

# 2012

## COMMUNITY BENEFIT PLAN AND REPORT



### OUR PROMISE TO THE COMMUNITY

Making a positive measurable difference in the health of individuals  
in the communities we serve — fulfilling the Scripps mission.





## Letter from the CEO

The Scripps story began with a strong commitment to the San Diego community — a commitment that continues today.

Our founders, Ellen Browning Scripps and Mother Mary Michael Cummings were both women ahead of their time. Their commitment to provide for the health care needs of a growing community resulted in the Scripps Health of today.

Miss Ellen, as she was known, preferred the term “investment” over “donation,” and her contributions were carefully considered as much for their future promise as for their immediate impact. Decades earlier, Mother Mary Michael’s patient logs illustrated her fundamental mission to make quality health care available to all who needed it.

Today, more than 16,000 employees, physicians, and volunteers continue to build on our rich history and keep the spirit of community service alive. The pages that follow provide a comprehensive account of how we achieve that: our community benefit programs and services, and our plans for continued action in the future.

In 2011, Scripps community benefit contributions totaled \$320,673,826. This includes \$268,896,938 in uncompensated care, \$34,504,162 in professional education and health research, \$871,113 in community building activities and \$16,401,613 in community health services.

In 2012, we will continue to experience many challenges imposed by the economy and health care reform, including increasing demand and declining reimbursement. Scripps is ready to meet those challenges and will continue our legacy of making a vital and measurable difference in our community.

As a private, nonprofit health care system, Scripps will continue to fulfill the mission adopted more than 85 years ago.

A handwritten signature in black ink, reading "Chris Van Gorder". The signature is fluid and cursive, with the first name "Chris" being the most prominent.

Chris Van Gorder, FACHE  
President and CEO

# Mission, Vision and Values

## Our Mission

Scripps strives to provide superior health services in a caring environment and to make a positive, measurable difference in the health of individuals in the communities we serve.

We devote our resources to delivering quality, safe, cost-effective, socially responsible health care services. We advance clinical research, community health education, education of physicians and health care professionals and sponsor graduate medical education. We collaborate with others to deliver the continuum of care that improves the health of our community.

## Our Values

**We provide the highest quality of service.** Scripps is committed to putting the patient first, and quality is our passion. In the new world of health care, we want to anticipate the cause of illness and encourage healthy behavior for all that rely on us for service. We teach and encourage patients to participate in their care and to make well-informed decisions. We will be their advocates when they are most vulnerable. We measure our success by our patients' satisfaction, their return to health and well-being, and our compassionate care for dying patients, their families and friends.

**We demonstrate complete respect for the rights of every individual.** Scripps honors the dignity of all persons. We show this by our actions toward one another and those we serve. We embrace the diversity that allows us to draw on the talents of one another. We respect and honor the cultural, ethnic and religious beliefs and practices of our patients in a manner consistent with the highest standard of care. All this is done in a compassionate setting. Our goal is to create a healing environment in partnership with all caregivers committed to serving our patients.

**We care for our patients every day in a responsible and efficient manner.** Scripps serves as a major community health care resource for San Diego County and, as such, we are accountable for the human, financial and ecological resources entrusted to our care as we promote healing and wholeness. We begin from a base of excellence and collaborate with co-workers, physicians, patients, and other providers to find new and creative ways to improve the delivery of health care services. All members of our community will have access to timely, affordable and appropriate care.

## Our Vision

Scripps strives to be the health care leader in San Diego and nationally be becoming:

The provider of choice for patients

The employer of choice for the community

The practice environment of choice for physicians, nurses and all health care professionals.

## About Scripps

Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a \$2.3 billion nonprofit integrated health system based in San Diego, California. Scripps treats a half-million patients annually through the dedication of 2,600 affiliated physicians and 13,000 employees among its five acute-care hospital campuses, home health care services and an ambulatory care network of physician offices and 23 outpatient centers and clinics.

Recognized as a leader in the prevention, diagnosis and treatment of disease, Scripps is also at the forefront of clinical research, genomic medicine, wireless health and graduate medical education. With three highly respected graduate medical education programs, Scripps is a longstanding member of the Association of American Medical Colleges. More information can be found at [www.scripps.org](http://www.scripps.org).

### Scripps Facilities

Scripps Green Hospital

Scripps Memorial Hospital Encinitas

Scripps Memorial Hospital La Jolla

Scripps Mercy Hospital

San Diego Campus

Chula Vista Campus

Scripps Clinic (11 locations)

Scripps Coastal Medical Center (12 locations)

Scripps Home Health Care

Scripps Whittier Diabetes Institute

Scripps Clinical Research Services

### Governance

As a not-for-profit health care system, Scripps takes pride in its service to the community. The Scripps system is governed by a 14-member, volunteer Board of Trustees. This single point of authority for organizational policy ensures a unified approach to serving patients across the region. The organizational structure of Scripps Health is included in Appendix C.

### Organizational Foundation

Scripps provides a comprehensive range of inpatient and ambulatory services through our system of hospitals and clinics. In addition, Scripps participates in dozens of partnerships with government and not-for-profit agencies across our region to improve our community's health. And our partnerships don't stop at our local borders. Our participation at the state, national and international levels includes work with government and private disaster preparedness and relief agencies, the State Commission on Emergency Medical Services, national health advocacy organizations and even international partnerships for physician education and training and direct patient care. In all that we do, we are committed to quality patient outcomes, service excellence, operating efficiency, caring for those who need us today and planning for those who may need us in the future.

# SCRIPPS HEALTH

## 2012 Board of Trustees

### Chairman

**Maureen Stapleton**

General Manager  
San Diego County Water Authority

### Vice Chair

**Judy Churchill, Ph.D.**

Clinical Psychologist, Retired

---

**Mary Jo Anderson, CHS**

Healthcare Executive, Retired

**Richard C. Bigelow**

Chief Operating Officer  
Luce Forward Hamilton & Scripps LLP

**Douglas A. Bingham, Esq.**

Executive Vice President, COO  
The Scripps Research Institute

**Jeff Bowman**

Fire Chief, Retired

**Jan Caldwell**

Public Affairs Officer  
San Diego County Sheriffs Department

**Gordon R. Clark**

Board Chairman  
Access Information Management

**Virginia Gillis, RSM, ED.D\***

Healthcare Executive, Retired

**Katherine A. Lauer**

Partner, Latham & Watkins LLP

**Martin J. Levin**

Broadcast Journalist, Retired

**Robert Tjosvold**

Market President  
Bank of America, Retired

**Chris D. Van Gorder**

President and CEO, Scripps Health

**Abby Weiss**

Mediator/Arbitrator  
Dispute Resolutions Partner  
Baker & McKenzie LLP, Retired

---

\* Deceased, March 2012

# 2 0 1 2

COMMUNITY BENEFIT  
OUR PROMISE TO THE COMMUNITY

SCRIPPS HEALTH PROVIDED

# \$321 MILLION

IN COMMUNITY BENEFIT SERVICES IN FISCAL YEAR 2011



## SCRIPPS: MAKING A DIFFERENCE

Serving others has always been at the heart of the Scripps mission — and that tradition of caring for our community continues today.

Every year, we work diligently with other organizations to reassess community needs. Collaborating with other health systems, community groups, government agencies, businesses and grassroots organizations, Scripps determines priorities for our investments in community benefits.

In 2011, we met the challenge of reduced government reimbursements and fewer insured patients by reorganizing management and launching the transformation of the delivery of our care. From significantly reduced waiting times in our busy emergency rooms to educating the future generation of health care leaders and providers, Scripps is on the frontlines of community care.

## Caring for Our Community

Scripps community benefit effort is multifaceted to meet the diverse needs of those we serve, from seniors and uninsured/underinsured to the house-bound. Although numbers never capture the complete picture, Scripps reports community benefit activities as a way to be accountable to patients and the greater San Diego community.

### Serving San Diego

A program or service counts as a community benefit, if it addresses an identified community need and meets one of the following criteria:

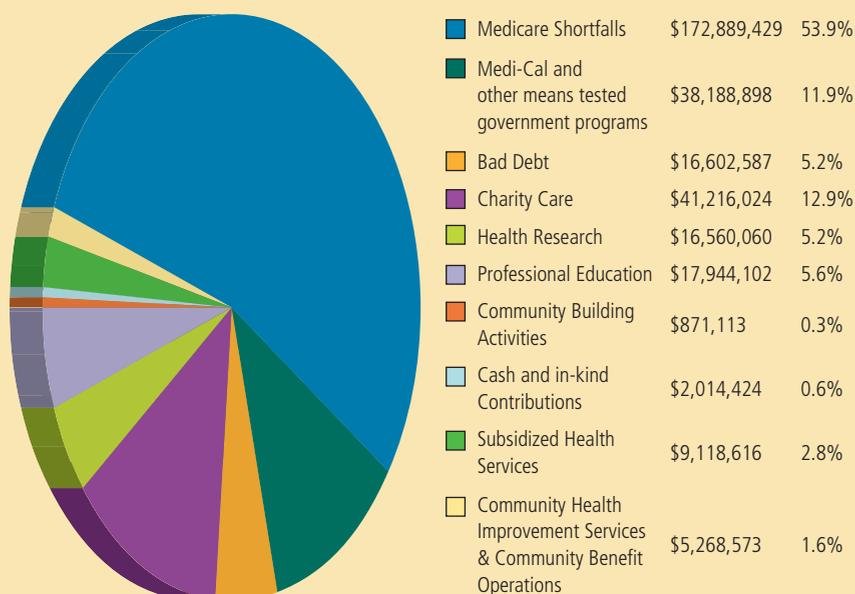
- Responds to a public health need
- Involves education or research that improves overall community health,
- Answers needs of special populations
- Supplies services or programs in danger of being discontinued due to financial loss

In fiscal year 2011, Scripps devoted more than \$320 million to community benefit programs and services, including \$41.2 million in charity care. Our community benefit programs provide many free and low-cost services, including care to the homeless, free health screenings, parenting classes and community outreach events. Our mobile medical unit reaches neighborhoods throughout San Diego County, offering screenings and education to more than 175,000 in fiscal year 2011. Scripps also takes pride in providing medical and professional education, and conducting leading-edge clinical research.

## Assessing and Meeting Community Needs

Scripps collaborates with other health systems, community groups, government agencies, businesses and grassroots organizations to determine priorities for our investments in the community. For more information, visit [Charting the Course VI 2010: A San Diego County Health Needs Assessment at sdchip.org](http://Charting the Course VI 2010: A San Diego County Health Needs Assessment at sdchip.org).

### Total Community Benefits in FY11: \$320,673,826\*



Colors coordinate clockwise from medicare shortfalls.

14.4% of our total operating expenses in 2011 were devoted to community benefit services at cost.

\*Hospital Provider Fee was reported as offsetting revenue from Medi-Cal.

### FY11 Scripps Facts

- Scripps treats half million patients annually through the dedication of 2,600 affiliated physicians and 13,000 employees.
- Five acute-care hospital campuses, home health network, 23 outpatient centers and a mobile medical unit.
- Three highly respected graduate education programs and two pharmacy residency programs.
- Operating revenue: \$2.451 billion
- Operating expenses: \$2.233 billion
- Total Inpatient Discharges: 72,402
- Total Outpatient Visits: 2,092,355
- Emergency Visits: 142,447



The medical staff at Mercy Clinic provides compassionate and high-quality care to thousands of low-income patients.

## Helping the Underserved

Mercy Clinic has tirelessly served the community of San Diego for 80 years. In fiscal year 2011 alone, the primary clinic treated more than 12,000 underinsured patients — most of them disabled from work. This translates to more than 1,000 patients per month.

Established to care for the poor, Mercy Clinic has become a critical source of medical care for San Diego's "working and disabled poor." Each year, 90 percent of the primary care clinic's patient visits are paid through federal government programs, including Medicare and Medi-Cal. The remaining 10 percent pay what, or if, they can. Without Mercy Clinic, thousands of these low-income adults would not receive medical care.

"At Mercy Clinic, we care for an incredibly vulnerable and fragile population," says Renee Smilde, MD, director of Mercy Clinic. "Many patients are disabled and have multiple medical issues. In our changing health care environment, we not only need to address medical problems, we also often have to help the patient navigate the health care system."

Patients at the clinic also receive care from residents of the Scripps Graduate Medical Education Program, one of the most sought-after residency programs in the nation. In addition to routine care, Mercy Clinic offers a wide variety of subspecialty services, including

orthopedics, podiatry, nephrology, endocrinology and diabetes care, cardiology and nutritional counseling.

Residents say they receive invaluable training both in how to care for populations with complex issues and in the changing health care landscape.

*"I appreciate being able to care for low-income patients who otherwise would not have access to specialized care," says resident Frank Passero, MD. "We learn how to manage patients with very complex issues, many of whom are in dire straits socially and psychologically."*

## Catholic Charities

### Reaching out to the Homeless

*Imagine being sick with nowhere to go once you are discharged from the hospital — no warm home where you can recover, no way to get to your follow-up care and no nourishing food.*

Scripps and Catholic Charities have teamed up to help. The partnership supports San Diego's most vulnerable residents — the homeless.

For three years, Scripps Mercy Hospital, both the San Diego and Chula Vista campuses, has established a successful track record working with medically discharged patients who require recuperative time and follow-up services, but lack medical support after leaving the hospital. In 2011, Scripps awarded \$55,000 in grant funds to Catholic Charities Case Management Services: Shelter Support for Medically Fragile Program. A total of 109 patients were served. Thirty-nine percent of them eventually entered supportive programs, and 45 percent were placed in permanent housing instead of returning to the streets.

The program sets up patients with services, including transportation to medical appointments, funds for food and medical services, and help finding long-term housing and employment.

In addition to improving the quality of life for the homeless, the collaboration lowers the rate of return by homeless patients to the emergency room, reducing expenses and saving taxpayer dollars.



Scripps helped San Diego collect more than 4,000 pounds of prescription drugs during Prescription Take-Back Day.

## Working Together to Take Back Prescription Drugs

In April 2011, Scripps Health hosted five drop-off locations across San Diego County during the second National Prescription Take-Back Day. In an effort to reduce harm and deaths caused by misuse of expired or unneeded prescription drugs, Scripps personnel accepted unused prescription drugs from people who wanted to dispose of their medications safely and anonymously.

The take-back effort, in cooperation with local community partners including the Drug Enforcement Administration (DEA), San Diego County District Attorney's Office, San Diego County Sheriff's Office and County of San Diego Health and Human Services Agency, called attention to prescription drug abuse in our community.

In addition to preventing prescription drug abuse, proper disposal of prescription and over-the-counter medications keeps others safe. Expired medication can cause harm to adults, children and pets if accidentally ingested.

During the 2011 Prescription Take Back Day, DEA San Diego and its partners collected 4,887 pounds of prescription drugs from San Diego and Imperial Counties combined. Nationally, citizens turned in more than 242,000 pounds — 121 tons — of prescription drugs.



Camp Pendleton Marines attended a reception hosted by Scripps. The Marines taught executives at Scripps how to eat the rations the unit survives on while serving in Afghanistan.

### **Eat Like a Marine**

Scripps found an unusual way to say thanks to donors who raised funds to honor local Marines. In partnership with MedAssets, Scripps hosted an “Eat Like a Marine” reception for those who helped raise more than \$157,000 for Camp Pendleton Marines from the 3rd Battalion, 5th Marine Regiment — or the Dark Horse Battalion.

Serving seven months in Afghanistan, the Dark Horse Battalion sustained more losses than any other serving in the country during the last 10 years. The funds allowed the Marines of the Dark Horse Battalion and their families to travel to Las Vegas to attend a homecoming ball. The 2011 reception was held to salute those who joined the fundraising effort.

The battalion drill instructors taught Scripps executives, including Scripps CEO and President Chris Van Gorder, how to open and eat rations.

Guests were also “treated” to a taste of military rations — Meals Ready to Eat (MRE). At each station, a young Marine handed a sample to executives, guests and Scripps staff, ranging from vegetarian to lasagna and pork ribs. Some eating with more enthusiasm than others, chuckles were heard all around — along with sincere expressions of gratitude for the men’s service to their country.

### **Saving Teen Lives**

Scripps is raising awareness of sudden cardiac arrest in young people through sponsorship of the Eric Paredes Save a Life Foundation. Volunteers from Scripps, including physicians and nurses, screen students throughout San Diego County.

Rhina Paredes, a registered nurse at Scripps, and her husband, Hector, created the foundation when their athletic 15-year-old son, Eric, passed away from sudden cardiac arrest in 2009. Turning their tragedy into an opportunity, the Paredes established the organization to prevent sudden cardiac arrest in school-age children and adolescents. One of its priorities is providing free cardiac screenings to San Diego student-athletes and making automated external defibrillators available in schools.

Since its first screening in 2010, the foundation has provided schools with 20 electrocardiogram machines, three echocardiograms and two automatic external defibrillators. More than 3,200 San Diego high school students have been screened, and more than 60 students were identified with heart anomalies — 31 who were at risk of sudden cardiac arrest and three who required heart procedures.

In 2012, the foundation expects to provide up to 4,000 screenings to high school students and grant matching funds to schools for purchase of automatic external defibrillators.

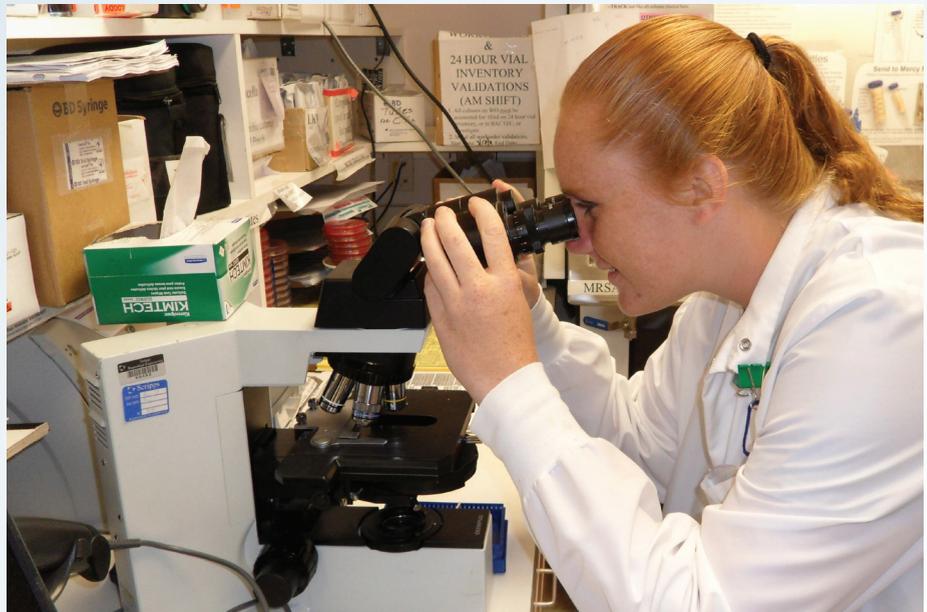




## Personalizing Health Care for Students

Scripps helps students at local high schools and universities get an up close and personal view of health care. The Shiley Center for Orthopaedic Research and Education (SCORE) provides students interested in a health care career a chance to learn more about their chosen field — both clinical and research aspects. Participants are able to observe an orthopedic surgery firsthand, tour a lab, and meet and talk with a surgeon and a health care research team.

Students learn about aging and the musculoskeletal system, including how research leads to new therapies and treatments. In addition, the health care team discusses how leading-edge surgery can help conditions and diseases of the musculoskeletal system, such as arthritis.



Lauren Prosser participated in the five-week High School Exploration Program at Scripps Memorial Hospital Encinitas.

## Teens Explore Health Care Professions

While their peers enjoyed lazy days at the beach or punched the clock flipping burgers, thirty-three enterprising high school students donned scrubs to learn about health care at Scripps. The teens worked at Scripps for five weeks as participants in the High School Exploration Program — rotating through dozens of areas, including the emergency department, operating room, birth pavilion, engineering, case management and integrative medicine. The students also had an opportunity to have lunch with leaders at Scripps, including Scripps President and CEO Chris Van Gorder and Chief Medical Officer Brent Eastman, MD.



Launched by Scripps in 2008, the program gives students hands-on experience in the health care field. Students explore health care career options and learn about health and healing. In 2011, Scripps received 120 applications, interviewed 40 students and accepted 33. To date,

more than 90 students have participated in the program, which began with 12 students.

The High School Exploration Program is a partnership between Regional Allied Health and Science Initiative, which works with local schools to expand health care education curriculum.



All four emergency departments at Scripps have implemented a new emergency care admitting process.

### Transforming Emergency Services

Scripps provides hospital services to one-quarter of the county's uninsured patient population, many of whom are treated through the emergency departments. San Diego residents without health insurance often wait until their health is at a critical stage and then head to the emergency room for treatment.

As a leader in emergency care, Scripps has seen a steady increase in emergency room patient volume through the years. Scripps Mercy Hospital, San Diego, is one of the busiest emergency departments in San Diego County, with some 60,000 patients treated in the emergency department in 2011 — an average of 164 patients a day.

To better care for these patients, Scripps revolutionized the emergency care admittance process in 2011 to virtually eliminate wait times and ensure that patients receive the care they need. Patients now are seen by a physician in an average of 30 minutes or less of arriving at the emergency room of the hospital. All four Scripps emergency departments and have implemented the new admitting process.

### Support of Others Helps Heal Brain Injury Survivors

The laughter of others supports survivors of traumatic brain injury on their road to recovery at Scripps Memorial Hospital Encinitas. Brain injury survivors, their caregivers and their loved ones can take advantage of the free community support group, which provides resources and helps survivors learn self-care strategies and develop coping strategies. According to facilitator Andrea Schwarb, one of the most effective coping strategies is laughter, which relieves tension. In 2011, participants were introduced to Laughter Yoga, an exercise routine that combines laughter with yogic breathing.

“The group got a little silly and bonded more closely,” said Andrea, community programs coordinator of the brain injury day treatment program. “The laughter yoga released the sense of seriousness that can accompany the effects of a brain injury, for both survivors and loved ones. Participants left with some concrete ideas of how to bring more levity to their lives.”

Andrea adds that the group was so successful last year that in 2012 it is expanding to meeting twice a month.

“The patients gain so much from the group,” says Andrea. “Coming together, they learn from one another and realize that they are not alone. I am privileged to know them.”

A peer mentor program was also implemented in 2011. Through the program, brain injury survivors who have graduated from the rehabilitation program in Scripps Encinitas pair up with newly injured patients, who appreciate the reminder that they are not alone. In addition, the mentors often attend the community support group, sharing their perspective of the rehabilitation process.

## Physician Training Rooted in the Community

Scripps has been training future physicians longer than any other institution in San Diego — a legacy that continues today with three nationally respected graduate medical education programs.

The Graduate Medical Education Program (GME) at Scripps Mercy Hospital has set a gold standard for innovation and leadership, while the Internal Medicine Residency Program at Scripps Clinic and Scripps Green Hospital engages physicians in basic science and clinical research as an integral part of their education.

The Family Residency Program at Scripps Mercy Hospital, Chula Vista, celebrated its 10th graduating class in 2011. The most recent GME program is focused on training physicians who come from and remain in the local community.

Of 60 program graduates, 70 percent have stayed in the San Diego region. Graduates provide much-needed primary care for diverse patient populations in the South Bay, serving patients in community clinics based in San Ysidro, Imperial Beach and National City.



*"I grew up 10 minutes away from Scripps Mercy Hospital, Chula Vista," says resident Esther De la Rosa-Dalugdugan, MD. "When I found an outstanding family medicine program right in my own hometown, I know I had to come back. I'll be staying in the South Bay and practicing locally."*

---

## FULFILLING THE PROMISE

Our founders Ellen Browning Scripps and Mother Mary Michael Cummings shared a vision — to improve the health and well-being of our San Diego community. More than 120 years later, Scripps remains dedicated to providing health care to all — regardless of their ability to pay.

Just as our founders promised, Scripps has taken on the responsibility of helping to care for our community — reaching out especially to those who are without resources or support. From opening a new state-of-the-art emergency department to supporting brain injury survivors and the Marines, Scripps is dedicated to fulfilling the promise of our founders.

## 2012 COMMUNITY BENEFIT REPORT

### Table of Contents

<b>Section 1</b>	System Summary: Fulfilling the Scripps Mission .....	1
<b>Section 2</b>	Assessing Community Needs.....	7
<b>Section 3</b>	Uncompensated Care.....	19
<b>Section 4</b>	Community Health Services.....	29
<b>Section 5</b>	Professional Education and Health Research .....	67
<b>Section 6</b>	Scripps Memorial Hospital La Jolla .....	75
<b>Section 7</b>	Scripps Memorial Hospital Encinitas.....	88
<b>Section 8</b>	Scripps Mercy Hospital and Mercy Clinic.....	95
<b>Section 9</b>	Scripps Green Hospital .....	124
<b>Section 10</b>	Scripps Whittier Diabetes Institute .....	132
<b>Section 11</b>	Scripps Medical Foundation.....	139
<b>Section 12</b>	Scripps Systemwide.....	145
<b>Section 13</b>	Appendices.....	163



# Fulfilling the Scripps Mission

---

This report was developed in response to Senate Bill 697. Passed in 1994, the bill requires California's community, not-for-profit hospitals to annually describe and document the full range of community benefits they provide. Scripps has taken this legislative requirement a step further.

This report incorporates not only documentation of community benefits, but also a more detailed explanation of the specific community benefit activities provided on our five acute-care hospital campuses, through home health care, our wellness centers and clinics.

The report details programs and services that provide benefit to the community above and beyond standard practices of care. It is categorized into three primary areas:

- Uncompensated Health Care.
- Community Health Services.
- Professional Education and Health Research.

The report covers the period of Oct. 2010 through Sept. 2011 (fiscal year 2011). During this fiscal year, Scripps devoted \$320,673,826 to community benefit programs and services in the three above areas (see figures 1:1 and 1:2). Our programs emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

Definitions of terms used in this report can be found within Appendix A.

The documentation and activities described in this report are commitments we make in order to improve the health of our patients and our San Diego communities. As a long-standing member of these communities, and as a not-for-profit community resource, our goal and responsibility are to provide help and assistance for all who come to us for care, and to reach out especially to those who find themselves vulnerable and without support. This responsibility is an intrinsic part of our mission. Through our continued actions and community partnerships, we strive to raise the quality of life in the community as a whole.

**Scripps devoted  
\$320,673,826  
to community  
benefit programs  
and services  
during fiscal  
year 2011.**

Community benefit is defined as programs or activities that provide treatment or promote health and healing in response to an identified community need.

Community benefit programs must meet at least one of the following criteria:

- Respond to a public health need.
- Involve education or research that improves overall community health.
- Respond to needs of special populations.
- Supply services or programs that would likely be discontinued if the decision was made on a purely financial basis because they operate at a financial loss.

### **Schedule H (Form 990)**

Hospitals with tax-exempt status are now required to provide information specific to their organization on the new Schedule H of the recently redesigned Form 990 (the annual information return filed by tax-exempt organizations). The entire Schedule H was mandatory beginning with tax year 2009.<sup>1</sup>

Schedule H contains six parts. Part I requests details about a hospital's charity care program and quantifies charity care expenditures. Part II quantifies the hospital's community building activities. Part III quantifies the cost due to Medicare shortfalls and bad debts owed to the organization. Part IV requires disclosure of any joint ventures in which a hospital participates. Part V requests information about the entity's health care facilities. Part VI provides an area in which to discuss, in a narrative fashion, other charitable activities that may be difficult to quantify. (See Appendix A for a definition of terms).

Scripps has aligned the 2012 Community Benefit Plan and Report to the new Schedule H categories. According to the IRS, Community building activities, bad debt and Medicare shortfalls are reported, but not included in the community benefit totals. (See page 22 for a breakdown of Scripps System Uncompensated Care Summary for fiscal year 2011.)

### **Provider Fee**

In January 2010, the state of California enacted legislation that provided for supplemental Medi-Cal payments to certain hospitals funded by a quality assurance fee paid by participating hospitals and matching federal funds ("the 2010 Hospital Fee Program"). The legislation covered the period of April 1, 2009 through December 31, 2010. The Centers for Medicare & Medicaid Services (CMS) approved the 2010 Hospital Fee Program in its entirety in December 2010, and, therefore, all activity of the program was recognized during the year ended September 30, 2011, resulting in net additional income of \$24,221,597. The revenue received was reported as offsetting revenue from Medi-Cal.

