screening included: cholesterol (including total, HDL with ratio), glucose reading and BMI measurements. ▪ MMCR hosted a walking group for National Start Walking Day (April 6, 2011). The group consisted of 50 people and they walked for 16 minutes - 76 calories burnt and just shy of a mile being completed (0.98 miles) ▪ Participated in the Healthy Shasta Bike to Work challenge ▪ MMCR Implemented a Choose to Lose weight loss challenge. This was a 13-week long program with participants weighing in weekly. One hundred twenty (120) employees participated and lost a combined total of 1,511 pounds. 4. Increased inclusion of Healthy Shasta initiative work at MMCR sponsored exhibits <ul style="list-style-type: none"> ▪ The Healthy Shasta Collaborative was invited to participate at all appropriate Mercy sponsored health fairs. If Healthy Shasta staff were unavailable to staff a booth, Mercy obtained information from the Collaborative and had it available for participants.
Hospital's Contribution/Program Expense	\$52,974

Cancer Deaths/Skin Cancers/Prostate Exams	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Cancer
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Broader Community, Underserved, Poor
Program Description	Develop comprehensive education and screening program to identify cancer at its earliest stage for successful treatment regarding skin, breast, lung, colon, prostate cancer as well as invest resources in increasing awareness of signs of listed cancer conditions
FY 2011	
Goal FY 2011	Improve community awareness and opportunity to detect cancer at its earliest stage
2011 Objective Measure/Indicator of Success	Develop and implement curriculum, screenings and investments to increase awareness and identification of cancer at its earliest stages regarding skin, breast, lung, colon and prostate cancer as identified as needed in Community Need Assessment.
Baseline	PRC community health assessment indicates that cancer death rates are worse than both the California and US averages; and prostate cancer screening rates are less favorable than US rates.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> Develop and implement annual scope of work and present to MMCR Advisory Council Promote all efforts, when appropriate, in identified DUHN Communities
Result FY11	<ol style="list-style-type: none"> Develop and implement annual scope of work and present to MMCR Advisory Council <ul style="list-style-type: none"> Michele Woods, RN, MA, Oncology Nurse Liaison develops an annual comprehensive cancer curriculum plan. Included in the FY11 scope of work were the following: annual prostate screening and men's health education seminar; Breast Cancer Early Detection Program for women who meet eligibility requirements (3 free community benefit breast cancer public education and outreach, screening and follow-up diagnostic services for low income, uninsured or underinsured women in California); facilitation of the weekly Living Better with Cancer support group; oversee the operation of five "Quit for Good" tobacco cessation class series; annual sponsorship of the community Think Pink campaign and sponsor of the annual Soroptimist Breast Cancer Luncheon; annual sponsor of the American Cancer Society Relay for Life and North Valley Cancer League's Valentine Fantasy; cancer liaison services with patients and collaborator with UCSF Helen Diller Family Comprehensive Cancer Center that sponsored along with local medical experts a continuing medical education and a community symposium on "An Evening Dedicated to the Latest and Greatest in the Detection and Treatment of Women-related Cancers". Additionally, the Mercy Regional Cancer Center exhibited at numerous health fairs throughout the year answering questions from the public about the signs, symptoms and potential treatments of various types of cancer and worked collaboratively with the Shasta County Public Health-Tobacco Education Coalition to successfully implement the designation of non-smoking beach areas at Whiskeytown Lake. Promote all efforts, when appropriate, in identified DUHN Communities <ul style="list-style-type: none"> All cancer related education and screenings were promoted in DUHN Communities.
Hospital's Contribution/Program Expense	\$ 4,600

Horizon 2010 Community Benefit Initiative	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Heart Disease
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input 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	CHW Ambulatory Care Sensitive Conditions Report of 2004 listed heart disease and chest pain as two of four ambulatory sensitive conditions needing attention at Mercy Medical Center Redding. The 2004 baseline study indicated 293 cases of DRG 127, at a net loss of \$258,172. In July 2007, CMS published a heart failure 30-day mortality study that identified post-hospital care for heart failure patients as an area for potential improvement.

