

ANNUAL REPORT & PLAN FOR COMMUNITY BENEFIT

Fiscal Year 2010 - 2011



Presbyterian Intercommunity Hospital



Annual Report & Plan for Community Benefit Fiscal Year 2010 - 2011

This Annual Report provides detailed information for the following audiences:

Office of Statewide Health Planning & Development (OSHPD) - Healthcare Information Division

This report is submitted to OSHPD in fulfillment of the State of California's community benefit law, Senate Bill 697 (SB 697), which was signed into law in 1994 in response to increasing interest regarding contributions made by not-for-profit hospitals to the communities they serve. SB 697 defines community benefit as "a hospital's activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status."

Specifically, SB 697 requires private, not-for-profit hospitals to do the following: (a) present the findings of its triennial Community Health Needs Assessments; (b) outline a strategy for future programmatic planning and collaboration in response to assessed needs; and (c) provide an annual financial accounting of the full range of community benefit programs and initiatives. This financial accounting, which encompasses financial assistance programs such as charity care, is also reported on the new Schedule H of the recently re-designed IRS Form 990.

Our Community

This report also serves to inform our community - particularly those individuals and organizations with a shared interest in PIH's mission of service - of the broad spectrum of PIH's free and low-cost initiatives, which strive to improve the overall health of the communities we serve.

It is our sincere hope that each of you as civic, business and community leaders, educators, advocates, and neighbors will gain increased awareness of all that is available through your local not-for-profit hospital and that you will help spread the word to those most in need of healthcare services and resources. With your help, we can ensure that everyone in this community is able to access the "RIGHT CARE, at the RIGHT TIME, in the RIGHT PLACE."

We invite you to contact us at any time to share comments or questions, or to request additional information regarding the community benefit programs described in this Annual Report.

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*"To accomplish great things, we must not only act, but also dream;
not only plan, but also believe."*

- Anatole France -

Our Mission

We will provide high quality healthcare without discrimination, and contribute to the health and well-being of our communities in an ethical, safe, and fiscally prudent manner in recognition of our charitable purpose.

Letter from the Chair



“PIH’s promise to serve the community was set in motion over five decades ago and, proudly, that promise remains every bit a part of the organization we are today.”

A sincere commitment to the community is how Presbyterian Intercommunity Hospital (PIH) began over fifty years ago. Prior to the hospital opening in 1959, hospital founders walked door-to-door filling coffee cans with donations to establish PIH as a not-for-profit safety net for Whittier and the surrounding areas.

Today, as a not-for-profit hospital, community benefit continues to be an integral part of PIH’s mission. We dedicate assets to charitable purposes, such as charity care and other financial assistance programs, as well as a multitude of community-based initiatives to improve and promote overall health and well-being, regardless of health or economic status. In addition, PIH has a strong network of community partnerships and collaborations, demonstrating our active leadership role in the community.

Furthermore, PIH, along with our affiliated medical group, Bright Health Physicians, is forward-thinking in making plans to ensure our longevity and position us to continue our provision of outstanding healthcare which meets the needs of our communities. We continue to plan for the upcoming changes in healthcare and are committed to safeguarding our financial strength, which, in turn, allows for future growth and continued fulfillment of our community-based healthcare mission.

This careful stewardship of PIH’s charitable resources is of high priority for PIH’s Board of Directors. As such, in 2006, the Board established a Community Benefit Oversight Committee, comprised of community stakeholders and hospital senior management, which is dedicated to providing the strategic direction, oversight, and evaluation of the important work described in this report.

The following pages describe in detail how PIH demonstrates its commitment to the community by: 1) providing a comprehensive inventory of our community benefit programs; 2) sharing measurable results of our “flagship” community benefit initiatives; and 3) outlining plans for continued fulfillment of our commitment to the communities we serve.

Our medical staff, employees, volunteers and contributors continue to demonstrate passion, integrity, and commitment, and caring in immeasurable ways. PIH’s promise to serve the community was set in motion over five decades ago and, proudly, that promise remains every bit a part of the organization we are today.

Sincerely,

Donald G. Alvarado
Chair, Board of Directors
InterHealth Corp. and PIH

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Chapter 1: Financial Summary

Summary of Community Benefit by Category — Fiscal Year 2010-2011

NOTE: All community benefit expenses are based upon actual hospital costs, not charges, and are organized by community benefit categories (A through I); category definitions can be found in Chapter

Category A: Community Health Improvement Services	\$ 4,150,347
<ul style="list-style-type: none"> Care Force One Mobile Health Services Community Health Education & Screenings Community Hotlines Enrollment Assistance: Enrollment Coordinators & Medi-Cal Eligibility Workers Fall Prevention Program Influenza & Pneumonia Vaccination Clinics Patricia L. Scheffy Breast Health Center Education & Screenings "Reach for the Stars:" Obesity Prevention & Health Access Collaborative Senior Services SeniorNet Computer Learning Center Support Groups Transportation Resources Whittier First Day Health & Wellness Services 	
Category B: Health Professions Education	\$ 2,703,233
<ul style="list-style-type: none"> Family Practice Residency Program Paramedic Base Station Training Student Education: Internship, Externship, Preceptorship & Mentoring Programs Student Education: School-Based Healthcare Career Programs 	
Category C: Subsidized Health Services	\$ 7,879,769
<ul style="list-style-type: none"> High-Risk Infant Follow-Up Clinic Hospice of Presbyterian / Hospice Homes Hospitalist / Intensivist Program (Pediatric/Adult) Pharmacy (Charity Medications) PIH Home Health / Arcadia Home Nursing R. C. Baker Foundation Regional Emergency Department (On-Call Physicians for Under-Served & Paramedic Base Station) Ruth B. Shannon Maternity Care Center 	
Category D: Research	\$ 86,332
<ul style="list-style-type: none"> Ruby L. Golleher Comprehensive Cancer Program (clinical trials) 	
Category E: Financial & In-Kind Contributions	\$ 409,001
<ul style="list-style-type: none"> Financial & In-Kind Contributions Donated Space (American Cancer Society, Sexual Assault Response Team, various community functions) Donated Equipment & Supplies (donated medications) Purchased Services for At-Risk Patients S. Mark Taper Foundation A Day Away Adult Day Health Care Center, an affiliate of PIH (donated staff time) 	
Category F: Community-Building Activities	\$ 93,313
<ul style="list-style-type: none"> Coalition Building (Board service, advocacy efforts, participation in community collaboratives) Shuttle Service 	
Category G: Community Benefit Operations	\$ 352,966
<ul style="list-style-type: none"> Community Benefit Department & Community Benefit Planning 	
Category H: Charity Care	\$ 16,189,328
<ul style="list-style-type: none"> Uncompensated Care & Self-Pay Payment for the Uninsured Programs 	
Category I: Government-Sponsored Means-Tested Healthcare	\$ 16,861,299
<ul style="list-style-type: none"> Unreimbursed Costs of Medi-Cal & Other Means Tested Programs 	
Leadership Journal (narrative only; no dollars reported)	
<ul style="list-style-type: none"> Hospital / Enterprise Leadership Department Leadership Staff & Volunteer Leadership 	
TOTAL COMMUNITY BENEFIT PROVIDED <u>excluding</u> Unpaid Costs of Medicare	\$ 48,725,588
Un-reimbursed Costs of Medicare	\$ 10,469,319
TOTAL COMMUNITY BENEFIT PROVIDED <u>including</u> Unpaid Costs of Medicare	\$ 59,194,907

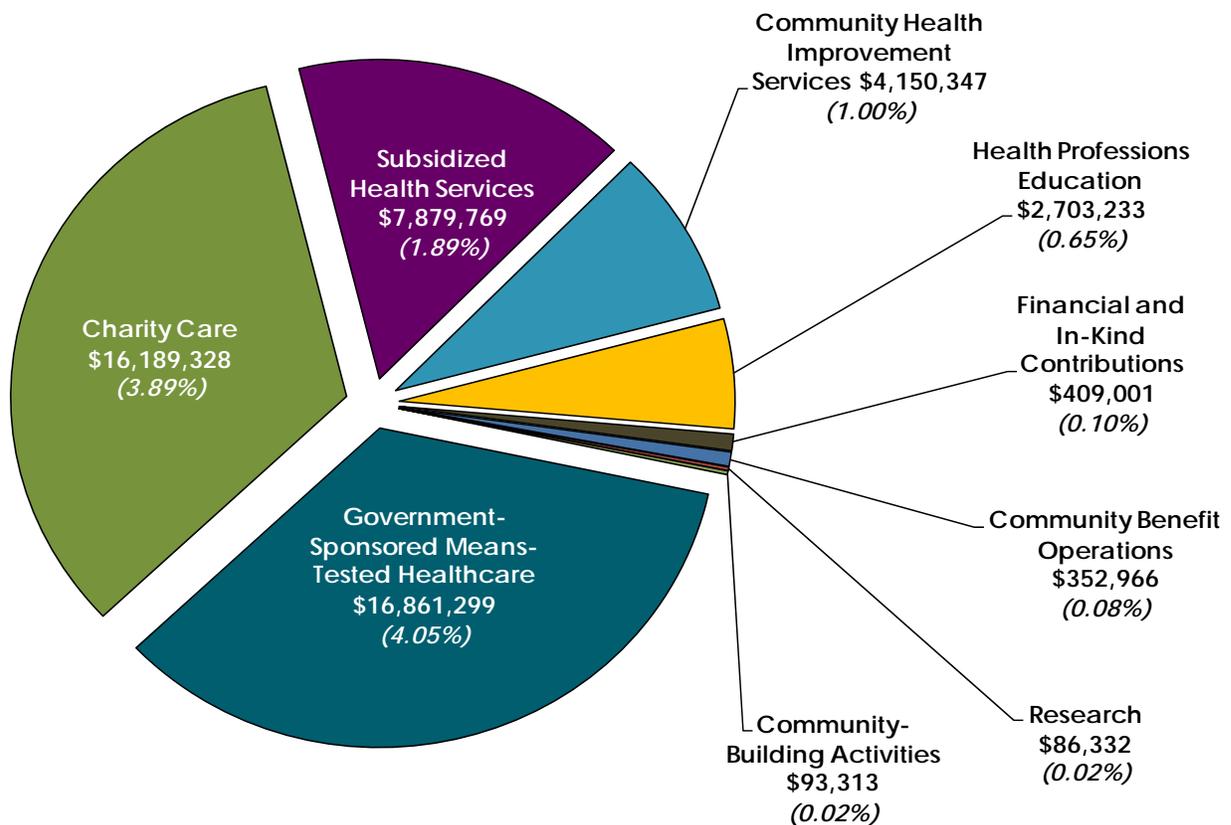
Chapter 1: Financial Summary

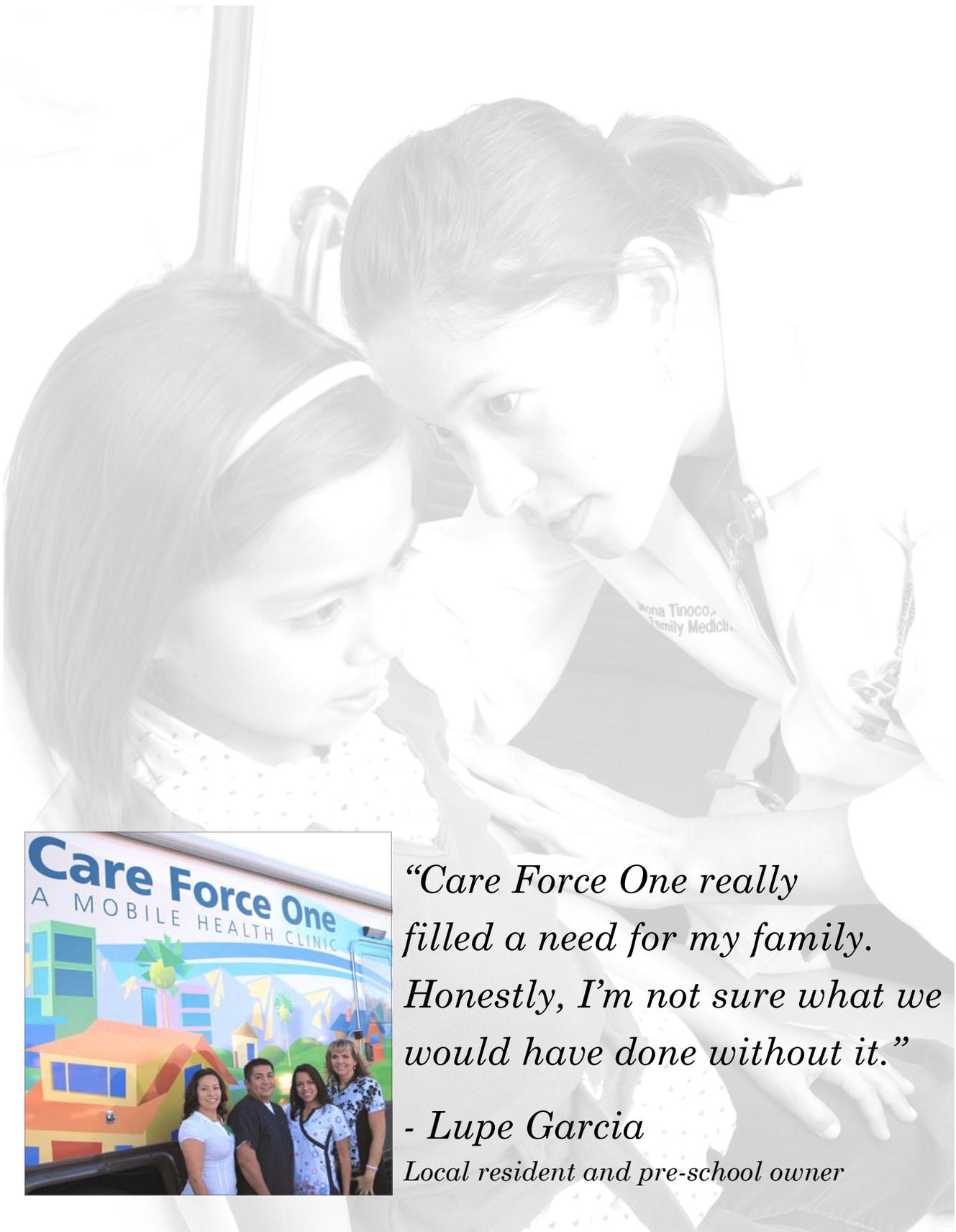
Summary of Community Benefit by Category — Fiscal Year 2010-2011

NOTE: All community benefit expenses are based upon actual hospital costs, not charges, and are organized by community benefit categories (A through I); category definitions can be found in Chapter 5.

Community Benefit Investment Total \$48,725,588
 11.7% of organization expenses (\$416,133,167)

The chart below details community benefit categories (including their respective % of the organization's expenses)





“Care Force One really filled a need for my family. Honestly, I’m not sure what we would have done without it.”

*- Lupe Garcia
Local resident and pre-school owner*

Care Force One Mobile Health Services

Preschool Owner Happily Spreads the Word About Care Force One

It's quite possible that Lupe Garcia is Care Force One's biggest fan.

Over the past decade, this long-time Whittier resident has not only relied on PIH's mobile health services herself, she has also referred many underserved children and families to this valuable resource, which provides low-cost basic and preventive healthcare directly to community members who have difficulty accessing care for various reasons.

Lupe first began seeing Care Force One ten years ago, when she was a single parent raising two small girls. At the time, she worked for a local preschool but didn't have health insurance. State-sponsored programs helped cover one daughter, but Lupe's other daughter was left without any coverage. As she investigated new possibilities, she was thrilled to discover Care Force One, where her daughter began receiving regular physicals, vaccinations, and basic dental exams. "Care Force One really filled a need for my family," she said. "Honestly, I'm not sure what we would have done without it."

So impressed with Care Force One services, Lupe began sharing her experience with co-workers and community residents. Considering how many teachers and parents didn't have insurance for themselves or their children, she said, "Sadly, I noticed that the children were really the ones being left behind. Even the people who qualified for certain benefits in the past weren't qualifying anymore."

Thanks to Lupe, the word kept spreading and now more community members are currently aware of - and using - this remarkable benefit. Today, Lupe is remarried; her girls are grown; and she's covered by great health insurance. And as Lupe proudly opens her own preschool later this year, she'll be sure to promote Care Force One to those in need.



Executive Summary

What is Community Benefit?

The term “community benefit” is defined as those programs, services and initiatives of a not-for-profit hospital which seek to improve community health, improve access to healthcare services, advance knowledge through research and health professions education, and provide relief of government burden, providing the basis for tax-exemption (Catholic Health Association of the United States, CHAUSA). It is also important to note that community benefit activities should exclude offerings provided for hospital marketing purposes.

Through the provision of community benefit, Presbyterian Intercommunity Hospital (PIH) fulfills its charitable mission to “*meet the identified unmet health needs of the community,*” (as stipulated by the State of California’s community benefit legislation - Senate Bill 697) as well as to create health benefits that extend beyond treatment of disease to “*improve the overall health of our community,*” (as stipulated by Federal / Internal Revenue Service regulations).

California Community Benefit Legislation

The State of California’s community benefit law, Senate Bill 697 (SB 697), began in response to increasing interest regarding contributions made by not-for-profit hospitals to the communities they serve. The California Association of Catholic Hospitals and the California Healthcare Association co-sponsored SB 697, which was signed into law in September of 1994.

California SB 697 defines community benefit as “a hospital’s activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status” in exchange for tax-exempt status.

PIH’s Community Benefit Activities

A narrative inventory of community benefit activities can be found in Chapter 5: Community Benefit at PIH, which begins on page 39.

Specifically, SB 697 requires private, not-for-profit hospitals to do the following:

- Conduct a triennial assessment evaluating the health needs of the communities serviced by the hospital and engage in a process for prioritization of needs that the hospital can address either directly or in collaboration with others;
- Develop a community benefit plan including, but not limited to, the activities the hospital will undertake in order to address community needs; and
- Submit annual written documentation of the full range of community benefit provided to California’s Office of Statewide Health Planning & Development (OSHPD).

IRS Schedule H (Form 990)

Hospitals with tax-exempt status are required to provide information specific to their organization on the new Schedule H of the recently re-designed IRS Form 990. The entire Schedule H was mandatory beginning with Tax Year 2009 (only certain portions of Schedule H regarding disclosure and description of hospital facilities were required for Tax Year 2008).

Schedule H contains six parts related to a hospital's community benefit programs or activities, and additional financial information, as noted below:

- Part I: Quantifies financial assistance, including charity care, and other community benefit expenses;
- Part II: Quantifies community-building activities;
- Part III: Quantifies Medicare shortfalls and bad debt expenses;
- Part IV: Requires disclosure of joint ventures in which a hospital participates;
- Part V: Requests information about the hospital's healthcare facilities, community health needs assessment and financial assistance practices; and
- Part VI: Provides for narrative discussion of hospital practices related to its community health needs assessment, promotion of community health, patient education regarding charity care, and other charitable activities that may be difficult to quantify.

Fulfilling the PIH Mission

This Annual Report provides comprehensive documentation of PIH's community benefit programs & services which, as of Fiscal Year 2008-2009, were aligned with categories developed by the Catholic Health Association of the United States (CHAUSA), in cooperation with VHA Inc. - these two organizations also provided significant input into design of the new IRS Schedule H. As such, CHAUSA, has been acknowledged as the current leader for standards and guidance regarding "what counts" as community benefit.

In prior years, PIH aligned its community benefit reporting with categories established through our involvement in a national, voluntary demonstration entitled "*Advancing the State of the Art of Community Benefit*" or *ASACB*. As part of our commitment to best-practices, we have since realigned with the recognized standards established by CHAUSA.

Central to PIH's success as a not-for-profit hospital and integrated healthcare delivery system is ensuring that we maintain adequate resources and financial strength to remain a center of excellence capable of meeting the acute health care needs of our community, while providing charitable care and seeking, developing and implementing best-practices that meet community health needs.

Fulfilling the PIH Mission (continued)

We take pride in ensuring thoughtful financial and strategic planning, creative patient-centered operations that often take us directly into the communities we serve, and meaningful collaborations with community partners. Employing intelligent business approaches to the planning, evaluation, and reporting of our community benefit initiatives ensures long-term sustainability and demonstrates our commitment to responsible stewardship of our not-for-profit resources.

Community Benefit: Accountability, Consistency & Transparency

The tenets of community benefit are intrinsic to PIH's culture and integral to how we do business. In 2002, PIH joined the call for community benefit reform and played an active role in facing the challenge through voluntary participation in the aforementioned national demonstration entitled "*Advancing the State of the Art in Community Benefit*" or ASACB. As such, demonstration partners worked to establish standards aimed at eliminating qualitative and quantitative inconsistencies in community benefit reporting and, further, to bring best practice to the delivery of community benefit. PIH's involvement in ASACB resulted in a multi-year, multi-phase reorganization. While details of PIH's reorganization have been described in greater detail in prior years' reports, the effort fostered successful alignment of hospital governance, operations and management with our charitable mission.

Core Principles of Community Benefit

The five core principles (noted below) were adopted by the hospital board of directors in 2006 to serve as both the foundation of all PIH community benefit activities and the "measuring stick" by which they are enhanced and qualified.

The Five Core Principles of Community Benefit

- 1) **Emphasis on vulnerable populations:** *Emphasis on outreach & program design that ensures access for those with disproportionate unmet health needs;*
- 2) **Primary prevention:** *Emphasis on improving health status or quality of life through health promotion, disease prevention, or health protection, including addressing underlying causes of persistent health problems;*
- 3) **Seamless continuum of care:** *Development of linkages between clinical services and community health improvement activities;*
- 4) **Community capacity:** *Emphasis on mobilizing / building on existing community assets to encourage collaborative action & reduce duplication; and*
- 5) **Collaborative governance:** *Engaging diverse community stakeholders in program design and evaluation, thereby enabling sharing of resources and skills.*

Community Benefit: Accountability, Consistency & Transparency (continued)

Board-Level Oversight by PIH's Community Benefit Oversight Committee (CBOC)

The work of the CBOC ensures that community benefit initiatives are effective and deliver an appropriate return on investment of charitable resources. While CBOC provides overall oversight and evaluation of the alignment of PIH's community benefit programs with the adopted core principles of community benefit, the programmatic-level oversight of programs resides with individual hospital departments. CBOC members include key community stakeholders, as well as hospital senior management. *A list of FY 2010-2011 CBOC members can be found as Appendix B, page 103.*

Assessment of Community Health Needs

PIH's approach to conducting its triennial community health needs assessment is continually re-visited and refined to ensure data is meaningful and useful to PIH's Community Benefit Plan and Implementation Strategy, which outline how identified priority health areas will be addressed, as well as to area agencies who utilize assessment data for program planning and grant-writing purposes. We also strive to facilitate on-going community engagement through primary data collection efforts in order to identify significant areas of concern. *PIH's 2010 Community Health Needs Assessment can be found on the PIH website: <http://www.pih.net> (community outreach - community benefit tab).*

Prioritization of Community Health Needs

PIH's CBOC engages in a thoughtful priority setting process based on findings of each triennial community health needs assessment, prior to selection of priorities or the launch / expansion of initiatives. The two-fold objective of this process is to: 1) prioritize community needs through an objective, analytical process using consistent criteria; and 2) ensure that organizational priorities, and subsequently, proposed priority health areas pass the "high value/high probability of success" test prior to selection. *CBOC priority setting tools can be found as Appendix E, page 109.*

Community Benefit Priority Health Areas

The selection of PIH community benefit priority health areas is integral to ensuring hospital initiatives are responsive to identified community needs. Based upon the 2010 Community Health Needs Assessment, the CBOC determined the following three priority health areas:

Healthy Living (i.e. overweight / obesity initiatives)

Health Management (i.e. prevention strategies, chronic disease self-management)

Health Access (i.e. building a seamless continuum of care)

Community Benefit: Accountability, Consistency & Transparency (continued)

Community Benefit Priority Health Areas (continued)

While PIH will maintain those “flagship” community benefit initiatives already vetted by the CBOC, these priority health areas shall serve as our primary areas of focus for community benefit through the year 2013 and likely for a period of time beyond until results are available from the next triennial Community Health Needs Assessment. *See Chapter 3: Community Benefit Plan for details regarding how these priority health areas will be addressed in the coming years.*

Program Overview & Enhancement Templates

These program templates, which serve as a guiding strategic plan for managers of PIH flagship community benefit programs, provide a consistent set of tools by which to plan for enhanced alignment of programs with core principles and to evaluate progress and achievements. *A sample Template can be found as Appendix F, page 111.*

Outcomes Measurement & Evaluation

Measurement of outcomes for each of PIH’s “flagship” community benefit programs via development of aims & measurable objectives, has resulted in a more sophisticated level of evaluation and oversight by the CBOC.

This on-going review of program effectiveness and impact ensures that PIH continues to employ intelligent business approaches in evaluation of initiatives to inform overall decision-making. We realize that it is only through measurement and evaluation of impact that we can distinguish successes and/or highlight areas for improvement or growth to result in more effective initiatives.

As such, community benefit program managers, with guidance and support from the Community Benefit Department, have:

- Established baseline data for each of the hospital’s major initiatives;
- Engaged in a thoughtful process to determine specifically which outcome measures are meaningful to their efforts;
- Reported outcomes and impact through community benefit dashboards, which are presented for evaluation - together with program templates featuring proposed enhancements - during the CBOC’s Annual Meeting; CBOC Annual Meeting evaluation results are subsequently shared with PIH’s senior management and Board of Directors.

Dashboards illustrating impact and outcomes of these flagship programs can be found in Chapter 5: Community Benefit at PIH - The Results, pages 41-76.

Providing the Best Care Possible for our Communities

As we wrapped up the final celebrations of our 50th Anniversary Year in 2009, many - including hospital founders, our first Auxiliary members, Board members, physicians, and staff - took the opportunity to reflect on how far PIH has come since its start as a community hospital. Collectively, we are extremely proud of the past five decades and find it an honor to serve our communities. As such, we are committed to the success of each of the community benefit programs and initiatives detailed in this Annual Report.

Our goal is to be the community's resource for all health, wellness, and hospital care needs. PIH is a shining example of what can be achieved when a hospital's actions are guided by the pursuit of excellence and the needs of those it serves. PIH's Chief Nursing Officer Reanna Thompson recently underscored PIH's commitment to its charitable mission, *"As a not-for-profit hospital, PIH is committed to the ongoing health and well-being of our communities."* Additionally, as recently stated by Tom Robinson, City Manager for the City of La Mirada, *"PIH plays a big role investing in the community through civic events, charitable activities and outreach programs."*

Recognizing that it takes time to realize the long-term, overall health improvement benefits of programs aimed at disease prevention and health promotion, we remain steadfast in the belief that each small step, each community partnership, and each successful effort - whether large initiatives requiring investment of significant hospital resources or grassroots collaborations - brings us one step closer to our vision of a healthier community.

We thank you for your support, and look forward to continuing to partner with you in caring for our community - specifically those who need us most - well into the future. Together we can create a healthier community.



Left to right: James Fitzgerald, M.D., Chair, PIH Foundation Board of Directors; Hubert Perry, founding member of PIH; Drew Sones, Chair, Interhealth Corp. & PIH Board of Directors, and Jim West, PIH President and CEO, as they sign the final steel beam of PIH's Plaza Tower.

PIH will be the only hospital in its service area to be totally seismically compliant with SB 1953 - the seismic safety legislation – once the tower is complete in 2012.

"PIH plays a big role investing in the community through civic events, charitable activities, and outreach programs."

*- Tom Robinson
City Manager
City of La Mirada*

“I love being able to teach people and see their positive results. Many say their lives are so much better because of this class. That really makes my day.”

- Arturo Elizondo

*Volunteer educator
for Better Choices, Better Health™
a chronic disease self-management program*



Chronic Disease Self-Management Program

Teaching at Last: Retired Technician Rediscovered His Love for Helping Others

Arturo Elizondo always loved the idea of becoming a teacher. Yet when he chose a career, he opted for a higher-paying profession as an avionics technician instead. Now that Arturo is retired, he has more time to pursue his original passion. And he's putting his teaching skills to good use as a lay educator for the new **Better Choices, Better Health™** program at PIH.

This six-week program gives people with chronic conditions the opportunity to attend small group workshops to learn how to manage their health. Developed by Stanford University School of Medicine, this evidence-based program helps those with arthritis, diabetes, depression and other chronic diseases gain self-confidence in their ability to control their symptoms. The weekly meetings are highly interactive and - best yet - are facilitated by lay leaders with chronic conditions of their own, making them more relatable.

"These are the perfect people to facilitate the workshops because they know just what it's like to live with a chronic disease—and how to increase the quality of one's health beyond simply taking the medication a doctor prescribes," said Nancy Whyte, Director of Community Education, Senior and Volunteer Services for PIH.

"When I learned I could become a volunteer educator, I jumped at the chance," said Arturo, a diabetic for eight years. He now helps people take better control of their health by managing symptoms, setting goals, dealing with difficult emotions, using relaxation techniques, being physically active and eating well.

"Because I've had diabetes for a number of years, I can relate to where these people are coming from," he said. "Fortunately, the techniques I've learned through PIH have helped me better control my symptoms, so I can be a good source of encouragement to people who are going through similar things. I love being able to teach people and see their positive results," he said. "Many say their lives are so much better because of this class. That really makes my day."



Profile of Our Communities

Hospital Service Area

Since opening in 1959, Presbyterian Intercommunity Hospital (PIH) has grown from a 188-bed facility to a 444-bed medical center and integrated healthcare delivery system that, today, serves more than 1.5 million residents in Los Angeles, San Bernardino, and Orange counties, and includes a network of primary care clinics, mobile health services, a residential hospice program, as well as an adult day health care center. PIH is situated in the southeast portion of Los Angeles County within an area referred to as Service Planning Area 7 (SPA 7).

Community benefit legislation (SB 697) defines “community” as the resident population within a hospital’s service area, specifically those individuals and families residing within the geographic region where the hospital provides healthcare services. PIH determines its primary and secondary service areas through hospital discharge data obtained from the Office of Statewide Health Planning and Development (OSHPD). The most recent data available indicate that approximately 73% of admissions come from nine cities, which comprise the primary service area noted below. PIH’s secondary service areas includes additional cities in San Gabriel Valley and North Orange County.

Primary Service Area *

(Encompasses 9 cities/ communities; 13 zip codes)

Hacienda Heights	91745
La Habra	90631
La Habra Heights	90631
La Mirada	90638
Montebello	90640
Norwalk	90650
Pico Rivera	90660
Santa Fe Springs	90670
Whittier	90601-90606

Secondary Service Area - West *

Bell	90201
Bellflower	90706
Downey	90240-90242
Los Angeles	90022
Los Angeles	90040
South Gate	90280

Secondary Service Area - East *

Chino Hills	91709
Diamond Bar	91765
La Puente	91744
La Puente	91746
Rowland Heights	91748
Walnut	91789
West Covina	91792

** Based on Calendar Year 2009 OSHPD Discharge Data; listed in alphabetical order.*

2010 Community Health Needs Assessment

Paramount to successfully meeting the needs of our service area is the ongoing assessment of the health status and social needs of the communities we serve. As such, PIH conducts a Community Health Needs Assessment every three years, in fulfillment of its obligation as a not-for-profit hospital, in accordance with California State Law and the new Patient Protection and Affordable Care Act (PPACA), a federal statute that was signed into law on March 23, 2010.

The findings of these triennial assessments serve as a primary tool for PIH to determine its Community Benefit Plan and Implementation Strategy, which outline how we will address unmet community health needs and, ultimately, strive to improve the overall health and quality of life in our local communities. PIH's Community Benefit Plan is updated each year as part of this Annual Report, and can be found as Chapter 3: Community Benefit Plan, page 26.

While the complete 2010 Community Health Needs Assessment can be found on the hospital's website, the following pages summarize the Assessment's methodologies, objectives, and findings.

<http://www.pih.net> (community outreach - community benefit tab)

Methodology

The recently released 2010 Community Health Needs Assessment took a new and significantly innovative approach to assessing community health needs. For example, the Community Benefit Oversight Committee (CBOC) approved the collection of secondary data as done previously, but recommended to enhance primary data collection by aligning with the community benefit priority health areas (selected based on the 2007 Assessment) – a focused approach that resulted in additional information related to the three previously selected priorities: 1) overweight & obesity; 2) adult pneumonia; and 3) preventable emergency department visits and hospitalizations.

Primary Data Collection - Community Input

The Assessment's primary data collection consisted of targeted interviews and focus groups, which were used to gather information regarding perceptions and opinions from those representing the broad interests of the communities in PIH's Primary Service Area. Key community stakeholders, identified by the CBOC, were contacted and asked to participate in the needs assessment via telephone interviews. As a result, 27 interviews were conducted during the months of July and August, 2010. The community stakeholders who participated consisted of a cross-section of agencies representing local government, and health and social services in Primary Service Area communities.

2010 Community Health Needs Assessment (continued)

Methodology (continued)

Primary Data Collection - Community Input (continued)

Additionally, 10 focus groups were conducted in the PIH Primary Service Area communities during the months of June, July and August, 2010. Three focus groups were conducted in Spanish and seven in English. The Spanish groups were conducted by a bilingual facilitator; responses were then translated to English and presented in a written report. A total of 95 individuals participated in these focus groups, ranging from parents, students, PIH case managers and social workers, to homeless and low-income individuals.

Secondary Data Collection

Secondary data were collected from a variety of local, County, and State sources in order to profile PIH's Primary Service Area demographics, as well as birth and death characteristics, access to health care, chronic diseases, social issues, and school and student characteristics. When pertinent, these data sets are presented in the context of Los Angeles County and the State in order to frame the scope of an issue as it relates to the broader community. Analyses were conducted at the most local level possible, based on availability of data.

As such, the following sources and data sets were utilized:

- U.S. Census 2000 data and California State data by zip code;
- California Health Interview Survey data by Service Planning Area;
- Los Angeles Health Survey data by Health District;
- Employment Development Department statistics by City;
- PIH Information Solutions Department Hospital Data;
- California Department of Education for school district data; and
- Office of Statewide Health Planning & Development (OSHPD).

In addition to the refined methodology noted above, the 2010 Community Health Needs Assessment also featured the following enhancements:

- Mortality data findings were averaged over four years (2005-2008) and age-adjusted to add stability to the data and eliminate the bias of age in the makeup of the populations being compared;
- The newly released Healthy People 2020 objectives were used as benchmark comparisons; and
- Additional Geographical Information Systems (GIS) maps were added which focus specifically on access to care and the 2007 priority health areas.