The California Hospital Association created a private program, the California Health Foundation and Trust (CHFT), established for several purposes, including aggregating and distributing financial resources to support charitable activities at various hospitals and

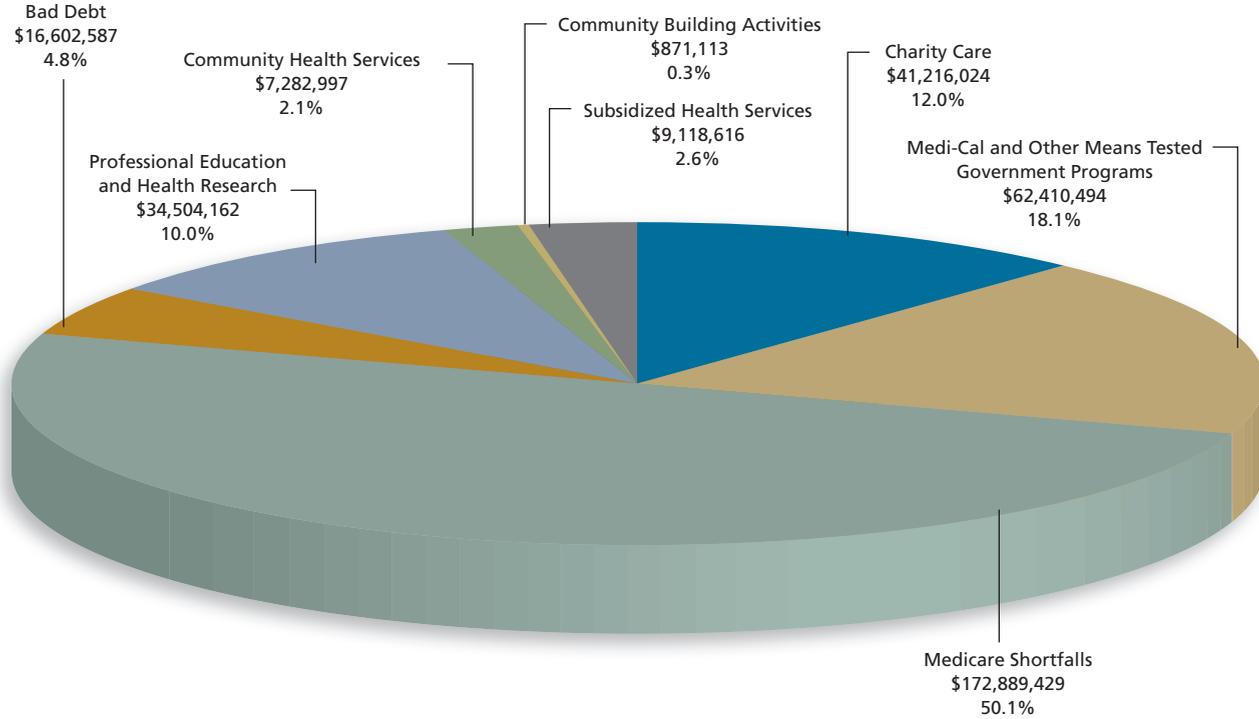
---

<sup>1</sup> Congressional Research Services, Nov. 19, 2009, [www.crsdocuments.com](http://www.crsdocuments.com)

health systems in California (together with the supplemental payments and the quality assurance fee discussed above, the 2010 Provider Fee Program). During the year ending September 30, 2011, the organization made charitable contributions of \$1,602,000 related to the 2010 Provider Fee Program to CHFT, which were recorded as provider fee fees in the consolidated statements of operations.

# FIGURE 1:1

## Fiscal Year 2011 Scripps Total Community Benefit Services Distribution, \$344,895,423 (before provider fee)



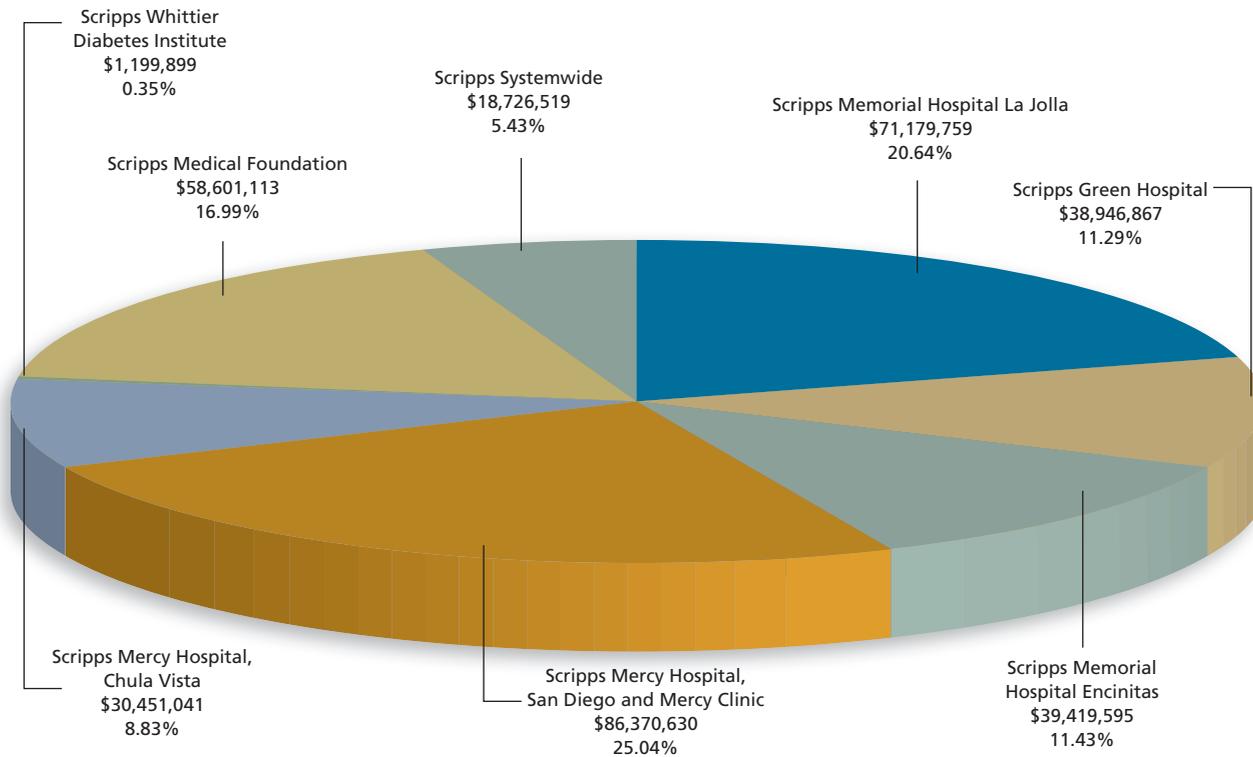
Provider fee Impact	Bad Debt	Charity Care	MediCal & Other Means Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider fee	\$16,602,587	\$41,216,024	\$62,410,494	\$172,889,429	\$7,282,997	\$34,504,162	\$871,113	\$9,118,616	\$344,895,423
Provider fee			-\$24,221,597						-\$24,221,597
<b>Net Community Benefit Services After Provider fee</b>	\$16,602,587	\$41,216,024	\$38,188,898	\$172,889,429	\$7,282,997	\$34,504,162	\$871,113	\$9,118,616	<b>\$320,673,826</b>

### Community Benefit Services

Community benefit services include those programs and services offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps categorizes community benefit services in three categories, including uncompensated health care, community health services, and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and other means-tested government programs and Medicare shortfalls.

## FIGURE 1:2

### Fiscal Year 2011 Scripps Total Community Benefit Services by Operating Unit, \$344,895,423 (before provider fee)



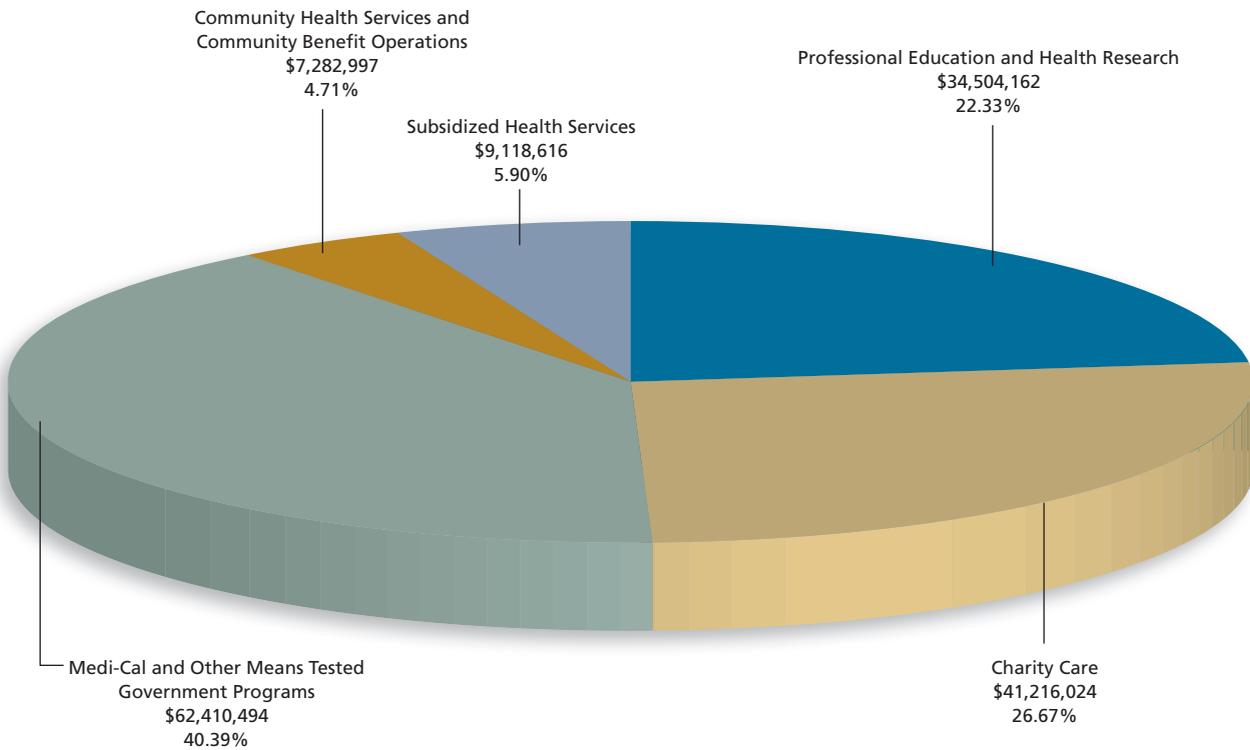
Provider fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider fee	\$71,179,759	\$38,946,867	\$39,419,595	\$86,370,630	\$30,451,041	\$1,199,899	\$58,601,113	\$18,726,519	\$344,895,423
Provider fee	\$12,243,151	\$5,431,368	\$4,659,614	-\$31,301,271	-\$15,254,458				-\$24,221,597
<b>Net Community Benefit Services After Provider fee</b>	<b>\$83,422,910</b>	<b>\$44,378,234</b>	<b>\$44,079,209</b>	<b>\$55,069,359</b>	<b>\$15,196,583</b>	<b>\$1,199,899</b>	<b>\$58,601,113</b>	<b>\$18,726,519</b>	<b>\$320,673,826</b>

### Community Benefit Services

Community benefit services include those programs and services offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps categorizes community benefit services in three categories, including uncompensated health care, community health services, and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and other means-tested government programs and Medicare shortfalls.

## FIGURE 1:3

Fiscal Year 2011 Scripps Schedule H Community Benefit Services by Category, \$154,532,294 (before provider fee)



Provider fee Impact	Charity Care	MediCal & Other Means Tested	Community Health Svcs	Prof Ed and Health Research	Subsidized Health Svc	Total
Community Benefit Services Before Provider fee	\$41,216,024	\$62,410,494	\$7,282,997	\$34,504,162	\$9,118,616	\$154,532,294
Provider fee		-\$24,221,597				-\$24,221,597
Net Community Benefit Services After Provider fee	\$41,216,024	\$38,188,898	\$7,282,997	\$34,504,162	\$9,118,616	\$130,310,697

### Community Benefit Services (Schedule H)

Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990, but are still reportable outside the community benefit table.

## Assessing Community Needs

---

California Senate Bill 697 requires the updating of a community health needs assessment at least every three years. Identifying San Diego County's health priorities is a complex process outlined in the following pages.

Scripps strives to improve community health through collaboration. Working with other health systems, community groups, government agencies, businesses and grassroots movements, we are better able to build upon existing assets to achieve broad community health goals.

The report is the sixth edition of the triennial needs assessment. The project was initially undertaken by the Hospital Council of San Diego and Imperial Counties in 1995 to assist private, not-for-profit hospitals to comply with state community benefit legislation Senate Bill 697 (SB697), which required them to conduct a periodic assessment of the health needs of those living in their service area in order to better respond to the community's health needs.

The group that formed to meet the needs assessment requirement was initially known as the San Diego County SB697 Coalition and was composed of representatives from more than 25 health care-related organizations. The goal of the Coalition was to collaborate and produce one needs assessment in order to maximize resources and develop a more comprehensive report for the County of San Diego. During the five subsequent needs assessments, The Coalition, renamed Community Health Improvement Partners (CHIP) shortly after the completion of the first assessment, formalized its role to provide oversight and direction to the periodic needs assessment process.

## **Community Health Improvement Partners**

Scripps is an official partner and an active participant in Community Health Improvement Partners (CHIP). Through CHIP, more than 25 community health-related organizations come together to jointly address the county's health needs. Scripps works with CHIP and other health care systems and partners to develop a comprehensive county health needs assessment that is updated every three years and includes county, state and national health statistic comparisons. The collaborative assessment process is one of the most respected in California.

## **Charting the Course VI: Health Needs Assessment for San Diego County**

Charting the Course VI is intended to help fulfill legislative requirements of SB 697 and to provide a resource for individuals, agencies and institutions to identify community health needs and concerns. Readers are encouraged to explore Charting the Course VI to learn more about the critical health issues impacting San Diego County residents. This document presents a wealth of information relating the health issues to race/ethnicity, gender, age category and geographic region. The report also monitors changes and trends in health status among San Diego County residents. This information provides the basis upon which community health programs and interventions can be targeted, developed and evaluated, with the ultimate goal of improving the health of the community and its members. To gain a full understanding of Scripps' health assessment and analysis of community need in San Diego, we recommend reviewing the CHIP 2010 Charting the Course VI, A San Diego County Health Needs Assessment at <http://www.SDCHIP.org>.

## **Priority Setting Process for 2010**

One of the major features of each needs assessment is the review of health issues felt to be impacting the San Diego region. These health issues are examined from a local (San Diego County), state and national perspective. The starting point for this process was a review of the 38 Healthy People 2020 focus areas. Because of the large number and the diversity of health issues, the needs assessment committee selected 17 of these health issues for additional study and possible inclusion in this year's needs assessment. These issues were selected based on an extensive review of the issues and a ranking of their perceived importance by the needs assessment committee. The goal of the priority-setting process for Charting the Course VI was to provide an organized, objective method of reviewing and prioritizing the health issues facing San Diego County. These issues were divided into three categories:

- **Overarching Issues (Four Issues)** — considered overarching because they potentially impact all of the other issues in this report. These included:
  - Access to health services.
  - Health communications and health information technology.
  - Public health infrastructure.
  - Social determinants of health.
- **Health-Related Behaviors (Six Issues)** — behaviors that are important components in long-term health, such as:
  - Immunization.
  - Smoking cessation.
  - Improving nutrition.
  - Increasing physical activity.
  - Achieving a healthy weight status.
  - Oral health.
  - Violence and injury prevention.
- **Health Outcomes (Seven Issues)** — looks at the change in the health status of the population and various demographic groups over time related to:
  - Cancer.
  - Diabetes.
  - Heart disease and stroke.
  - Infectious diseases.
  - Maternal, infant and child health.
  - Mental health.
  - Respiratory diseases.

To help narrow the number of health issues, 379 community leaders from throughout San Diego County were invited to prioritize each issue based on the following four criteria:

1. What is the size of the health issue in San Diego County?
2. What is the seriousness of the health issue in San Diego County?
3. What community resources are currently available to address the health issue?
4. How much data or information do we have to evaluate the health issue's outcomes?

Participants in this priority-setting process were asked to review the information for each health issue covered in a briefing document, provide their ratings from their perspective and weigh each issue using the information provided along with their knowledge of the health issue.<sup>1</sup> Overall, 72 community leaders participated in the priority setting process.

Based on input from this priority-setting process, the needs assessment committee selected five health issues for the focus of Charting the Course IV.

- Access to health services
- Social determinants of health
- Weight status and physical activity
- Injury and violence
- Mental health

Charting the Course IV contains an in-depth review of these five health issues above, along with the priority-setting process used to select these issues and the background information related to seventeen additional issues reviewed as part of the priority-setting process. In addition, information is presented related to the community forums held in each of the six regions of San Diego County to gain insights into the health issues of weight status, mental health, and injury and violence, and to begin the process of identifying some of the root causes related to these issues.

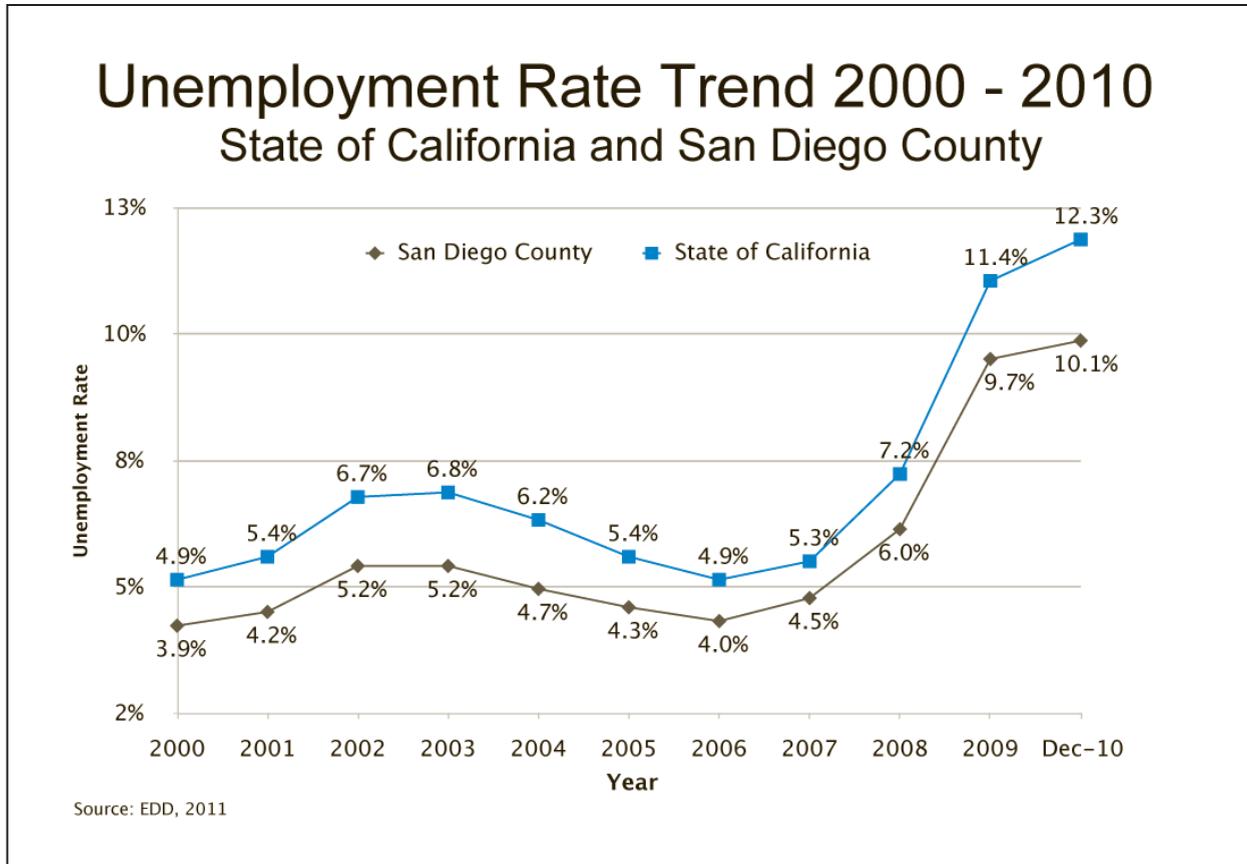
---

<sup>1</sup> Demographic and community need information data presented throughout the body of this document are based upon the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics (unless otherwise indicated). Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

## Access to Health Services

The current economic downturn in the U.S. is believed to be changing patterns of healthcare utilization resulting in, among other things, people putting off needed healthcare and skipping dental care due largely to unemployment and lack of insurance coverage.

- Cities most impacted by high unemployment in San Diego County include National City (19.7 percent), Imperial Beach (16.5 percent), Fallbrook (13.2 percent), Lemon Grove (13 percent) and Vista (11.6 percent).
- Currently, an estimated 23 percent of San Diego residents under age 64 are uninsured.
- Community clinics in San Diego County are experiencing a rise in primary care clinic utilization rates and hospital emergency departments have experienced a sharp rise in Medi-Cal utilization.
- Latinos and the unemployed are most likely to be without health insurance.



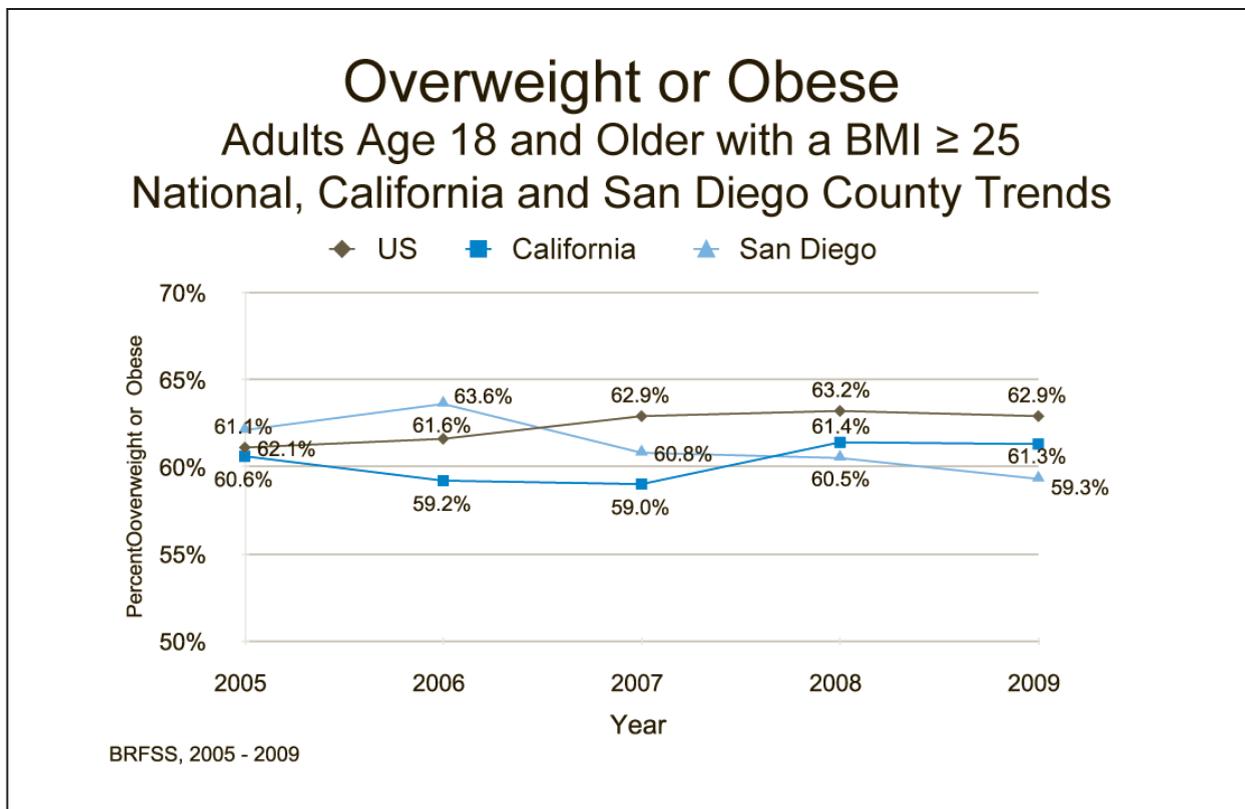
## Social Determinants of Health

Social determinants of health, including education, economic status, living conditions and cultural elements, are factors that threaten health, promote health and protect health.

## Weight Status, Nutrition and Physical Activity

The long-term health consequences of being overweight or obese are significant.

- During 2009, the prevalence of adults in San Diego County with an unhealthy weight status, either overweight or obese, was nearly 60 percent.
- Adults most likely to be obese include African Americans and Latinos.
- Among children living in San Diego County, the prevalence of those overweight or obese was nearly 28 percent during 2007, the most recent period during which data is available.
- Children most likely to be overweight or obese include African Americans and Latinos.

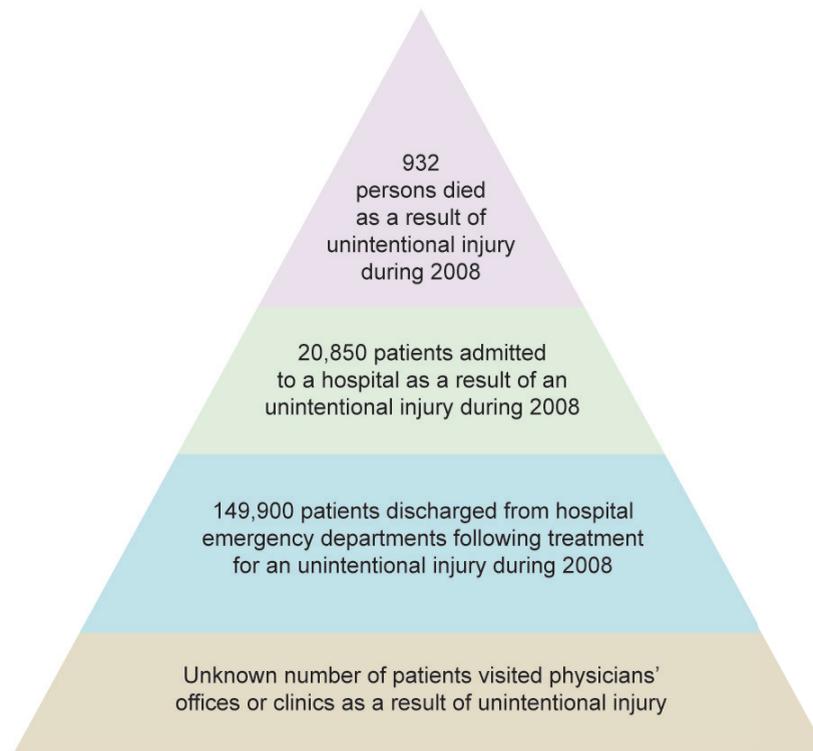


## Injury and Violence

Prevention of unintentional injury and death offers a tremendous opportunity to impact the health of San Diego County residents.

- During 2008, there were 932 deaths and 20,850 hospitalizations resulting from unintentional injury and 149,900 hospital emergency department discharges following treatment for unintentional injuries. Moreover, the number of physician office and clinic visits related to unintentional injury, while unknown, is likely much higher than the number of emergency department visits.
- Unintentional injuries are one of the leading causes of death for San Diego County residents in all age categories regardless of gender, race or region.
- Between 2000 and 2008, the rate of death related to unintentional injury increased by nearly 10 percent.
- Those most impacted by death as a result of unintentional injury are males, persons age 85 or over, American Indians and persons living in the East region.