Program Description	Mercy contracted with CHAMP® (Congestive Heart Active Management Program) of the Sacramento-based Mercy Heart and Vascular Institute and has integrated this model of post-hospitalization follow-up telephone monitoring of heart failure patients into the discharge protocol for all patients who have a primary or secondary diagnosis of heart failure and an identified primary physician. Each patient chooses if they would like to be referred for the program. Final admission into the program is handled by CHAMP® and gains the permission of the patient's primary care physician.
FY 2011	
Goal FY 2011	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.
2011 Objective Measure/Indicator of Success	Participants in the facility/service area evidence-based CDM program(s) will avoid admissions to the hospital or emergency department for the six months following their participation in the program.
Baseline	Inpatient record analysis for FY2004 to FY2006 of DRG 127 (heart failure and shock) resulted in an annual average of 270 heart failure patients with an average readmission rate of 15.939% within 31 days
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Continue offering the CHAMP® service to qualifying patients in FY11 - underwrite cost of patients electing to and being accepted to participate in program. 2. Track readmission rate. 3. Host community education session on Heart Failure in FY11 to broader community to increase awareness of the condition and encourage patient's active involvement in their own care.
Result FY11	<ol style="list-style-type: none"> 1. Continue offering the CHAMP® service to qualifying patients in FY11 - underwrite cost of patients electing to and being accepted to participate in program. <ul style="list-style-type: none"> ▪ CHAMP program was continued throughout FY11 for qualified patients. 2. Track readmission rate. <ul style="list-style-type: none"> ▪ CHAMP participants were surveyed 6 months post intervention and 0 participants had been readmitted to the Hospital. 3. Host community education session on Heart Failure in FY11 to broader community to increase awareness of the condition and encourage patient's active involvement in their own care. <ul style="list-style-type: none"> ▪ Due to unforeseen circumstances and limited resources, a community education session was not completed.
Hospital's Contribution/Program Expense	\$44,460

A new community health assessment was completed during FY11 and due to the new assessment and priority setting process, the following program digests are for key initiative areas that will be a major focus for Mercy Medical Center Redding over the next three fiscal years (FY12-FY14). These key programs will be continuously monitored for performance and quality with ongoing improvements to facilitate their success.

Healthier Living – Chronic Disease Management Program	
Hospital CB Priority Areas	Heart disease, stroke, physical activity, oral health, nutrition and overweight COPD, lung cancer and tobacco use Chronic pain, substance abuse and mental health
Program Emphasis	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 checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Heart disease, stroke, physical activity, oral health, nutrition and overweight, COPD, lung cancer, tobacco use, chronic pain, substance abuse and depression
Program Description	The Healthier Living workshop is for adults who have a chronic health condition or who live with someone with a chronic health condition. Healthier Living workshop participants learn how to manage stress, fight fatigue and pain, learn how to communicate with their doctor and family members and set goals and learn problem solving techniques.

FY 2012	
Goal 2012	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with chronic disease, enhancing quality of life by preventing or reducing unnecessary admissions to the Hospital
2012 Objective Measure/Indicator of Success	Offer specific interventions, educational opportunities, screenings and investments to increase awareness and identification of risk factors for the health conditions listed above.
Baseline	PRC community health assessment indicates that chronic pain rates in Shasta County are worse than the California average.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Select and train several Healthier Living workshop leaders in the Fall of 2011 • Establish and conduct at least two healthier living workshops for people living with chronic diseases by the end of FY12
Community Benefit Category	A – Community Health Improvement Services

Heart Disease & Stroke	
Hospital CB Priority Areas	Heart disease, stroke, physical activity, oral health, nutrition and overweight
Program Emphasis	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 checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Heart disease, stroke, physical activity, oral health, nutrition and overweight
Program Description	Provide services/programs that respond to the identified community need listed above to help improve community health.
FY 2012	
Goal 2012	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with CHF and other related diseases and enhance the quality of life by preventing or reducing unnecessary admissions to the Hospital.
2012 Objective Measure/Indicator of Success	Education, screenings or interventional programs designed to increase awareness for one of the following risk factors that contribute to heart disease and stroke: Being Overweight, Physical Activity, Nutrition, Oral Health.
Baseline	PRC community health assessment indicates that heart disease and stroke death rates are worse than both the California and US averages. PRC has also indicated that the modifiable risk factors listed above are also areas of health opportunity.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Continue to be a major annual supporter with financial and in-kind support for the Healthy Shasta Collaborative initiatives and events. 2. Continue with yearly vascular screening 3. Offer an educational seminar for community members on the importance of oral health in relation to heart disease. 4. Continue CHAMP program for CHF 5. Continue diabetes education classes that are offered every other month. 6. Refer community members to the Healthier Living Workshops as appropriate.
Community Benefit Category	A – Community Health Improvement Services