2010 Community Health Needs Assessment (continued)

Significant Highlights of Assessment Findings

While 2010 Community Health Needs Assessment findings are summarized on the following pages, below are noteworthy highlights of findings (as compared to the 2007 Assessment):

Secondary Data Collection (Statistics)	
Demographic Profile	Unemployment rates more than doubled in the PIH Primary Service Area.
Birth & Death Characteristics	There are mixed findings in regard to birth outcomes with improvement in some geographic areas for low-birth weight births, teen births and infant mortality and worsening birth outcomes in others.
Chronic Disease - Adults	Adults have higher rates of cholesterol, diabetes, heart disease, and high blood pressure.
Chronic Disease - Children	Children were diagnosed with asthma at higher rates, with 11.2 % of children being diagnosed (per 2007 data source), an increase from 9.4% (per 2005 data source).
Access to Healthcare: Insurance Coverage - Adults	The percent of un-insured has risen from 18.9% to 20.3%, although, interestingly, insurance coverage for adults has moved toward a lower percent of those covered by Medi-Cal coverage (from 14.4% to 7.6%), with a higher percent having private insurance coverage (from 65.3% to 70.5%).
Access to Healthcare: Insurance Coverage - Children	The percent of un-insured children has decreased from 7.1% to 4.9%.
Access to Healthcare: Preventive Practices	Seniors are receiving flu shots and pneumonia vaccines at higher rates (from 63% to 73.2% and from 60.2% to 62.4% respectively), while women show a decreasing rate of obtaining screening mammograms (from 80.3% to 70.5%).
Access to Healthcare: PIH Emergency Department Admissions	Admissions rose to 55,422 in 2009, an increase of 11.5% from the previous year.
Social Issues: Overweight & Obesity	Overweight and obesity continue to impact a large portion of the PIH Primary Service Area; percentages of both overweight and obese adults has risen; children's obesity rates vary by city, but range from approximately 20% to 30%.
Primary Data Collection (Interviews & Focus Groups Perceptions)	
Interview and focus group participant input centered around these themes:	The most commonly expressed concern was in regard to access to low-cost, timely health care.
	There was a widespread perception that there is simply less access to services overall, particularly low-cost or free access to preventive services (mammograms/pap smears), specialists, dental, vision or mental health, including medications, for the poor and homeless populations.
	Many expressed concern regarding the slowing economy and its impact on the community, specifically access to healthcare.
	Many also expressed concern with rising rates of obesity, diabetes and hypertension in children, as well as adults.

2010 Community Health Needs Assessment (continued)

Summary of Assessment Findings

The following pages summarize the 2010 Community Health Needs Assessment findings for PIH's Primary Service Area.

Where data are available, health and social indicators in the PIH service area are compared to established goals or benchmarks. The majority of benchmarks referenced in this needs assessment are from *Healthy People 2020*, an "ambitious, yet achievable 10-year agenda for improving the nation's health" led by the Federal Department of Health and Human Services. *Healthy People 2020* was launched in December 2010 as an update to *Healthy People 2010*.

Indicators in the PIH Primary Service Area that do not meet the *Healthy People 2020* objectives include: adult and child health insurance rates, overweight and obesity, and flu and pneumonia vaccination rates. Additionally, the PIH Primary Service Area has higher rates of death from heart disease, cancer and stroke when compared to *Healthy People 2020* objectives.

Community Profile Summary

- From 2000 to 2008, the population in the PIH Primary Service Area increased an estimated 9.1%, from approximately 600,000 to 650,000 persons.
- Residents are primarily Latino (61%), White/Caucasians (26%), and Asian/Pacific Islanders (10%). Close to one-third (31%) of the residents exist at 200% of the Federal Poverty Level.
- Montebello and Whittier 90602 have the highest rates of children living in poverty.
- Spanish is spoken in 44% of households.
- When the population is examined by zip code, high concentration of seniors can be found in Whittier 90603 (18%), La Mirada (14%), and Santa Fe Springs (14%).
- High percentages of youth, ages 0-17, are found in Whittier 90605 (33%), Norwalk (32%), and Whittier 90606 (32%).
- Unemployment is increasing, with Norwalk and Montebello having the highest levels, with 12.8 % and 13.5 % respectively.

Birth and Death Characteristics Summary

- Among pregnant women, 85% obtained prenatal care during the first trimester.
- From 2006 to 2008, the overall rate of low birth weight babies per 1,000 live births has decreased.
- When adjusted for age, the area has a higher death rate (809.7 per 100,000) than that of the County (774.8 per 100,000) and the State (650.1 per 100,000).
- The area has higher rates of death per 100,000 population than when compared to the State for heart disease, diabetes, influenza/pneumonia, liver disease, hypertension and kidney disease.
- Heart disease, cancer and stroke are the top three leading causes of death.

2010 Community Health Needs Assessment (continued)

Access to Healthcare Summary

- The service area has low rates of uninsured, with 80% of the adult population and 95% of children, ages 0-17, having health insurance coverage.
- PIH Emergency Department admissions rose to 55,422 in 2009, an increase of 11.5% from the previous year.
- 71% of women had screening mammograms in 2007, down from 80% in 2005.
- Seniors are receiving flu shots and pneumonia vaccines at rates higher than in SPA 7 and County, although not at Healthy People 2020 recommended rates.

Chronic Disease Summary

- Adults in the Whittier Health District have high rates of asthma, high blood cholesterol, depression, diabetes, and high blood pressure.
- 11% of children were diagnosed with asthma in 2007, increased from 9% in 2005.

Social Issues Summary

- Nearly 47% of adults are overweight; 27% are considered obese.
- Among children, rates of obesity range from 20% in Hacienda Heights and La Mirada to West Whittier where 30% of the children are obese.
- Over 90% of parents report access to safe places to play for their children.
- Approximately 46% of adults and 42% of youth are physically active.
- Only 16% of adults report consuming five or more servings of fresh fruits and vegetables daily.
- Nearly 47% of residents in the Whittier Health District eat fast food one or more times a week.
- 50% of children and 54% of adults consume one or more sodas or sweetened drinks a day.
- Whittier Health District data indicate 10.2% of this population smoke.
- The number of homeless in the area has decreased, with a trend toward an increase in the percentage of sheltered homeless (from 12% to 27%).
- 7% of adults experience mental illness/psychological distress.

Student and School Characteristics Summary

- The percentage of students eligible for the free and reduced price lunch program ranges from 46% to 100% at Whittier area schools.
- Teachers, school administrators and staff feel that disruptive behavior, harassment, and depression displayed by students are significant areas of concern in Whittier area school districts.

2010 Community Health Needs Assessment (continued)

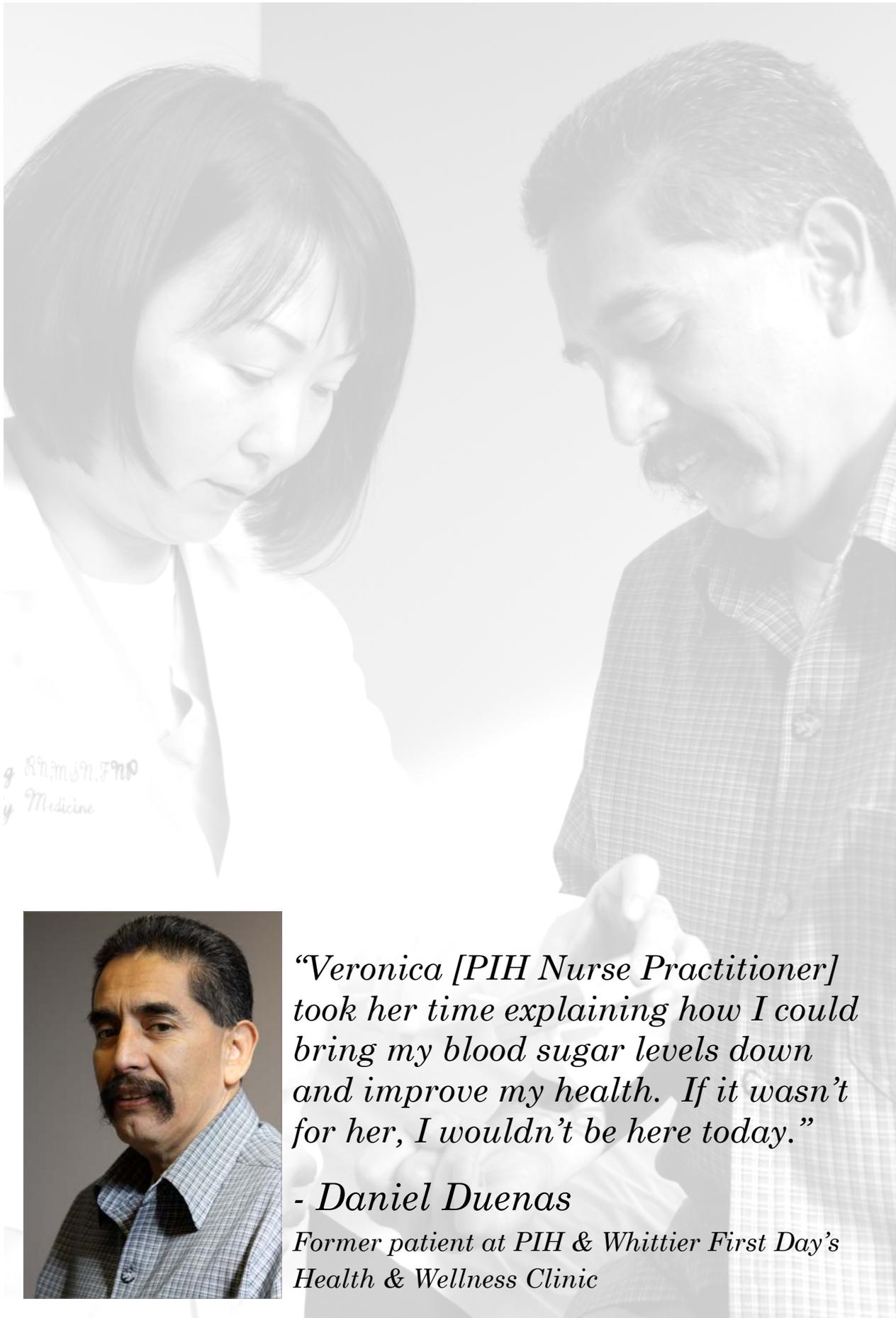
Next Steps

In addition to being available on PIH's website, this 2010 Community Health Needs Assessment has been widely shared with civic, business and community leaders, local community-based organizations, and key stakeholders, as well as the community at-large. Emphasis is made on sharing Assessment results with area agencies to assist them with their program planning and fund-development endeavors, while sparing the expense of duplicative data collection efforts.

Additionally, based on the findings of this Assessment, PIH's Community Benefit Oversight Committee (CBOC) engaged in a multi-month priority setting process to determine the focus of PIH's work in the community. This process, as well as results of the strategic prioritization, are detailed in the next chapter of this report, *Chapter 3: Community Benefit Plan*. This guiding plan will continue to greatly assist the CBOC, the hospital, and its community partners with the design of meaningful initiatives that will effectively make strides in improving the overall health and quality of life of the communities we serve.



"...the results of this [Assessment] will continue to greatly assist the hospital and its community partners with the design of meaningful initiatives that will effectively make strides in improving the overall health of the communities we serve."



“Veronica [PIH Nurse Practitioner] took her time explaining how I could bring my blood sugar levels down and improve my health. If it wasn’t for her, I wouldn’t be here today.”

- Daniel Duenas

Former patient at PIH & Whittier First Day’s Health & Wellness Clinic

PIH & Whittier First Day

Bringing Vital Health Resources to Area's Homeless

Daniel Duenas reflects on his first encounter with PIH and First Day which occurred when - due to uncontrolled diabetes - his health had taken a turn for the worse in the summer of 2010.

Feeling weak and having extreme pain in his legs, Daniel, who was out of work and living with a family member, took himself to PIH's Emergency Department, where he was immediately admitted and treated in the Intensive Care Unit for several days. Upon discharge, PIH social workers connected Daniel with Whittier First Day, a local emergency transitional shelter, which provided him with a place to call home - and receive much needed healthcare through the shelter's on-site health and wellness clinic, which is staffed by Veronica Kang, PIH Nurse Practitioner.

During his six months at First Day, Veronica monitored Daniel's blood sugar levels and taught him how to effectively manage his diabetes and administer insulin, which was donated by PIH. "Veronica took her time explaining how I could bring my blood sugar levels down and improve my health," said Daniel. "If it wasn't for her, I wouldn't be here today."

"It has been both a challenge and a joy managing Daniel's care," said Veronica. "He initially was apprehensive because of his past health experience, but once he started to see positive changes in his results, he became an active participant in his health care. Without the full support of PIH in providing lab tests and medications, this challenge would have been impossible. Daniel stops by the Clinic even now to update me on his health."

Today, Daniel expresses gratitude for PIH and Whittier First Day. He now lives on his own and has fully transitioned to a county clinic for ongoing care and - best yet - he now only needs one insulin shot per day, down from the six daily shots he used to need. He is enjoying a better life - a healthier life - and looks forward to what lies ahead.



Chapter 3:

Community Benefit Plan

“We recognize the vital importance of continually evolving and planning for enhanced or new initiatives to meet identified healthcare needs.”

We recognize the vital importance of continually evolving and planning for enhanced or new initiatives to meet identified healthcare needs. As such, during FY 2010-2011, the Community Benefit Department engaged in a strategic planning process to ensure continued evolution of prior years' community benefit work and to assure a forward-thinking approach to supporting PIH's success as we strive to positively impact the overall health and quality of life of the vulnerable populations and the communities we exist to serve.

As a result of this process, the Community Benefit Department developed a formal, multi-year Community Benefit Strategic Success Plan, outlining "Pillars of Success" (noted below), as well as "Success Drivers," and "Deliverables" aimed at further aligning with PIH's Strategic Plan and Integrated Delivery System, while outlining steps to elevate PIH's community benefit work both internally and externally. A summary of this Plan is provided on the following pages.

Pillars of Success

- 1) **Community Benefit Oversight Committee**
- 2) **Community Benefit Mandates**
- 3) **Community Benefit Priority Health Areas**
- 4) **Community Benefit Programs**
- 5) **Community Benefit Messaging**

Pillar of Success #1: Community Benefit Oversight Committee (CBOC)

CBOC Success Building

During FY 2010-2011, the CBOC engaged in two Success Building Sessions with a strategic planning consultant, who facilitated brainstorming and group discussions regarding CBOC functions. By the close of the last session, the CBOC had identified three strategic categories in which to focus in the coming year, forming the basis of a CBOC Work Plan. This Work Plan, which is closely aligned with the Community Benefit Strategic Success Plan, was approved by the CBOC in September 2011.

Next Steps

The CBOC Work Plan outlines the following areas of focus for FY 2011-2012; below is a summary of this approved Work Plan:

- *Enhancement of CBOC Connection / Linkage to Enterprise* - ensure CBOC is informed of the enterprise strategic plan, which will be critical to the CBOC's community benefit priority setting functions.
- *Strengthening External Linkages* - further integrate the CBOC's work with the community via community benefit messaging, as well as involving the community in development of priority health area work plans.
- *CBOC Operations* - review CBOC governance and membership, and enhance evaluation processes pertaining to the CBOC Annual Meetings.

Community Benefit Plan (continued)

Pillar of Success #2: Community Benefit Mandates

IRS Form 990, Schedule H

The Community Benefit Department works closely with the Finance Department to compile all financial and narrative information required for completion of the hospital's IRS Form 990, and supplemental new Schedule H, which was mandatory beginning with Tax Year 2009 for all hospitals with tax-exempt status. PIH's first Schedule H was filed during FY 2010-2011 (for Tax Year 2009).

Next Steps

- Establish regular meetings with Finance to review upcoming changes to Schedule H and to plan accordingly in regard to information needed.
- Establish timeline and checks and balance procedures in regards to transfer of community benefit information to Schedule H.
- Ensure Community Benefit staff remain apprised of future changes related to IRS reporting, via participation in webinars and presentations.

Annual Report & Plan for Community Benefit

The Community Benefit Department prepares this Annual Report & Plan for Community Benefit, which is submitted to the Office of Statewide Health Planning & Development (OSHPD) in fulfillment of the State of California's community benefit law, Senate Bill 697 (SB 697). This report features a comprehensive inventory of community benefit activities and initiatives, as well as planned work to improve the overall health of the communities we serve.

Next Steps

- Evaluate the effectiveness of PIH's Annual Report & Plan for Community Benefit for FY 2009-2010, referencing identified best practices.
- Plan for future enhancements for the Annual Report & Plan for Community Benefit to ensure accurate and complete reporting in regard to State and IRS standards.

Community Health Needs Assessment

PIH recently completed its 2010 Community Health Needs Assessment, in accordance with California State Law and the new Patient Protection and Affordable Care Act (PPACA), a federal statute that was signed into law on March 23, 2010.

Community Benefit Plan (continued)

Pillar of Success #2: Community Benefit Mandates (continued)

Community Health Needs Assessment (continued)

Our 2010 Community Health Needs Assessment strategy included a focused approach in obtaining baseline data on our community benefit priority health areas. These priority health areas were examined during primary data collection through extensive stakeholder interviews and community focus groups (as discussed in the previous chapter of this report). The resulting community input will greatly assist the hospital and CBOC sub-committees with designing meaningful initiatives that effectively meet the identified needs of the community.

Next Steps

- PIH is committed to widely distributing the Community Health Needs Assessment. Therefore, we have scheduled a number of community presentations to share the data findings with local community-based organizations, municipalities, and key stakeholders, as well as hospital staff, including community benefit program managers. Emphasis will be placed on sharing assessment results with area agencies to assist them with their planning and fund-development efforts while sparing the expense of duplicative data collection.
- In addition to the Assessment presentations, PIH will facilitate presentations by the U.S. Census Bureau on the new Census 2010 data. An overview presentation will be followed by two free, half-day, hands-on trainings, where organizations will learn how to access Census 2010 data by navigating the newly updated Census website search engine.
- Additionally, based on the findings of this Assessment, PIH's CBOC engaged in a strategic prioritization process, as discussed on the next page. The CBOC will continue to consider Assessment data findings as new or enhanced initiatives are discussed.
- Finally, the Community Benefit Department will commence planning for the 2013 Community Health Needs Assessment and resulting Implementation Strategy, which will be developed in consultation with local government and community input, in preparation for compliance with IRS Notice 2011-52.

Hospital Community Benefit Policies

PIH currently has 11 hospital policies which provide guidance for the CBOC, hospital management, and program staff regarding planning, reporting, evaluation, and oversight of community benefit at PIH. *PIH Policy Measures Supporting Community Benefit can be found as Appendix D, page 107.*

Next Steps

- Community Benefit Department staff will revise existing policies as needed based upon review, as well as create new policies as needed.

Community Benefit Plan (continued)

Pillar of Success #3: Community Benefit Priority Health Areas

CBOC Priority Setting

The CBOC approved the formation of an Ad Hoc Priority Setting Task Force to review and analyze both primary and secondary data findings of the 2010 Community Health Needs Assessment. Members of this CBOC Ad Hoc Task Force included the LA County Public Health Department's Area Health Officer for SPA 7, the Chair of the Board of Directors for InterHealth Corp. and PIH, and PIH's Director of Community Health Education. As a result of this work, the Task Force discussed priority health needs, based on a number of specific criteria, which included:

- ◆ Size and seriousness of the problem;
- ◆ Potential for impact;
- ◆ Availability of hospital & community assets to address the issue;
- ◆ Probability of success; and
- ◆ Value to the community.

Based on the above criteria, the Task Force prepared a recommendation that the previously selected priority health areas (based upon 2007 Community Health Needs Assessment findings) be broadened to allow for participation by additional hospital programs and/or departments, as well as to encourage community-capacity building and collaboration in the design of meaningful initiatives that will effectively make strides in improving the overall health of the communities we serve.

At its September 2011 meeting, the CBOC discussed the Ad Hoc Task Force's recommendation and, ultimately, voted to approve the below community benefit priority health areas based upon the 2010 Community Health Needs Assessment (which were only slightly modified from the Task Force's recommendation):

- Priority Health Area #1: Healthy Living** (previously Overweight / Obesity)
- Priority Health Area #2: Health Management** (previously Adult Pneumonia)
- Priority Health Area #3: Health Access** (previously Preventable Emergency Department Visits)

Once approved, the CBOC formed a sub-committee specific to each priority health area. The work of these sub-committees will continue into Fiscal Year 2012-2013 and beyond with endeavors to address these priorities; sub-committee work will be supported by the Community Benefit Department.

CBOC priority setting tools can be found as Appendix E, page 109.

Community Benefit Plan (continued)

Pillar of Success #3: Community Benefit Priority Health Areas (continued)

CBOC Priority Setting (continued)

Next Steps (continued)

- Facilitate meetings of each CBOC sub-committee to determine information still needed in order to move forward and identify specific initiatives that address the identified priority health needs.
- Community Engagement - PIH will hold a series of community conversations to engage community partners, as well as a broad cross-section of the community in a review and discussion of the identified priority health needs. Results of community engagement meetings will be used by the CBOC to determine meaningful initiatives.
 - ◊ PIH will work in partnership with Whittier College's Center for Engagement with Communities to host an open community dialogue with community leaders. Members of the community will be asked to define the priority issue, identify resources, discuss gaps in services, commit to organization involvement, and consider next steps.
 - ◊ PIH will host a follow-up community conversation that will build upon results of the first event, with an emphasis on inviting those who work directly with clients, families, and/or community members. Participants will also discuss potential initiatives to address the priority health areas.
- CBOC sub-committees will analyze and discuss results from the community conversations and draft a multi-year Work Plan, which will outline proposed steps to advance work on the priority health areas. This Work Plan will be presented to CBOC for review, discussion, and approval; the approved Plan will be presented to senior management and will be used to strategically guide hospital efforts around these priorities.
- Continue to research evidence-based best practices to identify potential initiatives and strategies (based on the five core principles of community benefit), as well as pilot sites, to address each priority area.
- Continue to identify community-based resources and to engage potential partner organizations for addressing priority areas, and implementing and championing initiatives.
- Plan action steps for roll-out of new initiatives; when appropriate, consider incorporating "Project Management Methodology," currently adopted enterprise-wide, into planning process for initiatives to ensure effectiveness, capacity management, and organizational alignment.
- Plan evaluation methods for outcome measures; continue to refine measurable aims/objectives for each of the selected priority health areas, ensuring linkages between flagship community benefit programs and priority health areas.
- Commence roll-out of new initiatives and track progress toward accomplishment.

Community Benefit Plan (continued)

Pillar of Success #4: Community Benefit Programs

While community benefit activities are typically measured in terms of dollars and staff resources expended, we recognize that the true value lies in measuring our community benefit activities in terms of impact. As such, the Community Benefit Department continued to assist hospital program managers with consistently planning for enhancement and measurement of the impact of PIH's flagship community benefit programs.

Building upon the Community Benefit Department's successful "Outcomes Workgroups" conducted with program managers, each program's aims and measurable objectives have been enhanced and refined, baseline data has been established, and improved data collection methods have been implemented. As a result of these efforts, the "dashboards" for each program were expanded and enhanced to feature the following:

- Identified need for the program;
- Aims, measurable objectives, overall impact, and data outcomes (longitudinally when possible);
- Alignment with community benefit core principles;
- Partners involved in implementing the program; and
- Financial contributors for each program.

At the end of each fiscal year, the CBOC holds an Annual Meeting for the purpose of evaluating flagship community benefit programs. Program staff are invited to present their program's significant enhancements and achievements, and to review program outcomes and impact. The CBOC has the opportunity to make formal recommendations for the coming year via a consensus voting process - a critical function of the CBOC in providing oversight of these programs. CBOC Annual Meeting results are shared with senior management and the hospital Board of Directors.

We will continue measuring for impact in the year to come, refining our measures and improving our measurement techniques which, ultimately, provide vital information for the CBOC, senior management and the hospital's Board of Directors regarding program impact and the return on investment of charitable resources.

Next Steps

- Further refine programmatic measures and measurement techniques to best capture results of initiatives and to reflect program enhancements intended to more effectively meet identified community needs.

Community Benefit Plan (continued)

Pillar of Success #4: Community Benefit Programs (continued)

Next Steps (continued)

- Continue to support community benefit program managers and designated staff in their efforts to collect and track agreed upon process and outcome measures. Beginning in FY 2011-2012, staff will be asked to submit data indicators on a quarterly basis. Program templates will be modified to include data tracking tools, as well as to capture CBOC Annual Meeting recommended enhancements so that progress can be recorded.
- Analyze data collected for each qualified community benefit program, longitudinally comparing progress related to each measurable goal.
- Communicate results through further updates of program dashboards, using charts to visually illustrate outcomes, building upon baseline data.
- Conduct a survey of program managers, as well as CBOC members, regarding the effectiveness of the CBOC Annual Meeting processes.
- Propose further enhancements the CBOC Annual Meeting process to include CBOC flagship program site visits, providing an opportunity for CBOC members to view programs in action, meet program participants, and have an open discussion with program staff about the impact of the program in the community, thereby elevating CBOC's ability to provide meaningful evaluation and oversight. The Community Benefit Department will propose additional Annual Meeting enhancements based upon survey responses.

Pillar of Success #5: Community Benefit Messaging

Realizing the importance of effectively communicating our community benefit-related programs and their impact on the community, PIH is committed to continued enhancement of both internal and external communication strategies. During Fiscal Year 2011-2012, we will continue to implement a variety of methods to "get the word out" to further incorporate community benefit as a consistent message throughout the PIH organization and the community.

Next Steps

- Continue to identify additional opportunities to share PIH's community benefit initiatives and strategic plan with a variety of internal audiences, external stakeholders, and the community.
- Explore opportunities to regularly include community benefit information in PIH's existing publications (Healthy Living community newsletter and Outlook employee newsletter), as well as on the hospital website and Intranet.
- Continue to showcase PIH's community benefit programs and their impact through the following local, regional and national avenues: presentations at conferences; submission of best practices for award consideration; continued involvement with Association of Community Health Improvement (ACHI) discussions; and continued networking and sharing of resources with other not-for-profit hospitals around community benefit topics of interest.



“...we remain steadfast in the belief that each small step, each community partnership, and each successful effort... brings us one step closer to our vision of a healthier community.”

Community Benefit Accomplishments & Milestones

Accomplishments & Milestones for Fiscal Year 2010-2011

The following is an inventory of recent Community Benefit accomplishments, organized by Pillars of Success, identified through the Community Benefit Department's recent strategic planning process (as discussed in Chapter 3), which resulted in a focused, three year plan to ensure the continued evolution of prior years' work and to assure a forward-thinking approach to working collaboratively to improve the overall health of the community.

Pillar of Success #1: Community Benefit Oversight Committee (CBOC)

- Expanded CBOC membership to include the Senior Health Deputy for Los Angeles County Supervisor Don Knabe;
- Engaged the CBOC in two Success Building Sessions (May & July 2011) with a strategic planning consultant that resulted in a CBOC 2-Year Work Plan composed of the following three strategic categories: *Enhancement of CBOC Connection / Linkage to Enterprise, Strengthening External Linkages, and CBOC Operations*; CBOC members will be surveyed on their satisfaction with this process and their progress on the Work Plan and feedback will be used to further enhance CBOC functions in the coming year;
- CBOC and CEO approved a process for requesting application of PIH Foundation Community Benefit Initiatives funds to support priority health area interventions;
- Prepared for CBOC's 3rd Annual Meeting for the purpose of evaluation of existing, qualified community benefit initiatives. CBOC site visits were implemented as part of this program evaluation process. *Community Benefit Evaluation Tools can be found as Appendix F, page 111*; and
- Staff and members mentored not-for-profit hospitals in their efforts to establish a similar oversight committee.

Pillar of Success #2: Community Benefit Mandates

- Submitted Fiscal Year (FY) 2009-2010 Annual Report & Plan for Community Benefit on February 28, 2011 to OSHPD; In addition to posting entire report on PIH's website, report link was widely distributed internally and externally;
- Completed the PIH 2010 Community Health Needs Assessment in accordance with state and federal legislation; Assessment featured enhanced primary and secondary data collection;
- Assisted with preparation of financial reporting and narrative responses for PIH's first filing of Schedule H of the newly revised IRS Form 990;
- Reviewed charity care & cash discount policies with PIH Revenue Cycle / Business Services Department to prepare for Department of Health Services survey; Edited policies to clarify processes; and

Accomplishments & Milestones for Fiscal Year 2010-2011

Pillar of Success #2: Community Benefit Mandates (continued)

- Worked with PIH's Labor, Delivery, Recovery & Post-Partum (LDRP) Department to review all Childbirth Education classes captured as community benefit, in light of recent stricter reporting guidelines.

Pillar of Success #3: Community Benefit Programs

- Recruited Major Gifts Officer whose primary responsibility is to seek grant funding for community benefit programs and initiatives;
- Continued to host "Outcomes Workgroups," with participation by the Vice President of Quality & Risk Management, to assist with refining of program measurement, as well as illustration of impact and return on investment; Program managers will be surveyed on their satisfaction with this process, as well as their experience during the Annual Meeting evaluation process; Feedback will be used to enhance Community Benefit Department efforts for the coming year;
- Facilitated first-time CBOC evaluation of PIH's hospice homes - a total of 10 "flagship" programs are now evaluated annually;
- Initiated discussions with LA CADA (a local not-for-profit organization) and PIH's Care Management Department regarding implementation of a referral and placement protocol for patients in need of alcohol/substance abuse treatment; and
- Attended 2011 ACHI conference, strategically attending sessions on community engagement, Lean process, and health reform implications.

Pillar of Success #4: Community Benefit Priority Health Areas

- Focused research efforts on identifying evidence-based practices related to priority health areas and facilitated CBOC Sub-committee meetings to continue initiative discussion & planning;
- CBOC approved new priority health areas based upon CBOC Ad Hoc Priority Setting Task Force review of the 2010 Community Health Needs Assessment (CHNA) and recommendations: *Health Access, Healthy Living, and Health Management*; These priority health areas broadened the previous priority health areas of *Adult Pneumonia, Overweight and Obesity, and Preventable Emergency Department Visits*; and
- Noted below are accomplishments for each of the priority health areas that were in place from 2009-2012:

Adult Pneumonia

- Community Health Education and Care Force One Mobile Health Services Departments actively educated the community and distributed vaccines;
- Promoted importance of influenza and Pneumovax vaccines, through multiple methods, which included community newsletters and public television educational series.

Accomplishments & Milestones for Fiscal Year 2010-2011

Pillar of Success #4: Community Benefit Priority Health Areas (continued)

Overweight & Obesity

- Accomplished the following as an active partner in **Activate Whittier**, a community collaborative with a vision for *A Healthy Active Whittier*:
 - ◊ Assisted with grant applications, including letters of support, for two grants (ACHIEVE and HEAL) that support programs, policy and environmental changes to reduce obesity rates and promote healthier lifestyles – both grants were awarded;
 - ◊ Participated in three Activate Whittier Community Conversations as part of the collaborative’s strategic planning process;
 - ◊ Partnered with Whittier City School District (WCSD) & Kaiser Downey Medical Center to establish a salad bar at a local school, (Jackson Elementary School); and
 - ◊ Implemented evidence-based CATCH (Coordinated Approach to Child Health) curriculum through efforts of PIH’s Community Health Education and WCSD to promote physical activity and health education throughout the school district.
- Investigated corner store conversion to make healthy food options at markets more accessible; Submitted grant proposal (not funded);
- Completed work as a collaborative partner with the City of La Mirada’s 3-year ACHIEVE initiative to address chronic disease risk factors at the policy, systems, and environmental change level;
- Initiated a joint partnership between PIH’s Community Health Education and Family Practice and the Los Nietos Unified School District; Resident physicians provide community health services designed support this low-income community in efforts to address their significant obesity rates; and
- Continued to support LA County’s Homeless Obesity Nutrition Initiative (HONI), championed locally by the City of Whittier and Whittier First Day.

Preventable Emergency Department (ED) Visits

- Conducted research on evidence-based practices, including an initiative shown to reduce the number of preventable pediatric fever visits to the ED; This research included PIH data analysis of a sample of ED pediatric patients that presented with fever as a diagnosis in the prior year;
- Analyzed 2010 PIH data related to Ambulatory Care Sensitive Condition admissions in comparison with 2009 data and shared findings with appropriate hospital departments;
- Facilitated linkage of Care Force One Mobile Health Services to under-served community locations; initiated translation of all Care Force One flyers into Spanish and distribution of flyers to the community and schools;
- Facilitated enhancement of wound care referral process between Emergency Department and Care Force One for uninsured / under-served patients needing follow-up wound care;

Accomplishments & Milestones for Fiscal Year 2010-2011

Pillar of Success #4: Community Benefit Priority Health Areas (continued)

Preventable Emergency Department Visits (continued)

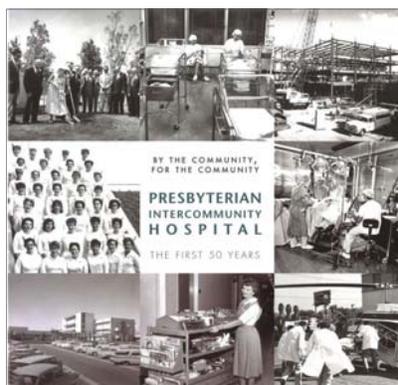
- Continued distribution of First Five California New Parent Kits, which contain “What to Do When Your Child is Sick” books. PIH Departments now distributing these kits include: Family Practice (new for FY 11), Care Force One, Emergency Department, Neo-Natal Intensive Care Unit / High-Risk Infant Follow-Up Clinic, Labor, Delivery, Recovery & Post-Partum (LDRP), and Pediatrics; and
- Initiated the regular purchase of bus tokens for Whittier First Day (WFD) Clinic patients so that clients have access to transportation for follow-up or specialty care not available at the PIH’s clinic on-site at WFD; WFD patients were also linked to the PIH Community Pharmacy for prescriptions and over-the-counter medications (cost covered by PIH).

Pillar of Success #5: Community Benefit Messaging

- Initiated strategic improvements in internal and external messaging of PIH’s community benefit programs and initiatives through the following efforts:
 - ◊ Redesigned Nurse Advice Line flyer, together with Communications & CBOC;
 - ◊ Increased education and messaging of healthcare resources via inclusion of Care Force One flyers in the 2010-2011 Whittier City School District (WCSD) student handbook and Nurse Advice Line flyers in all WCSD health offices;
 - ◊ Offered community benefit-related presentations to various PIH groups and departments, including the Patricia L. Scheifly Breast Health Center, PIH Auxiliary, as well as community groups such as Whittier Rotary Club;
 - ◊ Submitted community benefit articles to PIH Outlook, local media, and national publications, such as the CBISA Community™ Newsletter;
 - ◊ Facilitated posting of Annual Report & Plan for Community Benefit, and 2010 Community Health Needs Assessment to PIH website (1st time);
 - ◊ Enhanced community benefit content on the hospital’s internal Intranet page;
 - ◊ Shared PIH’s 2010 Community Health Needs Assessment with ACHI for use in a presentation on how to conduct assessments;
 - ◊ Served on a panel to review presentation proposals for the 2011 Association for Community Healthy Improvement (ACHI) conference;
 - ◊ Continued participation in quarterly Community Benefit Networking meetings (began in FY 10) and assisted with expansion of group;
 - ◊ Continued to build upon community benefit archive established during FY 2008 to demonstrate PIH’s historical community benefit commitment;
 - ◊ Participated in the CBISA-Community Listserv by sharing information and resources with other hospital Community Benefit staff; and
 - ◊ Continued to serve as a referral resource for those in need, connecting local community-based organizations with valuable resources for clients.

Community Benefit at PIH - The Results

Program Dashboards Illustrating Impact & Outcomes



The following section features program dashboards, which were created to provide an overview of PIH's flagship community benefit programs, as well as to serve as an evaluation tool for the Community Benefit Oversight Committee during their annual evaluation process.

Each program dashboard is comprised of four pages, detailing: 1) the identified need for the program; 2) the partners involved in implementing the program; 3) services provided; 4) aims, objectives, and measurable outcomes; and 5) alignment with the adopted five core principles of community benefit.

The following flagship program dashboards are included in this section:

- S. Mark Taper Foundation A Day Away Adult Day Health Care Center
- Care Force One Mobile Health Services
- Community Health Education
- Fall Prevention Program
- High-Risk Infant Follow-Up Clinic
- Hospice of Presbyterian - Hospice Homes
- "Reach for the Stars" Obesity Prevention & Health Access
- Senior Services Program
- PIH & Whittier First Day (Health & Wellness Clinic)

“The following section features program dashboards created to provide the reader with an overview of PIH’s flagship community benefit programs.”