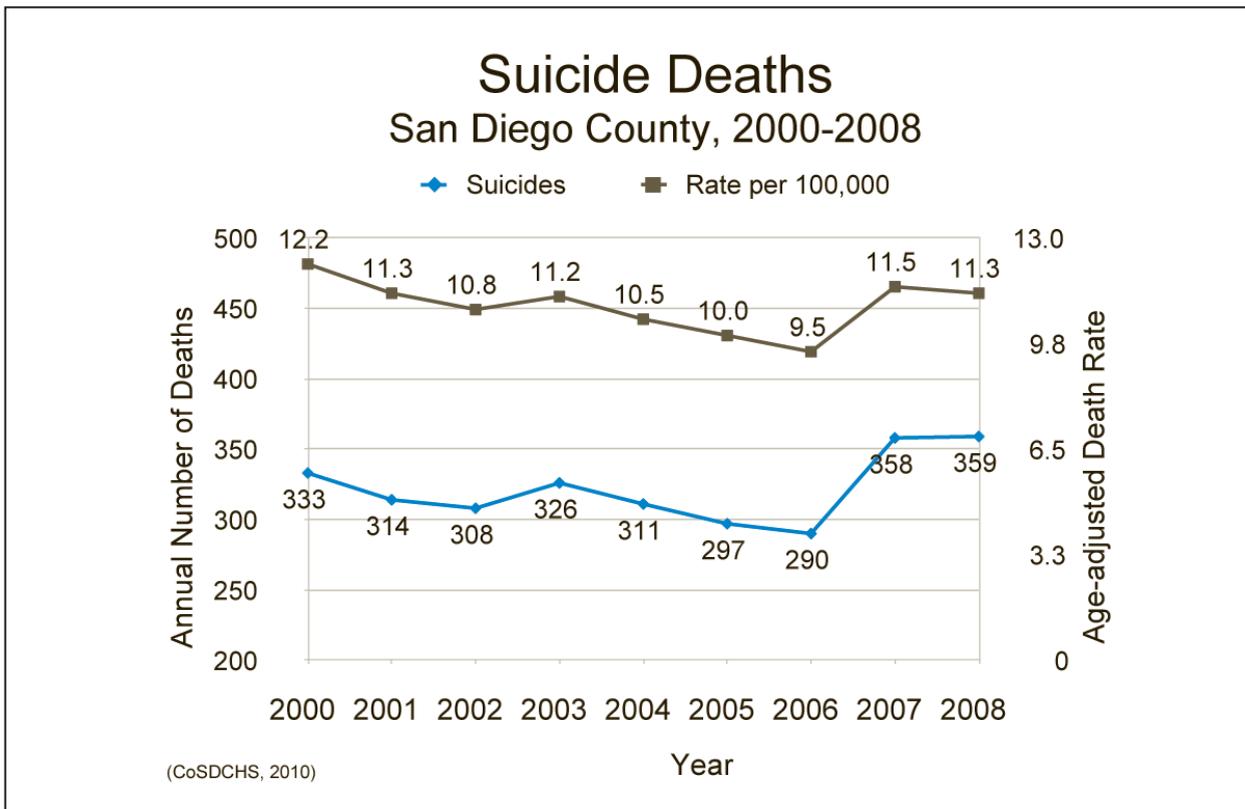
### Unintentional Injury Pyramid 2008 San Diego County



## Mental Health

Serious mental illness is a leading cause of disability in the U.S.

- The estimated prevalence of serious mental illness in San Diego County is 5 percent of the population, impacting more than 141,400 persons.
- During 2008, suicide, one of the major complications of depression, was the eighth leading cause of death in San Diego County.



## Community Input

Community forums were held in each of the six regions of San Diego County. The six forums were attended by more than 200 community stakeholders representing a wide variety of programs, agencies and organizations.

The following table highlights some of the root causes identified by community stakeholders related to each health issue.

### Summary of Identified Root Causes by Health Issue

Weight status, nutrition and Physical Activity	Injury And Violence	Mental Health
<ul style="list-style-type: none"> <li>• Limited access to affordable, fresh, healthful foods</li> <li>• Limited access to safe affordable space for physical activity</li> <li>• Societal norms do not support physical activity</li> <li>• Fast foods are easily accessible, less expensive and marketed heavily</li> <li>• Society's encouragement of sedentary activities</li> <li>• Fear of crime and safety issues related to being physically active in neighborhoods and parks</li> <li>• Language barriers</li> </ul>	<ul style="list-style-type: none"> <li>• Limited access, knowledge and awareness of prevention</li> <li>• Gang activity</li> <li>• Easy access and use of illicit drugs and alcohol</li> <li>• Unsafe home environments</li> <li>• High-risk activities among youth</li> <li>• Language and cultural issues related to laws and trust in governmental programs</li> <li>• Military culture conflicts with civilian code of conduct</li> <li>• Cultural bias against services to seniors and Latinos</li> <li>• Cultural norms do not support reporting problems</li> <li>• Distrust of neighbors, community leaders and fear of retaliation</li> <li>• Low literacy levels</li> </ul>	<ul style="list-style-type: none"> <li>• Stigma associated with mental illness</li> <li>• Cultural beliefs related to mental illness</li> <li>• Provider systems intimidate consumers</li> <li>• Socioeconomic, cultural and language barriers to care</li> <li>• Limited number of culturally competent psychiatrists and nurses</li> <li>• Primary care physicians unwilling to accept referrals or do screening, assessment and brief interventions</li> <li>• Limited knowledge on how to navigate the mental health treatment system</li> </ul>

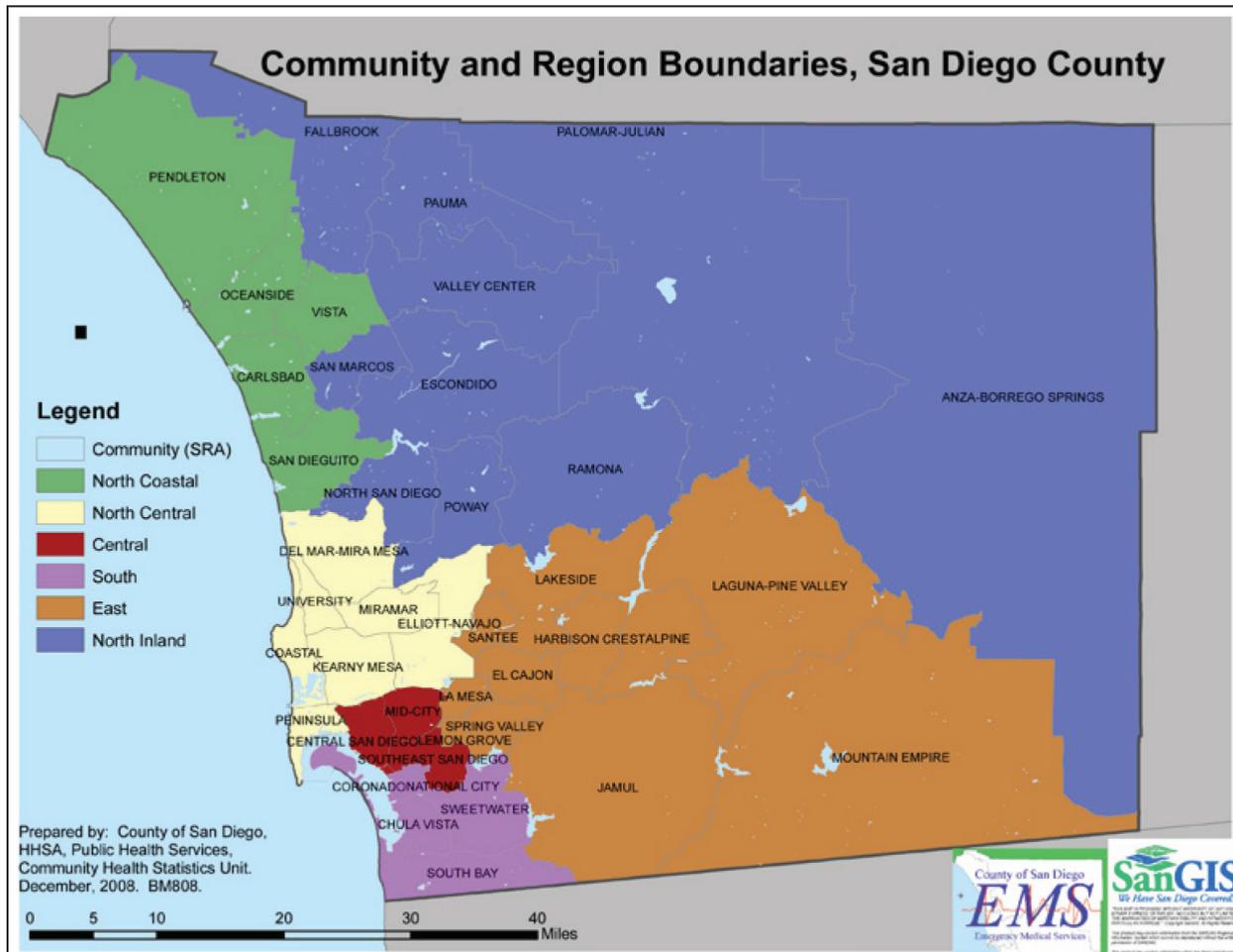
## Community Priority Scoring Process Results

By Scoring Criteria and Overall Ranking

Rank	Size	Seriousness	Community Resources	Evaluation / Outcomes	Overall Ranking
<b>Overarching Health Issues</b>					
1	Health Access	Health Access	Health Access	Health Info Tech	Health Access
2	Social Determinants				
3	Public Health Infrastructure	Public Health Infrastructure	Health Info Tech	Health Access	Public Health Infrastructure
4	Health Info Tech	Health Info Tech	Public Health Infrastructure	Public Health Infrastructure	Health Info Tech
<b>Health - Related Behaviors</b>					
1	Weight Status	Weight Status	Oral Health	Weight Status	Weight Status
2	Physical Activity	Substance Abuse	Weight Status	Injury & Violence	Physical Activity
3	Oral Health	Physical Activity	Injury & Violence	Physical Activity	Substance Abuse
4	Substance Abuse	Injury & Violence	Physical Activity	Oral Health	Injury & Violence
5	Immunization	Oral Health	Substance Abuse	Substance Abuse	Oral Health
6	Injury & Violence	Immunization	Immunization	Immunization	Immunization
<b>Health Outcomes</b>					
1	Diabetes	Cancer	Mental Health	Mental Health	Diabetes
2	Heart Disease/ Stroke	Heart Disease/ Stroke	Diabetes	Diabetes*	Heart Disease/ Stroke
3	Mental Health	Diabetes	Heart Disease/ Stroke	Respiratory Disease*	Mental Health
4	Cancer	Mental Health	Cancer	Family Planning*	Cancer
5	Respiratory Disease	Respiratory Disease	Infectious Disease	Cancer*	Family Planning
6	Infectious Disease*	Infectious Disease	Respiratory Disease	Infectious Disease	Infectious Disease
7	Family Planning*	Family Planning	Family Planning	Heart Disease/ Stroke	Respiratory Disease

\* Items within a particular category denote similar scores or ties in scores. No statistical analysis was applied to this tool; it was designed as a rating tool to assist in the decision making process.

## San Diego County Health and Human Services Agency Geographic Services Regions



### Meeting the Challenges of a Diverse Border Community

San Diego County is an international border community composed of 3.2 million people. Geographically dispersed over 4,300 square miles, the population represents multiple ethnic groups. The San Diego Association of Government's (SANDAG) population growth projections are just over 1 percent per year, extending out 25 years to the year 2030. The SANDAG 2050 Sub-regional Growth Forecast projects population growth to 4.4 million by 2050. This is a 40 percent increase in population growth. Demographic estimates and projections are based on SANDAG 2010 estimates and are available at the zip code level at <http://datawarehouse.sandag.org>. A breakdown of the regional demographics can be found in the regional forum sections of the Charting the Course VI: Health Needs Assessment for San Diego County (Appendix Section) <http://www.SDCHIP.org>.

Scripps serves a quarter of the total county population, concentrating services in the North Coastal, North Central, Central and South regions of San Diego County where Scripps facilities are located (Appendices D and E).

# FIGURE 2:1

## Leading Causes of Death Among San Diego County Residents

Leading Causes of Death Among San Diego County Residents by HHS Regions, 2008<sup>2</sup>

COUNTY-WIDE RANK IN 2008*	CAUSE OF DEATH**	REGION†											
		N. Coastal		N. Central		Central		South		East		N. Inland	
		number of deaths	%	number of deaths	%	number of deaths	%	number of deaths	%	number of deaths	%	number of deaths	%
1	Diseases of heart	853	27.0	853	24.6	626	23.5	630	24.5	924	25.0	831	22.7
2	Malignant neoplasms (all cancers)	764	24.2	889	25.6	614	23.1	661	25.7	847	23.0	915	25.0
3	Alzheimer's disease	191	6.0	214	6.2	87	3.3	105	4.1	255	6.9	287	7.8
4	Cerebrovascular diseases	213	6.7	186	5.4	147	5.5	148	5.7	205	5.6	211	5.8
5	Chronic lower respiratory diseases	174	5.5	169	4.9	127	4.8	120	4.7	237	6.4	214	5.8
6	Accidents (unintentional injuries)	136	4.3	147	4.2	144	5.4	111	4.3	186	5.0	169	4.6
7	Diabetes mellitus	76	2.4	80	2.3	107	4.0	104	4.0	108	2.9	95	2.6
8	Intentional self-harm (suicide)	70	2.2	71	2.0	55	2.1	41	1.6	66	1.8	49	1.3
9	Influenza and pneumonia	56	1.8	63	1.8	64	2.4	46	1.8	48	1.3	58	1.6
10	Chronic liver disease and cirrhosis	41	1.3	54	1.6	62	2.3	56	2.2	69	1.9	47	1.3
11	Essential (primary) hypertension and hypertensive renal disease	50	1.6	52	1.5	31	1.2	26	1.0	57	1.5	58	1.6
12	Parkinson's disease	41	1.3	48	1.4	27	1.0	16	.6	35	.9	52	1.4
13	Nephritis, nephrotic syndrome and nephrosis	21	.7	23	.7	31	1.2	33	1.3	39	1.1	31	.8
14	Neoplasms – in situ, benign, or unk behavior	24	.8	28	.8	12	.5	17	.7	17	.5	27	.7
15	Viral hepatitis	10	.3	9	.3	26	1.0	31	1.2	21	.6	23	.6
	All Other Causes	443	14.0	586	16.9	500	18.8	429	16.7	575	15.6	594	16.2
	<b>TOTAL DEATHS:</b>	<b>3,163</b>	<b>100.0</b>	<b>3,472</b>	<b>100</b>	<b>2,660</b>	<b>100</b>	<b>2,574</b>	<b>100</b>	<b>3,689</b>	<b>100</b>	<b>3,661</b>	<b>100</b>

\* Rank is based on total number of deaths in each of the National Center for Health Statistics (NCHS) "rankable" categories. The top 15 leading causes of death presented here are based on the county-wide rank among San Diego residents in 2008.

\*\* Cause of death is based on the underlying cause of death reported on death certificates as classified by ICD-10 codes.

† HHS Regions were created by grouping contiguous zip codes.

Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Death Statistical Master Files; SANDAG January 1 population estimates (Original Estimates 2009\_Revised 2001-2008)

<sup>2</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

## Uncompensated Health Care

---

Scripps contributes significant resources to provide low and no-cost health care services to populations in need. During fiscal year 2011, Scripps contributed \$268,896,938 in uncompensated health care, including \$41,216,024 in charity care, \$211,078,326 in Medi-Cal and other means-tested government programs and Medicare shortfall, and \$16,602,587 in bad debt.

Scripps provides hospital services to one-quarter of the county's uninsured patient population. Of this, Scripps Mercy Hospital (including the San Diego and Chula Vista campuses) provides 67 percent of the charity care from within the Scripps system (refer to figure 3:4).

### County Overview

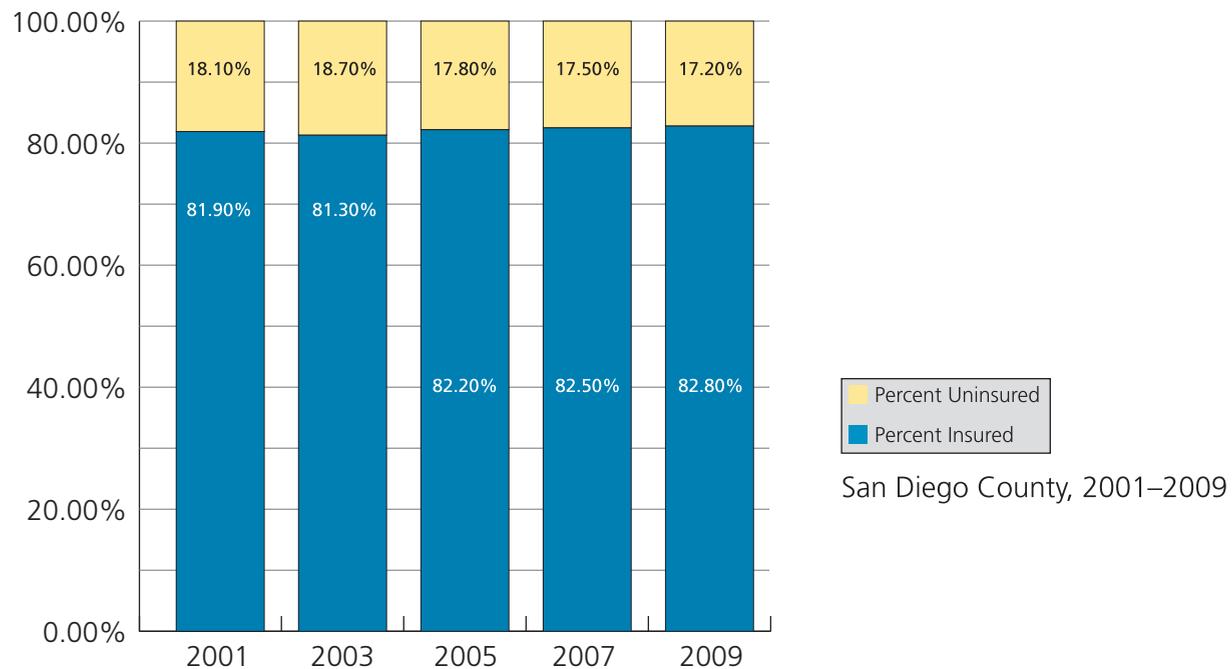
According to a 2006 San Diego County Healthcare Safety Net Study, nearly one-third of San Diego County's population (909,661) is uninsured or underinsured, with the highest concentration — half of the total — south of interstate 8. The hospitals and community clinics that provide health care to this population are the safety net.

The health care safety net in San Diego County is highly dependent upon hospitals and community health clinics to provide care to uninsured and medically underserved populations. Finding more effective ways to coordinate and enhance the current safety net is a critical policy challenge.

While public subsidies (e.g., County Medical Services) help finance services for San Diego County's uninsured populations, these subsidies do not cover the full cost of care. Combined with Medi-Cal and Medicare funding shortfalls, Scripps and other local hospitals are left to absorb the cost involved in caring for the uninsured in their operating budgets. The financial burden placed on hospitals and physicians to care for uninsured patients is significant.

San Diego has experienced a brief improvement in the number of insured residents from 2003 to 2009 (refer to figure 3:1). At that time, 17.2 percent of the adult (19 to 64 and nonmilitary) population in San Diego County lacked health insurance coverage.

**Figure 3:1**  
**Percent of Adults (age 19 to 64 and nonmilitary) With Health Insurance Coverage**  
**San Diego County, 2001-2009<sup>1</sup>**



The California HealthCare Foundation (CHCF) estimates that 21 percent of state residents had no insurance in 2010, the same percentage as 2009, but up from 19.3 percent in 2000. California had the highest number of uninsured residents in the nation at 6.9 million—a function of its being the most populous state in the U.S—and the eighth highest percentage among states. California’s high rate of uninsured residents is attributable to several factors, including a steady decline in employer-based health coverage. The CHCF report noted that “the percentage of Californians who obtain their insurance through their job has continued to fall,” declining from 61.9 percent in 2000 to 53 percent in 2010.

During the same time period, the percentage of state residents covered by Medi-Cal increased from 13.3 percent in 2000 to 19.3 percent in 2010. Income was also a factor, with 35.1 percent of state residents with annual incomes under \$25,000 lacking insurance. But more affluent residents were not immune; 18.3 percent of residents with household incomes between \$50,000 and \$75,000 were without health insurance in 2010. The rates of uninsured residents in the state could decline in 2011 as more adults without insurance

<sup>1</sup> California Health Interview Survey. “Source: 2009 California Health Interview Survey,” [www.chis.ucla.edu](http://www.chis.ucla.edu)

find coverage through the state's Bridge to Reform program. Since the start of 2011, a dozen counties have launched low-income health plans to cover uninsured adults who don't qualify for Medi-Cal, providing coverage for more than 200,000 residents.<sup>2</sup> California hospitals provided more than \$12.5 billion in uncompensated care in 2010, according to the California Hospital Association. Of that amount, Medicare and Medi-payments were \$8.3 billion less than the actual cost of providing necessary health care services, while charity care and bad debts totaled more than \$4 billion. The average California hospital receives 68 percent of its revenue from Medicare and Medi-Cal; for certain hospitals, that number exceeds 95 percent.<sup>3</sup>

## **Financial Assistance**

### **Assisting Low-Income, Uninsured Patients**

The Scripps financial assistance policy is consistent with the AB774 "Fair Pricing Policy" legislation. The practices established reflect our commitment with respect to assisting low-income, uninsured patients with discounted hospital charges, charity care, billing and debt collection practices. Our program is provided without regard to race, ethnicity, gender, religion or national origin.

Scripps provides full financial assistance to low-income and uninsured patients earning less than 200 percent of the federal poverty level guidelines. For individuals who qualify between 201-400 percent of the poverty level, financial assistance is based on a discount schedule. For 2012, Health and Human Services defined the 200 percent federal poverty level of a family of four as \$46,100.

---

<sup>2</sup> California HealthCare Foundation, California Health Care Almanac, December 2011.

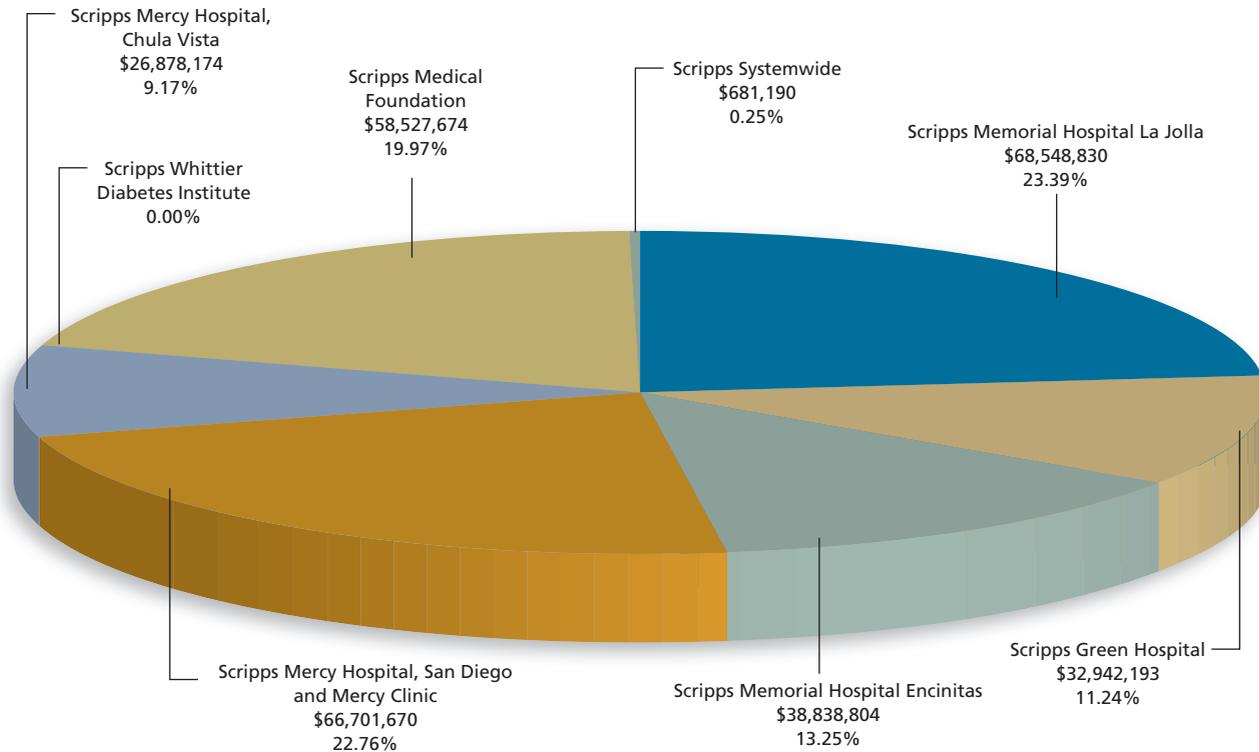
<sup>3</sup> CHA Special Report, California Hospitals: Caring for Patients, vital to Communities. October 2011, California Hospital Association.

## FY11 Scripps System Uncompensated Health Care Summary (After Provider fee)

Title	Financial Support*
Bad Debt	\$16,602,587
Charity Care	\$41,216,024
Medicare and Medicare HMO (Shortfall)	\$172,889,429
Medi-Cal (Shortfall)**	\$16,571,843
Other Means-Tested Government Programs (Shortfall)	\$21,617,05
Bad Debt	\$16,602,587
<b>SCRIPPS TOTAL FY11 UNCOMPENSATED CARE</b>	<b>\$268,896,938</b>
<b>SCRIPPS SCHEDULE H FY11 UNCOMPENSATED CARE (Excludes Bad Debt and Medicare Shortfalls)</b>	<b>\$79,404,922</b>
<p>* Financial Support is: Calculations for bad debt and charity care are estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate the cost of care. Calculations for Medi-Cal &amp; other means-tested government programs and Medicare shortfall are derived using the payor-based cost allocation methodology. Bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990, but are still reportable outside the community benefit table.</p> <p>** <i>Provider fee</i>            In January 2010, the state of California enacted legislation that provided for supplemental Medi-Cal payments to certain hospitals funded by a quality assurance fee paid by participating hospitals and matching federal funds (the 2010 Hospital Fee Program). The legislation covered the period of April 1, 2009 through December 31, 2010. The Centers for Medicare &amp; Medicaid Services (CMS) approved the 2010 Hospital Fee Program in its entirety in December 2010, and, therefore, all activity of the program was recognized during the year ended September 30, 2011, resulting in net additional income of \$24,221,597. The revenue received was reported as offsetting revenue from Medi-Cal.</p>	

## FIGURE 3:2

### FY11 Scripps Total Uncompensated Care by Operating Unit, \$293,118,534<sup>4</sup> (before provider fee)



Provider fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider fee	\$68,548,830	\$32,942,193	\$38,838,804	\$66,701,670	\$26,878,174	\$0	\$58,527,674	\$681,190	\$293,118,534
Provider fee	\$12,243,151	\$5,431,368	\$4,659,614	-\$31,301,271	-\$15,254,458				-\$24,221,597
<b>Net Community Benefit Services After Provider fee</b>	<b>\$80,791,981</b>	<b>\$38,373,561</b>	<b>\$43,498,418</b>	<b>\$35,400,399</b>	<b>\$11,623,716</b>	<b>\$0</b>	<b>\$58,527,674</b>	<b>\$681,190</b>	<b>\$268,896,938</b>

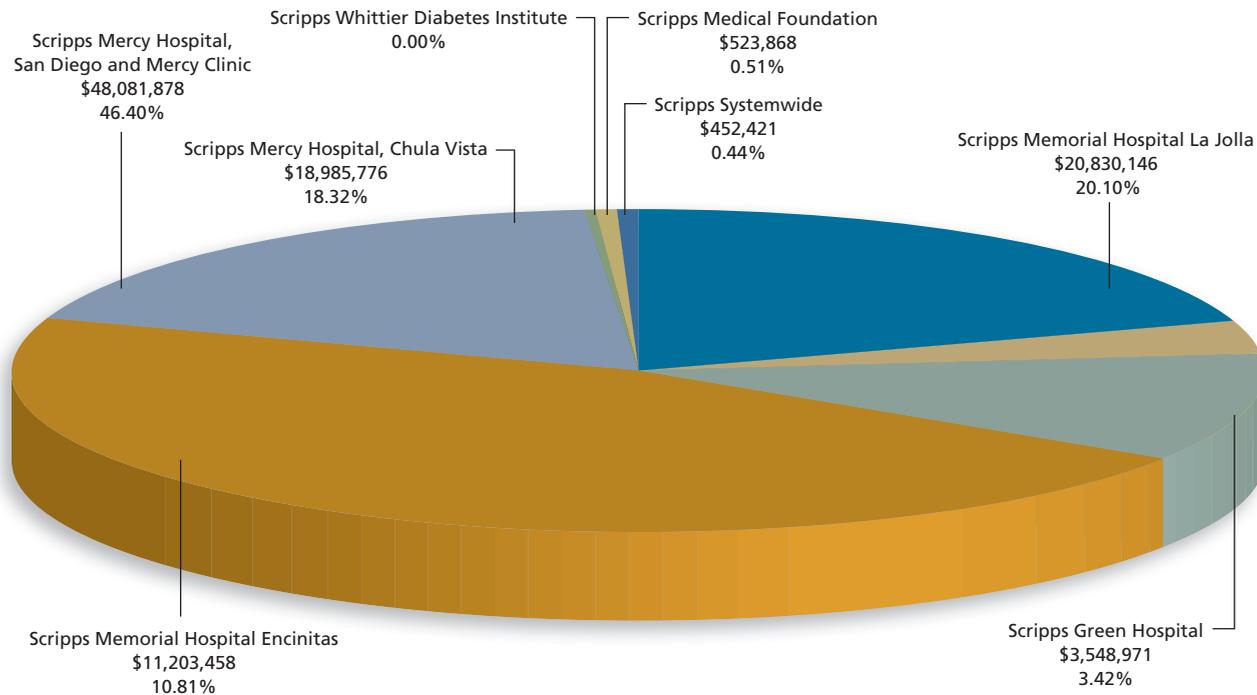
### Uncompensated Health Care

Uncompensated health care includes the sum of expenses associated with charity care, Medi-Cal and other means-tested government programs, Medicare shortfalls and bad debt. A detailed account of Scripps fiscal year 2011 uncompensated care expenditures are contained in the following graphs.