COPD, Cancer and Tobacco Use	
Hospital CB Priority Areas	COPD, lung cancer and tobacco use
Program Emphasis	Please select the emphasis of this program from the options below: <input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input 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	COPD, lung cancer and tobacco use
Program Description	Provide services/programs that respond to the identified community need listed above to help improve community health.
FY 2012	
Goal 2012	Enhance proactive community benefit programming targeted to expand the continuum of care for patients and enhance quality of life by reducing unnecessary readmissions to the hospital

2012 Objective Measure/Indicator of Success	Offer specific interventions to reduce readmission for individuals admitted to the Hospital for conditions related to COPD, as compared to baseline year performance
Baseline	PRC community health assessment indicates that COPD death rates are worse than both the California and US averages; and the prevalence of lung cancer disease is increasing in Shasta County. Tobacco use rates are statistically unchanged in Shasta County since 2007 and this contributes to both COPD and Lung Cancer.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Continue to offer and promote the Quit for Good tobacco cessation classes 2. Offer an educational seminar for community members on the correlation between tobacco use and lung cancer and COPD. 3. Refer community members to the Healthier Living Workshops as appropriate.
Community Benefit Category	A – Community Health Improvement Services

Chronic Pain, Substance Abuse and Mental Health

Hospital CB Priority Areas	Chronic pain, substance abuse and depression
Program Emphasis	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 checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Chronic pain, substance abuse and depression
Program Description	Develop and implement an educational campaign and support investments to increase awareness and early identification of risk factors that can contribute to high-risk behavior such as unhealthy coping habits.
FY 2012	
Goal 2012	Enhance proactive community benefit programming targeted to expand the continuum of care for patients living with chronic disease, enhancing quality of life and reducing unnecessary readmissions to the hospital
2012 Objective Measure/Indicator of Success	Offer specific interventions to reduce readmission for individuals admitted to the Hospitals for chronic diseases as compared to baseline year performance
Baseline	PRC community health assessment indicates that chronic pain and substance abuse death rates are worse than the California average. Focus group participants also indicated an increase of "pharm parties" where teens are sharing prescription medications with each other.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Partner with Shasta County Public Health for a community educational campaign - Throw the Drugs Away. 2. Offer a CME on Chronic Pain for physicians and other health care providers. 3. Refer community members to the Healthier Living Workshops to learn healthy pain management and coping skills as appropriate.
Community Benefit Category	A – Community Health Improvement Services

COMMUNITY BENEFIT AND ECONOMIC VALUE

Economic Value:

Economic value of community benefit is defined as the reporting responsibilities associated with providing charity care, unpaid costs of Medicaid, Medicare and indigent programs, education and research, non-billed services, cash and in-kind donations. **Using a cost accounting methodology**, Mercy Medical Center Redding provided more than \$19 million in unsponsored care and programs for the benefit of the community in FY11. Unsponsored care includes cost of care for persons who are poor, the costs associated with caring for Medicare, Medicaid and other government program beneficiaries and costs for services the hospital subsidizes because the services are not offered anywhere else in the community. Listed below is the fiscal year 2011 Community Benefit Inventory for Social Accountability (CBISA) classified summary.

**Mercy Medical Center Redding
Classified Summary Including Non Community Benefit (Medicare)
For period from 7/1/2010 through 6/30/2011**

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization	
					Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Traditional Charity Care	592	4,544,585	0	4,544,585	1.4	1.1
Unpaid Costs of Medicaid Means-Tested Programs	47,760	73,457,637	72,035,994	1,421,643	0.4	0.4
Community Services:						
Comm. Benefit Operations	3	175,674	0	175,674	0.1	0.0
Comm. Health Improvement Svcs.	2,435	12,678	0	12,678	0.0	0.0
Cash and In-Kind Contributions	3,136	2,165,095	37,144	2,127,951	0.6	0.5
Subsidized Health Services	327	1,122,508	0	1,122,508	0.3	0.3
Totals for Community Services	5,901	3,475,955	37,144	3,438,811	1.0	0.9
Totals for Living in Poverty	59,121	92,541,740	76,841,283	15,700,457	4.8	3.9
<u>Benefits for Broader Community</u>						
Community Services:						
Comm. Health Improvement Svcs.	2,477	46,818	0	46,818	0.0	0.0
Cash and In-Kind Contributions	856	295,904	0	295,904	0.1	0.1
Health Professions Education	8	3,655,943	91,520	3,564,423	1.1	0.9
Subsidized Health Services	2,084	51,289	0	512,289	0.0	0.0
Totals for Community Services	5,425	4,049,954	91,520	3,958,434	1.2	1.0
Totals for Broader Community	5,425	4,049,954	91,520	3,958,434	1.2	1.0
Totals for Community Benefit	64,546	96,591,694	76,932,803	19,658,891	6.0	4.9
Unpaid Cost of Medicare	73,752	136,657,282	123,959,050	12,698,232	3.9	3.2
Totals with Medicare	138,298	233,248,976	200,891,853	32,357,123	9.9	8.1