THE S. MARK TAPER FOUNDATION A DAY AWAY ADULT DAY HEALTH CARE CENTER

An affiliate of Presbyterian Intercommunity Hospital

Providing quality care that helps keep families together



A Day Away offers stimulating activities to ensure participants function at their highest levels and to create a positive, meaningful experience.

**The S. Mark Taper Foundation
A Day Away Adult Day Health Care Center**
Providing high quality, ethical care delivered with compassion, respect, dignity & without discrimination since 1999.

Licensed by the CA Department of Health Services & certified by the CA Department of Aging.

A Day Away Services

- Open Mon-Fri, 7:30 a.m. - 5:30 p.m.
- Serves adults ages 18+ who need continuous supervision for a variety of reasons (*frailty, developmental disability, memory impairment, Alzheimer's or Parkinson's Disease, brain injury or stroke*)
- Highly qualified staff, including: registered nurse; nursing assistants; physical, occupational & speech therapists; registered dietitian; & social worker
- Medical program includes: physical, occupational & speech therapy; medication administration; simple wound dressing
- Continuous supervision program includes: supervision of safety & self-care activities, arts & crafts, pet therapy & therapeutic exercise
- Fresh, nutritious meals served daily
- On-going family education & support groups

The Identified Need | A safe place for adults requiring continuous day-time supervision and care. Without safe, appropriate care for their loved ones, many families have no choice but to resort to full-time nursing home placement, recruitment of private, in-home caregivers, and/or quitting their jobs to care for their loved ones. These options may quickly deplete a family's life savings.

The Vision | Establish an adult day health care center providing safe, appropriate care so that caregivers are able to maintain their jobs, care for other family members - oftentimes children or other elders - and attend to the demands of life. In keeping with this vision, A Day Away was created to provide families with an alternative to nursing home or assisted living placement, with peace of mind that their loved ones are being cared for in a safe, supportive environment.

The Partners |

- Presbyterian Intercommunity Hospital
- Bright Health Physicians of PIH

The Results | Validated results of A Day Away services include: 1) a reduction in participants' need for emergency care (by 14%) and hospitalization (by 15%), and 2) families being able to care for their loved ones at home, with 94% reporting they are able to delay nursing home or other placement for their loved ones.

THE RESULTS: A DAY AWAY

Reactions to the Care We Provide

"I could take care of my own physical ailments, do my shopping, see friends & enjoy my time away as a caregiver - all the time knowing my wife was in excellent hands. You afforded me with respite when it was sorely needed. I felt like I was visiting friends whenever we entered the door."

- Husband of an 81-year-old participant



AIM STATEMENTS

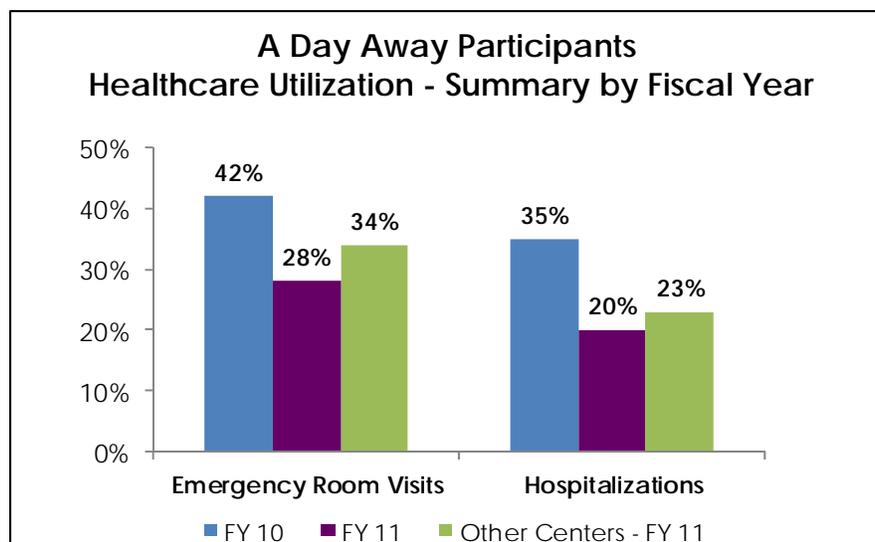
- 1) Provide quality social & medical programs for vulnerable adults;
- 2) Delay institutional placement of participants by maintaining or improving their functional ability; and
- 3) Assist participants' families & caregivers through respite, education and support.

OBJECTIVE #1

When measured against adult day healthcare centers in the region, A Day Away participants will experience a reduced need for emergency care and hospitalization over a 12-month period.

RESULT

Fiscal Year 2011 participant data indicate a reduced need for emergency care (by 15%) and hospitalization (by 14%) since the prior year. These results compare favorably to other centers in the region.



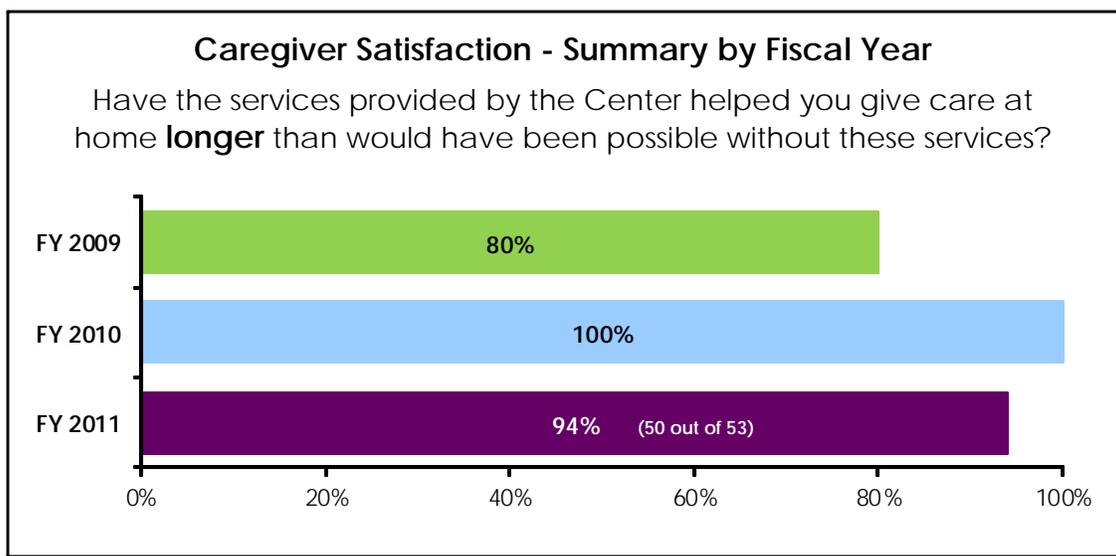
THE RESULTS: A DAY AWAY

OBJECTIVE #2

Over a 12-month period, at least 75% of caregivers will report that they have been able to care for their loved one at home - therefore delaying institutional placement - as a result of A Day Away services.

RESULT

Fiscal Year 2011 survey responses indicate 94% of caregivers are able to delay nursing home, or other placement, of their loved ones as a result of A Day Away services.



FIVE CORE PRINCIPLES OF COMMUNITY BENEFIT

Adopted by PIH's Board of Directors as a result of participation in a demonstration project - *Advancing the State of the Art of Community Benefit or ASACB* - to serve as the foundation of all community benefit activities and the "measuring stick" by which they are qualified.

- 1. EMPHASIS ON VULNERABLE POPULATIONS & UNMET COMMUNITY HEALTH NEEDS** | A Day Away serves a vulnerable population - those with physical & mental disabilities (primarily dementia) - and continues to build relationships with community partners to extend its reach into the community.
- 2. EMPHASIS ON PRIMARY PREVENTION** | A Day Away provides health promotion activities for participants and families, and safe and effective care for all participants. A Day Away data indicate an improvement in health status as a result of participation.
- 3. BUILDING A SEAMLESS CONTINUUM OF CARE** | A Day Away supports PIH's efforts to ensure a seamless continuum of care by assessing participants every six months and providing needed services and referrals to appropriate social and medical resources.
- 4. BUILDING COMMUNITY CAPACITY** | A Day Away has built a strong network of community partners and collaborative relationships that provide referrals and resources.
- 5. EMPHASIS ON COLLABORATIVE GOVERNANCE** | Governance of this program is the responsibility of Med Site, a related organization to PIH, who in turn report to IHC/PIH BOD. Caregiver input is also considered during program planning.

THE IMPACT: THE S. MARK TAPER FOUNDATION A DAY AWAY ADULT DAY HEALTH CARE CENTER

An affiliate of Presbyterian Intercommunity Hospital

By the Numbers

- 89** Individuals enrolled in A Day Away services during Fiscal Year 2011
- 200** Caregivers who attended support groups during Fiscal Year 2011
- 57%** A Day Away participants living with a working caregiver who are able to maintain employment; this represents an increase of 7% from the prior year
- \$14** Average hourly rate for A Day Away attendance (medical program); in comparison, the average daily rate for nursing homes in L. A. County is \$198 and the average hourly rate for private caregiver in L.A. County is \$19, MetLife 2010
- \$11** Hourly rate for A Day Away attendance (continuous supervision program only)
- 83%** Decrease in falls at A Day Away from 2007 to 2011 (from 6 falls to 1 fall among all participants)
- 65%** Caregivers who reported that their loved one has IMPROVED health since participating in A Day Away services, as compared with 43% reporting improved health the prior year

BY THE COMMUNITY, FOR THE COMMUNITY...



PIH Community Benefit Oversight Committee (CBOC)

The CBOC was established to oversee the qualification and evaluation of PIH community benefit. The CBOC is comprised of hospital leadership & community stakeholders who have endorsed this program as a valuable community benefit initiative.

Thank you to the following donors | S. Mark Taper Foundation | BCM Foundation | California Community Foundation | R.C. Baker Foundation

A Day Away Leadership | Patricia E. Bray, VP, Continuing Care, PIH
Leslie Ciletti, MS, Program Director, PIH

Community Benefit Department
Vanessa Ivie, Director, Community Benefit Development
Roberta Gonzales, Community Benefit Specialist

Consultant - Community Benefit Evaluation Specialist | Melissa Biel, DPA, RN

To learn more about A Day Away services:

The S. Mark Taper Foundation A Day Away Adult Day Health Care Center |
15060 Imperial Hwy. | La Mirada, CA 90638 | 562.902.5305 | Email: ADayAway@pih.net |

CARE FORCE ONE MOBILE HEALTH SERVICES

PIH & the Local Community Work Together to Reach Under-Served Children, Families & Individuals in Need



Care Force One
A mobile health service—responding to community health needs since 1997.

Services Include:

- Basic healthcare services
- Preventive health screenings
- Vaccinations (flu, pneumonia)
- Childhood immunizations
- Medication review
- Health education
- Basic dental exams & cleaning
- Referrals as appropriate for follow-up care

The Identified Need | Approximately 5% of children and 20.3% of adults in the Whittier Health District have NO form of health insurance, totaling approximately 45,000 individuals (LA County 2007 Health Survey).

Without accessible, affordable options to meet their basic and preventive healthcare needs, the uninsured may have little choice other than the local emergency room to access care. In many situations, preventable health issues develop into serious, uncontrolled chronic illness and, ultimately, hospitalizations which strain limited charitable resources.

The Vision | Establish a mobile health unit to bring free and low-cost basic and preventive healthcare services directly to those in the community who have difficulties accessing care for a variety of reasons.

Partners & Relationships |

- Presbyterian Intercommunity Hospital (PIH)
- Bright Health Physicians of PIH
- PIH Foundation
- Local school districts
- Local community-based organizations & community centers

The Results | During Fiscal Year 2011, Care Force One provided 9,100 patient encounters for basic and preventive healthcare, including “sick visits,” basic wound care, and immunizations.

PIH is proud to offer Care Force One Mobile Health Services - a valuable resource for those at-risk and a true benefit to the community

THE RESULTS: CARE FORCE ONE



In 2011, Care Force One was recognized by the Los Angeles County Immunization Program (LACIP) with a certificate for its "Outstanding Performance" in the Pertussis-Whooping Cough Vaccination (Tdap) Booster Campaign for vaccinating students in Whittier and Pico Rivera school districts.

OBJECTIVE #1

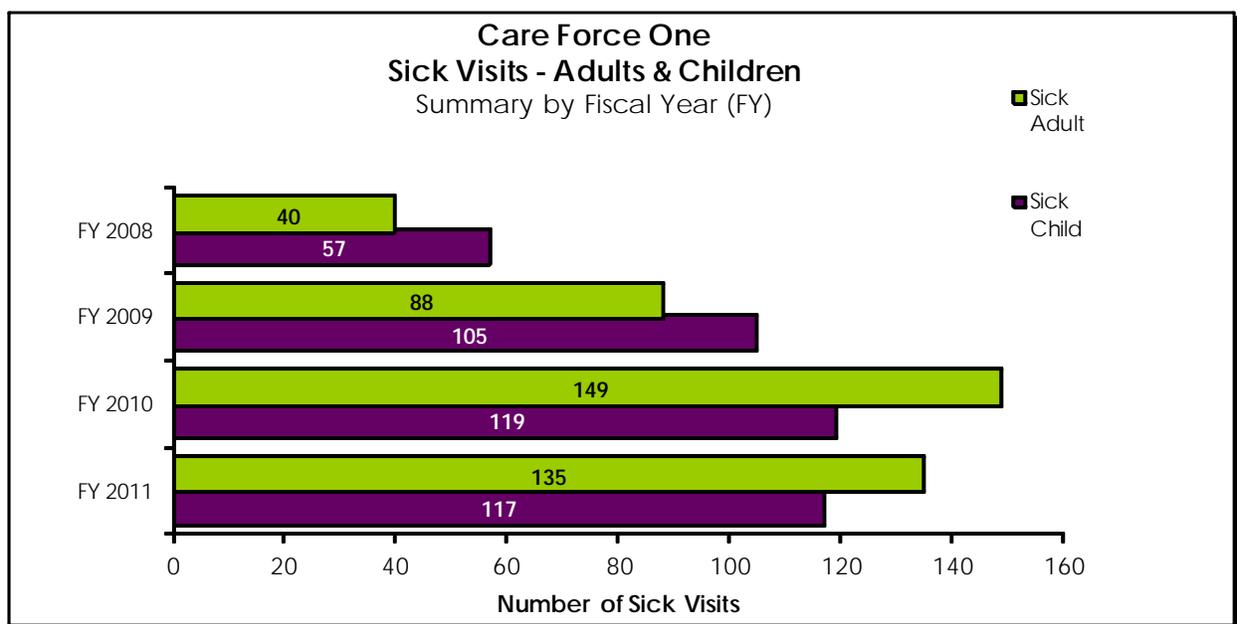
During Fiscal Year 2011, Care Force One will see a 10% increase in "Sick Child Visits" - a critical intervention to reduce preventable Emergency Department visits.

Over 65% of Care Force One patients report poor access to healthcare, characterized by lack of (or inadequate) insurance, or inability to afford co-pay/share of cost for needed services. It can be assumed many of these individuals see the Emergency Dept. as their only option for treatment.

RESULT

Fiscal Year 2011 data indicate that both Adult and Child "Sick Visits" have slightly decreased from Fiscal Year 2010; "Adult Sick Visits" decreased by approximately 9.5% and "Child Sick Visits" decreased by just under 2%.

It should be noted that a decrease in sick visits may be the direct positive result of the success of the 2010 immunization campaigns for flu, pneumonia, pertussis, and H1N1 (swine flu).



THE RESULTS: CARE FORCE ONE

OBJECTIVE #2

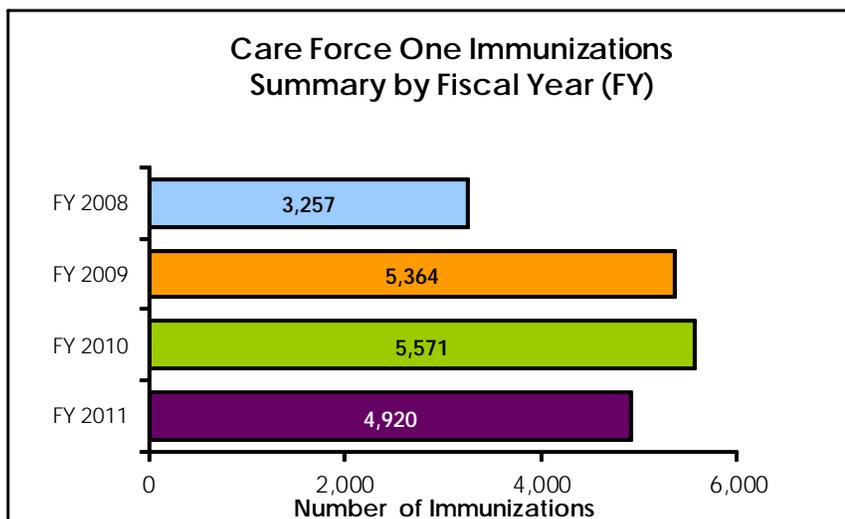
During Fiscal Year 2011, Care Force One will increase immunizations provided in the community by 10%.

Care Force One proactively provides immunizations in a variety of community settings, with emphasis on public health concerns such as influenza, pneumonia and Pertussis (whooping cough).

RESULT

During Fiscal Year 2011, in response to California’s Pertussis (Whooping Cough) outbreak, Care Force One provided over 1,000 Pertussis immunizations (Tdap) throughout the local community. In measuring immunizations provided overall, there was an 11% decrease from Fiscal Year 2010 (it should be noted that FY 2010 included heavy distribution of H1N1 swine flu immunizations).

Care Force One will continue to proactively respond to public health concerns as they arise.



FIVE CORE PRINCIPLES OF COMMUNITY BENEFIT

Adopted by PIH’s Board of Directors as a result of participation in a demonstration project - *Advancing the State of the Art of Community Benefit or ASACB* - to serve as the foundation of all community benefit activities and the “measuring stick” by which they are qualified.

- 1. EMPHASIS ON VULNERABLE POPULATIONS & UNMET COMMUNITY HEALTH NEEDS** | Care Force One serves a vulnerable population by providing mobile healthcare services to those with limited or no access to basic healthcare.
- 2. EMPHASIS ON PRIMARY PREVENTION** | Care Force One’s focus is to bring free and low-cost basic and preventive health services to those in the community with difficulty accessing care.
- 3. BUILDING A SEAMLESS CONTINUUM OF CARE** | Care Force One supports PIH’s efforts to ensure a seamless continuum of care by referring patients to appropriate healthcare resources.
- 4. BUILDING COMMUNITY CAPACITY** | Care Force One has built strong collaborative partnerships with local school districts and community-based organizations.
- 5. EMPHASIS ON COLLABORATIVE GOVERNANCE** | Patients and collaborative partners will be engaged to provide input into the evaluation of this program.

THE IMPACT: CARE FORCE ONE

"More than 2,000 mobile health units across the country provide vital preventive health services to some 4 million visitors each year. These programs combined save millions of dollars through the cost-effective provision of basic health services. This reveals the dramatic impact mobile health has on local communities and on the nation's health care system."

- Mobile Health Mapping Project, 2011

By the Numbers...

- 9,100** Patient encounters to Care Force One during Fiscal Year 2011
- \$1:\$21** Estimated value for a mobile health unit's prevention services. For every dollar invested in mobile healthcare services there is a \$21 return in savings (Mobile Health Mapping Project, 2011, <http://mobilehealthmap.org>)
- \$44** Average cost to PIH per Care Force One patient encounter for Fiscal Year 2011; in comparison, the average cost to PIH per Emergency Department visit is \$454
- 96** Number of wound care encounters during Fiscal Year 2011 (includes individuals referred by PIH Emergency Department for follow-up wound care; potentially preventing a return trip by these individuals to the Emergency Department)

BY THE COMMUNITY, FOR THE COMMUNITY...

Reactions to the Care We Provide

"Thank you so much for all that you have done for my children. I'm trying to struggle and get back on my feet and your help means so much to me. I'm so grateful for you and thank God this program exists for people who really need help and don't know where to go."

- Single mother of four children, Care Force One patient

"The high standards of practice exemplified by your [Care Force One] unit are commendable"

- Los Angeles County Immunization Program (LACIP) officials

PIH Community Benefit Oversight Committee (CBOC)

The CBOC was established to oversee the qualification & evaluation of PIH community benefit. The CBOC is comprised of hospital leadership & community stakeholders who have endorsed this program as a valuable community benefit initiative.

Thank you to the following donors | Amigos de los Niños | BCM Foundation | Hope for a Cure Guild | Las Damas of Sun Gold Hills | Majestic Realty Foundation | R.C. Baker Foundation | The Rose Hills Foundation

Care Force One Leadership | Patricia E. Bray, VP, Continuing Care, PIH | Jeannine Janicke, RN, Mobile Health Services Supervisor

Community Benefit Department

Vanessa Ivie, Director, Community Benefit Development
Roberta Gonzales, Community Benefit Specialist

Consultant - Community Benefit Evaluation Specialist | Melissa Biel, DPA, RN

To learn more about Care Force One Mobile Health Services:

562.698.0811, Ext. 14816 | Website: www.pih.net

PIH COMMUNITY HEALTH EDUCATION

PIH Promotes Healthy Living through Community-Based Education and Interventions



VISION

"A Healthier Community"

MISSION

The PIH Community Education Department strives to create a healthier community through: primary prevention, on-going community collaboration, and dedication to community benefit services.

Community Health Education Offers Education, Support & Resources for:

- Health Promotion
- School-Based Nutrition & Physical Activity
- Chronic Disease Self-Management

The Identified Need | Research has validated the need for accessible, consistent, and free sources of health education and health promotion services as a cornerstone in prevention of preventable injuries and disease conditions. PIH's Community Health Education department is working through community-based collaborative partnerships to address barriers faced by the community in regard to practicing health promotion activities. With a focus on strategies that are most appropriate for the community, PIH Health Educators have been able to sustain health changes for those most in need.

The Vision | "A Healthier Community"

Reaching our local community will require a focused, strategic approach consisting of support and education across the continuum. To effectively serve the community, PIH's Community Health Education programs will provide health promotion, support, and resources in areas that meet the needs of both child and adult populations. These core areas of focus are:

- 1) **Health Promotion** to deliver health promotion and prevention programs that reduce the burden, as related to local needs assessments, on vulnerable populations;
- 2) **School-based Nutrition & Physical Activity** such as the CATCH (Coordinated Approach to Child Health) program in place at the Whittier City School District, which includes components targeting both children's behaviors and the school's environment; and
- 3) **Chronic Disease Self-Management** designed to support individuals in gaining self-confidence in their ability to control symptoms of chronic disease and in understanding how health affects their daily lives.

The Partners |

- PIH Community Health Education Department + other hospital departments
- Bright Health Physicians of PIH
- CareMore
- Los Angeles County Department of Public Health
- Local school districts, community centers, churches & community-based organizations

THE RESULTS: COMMUNITY HEALTH EDUCATION

PIH ensures access to health education by bringing programs directly to those who need it most - even to individual's homes - wherever need exists.

HEALTH PROMOTION

The Community Health Education Department will deliver health promotion and prevention programs that reduce the burden, as related to local needs assessments, on vulnerable populations.



OBJECTIVE #1

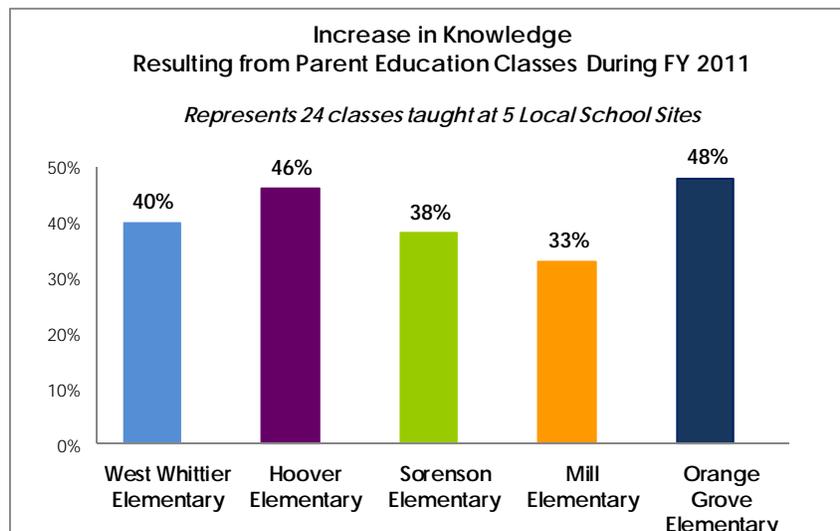
At the conclusion of health education classes, participants will exhibit at least a 50% increase in knowledge on post-tests related to the topic.

Public health research has demonstrated that in order for an individual to change their behavior, they have to take in knowledge and information that helps them understand their issue and, most importantly, BELIEVE that if they change their behavior they will become healthy. *Rosenstock, Strecher, and Becker, 2004 & Ajen, 1980*

PIH understands the complicated nature of leading individuals to a path of healthy living. The majority of health education classes are delivered directly in the community and are tailored to the indicated needs and interests, with tools and resources included as part of the education.

RESULT

Based on comparison of pre & post tests of parent education classes held at local school sites during FY 2011, participants exhibited a 41% average increase in knowledge, with increases ranging from 33% to 48%. During FY 2012, pre and post tests will also measure confidence in knowledge gained, as well as readiness to change behavior.



SCHOOL-BASED NUTRITION & PHYSICAL ACTIVITY

A Coordinated Approach to Child Health (CATCH)

PIH supports school-based implementation of CATCH, an evidence-based program focused on child health promotion. The CATCH curriculum involves classroom and physical education teachers, students and their families, and the broader school community.

For detailed information on PIH's CATCH programs & collaborations - such as with the Whittier City and Los Nietos school districts - please contact Community Health Education at 562.698.0811 x 14855.

THE RESULTS: COMMUNITY HEALTH EDUCATION

CHRONIC DISEASE SELF-MANAGEMENT

"Better Choices, Better Health"
An evidence-based program developed by Stanford University

Designed to support individuals in gaining self-confidence in their ability to control symptoms of chronic disease and in understanding how health affects their daily lives.



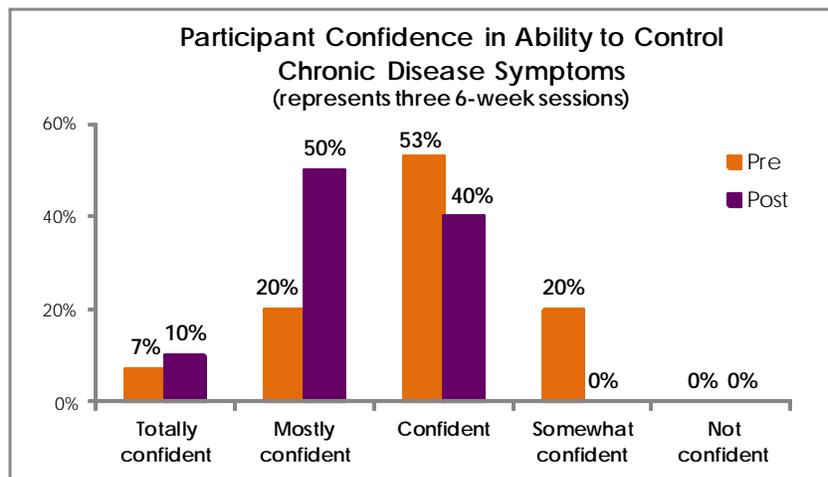
"Better Choices, Better Health" is a program for anyone with a chronic health condition such as: heart problems, chronic back pain, respiratory illness, multiple sclerosis, chronic fatigue, diabetes, arthritis, lupus, high blood pressure, or depression.

OBJECTIVE #2

As a result of participation in the 6-week "Better Choices, Better Health" chronic disease self-management program, 75% of participants will indicate increased confidence in their ability to control symptoms of chronic disease.

Research shows that 7 out of 10 deaths in the U.S. result from chronic disease, underscoring the need for self-management education. There is strong evidence across studies that "Better Choices, Better Health" consistently results in improved health status, enhanced psychological well-being, and enhanced partnerships with physicians, as well as fewer days in the hospital and a trend toward fewer out-patient visits and hospitalizations.

RESULT At the conclusion of the program, 100% of participants indicated confidence (ranging from "Confident" to "Totally Confident") in their ability to manage their symptoms as a result, as compared to 80% before the program.



FIVE CORE PRINCIPLES OF COMMUNITY BENEFIT

Adopted by PIH's Board of Directors as a result of participation in a demonstration project - *Advancing the State of the Art of Community Benefit or ASACB* - to serve as the foundation of all community benefit activities and the "measuring stick" by which they are qualified.

- 1. EMPHASIS ON VULNERABLE POPULATIONS & UNMET COMMUNITY HEALTH NEEDS** | Community Health Education will implement education programs & services which focus on needs of vulnerable communities.
- 2. EMPHASIS ON PRIMARY PREVENTION** | Community Health Education will deliver health promotion and prevention programs that reduce the burden on vulnerable populations.
- 3. BUILDING A SEAMLESS CONTINUUM OF CARE** | Community Health Education will create connections between target vulnerable populations and resources for health care and support.
- 4. BUILDING COMMUNITY CAPACITY** | Community Health Education will continue to engage community stakeholders in program planning, implementation, evaluation, and leadership functions.
- 5. EMPHASIS ON COLLABORATIVE GOVERNANCE** | A community education leadership group will be created to provide input & guidance into the delivery of programs and services.

THE IMPACT: COMMUNITY HEALTH EDUCATION

Evidence suggests that investment in physical activity and nutrition education yields a 5-fold return in cost savings. Disease prevention initiatives aimed at improving nutrition, physical activity, tobacco use & related lifestyle behaviors are likely to have the greatest effect on slowing the annual increase in health care costs, as they have the largest influence on reducing the future burden of disease - particularly in regard to obesity and conditions resulting from diabetes, heart disease, and cancer.

- Shortell, *Bending the Cost Curve*, Journal of the American Medical Association, 2009

By the Numbers

- 41%** Collective increase in overall knowledge gains for parent participants attending parent education classes held at Whittier City School District schools.
- 92%** Students who attended a health education class on the topic of puberty who answered questions correctly on post-tests; only 53% answered questions correctly on pre-tests.
- 11** Number of different health education topics featured on local cable channel; PIH Community Health Education coordinates topics, physician presenters, and filming, in partnership with the City of Whittier; it is estimated that the channel is available to approximately 15,000 families.
- 84%** Participants who, after participating in PIH's 6-week Chronic Disease Self-Management program, believe they have **Good to Excellent Health**, compared with 79% reporting **Good to Excellent Health** prior to the program. Majority of participants are ages 65 +.
- \$1:\$4** Every \$1 spent on the Stanford University Chronic Disease Self-Management program results in an estimated \$4 in cost savings. Over 1,000 participated in a study; program participants spent fewer days in the hospital and showed a trend toward fewer outpatient visits & hospitalizations. This program has been offered through PIH's Community Health Education Department since 2010.

PIH Community Health Education...A Comprehensive & Integrated Program

PIH lives out its promise to extend services to those in need and contribute to the health and well-being of surrounding communities. Through PIH's Community Health Education programs, members of the community are provided with opportunities to learn how to increase access to healthcare resources, to attain primary prevention education, and to receive support for early disease intervention.

Educational Opportunities - Free!

- A variety of nutrition topics, such as Eating Healthy on the Run / On a Budget, Portion Sizes, & Understanding Food Labels
- Positive Parenting
- Talking to Your Child About Difficult Topics
- Facts for Using Alternative Medicine
- Asthma
- Babysitting
- CPR
- Cardiac Education*
- Caregiver Support*
- Childbirth Education*
- Create Your Weight (Adult & Child)*
- Diabetes & Gestational Diabetes*
- Freedom from Smoking
- Grief Recovery*

Screenings & Clinics - Free!

- Blood Pressure
- Blood Sugar*
- Cholesterol
- Flu & Pneumonia Vaccines
- Depression
- Prostate

* indicates classes offered through other PIH Departments

By the Community, For the Community...

PIH Community Benefit Oversight Committee (CBOC)

The CBOC was established to oversee the qualification & evaluation of PIH community benefit. The CBOC is comprised of hospital leadership & community stakeholders who have endorsed this program as a valuable community benefit initiative.

Community Health Education Leadership |

Nancy Whyte, Director, Community Health Education
Jannette Luperco, Community Health Educator

Community Benefit Department

Vanessa Ivie, Director, Community Benefit Development
Roberta Gonzales, Community Benefit Specialist

Consultant - Community Benefit Evaluation Specialists |

Melissa Biel, DPA, RN | Nancy Clifton-Hawkins, MPH, MCHES

Join us! To learn more about what PIH Community Health Education can do for you:

PIH Community Health Education Department |
562.698.0811, Ext. 14855 | Website: www.pih.net

PIH FALL PREVENTION PROGRAM

PIH & Five Local Cities Work Together to Promote Healthy Aging Through Community-Based Initiatives



Fall Prevention classes equip participants with self-confidence and knowledge of methods to ensure their own mobility, safety and independence for as long as possible.

VISION

"A Healthier Community"

MISSION

The PIH Fall Prevention program strives to create a healthier community through: primary prevention, on-going community collaboration, and dedication to community benefit services.

The Identified Need | By 2030, the number of Americans ages 65+ will have grown to represent more than 20% of the nation's population, compared with only 13% today. Currently, PIH Service Area data indicate individuals ages 65+ represent 11% of residents - higher than County & State averages. Each year, one in every three adults age 65 + experience falls, which can lead to injuries, such as hip fractures and head traumas, and can even increase the risk of early death. In 2009, 2.2 million non-fatal fall injuries among older adults were treated in emergency departments across the country, with more 26% of these patients being hospitalized. Studies show that fall-risk can be decreased exponentially or even eliminated as a result of prevention programs that include exercise, vision screening, medication consultation, home safety assessment, and nutrition education components.

The Vision | "A Healthier Community"

Reaching those at greatest risk for falls in our local community will require a focused, strategic approach consisting of support and education across the continuum. To effectively serve this generation of older adults, PIH's Fall Prevention program emphasizes:

- 1) **Reduction of falls** by increasing a senior's ability to prevent falls through a comprehensive educational series, including medication management, exercise, muscle strengthening & home safety assessments; and
- 2) **Promotion of increased balance** to reduce the fear of falling and increase the activity levels of older adults who have concerns about falling.

The Partners |

- PIH Community Health Education Department
- Bright Health Physicians of PIH
- California Coalition for Fall Prevention
- Cities of Downey, La Mirada, Norwalk, Santa Fe Springs & Whittier

In addition to facility space, these City collaborative partners offer other significant contributions, including partial funding, on-going promotion and decision-making - a commitment which ensures sustainability.

PIH is proud to offer a comprehensive Fall Prevention Program - a valuable resource for our area's older adults and a true benefit to the community.

THE RESULTS: FALL PREVENTION PROGRAM

FALL PREVENTION

PIH is focusing on Fall Prevention programs, recognizing the proven positive effect on fall-risk and correlated decreases in injuries and related healthcare expenses.

PIH's 8-week customizable Fall Prevention program educates participants on how to implement positive changes in their daily lives, ultimately reducing their risk for falls. Using a multi-disciplinary team of pharmacists, nutritionists, physicians and fall prevention experts, participants learn how to manage their medications, as well as modify their home living environments and exercise regimes.



The Fall Prevention program was recognized with a 2008 VHA Award for Community Benefit Excellence.