<sup>4</sup> Calculations for Medi-Cal and other means tested government programs and Medicare shortfalls are derived using the payor-based cost allocation methodology. Calculations for bad debt and charity care is estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate net cost of care.

## FIGURE 3:3

### FY11 Scripps Schedule H Uncompensated Care by Operating Unit, \$103,626,518<sup>5</sup> (before provider fee)



Provider fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider fee	\$20,830,146	\$3,548,971	\$11,203,458	\$48,081,878	\$18,985,776	\$0	\$523,868	\$452,421	\$103,626,518
Provider fee	\$12,243,151	\$5,431,368	\$4,659,614	-\$31,301,271	-\$15,254,458				-\$24,221,597
<b>Net Community Benefit Services After Provider fee</b>	<b>\$33,073,298</b>	<b>\$8,980,339</b>	<b>\$15,863,073</b>	<b>\$16,780,606</b>	<b>\$3,731,317</b>	<b>\$0</b>	<b>\$523,868</b>	<b>\$452,421</b>	<b>\$79,404,922</b>

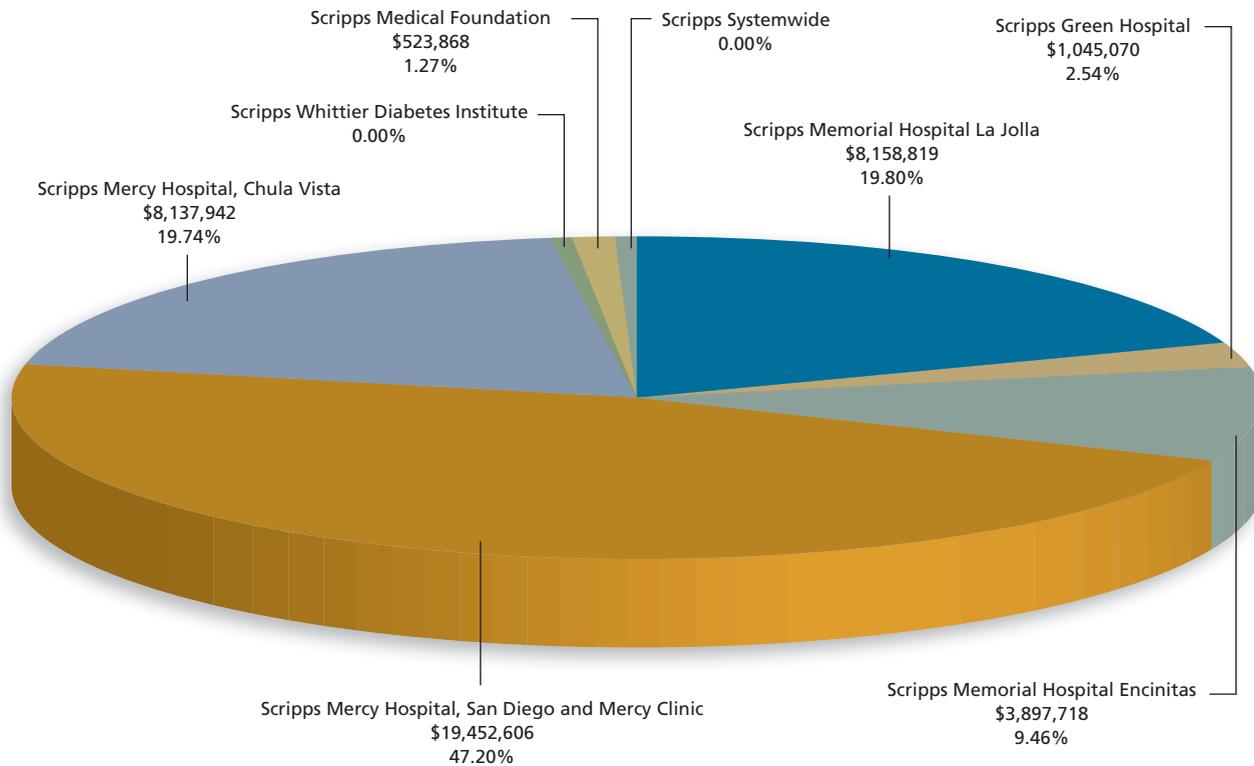
### Uncompensated Health Care (Schedule H)

Uncompensated health care includes the sum of expenses associated with charity care, Medi-Cal and other means-tested government programs.

<sup>5</sup> Calculations for Medi-Cal and other means-tested government programs are derived using the payor-based cost allocation methodology. Calculations for charity care are estimated by extracting the gross write-offs of charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate the cost of care. Community building activities, bad debt and Medicare shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table

# FIGURE 3:4

## FY11 Scripps Charity Care by Operating Unit, \$41,216,024<sup>6</sup>



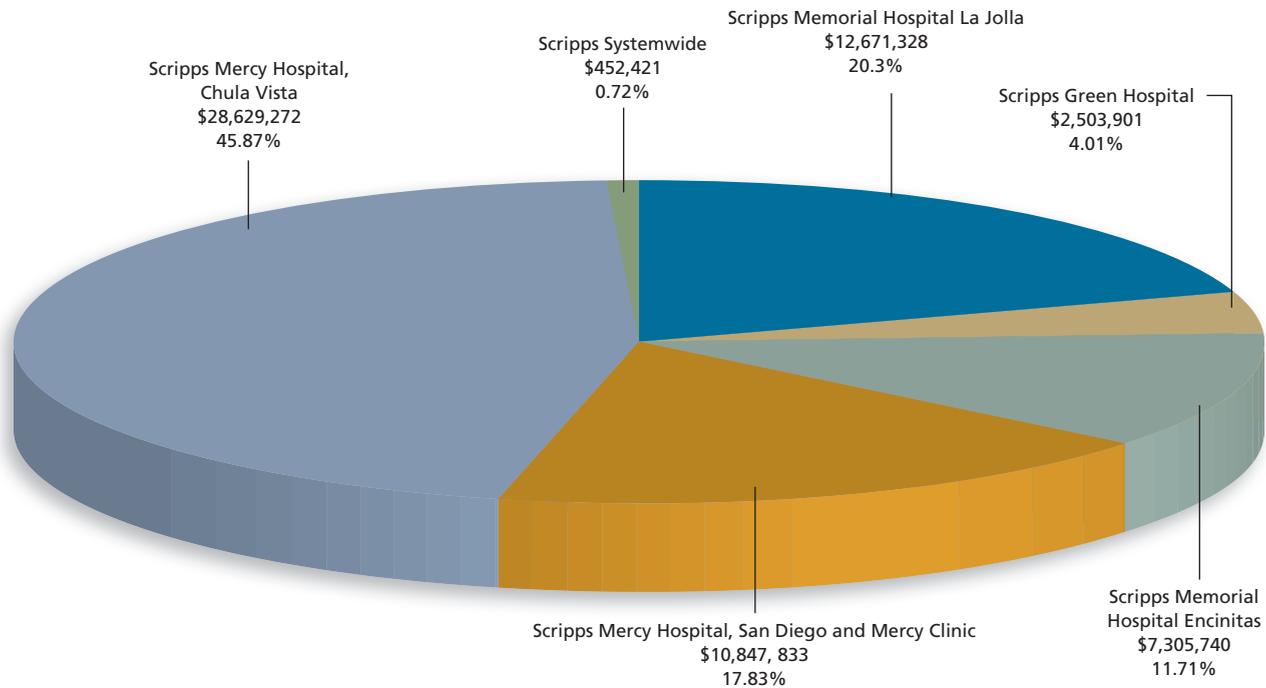
### Charity Care

Embedded within the Scripps legacy of providing quality care for all, there continues to be a commitment to providing services to vulnerable populations. Scripps provides charity care at all of its hospitals to those with little or no resources.

<sup>6</sup> Calculations for charity care is estimated by extracting the gross write-offs of charity care charges and applying the hospital ratio of cost to charges (RCC) to estimate the cost of providing charity care.

## FIGURE 3:5

### FY11 Scripps Medi-Cal and Other Means-Tested Programs by Operating Unit, \$62,410,494<sup>7</sup> (before provider fee)



Provider fee Impact	La Jolla	Green	Encinitas	Mercy San Diego	Mercy Chula Vista	Whittier	SMF	System-Wide	Total
Community Benefit Services Before Provider fee	\$12,671,328	\$2,503,901	\$7,305,740	\$28,629,272	\$10,847,833	\$0	\$0	\$452,421	\$62,410,494
Provider fee	\$12,243,151	\$5,431,368	\$4,659,614	-\$31,301,271	-\$15,254,458				-\$24,221,597
Net Community Benefit Services After Provider fee	\$24,914,479	\$7,935,268	\$11,965,354	-\$2,672,000	-\$4,406,625	\$0	\$0	\$452,421	\$38,188,898

### Medi-Cal and Other Means-Tested Programs (Shortfall)

In addition to providing charity care services, Scripps accepts patients for whom it is reimbursed under various county, state and federal indigent care programs (CMS, Medi-Cal and Medi-Cal HMO) at amounts that, in some cases, do not cover the full cost of care.

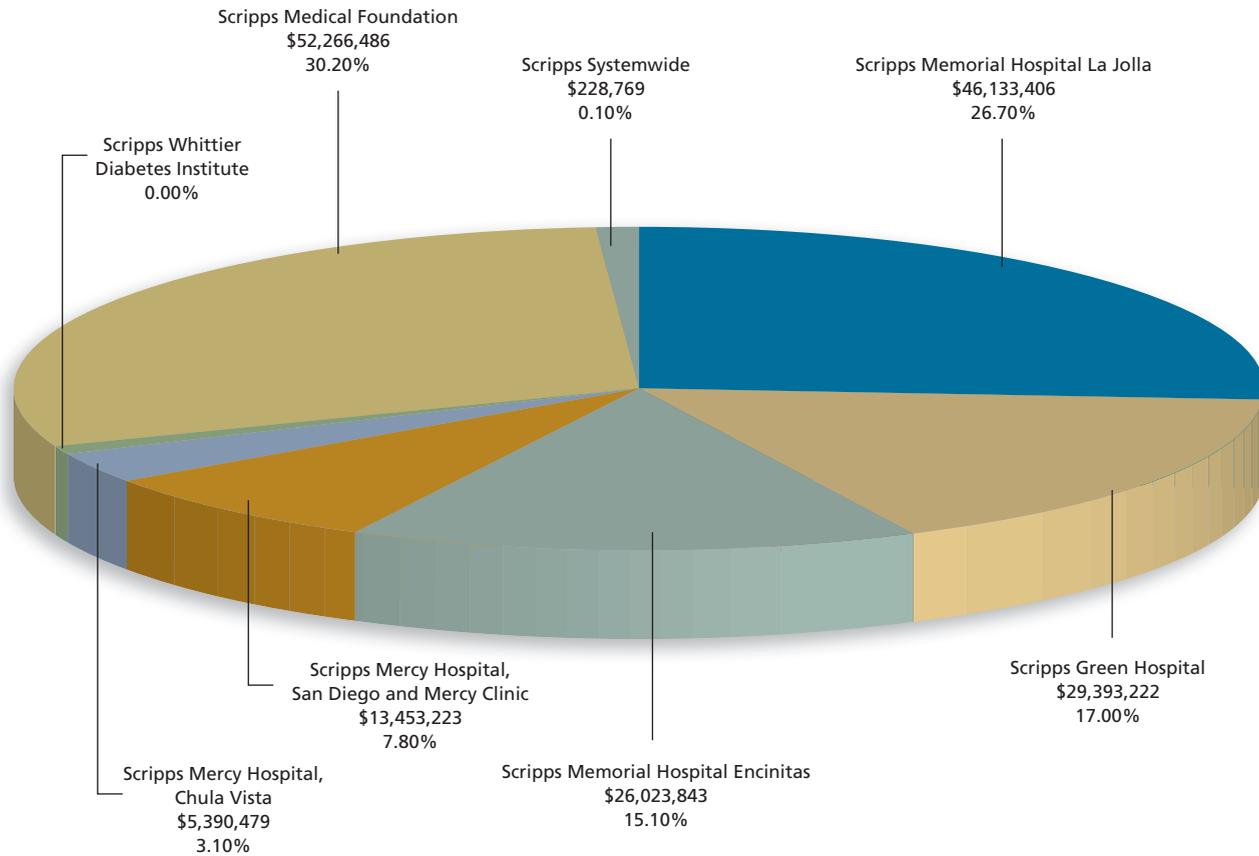
<sup>7</sup> Calculations for Medi-Cal/CMS are derived using the payor-based cost allocation methodology.

In January 2010, the state of California enacted legislation that provided for supplemental Medi-Cal payments to certain hospitals funded by a quality assurance fee paid by participating hospitals and matching federal funds ("the 2010 Hospital Fee Program"). The legislation covered the period of April 1, 2009 through December 31, 2010. The Centers for Medicare & Medicaid Services (CMS) approved the 2010 Hospital Fee Program in its entirety in December 2010, and, therefore, all activity of the program was recognized during the year ended September 30, 2011, resulting in net additional income of \$24,221,597. The revenue received was reported as offsetting revenue from Medi-Cal.

The California Hospital Association created a private program, the California Health Foundation and Trust (CHFT), established for several purposes, including aggregating and distributing financial resources to support charitable activities at various hospitals and health systems in California (together with the supplemental payments and the quality assurance fee discussed above, the 2010 Provider Fee Program). During the year ending September 30, 2011, the organization made charitable contributions of \$1,602,000 related to the 2010 Provider Fee Program to CHFT, which were recorded as provider fee fees in the consolidated statements of operations.

## FIGURE 3:6

FY11 Scripps Medicare and Medicare HMO by Operating Unit,  
\$172,889,429<sup>8</sup>



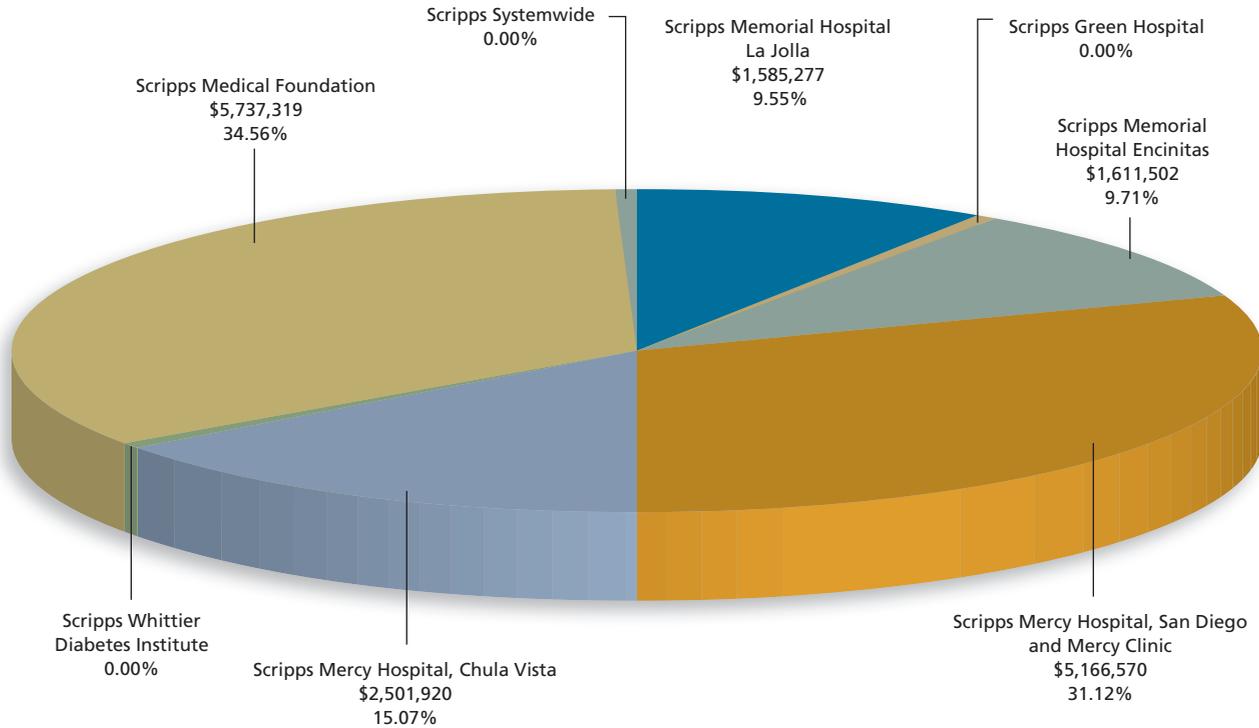
### Medicare and Medicare HMO (Shortfall)

In addition to providing charity care services, Scripps accepts patients for whom it is reimbursed under various county, state and federal indigent care programs (Medicare, Medicare HMO) at amounts that, in some cases, do not cover the full cost of care.

<sup>8</sup> Calculations for Medicare are derived using the payor-based cost allocation methodology.

# FIGURE 3:7

FY11 Scripps Bad Debt by Operating Unit, \$16,602,587<sup>9</sup>



## Bad Debt

Scripps also provides benefits to the broader community, including services provided to individuals who do not qualify for charity care, but who need special services and support. Each year Scripps provides care for which no compensation is received to persons who do not meet the criteria for charity care, are not covered by a third-party payer or have a co-payment obligation that is not met.

<sup>9</sup> Cost of bad debt is estimated by applying the hospital Ratio of Cost to Charges (RCC) to the gross write-offs of bad debt, to arrive at estimated cost of providing care.

## Community Health Services

---

Community Health Services include prevention and wellness programs, such as screenings, health education, support groups and health fairs, which are supported by operational funds, grants, in-kind donations and philanthropy. These programs are designed to raise public awareness, understanding of and access to, identified community health needs documented in the Charting the Course VI, CHIP 2010 Health Needs Assessment. (Refer to Section 2: Assessing Community Need)

Scripps categorizes Community Health Services according to the Schedule H 990 categories mandated by the IRS. It is categorized into five main areas: (Refer to the Scripps Community Health Services Activity Summary for a breakdown of categories, page 62).

- Community health improvement services
- Community benefit operations
- Cash and in-kind contributions
- Subsidized health services
- Community building activities

During fiscal year 2011 (October 2010 to September 2011), Scripps invested \$7,282,997 in community health services. This figure reflects the cost associated with providing such activities, including salaries, materials and supplies, minus revenue.

Following are highlights of just some of the activities conducted by Scripps during fiscal year 2011. Refer to figure 4:1 for a graphic representation of the FY11 Scripps System Community Health Services program distribution.

### **Access to Care**

A lack of health insurance and access to specialty and primary care providers are two of the primary barriers to health care on both a local and national level.

Without access to basic health care services, individuals suffer from more acute episodes of illness, injury and mortality. It is also an increased burden on hospitals and health providers, resulting from providing uncompensated care to the uninsured. Rising rates of uninsured may be reflected in higher use of emergency departments, which by law must provide at least stabilizing care to all patients, regardless of ability to pay. Review of the San Diego County Emergency Department (ED) discharges by source of payment between 2006 and 2008 found the demand of ED services increased by 11.9 percent, to 582,129 and 651,595 respectively. In addition, several shifts in payor sources were noted, including a decline in private HMO and Worker Compensation ED discharges and increases in both

self-pay and Medi-Cal ED discharges. The decline in private HMP coverage was offset by a slight increase in other private insurance. The increase in self-pay and Medi-Cal discharges suggests more patients are relying on ED care due to lack of insurance coverage.<sup>1</sup>

In an effort to provide for populations in need, Scripps assisted in fiscal year 2011 with the following examples of health care programs and projects.

### **Mercy Outreach Surgical Team (MOST)**

The Mercy Outreach Surgical Team (MOST) works to mitigate the effects physical deformities have on children by providing reconstructive surgeries at no cost to children in need. Through volunteerism, MOST provides reconstructive surgeries to more than 400 children (under 18 years of age) with physical deformities caused by birth defects or accidents in Mexico. In special circumstances, surgeries also are provided for adults. During fiscal year 2011, the MOST team provided reconstructive surgeries for more than 353 children. (Sponsored by Scripps Mercy Hospital San Diego and affiliated physicians)

### **Graduate Medical Education Staff Support to St. Vincent de Paul Village Medical Center and Mid-City Community Clinics**

Weekly community clinics were held at the St. Vincent de Paul and mid-city community clinics. Staffed by the Scripps Green Hospital and Scripps Clinic Internal Medicine Residents, these clinics provided medical care to approximately 294 of our county's most vulnerable residents during fiscal year 2011. (Sponsored by Scripps Clinic/Green Hospital)

### **Fiji Alliance Project**

In partnership with the International Relief Teams of San Diego and the Loloma Foundation, Scripps employees, Scripps Clinic physicians and other Scripps-affiliated physicians provided medical and surgical services in Fiji to persons in need. Residents from Scripps Clinic and Scripps Green Hospital have an opportunity to participate in the medical missions as one of their rotations. Examples of procedures include cleft lip and palate repairs, repairs of deformities of eyelids, face and feet, burn scar revision, breast masses, diabetes management and hernia repairs. All surgical supplies were donated by Professional Hospital Supply Corporation (PHS), the supplier for Scripps Health system. The supplies included surgical gowns, gloves, drapes, dressings, bandages, sutures, etc. Cardinal Health Systems, which provides pharmaceuticals and other supplies to Scripps Health, donated all the medications necessary. (Sponsored by Scripps Clinic/Green Hospital)

---

<sup>1</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

## **Scripps Health Community Benefit (CB) Fund**

In 2011, Scripps awarded a total of \$215,000 in community grants to programs based throughout San Diego. Scripps awarded six grants ranging from \$10,000 to \$120,000 each. The projects that received funding address some of San Diego County's high-priority health needs with the goal of improving access to vital health care services for a variety of at-risk populations, including the homeless, economically disadvantaged, mentally ill and others. Since the Community Benefit Fund began, Scripps has awarded \$2.2 million. Programs funded during fiscal year 2011 include:

- **Consumer Center for Health Education and Advocacy (CCEA)**

Funding provides low-income, uninsured Mercy Clinic patients and Behavioral Health patients with assistance in obtaining healthcare benefits, SSI and related services, while simultaneously reducing uncompensated care expenses for Mercy. This project provides advocacy services for the time-intensive government benefit cases. (Sponsored by Scripps Mercy Hospital Administration)

- **Catholic Charities**

Funding awarded to provide short-term emergency shelter to medically fragile homeless patients being discharged from Scripps Mercy Hospital San Diego and to expand to Scripps Mercy Chula Vista. Case management and shelter is provided for previously homeless patients discharged from Scripps Mercy Hospital who no longer require hospital care, but do need a short-term supportive recuperative environment. Patients demonstrating a readiness for change are assisted with one week in a hotel, along with food and bus fare to pursue a case plan. The focus of the case management is to stabilize the client by helping them connect to more permanent sources of income, housing and ongoing supports for efforts toward self-reliance. The goal of this partnership is to reduce the incidence of emergency room recidivism in this population and improve the quality of life for the patient.

- **2-1-1 New Access System**

Funding was awarded for the 2-1-1 Healthcare Navigation program. There is an overwhelming need for a dependable service to assist people in navigating today's complex health care system. Since the inception of the Healthcare Navigation program, 2-1-1 has responded to more than 6,000 calls from clients specifically seeking health-related resources, and 5,726 self selected "Health" as their need. 2-1-1 San Diego is the dialing code for information about community, health and disaster services. It connects people with resources over the phone, online and in print. Locally, 2-1-1 San Diego was launched in June 2005 as a multilingual and confidential service committed to providing access 24/7.

- **American Heart Association**

Funding awarded for the 2011 Heart Walk Corporate Sponsorship. Heart disease and stroke are the number one and number three causes of death in the nation for men and women. Heart disease is the nation's leading cause of death, claiming more than 950,000 American lives each year. Scripps partners with the American Heart Association on its annual Heart Walk, to raise funds for research, professional and public education and advocacy.

- **Partnership for Smoke-Free Families**

The Partnership for Smoke-Free Families Program (PSF) is a comprehensive tobacco-control program to reduce tobacco smoke exposure among pregnant women and small children by systematically screening pregnant women and new parents for tobacco use in their obstetricians' and pediatricians' offices and linking them with tailored interventions. PSF has become a standard of care in San Diego County and a nationally recognized model. PSF provides a valuable resource for physicians and smoking cessation services specifically for pregnant women and new parents that was previously non-existent in San Diego.

## **Cancer/Oncology**

Cancer is the second leading cause of death in the US, exceeded only by heart disease, and accounts for almost one-quarter of all deaths in San Diego County. According to National Cancer Institute (NCI) estimates, in 2009 there will be 1,479,350 new cases of cancer diagnosed and an estimated 562,540 deaths related to cancer. Currently, lung, breast, colorectal and prostate cancers account for 53 percent of all new cases of cancer and 50 percent of all cancer deaths.

### **Prevalence/incidence and mortality**

Type of Cancer	2009 US Estimated New Cases	2009 US Estimated Deaths	2007 San Diego Deaths	2007 San Diego Rate per 100,000
Cancer – All cases	1,479,350	562,540	4,812	162.6
Lung and bronchus	219,440	159,390	1,146	39.6
Breast	194,280	40,610	332	20.2
Prostate	192,280	27,360	273	21.8
Colon	106,100	49,920	442	14.8

In San Diego County during 2007, persons age 55 and over accounted for almost 88 percent of cancer deaths with mortality rates per 100,000 population ranging from 267.7 among those in the 55-64 age category to 1,533.5 among those age 85 and over.

### **Trends**

Between 2000 and 2007, San Diego County's age-adjusted mortality rate for cancer has declined from 189.1 to 162.6 per 100,000 population.<sup>2</sup>

In response to this serious health concern, Scripps has developed a series of prevention and wellness programs designed to educate people on the importance of early detection and treatment for some of the most common forms of cancer. The following are some examples of cancer programs and activities in which Scripps engaged in during fiscal year 2011.

### **Scripps Green Hospital Cancer Center Support Groups**

Scripps Green Cancer Center support groups offer cancer patients the opportunity to express the emotions that come with a cancer diagnosis and help them cope more effectively with

---

<sup>2</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

their treatment regimen by nurturing their physical, emotional and spiritual well-being. Classes at Scripps Green Hospital, such as the free cancer writing workshop, When Words Heal, are designed to use expressive writing to help patients navigate their journey with cancer. In 2011, 16 cancer patients attended a support group at Scripps Green at a cost of \$1,818 to provide these free services to the community. (Sponsored by Scripps Green Hospital)

**Scripps Mercy Hospital, Chula Vista: Community Benefit Services, Breast Health Clinical Services**

A total of 4,968 women were referred to clinical breast health services in the community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 6,859 services were provided, including telephone reminders, outreach and education, case management and a variety of presentations. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits)

**Patient Continuity of Care with Scripps Mercy Hospital, Chula Vista Radiology Loss to Follow-Up Services**

A total of 36 patients have been provided support. Of these patients, a total of 77 services were provided. Services included encouraging patients to have repeat exams, assisting patients in getting health insurance approval to repeat exams, social and emotional support, and education about prevention of breast cancer. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits)

**Scripps Mercy Hospital, Chula Vista Radiology, Positive Breast Cancer Patient Support**

A total of 14 patients were supported. A total of 61 services were provided that included phone calls, home visits, packages with calendars, pens and educational materials, and social and emotional support. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits)

**Scripps Polster Breast Care Center, Music as Medicine Program**

Patients and their support persons participate in the Music as Medicine therapy class, which is facilitated by a music therapist. The music therapist asks questions and tailors the therapy to the participants' emotional and physical needs. Sessions involve listening to music, writing songs, discussing what lyrics mean to the participants, use of singing bowls, vocalization and drumming. Research has shown that music can boost the immune function, block incoming pain stimuli, lower blood pressure and influence emotional well-being. (Sponsored by Scripps Polster Breast Care Center)

**Scripps Polster Breast Care Center, Support Groups**

Scripps Polster Breast Care Center Support Groups provide a venue for women to come together, discuss issues relating to diagnoses, and receive support. The support groups are offered to women in the San Diego community. (Sponsored by Scripps Polster Breast Care Center)

### **Cancer Center Awareness and Educational Events**

A series of educational events are coordinated with American Cancer Society Awareness months. The events focus on various types of cancer, such as breast cancer, lung cancer, cervical cancer, colorectal cancer, skin cancer, ovarian/gynecological cancer and prostate cancer. A registered nurse clinician answers questions and provides written educational material. (Sponsored by Scripps Memorial Hospital La Jolla Cancer Center)

### **Health Education and Support Groups**

Education and support groups are provided to San Diego County residents regarding a wide variety of health concerns and diseases. Education and support group topics include families who have experienced the loss of a child, children who have lost a parent to cancer, infertility, parenting twins, improving children's reading abilities, Huntington's disease, Parkinson's disease, mental illness, ostomy, postpartum issues, gynecological cancer, chronic pain, and multiple sclerosis. (Sponsored by Scripps La Jolla Community Benefit Services)

### **Cardiovascular Disease**

Coronary heart disease and stroke are the number one and number three causes of death in the nation for both men and women. Heart disease is our nation's leading cause of death, claiming more than 950,000 American lives every year. Stroke is America's third killer and is a leading cause of serious, long-term disability.