Telling the Community Benefit Story:

Mercy Medical Center Redding will be using this report to help create a higher level of awareness of its community benefit activity. The report will be distributed to key internal and external stakeholders, including but not limited to: CHW North State Board; Mercy Foundation North Board; Mercy Medical Center Redding Advisory Council; elected City and County officials; Union leadership; employees, guild members and Medical Staff leadership. The report will also be available in CHW approved format on the Hospital's web site at www.redding.mercy.org.

Appendix A

FY 2012
CHW NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS

Karen Teuscher, Chairperson

LeRoy Crye, Secretary

Jon W. Halfhide, North State Service Area President

Fernando Alvarez, M.D.

Lisa Cheung, M.D.

Jim Cross

Sister Nora Mary Curtin

John Harch, M.D.

Douglas Hatter, M.D.

Sutton N. Menezes, M.D.

Sister Mary Cornelius O'Connor

Venita Philbrick

Sister Maura Power

Jessie Shields

Any communications to Board Members should be made in writing and directed to:

Lynn Strack, Executive Assistant
CHW North State
P. O. Box 496009
Redding, CA 96049-6009
(530) 225-6103 phone
(530) 225-6118 fax

MERCY MEDICAL CENTER REDDING
ADVISORY COUNCIL MEMBERS
2011

<u>MEMBER</u>	<u>TERM</u>	<u>REAPPTD</u>
Marta McKenzie (Shasta Co. Public Health)	6/2004 to 12/2011	to 12/2011
Dave Honey (Good News Rescue Mission)	6/2004 to 12/2011	to 12/2011
Brad Williams, (Simpson University)	6/2004 to 12/2011	to 12/2011
Tom Armelino (Shasta County Office of Educ)	6/2004 to 12/2011	to 12/2011
Les Baugh (Shasta Co. Board of Supervisors)	6/2005 to 12/2012	to 12/2011
Todd Franklin (Liberty Christian High School)	6/2005 to 12/2012	to 12/2011
<i>Diane Kempley, Chairperson</i> (Redding School District)	6/2005 to 12/2012	to 12/2011
Linda Dickerson (Women's Refuge)	6/2005 to 12/2013	to 12/2011
Kurt Starman (City of Redding)	6/2006 to 12/2013	to 12/2011
Dr. Andy Solkovits (Family Practice Physician)	6/2006 to 12/2013	to 12/2011
Dr. Lucha Ortega (Shasta College)	6/2006 to 12/2013	to 12/2011
Heather Hennessey (First Christian Church)	6/2006 to 12/2013	to 12/2011
Susan Wilson (Health Improvement Partnership of Shasta)	6/2006 to 12/2013	to 12/2011
Jeff Avery (State Farm Insurance)	6/2007 to 12/2014	to 12/2011
Doreen Bradshaw (Shasta Consortium)	6/2007 to 12/2014	to 12/2011
<i>Ryan Denham, Vice Chairperson</i> (SJ Denham Chrysler)	6/2007 to 12/2014	to 12/2011
Roger Janis (Retired from Butte Community Bank)	6/2007 to 12/2014	to 12/2011
Dave Jones (Mountain Valleys Health Centers)	6/2007 to 12/2014	to 12/2011
Jason Parker (Morgan Stanley Financial)	6/2008 to 12/2015	to 12/2012
<i>Mike Mangas, Secretary</i> (KRCR Channel 7)	6/2008 to 12/2015	to 12/2012
Marion Nebergall (Community Member)	6/2008 to 12/2015	to 12/2012
Janice Cunningham (Cox Real Estate)	6/2008 to 12/2015	to 12/2012
Janet Applegarth (Anderson Chamber of Commerce)	1/2011 to 12/2016	to 12/2013
Uriel Ojeda (Catholic Church)	1/2011 to 12/2016	to 12/2013

Appendix B

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.

Appendix C