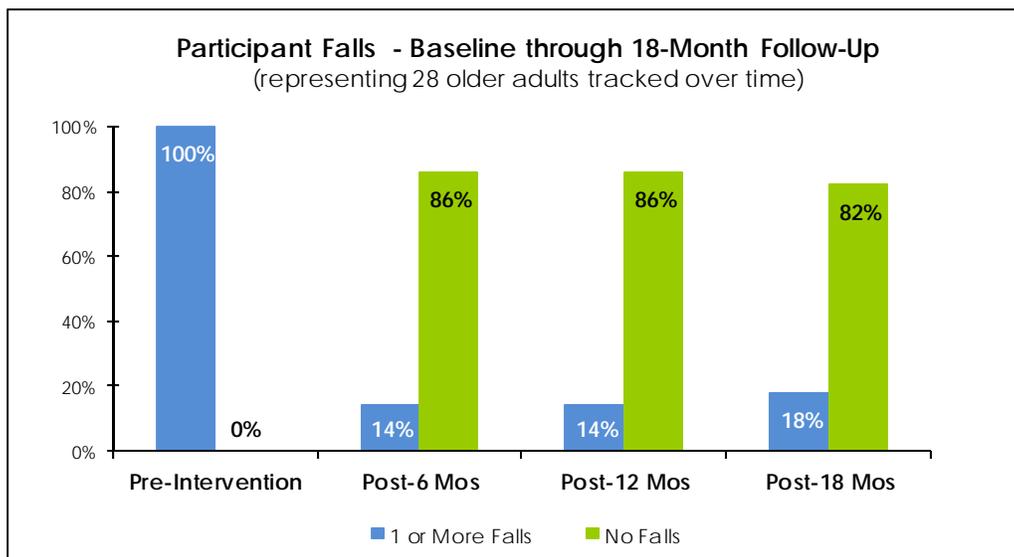
OBJECTIVE #1

At 18 months after completion of the program, 75% of Fall Prevention participants will NOT have experienced a fall-related accident.

RESULT

In analysis of data specific to ONLY those who reported a fall previous to taking the Fall Prevention program, there was a dramatic reduction in subsequent falls reported at 6, 12 & 18 months after completing the class.

- 6 months post: 86% had NOT fallen (24 out of 28)
- 12 months post: 86% had NOT fallen (24 out of 28)
- 18 months post: 82% had NOT fallen (23 out of 28)



THE RESULTS: FALL PREVENTION PROGRAM

Studies show that balance, flexibility, and strength training improve mobility and reduce the risk of falling.

Fall Prevention Center of Excellence, 2010



OBJECTIVE #2

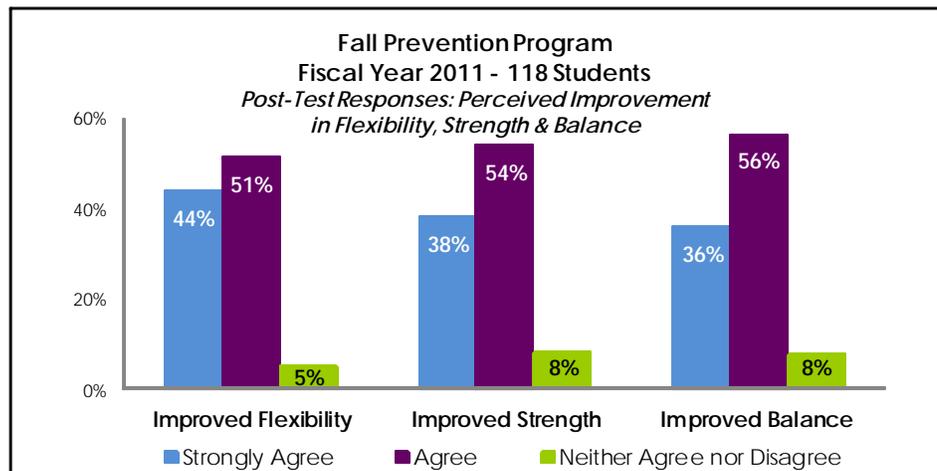
At the conclusion of the Fall Prevention program, 85% of participants will report improved flexibility, strength and balance on program post-tests.

RESULT

At the conclusion of the Fall Prevention program, participants indicated that they "Agree" or "Strongly Agree" that they have improved flexibility (95%), strength (92%) and balance (92%) as a result of the program.

These results are significant as perceived improvement in these areas correlates with a decreased fear and/or risk of falling.

In addition, the majority of participants indicated that they wanted to improve their flexibility, strength, and balance.



FIVE CORE PRINCIPLES OF COMMUNITY BENEFIT

Adopted by PIH's Board of Directors as a result of participation in a demonstration project - *Advancing the State of the Art of Community Benefit or ASACB* - to serve as the foundation of all community benefit activities and the "measuring stick" by which they are qualified.

- 1. EMPHASIS ON VULNERABLE POPULATIONS & UNMET COMMUNITY HEALTH NEEDS** | This program was designed in response to data indicating incidence & seriousness of falls; equips older adults with knowledge for successful aging.
- 2. EMPHASIS ON PRIMARY PREVENTION** | Emphasizes prevention, providing unique interventions for an at-risk population, including medication review and home safety assessments.
- 3. BUILDING A SEAMLESS CONTINUUM OF CARE** | Staff work closely with various hospital departments and community partners to connect at-risk seniors with services appropriate to their needs.
- 4. BUILDING COMMUNITY CAPACITY** | Staff have built a strong network of collaborative partnerships with the cities of Downey, La Mirada, Norwalk, Santa Fe Springs & Whittier, which provide assistance with funding, on-going promotion, and facility space.
- 5. EMPHASIS ON COLLABORATIVE GOVERNANCE** | Community partners and participants are engaged in program planning & evaluation of this program. Leadership group will be established.

THE IMPACT: FALL PREVENTION PROGRAM

In California alone, fall-related injuries in 2004 led to almost 80,000 hospitalizations with a mean cost of over \$40,000 per hospitalization due to falls among Californians aged 60+. In Los Angeles County, fall-related injuries in 2004 led to almost 20,000 hospitalizations with a mean cost of \$42,794 per hospitalization.
 - California Dept. of Public Health, EPIC Branch, EPICenter, 2007

By the Numbers...

- 379** Number of Fall Prevention participants since Fiscal Year (FY) 2007
- 118** Fall Prevention participants who completed the program during FY 2011
- 81.5** Average age of those who have participated in the Fall Prevention program
- 55%** Fall Prevention participants during FY 2011 who indicated on pre-assessments that they had fallen one or more times during the previous year
- 96%** Fall Prevention participants who indicated on post-tests that they either "Strongly Agree" or "Agree" that their participation in the program has reduced their fear and/or risk of future falls
- 82%** Participants with previous pre-intervention falls who, 18 months post-intervention (during FY 2011), had NOT fallen again

Falls Prevention...A Comprehensive & Integrated Program

PIH lives out its promise to extend services to those in need and contribute to the health and well-being of surrounding communities. The Fall Prevention program offers services throughout the PIH service area which go beyond meeting the physical needs of seniors. We are committed to connecting older adults with life-enriching opportunities to ensure they remain independent, socially connected, and mentally stimulated as long as possible.

Reactions to our Program

"I was afraid to visit my husband's grave because of the grass - feels like I'm going to lose my balance. After class, I decided to visit and, by George, I wasn't afraid to walk on the grass!"

"This class has gotten me stronger and more confident in my safety. By becoming stronger physically, we have an improved attitude about ourselves. We are far better equipped for senior living than we were before this great training."



By the Community, For the Community...

PIH Community Benefit Oversight Committee (CBOC)

The CBOC was established to oversee the qualification & evaluation of PIH community benefit. The CBOC is comprised of hospital leadership & community stakeholders who have endorsed this program as a valuable community benefit initiative.

Fall Prevention Leadership | Nancy Whyte, Director, Community Health Education
 Stephanie Fantz, Community Exercise Coordinator | Leon Grospe, Instructor

Community Benefit Department
 Vanessa Ivie, Director, Community Benefit Development
 Roberta Gonzales, Community Benefit Specialist

Consultant - Community Benefit Evaluation Specialists |
 Melissa Biel, DPA, RN | Nancy Clifton-Hawkins, MPH, MCHES

Join us! To learn more about what the PIH Fall Prevention Program can do for you:

PIH Community Health Education Department |
 562.698.0811, Ext. 14691 | Website: www.pih.net

PIH HIGH-RISK INFANT FOLLOW-UP CLINIC

PIH Focuses on Optimum Childhood Health & Development for At-Risk Babies



In order to maximize optimum childhood development, the High-Risk Infant Follow-up Clinic provides comprehensive out-patient services for infants discharged from Neonatal Intensive Care Units - regardless if the discharge was from PIH or another area hospital.

High-Risk Infant Follow-Up (HRIF) Clinic

Launched in 2003, PIH's High-Risk Infant Follow-Up Clinic (HRIF Clinic) exists to provide services for those most vulnerable - specifically infants who are born prematurely or with complications that, unless carefully monitored and addressed, could result in developmental challenges as the child matures. Each child is scheduled for three clinic visits during their first three years of life.

Services Include:

- Highly qualified multidisciplinary team specializing in infant care, including: neonatologist; registered nurse specialist; occupational therapist; nutritionist; & licensed clinical social worker;
- Medical history review;
- Comprehensive physical and neurological exam;
- Developmental assessment;
- Nutritional evaluation, intervention & guidance;
- Comprehensive reporting & recommendations to the child's primary care & specialty physicians, as well as other agencies collaborating with families on the child's care; and
- Family support, referrals & education.

The Identified Need | An accessible program providing comprehensive screening, evaluation, and treatment recommendations for high-risk infants and their families to maximize optimum childhood development. Many infants identified as high-risk are of families with little to no financial resources. Without options to address a child's potential developmental challenges, the child may achieve certain developmental milestones at a slower rate.

The Vision | Establish an accessible program for high-risk infants & their families to focus on maximizing optimum childhood development. Because these young children have been previously identified as high-risk for developmental delays by PIH or other area hospitals, the HRIF Clinic provides evaluations at regular intervals, as well as comprehensive reporting to all who collaborate in the provision of the child's care. The approach to this highly specialized care focuses on the newborn's physical and developmental status, as well as the family's needs, regardless of ability to pay.

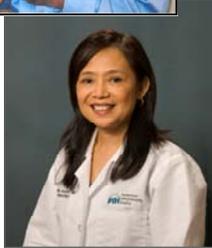
The Partners |

- PIH High-Risk Infant Follow-Up Clinic
- PIH Neonatal Intensive Care Unit Administration
- California Children's Services

The Results | As a result of High-Risk Infant Follow-Up Clinic services & recommendations, the majority of Clinic babies achieved appropriate weight gain, a significant factor in optimizing healthy childhood development.

PIH is proud to offer the High-Risk Infant Follow-up Clinic - a valuable resource for at-risk infants & their families and a true benefit to the community.

THE RESULTS: HIGH-RISK INFANT FOLLOW-UP CLINIC



AIM STATEMENT

To identify high-risk infants and provide them with a multi-disciplinary assessment (up to age 3), as well as referrals to agencies and medical specialties to receive services that optimize their health and development.

*Top – High-Risk Infant Follow-Up Clinic Family; and
Bottom – Medical Director, High-Risk Infant Follow-Up Clinic, Gloria Morales, MD*

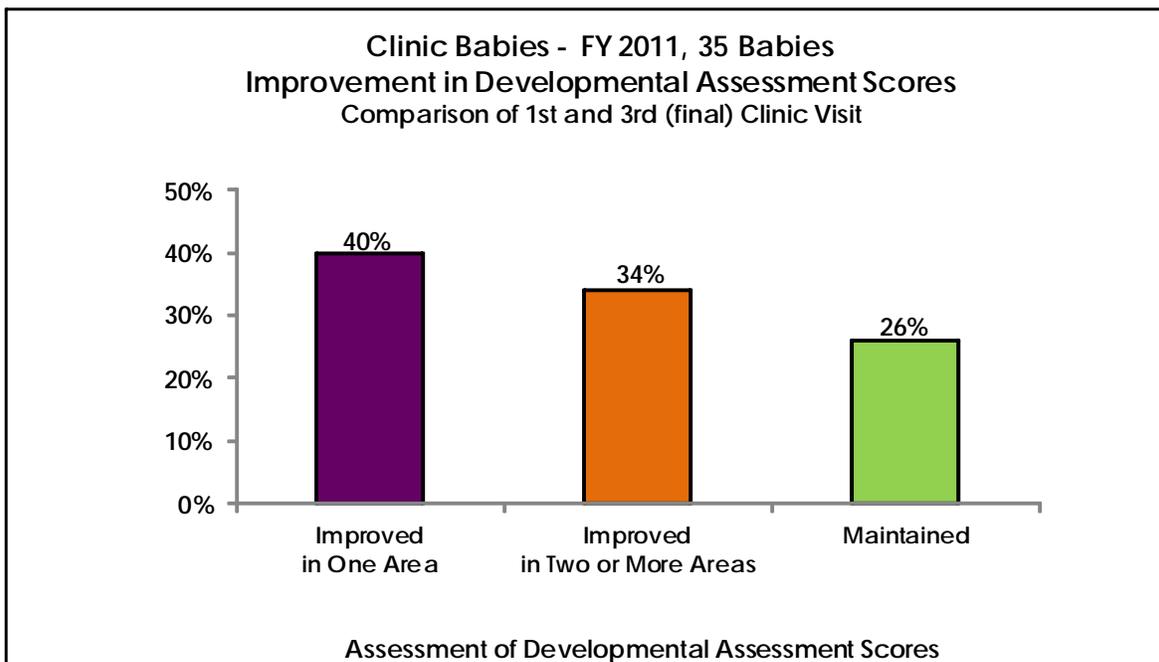
OBJECTIVE #1

For Fiscal Year 2011, 70% of Clinic babies will demonstrate improvement in at least one developmental assessment score as a result of Clinic services, referrals, and recommended treatment plans by their third (last) Clinic visit.

The High-Risk Infant Follow-Up Clinic assesses developmental functioning at each child's annual visit (birth to age three) using the Bayley Scales of Infant & Toddler Development. This instrument scores language, motor, cognitive, and social-emotional skills to identify developmental delay and assist with intervention planning.

RESULT

For Fiscal Year 2011, 74% of Clinic babies demonstrated improvement in at least one developmental assessment score as a result of Clinic services, referrals, and recommended treatment plans by their third (last) Clinic visit.



THE RESULTS: HIGH-RISK INFANT FOLLOW-UP CLINIC

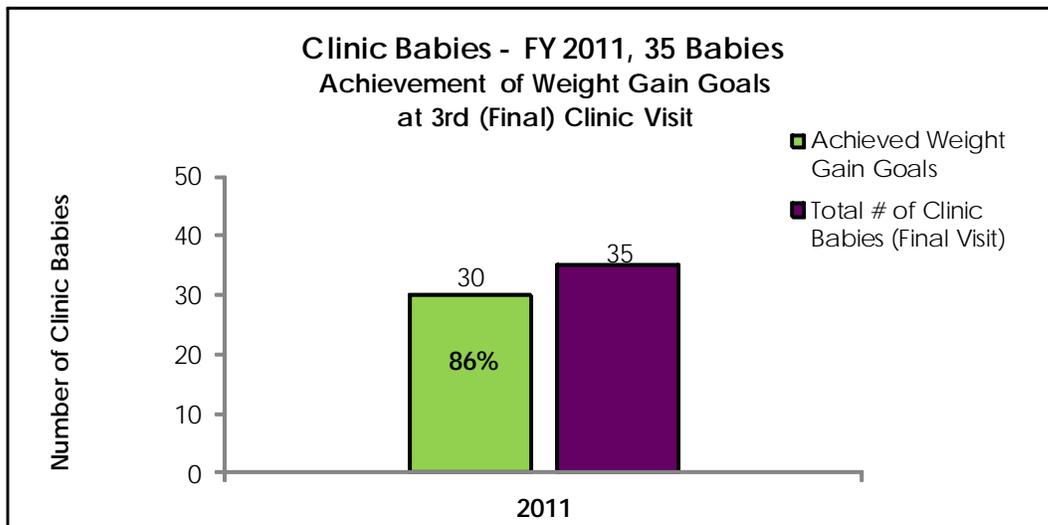
OBJECTIVE #2

For Fiscal Year 2011, 80% of Clinic babies will achieve their appropriate interval growth with weight gain goals as a result of Clinic services, referrals and recommended treatment plans by their third (last) Clinic Visit.

At each visit, the Clinic team assesses the child's actual weight gain (in terms of average grams gained per day) as compared with the recommended weight gain from the previous visit. This evaluation is a critical part of an effective treatment plan for HRIF Clinic babies.

RESULT

For Fiscal Year 2011, 86% of Clinic babies achieved their appropriate interval growth with weight gain goals as a result of Clinic services, referrals and recommended treatment plans by their third (last) Clinic visit.



FIVE CORE PRINCIPLES OF COMMUNITY BENEFIT

Adopted by PIH's Board of Directors as a result of participation in a demonstration project - *Advancing the State of the Art of Community Benefit or ASACB* - to serve as the foundation of all community benefit activities and the "measuring stick" by which they are qualified.

- 1. EMPHASIS ON VULNERABLE POPULATIONS & UNMET COMMUNITY HEALTH NEEDS** | Children who were born prematurely or with complications at birth are at increased risk for developmental disorders in childhood.
- 2. PRIMARY PREVENTION** | The Clinic emphasizes primary prevention with comprehensive assessments & recommendations scheduled during a child's first three years of life.
- 3. SEAMLESS CONTINUUM OF CARE** | The Clinic supports PIH's efforts to ensure a seamless continuum of care by providing services for infants referred by PIH & other hospitals / providers. Reports of each visit, including recommendations, are sent to the child's primary care doctor and/or specialist, and referrals are made to other agencies as appropriate.
- 4. COMMUNITY CAPACITY BUILDING** | The Clinic has built a strong network of community partners and collaborative relationships that provide referrals, services, and resources.
- 5. COLLABORATIVE GOVERNANCE** | The Clinic works collaboratively with California Children's Services and local Regional Centers; parents/guardians also provide input into evaluation of Clinic services.

THE IMPACT...HIGH-RISK INFANT FOLLOW-UP CLINIC

The significant impacts of investment in early childhood programs include:

- Lower special-education costs
- Higher high school graduation rates & better-trained / higher earning job force
- Reduced crime rate & welfare dependency

- Rand Corp. 2008

\$1:\$5

For every dollar invested in early childhood programs, there is an average \$5 return on investment, Rand Corp. 2008

513

Children served by the Clinic since its inception in 2003 (982 total visits)

109

Children served by the Clinic during Fiscal Year 2011

60% +

Percent of families who, if not for this program, would have little to no access to developmental monitoring and interventions (i.e., due to limited financial means or geographic barriers)

60%

Percent of 3rd (and final) Clinic-visit patients referred and receiving treatment from the Regional Center, such as physical & speech therapy

Reactions to the Care We Provide

"For me and my child, it is one of the best clinics!"

"Everyone is genuinely concerned about satisfaction and needs for our son. Very excellent experience every time we come."

-HRIF Clinic Families



By the Community, For the Community...

PIH Community Benefit Oversight Committee (CBOC)

The CBOC was established to oversee the qualification and evaluation of PIH community benefit. The CBOC is comprised of hospital leadership & community stakeholders who have endorsed this program as a valuable community benefit initiative.

Thank you to the following donors | Mrs. Ruth B. Shannon

High Risk Infant Follow-Up Clinic Leadership |

Gloria Morales, MD, Medical Director, High-Risk Infant Follow-Up Clinic
 Myma Lambert, RN, Care Center Coordinator, Neonatal Intensive Care Unit
 Deborah Flores, OTR/L, MS E.D., High-Risk Infant Follow-Up Clinic Coordinator

Community Benefit Department

Vanessa Ivie, Director, Community Benefit Development
 Roberta Gonzales, Community Benefit Specialist

Consultant - Community Benefit Evaluation Specialist | Melissa Biel, DPA, RN

Above Left- Registered Dietitian, Regina Wormald with Licensed Clinical Social Worker, Cindy Lerma; Left- Occupational Therapists, Stephanie Martinez and Theda Tumbocom.

To learn more about High Risk-Infant Follow-Up Clinic services:

12401 Washington Blvd. | Whittier, CA 90602 |
 562.698.0811, Ext. 17647 | Website: www.pih.net |

HOSPICE OF PRESBYTERIAN

Improving the end-of-life experience for patients and their families



“Dove House,” one of PIH’s two hospice homes, provides a tranquil setting for end-of-life care.

Hospice Services

- Relief of pain & suffering
- Control of other distressing symptoms (i.e. nausea)
- Care provided in either the patient’s home, in one of our two residential hospice homes, or at a skilled nursing facility
- Medicare-certified, Joint Commission-accredited
- Highly-skilled multi-disciplinary team, including: hospice physician, registered nurse, social worker, chaplain & volunteers
- Care plan coordinated with personal physician
- Additional services such as durable medical equipment, transportation & medications
- Bereavement services
- Referrals for other supportive services

The Identified Need | Increasingly, Americans have expressed a preference for receiving end-of-life care at home and, as a result, hospice care has grown substantially over the past decade. “The trends for increased usage of hospice are expected to continue as we see an aging generation of baby-boomers face end-of-life situations for themselves and their parents,” remarked the President & CEO of the National Hospice & Palliative Care Organization. In many circumstances, however, one’s own home may not be the best choice for end-of-life care due to various circumstances - the patient may need 24-hour nursing care, the spouse may be unable to properly care for their loved one, or the family find themselves in crisis. PIH saw the need for providing options in hospice care and created the hospice homes.

The Vision | **To provide relief of suffering and support of patients and families as they face the end-of-life transition.**

In keeping with this vision, Hospice of Presbyterian is fully-licensed, Medicare-certified and Joint Commission accredited, providing end-of-life care to hundreds of patients each year. Based upon the patient’s needs and wishes, hospice care is provided either in the patient’s own home, in one of our two residential hospice homes, or at a skilled nursing facility. The Hospice Homes are a community benefit program that simply would not exist if the decision to offer this much needed service was made on a purely financial basis. PIH invests resources in these Hospice Homes because it is the right thing to do to care for our community.

The Partners |

- Presbyterian Intercommunity Hospital & the PIH Foundation
- Local physicians, other hospitals, and discharge planners

The Results | During Fiscal Year 2011, 417 patients received end-of-life care through Hospice of Presbyterian. Of this number, 269 patients received care in the Hospice Homes. Upon survey of the overall hospice program, over 98% of families reported that they were provided with enough instruction on patient care; families also indicated that their loved one’s pain was managed with the “right amount” of medication. These results are significant indicators of quality hospice care.

PIH is proud to offer Hospice Care -
a valuable resource to families and a true benefit to the community.

THE RESULTS: HOSPICE CARE

Reactions to the Care We Provide

“Your communication with our family was excellent. I spread the word about your services at every opportunity.”

“The Dove House is truly a remarkable place and we will forever be grateful that my husband was able to live out his final days with love and dignity. Everyone there went well beyond the extra mile to make sure everything possible was done for my husband and our family and that we all felt a home there.”



AIM STATEMENTS

- To provide relief of pain and suffering;
- To provide care that is individualized to meet each patient's & family's needs and wishes;
- To meet the needs of our community in a courageous & intentional way at the end of life.

OBJECTIVE #1

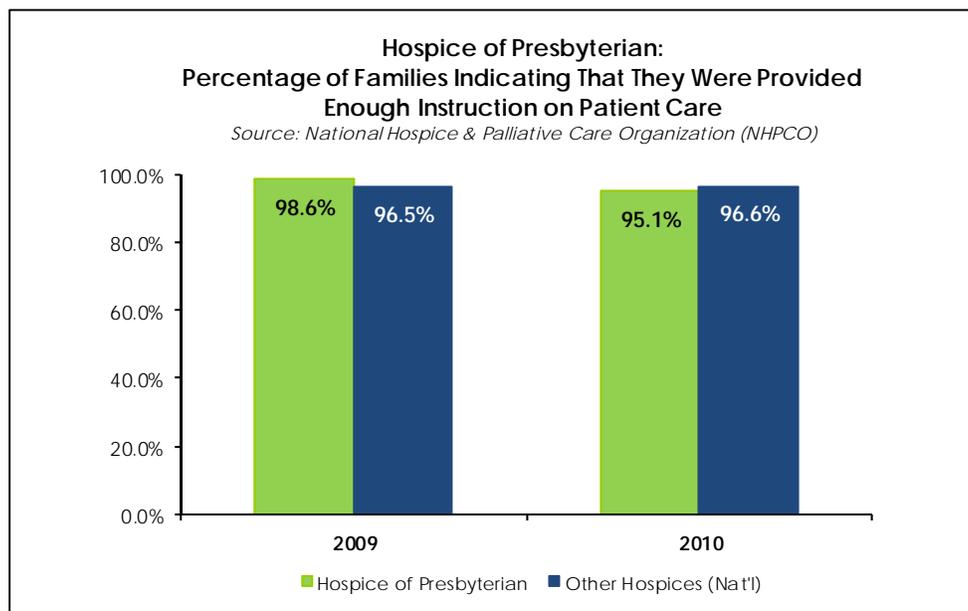
Over a one-year period, an average of 90% of patients' families will report that they were provided with enough instruction on patient care.

The National Hospice & Palliative Care Organization (NHPCO) collects and analyzes comprehensive data on hospices across the nation, providing summaries of quarterly data. NHPCO's Hospice of Presbyterian data was analyzed for this goal.

RESULT

According to NHPCO's data for Hospice of Presbyterian (averaged over 4 quarters):

- 2009: 98.6% of families reported that they had "enough instruction on patient care;"
- 2010: 95.1% of families reported that they had "enough instruction on patient care."



THE RESULTS: HOSPICE CARE

OBJECTIVE #2

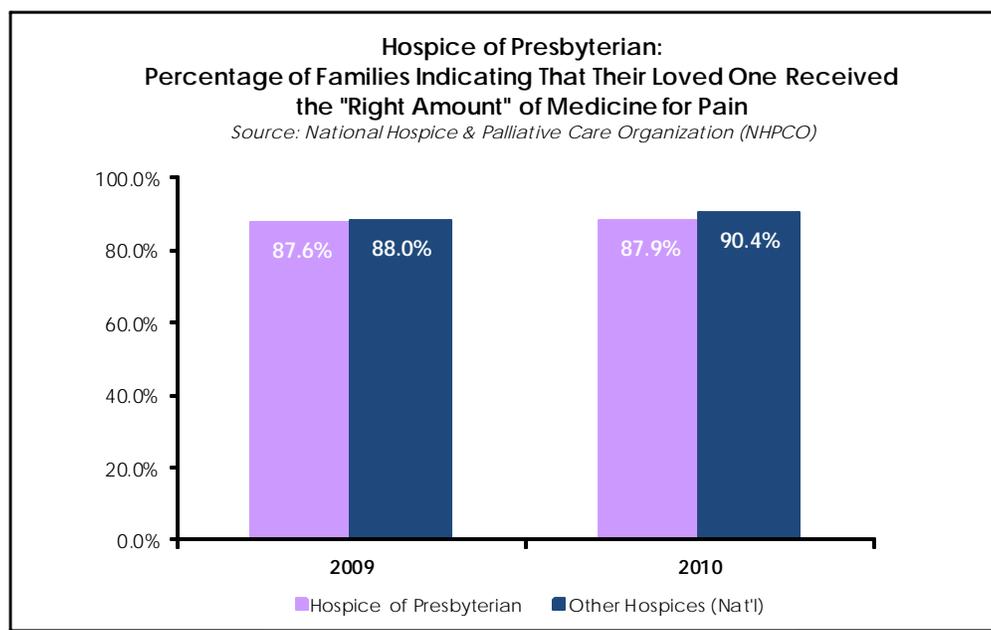
Over a one-year period, an average of 85 % of patients’ families will report that their loved one was provided with the “right amount” of medicine for pain.

The National Hospice and Palliative Care Organization (NHPCO) collects and analyzes comprehensive data on hospices across the nation, providing summaries of quarterly data . NHPCO’s Hospice of Presbyterian data was analyzed for this goal.

RESULT

According to NHPCO’s data for Hospice of Presbyterian (averaged over 4 quarters):

- 2009: 87.6% of families reported that their loved one received the “right amount” of medicine;
- 2010: 87.9% of families reported that their loved one received the “right amount” of medicine.



FIVE CORE PRINCIPLES OF COMMUNITY BENEFIT

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- 1. EMPHASIS ON VULNERABLE POPULATIONS & UNMET COMMUNITY HEALTH NEEDS** | The Hospice Homes serve a vulnerable population by providing end-of-life care for patients, providing relief of suffering & support of patients and families as they face the end-of-life transition.
- 2. EMPHASIS ON PRIMARY PREVENTION** | Primary prevention services emphasize relief of symptoms. Support is offered to patients & families appropriate to their needs.
- 3. BUILDING A SEAMLESS CONTINUUM OF CARE** | Hospice is one of the many steps in the continuum of care. Patients are referred through multiple sources; patient & family support is provided with the transition. Education is provided to the community regarding the end-of-life model.
- 4. BUILDING COMMUNITY CAPACITY** | Hospice of Presbyterian works closely with community agencies and healthcare providers to expand understanding of end-of-life care and build partnerships.
- 5. EMPHASIS ON COLLABORATIVE GOVERNANCE** | The PIH Board of Directors is engaged in overall program governance; families also provide input through evaluations.

THE IMPACT: HOSPICE OF PRESBYTERIAN

The National Hospice and Palliative Care Organization reports that 1.3 million patients received care from one of the nation's 4,500 hospice providers, a steady increase from the previous year. Approximately 35 percent of all deaths in the U.S. were under the care of a hospice program.

Findings of a major new study of hospice care in America show that hospice services save money for Medicare and bring quality care to patients and their families. Researchers found that hospice reduced Medicare costs by an average of \$2,309 per hospice patient. Additionally, Medicare costs would be reduced for 7 out of 10 hospice recipients if hospice has been used for a longer period of time. "Given that hospice has been widely demonstrated to improve quality of life of patients and families...the Medicare program appears to have a rare situation whereby something that improves quality of life also appears to reduce costs." - National Hospice & Palliative Care Organization (NHPCO), 2007

By the Numbers

- 417** Hospice of Presbyterian patients during Fiscal Year 2011
- 269** Hospice of Presbyterian patients (Dove & Rose Homes) during Fiscal Year 2011
- 93%** Hospice of Presbyterian families who indicated they received the emotional support they needed prior to the death of their loved one (2010 data)
- 81%** Hospice of Presbyterian families who indicated their loved one's personal needs were ALWAYS taken care of (2010 data)
- 96%** Hospice of Presbyterian families who indicated they would recommend this hospice to others (2010 data)



"Rose House," one of PIH's two hospice homes, provides a tranquil setting for end-of-life care.

By the Community, For the Community...

PIH Community Benefit Oversight Committee (CBOC)

The CBOC was established to oversee the qualification & evaluation of PIH community benefit. The CBOC is comprised of hospital leadership & community stakeholders who have endorsed this program as a valuable community benefit initiative.

Thank you to the following donors |

BCM Foundation | Mary E. Bentz | Ruby R. Claypool
 Degree of Pocahontas & The Improved Order of Red Men
 Lynette B. Dunn | Robert J. Keown | James N. Koury
 George H. McCord | Breene Murphy | Lois Potenza
 R.C. Baker Foundation | The Rose Hills Foundation |
 Touchstone Investment Managers | Individual Donors

Hospice of Presbyterian Leadership | Patricia E. Bray, VP, Continuing Care, PIH
 Jean McCullen, RN, BSN, Director of Patient Services, Home Health & Hospice, PIH

Community Benefit Department

Vanessa Ivie, Director, Community Benefit Development
 Roberta Gonzales, Community Benefit Specialist

Consultant - Community Benefit Evaluation Specialist | Melissa Biel, DPA, RN

To learn more about our hospice program:

Hospice of Presbyterian | 15050 Imperial Highway | La Mirada, CA 90638 |
 24-Hour Referral line: 562.947.3668 | Administration: 562.902.7763 | www.pih.net

“REACH FOR THE STARS”: OBESITY PREVENTION & HEALTH ACCESS

PIH Partners with Whittier City School District Project to Improve Health of Local Youth



“Reach for the Stars” (RFTS)

Championed by the Whittier City School District, RFTS is a collaborative health-promotion initiative which endeavors to:

“Educate the whole child involving the mind and body”

This comprehensive after-school program is currently in place at nine Whittier City School District elementary schools.

“Reach for the Stars” Components

- Physical fitness activities
- Parent & student education on topics such as diabetes, healthy food choices, obesity prevention & physical fitness
- Cooking classes for parents, grandparents and caregivers of students
- Access to preventive health-related resources
- Homework assistance
- Enrichment activities such as dance, drama, science, social skills, art and recreation

THE IDENTIFIED NEED | In a 2007 report on the prevalence of childhood obesity in LA County, over one-quarter (25.3%) of the children in Whittier were found to be overweight - higher than the LA County averages. Diabetes-related deaths, often linked with obesity, were also found to be higher than County & State averages (PIH 2007 Community Needs Assessment). In addition, many of PIH’s Primary Service Area families lack access to vital resources, including preventive health services and education on healthy lifestyle choices.

THE VISION | In 2006 PIH made a commitment to enhance its provision of Community Health Education programs & interventions to more effectively promote health & wellness of the community. In keeping with this commitment, PIH became a collaborative partner of the Whittier City School District’s “Reach for the Stars” program. PIH’s role is to bring expertise to the health access & health promotion aspects of the program by 1) ensuring access to preventive health services and resources & 2) providing health education for local children & their families.

THE PARTNERS |

- PIH Community Health Education Department
- Whittier City School District
- Boys & Girls Club
- City of Whittier
- YMCA of Greater Whittier

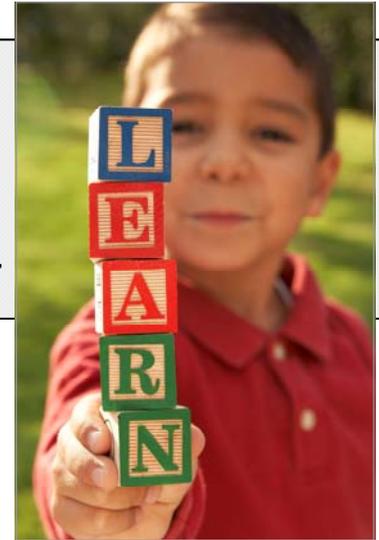
THE RESULTS | The number of “Reach for the Stars” students considered at normal weight increased over the 2009-10 school year. In addition, parents participating in educational sessions exhibited an increase in knowledge on post-tests.

THE RESULTS: "REACH FOR THE STARS" PROGRAM

Reactions to our Program

Participants have reported that, as a result of the classes, they have changed their eating habits to include more fresh fruits & vegetables and to cook at home more often.

"It has helped me as I'm a single mother and coming from a Mexican background, I'm able to learn methods that my mother didn't use and I can use both."