According to the American Heart Association, an estimated 80,000,000 American adults have one or more types of cardiovascular disease (CVD). It is estimated that fewer than half of these, 38,100,000, are age 60 or older. High blood pressure, coronary heart disease (CHD) and stroke are the most common forms of CVD. CHD was the largest single killer of Americans in 2006, resulting in 445,687 deaths. The prevalence of CHD among US adults age 20 and older was 16,800,000, and an estimated 785,000 persons in the US had a new coronary attack, and another 470,000 had a recurrent attack during 2006. An estimated additional 195,000 persons had a silent attack during this same period.

Stroke killed 137,119 people in 2006. It's the third largest cause of death, ranking behind "diseases of the heart" and all forms of cancer. Stroke is a leading cause of serious, long-term disability in the United States.

There are nine potentially modifiable risk factors for CVD that have been identified as consistent in men and women across ethnic groups and regions. They include cigarette smoking, abnormal blood lipid levels, hypertension, diabetes, abdominal obesity, a lack of physical activity, low daily fruit and vegetable consumption, alcohol overconsumption, and psychosocial index.

During 2007, diseases of the heart were the second leading cause of death in San Diego County, accounting for 4,743 deaths during this period. Between 2003 and 2007, the

number of heart disease deaths dropped 12 percent from 5,404 in 2003. The age-adjusted rate of death related to heart disease during 2007 was 151 per 100,000 population. During 2007, the San Diego County death rate per 100,000 attributed to CHD was 112.5. Those most impacted were males, 148.3, whites, 118.8, African Americans, 179.0, and persons ages 65 and older, accounting for 82 percent of CHD deaths. The San Diego death rate for stroke was 36.1 per 100,000 population. Hispanics and African Americans have the highest rate of stroke, 43.1 and 41.0, respectively. Women, with a rate of 36.1 accounted for 59.1 percent of San Diego County stroke deaths. <sup>3</sup>

During fiscal year 2011, Scripps engaged in the following heart health cardiovascular disease prevention and treatment activities.

### **American Heart Walk**

Scripps allocated \$10,000 in operational funds and \$30,000 in in-kind donations to support the American Heart Association's efforts to fight heart disease and stroke. In addition, the ScrippsAssists employee volunteer program coordinated walker participation and fundraising efforts. The San Diego Heart Walk exceeded its goal by raising more than \$1 million. In 2011, more than 2,000 Scripps Heart Walk participants – employees, families and friends – walked to help raise more than \$138,000. Additionally, Scripps reached out to the community at the event by providing blood pressure screenings, health education materials and more. (Sponsored by Scripps Community Benefit Services)

### **Community Health Education Programs**

The community health education programs cover a wide variety of health-related topics on disease management, health care updates and prevention. The topics include alternatives to hysterectomy, stroke, stress, varicose veins, infertility, cardiac, depression, macular degeneration, memory, brain, orthopedic care, robotic surgery, skin care, back care, migraines, knee pain, pelvic floor incontinence, safety and fall prevention, bladder health, healthy dining, exercise, voice, flu prevention, sleep disorders, nutrition, hypertension, foot care, spine surgery, joint replacement, breathing, pain management and medication matters. (Sponsored by Scripps La Jolla Community Benefit Services)

### **CPR Classes for Patients and Families of the Cardiac Treatment Center**

CPR Classes are offered to Cardiac Treatment Center patients and their families. CPR certification classes (Friends and Families) are offered four times year to patients and family members. Both programs are designed to improve community health through increased knowledge of cardiopulmonary resuscitation practices. (Sponsored by Cardiac Treatment Center at Scripps Memorial Hospital La Jolla)

---

<sup>3</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

### **Cardiac Treatment Center Group Exercise Programs**

Cardiac Treatment Center Group Exercise Programs include tai chi, which is offered twice weekly; classes designed to decrease stress and improve balance; restorative yoga, which is offered three times a week; classes to decrease stress and improve strength and flexibility; fit ball, which is offered twice weekly; classes to improve strength, posture, core stability and balance; yoga for cancer recovery, which is offered weekly; classes to decrease stress, improve circulatory flow, and ease tension during healing; classes centering on balance, which are offered weekly; classes to build balance, posture and coordination; power yoga, which is offered twice weekly; classes to improve strength and flexibility; weekly Pilates classes, yoga for multiple sclerosis, which is offered weekly; classes designed to promote healing and improve strength and flexibility; and weekly meditation classes. (Sponsored by the Cardiac Treatment Center, Scripps Memorial Hospital La Jolla)

### **Stroke Care Programs**

A wide variety of community education and awareness was provided on stroke-related issues. (Sponsored by Scripps Mercy San Diego and Chula Vista Stroke Program)

### **Heart Health, Scripps Home Health Services**

Scripps Home Health provided community education to promote independent management of congestive heart failure (CHF) in order to prevent exacerbations and hospitalizations. Education included information on what is CHF, medications, diet, weight and exercise. In fiscal year 2011, 20 San Diego county residents were served. (Sponsored by Scripps Home Health Services)

### **Prevention of Cardiovascular Disease, Scripps Home Health Services**

Community education promoted a heart-healthy diet and healthy eating. In fiscal year 2011, 40 San Diego county residents were served. (Sponsored by Scripps Home Health Services)

### **The Eric Paredes Save A Life Foundation**

The Eric Paredes Save A Life Foundation is committed to preventing sudden cardiac arrest and death in middle- and high school-aged children through awareness, education and action. A \$15,000 donation was made to purchase screening equipment (EKG machines). The donation helped the Foundation provide health screenings, involving electrocardiograms (ECGs) and echocardiograms, to children before they could participate in organized sports and activities, along with equipping schools with automated external defibrillators (AEDs).

### **Diabetes**

Data from the 2007 National Diabetes Fact Sheet (the most recent year for which data is available) estimated a total of 23.6 million children and adults in the U.S., 7.8 percent of the population, have diabetes. These included 17.9 million people who have been

diagnosed with diabetes and another 5.7 million people with undiagnosed diabetes. Additionally, there were 57 million people with prediabetes. Each year 1.6 million new cases of diabetes are diagnosed in people aged 20 years and older.

There are three major types of diabetes: type 1 diabetes, type 2 diabetes and gestational diabetes. All three types of diabetes share the same basic characteristics — the body's inability either to make or to use insulin. Without enough insulin, glucose stays in the blood, creating high levels of blood sugar. Over time, this buildup causes damage to kidneys, heart, nerves, eyes and other organs.

Type 1 diabetes most often occurs during childhood or adolescence, accounting for 5 percent to 10 percent of all diagnosed cases of diabetes. Type 2 diabetes typically occurs later in life, frequently as the result of obesity, physical inactivity and other risk factors. Type 2 diabetes accounts for 90 percent to 95 percent of diabetes cases. However, due to the current obesity epidemic, it is estimated that 39 percent of the girls and 33 percent of the boys who are now healthy 2½ to 3 year olds are likely to develop diabetes.

More than 90 million Americans (33 percent) live with a chronic disease. While there are many disabling chronic diseases, diabetes has been identified as one of the primary chronic conditions in San Diego County. As the seventh leading cause of death in San Diego County during 2007, diabetes was responsible for 2.7 percent (520) of deaths during this period. In San Diego County, the age-adjusted estimate of adults diagnosed with diabetes in 2007 was 6.7 percent. Nationally, diabetes was the sixth leading cause of death during 2006, accounting for 72,449 deaths during this period.

### **Health Consequences**

The complications associated with diabetes are significant and well-established. The CDC reports complications including heart disease, stroke, hypertension, blindness, kidney disease, pregnancy complications, lower-limb amputations, periodontal disease and nervous system disease.

- The age-adjusted rate of hospitalization for persons with diabetes among San Diego County residents in 2008 was 128.5 per 100,000 population, an 18.9 percent increase since 2001.
- In 2008, Hispanics and African Americans living in San Diego County had diabetes-related hospitalization rates 1.8 and 2.6 times higher than that of the overall population.
- In San Diego County, the age-adjusted diabetes-related mortality rates decreased from 21.4 per 100,000 population in 2005 to 17.5 in 2007, an 18.2 percent decrease.
- In 2007, diabetes was the seventh leading cause of death in San Diego County, accounting for 520 deaths.
- In 2007, diabetes was the seventh leading cause of death in the US with an age-adjusted death rate for diabetes at 23.5 per 100,000 population. Among those 65 and over, diabetes was the sixth leading cause of death with a death rate of 135.6 per 100,000 population.

More than six million Americans are unaware they have diabetes. The complications related to diabetes are serious and can be reduced with preventive practices. Leading to school and work absenteeism, an elevated rate of hospitalization, frequent emergency room visits, permanent physical disabilities and sometimes death, diabetes is a serious community health problem. During fiscal year 2011, Scripps engaged in the following diabetes management initiatives.<sup>4</sup>

### **Project Dulce**

Formed through collaboration among The Scripps Whittier Diabetes Institute, the Council of Community Clinics and Community Health Improvement Partners (CHIP). Project Dulce is a comprehensive, culturally competent diabetes management program for underserved and uninsured populations in San Diego County. Project Dulce incorporates the Chronic Care Model in its team-based approach to care. Project Dulce has been working in communities across San Diego for the past 10 years by providing diabetes care and self management education. Nurse-led teams focus on achieving measurable improvements in the health of their patients; nurse educators lead multidisciplinary teams that provide clinical management; and peer educators from each cultural group, known as promotoras, provide public and patient education to their perspective communities. This innovative program combines the state-of-the-art in clinical diabetes management with proven educational and behavioral interventions.

Project Dulce provided 6,036 diabetes care and education visits for low-income and underserved individuals throughout San Diego in fiscal year 2011 and enrolled more than 812 new patients in Project Dulce. The program also initiated four new programs: diabetes prevention for women with a history of gestational diabetes, replicating Project Dulce in Tijuana, diabetes peer care coordination project at Scripps Mercy Chula Vista Hospital and the diabetes genebank program.

### **Scripps Whittier Diabetes Institute Professional Education and Training**

The Scripps Whittier Diabetes Institute professional education teams provide state-of-the-art education and training for people who wish to increase their diabetes management knowledge and skills. With the rise in the number of people with diabetes, medication upgrades, nutrition changes and changes in diabetes-related devices, there is a great need to equip health care professionals with the latest information and clinical practice skills. The Whittier's professional education program is led by a team of experts that include endocrinologists, nurses, dieticians, psychologists and other diabetes specialists.

These individuals train practicing professionals to deliver the best care possible for their patients with diabetes. Courses are designed to respond to the needs of allied health professionals seeking an understanding of the new and complex clinical treatment options

---

<sup>4</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

for type 1, type 2 and gestational diabetes. Professional education was provided to 2,126 individuals on diabetes topics, including insulin management, incretin therapy, the diabetes diet, the basics of diabetes, home health education and five-day comprehensive training for diabetes care professionals. Individuals came from throughout the United States, as well as from local health institutions, to learn from the Whittier Institute's most experienced diabetes experts, including endocrinologists, nurses, dietitians, psychologists and community educators. Over the last year, the Whittier Institute's professional education department provided 23 separate programs to physicians, nurses, pharmacists, social workers, dietitians, midlevel providers and social workers.

## **Health-Related Behaviors**

Health-related behavior is one of the most important elements in people's health and well-being. Its importance has grown as sanitation has improved and medicine has advanced. Diseases that were once incurable or fatal can now be prevented or successfully treated. Health-related behaviors such as immunization, smoking cessation, improved nutrition, increased physical activity, oral health and injury prevention have become important components of long-term health.

Understanding that personal behaviors play a significant role in an individual's overall health status, Scripps has developed a series of prevention and wellness programs that help people take charge of their own health and that of their families. During fiscal year 2011, Scripps participated in a number of health behavior modification efforts.

## **Flu Vaccination Campaign**

According to the Centers for Disease Control and Prevention (CDC), an average of 50,000 adults dies annually in the United States from diseases that are preventable through vaccination. Approximately 36,000 adults die from influenza, more than 6,000 from invasive pneumococcal disease and 5,000 from hepatitis B. In San Diego County, influenza and pneumonia were the 10th leading cause of death in 2007, with 1,111 deaths recorded between 2005 and 2007.<sup>5</sup>

Based on 2007 CHIS data, only 34.6 percent of San Diego County residents reported receiving an influenza vaccination during the past 12 months. Behavioral Risk Factor Surveillance System (BRFSS) data for 2008 reported only 26.5 percent of adults aged 65 and over had been vaccinated for influenza during the past 12 months. Vaccinations may not be received due to cost and local availability issues or a lack of education about timing and effectiveness. Misunderstanding, misinformation or skepticism related to the benefits and possible risks associated with vaccines may also reduce vaccination rates.

---

<sup>5</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

## **Maternal Child Health**

The health of mothers, infants and children is a reflection of the current health status of a large segment of the U.S. population and a health predictor for the next generation. The focus of the information on this topic includes indicators of maternal illness and death and those that affect infant health and survival. Among these is information related to infant mortality rates; access to preventive care; and fetal, perinatal and other infant deaths.

There are numerous risk factors associated with maternal and infant health including:

- Alcohol, tobacco and illegal substances during pregnancy are major risk factors for low birth weight and other poor infant outcomes.
- Very low birth weight is associated with preterm birth, spontaneous abortion, low prepregnancy weight and cigarette smoking.
- Infant death rates are highest among infants born to young teenagers and mothers aged 44 years and older.

Being pregnant or trying to become pregnant accounts for a small portion of a woman's life. An unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. Unintended pregnancy accounts for an estimated 49 percent of all pregnancies in the U.S. and is associated with increased morbidity and with behaviors during pregnancy that are linked with adverse health effects. Women who can plan the number and timing of the births of their children enjoy improved health, experience fewer unplanned pregnancies and births, and have lower rates of abortion.

### **Who is Most Impacted**

During 2008,<sup>6</sup> San Diego County's crude birth rate per 1,000 population was 14.9, accounting for 46,742 live births. Crude birth rates ranged from 9.2 among white women to 22.3 among Hispanic women. During 2008, Hispanics accounted for 44.7 percent of all live births followed by 30.9 percent for whites. Women between the ages of 20 and 34 accounted for 74.2 percent of births. Scripps Health continued to enhance prenatal education offerings for low-income women in San Diego County in fiscal year 2011. The following are examples of programs.

---

<sup>6</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

**Scripps Memorial Hospital La Jolla, Community Benefit Services:**

- Offered a total of more than 700 Maternal Child Health classes throughout San Diego County designed to enhance the parenting skills. Low-income women in the County of San Diego were eligible to all attend classes at no charge or on a sliding-fee schedule.
- Maintained the existing prenatal education services in all regions of the county, ensuring that programs continued to demonstrate a more than 90 percent satisfaction rating.
- Provided and supported weekly breastfeeding support groups throughout San Diego County. This includes two with bilingual services.
- Offered a maternal child health education series covering issues such as, dogs and babies, safety, grandparenting and baby sitter safety in the North County.
- Offered the following maternal child health classes at the Mende Well Being Center: basic training for dads, getting ready for the baby, infant CPR and safety, Parent Connection programs and redirecting children's behavior.
- Offered dogs and babies programs quarterly with more than 40 attendees.
- Offered weekly mommy and me yoga programs to new parents.
- Offered a prenatal yoga program for expectant women in San Diego County.
- Offered a pregnancy nutrition program quarterly at Scripps Memorial Hospital La Jolla.
- Offered classes in pelvic floor and pregnancy changes for expectant families at Scripps Memorial Hospital La Jolla.

(Sponsored by Scripps Memorial Hospital La Jolla, Community Benefit Services)

**First Five**

More than 1,285 services were received by first-time mothers, including home visits, referrals received, data entry, follow up phone calls, parenting classes and other support services. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefits)

**Scripps Mercy's Supplemental Nutrition Program for Women, Infants and Children (WIC)**

Scripps Mercy Hospital is one of five regional organizations that administer the state-funded WIC program, serving six locations that are conveniently situated either in or next to community clinics and/or hospitals in the Central San Diego area of San Diego County. WIC's target population is low-income pregnant and postpartum women, infants and children (ages 0 to 5). On an annual basis, Scripps Mercy WIC serves approximately 9,000 women and children with 44 percent in the City Heights community. The client base in City Heights is 91 percent Hispanic and is composed of pregnant and postpartum women (24 percent), infants (20 percent) and children (56 percent). In fiscal year 2011, the program provided nutrition services, counseling and food vouchers to 119,003 women and children in the South and Central regions of San Diego. Scripps Mercy WIC program plays a key role in maternity care by reaching low-income women during pregnancy to promote prenatal care, good nutrition and breastfeeding. Nutrition-trained staff begin educating women about the importance of breastfeeding during pregnancy and offer lactation support (one-on-one and group), as well as supplies — pumps, breast pads — during the postpartum period. (Sponsored by Scripps Mercy Hospital, San Diego)

## **Substance Abuse and Tobacco Use**

Substance abuse has a major impact on individuals, their families and their communities. The effects of substance abuse are cumulative, contributing to costly social, physical, mental and public health problems. These problems include teenage pregnancy, HIV/AIDS, other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide. According to the National Institute on Drug Abuse, the total estimated annual costs associated with substance abuse exceed half a trillion dollars. This includes approximately \$181 billion for illicit drugs, \$168 billion for tobacco and \$185 billion for alcohol. During 2009, California's estimated health care costs directly caused by smoking were \$9.14 billion.

### **Tobacco Use**

- During 2007, based on the Youth Risk Behavior Surveillance Survey (YRBSS), 43.6 percent of students in grades nine-12 within the San Diego Unified School District reported they had never tried cigarette smoking.
- During this same time period, 11 percent of students in grades nine-12 reported current cigarette use, and 7 percent reported they smoked more than 10 cigarettes per day.
- Of those students who reported they currently smoke, 41.4 percent reported they have tried to quit smoking at least once during the past 12 months.
- During 2008, based on Behavioral Risk Factor Surveillance System data for San Diego County, 14.5 percent of adults, aged 18 or older, currently smoke. Moreover, 23 percent are former smokers, and 62.5 percent have never smoked.

### **Alcohol Use**

- During 2007, based on the YRBSS, 72 percent of students in grades 9-12 within the San Diego Unified School District reported they had at least one drink of alcohol on at least 1 day during their life.
- During this same time period, 36.7 percent of students in grades nine-12 reported they had at least one drink of alcohol on at least one day during the 30 days prior to the survey.
- Episodic heavy drinking, having five or more drinks of alcoholic in a row within a couple of hours on at least one day during the 30 days prior to the survey, was reported by 21.8 percent of students.
- During 2008, based on Behavioral Risk Factor Surveillance System data for San Diego County, 55.1 percent of adults, aged 18 or older, have had at least one drink during the past 30 days.<sup>7</sup>

In an effort to encourage more people to take steps to prevent substance abuse, Scripps engaged in the following activities.

---

<sup>7</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

### **Intervention Workshops Aim to Improve Community Health**

The intervention program at Scripps Drug and Alcohol Treatment Program offers free workshops for parents to help them better understand adolescent alcohol and substance abuse and the widespread problem of teen addiction. Other intervention workshops address the warning signs of adult addiction for families and employers, providing age-specific information on how to help loved ones recognize the signs of addiction and how to get an addicted individual to seek treatment. More than 11,000 people attended the workshops on the Scripps Memorial Hospital La Jolla campus in 2011.

### **Every 15 Minutes**

The Every 15 Minutes program is a two-day event that exposes high school students to the consequences of drinking and driving through a dramatic reenactment of an alcohol-related traffic accident. The “injured” students are taken to Scripps Mercy Trauma Center. This program is sponsored jointly by local high schools, county police, sheriffs, CHP, emergency departments and ambulance services. During fiscal year 2011, Scripps Mercy Hospital participated in four Every 15 Minutes programs, reaching more than 3,000 high school students throughout San Diego County. Scripps Memorial Hospital La Jolla participated in one Every 15 Minutes program, reaching 250 high school students in La Jolla. (Sponsored by Scripps Mercy Trauma and ED, and Scripps La Jolla Trauma Department)

### **Partnership for Smoke-Free Families Program**

Cigarette smoking has been identified as the most important source of preventable morbidity and premature mortality worldwide. Cigarette smoking causes heart disease, several kinds of cancer (lung, larynx, esophagus, pharynx, mouth and bladder, and chronic lung disease.

Approximately 11 percent of pregnant women smoke. An estimated 25-60 percent of all female smokers quit shortly after learning they are pregnant (recent quitters). Among those who quit on their own, 20 percent to 40 percent will go back to smoking during pregnancy. In the U.S., 25 percent of children under the age of six years live in a house where someone smokes inside at least four days per week.

#### *Prenatal Risks*

Smoking during pregnancy has been shown to cause adverse outcomes, including miscarriage, placental abruption and separation, and increased perinatal mortality. It accounts for 20 percent of low birth weight deliveries, 8 percent of preterm births and 5 percent of all prenatal deaths.

#### *Infant/Child Risks*

The effects of maternal smoking are not limited to the prenatal period. More infants die of Sudden Infant Death Syndrome if the mother smoked during pregnancy or after the birth. Children of smokers have more respiratory problems, ear infections, asthma and doctor visits. Children whose parents smoke are more likely to have behavior problems and trouble with schoolwork.

Launched in 1998 by the CEOs of Rady Children’s Hospital, Scripps and Sharp HealthCare, the goal of PSF is to reduce tobacco smoke exposure among pregnant women and young children. The program works directly with obstetricians and pediatricians across San Diego County to implement “best practices” as outlined in the USDHHS Treating Tobacco Use and Dependence Clinical Practice Guideline. PSF has become a standard of care in San Diego County and is recognized nationally. As of November 30, 2010, nearly 300,000 pregnant women and parents of small children have been screened for tobacco use/exposure and more than 55,000 proactively linked with targeted interventions. (Sponsored by Scripps Health System, Community Benefit Services)

### **Hospitalized Patients Smoking Cessation Study**

A total of 84 participants were included in the Stay Quit Study. This study is a partnership with the California Smokers Helpline. A total of 507 people have been screened. (Sponsored by Scripps Mercy Hospital, Chula Vista ).

### **Youthful Drinking and Driving Program**

Considering that at least 74.3 percent of high school students in the U.S. report drinking alcohol, it is imperative that students understand the risks associated with alcohol abuse. In an effort to educate at-risk students about the dangers associated with drinking and driving, Scripps Mercy Hospital Emergency Department and Trauma Center participated in the Corrective Behavior Institute’s Youthful Drinking and Driving Program, providing teens with a trauma center visitation experience. This four-hour supervised trauma visitation program for young drivers ages 14 and over showed them the realistic consequences of driving under the influence. More than 44 high school students were served through this program. Participants visit the trauma room, ER, ICU, CAT scan and other hospital areas. (Sponsored by Scripps Mercy Hospital Emergency Department and Trauma Center)

### **San Diego County Policy Panel on Youth Access to Alcohol**

Scripps participates on a panel that works to shape local, state and national policies that affect underage drinking. It is the lead organization for the region’s Combating Underage Drinking Initiative and provides structure to support the project’s strategies through media advocacy, data collection and responsible beverage service training and youth participation. (Sponsored by Scripps Mercy Hospital Trauma Services).

### **San Diego County Methamphetamine Strike Force (MSF)**

Convened in 1996 by the County Board of Supervisors, this multiagency group is tasked with the development of a regional prevention and treatment strategy to address methamphetamine abuse. Scripps Mercy Hospital Trauma Services is on the coordinating committee. The Strike Force tracks its progress with an annual report card of 10 indicators. The Strike Force programs have been duplicated in several other parts of the United States. (Sponsored by Scripps Mercy Hospital Trauma Services)

## **Unintentional Injury and Violence**

In California, injury, including both unintentional and intentional, is the number one killer and disabler of persons aged 1 to 44 (CDPH, 2010).

Unintentional injuries can occur at home, at work, while participating in sports and recreation, on the streets, and at school. Causes of unintentional injuries include motor vehicle accidents, falls, firearms, fire/burns, drowning, poisoning (including drugs and caustic substances) and alcohol, gas, cleaners, and injuries at work.

The numbers of deaths associated with unintentional injury are significant, yet present only a small part of a much larger and serious public health problem. Hospitalization data is more indicative of the extent of the injury problem than death data alone.

In San Diego County during 2008 there were more than 930 deaths, more than 20,800 San Diegans hospitalized, and nearly 150,000 were treated annually in emergency departments for unintentional injuries. The number of unintentional injuries treated in physicians' offices and clinics related to unintentional injury, while unknown, is likely much higher than the number of emergency department visits.

Unintentional injuries are one of the leading causes of death for San Diego County residents of all ages, regardless of gender, race or region. During 2008, unintentional injury was the leading cause of death for persons ages 1 to 4 years, and 15 to 34 years and the sixth leading cause of death overall. More than 930 San Diegans died in 2008 as a result of unintentional injuries.

During 2008, there were 149,900 San Diego County ED discharges following treatment for unintentional injuries, accounting for almost one in four (24.2 percent) of all ED discharges during this period. The rate of ED discharges related to unintentional injury was 4,735 per 100,000 and represented the lowest rate during the past three years.

The following are some of Scripps Health programs that address unintentional injuries and violence for FY11.<sup>8</sup>

### **Health and Safety Fair, Scripps Home Health Services**

This program provided education for seniors on fall prevention (primary causes of falls and fractures) and fire safety. Home health nurses provide information to seniors and their families on continuum-of-care options. In fiscal year 2011, 735 San Diego residents were served. (Sponsored by Scripps Home Health Services)

---

<sup>8</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

### **Fall Prevention, Scripps Memorial Hospital La Jolla and the Lawrence Family Jewish Community Center**

This partnership offered a class taught by trauma care experts about ways to reduce fall risk, improve safety awareness and utilize available resources to promote independence and overall safety. Approximately 3,500 participants from the community attended this class. (Sponsored by Scripps Memorial Hospital La Jolla Trauma Services)

### **Sports Concussion Program, Rehabilitation Center at Scripps Memorial Hospital Encinitas**

Every year in the U.S., almost 300,000 sports-related concussions occur per year — one thousand in football alone — and approximately 130,000 high school athletes suffer a concussion. A recent report showed that close to 40 percent of high school athletes who sustain a concussion return to play too soon. The Rehabilitation Center at Scripps Encinitas has developed a public education and community outreach program designed to bring awareness to concussion, signs and symptoms of concussion, how to avoid them, treat them and understand their consequences. Approximately 194 students have been served by this program. (Sponsored by Scripps Memorial Hospital Encinitas)

### **San Diego Fall Prevention Task Force**

This County HHS-Aging and Independence Service-supported Task Force seeks to reduce falls and their devastating consequences in San Diego County. Goals and strategies include increasing connections between physicians and other community service providers that provide fall prevention services and increasing awareness among older adults and service. Scripps Mercy Hospital Trauma Center participates in this task force.

### **Weight Status, Nutrition, Activity and Fitness**

The numbers speak for themselves — 63 percent of American adults are either overweight or obese! Nationally, the prevalence of obese adults (those with a body mass index [BMI] of 30 or more) has increased by 68 percent since 1995, from 16 percent to almost 27 percent. During this same period, the prevalence of overweight adults has increased by only 2 percent, 35.5 percent to 36.2 percent.

Behavioral Risk Factor Surveillance System (BRFSS) data for 2009 in San Diego County indicates that almost 59 percent of the adult population is considered either overweight or obese. Since 2005, the first year BRFSS data was reported for San Diego County, the prevalence of obese adults has ranged from 20 percent in 2005 to 26.7 percent in 2006, with the most current measure at 21.6 percent. Since 2006, the prevalence of overweight adults in San Diego County has increased slightly from 36.5 percent to 37.7 percent.

Review of adult overweight and obesity prevalence data by ethnicity, race and gender indicates the prevalence rates of obesity among Latinos and African Americans are significantly higher than those for whites at the national, state and county levels.

Obesity rates by gender also varied significantly in the 2007 CHIS, the most recent county level data available by gender, with 25.4 percent of males and 18.1 percent of females having a BMI of 30.0 or higher. Moreover, males were significantly more likely to be overweight (BMI between 25.0 and 29.99) than females, 40.5 percent and 25.8 percent, respectively.