AIM STATEMENT

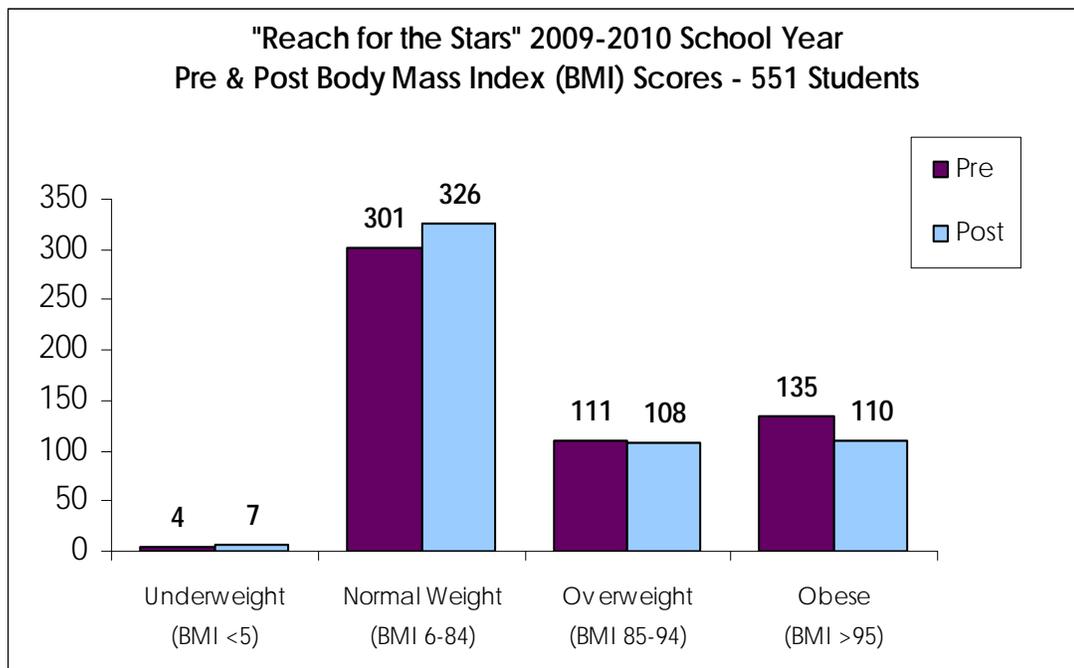
To reduce the incidence of overweight & obesity and, ultimately, the risk of diabetes among elementary school children.

GOAL #1

Over the course of a school year, decrease Body Mass Index (BMI) of overweight or obese children in grades K-5 who participate in the "Reach for the Stars" program.

RESULT

Comparison of pre & post BMI scores of 551 students during the 2009-2010 school year shows a reduction in the number of students considered overweight & obese, as well as a corresponding increase in students considered normal weight.



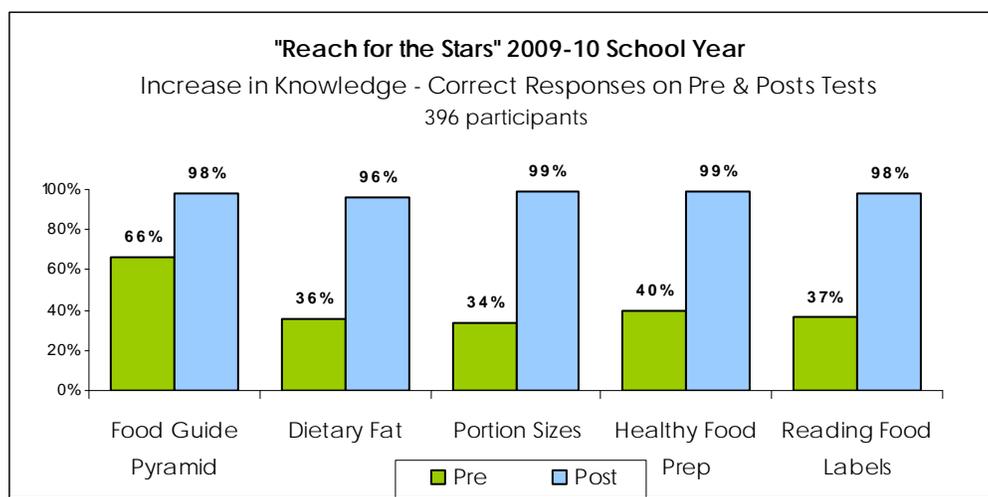
THE RESULTS: "REACH FOR THE STARS" PROGRAM

GOAL #2

At the conclusion of "Reach for the Stars" parent education sessions, participants will exhibit at least a 50% increase in knowledge on post-tests related to the topic.

RESULT

Based on comparison of pre & post tests of educational classes, participants exhibited percent increases in knowledge, ranging from 32% in food pyramid topics to 65% in portion size topics.



FIVE CORE PRINCIPLES OF COMMUNITY BENEFIT

Adopted by PIH's Board of Directors as a result of participation in a demonstration project - *Advancing the State of the Art of Community Benefit or ASACB* - to serve as the foundation of all community benefit activities and the "measuring stick" by which they are qualified.

- 1. EMPHASIS ON VULNERABLE POPULATIONS & UNMET COMMUNITY HEALTH NEEDS** | PIH's role in "Reach for the Stars" is to address health concerns identified via PIH's triennial Community Needs Assessments among Whittier City School District students & families.
- 2. PRIMARY PREVENTION** | Program emphasizes health promotion, as well as education regarding disease prevention, with classes focusing on diabetes, and nutrition & healthy food preparation for children and parents.
- 3. SEAMLESS CONTINUUM OF CARE** | PIH staff connect individuals with resources appropriate to their needs, such as diabetes education, community lectures, annual flu clinics, etc. Future enhancement will be implementation of a referral tracking process to confirm individuals were linked with needed services and to document links between interventions & hospital utilization.
- 4. COMMUNITY CAPACITY BUILDING** | Community Health Ed staff actively participate in the "Reach for the Stars" collaborative; funding has been secured to sustain & expand the program.
- 5. COLLABORATIVE GOVERNANCE** | Community partners and participants have been engaged to provide input into the planning & evaluation of this program.

“REACH FOR THE STARS”: OBESITY PREVENTION & HEALTH ACCESS

PIH Partners with Whittier City School District Project to Improve Health of Local Youth

THE IMPACT...By the Numbers

1,950	“Reach for the Stars” students since School Year 2006-07 to present
551	“Reach for the Stars” students during School Year 2009-10
445	“Reach for the Stars” participants who attended parent/family education classes (45 classes) during School Year 2009-10
27%	Percent reduction in “Reach for the Stars” students who are considered obese from School Year 2006-07 to present
100%	Percent of “Reach for the Stars” educational classes held in community-based settings during School Year 2009-10
\$30	Average cost to PIH per “Reach for the Stars” participant during Fiscal Year 2010

BY THE COMMUNITY, FOR THE COMMUNITY...



PIH proudly partners with programs such as “Reach for the Stars,” in keeping with its promise to the community to make a positive and measurable difference in the health & well-being of the communities we serve in recognition of our charitable purpose.

PIH Community Benefit Oversight Committee (CBOC)

The CBOC was established as a sub-committee of the hospital's Board of Directors to oversee the qualification & evaluation of PIH community benefit.

The CBOC is comprised of hospital leadership & community stakeholders:

Patricia E. Bray, VP, RN <i>Continuing Care, PIH</i>	Maria Andrea Mendoza Mason, MD <i>PIH Family Practice/Santa Fe Springs Health Ctr.</i>
Sue Carlson, CPAM <i>Administrative Director, Revenue Cycle, PIH</i>	Judy McAlister <i>Community-at-large</i>
Ron Carruth, EdD <i>Superintendent, Whittier City School District</i>	Silvia Prieto, MD, MPH <i>Area Health Officer, LA Co. Public Health</i>
Charlene Dimas-Peinado, LCSW <i>CEO, The Whole Child</i>	Judy Pugach, VP, RN, MPH, CPHQ <i>Quality / Risk Management, PIH</i>
Richard Espinosa <i>Health Deputy, LA Co. Supervisor Don Knabe</i>	Irene Redondo-Churchward <i>Community-at-large</i>
Carmella Franco, EdD <i>State Trustee, CA Board of Education</i>	Jill Schuyler, LCSW <i>Director, Care Management, PIH</i>
Sylvia Granados-Southerland <i>Regional Public Affairs, So. CA Edison</i>	Karen Shepard <i>Managing Trustee, BCM Foundation</i>
Rose Marie Joyce, PhD <i>Interim President, West LA Community College</i>	Drew Sones <i>Chair, PIH Board of Directors</i>
Ted Knoll, MA, CDS, CHHP <i>Executive Director, Whittier Area First Day</i>	Jim West <i>President & CEO, PIH</i>
DawnMarie Kotsonis, Executive Director <i>PIH Foundation & Community Benefit</i>	Nancy Whyte, Director <i>Community Ed, Senior & Volunteer Svcs, PIH</i>

Community Health Education Leadership | Nancy Whyte, Director | Jannette Lupercio, Community Health Educator

Community Benefit Department
Vanessa Ivie, Director, Community Benefit Development
Roberta Gonzales, Community Benefit Specialist

Consultant - Community Benefit Evaluation Specialist | Melissa Biel, DPA, RN

Thank you to the following donors | Carol M. White Physical Education Program | UniHealth Foundation |

For more information:

PIH Community Health Education | 12401 Washington Blvd. | Whittier, CA 90602 | 562.698.0811, Ext. 14691 | Website: www.pih.net

PIH SENIOR SERVICES PROGRAM

PIH Promotes Healthy Aging through three Core Focus Areas:
Lifelong Learning, Memory, and Caregiving



VISION

"A Healthier Community"

MISSION

The PIH Community Education Department strives to create a healthier community through: primary prevention, on-going community collaboration, and dedication to community benefit services.

Senior Services Offers Education, Support & Resources for:

- Lifelong Learning
- Memory Assessments
- Caregiving

The Identified Need | By 2030, the number of Americans ages 65+ will have grown by 75% to 69 million, meaning more than 20% of the nation's population will be over 65, compared with only 13% today. Currently, PIH Service Area data indicate individuals ages 65+ represent 11% of residents - higher than County & State averages - with high concentration of older adults found in Whittier 90603, La Mirada & Santa Fe Springs.

With the number of older adults on the rise due to the coming of age of the Baby Boomer generation, there will be an unprecedented demand on resources and services for older adults. These older adults will need support and education on how to stay healthy, manage chronic diseases ranging from heart disease, cancer, high blood pressure, and high cholesterol, to auto immune disease and memory loss. This generation of older adults will also need to learn how to be caregivers as they join the current 15 million caregivers in the nation.

The Vision | "A Healthier Community"

Reaching our local community of seniors will require a focused, strategic approach consisting of support and education across the continuum. To effectively serve this generation of older adults, PIH's Senior Services program has adopted three core areas of focus which emphasize successful aging:

- 1) **Lifelong Learning** to promote healthy aging by ensuring older adults are mentally and socially engaged and stimulated;
- 2) **Memory** to provide opportunities for older adults to increase knowledge of risk factors associated with memory loss in order to help them maintain healthy cognitive functioning; and
- 3) **Caregiving** to increase access to caregiving-related resources, education, and support.

The Partners |

- PIH Community Health Education Department
- Bright Health Physicians of PIH & CareMore
- Social service agencies *Alzheimer's Association, Health Insurance Counseling & Advocacy Program (HICAP) & Los Angeles Caregiver Resource Center*
- Local cities, senior centers, churches & parks

PIH is proud to offer a comprehensive Senior Services program -
a valuable resource for our area's older adults and a true benefit to the community.

THE RESULTS: PIH SENIOR SERVICES

LIFELONG LEARNING

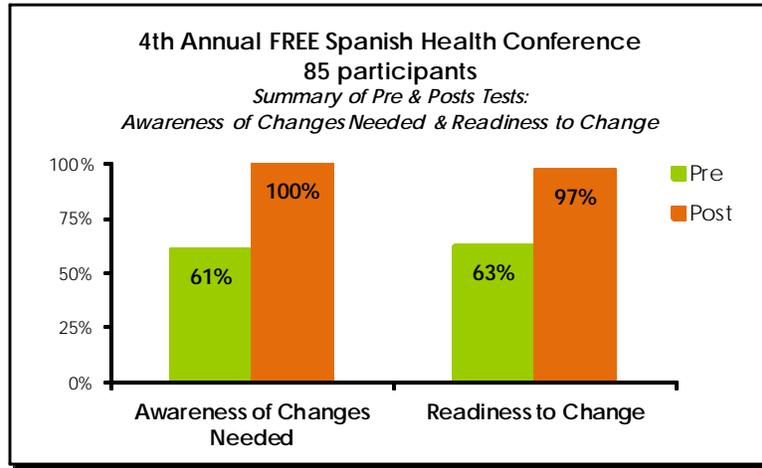
Senior Services will provide Lifelong Learning opportunities to promote healthy aging by ensuring older adults are mentally and socially engaged and stimulated.

Through a collaboration with the City of La Mirada, PIH offers SeniorNet - a low-cost computer training program taught by senior volunteers, empowering older adults to maintain linkages with family & friends using technology.



OBJECTIVE #1

As a result of Lifelong Learning educational classes, 75% of participants will indicate awareness of changes needed to live a healthier life.



RESULT

Pre & post tests from the “Latinos: Mejor Salud; Mejor Vida” free Spanish conference, show that 100% of Spanish-language participants exhibited awareness of changes needed to live a healthier life.

In addition, 97% of participants indicated on post-tests that they were ready to start making changes to live a healthier life, as opposed to only 63% at the start of the conference.

MEMORY

Senior Services will provide education and support to ensure individuals are informed about memory loss and associated risk factors, have resources for diagnosis and treatment, and are capable to be advocates for themselves or loved ones. In addition, we will promote healthy cognitive functioning through a variety of mentally stimulating educational opportunities.

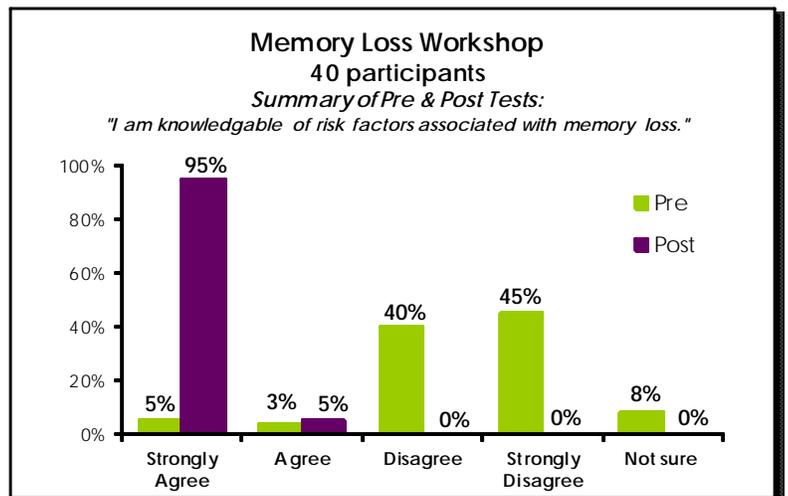


OBJECTIVE #2

As a result of Memory Workshops, 75% of participants will indicate they are knowledgeable of risk factors associated with memory loss.

RESULT

At the conclusion of the Workshop, 100% of participants either “strongly agreed” or “agreed” that they were knowledgeable of risk factors associated with memory loss, as compared to only 8% of participants before the workshop.



THE RESULTS: PIH SENIOR SERVICES

CAREGIVING

Senior Services will increase access to caregiving resources, education, and support in an effort to promote healthy aging.



OBJECTIVE #3

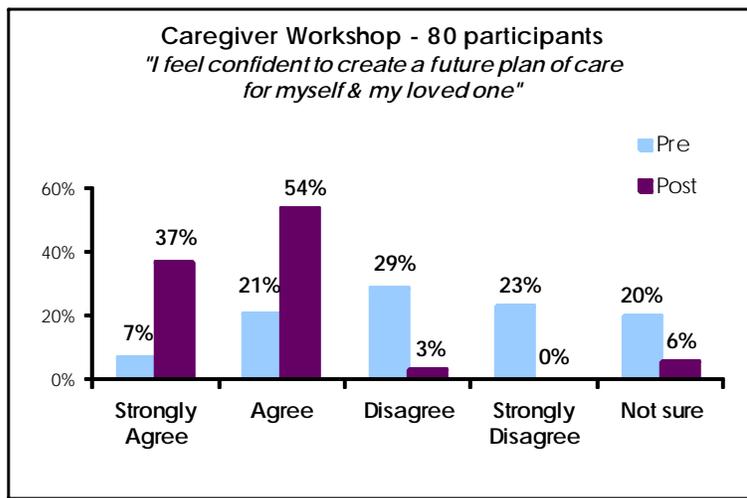
As a result of the Caregiver Workshop, 75% of participants will indicate they have the confidence to care for themselves and their loved ones.

There are currently 15 million caregivers in the US; it is predicted that this number will double by the year 2050. Caregiving can take a significant toll on individuals; research demonstrates that 40 to 70% of family caregivers have significant symptoms of depression, with approximately a quarter to half meeting the diagnostic criteria for major depression. *- Zarit, S. (2006); Assessment of Family Caregivers: A Research Perspective*

Senior Services will ensure caregivers have knowledge needed to remain healthy and to advocate for themselves and their loved ones. Caregivers' quality of life will be assessed, including caregiver burnout, confidence to make changes in areas that cause highest stress, and belief in ability to provide care.

RESULT

At the conclusion of the Caregiver Workshop, 91% of participants either "strongly agreed" or "agreed" that they had the confidence to care for themselves and their loved ones as a result of the workshop, as compared to 28% of participants who were confident of their abilities before the workshop.



FIVE CORE PRINCIPLES OF COMMUNITY BENEFIT

Adopted by PIH's Board of Directors as a result of participation in a demonstration project - *Advancing the State of the Art of Community Benefit or ASACB* - to serve as the foundation of all community benefit activities and the "measuring stick" by which they are qualified.

- 1. EMPHASIS ON VULNERABLE POPULATIONS & UNMET COMMUNITY HEALTH NEEDS** | Senior Services will deliver programs to a broader spectrum of older adults in the community, utilizing enhanced methods of communication to reach different populations.
- 2. EMPHASIS ON PRIMARY PREVENTION** | Senior Services will emphasize on-going measurement and evaluation of educational outcomes related to three core focus areas.
- 3. BUILDING A SEAMLESS CONTINUUM OF CARE** | Senior Services will create connections between target vulnerable populations and resources for senior health care and support.
- 4. BUILDING COMMUNITY CAPACITY** | Senior Services will continue to engage community stakeholders in program planning, implementation, evaluation, and leadership functions.
- 5. EMPHASIS ON COLLABORATIVE GOVERNANCE** | Senior Services will create a leadership group that provides input and guidance into the delivery of programs and services.

THE IMPACT: PIH SENIOR SERVICES

Programs that effectively engage seniors in participation - and change behavior as a direct result - provide strong evidence that health improvements & decreased health care expenditures can be achieved. Multiple studies have demonstrated the overall effectiveness of large-scale senior wellness programs at improving health and quality of life, while reducing hospital admissions & health care costs, as a direct result of participation.

- Coberley, et al, Population Health Management, 2011

By the Numbers...

- 8,371** Active Senior Life Center members during FY 2011 (580 new enrollees during FY 11)
- 87%** Spanish Health Conference participants who indicated they now have the knowledge needed to live a healthy life; only 39% indicated this belief on pre-tests
- 98%** Memory Workshop participants who now recognize that memory loss is NOT a normal part of aging; comparatively, 88% indicated on pre-tests that memory loss IS normal
- 95%** Memory Workshop participants who indicated a belief that they are knowledgeable about the risk factors of Alzheimer's Disease; only 5% indicated this belief on pre-tests
- 100%** Memory Workshop participants who indicated awareness of available community resources; only 15% indicated awareness on pre-tests
- 98%** Spanish-language Caregiving Workshop participants who indicated that they are aware of the importance of self-care; only 38% indicated this belief on pre-tests
- 90%** Caregivers (who attended the Senior Services Caregiver Workshop) who correctly identified the signs of caregiver burnout on Workshop post-tests; only 60% correctly identified the signs on pre-tests

Senior Services...A Comprehensive & Integrated Program

The Senior Life Center promotes services throughout the PIH service area which go beyond meeting the physical needs of seniors. We are committed to connecting our members with life-enriching opportunities, including benefits and services that encompass a variety of interests to ensure older adults in the community remain independent, socially connected, and mentally stimulated.

Life Connections Membership Program - Free!

- Free Life Connections Newsletter;
- Free discount prescription card;
- 20% discount on final balance owed on PIH in-patient stay;
- Discounts on exercise classes including Qigong, Tai Chi & Seniors in Motion; and
- Free blood pressure & depression screenings.

Lifelong Learning Opportunities - Free!

- A variety of educational opportunities related to successful aging;
- Chronic Disease Self-Management Program;
- Low-cost SeniorNet computer classes taught by senior volunteers;
- Health Insurance Counseling & Advocacy;
- AARP Safe Driver Course;
- Third Age - an online questionnaire focused on successful aging promotion; and
- Latinos: Mejor Salud; Mejor Vida - annual Spanish health conference on cancer prevention and early detection, heart disease, diabetes & memory loss.

By the Community, For the Community...

PIH Community Benefit Oversight Committee (CBOC)

The CBOC was established to oversee the qualification & evaluation of PIH community benefit. The CBOC is comprised of hospital leadership & community stakeholders who have endorsed this program as a valuable community benefit initiative.

Thank you to the following donors | Women's Club of Whittier | Colette Vacations

Senior Services Leadership | Nancy Whyte, Director, Community Health Education
Romina Yepiz, Program Coordinator

Community Benefit Department
Vanessa Ivie, Director, Community Benefit Development
Roberta Gonzales, Community Benefit Specialist

Consultant - Community Benefit Evaluation Specialists |
Melissa Biel, DPA, RN | Nancy Clifton-Hawkins, MPH, MCHES

Join us! To learn more about what the PIH Senior Services program can do for you:

PIH Senior Life Center | 12291 Washington Blvd., Suite 302 | Whittier, CA 90602 |
562.698.0811, Ext. 18302 | Website: www.pih.net

PIH & WHITTIER FIRST DAY

Bringing Vital Health Resources, Social Services, and Family Housing to Area Homeless



"Our Nurse Practitioner's relationship with First Day residents is yielding results far exceeding the program's original intent. Our residents trust Veronica who has become a trusted and valued member of the Whittier First Day team."
- Ted Knoll, Executive Director

Whittier First Day (WFD) Mission

To help homeless and at-risk individuals transition toward self-sufficiency

Health & Wellness Clinic Services

- Open 2 days a week, 8 hours each day
- Staffed by a Nurse Practitioner & Assistant
- Provides health assessment for all new WFD residents
- Provides basic & preventive health services and screenings

Clinic Expansion

In October 2011, Whittier First Day completed an expansion of the Clinic in order to offer Clinic services to those who are chronically homeless, at-risk for homelessness, very low-income, and uninsured.

The Identified Need | Accessing basic health care can be difficult, if not impossible, for homeless individuals. As a result, sometimes minor health issues prompt frequent trips to already over-crowded emergency rooms or, worse, develop into serious chronic illnesses. Left untreated, such illnesses may trigger a rapidly escalating cycle that can leave the community's marginalized seriously ill, lead to the spread of communicable diseases among other homeless individuals or burden an already strained healthcare system. According to the 2007 L. A. Homeless Services Authority count, SPA-7 had some 14,635 homeless individuals.

The Vision | Establish an on-site clinic at Whittier First Day (WFD), which provides a six-month emergency transitional shelter and on-site support services for up to 45 adults, so that homeless individuals have direct access to primary healthcare services. In keeping with this vision, WFD collaborated with PIH to procure a grant from The California Endowment. The funding enabled WFD to open an on-site health and wellness clinic in January 2005. To ensure sustainability, PIH donates charity medications, medical supplies and, most significantly, a nurse practitioner to staff the clinic.

The Partners | Whittier First Day & Presbyterian Intercommunity Hospital

- Community member Drew Sones is a Board Member of both First Day & PIH
- Drew Sones also serves on PIH's Community Benefit Oversight Committee
- Whittier First Day Executive Director, Ted Knoll, serves on PIH's Community Benefit Oversight Committee
- Whittier First Day Board Member Judith Stockman, NP, served as the Clinic's first volunteer nurse practitioner

The Results | Whittier First Day residents have experienced improved health outcomes as a result of Clinic services. In addition, emergency room usage by Whittier First Day residents has been reduced by 77% over the six year period the clinic has been in operation.



The PIH & First Day partnership was recognized with a 2010 National VHA Award for Community Benefit Excellence

THE RESULTS: PIH & WHITTIER FIRST DAY HEALTH CLINIC

Reactions to the Care We Provide

“First Day has helped me focus and take steps to improve my life and the Clinic has been a great resource to help me manage the constant pain in my back & legs. I am seen at the Clinic about twice a month. As a result, I feel better and now am less stressed because I have access to healthcare on a regular basis.”

- Whittier First Day resident



Nurse practitioner Veronica Kang provides care to residents of the Whittier First Day at the on-site Health & Wellness Clinic.

AIM STATEMENTS

- 1) Provide access to quality preventive medical care and screenings for those who are homeless, chronically homeless, at-risk for homelessness, very low-income, and uninsured.
- 2) Reduce preventable use of the Emergency Department by homeless individuals.

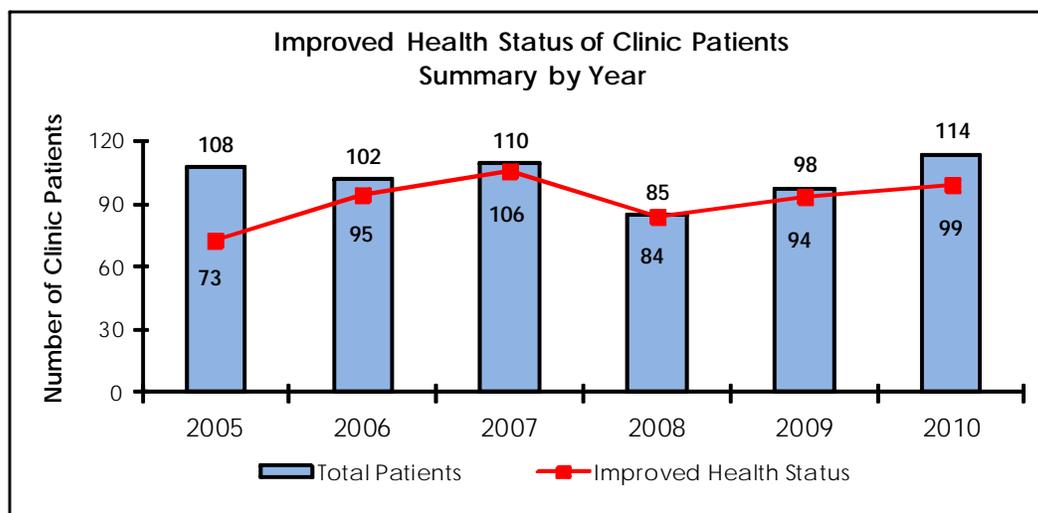
OBJECTIVE #1

Over a 12-month period, 85% of Whittier First Day clinic patients will demonstrate improved health status as a result of primary prevention services, health education and chronic disease management provided through the on-site clinic.

Improvement in health status is determined by the Clinic’s Nurse Practitioner through both clinical results and patients’ self-report of improvement of their symptoms.

RESULT

2010 data indicate “improved health status” occurred for 87% of Clinic patients (99 out of 114 patients). This data supports the work of the on-site clinic in successfully providing routine, preventive care, as well as effective chronic disease management, thereby improving the overall health status among residents.



THE RESULTS: PIH & WHITTIER FIRST DAY HEALTH CLINIC

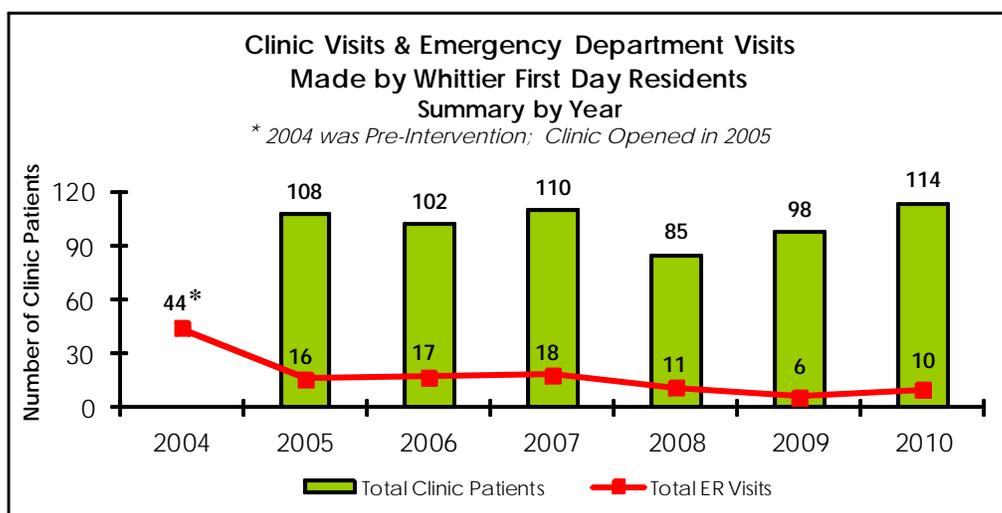
OBJECTIVE #2

Reduce preventable Emergency Department visits made by Whittier First Day residents through provision of care at the on-site health clinic.

* Baseline Data (Pre-Intervention): Prior to the Whittier First Day Health Clinic opening, a survey of 36 First Day residents revealed a history of 44 Emergency Department visits in 2004.

RESULT

In 2010, the number of clinic patients increased by 16% from the prior year; a slight increase also occurred in the number of Emergency Department visits (from 6 to 10 visits). 2010 Emergency Department visits still represent a 77% reduction from baseline.



FIVE CORE PRINCIPLES OF COMMUNITY BENEFIT

Adopted by PIH's Board of Directors as a result of participation in a demonstration project - *Advancing the State of the Art of Community Benefit or ASACB* - to serve as the foundation of all community benefit activities and the "measuring stick" by which they are qualified.

- 1. EMPHASIS ON VULNERABLE POPULATIONS & UNMET COMMUNITY HEALTH NEEDS** | The Clinic's recent expansion will increase access to healthcare services for the uninsured.
- 2. PRIMARY PREVENTION** | The First Day Health Clinic is focused on primary prevention & intervention, providing health screenings, health education & chronic disease management.
- 3. SEAMLESS CONTINUUM OF CARE** | First Day staff work closely with PIH staff, including Emergency Department Social Workers, to connect patients with services appropriate to their needs.
- 4. COMMUNITY CAPACITY BUILDING** | First Day has built a strong network of community partners and collaborative partnerships which provide referrals, services & resources. The PIH & First Day collaboration has been hailed as a "model" for others wishing to replicate.
- 5. COLLABORATIVE GOVERNANCE** | The First Day Board of Directors is actively involved in providing governance & oversight of the shelter and Clinic services. The Board successfully engaged in strategic planning to plan for the recently completed expansion of the Clinic.

THE IMPACT...

PIH & WHITTIER FIRST DAY HEALTH CLINIC

Homelessness impacts individuals as well as society. Those who are homeless not only lack housing but also proper nutrition, exercise, and access to health care. All of these factors lead to poor health and quality of life in this population, as well as increased costs incurred by public service agencies.

"Approximately 48% of homeless persons in LA County use hospital emergency departments as a primary source of health care." (Los Angeles Homeless Service Authority, 2007)

By the Numbers...

- 114** Whittier First Day clients served by the on-site health clinic in 2010 (total of 615 visits)
- 619** Whittier First Day clients served by the on-site health clinic since inception in 2005
- 87%** Percent of Clinic patients assessed as having improved health status (2010)
- 13** Number of clinic visits by Whittier First Day residents that prevented unnecessary Emergency Department visits.
- \$209** Average cost to PIH per Whittier First Day Clinic patient visit; in comparison, the average cost to PIH per Emergency Department visit is \$454.

BY THE COMMUNITY, FOR THE COMMUNITY...

Additional PIH & First Day Collaboration Accomplishments:

Hospital "Fast Track" to First Day - Ensures homeless patients are safe & their needs met when discharged from the hospital, PIH & WFD initiated a successful practice enabling these patients to establish residence at First Day.

Purchase of a Tri-Plex for Family Housing - A \$27,000 grant from PIH enabled WFD to purchase a tri-plex where families may live for up to two years while they get back on their feet.

Vital Nutrition Initiative - A PIH Dietetic Intern designed healthy menus & taught WFD residents how to eat nutritiously on a tight budget.

Clothing Vouchers for Homeless Patients - PIH provides clothing on-site & also gives vouchers for WFD's closet for clothing suitable for job interviews/work.

Patient Visitation & Referral Program - WFD residents visit homeless patients hospitalized at PIH. In addition to being the only visitors homeless patients receive, they introduce their peers to WFD's program.



From left to right: Judith Stockman, Nurse Practitioner, First Day Board Member & Founder of the Health and Wellness Clinic; Ted Knoll, Executive Director of First Day; & Veronica Kang, PIH Nurse Practitioner for First Day's Health & Wellness Clinic.

PIH Community Benefit Oversight Committee (CBOC)

The CBOC was established to oversee the qualification and evaluation of PIH community benefit. The CBOC is comprised of hospital leadership & community stakeholders who have endorsed this program as a valuable community benefit initiative.

Thank you to the following donors | The Ahmanson Foundation | BCM Foundation | The California Endowment | City of Whittier | Friendly Hills Bank | Kaiser Permanente Downey Medical Center Supervisor Don Knabe | Whittier Community

Whittier First Day Health Clinic Leadership | Ted Knoll, ED, Whittier First Day | Judith Stockman, RN, C-ANP | Veronica Kang, NP-C | Donna Collins, Clinic Assistant

Community Benefit Department

Vanessa Ivie, Director, Community Benefit Development
Roberta Gonzales, Community Benefit Specialist

Consultant - Community Benefit Evaluation Specialist | Melissa Biel, DPA, RN

For more information:

Whittier First Day | 12426 Whittier Blvd. | Whittier, CA 90602 | 562.945.4304 | www.whittierfirstday.org
PIH Community Benefit | 12401 Washington Blvd. | Whittier, CA 90602 | 562.698.0811, Ext. 14110 | www.pih.net

Qualified Community Benefit

Inventory of Community Benefit Activities - Abridged Descriptions



The following section introduces a wide variety of qualified community benefit programs and services offered by PIH which seek to achieve objectives related to *improving community health*, including *improving access* to health services, *enhancing public health*, *advancing knowledge* through research and health professions education, and *relief of a government burden*.

While not a comprehensive listing, the following pages feature abridged descriptions of PIH community benefit programs offered for our service area, along with associated costs for Fiscal Year 2010-2011.

“...the following pages feature abridged descriptions of PIH community benefit programs offered for our service area....”

Inventory of Community Benefit Activities - Abridged Descriptions

Organized by Community Benefit categories (A through I)

Category A: Community Health Improvement Services

\$ 4,150,347

These activities are carried out to improve community health, extend beyond patient care activities, and are usually subsidized by the health care organization. Such services do not generate patient care bills, although they may involve a nominal fee.

CARE FORCE ONE MOBILE HEALTH SERVICES - A PIH FLAGSHIP INITIATIVE

See supplemental dashboard on pages 45-48 for overview of services and illustration of impact & outcomes.

COMMUNITY HEALTH EDUCATION - A PIH FLAGSHIP INITIATIVE

See supplemental dashboard on pages 49-52 for overview of programs and illustration of impact & outcomes.



Community Hotlines

PIH offers three toll-free hotlines designed to link the community to hospital and community-based health resources. Examples include the Cancer Helpline, staffed by a Registered Nurse who addresses cancer-related questions, a 24-7 Nurse Advice Line, which provides access to a Registered Nurse to address health-related concerns, and the Social Services Helpline.

Enrollment Assistance: Enrollment Coordinators & Medi-Cal Eligibility Workers

PIH, through its Bright Health Physicians affiliate, established a team of bi-lingual Enrollment Coordinators to assist the un-insured in applying for health insurance coverage for children and to assist eligible PIH patients in applying for PIH's charity care program. The Enrollment Coordinators also provide referrals to other sources of health care and social services. They work in conjunction with local schools and PIH's Business Office, Emergency, Social Work and Information Technology Departments to locate families in need. Since September 2006, they have enrolled over 1,337 families with health insurance programs, such as Healthy Families. The results of their efforts are also reflected in PIH's Charity Care reporting.

In addition, PIH contracts with agencies specializing in Medi-Cal and Healthy Families enrollment, in an effort to ensure that all those eligible obtain health insurance coverage and, ultimately, have access to care.

Inventory of Community Benefit Activities - Abridged Descriptions

Organized by Community Benefit categories (A through I)

Category A: Community Health Improvement Services (continued)

\$ 4,150,347

These activities are carried out to improve community health, extend beyond patient care activities, and are usually subsidized by the health care organization. Such services do not generate patient care bills, although they may involve a nominal fee.

FALL PREVENTION PROGRAM - A PIH FLAGSHIP INITIATIVE

See supplemental dashboard on pages 53-56 for overview of program and illustration of impact & outcomes.

Influenza and Pneumonia Vaccination Clinics

PIH's Community Health Education and Care Force One Mobile Health Departments provide flu and pneumonia vaccinations to low-income, un-insured and under-insured individuals. Clinics are hosted at local churches, schools, community and senior centers, and community-based health fairs, as well as at hospital campuses. The PIH Family Practice Residency Program also provides flu shots to their under-served clinic patients and in the community as needed.

Patricia L. Scheifly Breast Health Center – Education and Screenings

The Patricia L. Scheifly Breast Health Center, designated as a Breast Imaging Center of Excellence, provides mammograms to uninsured or under-served women in the community. As a result, 36 women received free mammograms and 113 women received reduced-cost mammograms during FY 2010-2011. A PIH Foundation fund is specifically designated so that community contributors are able to help ensure under-served woman have access to routine breast health screenings.



Soroptimist International of Whittier (SIW) joined forces with PIH's Patricia L. Scheifly Breast Health Center, fundraising \$4,000 in support of the PIH Foundation's Scheifly Mammogram Fund which provides mammograms to those who are unable to afford the screening.

From left to right - Mary Rawalt, SIW President; Jeanette Zavala-Fasone, SIW member & PIH Foundation Board member; Cynthia Nickell, SIW member; Ivonne Munoz, Breast Health Center; and Petra Schmischke, SIW member.

SCHOOL-BASED NUTRITION & PHYSICAL ACTIVITY PROGRAMS - A PIH FLAGSHIP INITIATIVE

"Reach for the Stars" Obesity Prevention and Health Access & CATCH (Coordinated Approach To Children's Health)

See supplemental dashboard on pages 65-68 for overview of programs and illustration of impact & outcomes.

Inventory of Community Benefit Activities - Abridged Descriptions

Organized by Community Benefit categories (A through I)

Category A: Community Health Improvement Services (continued) **\$ 4,150,347**

These activities are carried out to improve community health, extend beyond patient care activities, and are usually subsidized by the health care organization. Such services do not generate patient care bills, although they may involve a nominal fee.

**SENIOR SERVICES -
A PIH FLAGSHIP INITIATIVE**

See supplemental dashboard on pages 69-72 for overview of programs and illustration of impact & outcomes.



SeniorNet Computer Learning Center

PIH offers SeniorNet—a low-cost computer training program taught by senior volunteers to empower other seniors to maintain linkages with family and friends using computer technology. A collaboration between PIH, the City of La Mirada and national SeniorNet, over 3,000 students have graduated a variety of courses through the dedicated efforts of some 50 volunteers since the program’s inception in 2001 - many of whom have gone on to become volunteer-instructors.

Support Groups

Several hospital departments host support groups that are open to everyone in the community, providing emotional support and education for caregivers and families confronting a variety of health-related challenges. Many are collaborative efforts such as the “Look Good...Feel Better” Cancer support group held in partnership with the American Cancer Society. Often, support group participants go on to volunteer as peer facilitators. Topics range from: Bereavement to Stroke and Alzheimer’s support groups.

Transportation Resources

Free shuttle transportation or taxi vouchers are provided to indigent discharged patients who do not have an alternative form of transportation, to those who need to return to the hospital for follow-up visits, medical treatment or to pick up medications, and to parents of NICU babies who have no other means of transportation to visit their babies. As such, a new Transportation Dispatch Line was launched in 2010 to enhance access to these transportation services.

**PIH & WHITTIER FIRST DAY HEALTH & WELLNESS SERVICES-
A PIH FLAGSHIP INITIATIVE**

See supplemental dashboard on pages 73-76 for overview of services and illustration of impact & outcomes.



PIH was recognized by VHA, Inc. with its national 2010 Community Benefit Excellence Leadership award, with special emphasis on the PIH & First Day partnership.

Inventory of Community Benefit Activities - Abridged Descriptions

Organized by Community Benefit categories (A through I)

Category B: Health Professions Education

\$ 2,703,233

This category includes educational programs for physicians and medical students, nurses and nursing students, pastoral care residents, interns, and other health professionals.

Leveraging its unique position as a community-oriented healthcare leader, PIH supports healthcare-related education and mentoring to ensure educational opportunities exist for the next generation of healthcare providers.

Family Practice Residency Program

As an Accredited Continuing Medical Education Provider, PIH's Family Practice Residency Program places special emphasis upon training residents to work with community members of all ages who reside in low-income, under-served areas. Resident physicians provide community health services via PIH's home-based palliative care program, at hospital-supported clinics at Whittier College and a local homeless shelter, as well as through a new community partnership with the Los Nietos School District, designed to provide medical residents with a community practicum experience, in addition to supporting this low-income community in efforts to address their significant obesity rates.

In addition, the PIH Residency program offers a Tropical Medicine track, which provides opportunities for residents to provide much needed care in countries as far away as Cameroon and Zambia.



Part of the pediatric inpatient ward at St. Francis Hospital in Zambia. PIH physician residents were able to provide vital healthcare and treatment, utilizing medications donated by PIH.

Paramedic Base Station Training

PIH hosts lectures and trainings for emergency responders so that they can maintain continuing education requirements. Those attending include Fire Department captains and personnel, Paramedics, community and County Emergency Medical Technicians, and PIH Mobile Intensive Care Nurses. Field care audits of base station operations are conducted regularly to discuss provision of care.

Student Education: Internship, Externship, Preceptorship & Mentoring Programs

PIH supports the development of the next generation of health care providers through educating and mentoring students from several local schools and colleges in both clinical and administrative settings including internships, externships (Bachelors and Masters-level), and preceptorships in areas such as Nursing, Social Work, Radiology, and Food & Nutritional Services. PIH hosts student nurses for their clinical rotations and, in addition, provides supervision and valuable work experience for interns and externs. In 2010, Tri-Cities Regional Occupational Program honored PIH for their long-time partnership in allowing students the opportunity to work in a hospital setting.

In addition, as PIH is a teaching hospital which recognizes the importance of developing cross-cultural and global perspectives of nursing, PIH nurses welcomed Taiwanese nursing students who were completing clinical hours here; the nurses and students shared cultural differences in nursing practices.

Inventory of Community Benefit Activities - Abridged Descriptions

Organized by Community Benefit categories (A through I)

Category B: Health Professions Education (continued) **\$ 2,703,233**

This category includes educational programs for physicians and medical students, nurses and nursing students, pastoral care residents, interns, and other health professionals.

Leveraging its unique position as a community-oriented healthcare leader, PIH supports healthcare-related education and mentoring to ensure educational opportunities exist for the next generation of healthcare providers.



Student Education: School-Based Healthcare Career Programs

PIH supports California High School’s Culinary & Health Academies designed to introduce students to a variety of careers, ranging from clinical to food services tracks. Students gain hands on experience and work alongside PIH clinical staff or in the kitchen alongside the Executive Chef and other Food & Nutritional Services staff.

*California High School
culinary students work in the PIH kitchen with hospital staff.*

Category C: Subsidized Health Services **\$ 7,879,769**

Subsidized services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of charity care, bad debt, and Medi-Cal shortfalls. Nevertheless, the service is provided because it meets an identified community need and, if no longer offered, would either be unavailable in the area or fall to the responsibility of government or another not-for-profit organization.

**HIGH-RISK INFANT FOLLOW-UP CLINIC -
A PIH FLAGSHIP INITIATIVE**

See supplemental dashboard on pages 57-60 for overview of services and illustration of impact & outcomes.

**HOSPICE OF PRESBYTERIAN / HOSPICE HOMES -
A PIH FLAGSHIP INITIATIVE**

See supplemental dashboard on pages 61-64 for overview of services and illustration of impact & outcomes.



“Rose House,” one of PIH’s two residential hospice homes, provides a tranquil setting for end-of-life care.

Hospitalist and Intensivist Program

PIH’s Hospitalists and Intensivists ensure availability of the highest quality care to all patients, regardless of insurance coverage. Hospitalists are on-site 24 hours every day, managing care, coordinating hospital services, consulting with specialists, and communicating with the patient’s primary care physician - if there is one - providing a seamless continuum of care. Pediatric Hospitalists have been of significant benefit to under-served families who were often left no alternative but to travel to the nearest “children’s” hospital or avoid care altogether.

Inventory of Community Benefit Activities - Abridged Descriptions

Organized by Community Benefit categories (A through I)

Category C: Subsidized Health Services (continued)

\$ 7,879,769

Subsidized services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of charity care, bad debt, and Medi-Cal shortfalls. Nevertheless, the service is provided because it meets an identified community need and, if no longer offered, would either be unavailable in the area or fall to the responsibility of government or another not-for-profit organization.

Hospitalist and Intensivist Program (continued)

PIH Intensivists are highly-skilled - board-certified in multiple disciplines - and can attend to the immediate and emergent needs of patients who present, generally through the Emergency Department, with complex injuries such as those arising from a car accident or other trauma. Intensivists offer a unique level of service and are recognized as a key component to quality patient outcomes. A significant amount of Hospitalist and Intensivist services are provided to individuals who are either under-insured or un-insured.

Pharmacy - Charity Medications

PIH's Family Practice Community-Based Clinics connect patients to the PIH Pharmacy, which dispenses medications under our charity care program. Additionally, charity medications are provided, based upon need, to patients in the hospital and to those receiving home health or hospice services. PIH has successfully applied for and obtained 340(b) status in order to enhance this offering.

PIH Home Health / Arcadia Home Nursing

Recognized as one of the top-performing home health agencies based on outcomes, quality improvement, and financial performance, PIH Home Health services are available to the community and provided by highly-skilled staff who successfully manage the unique challenges of providing care in a wide variety of settings, which may include the patient's home, board and care, or assisted living homes. A significant amount of total charity care dollars and reduced rates to uninsured or underinsured patients are associated with PIH's Home Health services.

R. C. Baker Foundation Regional Emergency Department

During FY 2010-2011, PIH's Emergency Department (ED) experienced an estimated 70,000 visits. PIH completed expansion of the ED in 2009, making it one of the largest emergency rooms in Los Angeles County with an increase from 43 to 61 beds, allowing for decreased wait times, more triage rooms, and an area designed specifically for pediatric care. Additionally, the ED features the local area's Paramedic Base Station, providing both the equipment and resources for qualified staffing of the base station so that when an ambulance is dispatched to a local home, paramedics have critical access to local hospital-based emergency services. Furthermore, PIH sustains a contract with an on-call physician panel so that eligible patients, regardless of health insurance status, are assured access to specialty care appropriate to their needs.

The American Heart Association and American Stroke Association recognized PIH for achieving at least 12 consecutive months of 85% or higher adherence to all Get With The Guidelines® Stroke Performance Achievement indicators and at least 12 consecutive months of 75% or higher compliance with 6 of 10 Get With The Guidelines Stroke Quality Measures to improve quality of patient care and outcomes.



Inventory of Community Benefit Activities - Abridged Descriptions

Organized by Community Benefit categories (A through I)

Category C: Subsidized Health Services (continued)

\$ 7,879,769

Subsidized services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of charity care, bad debt, and Medi-Cal shortfalls. Nevertheless, the service is provided because it meets an identified community need and, if no longer offered, would either be unavailable in the area or fall to the responsibility of government or another not-for-profit organization.

Ruth B. Shannon Maternity Care Center

The Ruth B. Shannon Maternity Center features high-quality clinical services such as a 34-bed, Level II Neonatal Intensive Care Unit (NICU) - which provides state-of-the-art care to infants born sick and/or prematurely - as well as dedicated, in-house obstetrical anesthesiologists, an outpatient Perinatal Center which provides critical services for those facing high-risk pregnancies, including care and consultation in both the outpatient center and the Labor, Delivery, Recovery & Post-Partum (LDRP) unit. In addition, the Center provides a variety of education, as well as low-cost car seats for those new parents who are unable to otherwise afford them. The Center's level of specialized care ensures infants are able to remain at PIH instead of being transferred out of the community for care at another facility, which provides families the benefit of having their baby cared for closer to home.

Category D: Research

\$ 86,332

Research includes clinical and community health research, as well as studies on health care delivery that are generalizable, shared with the public, and funded by the government or a tax-exempt entity (including the organization itself).

Ruby L. Golleher Comprehensive Cancer Program

PIH's award-winning comprehensive cancer program participates in clinical research trials through affiliations with two academic teaching centers: (1) Southwest Oncology Group [SWOG] in affiliation with the University of California at Irvine; and (2) Radiation Therapy Oncology Group (RTOG) in affiliation with the University of California at Davis. The Ruby L. Golleher Comprehensive Cancer Program has been enhanced in recent years to include a cancer survivorship program - including art & writing workshops - Lymphedema workshops, new clinical trials for melanoma, metastatic prostate cancer, and stage III colon cancer, as well as complementary medicine offerings open to the community, including Yoga for Healing and Reiki Healing Hands Therapy.



Community members attended a lecture by Glenn Tisman, MD, to learn about implications of vitamin D deficiency & were invited to have their Vitamin D levels checked free of charge.

Inventory of Community Benefit Activities - Abridged Descriptions

Organized by Community Benefit categories (A through I)

Category E: Financial & In-Kind Contributions

\$ 409,001

This category includes funds and in-kind services donated to community groups and other not-for-profit organizations. In-kind services include hours contributed by staff to the community while on healthcare organization work time, overhead expenses of space donated to not-for-profit community groups (such as for meetings), and the donation of food, equipment, and supplies.

THE S. MARK TAPER FOUNDATION

A DAY AWAY ADULT DAY HEALTH CARE CENTER, an affiliate of PIH -
A PIH FLAGSHIP INITIATIVE

See supplemental dashboard on pages 41-44 for overview of services and illustration of impact & outcomes.

While the associated net loss is subsidized by Medsite, a related company to PIH, the Community Benefit Department contributes time toward outcomes measurement and evaluation processes, a reportable community benefit expense.

American Cancer Society - Donated Space

The hospital provides free office and meeting space to the American Cancer Society, enabling increased community access to patient/family support for numerous cancer-related topics, as well as a variety of educational materials and other resources.

Donations of Equipment and Supplies

During FY 2010-2011, PIH's Central Supply / Materials Management Department donated needed supplies and furniture removed from service to local service and community-based organizations such as Habitat for Humanity and City of Hope and, to under-served in other countries.

In addition, PIH continues to support its Family Practice Residency Program's Tropical Medicine track. PIH physicians make annual trips to countries such as Cameroon and Zambia, with PIH donating needed medications, such as Fluconazole, a medication used to treat HIV-positive patients with meningitis. The donated medications assist in providing care to the indigent who could not otherwise pay for the drug.

Donations of Funds to Community Based Organizations

PIH makes significant financial contributions in support of community-based not-for-profit organizations, with emphasis placed on initiatives supporting PIH's community benefit priority health areas. Only those funds which support the organization's mission are captured as community benefit.

Rio Hondo College opened a new training center aimed at getting nursing students as close to a clinical setting as possible - complete with hospital beds and patients - without ever leaving campus. Computer-driven human simulators act as patients, which run between about \$70,000 and \$150,000 apiece; PIH was a major donor. (Whittier Daily News, 2011)



Inventory of Community Benefit Activities - Abridged Descriptions

Organized by Community Benefit categories (A through I)

Category E: Financial & In-Kind Contributions (continued) **\$ 409,001**

This category includes funds and in-kind services donated to community groups and other not-for-profit organizations. In-kind services include hours contributed by staff to the community while on healthcare organization work time, overhead expenses of space donated to not-for-profit community groups (such as for meetings), and the donation of food, equipment, and supplies.

Flo & Frank L. Scott Conference Center - Donated Space

PIH offers community-based organizations use of hospital conference facilities at no charge. PIH utilizes this direct point of access as a means of informing area agencies about available resources for the under-served. In addition, PIH frequently hosts on-going meetings such as for the Suspected Child Abuse Network (SCAN), in which the Care Management, Pediatric and Emergency Departments, as well as PIH's Care Force One Mobile Health Services, work closely with experts in the field of child abuse detection and prevention.

The Mariposa Boutique



The Mariposa Boutique features many special items in honor of Breast Cancer Awareness month.

The Mariposa Boutique, located in the Patricia L. Scheifly Breast Health Center, helps individuals look and feel their best, with specialized products designed to help women feel more self-confident and comfortable with the changes in appearance that may come with cancer treatment. The Boutique specializes in post-mastectomy, lumpectomy and reconstruction garments, as well as hats, scarves, wigs, and educational resources. Free and/or low-cost products are available for those unable to pay.

Purchased Services for At-Risk Patients

PIH's Care Management Department goes to extraordinary lengths to connect patients with needed resources, sometimes as basic as a mattress to sleep on once they are home. In addition, as many patients lack vital support needed in order for them to return home, PIH's Care Management Department has responded with a dedicated budget to provide in-kind items such as durable medical equipment, and services such as non-acute care for un-insured and under-insured patients upon hospital discharge, physical/occupational/speech therapies, and skilled nursing or mental health care.

Sexual Assault Response Team (SART) - Donated Space

In collaboration with the Whittier Police Department, the Los Angeles Sheriff's Department, local law enforcement agencies, Project Sister Family Services, Soroptimist International of Whittier, and Forensic Nurse Specialists, PIH is the area's designated SART site providing sexual assault victims with a private room where they can be examined, counseled, and comforted by a specially trained forensic nurse. Nearly 700 patients have been seen over seven years - the majority being under 18 years of age. PIH donates private clinical space to ensure the victim's safety and privacy, as well as clinical supplies and medications.



The Forensic Nurse Specialist & Director of the Sexual Assault Response Team (SART) is shown in the private clinical room that PIH has dedicated in support of the program.

Inventory of Community Benefit Activities - Abridged Descriptions

Organized by Community Benefit categories (A through I)

Category F: Community-Building Activities

\$ 93,313

Community-building activities include programs that address the root causes of health problems, such as poverty, homelessness, and environmental problems. These activities support community assets by offering the expertise and resources of the healthcare organization. Costs for these activities include cash, in-kind donations, and budgeted expenditures for the development of a variety of community-building programs and partnerships.

Coalition Building

PIH works with a variety of community stakeholders to enhance the collective capacity for improving community health. PIH mobilizes assets and invests resources through a variety of community building activities and collaboratives designed to address identified needs.

Furthermore, certain hospital staff serve on the boards of community-based organizations. As an example, Perry Ebeltoft, PIH Administrator, serves on the Board for Help for Brain Injured Children, Inc., a local community-based organization with a mission to support children and young adults with disabilities. In addition, PIH's Director of Marketing & Planning served on a community coalition advocating for bringing a light rail line to Whittier.

Additionally, members of PIH's management team actively engage and partner with key community stakeholders who have a primary focus on vulnerable populations. As such, hospital staff are involved with Activate Whittier, a collaborative with a vision for *A Healthy Active Whittier*, and support its two grant funded projects (ACHIEVE and HEAL), designed to improve community health via programs, policies and environmental change.

PIH was also involved with the City of La Mirada's 3-year ACHIEVE project that ended during FY 2010-2011, which sought to increase physical activity in afterschool programs, ban smoking in City parks, and implement an employee wellness policy.



Elementary School youth choose salad bar items during lunchtime at Lydia Jackson Elementary School. Established as a result of the Activate Whittier Collaborative's efforts to increase access to healthy foods in the community, this is the first salad bar at a Whittier City School District school. (Whittier Daily News, 2011)

Employee Shuttle Service

PIH offers a shuttle service from the Norwalk train station during morning and afternoon hours to provide employees living a significant distance from the hospital with an incentive to commute via train rather than by car. Launched initially as a 90-day pilot in FY 2005-2006, the shuttle service now has 16 regular participants in the on-going program at an approximate cost of \$3,000 per month.

Inventory of Community Benefit Activities - Abridged Descriptions

Organized by Community Benefit categories (A through I)

Category G: Community Benefit Operations

\$ 352,966

Community benefit operations include costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations.

Community Benefit Department

From an operational standpoint, PIH's Community Benefit Department is administered by the Director of Community Benefit Development, who, in turn, reports directly to the hospital's President & CEO.

The Community Benefit Department works closely with PIH's Community Benefit Oversight Committee (CBOC) and is charged with overseeing the advancement of community benefit priority health areas, measurement of program outcomes, reporting of hospital community benefit activities, development of the hospital's community benefit plan, and establishment of valuable linkages with community partners. The department is staffed by two full-time staff, a Director of Community Benefit Development and a Community Benefit Specialist. PIH also engages highly-skilled consultants to bring best practices and the latest innovations to our community benefit planning and systems.

Category H: Charity Care (Uncompensated Care & Self-Pay Payment Programs)

\$ 16,189,328

Charity care refers to dollars expended for the provision of free or discounted care provided to those lacking insurance or financial resources to pay for needed healthcare services. Charity care is reported in terms of costs, not charges; charity care does not include bad debt.

PIH offers a generous Charity Care Program (Uncompensated Care) that exceeds recommended standards - providing charity care to all patients with family income(s) within 400% of the 2011-12 Federal Poverty Level guidelines. Additionally, under the PIH Self-Pay Payment Program, all cash-pay patients (all patients lacking health insurance) are offered a bill reduction commensurate with the discounted reimbursement rate extended through the Healthy Families program; no pre-qualification is necessary. The discounts provided are especially of benefit to those in the process of applying for PIH's charity care or other government means-tested program and awaiting eligibility determination.

During FY 2010-2011, PIH incurred un-reimbursed costs for this provision of charity care to the under-served in the amount of \$ 16,189,328. PIH charity care policies can be found as Appendix D, page 107.

Category I: Government-Sponsored Means Tested Health Care

\$ 16,861,299

Government-sponsored means-tested health care community benefits include unpaid costs of public programs for low-income persons - the shortfall created when a facility receives payments that are less than the cost of caring for public program beneficiaries. This payment shortfall is not the same as a contractual allowance, which is the full difference between charges and government payments.

In providing services to those participating in government-sponsored means-tested health programs, such as Medi-Cal, Medi-Cal HMO and Healthy Families, PIH realized a collective net loss of \$ 16,861,299 during FY 2010-2011.

Leadership Journal

Leadership Journal - narrative only; no dollars reported

Our medical staff, employees, and volunteers continue to demonstrate passion, integrity, and commitment, and caring in immeasurable ways.

While the programs and activities described on the following pages are not reported as community benefit, they are still very telling of the community-minded culture of PIH - and its affiliated medical group, Bright Health Physicians - and all those throughout the enterprise who lead efforts to improve the overall health of the communities we serve in a variety of creative and innovative ways.



“PIH is a shining example of what can be achieved when a hospital's actions are guided by the pursuit of excellence and the needs of those it serves.”

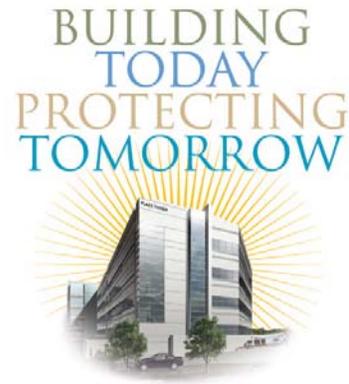
Leadership Journal - narrative only; no dollars reported

"By the Community, For the Community" - PIH and its staff continue a 50 year tradition...

Hospital / Enterprise Leadership

New Plaza Tower - Building Today, Protecting Tomorrow

The final two beams were placed on PIH's soon-to-be completed new building – the Plaza Tower – on Saturday, June 18, 2011 during a beam signing and beam raising ceremony, and the launch of PIH's Health and Safety Capital Campaign. PIH will be the only hospital in its service area to be totally seismically compliant with SB 1953 - the seismic safety legislation - once the tower is complete in 2012.



"The Plaza Tower is more than just a building," said Drew Sones, then Chair of the PIH Board of Directors. "It represents the future health and well-being of this community. PIH is committed to providing quality healthcare and the Plaza Tower is one way of assuring that our commitment is met."

Disaster Preparedness / Disaster Resource Center

PIH is one of 13 Los Angeles County-designated Disaster Resource Centers (DRC's) established by the County to ensure availability of key capacities in the event of a terrorist incident or other public health emergency. PIH's team participates in periodic planning meetings and community-wide drills in order to fine-tune preparations and strengthen working relationships among key responders through role playing disaster scenarios. Key responders include police, fire, ambulance companies, city workers, schools, local media, and internal hospital staff.

PIH's service as a DRC ensures that the community has access to enhanced surge capacity resources - such as ventilators, pharmaceuticals, medical/surgical supplies, large tent shelters, and, most importantly, the highly-skilled staff—needed to respond to a large-scale disaster.

Blood Donor Center

The mission of the Blood Donor Center is to acquire blood and blood products needed for PIH patients by providing easy access for community members and patients wishing to donate blood. PIH has made



great strides in becoming self-sufficient, including the use of a new Blood Mobile Unit in 2008, which allows for individuals to donate blood in a variety of convenient, community-based settings.

During FY 2010-2011, the Blood Donor Center provided nearly 11,500 blood products to PIH, in addition to sending 129 blood products off-site.

The Blood Mobile Unit was made possible through the philanthropic support of the Rose Hills Foundation, B.C. McCabe Foundation, E.L. and Ruth B. Shannon Family Foundation, Geri and Ken Derr, the PIH Auxiliary & the R.C. Baker Foundation.

Leadership Journal - narrative only; no dollars reported

"By the Community, For the Community" - PIH and its staff continue a 50 year tradition...

Hospital / Enterprise Leadership (continued)

Civic Contributions - PIH / Bright Health Physicians



During FY 2010-2011, PIH & Bright Health Physicians (BHP) were the recipients of the *Whittier Beautiful Award*, presented by the Whittier Chamber of Commerce for its Corporate Office in Uptown Whittier, which opened in 2010, after the purchase and refurbishment of the vacant Fisher Building. The new, 40,000 square foot office building houses over 165 employees, who in turn support area businesses. The City of Whittier's Economic Development Newsletter "*Growing Whittier*," (Spring/Summer 2010, Issue 11), states that projects such as this underscore PIH as "a resource that protects the health and safety of the community while providing jobs to our City's

residents." The Whittier City Council also presented PIH with a December 2010 Business of the Month Award for its support of the city's businesses and for providing healthcare to the community.

Finally, the City of Whittier's "Art in Public Places" program currently features nine art pieces, one being the elaborate water fountain at the main entrance to PIH's Ed L. Shannon Tower.

Environmental & Recycling Projects

Always seeking innovative ways to improve overall community well-being, PIH is progressively "thinking green," recycling as much as 97% of waste materials from its Plaza Tower construction project. In addition, PIH participates in a methane gas project with the City of Whittier - known as a Cogeneration Plant - whereby methane gas that was previously flared off at the local dump is converted into electricity and gas, which is used by the hospital's main campus and, thereby, helping to minimize harmful environmental waste.



PIH is recycling as much as 97% of waste materials from the Plaza Tower project.

More examples of PIH going "green" include the recycling of discarded cardboard boxes, saving over seven tons of waste from going to landfills each year, as well as, beginning in June 2010, the provision of reusable water bottles to employees to replace the heavy usage of disposable cups, lids, and straws. The replacement of the hospital's light bulbs with compact fluorescent light bulbs resulted in a significant savings of electricity costs to PIH, as well as a reduction of harmful carbon emissions. Another energy saving project of PIH and its affiliated medical group, Bright Health Physicians, was the installation of energy efficient equipment at office locations, made possible by incentive grants from Southern California Edison's "Savings by Design" program. Finally, PIH and its Senior Life Center developed a recycling program to keep "retired" cell phones, cameras or laptop computers out of landfills.

Leadership Journal - narrative only; no dollars reported

"By the Community, For the Community" - PIH and its staff continue a 50 year tradition...

Hospital / Enterprise Leadership (continued)

PIH Grants a Special Birthday Wish for 11-Year-Old Girl

PIH granted an 11-year-old girl's special birthday wish to visit the hospital room where she was born. The girl and her family received a tour of PIH's Ruth B. Shannon Maternity Care Center - including the room in which she was delivered - where she found a giant cupcake and balloons. PIH has about 300 deliveries a month, and this is the first time a child has asked to return to the place where she was born.



Eleven-year-old Marisol Nuño wrote a letter to PIH asking for a special birthday wish to visit the room she was born - her wish was granted. (San Gabriel Valley Tribune, 2011)

"Locks of Love" Hair Donation Drive



PIH hosted its second *Locks of Love* hair donation drive in October 2010 at the Patricia L. Scheifly Breast Health Center in honor of Breast Cancer Awareness Month. Over 60 people, including many employees, participated by donating their hair cut that day by volunteer hair stylists. *Locks of Love* is a not-for profit organization that provides hairpieces to financially disadvantaged children 18 years of age and younger who have experienced medical-related hair loss.

Oriana Valdez, PIH Mariposa Boutique Coordinator, holds 17" of cut hair, which she donated to Locks of Love.

Reach Out and Read Program

The Bright Health Physicians (BHP) Pediatric Department has partnered with Reach Out & Read, an evidence-based initiative that promotes early literacy and school readiness by giving new books to children and advice to parents about the importance of reading aloud. BHP physicians incorporate this program beginning at the six-month checkup and continuing through age five.

PIH Facilitates Fire Training Exercises

The former Gallatin Medical Center in Downey will be demolished as PIH prepares to build new medical offices. Before demolition, PIH offered the site's dilapidated structures to the Downey Fire Department for training exercises. Portions of the structure were burned and firefighters were allowed to observe actual fire behavior and arson indicators, while Urban Search & Rescue teams from neighboring communities were able to practice building searches and shoring.



The Downey Patriot, 2011

PIH University

Through PIH University, career advancement is available on-campus in collaboration with the California State University at Dominguez Hills Nursing Program. In addition to providing professional development and certification courses for employees, courses are opened to area organizations, space permitting.

Leadership Journal - narrative only; no dollars reported

"By the Community, For the Community" - PIH and its staff continue a 50 year tradition...

Hospital / Enterprise Leadership (continued)

Safe Surrender Program

The Safe Surrender Program, based on the statewide Safe Haven Law, was established in Los Angeles County in 2001 and allows a parent or legal guardian to confidentially hand over an infant, three days old or younger, to any hospital emergency room, fire station or other designated site without fear of arrest or prosecution for abandonment. To date, 87 newborns have been given a chance for a healthy and happy life thanks to this program, with PIH participating in three of those infants being surrendered, and then working with the Department of Children and Family Services so that infants may be placed for adoption.



With her 6-year-old daughter Tessa leaning on her shoulder, Donna Leavitt couldn't stop crying. Tessa's biological mother six years ago left her newborn baby at Los Angeles County Fire Station 15 in Whittier and never came back. (Supervisor Don Knabe, e-newsletter, 2011)

Meals on Wheels - Food Preparation

PIH partners with Meals on Wheels (MOW), a non-profit, volunteer-driven agency dedicated to providing home-delivered meals to community members unable to prepare or obtain meals on their own. During FY 2010-2011, PIH prepared daily meals for approximately 115 Whittier MOW clients and 38 Downey MOW clients, which are then delivered to individuals' homes through efforts of MOW volunteers. While the operating expenses of this service are subsidized by MOW, PIH assumed the start-up capital expenses related to equipment purchases.

Nursing Scholarships



PIH provides nursing scholarships to PIH nurses striving to further their education. The PIH Foundation presented \$141,000 in nursing scholarships to 47 nurses during National Nurses Week in May 2011. Since 2004, the Foundation has raised over 1.1 million dollars to help nurses further their education.

The PIH Foundation has raised over one million dollars to help nurses further their education.

PIH Foundation Golf Tournament – Benefiting Nursing Education & the “Community Health & Safety” Capital Campaign

During FY 2010-2011, PIH Foundation Golf Tournament generated over \$205,000 in support of PIH's Nursing Education Program, which provides for nursing scholarships so that PIH nurses are able to advance their education, as well as the hospital's capital campaign for the new Plaza Tower. In addition to raising funds in support of PIH, the PIH Foundation also provides in-kind fundraising consultation to local community-based organizations.

Leadership Journal - narrative only; no dollars reported

"By the Community, For the Community" - PIH and its staff continue a 50 year tradition...

Hospital / Enterprise Leadership (continued)

PIH Foundation Gala – Benefiting the Critical Care Center in the new Plaza Tower

Each year, the PIH Foundation Gala benefits a hospital program, initiative, department, or project. During FY 2010-2011, the Gala drew more than 700 people and raised a record \$642,740 in support of the Critical Care Center that will be in PIH's new Plaza Tower; the Critical Care Center recently celebrated 50 years of service to the community. The leadership of PIH's medical staff announced the first major gift towards the Plaza Tower campaign with a donation of \$250,000, including a \$125,000 challenge grant for physician donations. The Chief of the PIH Medical Staff answered this challenge with a personal donation of \$10,000, and physician after physician announced significant donations, totaling \$126,000. Immediately following, guests stepped up and donated another \$126,000, in response to a community challenge grant of \$50,000 announced by BCM Foundation Trustees Karen and Jim Shepard.



Pictured top left: Haig Minassian, MD, chief of the PIH Medical Staff, as he announces the medical staff's gift toward the new Plaza Tower campaign.

Pictured holding the oversized check, left to right, Mark G. Magged, MD and Brent Gray, MD.

Department Leadership

Emergency Clothing for At-Risk Patients

Patients who are unable to return home in the same clothes in which they arrived to the hospital receive clothing from PIH's Emergency Clothes Bank. In addition, the Care Management and Community Benefit Departments, together with the PIH Foundation, partnered with the local homeless shelter (Whittier First Day) to initiate a program where such patients may also receive a clothing voucher, entitling them to additional clothing from Whittier First Day - including clothes suitable for job interviews and work.

Tea for Triumph - Patricia L. Scheifly Breast Health Center

Over 160 guests attended the Patricia L. Scheifly Breast Health Center's Tea for Triumph event, which is held annually in honor of breast cancer survivors.

Patricia L. Scheifly (center in the driver's seat), Annette Atwood, and Breast Health Center staff and physicians pose with PIH's new "Folkswagon," which was donated by Frank & Robin Renek in honor of Patricia L. Scheifly & the Breast Health Center.

"Folkswagons" are driven by hospital volunteers and are dedicated to offering patients convenient transportation around the PIH campus.



Leadership Journal - narrative only; no dollars reported

"By the Community, For the Community" - PIH and its staff continue a 50 year tradition...

Department Leadership (continued)

Cancer Survivors Day

There were more than 500 in attendance, including 270 cancer survivors, for PIH's annual Cancer Survivors Day event, an annual celebration dedicated to celebrating cancer survivors and their families.

"Bra-Vo" - An Uplifting Exhibit

The "Bra-Vo" program, which included artist workshops, art exhibition, an art walk to view bras displayed in local businesses, and a culminating silent auction, provided an opportunity for breast cancer survivors to express themselves utilizing "bras" as an art form. Each bra represented stories of hope, inspiration, courage and love. The program raised over \$13,000 for provision of free mammograms to underserved women in the community. "Bra-Vo" was a collective effort of the PIH Auxiliary, the PIH Foundation, the Patricia L. Scheifly Breast Health Center & Breast Health Advisory Committee, Ruby L. Golleher Comprehensive Cancer Center, Volunteer Services, Soroptimist International of Whittier, and Spirit of Art.