### **Causes of Obesity**

Many factors play a role in overweight and obesity, making it a complex health issue to address. Some of the factors that are major contributors to the obesity epidemic include (DH&HS, 2010):

- Genetic predisposition
- Environmental influences
- Behavior (dietary patterns and physical activity)
- Cultural influences
- Socioeconomic status<sup>9</sup>

In the context of prevention, it is important to understand the effect each of these factors has on obesity and which can be changed as a means of reducing the prevalence of obesity. The following are some examples of Scripps programs that address the health issues described above.

### **Nutrition Services and Physical Activity**

According to the 2009 Behavioral Risk Factor Surveillance System (BRFSS) data for San Diego County, more than 59 percent of the adult population is considered either overweight or obese. Obesity increases the health risk for chronic diseases, such as heart disease, type 2 diabetes, high blood pressure, stroke and some forms of cancer. At even greater risk are the nation's low-income minority populations. In an effort to address this critical health concern, staff members based at the City Heights Wellness Center have established a variety of nutrition education and services, designed specifically to meet the needs of low-income minority populations. The center uses a combination of approaches to address a broad array of community health priorities, including nutrition, access to services and community engagement. The "hub" of the Wellness Center is a teaching kitchen — a hands-on interactive setting for cooking demonstrations, weight management and meal preparation classes, nutrition education, and counseling. During fiscal year 2011, more than 6,000 visits accessed nutrition education and counseling services at the City Heights Wellness Center. (Sponsored by Scripps Mercy Hospital, Community Benefit Services)

---

<sup>9</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

### **Scripps Mercy's Supplemental Nutrition Program for Women, Infants and Children (WIC)**

Scripps Mercy Hospital is one of five regional organizations that administer the State-funded WIC program, serving 6 locations that are conveniently situated either in or next to community clinics and/or hospitals in the Central San Diego area of San Diego County. WIC's target population is low-income pregnant and postpartum women, infants and children (ages 0 to five). On an annual basis, Scripps Mercy WIC serves approximately 9,000 women and children with 44 percent in the City Heights community. The client base in City Heights is 91 percent Hispanic and made up of pregnant and postpartum women (24 percent), infants (20 percent) and children (56 percent). In fiscal year 2011, the program provided nutrition services, counseling and food vouchers to 119,003 women and children in the South and Central regions of San Diego. (Sponsored by Scripps Mercy Hospital, San Diego)

### **Healthy Live Healthy, Family Nutrition Program**

Using the Cooperative Extension's research-based curriculums and bilingual staff, a registered dietitian supervised the implementation of weekly nutrition education classes in Spanish. The program targets the low-income population who uses food stamps. It consists of a series of eight weekly classes and the primary goal is to increase the knowledge, skills and motivational level of area residents so that they practice healthy eating and related behaviors. Class topics focus on nutrition, physical fitness, food safety, meal planning and food shopping. (Sponsored by Scripps Mercy Hospital, Community Benefit Services)

### **Collaborate for Healthy Weight**

This advisory group meets monthly. Collaborate for Healthy Weight is a program of the Health Resources and Services Administration (HRSA) and the National Initiative for Children's Healthcare Quality (NICHQ). The shared vision is to create partnerships among primary care, public health, and community organizations to discover sustainable ways to promote healthy weight and eliminate health disparities in communities across the United States. All three sectors must collaborate, using evidence-based approaches, to reverse the obesity epidemic and improve the health of our communities. (Sponsored by Scripps Mercy Hospital, Chula Vista, Community Benefit Services)

### **Mental Health and Mental Disorders**

According to the National Institute of Mental Health (NIMH), annually an estimated 13 million American adults (approximately one in 17) have a seriously debilitating mental illness (NIMH, 2008). Furthermore, mental health disorders are the leading cause of disability in the U.S., accounting for 25 percent of all years of life lost to disability and premature mortality (WHO, 2004). Moreover, in 2007, suicide was the 11th leading cause of death in the U.S., accounting for more than 34,500 deaths (NVSS, 2010).

### **San Diego County, Prevalence of Serious Mental Illness**

There are 141,420 persons in San Diego County with serious mental illness, representing 4.9 percent of the household population in San Diego County (DMH, 2007). The most impacted by serious mental illness in San Diego are persons under age 18 and those living in households under 200 percent of the federal poverty level, 7.4 percent and 8.8 percent respectively.

### **Emergency Department Discharges**

During 2008, there were 25,468 discharges from San Diego County hospital emergency departments with a primary diagnosis of mental disorder, accounting for 4.1 percent of all ED discharges. (Note, the primary diagnosis of mental disorder includes a wide range of diagnoses, including alcoholic and drug psychoses, dependence and abuse.) The overall rate of ED discharges with a diagnosis of mental disorder was 809.5 per 100,000 population.

### **Hospitalizations**

During 2008, there were 22,971 hospitalizations in San Diego County hospitals with a principal diagnosis code of mental disorders (ICD-9-CD code 290-319), accounting for 7.4 percent of all hospitalizations. These hospitalizations included 17,556 with a principal diagnosis of psychoses, accounting for 59 percent of all mental health hospitalizations. There were 6,210 with a principal diagnosis of schizophrenic disorders and 4,583 with a principal diagnosis of major depressive disorder, accounting for 27 percent and 20 percent of all mental health hospitalizations, respectively (CoSDEPI, 20010).

### **Suicide and Suicide Attempts (Self Inflicted Injury)**

Suicide occurs when a person ends his or her life and is a major complication of depression. Suicide is a leading cause of non-natural death for all ages in San Diego County, second only to motor vehicle crashes. In 2010, a total of 372 San Diegans died by suicide for a rate of 11.5 per 100,000 population. This was higher than California overall (9.9 per 100,000) and slightly lower than the national rate (11.9 per 100,000).

Suicide deaths are only part of the problem; more people survive suicide attempts than actually die. Those who attempt suicide are often seriously injured and require medical and psychiatric care. Between 2000 and 2008, 2,896 San Diegans have died as a result of suicide. On average one suicide affects the lives of at least six other people, causing considerable grief, social stigma and, in some cases, elevated risk of additional suicides. In 2010, the County of San Diego Health and Human Services Agency (HHS) launched a suicide prevention action planning process, which was informed by the National Strategy for Suicide Prevention and the California Strategic Plan on Suicide Prevention. Scripps is a member of the Community Health Improvement Partners (CHIP), which collaborated with the county on this initiative.<sup>10</sup>

---

<sup>10</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

Scripps offers both inpatient and outpatient adult behavioral health services at Scripps Mercy Hospital, San Diego. The behavioral health program at Scripps Mercy also actively supports community programs designed to reduce the stigma of mental illness and help affected individuals live and work in the community.

### **Scripps Health Behavioral Health Inpatient Programs**

Individuals suffering from acute psychiatric disorders are sometimes unable to live independently or may even pose a danger to themselves or others. In such cases, hospitalization may be the most appropriate alternative. The Behavioral Health Inpatient Program at Scripps Mercy Hospital helps patients and their loved ones work through short-term crises, manage mental illness and resume their daily lives.

### **Challenges**

- Like many behavioral health programs across the country, funding is difficult, as payment rates have not kept pace with the cost to provide care.
- In 2011, the Scripps Mercy Behavioral Health Program lost \$5.2 million.
- In 2011, 25 percent of patients in the inpatient unit were uninsured.

### **Scripps Health Behavioral Health Outpatient Programs**

Scripps Mercy provides community-based adult psychiatric treatment at Scripps Mercy Hospital, San Diego. The outpatient program is an intensive day program designed to help individuals reduce their symptoms while they continue to live in the community.

The program provides two levels of care:

- The outpatient program offers patients one to four treatment days per week
- The partial hospitalization program provides more intensive treatment five to six days per week.

### **Mental Health Outreach Services, A-Visions Service Program**

Behavioral Health Services at Scripps Mercy Hospital established the A-Visions Vocational Training Program, in partnerships with the San Diego Mental Health Association, to help decrease the stigma of mental illness. The program helps people receiving mental health treatment by providing vocational training, potentially leading to a greater level of independence. This year, Behavioral Health continued participation in the A-Visions program (social rehabilitation and prevocational services for people living with mental illness). In fiscal year 2011, 32 clients were served. Currently, 21 people are volunteering, and 20 people are participating in supportive employment. The total expense for the A-Visions program for fiscal year 2011 was \$174,037.

### **Increase Awareness of Mental Health and Geriatric Psychiatric Issues**

In fiscal year 2011, Scripps Behavioral Health Services improves awareness of mental health and geriatric issues by providing information and supportive services to more than 1,000 people at community events.

## Mental Health Emerging Issues

Healthy People 2020 has identified several mental health issues that have emerged among some special populations. These include post-traumatic stress disorder (PTSD) among veterans and others who have experienced some type of traumatic event. These traumatic events may include war, rape and natural disasters, a car or plane crash, kidnapping, violent assault, sexual or physical abuse and medical procedures (especially in kids).

Scripps Memorial Hospital Encinitas offers a two-day course called Brain Injury Rehabilitation Conference: Beyond the Hospital, Into the Community. This two-day course on PTSD and stress disorder is designed to provide strategies and a framework for the management of brain-injured patients both within and outside the clinical setting. Approximately 281 persons were served by this conference. Treatments are focused on the total care continuum — physical, cognitive, perceptual, emotional and social — in a multidisciplinary format. This conference also provides the participant with theoretical, practical and advanced applications in brain injury rehabilitation. The course is taught by an interdisciplinary team of specialists in brain injury rehabilitation at Scripps Memorial Hospital Encinitas.

## Infectious Disease

### Sexually transmitted diseases and HIV/AIDS

Sexually transmitted diseases (STDs) have been referred to by the Institute of Medicine as a “hidden epidemic of enormous health and economic consequence in the U.S. They are hidden because many Americans are reluctant to address sexual health issues in an open way and because of the biological and social characteristics of these diseases.” STDs encompass more than 25 infectious organisms transmitted primarily through sexual activity. Local, state and national health agencies are responsible for surveillance and monitoring of STDs.

*Selected STD cases and rates per 100,000 population for San Diego County — all ages by race/ethnicity, January–December 2009*

	All races		Asian/Pacific Islander		African American		Hispanic		White	
	cases	rate	cases	rate	cases	rate	cases	rate	cases	rate
Chlamydia	14,219	451.6	636	193.5	1,266	761.3	3,100	329.7	2,083	131.8
Gonorrhea	1,850	58.8	51	15.5	226	135.9	238	25.3	256	16.2
Early Syphilis	394	12.5	15	4.6	43	25.9	136	14.5	196	12.4

## **Tuberculosis**

Tuberculosis (TB) is an airborne infectious disease caused by the bacterium *Mycobacterium tuberculosis* that usually affects the lungs, although other organs and tissues such as the kidney, spine and brain can be affected as well. TB can be spread by coughing, sneezing, laughing or singing. During 2009, there were 264 tuberculosis cases. Individuals most commonly diagnosed with TB are Hispanic (52.3 percent) or Asian/Pacific Islander (31.1 percent), male (62.5 percent) and between the ages of 25 and 64 years (61 percent).<sup>11</sup>

## **HIV/AIDS**

As of December 31, 2008, 13,820 Acquired Immunodeficiency Syndrome (AIDS) cases have been reported in San Diego County since 1981. Individuals most commonly diagnosed with AIDS in San Diego County are white, male, aged 30 to 39 years and have male sex partners.

During this period, 3,847 Human Immunodeficiency Virus (HIV) cases have been reported. Because of a change in the HIV reporting system, all HIV reporting data currently available covers the period April 17, 2006 through December 2008. Individuals most commonly diagnosed with HIV are white, male and aged 30 to 39.

Scripps Health addresses infectious disease with a few of the following programs.

### **Scripps Mercy Hospital, Chula Vista Well-Being Center, Senior Prevention and Wellness**

Senior Health Chats were implemented to provide health education to the older adult community in South Bay. Approximately 20-25 seniors attended these monthly throughout the year. These presentations included a variety of health and age-related prevention and wellness. One of the topics was about tuberculosis and how to prevent and treat it. In addition, information was presented about signs and symptoms. The presentations are facilitated by various Scripps Mercy health care professionals, physicians and family medicine residents. Topics are all chosen by the seniors themselves so as to meet their local needs. Also, the health chats provide an interchange among the community members, medical residents and other health care professionals to foster healthy lifestyles and health prevention. Scripps Mercy Hospital, Chula Vista Well-Being Center staff prepares and conduct these sessions with the seniors to foster health prevention, awareness and dialogue between the seniors. Many questions are asked about chronic health issues and other geriatric related health concerns.

---

<sup>11</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

### **Scripps Mercy Hospital, Chula Vista Well-Being Center, Youth Prevention and Wellness**

Scripps Mercy Hospital health care professionals, family medical residents, dieticians, nurses and doctors enlighten students in the classroom of 10 local South Bay high schools on health-related topics. Some of the topics included sexually transmitted illnesses and tuberculosis 101. Students received health career tools/brochures that included information on prevention and detection, as well as treatment, signs and symptoms. Around 2,527 people were served.

### **Scripps Mercy Hospital Family Medicine Residency**

This program runs two health clinics established at Palomar and Southwest High School for family medicine residents to gain additional skills in adolescent medicine, and for youth to gain the knowledge, attitude and skills necessary to pursue health careers. Family medicine residents and faculty interact twice per week at the clinic providing adolescent medicine. Some teaching and education takes place one-on-one with students regarding sexually transmitted illnesses, prevention, signs, symptoms and treatment. Also, information is presented on tuberculosis prevention, signs, symptoms and treatment.

### **Respiratory Disease**

Respiratory diseases such as asthma and chronic obstructive pulmonary disease (COPD) are a significant public health burden in the United States. Asthma and COPD are among the 10 leading chronic conditions causing restricted activity. After chronic sinusitis, asthma is the most common cause of chronic illness in children. COPD, which involves emphysema and chronic bronchitis, is the fourth leading cause of death in San Diego County and the U.S. In 2007, COPD accounted for 1,023 deaths in San Diego County and 123,311 deaths nationally for an age-adjusted mortality rate per 100,000 population of 34.1 and 40.5, respectively.<sup>12</sup>

### **Hospitalized Patients Smoking Cessation Study**

A total of 507 participants were included in the pilot randomized control trial to assess how best to assist hospitalized smokers quit smoking. This study is a partnership with the California Smokers Helpline. The smoking cessation pilot and expanded study are prevention programs related to respiratory disease. The respiratory therapists are core to the pilot, as well as to the larger NIH study. Many of the hospitalized smokers are admitted for pulmonary and respiratory disease that is, of course, linked to smoking. (Sponsored by Scripps Mercy Hospital, Chula Vista)

### **Partnership for Smoke-Free Families Program**

Secondhand smoke is clearly a community health risk attributing to low birth weight in newborns, Sudden Infant Death Syndrome (SIDS), respiratory infections, asthma and

---

<sup>12</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

middle-ear disease in infants and children. The Partnership for Smoke-Free Families (PSF) is a collaborative effort supported by Scripps, Sharp Healthcare and Rady Children's Hospital focused on improving the health and well-being of children by reducing their exposure to second-hand smoke. (Sponsored by Scripps Health Community Benefits)

### **City Heights Wellness Center, Healthy Homes and Asthma Trigger Night Forum**

The City Heights Wellness Center partnered with the Community Asthma Task Force (CAT Force). Families with asthmatic children often face a number of challenges that can lead to anxiety, fear or conflict. The forum presented ways for parents to learn to overcome obstacles and challenges presented by their child's condition and find ways to work with them to maintain a healthy and positive living environment. Some of the topics that were presented included learning how to get an asthma action plan completed by a doctor, learning how to have a school nurse and the classroom teacher follow the asthma action plan, learning how to rid homes of mold, allergens and other asthma triggers, learning what can be done in homes to help children from having asthma attacks and learning about qualifying to have homes or apartments renovated at no cost. (Sponsored by Scripps Mercy Hospital, Community Benefit Services)

### **Oral Health**

Oral Health in America: A Report of the Surgeon General declares that "oral health is essential to the general health and well-being of all Americans." The report identifies huge disparities in the oral health status of certain populations in the United States, including low-income families, those living in rural communities, racial or ethnic minorities, children, the elderly and the developmentally disabled. The 2005 California Oral Health Needs Assessment reported 54 percent of kindergarteners and 71 percent of third graders have a history of tooth decay, and more than 25 percent of elementary school children have untreated decay. A report card issued in 2010 by Children Now gave California a D+ for health coverage and a D+ for oral health.

Those who suffer the worst oral health are found among the poor of all ages, with poor children and poor older Americans particularly vulnerable. Identified barriers to care include no perceived need for oral care and/or the public and policymakers placing a low priority on oral health and prevention strategies; lack of access to dentists; low socio-economic status and/or lack of financial resources to pay for care; inadequate reimbursement by government insurance programs and excessive paperwork required for reimbursement; lack of providers trained to care for diverse populations, very young children and people with special needs; and Medi-Cal beneficiaries being unaware that dental benefits are included as part of their insurance plan.

## **Project Dulce**

Project Dulce addresses oral health issues with patients during counseling visits.<sup>13</sup>

### **Fostering Volunteerism**

Scripps believes that health improvement begins when community members take an active role in making a positive impact on their community. For this reason, Scripps supports volunteer programs for Scripps employees and affiliated physicians who want to help make even more of a difference in the health of their community. The ScrippsAssists employee volunteer club is one avenue through which Scripps matches the talents and interests of employees and physicians with community needs. This includes, but is not limited to, mentoring partnerships with local schools and efforts to provide free medical and surgical care to patients in need.

In addition to the financial community benefit contributions made during fiscal year 2011, Scripps employees and affiliated physicians contributed a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services.

With close to 21,302 hours of volunteer time, the estimated dollar value of this volunteer labor is \$906,229.90. This amount is not included in the Scripps fiscal year 2011 community benefit programs and services total.<sup>14</sup>

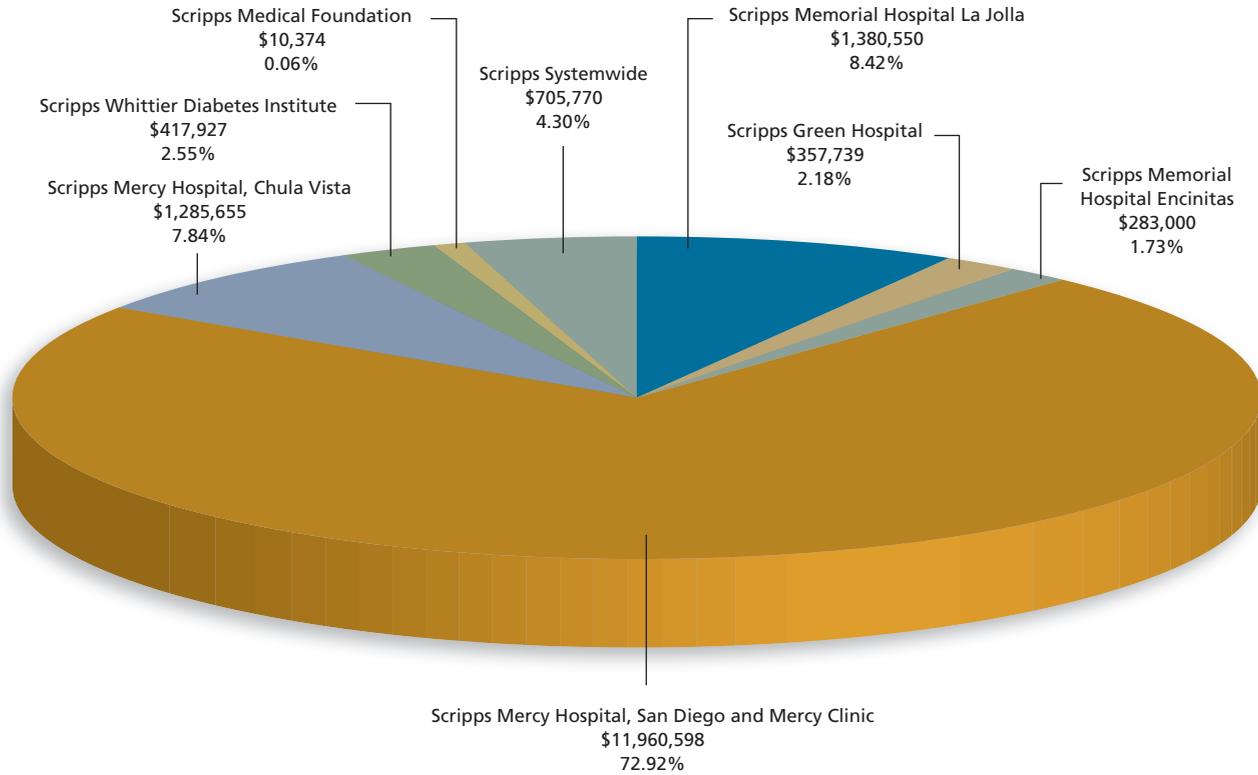
---

<sup>13</sup> Demographic and community need information data presented throughout the body of this document are based upon the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics (unless otherwise indicated). Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>

<sup>14</sup> Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

# FIGURE 4:1

FY11 Scripps Community Health Services (includes subsidized care)  
by Operating Unit, \$16,401,613

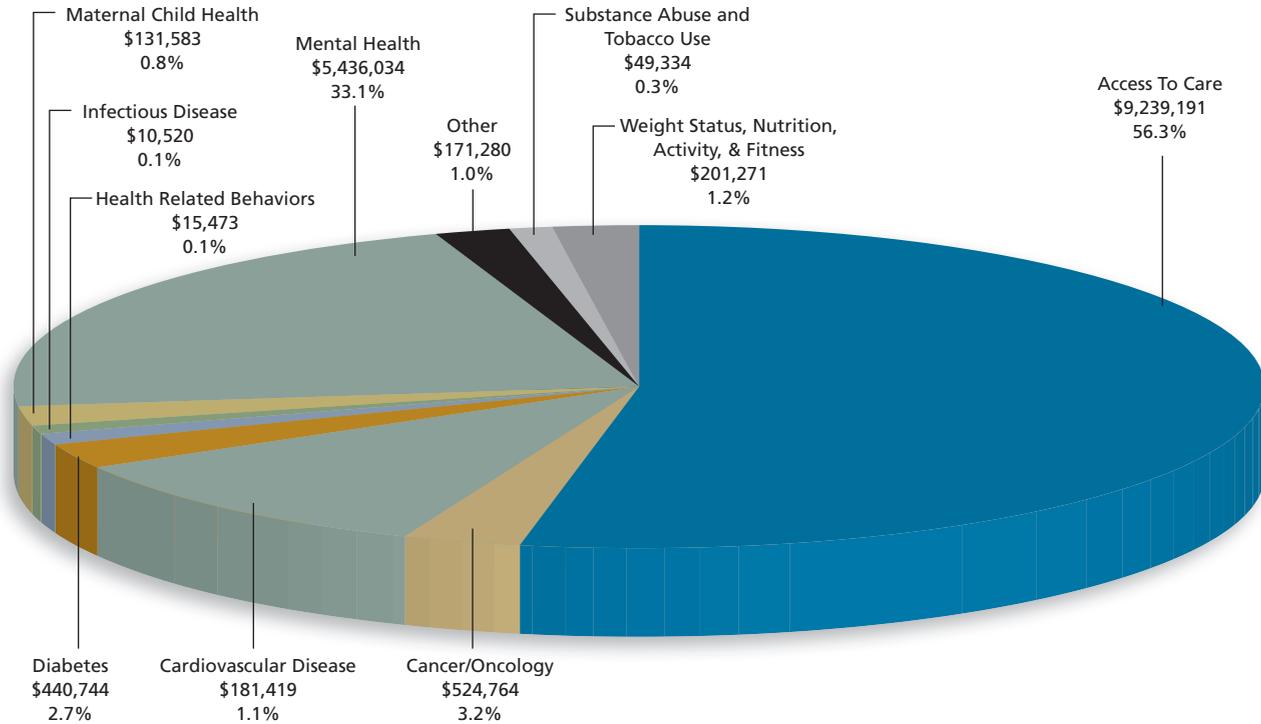


**Community Health Services:**

Includes prevention and wellness programs, as well as other community health improvement services (screenings, health education, support groups and health fairs) supported by operational funds, grants and in-kind donations. Calculations based on cost less direct offsetting revenue. Direct offsetting revenue includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. Direct offsetting revenue does not include restricted or unrestricted grants or contributions that the organization uses to provide community benefits. Community Health Services’ expenses have increased substantially beginning in fiscal year 2008 as Scripps does not offset for grants or contributions. This is based on the IRS guidelines.

# FIGURE 4:2

FY11 Scripps Community Health Services by Health Issue, \$16,401,613



### Community Health Services

Includes prevention and wellness programs, as well as other community health improvement services (screenings, health education, support groups and health fairs) supported by operational funds, grants and in-kind donations. Calculations based on cost less direct offsetting revenue. Direct offsetting revenue includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. Direct offsetting revenue does not include restricted or unrestricted grants or contributions that the organization uses to provide community benefits. Community Health Services' expenses have increased substantially beginning in fiscal year 2008 as Scripps does not offset for grants or contributions. This is based on the IRS guidelines.