Neonatal Intensive Care Unit (NICU) Reunion

This reunion is held annually for graduates of the NICU and their loved ones to attend and reunite with doctors and nurses who at one time provided care for these extra-special patients.

Whittier College's Ruth B. Shannon Center for the Performing Arts Brings Music to PIH

The Ruth B. Shannon Center for the Performing Arts and PIH's Volunteer Services Department have partnered to bring the healing and calming powers of live classical music to staff and patients on a regular basis.



The Ruth B. Shannon Center for the Performing Arts received a grant for public performances; the Felici Piano Trio performs for the first time at PIH - the first of many performances.

Celebration of Life Event

The PIH Foundation and Hospice Departments partner to hold this annual gathering that draws some 200 individuals each year. The event provides an opportunity for families and friends to recall fond memories of their loved ones during the holiday season.

Employee Wellness

In an effort to encourage employees to make healthy food choices, PIH's Food & Nutritional Services Department lowered Wellness Menu prices to cost - a demonstrated commitment to health promotion.

Notary Service

The hospital currently has 14 staff trained and certified as Notary Publics to provide free notary services to patients and/or families, with an estimated 469 individuals served during FY 2010-2011.

Leadership Journal - narrative only; no dollars reported

"By the Community, For the Community" - PIH and its staff continue a 50 year tradition

Staff & Volunteer Leadership

Holiday Giving

PIH & BHP staff generously donated \$4,200 for the purchase of grocery gift cards for the families of Lydia Jackson Elementary School in Whittier. The gift cards ensured that the school's neediest families would have groceries during the three-week Winter break. The school principal sent the following sentiment:

"Dear PIH Partners, I want to thank you on behalf of the families of Jackson Elementary School for your extremely generous gift of grocery gift cards. Our most struggling families will enjoy the holidays because you cared enough about our students to donate your money, time, kindness, and caring. We have never experienced such a beautiful gift as the one received from the PIH Family today, and in such difficult economic times for all of us we realize it was a sacrifice. Our community is better off because of your kindness."

In addition, PIH's Quality Management Department donated food to the Whittier Salvation Army. Patty Poynter, Infection Control Nurse in this department, matched the donation, purchasing \$728 worth of food to help feed 300 families. The Quality & Risk Management and Community Benefit Departments together facilitated a donation of over 1,000 Mattel toys to 10 organizations in the community, which were in turn distributed to low-income families.



*Left: Quality Management staff
With food goods that will be
donated to Whittier Salvation Army.*



*Right: Each year, Santa pays a visit to
PIH's smallest patients, delivering toys,
along with the Whittier Police Department,
to the NICU, and Pediatrics, LDRP &
Emergency Departments.*

The Care Management Department coordinated a collection for holiday care packages for Whittier First Day homeless shelter residents. Employees from Laboratory, La Mirada Physical Therapy, La Mirada Home Health, and La Mirada's Café on the Park donated funds to help feed the homeless at the Cold Weather Shelter, providing breakfast for two days for 40 homeless individuals. PIH also, together with networking companies Eclipsys and Cisco, arranged for pediatric patients to talk with Santa Claus via the Internet. Finally, PIH employees coordinated visits from the Whittier Police Department, along with Santa, to deliver toys to PIH's smallest patients in the ED, NICU, Pediatrics, & LDRP.

American Cancer Society's Whittier "Relay for Life"

A PIH team raised \$9,713 for the American Cancer Society's 2011 Whittier Relay for Life event, including a donation made by PIH, to support cancer research.



Leadership Journal - narrative only; no dollars reported

"By the Community, For the Community" - PIH and its staff continue a 50 year tradition...

Staff & Volunteer Leadership (continued)

American Cancer Society's "Making Strides Against Breast Cancer" 5K Walk

The American Cancer Society held their first "Making Strides Against Breast Cancer" 5K Walk in Whittier in August 2011. The event drew 800 participants participating on some 59 teams, and raised over \$29,500, making it one of the largest Making Strides events in the LA area. PIH led a team of 20 women from the community, which raised \$2,680, including a donation made by PIH, to support breast cancer research.



USC "Quench the Fire" 5K / 10K

A group of 11 PIH employees took part in this annual race event in December 2010, which supports the USC Pain Center in their research and treatment of Reflex Sympathetic Dystrophy (RSD), a chronic and progressive condition that affects the skin, muscles, joints, and bones.

Professional Recognition

Physical Therapist Mike Leal, PT, DPT, MPT, OCS, recently wrote a monograph entitled, *"Best Evidence for Examination & Treatment of the Cervical Spine,"* which was published as part of an independent study course by the Orthopedic Section of the American Physical Therapy Association. This monograph represented two years of research and will help physical therapists establish evidence-based treatment.

PIH Auxiliary

Since its beginning in 1955, the PIH Auxiliary has been tirelessly committed to fundraising for the Hospital to provide "a new piece of equipment to save a life, a new service to meet a community need or a modernization project to make a service more effective and efficient," contributing over \$3,000,000 to PIH. During FY 2010-2011, the Auxiliary presented the PIH Foundation with funds in support of the new Plaza Tower Capital Campaign, as well as for the purchase of equipment to enhance the Emergency Department and Critical Care Center.



The craft and sewing groups, which formed when the hospital opened in 1959 and, collectively, include over 30 volunteers, provide comfort and joy through their handmade gifts for PIH patients and families.

In addition, as part of the Auxiliary's "Small Projects" program, funds were provided for the purchase of children's toys for PIH's Care Force One mobile health and Emergency Departments, and a music system for the enjoyment of A Day Away participants. The Auxiliary generates revenue from the Forget-Me-Not Gift Shop at the hospital, as well as a variety of other fundraising activities.

Leadership Journal - narrative only; no dollars reported

"By the Community, For the Community" - PIH and its staff continue a 50 year tradition...

Staff & Volunteer Leadership (continued)

Volunteer Contributions

Some 793 PIH volunteers collectively contributed 125,696 hours, translating into more than \$2,620,753 in savings for the hospital. Examples of this dedicated, volunteer service during FY 2010-2011 include the following:

- "Folkswagon" tram drivers provide convenient transportation for visitors, patients & staff around the PIH campus; an average of 27 drivers provided 63,069 rides totaling 6,160 hours;
- Fourteen teams of pets and their owners visited 4,948 patients, uplifting spirits through pet therapy;
- The craft and sewing groups, which formed when the hospital opened in 1959 and, collectively, include over 30 volunteers, provide comfort and joy through their handmade gifts for PIH patients and families; Items include holiday bunting for newborns, holiday tray favors for hospital and hospice patients, blankets for pediatric patients, hand-embroidered pillows, and much more;
- Recognizing the healing power of laughter, PIH clowns volunteer their time to visit pediatric, emergency room, and critical care patients; four volunteers visited approximately 380 patients for a total of 191 hours; and
- Through PIH's Telecare Program, volunteers provide free, daily phone calls to check on the well-being of older adults living alone or who are homebound; two volunteers called 12 individuals on a daily basis.

Above & Beyond...

Medical Missions and Disaster Relief Efforts

Dr. Yong Park, a PIH Radiologist, went on a medical mission to Nepal in November of 2010 to provide basic health care to the indigent living in an extremely remote area of the country.



Dr. Park also made a trip to a remote part of Haiti in the Fall of 2011, where he was part of a medical team that served 1,000 individuals who were in need of basic health care - many whom had been displaced by the country's devastating 7.0 magnitude earthquake. For both trips, Dr. Park was able to provide much-needed care and bring along medications and supplies donated by PIH.

Patients waiting to be seen in a rural clinic in a remote part of Haiti. Dr. Yong Park, a PIH Radiologist, was part of a volunteer medical team which provided basic healthcare to some 1,000 people.

Appendix A

Contact Information



Web Address

www.pih.net

Main Hospital Campus

12401 Washington Boulevard
Whittier, California 90602
562.698.0811

Administration

James R. West
President & Chief Executive Officer
562.698.0811, Extension 12413

Community Benefit Department

For questions regarding this report,
please contact Report Preparers:

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562.698.0811, Extension 14110
vivie@pih.net

Roberta Delgado
Community Benefit Specialist
562.698.01811, Extension 14109
rdelgado2@pih.net

Appendix B

About PIH

Organization: PIH was founded as a not-for-profit hospital in 1959, with the community's trust and support - values which are retained today by maintaining the highest standards in medical services, in turn making us the area's acknowledged leading healthcare center. Today, our 444-bed acute-care facility serves nearly 1.5 million residents in Los Angeles, the greater San Gabriel Valley, and Orange County areas.

A broad base of community philanthropic and volunteer support has enabled PIH to continue expanding our scope of services by anticipating and responding to the community's needs. PIH's community-based services include outpatient home health care, outpatient hospice, two residential inpatient hospice homes. Adult day health care, and mobile healthcare services. In addition, PIH partners with local government and not-for-profit agencies to improve our community's health. Our participation at the state, national and international levels includes work with disaster preparedness and relief agencies, emergency medical services, and even international partnerships for physician education, training and direct patient care.

Our Centers of Excellence Include:

- The Heart & Lung Center
- Critical Care Services
- Maternal-Child Health Services
- R.C. Baker Foundation Emergency Center
- The Ruby L. Golleher Comprehensive Cancer Center
- Hospice and Home Health Services
- The Patricia L. Scheifly Breast Health Center
- Rehabilitation Services

Medical Staff: More than 600 board-certified physicians and specialists

Nursing Staff: Approximately 393 BSNs, 35 MSNs, and 13 Nurse Practitioners, with approximately 91 possessing additional certifications in areas of specialty.

Employees: Approximately 3,000 full- and part-time employees; many live in the community and have worked at PIH for 20+ years, with some on staff as long as 40 years.

Awards & Accolades:

- Accreditation by the Joint Commission
- Joint Commission recertification for its Disease Specific Certification Program for Stroke
- 2011 Three -Year Accreditation for Patricia L. Scheifly Breast Health Center by American College of Radiology
- 2011 NRC Picker Path to Excellence Award (Winner for two consecutive years)
- 2011 NRC Picker Innovative Best Practice Award for "Development of Care Coordination Rounds"
- 2011 US News & World Report's Metro Area Rankings One of the Best Hospitals in Los Angeles (second consecutive year)
- 2011 NRC Picker Path to Excellence Award- #1 Ranking in Nation for Overall Rating of Care
- 2010 Commission on Cancer of the American College of Surgeon's Outstanding Achievement Award
- 2011 CIO 100 Award for excellence in Information Technology

Teaching Affiliations: Family Practice Residency Program, Accredited Continuing Medical Education provider

Appendix B (continued)

About PIH

PIH Board of Directors

The hospital's governing body - comprised of physicians and active business and community members - plays an integral role in effective and visionary governance and strategic planning. The Board's commitment and dedication to PIH's charitable mission continually drives the hospital forward in providing the community with the highest quality of care and the most effective community benefit programs and initiatives possible.

Drew Sones, Chair	Thomas King
Donald G. Alvarado, Vice Chair	Angel Munoz
Jane Dicus, Secretary	Sudhaker Nayak, MD
Kenton Woods, Treasurer	Norma Provencio
Efrain Aceves	William Shanahan, MD
Richard Atwood	Neal Shindel, MD
Paula Cowan	Huey-Min Yu
Leon M.N. Garcia	

PIH Foundation Board of Directors

The PIH Foundation is a not-for-profit organization that exists to raise philanthropic funds in support of PIH's charitable mission. The Foundation is governed by a Board of Directors comprised of key physician, business and community leaders who share the common desire to ensure that the local community has access to the highest quality healthcare, regardless of their ability to pay for needed services.

James P. Fitzgerald, Chairman	Heather Grottke
W. Allan Nakken, Vice Chairman	Nathan S. Honda, MD
Michal L. Dawson, Secretary	Michael J. Nevell
Hubert C. Perry, Treasurer	Robin Renek
Daryl M. Braun	Ruth B. Shannon
Kenneth L. Derr	Joseph P. Vinci
Maria Fuhrman	Jeanette Zavala-Fasone
Julius Gray, MD	

Appendix B (continued)

About PIH

Community Benefit Oversight Committee (CBOC)

The CBOC was established to oversee the qualification, evaluation and implementation of PIH community benefit programs and initiatives. The Committee is comprised of both and key community stakeholders and hospital leadership .

Currently serving up to two year terms are:

Patricia E. Bray
Vice President, Continuing Care
Presbyterian Intercommunity Hospital

Sue Carlson, CPAM
Administrative Director, Business Services
Presbyterian Intercommunity Hospital

Ron Carruth, EdD
Superintendent
Whittier City School District

Charlene Dimas-Peinado, LCSW
Chief Executive Officer
The Whole Child

Richard Espinosa
Senior Health Deputy
LA County Supervisor Don Knabe, Fourth District

Carmella S. Franco, EdD
State Trustee
CA Board of Education

Sylvia Granados-Southerland
Regional Public Affairs Manager
Southern California Edison Company

Rose Marie Joyce, PhD
Interim President
West LA Community College

Ted Knoll, MA, CDS, CHHP
Executive Director
Whittier Area First Day Coalition

Maria Andrea Mendoza Mason, MD
Santa Fe Springs Family Health Center
Family Practice Faculty
Presbyterian Intercommunity Hospital

Judy McAlister
Community-at-large

Silvia Prieto, MD, MPH
Area Health Officer, SPA 7 & 8
Los Angeles County, Department of Public Health

Judy Pugach, RN, MPH, CPHQ
Vice President, Quality/Risk Management
Presbyterian Intercommunity Hospital

Irene Redondo-Churchward
Community-at-large

Jill Schuyler
Director, Care Management
Presbyterian Intercommunity Hospital

Karen Shepard
Managing Trustee
BCM Foundation

Drew Sones
Chair, Board of Directors
Presbyterian Intercommunity Hospital

James R. West
President & CEO
Presbyterian Intercommunity Hospital

Nancy Whyte
Director, Community Ed, Senior & Volunteer Services
Presbyterian Intercommunity Hospital

Consultant:
Melissa Biel, DPA, RN, Biel Consulting
Community Benefit Evaluation Specialist

Appendix C

Community Linkages Index

In keeping with the core principle of community capacity building and as part of our overall commitment to leadership and public interest initiatives, PIH maintains strong linkages with a network of community stakeholders.

Activate Whittier Community Collaborative	Los Angeles County Emergency Department
American Cancer Society	Ian Kramer, MD, Intercommunity Emergency Medical Group
American Heart Association	Los Angeles County Office of Education
Amigos de los Niños	Majestic Realty Foundation
Arthritis Foundation	Meals on Wheels of Whittier
BCM Foundation	Migrant Education Program
Biola University	Mount Saint Mary's College
Boys & Girls Club of Whittier	Mount San Antonio College
Breastfeeding Taskforce of Los Angeles	Mountain View High School (Teen Pregnancy Prevention Program)
Brighton Collectibles	Newbridge College
Broadoaks Children's School of Whittier College	North West College
Bryman College	Partners in Care Foundation
California Community Foundation	PIH Auxiliary
California Endowment	PIH Foundation
CSU, Dominguez Hills	Premier College
CSU, Long Beach, Dept. of Social Work	Project Sister Family Services (SART)
CSU, Fullerton, Human Services Program	Public Health Institute
CSU, Los Angeles	R. C. Baker Foundation / Frank L. Scott
CSU, San Bernardino	Rancho Santiago Community College
California High School	Rio Hondo College, Occupational Programs
Cerritos College	Rio Hondo Temporary Home
Children's Hospital of Orange County (CHOC)	Rose Hills Foundation
Children's Planning Council	Linda T. Sánchez, Member of Congress, 39th District of California
City of Downey*	S. Mark Taper Foundation
City of Hacienda Heights*	San Joaquin Valley College
City of Hope	SeniorNet (National)
City of La Habra*	Service Planning Area (SPA) 7 Council
City of La Habra Heights*	Ruth B. & Ed L. Shannon Family
City of La Mirada*	Soroptomists International (SART)
City of Montebello*	Southern California Edison Company & Foundation
City of Norwalk*	SPIRIT Family Services
City of Pico Rivera*	Safely Surrendered Baby Law—Child Protection Initiative
City of Santa Fe Springs*	Suspected Child Abuse Network (SCAN)
City of Whittier*	The Whole Child
Community Advocates for People's Choice (CAPC)	Tri-Cities ROP
Community Resource Center	Touchstone Investment Managers
County of Los Angeles	UniHealth Foundation
Dept. of Children & Family Services	UC Irvine
Dept. of Mental Health	USC, Biokinesiology & Social Work Departments
Dept. of Public Health	Vaccination for Children Collaborative
Supervisor Don Knabe, Fourth District	Western University of Health Science, DO/PT
Supervisor Gloria Molina, First District	Whittier Area Clergy Association
Degree of Pocahontas & the Improved Order of Red Men	Whittier Area First Day Coalition
East Los Angeles College	Whittier City School District
East Whittier City School District	Whittier College
Hacienda-La Puente Adult School	Whittier Host Lions Club
Healthy Births Learning Collaboratives	Whittier Public Library Foundation
Help for Brain-Injured Children (HBIC)	Whittier Rio Hondo Aids Project
Hispanic Outreach Taskforce (HOT)	Whittier Union High School District
Hope for a Cure Guild	Whittier Women's Club
Interfaith Food Center	YMCA of Greater Whittier

**includes collaboratives with various City Departments, including Fire and Police Departments where applicable*

Appendix D

PIH Policy Measures Supporting Community Benefit

Demonstrating PIH's commitment to the provision of charity care and institutionalization of community benefit hospital-wide, PIH has adopted the following set of institutional policy measures, which were approved by the Community Benefit Oversight Committee (CBOC) and hospital Board of Directors:

Hospital-Wide Charity Care Policies - to explicitly define eligibility requirements for the provision of free and discounted care for those lacking insurance or financial resources to pay for needed healthcare.

Charitable Mission of Presbyterian Intercommunity Hospital, Inc. - to formalize the Board of Directors' determination that PIH's charitable mission is to be codified in a manner that makes clear the principles of community benefit.

Core Principles of Community Benefit - to explicitly define those principles that must be inherent, in part or in whole, in any program or activity to be claimed by PIH as community benefit. Further, to establish those principles that will serve as guidelines for the implementation or enhancement of all community benefit programs.

Delegation of Responsibility and Authority - to establish senior leadership responsibility and authority as it relates to Community Benefit.

Essential Competencies for Leadership - to establish that leaders charged with the oversight of Community Benefit will possess skills and competencies that support advancement of the five core principles of community benefit.

Establishment of Community Benefit Oversight Committee (CBOC) - to increase transparency with respect to PIH's charitable activities and to foster a culture of social accountability in keeping with PIH's mission and strategic plan.

Charter of the Community Benefit Oversight Committee (CBOC) - to explicitly define the roles and responsibilities of the CBOC.

Recruitment of Community Benefit Oversight Committee (CBOC) - to establish guidelines for the recruitment of CBOC members, to outline specific member competencies and to establish the membership approval process.

Charter Review for the Community Benefit Oversight Committee (CBOC) - to allow for modification of the CBOC Charter in order to maintain alignment with PIH's strategic plan and/or identified changes within the communities served.

Reporting and Dissemination of Community Benefit Information - to ensure compliance with regulations pertaining to the reporting of community benefit and to share community benefit information with diverse community stakeholders.

Contributions to Community Organizations - to ensure that PIH is a good steward of its resources as a federally registered 501(c)3 not-for-profit entity and to ensure that contributions are appropriately qualified and allocated as either community benefit or community relations/marketing.

Employee Performance Evaluation Accountability for Community Benefit - to institutionalize the manager and/or supervisor's role as integral to the advancement of PIH's community benefit principles and to ensure accountability for the planning, implementation, participation and documentation of community benefit activity.

Policy

POLICY NO. 85300.600
EFFECTIVE 12/90
REVISED 01/2012
PAGE 1 OF 9
APPROVAL

*Paul C. ...
with A. #*

[Signature]

SUBJECT: Charity Care

APPLICATION: All Departments

PURPOSE: To provide a reasonable amount of free care to patients who are unable to pay and to ensure compliance with Assembly Bill 774.

POLICY: Recognizing its charitable mission, it is the policy of Presbyterian Intercommunity Hospital to provide a reasonable amount of its services without charge to eligible patients who cannot afford to pay for care.

All medically necessary services of this facility will be available as uncompensated services. Billing statements to the uninsured will reflect self-pay discounts at contracted Healthy Families rates (or less) and a notice that the patient may be eligible for state and/or uncompensated care programs.

AB 1503 requires Emergency Room physicians to limit expected payment from eligible patients that are uninsured or have high medical costs who are at or below 350% of the federal poverty level.

Charity is defined as the demonstrated inability of a patient to pay, versus bad debt as the unwillingness of the patient to pay. Charity Care does not include bad debt, contractual adjustments or unreimbursed costs. The financial status of each patient should be determined so that an appropriate classification and distinction can be made between charity care and bad debt. If the patient is able to pay, but unwilling, he/she will be classified as bad debt.

Eligibility requirements

- * Uninsured patients who do not have the ability to pay as determined by the financial guidelines in this policy.
- * Patients who have Restricted Medi-Cal Emergency and Pregnancy Services coverage (and no share of cost) and whose services are not covered for a particular episode or partial episode of care. *(An uncompensated care application is not required since the patient is presumed to meet the charity care eligibility requirements);*

APPROVED
BOARD OF DIRECTORS
FEB 13 2012



- * There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Presumptive eligibility (*application not mandatory*) may be determined on the basis of individual life circumstances that may include but are not limited to:
 - * State-funded prescription programs;
 - * Homeless or received care from a homeless clinic or shelter;
 - * Participation in Women, Infants and Children programs (WIC);
 - * Food stamp eligibility;
 - * Subsidized school lunch program eligibility;
 - * Low income/subsidized housing is provided as a valid address;
 - * Patient is deceased with no known estate; and
 - * Patients who are currently eligible for Medi-Cal, but were not eligible in one to three months prior to eligibility are presumed to be eligible for charity and do not need to fill out the application.
- * Insured patients whose coverage is inadequate to cover a catastrophic situation;
- * Persons whose income is sufficient to pay for basic living costs but not medical care, and also those persons with generally adequate incomes who are suddenly faced with catastrophically large medical bills;
- * Patients who demonstrate ability to pay part but not all of their liability. For example, those who have an out of pocket that exceeds 10% of their annual net family income in the prior twelve months.

PROCEDURE:

Eligibility Procedures:

- 1 In addition to the eligibility requirements above consider the following factors when determining the amount of charity service for which a patient is eligible at the time of service:
 - 1.1 Patient should reside in the hospital's primary/secondary service area and have a physician who is a member of the PIH Medical Staff. Additionally, out of area patients who were seen in or admitted through the Emergency department will be considered for uncompensated care.
 - 1.2 Consider the patient's individual or family income, as appropriate, using the income guidelines in this policy.
 - 1.3 Consider individual or family net worth including all liquid and non-liquid assets owned, less liabilities and claims against assets. Monetary assets shall not include retirement or deferred-compensation plans. Furthermore, the first ten thousand (\$10,000) dollars of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50% of a patient's monetary assets over the first ten thousand (\$10,000) dollars be counted in determining eligibility.

- 1.4 Consider employment status along with future earnings sufficient to meet the obligation within a reasonable period of time. Consider family size. Under AB 774, family includes the patient, the spouse or domestic partner, parent and/or caretaker of minors and dependent children less than 21 years of age, whether living at home or not.
 - 1.5 Consider other financial obligations including living expenses and other items of a reasonable and necessary nature.
 - 1.6 Consider the amount(s) and frequency of hospital and other healthcare/medication bill(s) in relation to all of the factors outlined above.
 - 1.7 All other resources must be applied first, including third-party payers, Victims of Crime and Medi-Cal. If a patient does not have Medi-Cal but would qualify, he/she should be encouraged to cooperate with the application process. If the application is denied, consider for uncompensated care.
2. Determine the appropriate amount of charity service in relation to the amounts due after applying all other eligible resources. A patient who can afford to pay for a portion of the services will be expected to do so. Part of an account might be paid by a third party, part by the patient, part may be adjusted to a charity write-off. **Work with the patient to establish payment arrangements.** As required by AB 774, "If a patient is attempting to qualify for eligibility under the hospital's charity care or discount payment policy and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or by making regular partial payments of a reasonable amount, the hospital shall not send the unpaid bill to any collection agency." If the patient does not pay the amount deemed to be his/her responsibility **for a period of 90 days and fails to renegotiate the payment plan**, the uncollectible balance would become bad debt.
 3. Request evidence of eligibility especially for large balance accounts. The patient must provide supporting documentation of income which can include:
 - Recent pay stubs such as paychecks, General Relief, Social Security, pension, unemployment or disability check stubs, or tax returns;
 - Application verification may include accessing of the patient/guarantor's credit report. The patient must sign the charity form or Consent of Admissions prior to accessing his/her credit information.
 4. Instruct the patient to inform his/her physicians that he/she has been approved for the hospital's uncompensated care program.
 5. Charity care provisions will be reevaluated for a patient's eligibility when the following occur:
 - 5.1 Subsequent rendering of services;
 - 5.2 Income change;
 - 5.3 Family size change;
 - 5.4 When six months has passed since the last application or sooner if circumstances change.

6. Determine eligibility for charity service at the time of admission/pre-registration, or as soon as possible thereafter. In some cases, it can take investigation to determine eligibility, particularly when a patient has limited ability to provide needed information. Also, because of complications unforeseen at the time of admission, the patient may need to be reclassified as a full or partial charity.
7. Financial counselors, registration clerks, enrollment coordinators and Patient Accounting staff can initiate the application process.

Review Process:

Uncompensated Care Committee Composition:

- * Administrative Director, Revenue Cycle and Managed Care (Chairperson) or Patient Accounting Director
- * Customer Service/Collection Manager
- * Collectors

Duties of the Committee

8. Review all applications for charity care, at least monthly and determine eligibility based on established criteria. Suspend the application when the patient applies for Medi-Cal or Victims of Crime or insufficient information from which to determine eligibility for uncompensated care.
 - 8.1 Financial Counselors and Collectors will determine the patient's out-of-pocket, if any, based on the guidelines in this policy and preliminarily approve applications when the cash discount rate is expected to be less than \$3,000. If the patient does not meet the financial criteria but has extenuating circumstances such as catastrophic illness, the account will be referred to the manager who will make a recommendation to the Director. Uncompensated Care approval authority is as follows:
 - Write-offs from \$.01 to \$14,999 require final approval by the Credit and Collections Manager.
 - Write-offs \$15,000 and over require approval by the Patient Accounting Director or Administrative Director, Revenue Cycle and Managed Care.
9. Pre-approved patients will be registered to insurance plan code 9030. Additionally, Care Force One and certain other community program accounts will be registered to plan code 9031.
10. Ensure patients are notified, in writing, regarding approval, denial or pending of uncompensated care.

11. Denials may be appealed to the committee with the following documentation:
 - 11.1 Appeal letter to committee from the patient or guarantor requesting reevaluation.
 - 11.2 Supporting documents that may prove inability to pay that weren't part of the initial consideration.
- 12 The committee will review appeals and the committee will make recommendations to the CFO or his designee for final approval.
- 13 The hospital will retain charity care applications and documents for six years.

Revised 8/92, 5/93, 4/96,10/97,3/98, 4/99, 5/00, 1/01, 4/01, 04/02, 10/02,11/03, 2/04, 3/05, 05/05 2/06, 07/06, 01/07, 11/07, 02/08, 09/08, 02/09, 08/2010, 02/2011, 01/2012-expanded presumptive eligibility and simplified application

AMOUNT OF CHARITY CARE DETERMINATION BASED ON

Methodology: Presbyterian Intercommunity Hospital uses the "Sliding Scale Method" to determine the dollar amount to be considered as charity care for eligible patients.

Charity Care: Patient applications that show that family income at or below 100% of Federal Poverty Guidelines (FPL) will be approved for no-cost to the patient.

Discounted Charity Care: Patient applications that show that family income between 101% and 400% FPL will be granted the lesser of the self pay rate or the discount as outlined below.

2011-12 FEDERAL POVERTY GUIDELINES

% FPL	1	2	3	4	5	6	7	8	Inpatient Per Day And Out- patient Surgery Per Visit	OP Non- Surgery Per Visit ER Services Per Visit For PIH
100%	\$ 10,890	\$ 14,710	\$ 18,530	\$ 22,350	\$ 26,170	\$ 29,990	\$ 33,810	\$ 37,630	\$0	\$0
120%	\$ 13,068	\$ 17,652	\$ 22,236	\$ 26,820	\$ 31,404	\$ 35,988	\$ 40,572	\$ 45,156	\$100	\$35
140%	\$ 15,246	\$ 20,594	\$ 25,942	\$ 31,290	\$ 36,638	\$ 41,986	\$ 47,334	\$ 52,682	\$200	\$50
160%	\$ 17,424	\$ 23,536	\$ 29,648	\$ 35,760	\$ 41,872	\$ 47,984	\$ 54,096	\$ 60,208	\$300	\$65
180%	\$ 19,602	\$ 26,478	\$ 33,354	\$ 40,230	\$ 47,106	\$ 53,982	\$ 60,858	\$ 67,734	\$400	\$80
200%	\$ 21,780	\$ 29,420	\$ 37,060	\$ 44,700	\$ 52,340	\$ 59,980	\$ 67,620	\$ 75,260	\$600	\$120
220%	\$ 23,958	\$ 32,362	\$ 40,766	\$ 49,170	\$ 57,574	\$ 65,978	\$ 74,382	\$ 82,786	\$800	\$150
240%	\$ 26,136	\$ 35,304	\$ 44,472	\$ 53,640	\$ 62,808	\$ 71,976	\$ 81,144	\$ 90,312	\$1,000	\$200
260%	\$ 28,314	\$ 38,246	\$ 48,178	\$ 58,110	\$ 68,042	\$ 77,974	\$ 87,906	\$ 97,838	\$1,200	\$225
280%	\$ 30,492	\$ 41,188	\$ 51,884	\$ 62,580	\$ 73,276	\$ 83,972	\$ 94,668	\$ 105,364	\$1,350	\$275
300%	\$ 32,670	\$ 44,130	\$ 55,590	\$ 67,050	\$ 78,510	\$ 89,970	\$ 101,430	\$ 112,890	\$1,500	\$325
320%	\$ 34,848	\$ 47,072	\$ 59,296	\$ 71,520	\$ 83,744	\$ 95,968	\$ 108,192	\$ 120,416	\$1,550	\$350
340%	\$ 37,026	\$ 50,014	\$ 63,002	\$ 75,990	\$ 88,978	\$ 101,966	\$ 114,954	\$ 127,942	\$1,600	\$375
360%	\$ 39,204	\$ 52,956	\$ 66,708	\$ 80,460	\$ 94,212	\$ 107,964	\$ 121,716	\$ 135,468	\$1,700	\$425
380%	\$ 41,382	\$ 55,898	\$ 70,414	\$ 84,930	\$ 99,446	\$ 113,962	\$ 128,478	\$ 142,994	\$1,850	\$500
400%	\$ 43,560	\$ 58,840	\$ 74,120	\$ 89,400	\$ 104,680	\$ 119,960	\$ 135,240	\$ 150,520	\$1,900	\$525

Patient liability is based on the lesser of

- **billed charges;**
- **the cash discount rate (based on the rates a Healthy Families agreement, or less);**
- **10% of the patient's annual income; or;**
- **the amount outlined above.**

PRESBYTERIAN INTERCOMMUNITY HOSPITAL REQUEST FOR UNCOMPENSATED SERVICES

I ask Presbyterian Intercommunity Hospital to determine if I am eligible for help in paying for my hospital bill. I understand that I need to give certain information for this to be done. I understand that filling out this form does not guarantee that I will receive this help. If I am not eligible for uncompensated services, I am responsible for my hospital bill.

Name _____ Account number _____
 Address _____ Phone number _____
 Number Street City State Zip
 Employer name _____ Employer phone _____
 Employer address _____
 Date of birth ____/____/____ Sex Code ____ 1=Male 2= Female Number of family members living with you ____
 Name Relationship Age Gender Name Relationship Age
 Gender

 Physician Name _____ Diagnosis _____

INCOME: PLEASE PROVIDE PHOTOCOPIES OF CHECKS AND BANK STATEMENTS AND LIST INCOME

	Monthly	Annual
Wages (Self)	_____	_____
(Spouse)	_____	_____
(Other Family Member)	_____	_____
Farm or self employment	_____	_____
Public Assistance	_____	_____
Social Security	_____	_____
Unemployment Compensation	_____	_____
Strike Benefits	_____	_____
Alimony/Child Support	_____	_____
Military Family Allotments	_____	_____
Pensions	_____	_____
Income from Dividends, Interest, Rent	_____	_____

EXPENSES (Monthly)

Mortgage/Rent _____ (1)	Medical Insurance _____
Utilities _____	Auto Insurance _____
Telephone _____	Medical Bills _____
Food _____	Hospital _____
Finance/other loans _____	Physician _____
Auto Loans _____	Medication _____
(1) If none, source of housing _____	TOTAL EXPENSES _____

Do you own a home? Yes () No () If yes, estimated value: _____ Amount owed _____
 Do you own other property? Yes () No () If yes, estimated value: _____
 Do you own automobiles? Yes () No () If yes, Model/Make: _____ Year _____ Value _____

- I declare under penalty of perjury that the answers I have given are true and correct to the best of my knowledge.
- I agree to tell the provider of services, within 10 days, if there are any changes in my (or the persons on whose behalf I am acting) income, property, expenses, or in the persons in the household or of any change of addresses.
- I understand that I may be asked to prove my statements and that my eligibility statements will be subject to verification by contact with my employer, bank, credit verification and property searches.
- I further agree, that in consideration for receiving health care services as a result of an accident or injury, to reimburse the hospital from proceeds of any litigation or settlement resulting from such act.
- I understand that if I do not qualify for uncompensated services, I will be personally liable for the charges of the services rendered by Presbyterian Intercommunity Hospital or I may appeal decision in writing with additional documentation.

Signature _____ Date _____



12401 Washington Blvd.
Whittier, CA 90602-1099
(562) 698-0811
Hearing Impaired and TDD (562) 696-9267

Date _____

Patient Name _____

Account number _____

Dear Mr./Mrs. _____,

We have carefully reviewed your application for uncompensated care and have determined that your account:

Meets the Hospital's established guidelines for uncompensated services.

Approved amount \$ _____*

Your last payment posted on _____ in the amount of \$ _____.

The account will be reduced by the above amount and the guarantor is responsible for \$ _____ payable at \$ _____ per month for _____ months.

If you have bills from physicians that provided care during your hospitalization at Presbyterian Intercommunity Hospital, you may want to provide them with a copy of this letter. AB 1503 requires Emergency Room physicians to limit expected payment from eligible patients that are uninsured or have high medical costs whose income is at or below 350% of the federal poverty level. If you have a bill from an ER physician, please contact the physician's billing service to determine if you qualify for a discount.

Does not meet the Hospital's established guidelines for uncompensated services.

Reason for denial:

- _____ Monthly income exceeds qualifications.
- _____ Potential third party payor source
- _____ Application not complete.
- _____ Supporting documentation not adequate.

If you have questions, please call the Customer Service Supervisor at (562) 698-0811, EXT 14186.

Sincerely,

Uncompensated Care Committee



12401 Washington Blvd.
Whittier, CA 90602-1099
(562) 698-0811
Hearing Impaired and TDD (562) 696-9267

Date: _____

Dear _____,

Thank you for choosing Presbyterian Intercommunity Hospital for your health care needs.

Please promptly complete and return the attached application for uncompensated care. Additionally, please provide photocopies of your last two checks relating to any source(s) of income as well as photocopies of your last two bank statements.

Please call me at (562) 698-0811, extension 14186, if I can answer any questions.

Sincerely,

Customer Service/Collection Supervisor

Policy

POLICY NO. 85300.602

EFFECTIVE 12/90

REVISED 01/12

PAGE 1 OF 5

APPROVAL

John L. Chubb

[Signature]

SUBJECT: Self Pay Payment Program

APPLICATION: All Departments

PURPOSE: To offer discounted rates to all uninsured (AKA Self Pay) patients of Presbyterian Intercommunity Hospital (PIH) and if appropriate, to assist the uninsured in applying for Medi-Cal, Victim of Crimes, Uncompensated Care, Section 1011 or other programs.

POLICY: It is the policy of Presbyterian Intercommunity Hospital to automatically extend a discount to uninsured patients (and those with very limited benefits) that is reflective of or less than its Healthy Families rates with a contracted plan. The patient will be asked to pay the discounted rate. If the patient cannot pay his/her entire discounted obligation and the patient does not qualify for government or hospital programs, PIH will extend reasonable no-interest payments.

In compliance with Assembly Bill 774, PIH will publish its policy for uninsured patients by clearly and conspicuously posting notices in locations that are visible to the public, including, but not limited to, all of the following:

- (1) Emergency department;
- (2) Billing/cashier office;
- (3) Patient Registration;
- (4) Other outpatient settings.

Additionally, uninsured patients will be provided with the Letter to the Uninsured included on page 3 of this policy.

AB 1503 requires Emergency Room physicians to limit expected payment from eligible patients that are uninsured or have high medical costs who are at or below 350% of the federal poverty level.

APPROVED
BOARD OF DIRECTORS

JAN 09 2012



Presbyterian
Intercommunity
Hospital

In compliance with Bad Debt Policy 85300.0098, accounts will not be approved for legal action (beyond reporting to credit reporting agencies) until AFTER 150 days after the initial billing. PIH will not garnish wages. It will however permit liens on homes or other real estate for the purpose of securing repayment at sale or refinancing when income exceeds 400% of FPL. Under certain circumstances when income does not exceed 400% FPL, PIH may file a lien on a primary residence for a hospital bill that will not be exercised during the life of the patient or his/her spouse and/or as otherwise outlined by state law.

PROCEDURE:

1. Pre-register scheduled uninsured patients and explain the Self Pay Discount Program.
2. Prior to or at registration/admission (*or after an Emergency Department patient has been medically screened and stabilized*) educate the uninsured patient about the Self Pay Discount Program.
 - 2.1 Estimate the patient's total charges based on the discount rates.
 - 2.2 Collect the patient's estimated liability.
 - 2.3 Set up payment arrangements for any amount that cannot be collected at the time of service or prior to discharge. PIH will work with the patient to negotiate the terms of the payment plan.
3. Most Self Pay Discount adjustments will automatically be written off to transaction code 9700220. For those services that do not adjust automatically (outpatient services at 200% of Medicare), Patient Accounting Staff will submit adjustment 9700220 for posting to the patient account.
4. Statements will automatically reflect the discounted rates.
5. Any accounts referred to bad debt will reflect the discounted rate.
 - 5.1 Collection agencies will not report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after initial billing

01/12 Updated Self Pay rates



12401 Washington Blvd.
Whittier, CA 90602-1099
(562) 698-0811
Hearing Impaired and TDD (562) 696-9267

Dear Patient:

Thank you for choosing Presbyterian Intercommunity Hospital (PIH) for your healthcare needs. Our records indicate that you do not have insurance. If our information is incorrect, please provide your insurance information today.

PIH has implemented a Self Pay Payment Program for its uninsured patients. Your bill will automatically be reduced to an amount equal to or less than contracted rates with an HMO plan which administers the Healthy Families Program. We accept cash, check, Visa, MasterCard, Discover and American Express. Additionally, you may qualify for one of several programs:

- Government sponsored programs (*for example Medi-Cal, California Children's Services (CCS), Victims of Crime*).
- The Hospital's Uncompensated Care Program if your family income is at or below 400% of federal poverty guidelines or your medical expenses in the past 12 months exceeded 10% of your annual income. Additionally, AB 1503 requires Emergency Room physicians to limit expected payment from eligible patients that are uninsured or have high medical costs whose income is at or below 350% of the federal poverty level. If you have a bill from an ER physician, please contact the physician's billing service to determine if you qualify for a discount.
- If you have children age 19 or younger, Healthy Families may cover their future health care service costs.

In all cases, you will receive separate bills from all physicians involved in your care. Services ordered by your physician can affect your out-of-pocket expense.

While you are at PIH, you may ask for a Financial Counselor who can provide you with applications for most government and hospital programs. After you go home, please call Customer Service, Monday through Friday, at (562) 698-0811, extension 14181 to discuss any of the aforementioned.



SELF PAY PAYMENT PROGRAM RATESER per visit

Levels 99281-99282	60% of charges NTE \$528
Levels 99283	60% of charges NTE \$1246
Level 99284-99285	60% of charges NTE \$2502
Critical Care (99291)	60% of charges NTE \$4020
Inpatient care per day (non OB)	\$4,000 day one, \$3,480 per day thereafter
Inpatient OB (mom and healthy baby)	\$3,480 day one, \$1,000 per day thereafter
TCU per day	\$700 per day
Outpatient surgery	50% of charges not-to-exceed \$4,000

Implants with an aggregate cost that exceeds \$3,500 per admission/surgery paid at cost by patient

Fertility testing

US exam, pelvic limited 76857	\$68
Echo exam uterus 76831	\$167
Hysterosalpingogram (74740, 58340)	\$200
Follicular study and endometrial measurement (76857)	<u>\$68</u>
Hysterosonography – SIS (76831 + 58430)	<u>\$167</u>

OB preventative services

Transvaginal Ultrasound 76817	\$70
76816 Ultrasound follow up per fetus	\$70
76801 OB ultrasound under 14 weeks, single fetus	\$110
76805 OB ultrasound over 14 weeks, single fetus	\$110
59025 Non Stress Test with or without 76815 Ultrasound Amniotic Fluid	\$135

GI

	\$523 per visit
Cat Scan (CT)	\$383 <u>per</u> CT (if separate CPTs)
CCTA	\$600 <i>Includes \$150 pro-fee</i>
Calcium Scoring <i>(not covered by many insurances)</i>	\$300 <i>Includes \$75 pro-fee</i>
MRI per MRI up to two	\$400 no contrast
	\$500 with contrast
	\$600 without contrast followed by with

Screening Mammography

Diagnostic Mammography

Radiation Therapy

Pulmonary

PET

Cardiology

Ultrasound

Lab, diagnostic radiology, Nuc Med, cardiac rehab,

PT/OT/ST, and other outpatient services not listed above



2011-2012 CHARITY GUIDELINES

% FPL	1	2	3	4	5	6	7	8	Inpatient	OP Non-Surgery Per Visit
Guide-lines									Per Day	ER Services
									And Out-patient Surgery	Per Visit
									Per Visit	For PIH
100%	\$ 10,890	\$14,710	\$18,530	\$22,350	\$26,170	\$29,990	\$33,810	\$37,630	\$0	\$0
120%	\$ 13,068	\$ 17,652	\$ 22,236	\$ 26,820	\$ 31,404	\$ 35,988	\$ 40,572	\$ 45,156	\$100	\$35
140%	\$ 15,246	\$ 20,594	\$ 25,942	\$ 31,290	\$ 36,638	\$ 41,986	\$ 47,334	\$ 52,682	\$200	\$50
160%	\$ 17,424	\$ 23,536	\$ 29,648	\$ 35,760	\$ 41,872	\$ 47,984	\$ 54,096	\$ 60,208	\$300	\$65
180%	\$ 19,602	\$ 26,478	\$ 33,354	\$ 40,230	\$ 47,106	\$ 53,982	\$ 60,858	\$ 67,734	\$400	\$80
200%	\$ 21,780	\$ 29,420	\$ 37,060	\$ 44,700	\$ 52,340	\$ 59,980	\$ 67,620	\$ 75,260	\$600	\$120
220%	\$ 23,958	\$ 32,362	\$ 40,766	\$ 49,170	\$ 57,574	\$ 65,978	\$ 74,382	\$ 82,786	\$800	\$150
240%	\$ 26,136	\$ 35,304	\$ 44,472	\$ 53,640	\$ 62,808	\$ 71,976	\$ 81,144	\$ 90,312	\$1,000	\$200
260%	\$ 28,314	\$ 38,246	\$ 48,178	\$ 58,110	\$ 68,042	\$ 77,974	\$ 87,906	\$ 97,838	\$1,200	\$225
280%	\$ 30,492	\$ 41,188	\$ 51,884	\$ 62,580	\$ 73,276	\$ 83,972	\$ 94,668	\$ 105,364	\$1,350	\$275
300%	\$ 32,670	\$ 44,130	\$ 55,590	\$ 67,050	\$ 78,510	\$ 89,970	\$ 101,430	\$ 112,890	\$1,500	\$325
320%	\$ 34,848	\$ 47,072	\$ 59,296	\$ 71,520	\$ 83,744	\$ 95,968	\$ 108,192	\$ 120,416	\$1,550	\$350
340%	\$ 37,026	\$ 50,014	\$ 63,002	\$ 75,990	\$ 88,978	\$ 101,966	\$ 114,954	\$ 127,942	\$1,600	\$375
360%	\$ 39,204	\$ 52,956	\$ 66,708	\$ 80,460	\$ 94,212	\$ 107,964	\$ 121,716	\$ 135,468	\$1,700	\$425
380%	\$ 41,382	\$ 55,898	\$ 70,414	\$ 84,930	\$ 99,446	\$ 113,962	\$ 128,478	\$ 142,994	\$1,850	\$500
400%	\$ 43,560	\$ 58,840	\$ 74,120	\$ 89,400	\$ 104,680	\$ 119,960	\$ 135,240	\$ 150,520	\$1,900	\$525

Appendix E

Priority Setting Tools (attached)

Attached are the Priority Setting tools used by PIH's Community Benefit Oversight Committee (CBOC) to select priority health areas of focus based on the 2010 Community Health Needs Assessment. These tools greatly assisted the CBOC in prioritizing and evaluating the potential for impact and success in each area of identified need.

Listed below are the tools included in this Report:

- Summary of Community Health & Social Indicators
- Priority Health Issues Scoring Grid by Criteria



Presbyterian Intercommunity Hospital

2010 Community Health Needs Assessment Summary of Community Health and Social Indicators – PIH Primary Service Area

Indicator	Hacienda Heights	La Habra / La Habra Heights	La Mirada	Montebello	Norwalk	Pico Rivera	Santa Fe Springs	Whittier	CA	Healthy People 2020
Seniors 65+	12.0%	11.3%	13.7%	12.5%	9.0%	11.0%	13.5%	11.3%	10.6%	ND
Unemployment	9.1%	10.3%	7.4%	13.5%	12.8%	11.3%	10.2%	8.7%	11.9%	ND
<100% FPL	9.3%	11.9%	5.6%	16.9%	11.9%	12.6%	11.1%	10.6%	14.2%	ND
Linguistically isolated	17.0%	11.6%	5.3%	17.4%	14.6%	12.2%	8.4%	8.6%	11.3%	ND
Teen births	6.4%	9.8%	8.2%	10.8%	12.2%	13.4%	9.5%	10.2%	9.5%	ND
Early prenatal care	86.5%	85.4%	86.8%	85.9%	85.3%	85.5%	88.6%	83%	82.8%	78%
Low birth weight births (per 1,000)	6.2%	6.8%	8.2%	5.3%	5.5%	7.3%	7.0%	5.7%	6.8%	7.8%
Infant Mortality (per 1,000 live births)	4.7	4.4	4.5	4.4	4.1	2.9	9.7	5.0	5.2	6.0
Heart disease deaths (per 100,000)	215.7	223.6	243.7	242.0	291.7	267.6	548.0	236.8	217.0	100.8
Diabetes deaths (per 100,000)	27.6	25.3	22.0	42.5	43.4	47.9	81.7	35.3	25.2	65.8
Influenza / Pneumonia deaths (per 100,000)	34.8	28.1	25.9	30.4	36.9	28.8	52.2	25.0	24.3	ND
Stroke deaths (per 100,000)	44.2	42.5	45.8	45.8	52.1	62.5	86.2	50.0	50.1	33.8
Cancer deaths (per 100,000)	169.1	155.2	185.2	160.0	188.6	188.3	270.2	177.6	183.9	160.6
Overweight youth	20.2%	ND	19.8%	ND	28.4%	23.7%	23.5%	27.8%	28.1%	5%
Smoking	10.5%	9.4%	12.1%	11.7%	14.5%	12.7%	12.6%	12.2%	13.5%	12%

Blue shading = highest percentage; Green shading = lowest percentage.



Presbyterian Intercommunity Hospital

2010 Community Health Needs Assessment Summary of Community Health and Social Indicators – Whittier Zip Codes

Indicator	90601	90602	90603	90604	90605	90606	California	Healthy People 2020
Seniors 65+	11.2%	9.0%	18.3%	10.2%	8.8%	10.3%	10.6%	ND
<100% FPL	9.1%	16.6%	5.5%	9.3%	11.9%	11.3%	14.2%	ND
Linguistically isolated	5.5%	13.4%	2.1%	8.3%	9.6%	11.3%	11.3%	ND
Teen births	10.2%	8.9%	4.1%	9.5%	11.3%	12.9%	9.5%	ND
Early prenatal care	86.1%	83.0%	87.2%	81.7%	82.8%	81.7%	82.8%	78%
Low birth weight births (per 1,000)	8.0%	4.4%	5.6%	4.4%	4.6%	7.3%	6.8%	7.8%
Infant Mortality (per 1,000 live births)	5.7	4.6	1.8	3.9	5.0	7.1	5.2	6.0
Heart disease deaths (per 100,000)	183.4	222.3	204.5	303.8	279.1	227.8	217.0	100.8
Stroke deaths (per 100,000)	41.7	39.1	50.7	69.2	50.0	49.5	50.1	33.8
Diabetes deaths (per 100,000)	32.2	42.1	19.8	33.0	34.3	50.4	25.2	65.8
Influenza / Pneumonia deaths (per 100,000)	21.8	23.3	24.8	29.9	28.2	21.9	24.3	ND
Cancer deaths (per 100,000)	154.9	153.8	167.3	210.8	205.6	173.1	183.9	160.6

Blue shading = highest percentage; Green shading = lowest percentage.

Appendix F

Community Benefit Evaluation Tools (attached)

Attached are examples of evaluation tools developed by PIH, which form the basis for our community benefit flagship program evaluation process.

In addition to the tools below, the program dashboards (found in Chapter 5) are significant to program evaluation as they illustrate outcomes and impact.

The following evaluation tools are attached:

Program Overview & Enhancement Template (Example)

Attached is the template for PIH's Health & Wellness Clinic, located on-site at Whittier First Day, a local transitional shelter.

VHA, Inc., a national healthcare network, recognized PIH with a 2010 National Leadership Award for Community Benefit Excellence, with special emphasis on this partnership / initiative.

Community Benefit Oversight Committee (CBOC) Annual Meeting Evaluation Form

Designed for use by the CBOC at their Annual Meetings, which are held for the following purposes:

- 1) To provide ongoing evaluation of impact and effectiveness of flagship community benefit programs;
- 2) To allow CBOC an opportunity to provide suggestions and feedback; and
- 3) To cast votes regarding continued qualification of programs as community benefit.

PROGRAM OVERVIEW: WHITTIER FIRST DAY HEALTH & WELLNESS CLINIC

NEW OR EXISTING PROGRAM? EXISTING

START DATE: 2005
CLINIC EXPANSION: 2011

PIH ROLE: SUPPORT

Background:

Whittier First Day provides a six-month emergency shelter and on-site support services for up to 45 adults, as well as transitional housing which can accommodate three (3) families for up to two (2) years. The Whittier First Day Health and Wellness Clinic began in 2004 and was operated by Judith Stockman, RN, C-ANP until a grant was procured from The California Endowment, which enabled First Day to continue and expand a small on-site health clinic in January 2005 for First Day residents. First Day also offers a social service program that is open to the public, providing referrals, assistance with obtaining needed documents, and connecting with other resources.

Program Leadership:

Drew Sones, Board Member, Whittier First Day
 Ted Knoll, Executive Director, Whittier First Day
 Judith Stockman, RN, C-ANP
 Veronica Kang, Nurse Practitioner, PIH
 Donna Collins, Clinic Assistant, Whittier First Day

Program Description:

PIH provides in-kind support to the Whittier First Day Health & Wellness Clinic, including a Nurse Practitioner, medications and supplies. The clinic provides preventive and urgent care for First Day's residents and is open two days a week, eight hours each day. All new First Day residents obtain a health assessment through the clinic within a week of their entrance into the program and are screened for diabetes and hypertension, evaluated for other health needs, and provided with appropriate health education. As a partner of PIH, the First Day Health & Wellness Clinic refers those First Day residents needing additional care to PIH and/or other resources as appropriate to their needs.

Due to previous success with providing primary health services to our emergency/transitional clients, First Day's clinic space has been expanded to allow provision of healthcare services to social service clients who are chronically homeless, at risk of being homeless and/or uninsured. Additionally, through the use of a wheelchair accessible van, donated by Supervisor Don Knabe, First Day will extend its outreach and offer services to the unsheltered chronically homeless.

Total Operating Expenses:

2010 - \$150,000

Note:

WFD FY runs Jan-Dec; amount includes PIH in-kind

Reportable PIH Community Benefit*(net loss or expense to PIH)*

FY 2011- \$ 128,500 (PIH in-kind)

Approximate Cost Per Clinic Visit:*(114 served / 615 visits)*

2010 - \$244/visit (overall expense/visits)

2010 - \$209/visit (PIH expense/visits)

Program Aim(s):

- Provide access to quality preventive medical care and screenings for those who are homeless, chronically homeless, at-risk for homelessness, very low-income, and uninsured.
- Reduce preventable use of the Emergency Department by homeless individuals.

Program SMART Objective(s): *SMART= Specific, Measureable, Achievable, Realistic, Time-Framed*

-Over a 12-month period, 85% of Whittier First Day clinic patients will demonstrate improved health status as a result of primary prevention services, health education and chronic disease management provided through the on-site clinic.

-Reduce preventable Emergency Department visits made by Whittier First Day residents through provision of care at the on-site health clinic.

ENHANCEMENT (S) SUMMARY: WHITTIER FIRST DAY HEALTH & WELLNESS CLINIC

CORE PRINCIPLE	BASELINE INFORMATION	FY 10-11 ENHANCEMENT STRATEGIES	PROGRESS: FY 10-11 ENHANCEMENT STRATEGIES	FY 11-12 ENHANCEMENT STRATEGIES
<p>Core Principle #1 Vulnerable Populations</p> <p><i>Emphasis on DUHN - Disproportionate Unmet Health Need</i></p>	<p>The First Day Health & Wellness Clinic serves a vulnerable population of homeless adults who are residents of the First Day shelter.</p>	<p>1a) October 2010 - February 2011 Whittier First Day first-floor site rehabilitation capital improvement. Anticipated March 2011 opening to the public who are uninsured for social services. These clients will be able to access clinic services.</p> <p>Funding opportunities being explored.</p>	<p>1a) The Grand Opening for the expanded clinic site will be October 28, 2011. This clinic will increase access to health care services for the uninsured.</p>	<p>1a) WFD will lead effort, with PIH support, to partner with community organizations and 100,000 Homes to register the chronically homeless and apply a vulnerability status index assessment of these individuals. This assessment will help identify what services are needed for the homeless.</p>
<p>Core Principle #2 Primary Prevention</p> <p><i>Improve health status through health promotion, disease prevention or health protection</i></p>	<p>Through the provision of health screenings, primary health care, and health education the clinic provides health promotion and disease prevention services.</p>	<p>2a) Expand services to uninsured in the community needing to access social services. 300 clients will be served this fiscal year. These clients will have access to clinic.</p>	<p>2a) As noted above, the new clinic expansion will open October 2011. PIH enhanced support to include bus tokens for those needing connection to other health facilities, and free prescription & over-the-counter medications for WFD clients filled at PIH's community pharmacy.</p>	<p>2a) Expand services to 300 social service clients. Provide prevention and disease management education for clients. Health education will be a part of each client visit.</p>
<p>Core Principle #3 Seamless Continuum of Care</p> <p><i>Links b/t clinical services & community health activities OR engage clinicians in design/implementation</i></p>	<p>First Day staff are able to refer clients to PIH and clinics affiliated with PIH.</p> <p>For clients to successfully transition out of homelessness, good health is a key factor.</p>	<p>3a) Estimated to serve approximately 300 social service clients through expansion of Whittier First Day Clinic site.</p>	<p>3a) Due to funding issues and many new building code requirements, clinic expansion was completed during FY 11-12 (opening Oct 2011).</p>	<p>3a) Estimated to serve approximately 300 social service clients through expansion of clinic. PIH providing free bus tokens to clients to access referrals for health and social services, and specialty care.</p>
<p>Core Principle #4 Community Capacity</p> <p><i>Mobilize/build on existing community assets (reduce duplication & encourage joint action)</i></p>	<p>First Day has a network of community partners and collaborative relationships that provide referrals, services, and resources. The collaboration of PIH & First Day to operate the Health & Wellness Clinic has resulted in a model program demonstrating effective community engagement.</p>	<p>No enhancements needed at this time.</p>	<p>- Initiated partnership with 100,000 Homes and PATH partners to move the most chronically vulnerable off the streets into housing; we are linked regionally and nationally. The Gateway Cities "COG" is also organizing a homeless initiative; the Whittier catchment area is chaired by the City of Whittier, WFD is co-chair. A homeless registry and vulnerability index is planned for FY 11-12.</p> <p>- Partnered with The Whole Child to serve transitional housing families as needed.</p>	<p>4a) Lead a homeless registry and vulnerability index initiative (Nov 2011) in partnership with 100,000 Homes and PATH partners to move the most chronically vulnerable off of the streets in to housing. PIH is supporting this effort.</p>

CORE PRINCIPLE	BASELINE INFORMATION	FY 10-11 ENHANCEMENT STRATEGIES	PROGRESS: FY 10-11 ENHANCEMENT STRATEGIES	FY 11-12 ENHANCEMENT STRATEGIES
<p>Core Principle #5 Collaborative Governance</p> <p><i>Involve partners & participants in management /evaluation</i></p>	<p>First Day has a community-based Board of Directors. First Day board member, Judith Stockman, NP, served as clinic's first volunteer nurse practitioner. Community member, Drew Sones, is a board member of both PIH & First Day. Drew also serves on PIH's Community Benefit Oversight Committee along with First Day Executive Director, Ted Knoll. PIH representatives serve in an advisory capacity to Whittier First Day as needed.</p>	<p>5a) Undertaking strategic planning process with Board of Directors to focus on governance.</p>	<p>5a) Have completed strategic plan to 2014; on our agenda every month at First Day Board meeting.</p>	<p>5a) Moving to a Board composition that is focused on governance. Our strategic plan focuses on: outreach, prevention, succession planning, and financial stability.</p> <p>First Day resident association serves in an advisory capacity to the Board.</p>



Presbyterian Intercommunity Hospital

3rd Annual Meeting of the Community Benefit Oversight Committee (CBOC) Tuesday, November 15, 2011, 9 a.m. - 2:30 p.m.

CBOC Member Name: _____

Community Benefit Initiative: WHITTIER FIRST DAY HEALTH & WELLNESS CLINIC

Evaluation Categories	Comments / Suggestions
Section I: Alignment with Core Principles of Community Benefit (refer to Template for Program Overview & Enhancements)	
Core Principle # 1: Emphasis on Vulnerable Populations & Unmet Community Health Needs	
Core Principle # 2: Emphasis on Primary Prevention	
Core Principle # 3: Building a Seamless Continuum of Care	
Core Principle # 4: Building Community Capacity	
Core Principle # 5: Emphasis on Collaborative Governance	
Overall Accomplishment of Enhancement Strategies:	

Community Benefit Initiative: WHITTIER FIRST DAY HEALTH & WELLNESS CLINIC (continued)

Evaluation Categories	Comments / Suggestions
-----------------------	------------------------

Section II: Program Aims & Objectives / Demonstration of Good Stewardship (refer to Dashboard for Illustration of Outcomes)

Overall Accomplishment of Aims & Objectives:	
Overall Impact:	
Effective Use of Charitable Resources? Evidence-Based Strategies in Place?	

Section III: Comments

Please use this space for any additional thoughts/feedback you may have, including recommendations for enhancement of this initiative. All feedback will be aggregated & shared with program managers.

Appendix G

Community Benefit Messaging Materials (attached)

Attached are examples of the flyers and materials created by PIH to share information related to community benefit activities, as well as to specific programs and initiatives.

These materials are shared with the communities we serve, as well as PIH governing bodies, senior management, hospital departments and staff. Special emphasis is placed upon producing community outreach materials that are attractive, easy to read, and in both English & Spanish.

The following materials are attached:

- PIH Nurse Advice Line Flyer (*English & Spanish versions*);
- Enrollment Coordinator Flyers: “Need Health Coverage?” (*English & Spanish versions*);
- “Better Choices, Better Health” Flyer (*A Chronic Disease Self Management Program*);
- Annual Latinas Community Event Flyer: *“Conferencia, Latinas: Mejor Salud, Mejor Vida;”*
- Community Benefit Fact Sheet (*used for both new employee orientations & community events*);
- PIH / InterHealth Corp Annual Report, FY 2009-2010: *“PIH Recognized for Serving the Health Needs of the Community.”*

**Are you sick?
Does your child
have a fever?**

Call now!

**Community
Advice Nurse**

1.888.780.1875

- **Free & confidential**
- **Available to anyone in the community**
- **24 hour access to a Registered Nurse**

Confidential advice when you need it most...

When you've got sudden health questions that cannot wait, the PIH Community Advice Nurse can help.

Caring, registered nurses are available 24 hours a day, 7 days a week, to talk confidentially about your health concerns and to provide information about:

- **Minor illness & injuries**
- **A variety of symptoms, including fever**
- **How & when to access urgent care or emergency care***

**If you believe you need emergency care, call 911 or go directly to the nearest Emergency Room.*



***¿Está enfermo(a)?
¿Tiene su niño fiebre?***

¡Llame Ahora!

**Enfermera
Consejera de
la Comunidad**

1.888.780.1875

- **Gratis & confidencial**
- **Disponible para cualquier persona en la comunidad**
- **Acceso a una Enfermera Registrada 24 horas al día**

Consejo confidencial cuando más lo necesita...

Cuando tiene preguntas de salud urgentes que no pueden esperar, la Enfermera Consejera de la Comunidad de PIH le puede ayudar.

Contamos con enfermeras registradas atentas, 24 horas al día, 7 días a la semana, para que pueda hablar confidencialmente sus preocupaciones de salud y recibir información sobre:

- **Enfermedades y heridas que no son graves**
- **Una gran variedad de síntomas, incluyendo la fiebre**
- **Cómo y cuándo recibir atención urgente o cuidados de emergencia***

**Si cree que necesita atención de emergencia, llame al 911 o vaya directamente a la sala de emergencias más cercana.*



Need Health Coverage?



Receive low-cost to no-cost health coverage.

PIH Certified Enrollment Coordinators can help you enroll in Medi-Cal and Healthy Families.

Benefits of enrolling:

- ◆ Regular Checkups
- ◆ Immunizations
- ◆ Prescription Medicine
- ◆ Lab and X-ray
- ◆ Dental Care
- ◆ Eye Care (including eyeglasses)
- ◆ Mental Health Care
- ◆ Substance Abuse Intervention Services
- ◆ Physician and Hospital Services

- ◆ Receive medical, dental, and vision coverage for monthly premiums ranging from \$4 to \$12 for each child, with a maximum of \$45 per family.
- ◆ Plans cover children from birth up to age 18.

For assistance in completing an application or for more information, please call

(562) 789-5444



¿Necesita cobertura médica?



Reciba cobertura de salud de bajo costo o gratis.

Los Coordinadores Certificados de Afiliación de PIH pueden ayudarle a inscribirse en: Medi-Cal, Healthy Families, y en Kaiser Permanente Child Health Plan (plan de salud para niños). Beneficios de afiliarse:

- ❖ Chequeos regulares
- ❖ Inmunizaciones
- ❖ Medicamentos recetados
- ❖ Laboratorio y radiología
- ❖ Atención dental
- ❖ Atención de la vista (incluye anteojos)
- ❖ Atención de salud mental
- ❖ Servicios de intervención por consumo de drogas Servicios de médicos y hospitales

- ❖ Reciba cobertura médica, dental y de la vista por primas mensuales que van desde \$4 a \$12 por cada niño, con un máximo de \$45 por familia.
- ❖ Los planes cubren a niños desde el nacimiento hasta los 19 años.

Para solicitar ayuda para completar una solicitud o para pedir más información, llame a

562.789.5444



Presbyterian Intercommunity Hospital

Better Choices, Better Health

A Chronic Disease Self-Management Program

Tuesdays, June 14, 21, 28, July 5, 12 & 19, 2011

From 10:00 am - 12:30 pm

- ❖ **Are you coping with an ongoing health condition?**
- ❖ **Do you feel anxious, depressed or pain as a result?**
- ❖ **Do you need help managing your symptoms?**
- ❖ **Would you like to reduce your visits to the hospital?**

You can take steps toward a better life by participating in these six week workshops. The workshops are 2 ½ hours long, developed by to help you:

- ❑ Find techniques to deal with pain, fatigue, and stress
- ❑ Discover better nutrition and exercise choices
- ❑ Understand appropriate use of medications
- ❑ Learn effective communication with family, friends and health professionals
- ❑ Evaluate new treatments

Whatever your ongoing condition—diabetes, arthritis, high blood pressure, heart disease, chronic pain, anxiety, or anything else—the **Better Choices, Better Health Workshops** can help you take control of your health and your life.

***Material Fee: \$ 20.00 per person * Attending all 6 workshops is ESSENTIAL**

**To register please call The Senior Life Center at
562.698.0811 Ext. 18302**





Presbyterian Intercommunity Hospital
cordialmente le invita a la conferencia:

Latinos: Mejor Salud; Mejor Vida

Un evento comunitario para promover el bienestar de nuestra comunidad

Sábado, 24 de Septiembre, 2011

9:00 AM – 3:00 PM

Presbyterian Intercommunity Hospital
Flo & Frank L. Scott Conference Center
12401 Washington Blvd., Whittier, CA 90602

Un evento previsto debido a la urgente necesidad de elevar el conocimiento de las enfermedades que afectan a los Latinos. Acompáñenos y aprenda como tomar control de su salud a través de talleres educativos sobre, prevención de enfermedades del corazón, la memoria, diabetes, cáncer del seno, matriz, colon y próstata. ¡Eduquese para una vida sana!

¡Desayuno, Almuerzo y Estacionamiento GRATIS!

Habrà vacunas Gratis de la Neumonía para los asistentes.

**Reservación es requerida;
Llame al 562.698.0811 Ext. 12000
Por favor de hacer su reservación antes
del Lunes, 19 de Septiembre, 2011**

***Todo el programa será realizado en Español
Para adultos solamente***



COMMUNITY BENEFIT at PIH

What is Community Benefit?

“Community benefit” is defined as those programs and services of a not-for-profit hospital which seek to improve community health, improve access to healthcare, advance knowledge through research and health professions education, and provide relief of government burden, providing the basis for tax exemption.

As a not-for-profit hospital, PIH takes pride in fulfilling its charitable mission to “contribute to the health and well-being of our communities” - regardless of an individual’s ability to pay. Our delivery of community benefit is a cornerstone of our strategic plan and part of our culture.

All PIH community benefit initiatives are guided by 5 core principles to ensure meaningful & effective programs:

1. Addressing unmet health needs of the community
2. Primary prevention
3. Seamless continuum of care
4. Building community capacity
5. Collaborative governance

Examples of PIH Community Benefit Programs...



Care Force One Mobile Health Clinic

This mobile clinic provides free and low-cost primary healthcare services directly to those in the community who may have difficulties accessing care for a variety of reasons.

Care Force One provides services at sites such as local schools, community-based organizations, and churches, ensuring under-insured children, families, and older adults have trusted alternatives beyond the emergency room.



Whittier First Day Health & Wellness Clinic

PIH’s partnership with Whittier First Day, a six-month emergency transitional shelter for homeless individuals, helped to develop First Day’s on-site health & wellness clinic for shelter residents.

PIH donates medications, medical supplies and, most significantly, a nurse practitioner to staff the clinic. Residents are provided with an intake health assessment and on-going basic and preventive health services and screenings, resulting in improved health status and a reduced need for emergent care.

For More Information:

Vanessa Ivie
Director, Community Benefit Development
vivie@pih.net
562.698.0811 x 14110

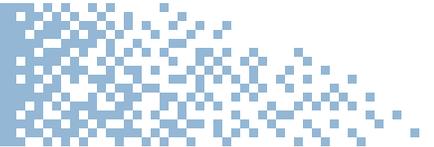
Roberta Gonzales
Community Benefit Specialist
rgonzales1@pih.net
562.698.0811 x 14109



InterHealth Corp.



Annual Report
2009 -10



PIH Recognized for Serving the Health Needs of the Community

VHA Inc., a national healthcare network, has recognized Presbyterian Intercommunity Hospital (PIH) for its efforts to meet the healthcare needs of the community with a 2010 VHA Leadership Award for Community Benefit Excellence.

PIH is one of three not-for-profit hospitals, out of the 1,400 that VHA serves, to receive this prestigious award. The award was presented in May 2010 at the annual VHA Leadership Conference in Orlando, Florida.

"Hospitals across the nation do an excellent job of providing high-quality care for their patients, but there are still community needs that would go unmet were it not for the efforts of many not-for-profit hospitals across the nation," said James R. West, president and chief executive officer. "This is where community-owned, not-for-profit hospitals like ours can make a difference, and we have."

Community benefit is the provision of programs and services designed to improve overall community health, such as free and low-cost basic healthcare, immunizations, health education and screenings, as well as charity care for those who qualify. As a not-for-profit hospital, PIH's delivery of community benefit, which effectively meets identified community needs, demonstrates fulfillment of its charitable mission and tax-exempt purpose.

This 2010 VHA award recognizes PIH for its comprehensive community benefit plan. Oversight for this plan is provided by PIH's Community Benefit Oversight Committee, which is comprised of community leaders and hospital administrators. In addition, the award gives special recognition to the partnership between PIH & Whittier First Day to provide on-site preventive healthcare at this local homeless shelter. Since the opening of the First Day Health Clinic, which is staffed by a nurse practitioner from PIH. First Day residents have had access to care when they needed it most and, as a result, there has been a significant reduction in emergency room visits,



Vanessa Ivie, PIH community benefit development director, left, and Roberta Gonzales, PIH community benefit specialist, accept the VHA award from Curt Nonomaque, chief executive officer of VHA, Inc.



Veronica Kang, PIH nurse practitioner and resident Gilbert Valez at Whittier First Day.

increasing available emergency beds for those confronting true emergencies.

"Providing for the unique health needs of their communities is the hallmark of not-for-profit hospitals, said Michael Regier, senior vice president at VHA. "The VHA Leadership Award for Community Benefit recognizes organizations for their focus and commitment to provide quality care that benefits their communities."

By recognizing PIH for its positive impact on the community, VHA hopes other not-for-profit hospitals and health systems will apply these leading practices to increase their community impact and improve and expand upon their existing community benefit programs.