# SCRIPPS COMMUNITY HEALTH SERVICES

## COMMUNITY BENEFIT SERVICES SUMMARY LIST

### FY11 COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
American Cancer Society — Making Strides Against Breast Cancer	0	136	\$22,057	27,000
Beach Area Community Court Program	18	18	\$1,559	250
Blood Drives for the American Red Cross	32	1,979	\$112,874	2,740
Breast Cancer Education and Support Group	0	615	\$10,997	123
Breastfeeding Support Groups – Scripps La Jolla Community Benefit Services	0	1,216	\$93,369	2,604
Cancer Center Awareness and Educational Events	0	1,182	\$88,062	350
Cancer Center Heredity and Cancer Genetic Counseling Program	0	965	\$70,798	257
Cancer Center Nutrition Program	0	25	\$1,400	3
Cancer Center Outpatient Social Worker and Liaison	0	316	\$7,688	5
Cancer Center Registered Nurse Navigator Program	0	742	\$54,689	200
Cancer Center Support Groups — Scripps Green Hospital	0	6	\$1,818	16
Cancer Center Transportation Program	0	57	\$2,929	10
Cancer Support Services and Educational Materials	0	1,699	\$122,204	505
Cardiac Education Programs	0	231	\$13,949	1,000
Cardiac Risk Screenings	0	54	\$2,653	50
Cardiac Support Groups	22	4	\$327	55
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.</p> <p>Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Cardiac Treatment Center Group Exercise Programs	4	856	\$35,807	3,010
Chronic Pain Programs	0	0	\$53	2
City Heights Wellness Center — Community Health Education	264	2,705	\$139,419	8,846
City Heights Wellness Center — Health Care Support Services	0	86	\$4,413	280
City Heights Wellness Center — Mental Health Education Services	0	144	\$7,439	472
Community Health Education Programs	75	2,761	\$180,390	1,063
Community Health Fairs and Fall Prevention	0	319	\$10,433	3,500
Concussion Education and IMPACT Testing	0	92	\$4,798	194
CPR and Emergency Preparedness	0	334	\$20,221	112
CPR Classes for Patients and Families of the Cardiac Treatment Center	0	10	\$928	24
Disaster Preparedness Expo	0	6	\$258	500
Emergency Response Course and CPR/AED for the Professional Rescuer and Health Provider	0	105	\$18,854	378
Encinitas Community Outreach and Immunizations	0	533	\$9,888	99
Eric Paredes Save a Life Foundation Health Screenings	0	0	\$0	1,446
Fiji Alliance	84	816	\$43,537	850
Fire Awareness Community Education	0	6	\$442	100
Health and Safety Fair — Scripps Home Health Services	2	0	\$0	735
Health Education and Support Groups	14	1,170	\$80,085	647
Healthy Holiday Choices — Scripps Home Health Services	0	0	\$0	40
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.</p> <p>Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Heart Health — Scripps Home Health Services	0	0	\$0	10
Hepatitis C Support Group	0	30	\$2,478	63
Living Donor Support Group/Class	0	8	\$1,648	40
MCH Programs — Breast Health — Community Health Education	0	2,065	\$30,568	6,859
MCH Programs — Breast Health — Community-Based Clinical	0	0	\$0	4,968
Mercy Outreach Surgical Team (MOST)	4,180	4,380	\$424,050	233
Nutrition Education Class	0	24	\$1,409	104
Occupational Therapy and Occupational Therapy Assistant Student Program	0	960	\$52,092	2
Official Physical Therapy Sportsmed Crew for Susan G. Komen 3-Day For The Cure Breast Cancer Walk	504	128	\$9,273	4,000
Organ Transplant Support Groups	0	98	\$14,308	1,115
Osteoarthritis Education Class	24	54	\$3,102	150
Parent Connection	325	2,080	\$54,692	10,223
Perinatal Education Classes — Scripps La Jolla Community Benefit Services	86	663	\$36,282	1,551
Prescription Drug Take Back Day	125	75	\$6,237	1,000
Project Dulce Diabetes Clinical Services	0	0	\$84,477	2,601
Project Dulce Diabetes Education	0	0	\$333,391	3,435
Recertification CPR/AED for the Professional Rescuer and Health Care Provider	0	12	\$2,359	22
Rehabilitation Parkinson's Class and Stroke Exercise	0	240	\$13,023	353
Scripps Drug and Alcohol Treatment Program — Intervention Workshop	0	112	\$7,995	1,530
Scripps Drug and Alcohol Treatment Program — Support Groups	0	2	\$173	11,000
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.</p> <p>Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Scripps Green Hospital Medical Library	0	0	\$244,641	0
Scripps Health System Community Benefit Planning and Outreach	0	2,644	\$149,326	0
Scripps Memorial Hospital La Jolla Medical Library	0	2,096	\$152,500	0
Scripps Mercy Behavioral Health — Services	8	74	\$13,044	2,725
Scripps Mercy Hospital Chula Vista Rehab Programs	0	288	\$19,624	520
Scripps Mercy Hospital Chula Vista Senior Programs	0	470	\$28,427	418
Scripps Mercy Hospital Chula Vista Youth Programs	0	999	\$0	2,527
Scripps Mercy Hospital San Diego Medical Library	0	2,440	\$246,566	0
Scripps Mercy Maternal and Child Health Programs — Community Health Education	0	1,713	\$8,463	251
Scripps Mercy Maternal and Child Health Programs — Health Care Support Services	0	386	\$7,160	1,034
Scripps Polster Breast Care Center Education Seminars	0	0	\$93	23
Scripps Polster Breast Care Center Music as Medicine Program	0	1	\$4,088	144
Scripps Polster Breast Care Center Support Groups	0	61	\$5,572	133
Scripps Recuperative Care Program	0	604	\$292,509	34
Scripps Whittier Mobile Medical Unit (MMU)	0	0	\$0	10
Senior Flu Shot Clinic	0	106	\$6,916	60
SMH Nursing — Health Education	135	9	\$521	1,430
SMH Telecommunications — Health Care Support Services	0	0	\$1,330	92
Stroke Information and Blood Pressure Screenings	0	1	\$74	25
Support Groups — Scripps Home Health Services	3	0	\$0	10
TCOYD — SD Convention Center	0	0	\$60	2,500
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.</p> <p>Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Teen Safe Driving Fair	6	6	\$520	725
The START (Scripps Transition After Rehabilitation Treatment) Community Program	0	450	\$16,235	231
Think Smart	0	0	\$0	0
Trauma — Community Health Education	0	11	\$952	0
Trauma — Community Health Improvement Services	0	3	\$704	210
Trauma — Health Education	0	13	\$1,219	44
Trauma — Health Improvement Services — Health Education	50	82	\$17,338	5,508
Women, Infants, and Children (WIC) — Community Health Education	0	41,274	\$1,774,255	109,822
Women, Infants, and Children (WIC) — Community Support	0	207	\$8,886	550
Women’s Health EXPO	12	334	\$25,658	101
Youth Educational Programs — Scripps Home Health Services	0	0	\$0	350
<b>TOTAL FY11 COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS</b>	<b>5,973</b>	<b>84,392</b>	<b>\$5,268,573</b>	<b>236,202</b>
<p>*“FINANCIAL SUPPORT” reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.</p> <p>Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

## FY11 SUBSIDIZED HEALTH SERVICES

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
In Lieu of Funds	0	0	\$1,460,894	0
Scripps Mercy Behavioral Health — A Visions Service Program	0	10,633	\$174,037	0
Subsidized Health Services	0	0	\$7,483,686	0
<b>TOTAL FY11 SUBSIDIZED HEALTH SERVICES</b>	<b>0</b>	<b>10,633</b>	<b>\$9,118,617</b>	<b>0</b>

\*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.

Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

## FY11 CASH AND IN-KIND DONATIONS

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
2-1-1 San Diego Annual Fundraising Event	0	0	\$5,000	0
Adopt A Family — Scripps Memorial Hospital Encinitas	0	234	\$7,069	32
All Peoples Breakfast	0	0	\$330	0
Aloha Locks Cancer Wig Program	0	705	\$36,216	165
American Heart Association Heart Walk — In-Kind Donation	0	0	\$29,362	0
American Heart Association Heart Walk — Sponsorship	0	0	\$10,000	0
American Heart Association Beach Ball	0	0	\$10,000	0
B’Nai B’rith International	0	0	\$5,500	0
California Health Foundation and Trust (CHFT)	0	0	\$1,601,517	0
CB Fund — 2-1-1 San Diego	0	0	\$15,000	0
CB Fund — Catholic Charities	0	165	\$63,391	0
CB Fund — Partnership for Smoke Free Families	0	0	\$15,000	0
Community Benefit — Cash Donations	0	0	\$7,500	0
Community Health Improvement Partners — Crew Rendezvous	0	0	\$1,500	0
Consumer Center for Health Education and Advocacy (CCHEA)	0	0	\$120,000	0
Donated Room Space for Not-For-Profit Organization	0	0	\$40,665	7,823
Eric Paredes Save a Life Foundation	0	0	\$15,000	0
Family Health Centers of San Diego	0	0	\$6,000	0
Mental Health America of San Diego — Healthy Minds Luncheon	0	0	\$9,150	0
Monarch School Holiday Drive	0	25	\$5,224	0

\*“FINANCIAL SUPPORT” reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.

Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Operation Home Front — Adopt A Family Holiday Program	0	0	\$5,000	49
San Diego County Taxpayers Association — Breakfast Club Forum — Cost of Homelessness	0	0	\$1,000	0
Susan G. Komen Race for the Cure	0	0	\$5,000	0
<b>TOTAL FY11 CASH AND IN-KIND</b>	<b>0</b>	<b>1,129</b>	<b>\$2,014,424</b>	<b>8,069</b>
	<b>5,973</b>	<b>96,153</b>	<b>\$16,401,613</b>	<b>244,271</b>

\*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.

Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

**FY11 COMMUNITY BUILDING ACTIVITIES**

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
American Heart Association Heart Walk	4,112	4,478	\$234,944	2,000
BHOP — Advocacy	0	2	\$324	20
CHIP — Community Health Improvement Partners	0	389	\$47,354	0
CHIP Committees and Work Teams — Scripps Mercy Hospital San Diego	0	48	\$4,156	0
City Heights Wellness Center — Coalition Building	0	548	\$28,259	1,793
City Heights Wellness Center — Community Support	0	383	\$19,764	1,254
City Heights Wellness Center — Health Advocacy Project (Leadership Development/Training)	0	1,560	\$47,366	1,884
Disaster Preparedness — Community Outreach and Education	0	144	\$10,861	1,012
Eat Like A Marine Fundraiser	0	1,038	\$68,670	0
Economic Development — Community Building	0	466	\$51,676	0
Foundation of the American College of Healthcare Executives	0	0	\$8,000	0
Health Care Reform and Legislative Advocacy	0	1,650	\$275,973	0
Holiday Cards to Overseas Military	0	9	\$478	350
LEAD San Diego Visionary Awards	0	0	\$1,500	850
Learning for Life San Diego — Imperial Council Boy Scouts of America	0	0	\$5,000	0
Scripps Mercy Hospital Chula Vista — Community Building	0	1,518	\$55,935	404
Trauma — Coalition Building	0	73	\$6,353	15
YWCA Tribute to Women and Industry	0	0	\$4,500	0
<b>TOTAL FY11 COMMUNITY BUILDING ACTIVITIES</b>	<b>4,112</b>	<b>12,307</b>	<b>\$871,113</b>	<b>9,582</b>

\*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.

Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

## Professional Education and Health Research

---

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers or to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished. Medical research also plays an important role in improving the community's overall health through the development of new and innovative treatment options.

Each year, Scripps allocates resources to the advancement of health care services through clinical research, medical education programs and health professional education. During fiscal year 2011 (October 2010 to September 2011), Scripps invested \$34,504,162<sup>1</sup> in professional training programs and clinical research to enhance service delivery and treatment practices for San Diego County. This section highlights some of our professional education and health research activities.

Figure 5:1 and Figure 5:2 on the following pages have a more detailed overview of the fiscal year 2011 Scripps System Professional Education and Health Research distribution. (Refer to Scripps System Professional Education and Health Research Summary for an individual breakdown of each activity, page 72)

---

<sup>1</sup> Reflects clinical research as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development, and other health care professional education. Research primarily takes place at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine and Scripps Translational Science Institute. Calculations are based on total program expenses less applicable direct-offsetting revenue. Expenses are not offset by grant revenue or restricted funds according to the Schedule H 990 IRS guidelines.

## Health Professions Training

### Internships

Scripps' commitment to ongoing learning and health care excellence extends beyond our organization. Our internship programs help promote health care careers to a new generation, shape the future workforce, and develop future leaders in our community.

Interacting with health care professionals in the field provides a learning experience that expands education outside of the classroom. Scripps staff plays an important role as preceptors by investing their time to create a valuable experience for the community. In fiscal year 2011 Scripps hosted 1,903 interns within our system and provided a combined total of 192,609 development hours spanning across nursing and ancillary settings. Table 5:1 provides a breakdown of interns by Scripps facility.

**Figure 5:1 Scripps Health Internships for FY11**

Scripps Health Location	Nursing			Ancillary		Total	
	Students	Group Hours	Precepted Hours	Students	Hours	Students	Hours
Scripps Foundation	1	80	16	2	200	3	296
Scripps Green Hospital	48	6,040	1,208	16	1,424	64	8,672
Scripps Health Administrative Services	2	560	112	2	336	4	1,008
Scripps Home Health	0	0	0	16	1,280	16	1,280
Scripps Integrative Medicine	1	80	16	2	160	3	256
Scripps Medical Foundation (Clinic & SCMC)	4	240	48	25	1,712	29	2,000
Scripps Memorial Hospital La Jolla	314	33,646	6,729	284	16,480	598	56,855
Scripps Memorial Hospital Encinitas	107	13,164	2,633	74	6,268	181	22,065
Scripps Mercy Hospital Chula Vista	12	1,220	244	24	2,800	36	4,264
Scripps Mercy Hospital San Diego	588	60,284	12,057	381	23,572	969	95,913
Total	1,077	115,314	23,063	826	54,232	1,903	192,609

### College and University Affiliations

Scripps collaborates with local high schools, colleges and universities to enable students to explore roles in health care and gain firsthand experience as they work with Scripps professionals. Scripps is affiliated with more than 90 different schools and programs ranging from clinical to nonclinical partnerships. Local schools include, but are not limited to, Point Loma Nazarene University (PLNU), University of California San Diego (UCSD), Cal State

University San Marcos (CSUSM), San Diego State University (SDSU), University of San Diego (USD), Mesa College, San Diego City College, Grossmont College and Mira Costa College.

Scripps is regularly accepting new partnerships based on community and workforce needs. Scripps established an affiliation agreement committee to review all requests and provide a systemwide approach to securing new student placements. This committee is interdisciplinary and represents learning and department leadership across the Scripps system, ensuring a proactive approach to building a career pipeline for top talent.

### **Research Students**

Scripps supports graduate level research at its facilities for master and doctoral level students studying at a university that has an affiliation agreement with Scripps. Scripps Center for Learning & Innovation oversees the student placement process. Nonphysician students who have participated in research at Scripps represent a variety of health care disciplines, including public health, physical therapy, pharmacy and nursing.

In fiscal year 2011, student research conducted at Scripps represented students from the USD, SDSU, PLNU, postdoctoral pharmacy residency programs and PGY1 Pharmacy Residency Program.

### **College Collaborations**

Scripps partnered with Point Loma Nazarene University to create health care focus courses, including Healthcare Finance and Healthcare Operations. PLNU students (non-Scripps employees) may elect to take these courses towards MBA completion.

### **High School Programs**

Scripps is dedicated to promoting health care as a rewarding career to tomorrow's workforce. Scripps collaborates with participating high schools to offer students an opportunity to explore a role in health care and gain firsthand experience as they work with Scripps health care professionals. Following is a summary of the high school programs made available to the community this past year.

#### **Scripps High School Exploration Program and Regional Allied Health and Science Initiative (RASHI)**

This program is designed to reach out to San Diego high school youth interested in exploring a career in health care. In fiscal year 2011 Scripps hired 35 students to participate in the program. During their paid five-week rotation, the students rotate through departments, exploring career options and learning valuable life lessons about health and healing.

#### **UC High School Collaboration**

UC High School and Scripps partnered this year to provide a real-life context to the Healthcare Essentials course taught at UC High School. For fiscal year 2011, 10 students were interviewed and selected to rotate through three different Scripps Clinic locations

during the fall and spring semester to increase their awareness of health care careers. UC High students visited Scripps Clinic Torrey Pines, Del Mar and Carmel Valley, shadowing health care professionals in various departments, including internal medicine, radiology, ASC, integrative medicine, urgent care, cardiology, and pediatrics.

### **Young Leaders in Health Care**

An outreach program at Scripps Hospital Encinitas, Young Leaders in Health Care targets local high school students interested in exploring careers in health care. Students from grades nine-12 participate in the program. This program is designed to provide a forum for high school students to learn about the health care system and its breadth of career opportunities. It is a combined experience including weekly meetings at local schools facilitated by teachers and advisors, as well as monthly meetings at Scripps Hospital Encinitas. The program mentors students about leadership and provides tools daily life challenges. Young Leaders in Health Care also includes a service project to meet high school requirements and also make a positive impact on the community. The program closes the year with a presentation that is aligned with the yearly focus. More than 60 students, community members and health care specialists attended the Young Leader in Health Care final meeting of the school year, culminating in student presentations on Sports Injuries and Prevention.

### **WorkAbility**

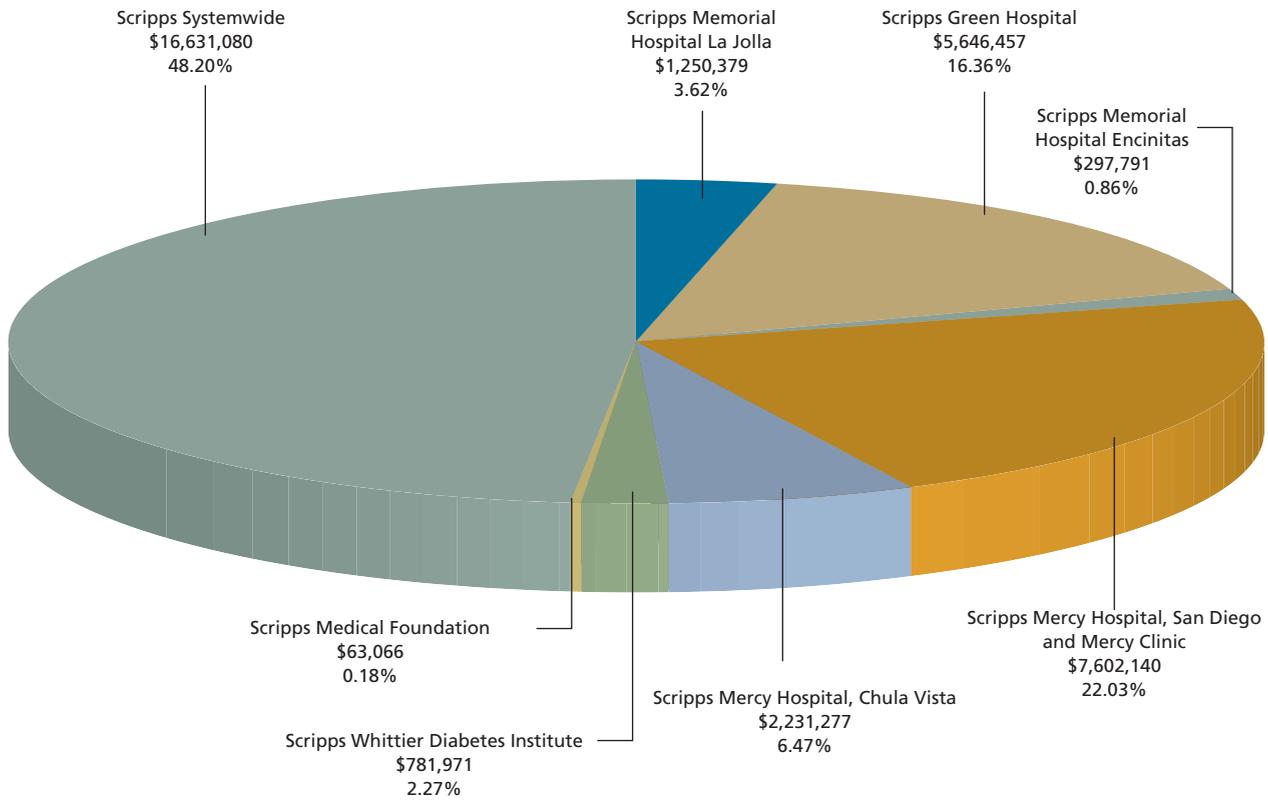
Scripps partners with the San Dieguito Academy WorkAbility Program ,which educates students and the community regarding health care career opportunities. Scripps provides firsthand tours of hospital facilities and educates participants about the complexities of hospital operations. The program is designed to provide pre-employment skills development, worksite training and follow-up services for youth (ages 12-22) with special needs who are making the transition from school to work. While students get classroom training, Scripps has partnered with the program to provide onsite career training for the students. In fiscal year 2011, five students participated in the program at Scripps Green Hospital and Scripps Memorial Hospital Encinitas.

### **New Grad Residency Program**

Designed for the newly graduated registered nurse (RN), this innovative program aims to improve patient care quality and safety during the first year on the job. By training new nurses and building confidence at the bedside, the program helps make the initial year of a nurse's career a launch pad to success.

## FIGURE 5:2

### Scripps Professional Education and Health Research by Operating Unit, \$34,504,162<sup>2</sup>



#### Professional Education and Health Research

Reflects clinical research, as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development and other health care professional education. Research takes place primarily at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine and Scripps Translational Science Institute. Calculations are based on total program expenses less applicable direct-offsetting revenue. Expenses are not offset by grant revenue or restricted funds according to the Schedule H 990 IRS guidelines.

<sup>2</sup> Reflects clinical research as well as professional education for nonScripps employees, including graduate medical education, nursing resource development and other health care professional education. Research takes place primarily at Scripps Clinical Research Services, Scripps Whittier Diabetes Institute, Scripps Genomic Medicine and Scripps Translational Science Institute. Calculations are based on total program expenses less applicable direct-offsetting revenue. Expenses are not offset by grant revenue or restricted funds according to the Schedule H 990 IRS guidelines.

# SCRIPPS SYSTEM PROFESSIONAL EDUCATION AND HEALTH RESEARCH SUMMARY LIST FY11

## COMMUNITY BENEFIT SERVICES SUMMARY LIST

### FY11 PROFESSIONAL EDUCATION

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Annual Brain Injury Rehabilitation Conference	4	339	\$47,978	281
Cancer Center Oncology Nursing Education Program	0	3,148	\$239,492	896
ER - Other Health Professional Training	0	0	\$0	28
ER - Professional Training — Other Professionals	6	3,769	\$239,126	1,079
ER - Trauma Base Hospital	0	24	\$1,769	18
Grossmont College, School of Nursing Support	0	520	\$363,145	30
Nursing Student Education	0	56	\$3,304	232
Pharmacy Residency	0	10,644	\$517,920	0
Physical Therapy for Incontinence and Pelvic Pain — Education to Community	0	15	\$814	75
Scripps Drug and Alcohol Treatment Program — Education Program for Nursing Students	0	40	\$3,464	1,500
Scripps High School Exploration Program	0	6,160	\$330,395	33
Scripps Mercy Health Professionals Training	2,091	964	\$58,258	881
Scripps Whittier Diabetes Institute Professional Education and Training	4	0	\$373,721	479
St. Vincent de Paul Village Medical Clinic and Mid City Clinic	204	0	\$0	294
Trauma - Health Professions Education — Nursing	112	1,196	\$99,968	645
Trauma - Medical Education - Physicians	8,796	292	\$25,190	209
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H.</p>				

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
UC High School Exploration Program	0	1,036	\$42,993	11
Workforce Development - Nursing and Non-Nursing	0	33,027	\$2,240,638	0
<b>TOTAL FY11 PROFESSIONAL EDUCATION</b>	<b>11,217</b>	<b>61,230</b>	<b>\$4,588,175</b>	<b>6,691</b>

### FY11 GRADUATE MEDICAL EDUCATION

Scripps Clinic — Scripps Green Hospital Department of GME	0	145,129	\$5,551,293	0
Scripps Family Medicine Residency Program	0	58,391	\$2,091,345	0
Scripps Mercy Hospital's GME Program	0	145,201	\$5,713,289	0
<b>TOTAL FY11 GRADUATE MEDICAL EDUCATION</b>	<b>2,577</b>	<b>348,721</b>	<b>\$13,355,927</b>	<b>0</b>

### FY11 HEALTH RESEARCH

Cancer Registry	0	18,598	\$982,111	0
Clinical Research Services	0	95,686	\$7,163,042	0
Community Health Research — Smoking Cessation Study	0	555	\$33,526	507
Research: Blast Injuries and Gunshot Wounds of the Face	0	239	\$6,802	0
Research: Comorbidities and Injury: Implications and Impact on Outcome on Trauma Patients	0	62	\$2,983	0
Research: Effect of Specialty Training on Outcome of Operative Management of Extremity Vascular Trauma	0	124	\$5,812	0
Research: Impact of a More Conservative Approach to CT Scanning	0	704	\$22,312	0
Research: Impact of Crystalloids on the Development of Acute Lung Injury/ARDS in Resuscitation for Traumatic Hemorrhagic Shock	0	3	\$196	0
Research: Is the Difference in Trauma Patient Mortality Between the Insured and the Uninsured Due to Co-Morbid Conditions?	0	8	\$352	0
Research: Repeat Head CT in Trauma Patients on Anticoagulants	0	119	\$7,547	0

\*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H.

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Research: Resuscitation Outcomes Consortium (ROC) Study: EPISTRY	0	14	\$1,212	0
Research: ROC Prospective Observational Prehospital and Hospital Registry for Trauma Patient (aka PROPHET)	0	39	\$3,377	0
Research: Surveys in Support of Screening, Brief Intervention, and Referral to Treatment (SBIRT)	0	14	\$1,212	0
Research: The Impact of Comfort Care on the Trauma Service	0	3,478	\$173,631	0
Research: The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients	0	244	\$11,949	0
Research: Thoracic Endovascular Repair vs. Open Surgery for Blunt Aortic Injury	0	100	\$6,108	0
Research: Trauma Care Innovations and Quality of Care	0	119	\$3,310	0
Research: Trial of Effectiveness of Screening and Brief Intervention for Drug Users in the Trauma and Emergency Departments	0	37	\$3,140	0
Scripps Genomics Medicine and Translational Research	0	62,373	\$7,723,187	0
Scripps Whittier Diabetes Research	0	7,619	\$408,210	0
Smoking Cessation Study	0	0	\$40	46
<b>TOTAL FY11 RESEARCH</b>	<b>0</b>	<b>190,135</b>	<b>\$16,560,060</b>	<b>553</b>
	<b>11,217</b>	<b>600,087</b>	<b>\$34,504,161</b>	<b>7,244</b>
*“FINANCIAL SUPPORT” reflects the cost (labor, supplies, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H.				

# Scripps Memorial Hospital La Jolla

---

## **About Scripps Memorial Hospital La Jolla**

Located in the North Central region of San Diego County, Scripps Memorial Hospital (La Jolla) provides health care services to 20.9 percent of the inpatient population living within the hospital's 50 percent service area. Today, the hospital has 382 licensed beds and more than 2,363 employees.

Scripps La Jolla provides a wide range of clinical and surgical services, including intensive care, interventional cardiology and radiology, radiation oncology, cardiothoracic and orthopedic services, neurology, ophthalmology, and mental health and psychology services, as well as skilled nursing services. As one of six designated trauma centers and one of 19 emergency departments in San Diego County, Scripps La Jolla makes up a critical part of the County's emergency service network.

Within the hospital's service area, Scripps La Jolla cares for 19.4 percent of Medicare patients, 6.4 percent of Medi-Cal patients, 25.1 percent of commercially insured patients and 17.3 percent of patients with other payment sources, including self-pay and charity care.

In addition to acute care services, a wide range of specialty services and programs are located on the hospital's campus, including the Cardiac Treatment Center, Imaging Center, Scripps Whittier Diabetes Institute and Scripps Polster Breast Care Center.

## **Distinguishing Programs and Services**

- Crivello Cardiovascular Center
- Emergency Department
- Gamma Knife Center of San Diego
- Neonatal Intensive Care Nursery (operated by Rady Children's Hospital)
- Scripps Polster Breast Care Center
- Scripps Center for Women's Health
- Scripps McDonald Center
- Scripps Mende Well Being Center
- Scripps Mericos Eye Institute
- Scripps Stevens Cancer Center (programs/services referenced in section 12)
- Trauma Center

# **Scripps Memorial Hospital La Jolla**

## **2012 Community Benefit Plan, Fiscal Year 2012**

---

The Scripps La Jolla 2012 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the hospital's objectives or/and strategies to support community health services during fiscal year 2012 (October 2011 to September 2012).

### **The Scripps 2012 Community Benefit Goal**

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, and professional education and health research.

### **The Scripps La Jolla Fiscal Year 2012 Community Benefit Objectives**

#### **Community Health Services**

##### **Cancer Outreach, Education and Support**

The Polster Breast Care Center will offer a series of breast health education, support and treatment programs including:

- Continue to offer a metastatic support group as an additional benefit to the existing support services to the community.
- Continue to provide education and support services to those in the community experiencing Lymphedema as well as those who are at risk for Lymphedema.
- Continue to provide education and support for breast health by participating in community events and health fairs.
- Continue to support the volunteer Breast Buddy program, matching newly diagnosed breast cancer patients with a breast cancer survivor trained to be a mentor.
- Support Young Women's Support Group bimonthly meetings for woman under the age of 40 in continuation of a Young Women's Survivor Coalition (YSC), San Diego Chapter. Funding assistance is given to YSC community education.
- Provide a music as medicine series designed to enhance the healing process for cancer patients. This program is offered to the community at large and will be offered free of charge to cancer patients and their loved ones.

##### **Stevens Cancer Center**

- Continue to offer genetic counseling and cancer risk assessment for individuals at high risk for hereditary and familial cancer syndromes. This includes education and assessment of family history and genetic testing based on the evaluation.
- Provide education outreach to physicians on the genetic risks associated with breast and ovarian cancer.

- Outpatient oncology social worker provides psychosocial support services and community resources to individuals diagnosed with cancer and to their family members, caregivers and health care workers in conjunction with other healthcare providers.
- Outpatient Social Worker provides counseling services to address emotional and social distress such as needs and risk assessment, transportation resources, various financial and assistance programs and benefits, housing, and other concerns and challenges before, during, and after diagnosis and treatment.
- Provide education outreach to physicians and patients on the genetic risks associated with hereditary cancers.
- Continue to provide wig, head wrap and appearance programs with support from Aloha Locks.
- In conjunction with rehabilitation services, continue to support education and exercise classes focused on healing and recovery for our cancer patients.
- In conjunction with Scripps Whittier Diabetes Institute, continue to support education and nutritional counseling for cancer treatment and recovery.
- Continue to work with community resources to develop patient cancer navigator role. Patient navigator provides clinical education and distributes resource information to both patients and their families.
- Continue to provide and develop evidence-based nursing continuing education curriculum based on community needs assessment that includes hospital staff, as well as ancillary offices and other nurses in the community.
- Continue to foster relationships and participate with professional organizations and community outreach organizations at both the local and national level.
- Continue to foster academic affiliation and student support through preceptor experiences.
- Plan and develop community-based informational and celebratory events specific to patient populations and community needs.
- In conjunction with Community Health, participate in La Jolla events such as Women's Health Expo and the survivor breakfast and luncheons.
- Provide community support and education through gynecological support group — twice per month.

### **General Health Education and Wellness Initiatives**

- Continue to sponsor community-based support groups for Partners for Adoption, parenting, Parkinson's, infertility, bereavement, breastfeeding, cardiac, cancer, ostomy, lymphedema, bariatrics, joint replacement, ovarian cancer, Multiple Sclerosis, Compassionate Friends, mental health, nutrition, postpartum depression, Huntington's, spine surgery, chronic pain, parenting and grandparenting, CPR and babysitting safety, and diabetes patients at the Scripps Mende Well Being Center and at Scripps Memorial Hospital La Jolla.
- Provide meeting space at the Scripps Mende Well Being Center to community groups, such as Mothers of Twins, Parent Connection, Everyone a Reader, San Diego City Schools, San Diego County Social Workers and Mental Health Alliance.
- Provide community CPR training courses at the Scripps Well Being center.

- Offer a broad spectrum of health topics. Approximately 30 to 40 educational programs on orthopedics, diabetes, osteoporosis, macular degeneration and other ophthalmological conditions, women's health issues, cancer, stroke, alternative and complimentary medicine, heart health, exercise, nutrition, migraines, Parkinson's, Multiple Sclerosis, weight loss, incontinence and bladder health, exercise and injury prevention, joint replacement, pain management, neurological disorders, stress reduction, depression, hearing, dermatological, health care reform, and urology disorders.
- Continue to provide smoking cessation program for all of Scripps La Jolla inpatients, cardiac and pulmonary outpatients, and staff.
- Coordinate four blood drives on behalf of the American Red Cross at the Scripps La Jolla campus.
- Work with other nonprofit community organizations, such as American Heart Association, the March of Dimes and the Susan G. Komen Foundation to promote healthy behaviors.
- Work with the Lawrence Family Jewish Community Center to offer 12 health education seminars on a variety of health improvement topics focused on senior health issues.
- Provide health information and screenings (body fat and body mass index) at more than three health events in San Diego County.
- Offer four vascular screening programs per year at the Scripps La Jolla Campus.
- Offer daily blood pressure checks through the kiosk program at the University Town Center Mall.
- Annual Emergency Preparedness Expo for Staff and Community,
- Support school and Scripps nursing in services at Scripps Mende Well Being, and community-based medical outreach activities.
- Continue to support and offer monthly nutrition education programs on three weight management topics, prediabetes and eating tips for cancer patients.
- Continue to offer a pregnancy healthy nutrition class for expectant women at least four times per year.
- Offer ongoing colorectal screening program.
- Offer four screenings per year for bone density and calcium scoring as risk indicators for osteoporosis and heart disease.
- Support nursing school programs by offering student nurse observations of maternal child health programs.
- Support Scripps Audit and Compliance updates by hosting monthly update meetings.
- Offer the annual Women's Health Expo to the community, providing guest speakers on health education and prevention.

### **Heart Health and Cardiovascular Disease**

Enhanced cardiac health education and prevention efforts in the North Central Region of San Diego County by:

- Offer an education symposium targeting women, helping to increase public awareness about the advances in women's health care.

- Offer four cardiac education programs for the community at large, focusing on current heart treatment options and new screening technologies.
- Offer monthly cardiac screenings (blood pressure and body fat, lipid panel and cardiac risk assessment) at Scripps La Jolla.
- Offer cardiac screenings (blood pressure and body fat) at two to four health fairs located throughout San Diego County.
- Coordinate two to four cardiac education programs at local colleges, businesses and other locations.
- Offer a seven-week cardiac education class on an ongoing basis for newly diagnosed patients, titled Straight to the Heart.
- Offer a continuous six-week pulmonary education program.
- Offer a continuous education course for cardiac heart failure (CHF) patients, titled Taking Control of Heart Failure.
- Provide monthly programs for heart patients, including lectures, dinner, grocery store tours, walks and social events through the Happy Hearts Club.
- Work with young women's groups (sororities, civic clubs and volunteer organizations) to provide heart health information, screenings, etc.
- Continue to hold the Cardiac Casino providing education on heart health.

#### **Maternal Child Health Education**

- Continue to provide prenatal, postpartum and parenting education programs for low-income women throughout San Diego County.
- Offer a total of 165 Maternal Child Health classes throughout San Diego County designed to enhance parenting skills. Low-income women in the County of San Diego are eligible to attend all classes at no charge or on a sliding fee schedule.
- Maintain the existing prenatal education services in the county, ensuring that programs continued to demonstrate a more than 90 percent satisfaction rating.
- Continue to offer five breastfeeding support groups throughout the county on a weekly basis (includes two with bilingual services).
- Offer 10 maternal child health education series covering issues such as grandparenting and babysitter safety in San Diego County.
- Offer prenatal yoga classes at the Scripps Mende Well Being.
- Offer quarterly dogs and babies safety education program for expectant parents.
- Offer pelvic floor and pregnancy education program for expectant women.
- Offer quarterly eating for two nutrition programs for expectant women.

#### **Substance Abuse Prevention and Treatment Programs**

- Continue to provide substance abuse prevention and treatment programs throughout San Diego County.
- Participate in at least one Every 15 Minutes event, targeting more than 400 high school students.

Scripps Drug and Alcohol Treatment Program will offer a series of drug and alcohol abuse prevention and treatment programs including:

- Continue providing county-wide lectures and respond to speaking requests from the community.
- Promote awareness of the effects of alcoholism and chemical dependency, and effective treatment.
- Maintain a speaker's bureau able to accommodate requests for presentations on drug abuse and prevention from community organizations throughout San Diego County.
- Offer monthly intervention trainings for persons suffering from addiction.
- Maintain and enhance web-based self-assessment tools for drug addiction, in addition to a list of resources for care.
- Increase chemical dependency intervention and family systems education in the community and continue to speak to parents and school systems.
- Offer drug and alcohol intervention workshops at no cost to parents of adolescents.

### **Unintentional Injury and Violence**

- Provide at least two safety education programs for students and teachers on topics, including bike, skateboard and car seat safety.
- Provide at least two safety education programs for older adults.

### **Professional Education and Health Research**

- Continue to function as a premier site for nursing clinical rotations for all nursing programs in San Diego County; expand student exposure to outpatient and nontraditional patient care areas.
- Provide preceptor experiences to nursing students in several nursing practice roles: Educator, clinical specialist, manager, staff nurse.
- Continue to offer a robust student nurse extern program.
- Provide clinical education experiences for allied health students such as OT, PT, RCP, radiographers, surgical technicians, clinical social workers, etc.

### **Uncompensated Health Care**

Scripps La Jolla will continue to provide health care services to vulnerable patients who are unable to pay for services.

- Maintain, communicate and effectively administer the Scripps financial assistance policy in a manner that meets the needs of patients.
- Assure that care is available through the emergency department and trauma center, regardless of a person's ability to pay.

# Scripps Memorial Hospital La Jolla

## 2012 Community Benefit Report, Fiscal Year 2011

---

The Scripps La Jolla Community Benefit Report is an account of the hospital's dedication and commitment to improving the health of the community, detailing the hospital's programs and services that have provided benefit over and above standard health care practices in fiscal year 2011 (October 2010 to September 2011).

### **Fostering Volunteerism**

In addition to the financial community benefit contributions made during fiscal year 2011, Scripps La Jolla employees and affiliated physicians contributed a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With close to 1,174 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$49,944.32.<sup>1</sup>

### **Making A Financial Commitment**

During fiscal year 2011, Scripps La Jolla devoted \$83,422,910 to community benefit programs and services, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

### **Fiscal Year 2011 Scripps Memorial Hospital La Jolla Community Benefit Services Highlights**

During fiscal year 2011, Scripps La Jolla contributed \$83,422,910 to community benefits, including \$8,158,819 in charity care, \$24,914,479 in Medi-Cal and other means-tested government programs, \$46,133,406 in Medicare shortfall, \$1,585,277 in bad debt, \$1,252,352 in community health services, \$128,199 in subsidized health services and \$1,250,379 in professional education and research.

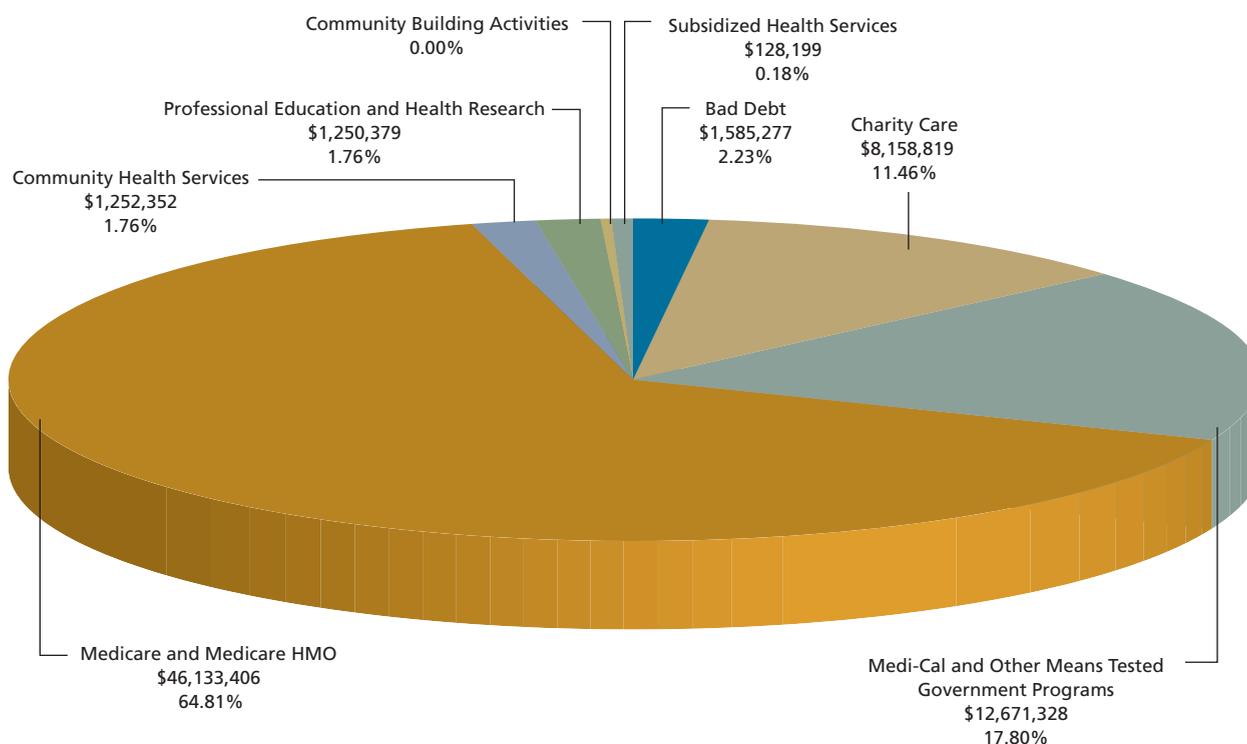
*Refer to Figure 6:1 presented on the following page for a graphic representation of the fiscal year 2011 Scripps Memorial Hospital La Jolla Community Benefit Services distribution.*

---

<sup>1</sup> Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

## FIGURE 6:1

### FY11 Scripps Memorial Hospital La Jolla Community Benefit Services Distribution, \$71,179,759 (before provider fee)



Provider fee Impact	Bad Debt	Charity Care	Medi-Cal & Other Means Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider fee	\$1,585,277	\$8,158,819	\$12,671,328	\$46,133,406	\$1,252,352	\$1,250,379	\$0	\$128,199	\$71,179,759
Provider fee			\$12,243,151						\$12,243,151
<b>Net Community Benefit Services After Provider fee</b>	\$1,585,277	\$8,158,819	\$24,914,479	\$46,133,406	\$1,252,352	\$1,250,379	\$0	\$128,199	<b>\$83,422,910</b>

#### Community Benefit Services:

Community benefit services include those programs and services offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps categorizes community benefit services in three categories, including uncompensated health care, community health services and professional education, and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and other means-tested government programs and Medicare shortfalls.

## **Scripps La Jolla Fiscal Year 2011 Community Health Services**

Community health services include prevention and wellness programs, such as screenings, health education, support groups and health fairs, which are supported by operational funds, grants, in-kind donations and philanthropy. These programs are designed to raise public awareness, understanding of and access to identified community health needs (refer to Section 2- Assessing Community Need).

During fiscal year 2011 (October 2010 to September 2011), Scripps La Jolla invested \$1,252,352 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps La Jolla fiscal year 2011 community health services achievements.

## **Scripps La Jolla Fiscal Year 2011 Professional Education Highlights**

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers or to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished.

Each year Scripps La Jolla allocates resources to the advancement of health care services through health professional education programs. To enhance service delivery and treatment practices for San Diego County, SMH La Jolla invested \$1,250,379<sup>2</sup> in professional training programs during fiscal year 2011 (October 2010 to September 2011). This section highlights some of the Scripps La Jolla professional education activities that were conducted in fiscal year 2011.

Scripps La Jolla functioned as a clinical rotation site for nursing students in virtually all clinical areas of the hospital. Support training and clinical rotations were provided in areas of the hospital such as radiation oncology, the cardiac treatment center, the intensive care unit, labor and delivery, Scripps Polster Breast Care Center, emergency department, operating room, etc. Scripps La Jolla supported clinical instruction and practice affiliations for non-nursing students: one-day student observations, wound care lectures on the university's campus, intensive care unit learning lab three times per year. In addition, Scripps La Jolla provided clinical and nonclinical experiences in rehab services, respiratory care, radiology, cardiovascular lab, social services, food and nutrition services, executive health, maternal child health education, lactation services, and cardiac treatment center.

---

<sup>2</sup> Reflects clinical research as well as professional education for non-Scripps employees nursing resource development and other health care professional education. Calculations based on total program expenses.

**Pharmacy Residency Program**

Scripps Memorial Hospital La Jolla, with Scripps Green Hospital in La Jolla, offers two 12-month ASHP accreditation-candidate postgraduate year one (PGY-1) resident positions. This postgraduate program is designed to develop skilled clinicians who can deliver pharmaceutical care in a variety of health care settings. The Scripps La Jolla residency program emphasizes practice. It makes a strong distinction between clerkship training and residency training. The residency builds on the clerkship experiences gained in pharmacy school. The 12-month residency focuses on pharmacotherapy, research and teaching in a decentralized pharmacy setting.

# Scripps Memorial Hospital La Jolla

## Community Benefit Services Summary List

### FY11

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Aloha Locks Cancer Wig Program	0	705	\$36,216	165
Bad Debt**	0	0	\$1,585,277	0
Beach Area Community Court Program	18	18	\$1,559	250
Blood Drives for the American Red Cross	0	946	\$60,811	285
Breastfeeding Support Groups — Scripps La Jolla Community Benefit Services	0	1,216	\$93,369	2,604
Cancer Center Awareness and Educational Events	0	1,182	\$88,062	350
Cancer Center Heredity and Cancer Genetic Counseling Program	0	965	\$70,798	257
Cancer Center Nutrition Program	0	25	\$1,400	3
Cancer Center Oncology Nursing Education Program	0	3,148	\$239,492	896
Cancer Center Outpatient Social Worker and Liaison	0	316	\$7,688	5
Cancer Center Registered Nurse Navigator Program	0	742	\$54,689	200
Cancer Center Transportation Program	0	57	\$2,929	10
Cancer Support Services and Educational Materials	0	1,699	\$122,204	505
Cardiac Education Programs	0	231	\$13,949	1,000
Cardiac Risk Screenings	0	54	\$2,653	50
Cardiac Support Groups	22	4	\$327	55
Cardiac Treatment Center Group Exercise Programs	0	850	\$35,361	3,000
Charity Care	0	0	\$8,158,819	0
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Debt and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Community Health Education Programs	75	2,761	\$180,390	1,063
Community Health Fairs and Fall Prevention	0	319	\$10,433	3,500
CPR and Emergency Preparedness	0	334	\$20,221	112
CPR Classes for Patients and Families of the Cardiac Treatment Center	0	10	\$928	24
Donated Room Space for Not-For-Profit Organization	0	0	\$4,492	976
ER - Professional Training — Other Professionals	6	11	\$1,195	142
Health Education and Support Groups	14	1,170	\$80,085	647
In Lieu of Funds	0	0	\$128,199	0
Medi-Cal and other Means-Tested Government Program	0	0	\$24,914,479	0
Medicare and Medicare HMO**	0	0	\$46,133,406	0
Nursing Student Education	0	56	\$3,304	232
Nutrition Education Class	0	24	\$1,409	104
Occupational Therapy and Occupational Therapy Assistant Student Program	0	960	\$52,092	2
Official Physical Therapy Sportsmed Crew for Susan G. Komen 3-Day For The Cure Breast Cancer Walk	504	128	\$9,273	4,000
Parent Connection	325	2,080	\$54,692	10,223
Perinatal Education Classes — Scripps La Jolla Community Benefit Services	86	663	\$36,282	1,551
Pharmacy Residency	0	6,409	\$334,465	0
Rehabilitation Parkinson's Class and Stroke Exercise	0	240	\$13,023	353
Scripps Drug and Alcohol Treatment Program — Education Program for Nursing Students	0	40	\$3,464	1,500
Scripps Drug and Alcohol Treatment Program — Intervention Workshop	0	112	\$7,995	1,530
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Debt and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Scripps Drug and Alcohol Treatment Program — Support Groups	0	2	\$173	11,000
Scripps Memorial Hospital La Jolla Medical Library	0	2,096	\$152,500	0
Scripps Polster Breast Care Center Education Seminars	0	0	\$93	23
Scripps Polster Breast Care Center Music as Medicine Program	0	1	\$4,088	144
Scripps Polster Breast Care Center Support Groups	0	61	\$5,572	133
Stroke Information and Blood Pressure Screenings	0	1	\$74	25
Trauma — Health Improvement Services — Health Education	0	10	\$866	250
Trauma — Health Professions Education — Nursing	112	76	\$6,529	567
Women’s Health EXPO	12	334	\$25,658	101
Workforce Development — Nursing and Non-Nursing	0	9,757	\$661,930	0
<b>TOTAL</b>	<b>1,174</b>	<b>39,814</b>	<b>\$83,422,910</b>	<b>47,837</b>
<p>*“FINANCIAL SUPPORT” reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Debt and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				



# Scripps Memorial Hospital Encinitas

---

## **About Scripps Memorial Hospital Encinitas**

Scripps Memorial Hospital Encinitas, located along the coast of San Diego's North County, has 158 licensed beds, 1,424 employees and provides health care services to 24.6 percent of the inpatient population living within the hospital's North County West service area.

Scripps Encinitas provides a wide range of acute clinical care services including, but not limited to, 24-hour emergency services, intensive care, cancer/oncology, nuclear medicine, radiology, orthopedics, neurology and urology. Within the hospital's service area, Scripps Encinitas cares for 26.1 percent of Medicare patients, 22 percent of Medi-Cal patients, 24.6 percent of commercially-insured patients, and 20.8 percent of patients with other payment sources, including self-pay and charity care.

## **Distinguishing Programs and Services**

- Short Stay Unit
- Comprehensive Perinatal Support Program
- Outpatient Rehabilitation Day Treatment Program
- Scripps Rehabilitation Center
- Spine Program
- Leichtag Family Birth Pavilion
- Outpatient Imaging Center and Kidney Dialysis
- Accredited Brain Injury Program
- Certified Primary Stroke Center
- Level II Neonatal Nursery

# **Scripps Memorial Hospital Encinitas**

## **2012 Community Benefit Plan, Fiscal Year 2012**

---

The SMH Encinitas 2012 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health improvement during fiscal year 2012 (October 2011 to September 2012).

### **Scripps' 2012 Community Benefit Goal**

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, and professional education and health research.

### **Scripps Encinitas' Fiscal Year 2012 Community Benefit Objectives**

#### **Community Health Services**

- Provide community rehabilitation programs (e.g., the Scripps Transition After Rehabilitation Treatment (START) program) that offer counseling, crisis intervention, education, support groups, exercise groups and communication enhancement groups to 1,800 people throughout the North Coastal region of San Diego County.
- Hold two community conferences on post traumatic stress disorder (PTSD) and stress disorders resulting from brain injury and other major illnesses and a brain injury conference.
- Offer an educational program for local high school students involved in contact sports.
- Hold (5-6) concussion clinics (no charge) at area high schools. Sport activities leads to more concussions than ever before, and repeat concussions can lead to brain damage.
- Sponsor Adopt a Family and participate in Operation Homefront.

#### **Professional Education and Research**

- Accommodate students in the Exploratory Work Experience Education.
- Through the San Dieguito Academy WorkAbility Program educate students and the community regarding health care career opportunities. Provide first-hand tours of hospital facilities and educate them on the complexities of hospital operations. The program is designed to provide pre-employment skills training, worksite training and follow-up services for youth (ages 12-22) with special needs who are making the transition from school to work. While students get classroom training, Scripps has partnered with the program to provide onsite training for the students. The goal is to expand the program systemwide and also introduce students with severe mental disabilities to the program in the near future.

**Uncompensated Health Care**

- Scripps Encinitas will continue to provide health care services to vulnerable patients who are unable to pay for services.
- Maintain, communicate and effectively administer Scripps' financial assistance policy in a manner that meets the needs of patients.
- Assure that care is available through the emergency department, regardless of a person's ability to pay.

# **Scripps Memorial Hospital Encinitas**

## **2012 Community Benefit Report, Fiscal Year 2011**

---

The Scripps Encinitas Community Benefit Report is an account of the hospital's dedication and commitment to improving the health of the community, detailing the hospital's programs and services that have provided benefit over and above standard health care practices in fiscal year 2011 (October 2010 to September 2011).

### **Fostering Volunteerism**

In addition to the financial community benefit contributions made during fiscal year 2011, Scripps Encinitas employees and affiliated physicians contributed a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With close to four hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$170.17.

### **Making A Financial Commitment**

During FY11, SMH Encinitas devoted \$44,079,209 to community benefit programs and services, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

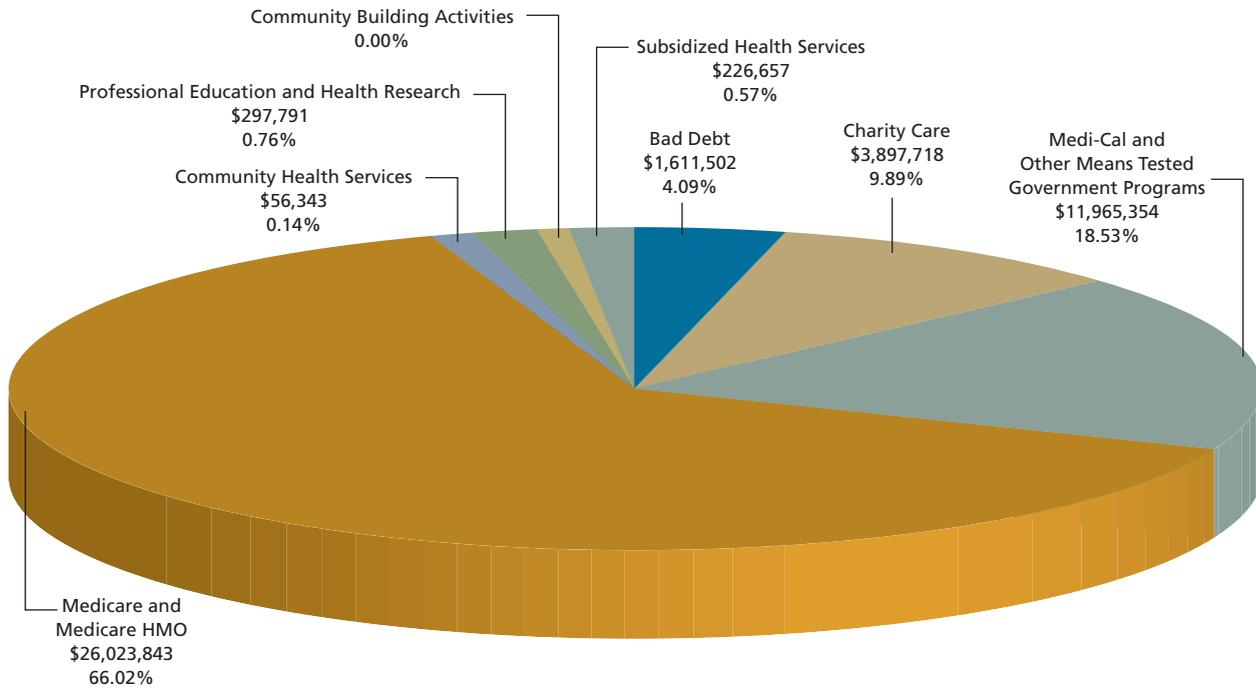
### **Scripps Memorial Hospital Encinitas Community Benefit Services Highlights**

During fiscal year 2011, Scripps Encinitas contributed \$44,079,209 to community benefits, including \$3,897,718 in charity care, \$11,965,354 in Medi-Cal and other means- tested government programs, \$26,023,843 in Medicare shortfall, \$1,611,502 in bad debt, \$56,343 in community health services, \$226,657 in subsidized health services and \$297,791 in professional education and health research.

*Refer to figure 7:1 presented on the following page for a graphic representation of the FY11 Scripps Memorial Hospital Encinitas Community Benefit Services distribution.*

# FIGURE 7:1

## FY11 Scripps Memorial Hospital Encinitas Community Benefit Services Distribution, \$39,419,595 (before provider fee)



Provider fee Impact	Bad Debt	Charity Care	MediCal & Other Means Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider fee	\$1,611,502	\$3,897,718	\$7,305,740	\$26,023,843	\$56,343	\$297,791	\$0	\$226,657	\$39,419,595
Provider fee			\$4,659,614						\$4,659,614
<b>Net Community Benefit Services After Provider fee</b>	\$1,611,502	\$3,897,718	\$11,965,354	\$26,023,843	\$56,343	\$297,791	\$0	\$226,657	\$44,079,209

### Community Benefit Services:

Community benefit services include those programs and services offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps categorizes community benefit services in three categories, including uncompensated health care, community health services, and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and other means-tested government programs and Medicare shortfalls.

## **Community Health Services Highlights**

Community Health Services improvement activities include prevention and wellness programs, such as screenings, health education, support groups and health fairs, which are supported by operational funds, grants, in-kind donations and philanthropy. These programs are designed to raise public awareness, understanding of and access to identified community health needs (refer to Section 2 – Assessing community Need).

During fiscal year 2011 (October 2010 to September 2011), Scripps Encinitas invested \$56,343 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of the Scripps Encinitas fiscal year 2011 community health services.

## **Professional Education and Health Research Highlights**

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers or to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished. Medical research also plays an important role in improving the community's overall health through the development of new and innovative treatment options.

Each year, Scripps Encinitas allocates resources to the advancement of health care services through health professional education programs. To enhance service delivery and treatment practices for San Diego County, Scripps Encinitas invested \$297,791<sup>1</sup> in professional training programs and clinical research during fiscal year 2011 (October 2010 to September 2011). This section highlights some of the Scripps Encinitas professional education activities conducted in fiscal year 2011.

- Accommodated students in the Exploratory Work Experience Education program. In partnership with the San Dieguito High School District and Carlsbad High School, Scripps Memorial Hospital Encinitas provides students (juniors and seniors) with an opportunity to observe professionals working in the health care environment. Students are paired with a mentor in their area of interest and are given the opportunity to observe hospital operations.

---

<sup>1</sup> Reflects clinical research as well as professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses.

# Scripps Memorial Hospital Encinitas

## COMMUNITY BENEFIT SERVICES SUMMARY LIST

### FY11

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Adopt A Family — Scripps Memorial Hospital Encinitas	0	234	\$7,069	32
Annual Brain Injury Rehabilitation Conference	4	339	\$47,978	281
Bad Debt**	0	0	\$1,611,502	0
Blood Drives for the American Red Cross	0	118	\$7,355	295
Breast Cancer Education and Support Group	0	615	\$10,997	123
Charity Care	0	0	\$3,897,718	0
Concussion Education and ImPACT Testing	0	92	\$4,798	194
Encinitas Community Outreach and Immunizations	0	533	\$9,888	99
In Lieu of Funds	0	0	\$226,657	0
Medi-Cal and other Means-Tested Government Program	0	0	\$11,965,354	0
Medicare and Medicare HMO**	0	0	\$26,023,843	0
Physical Therapy for Incontinence and Pelvic Pain — Education to Community	0	15	\$814	75
The START (Scripps Transition After Rehabilitation Treatment Community Program)	0	450	\$16,235	231
Think Smart	0	0	\$0	0
Workforce Development — Nursing and Non-Nursing	0	3,670	\$248,999	0
<b>TOTAL</b>	<b>4</b>	<b>6,066</b>	<b>\$44,079,209</b>	<b>1,330</b>

\*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

\*\*Community Building Activities, Bad Deb and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.



# Scripps Mercy Hospital

---

## Scripps Mercy Hospital

With 700 licensed beds, more than 3,500 employees and 1,300 physicians, Scripps Mercy Hospital is San Diego's longest-established and only Catholic medical center. With two campuses, Scripps Mercy Hospital is San Diego County's largest hospital. Scripps Mercy Hospital provides health care services to 27.1 percent of the inpatient population living within the hospital's central services area. Scripps Mercy is designated as a disproportionate share hospital providing care to a large number of patients who either lack health insurance coverage or are covered through a government subsidy program (31.8 percent are Medicare patients, 28.9 percent are Medi-Cal patients, 17.6 percent are commercially insured patients, and 27.9 percent have another payment source including self-pay, CMS and charity care).

### San Diego Campus

Scripps Mercy Hospital is San Diego's longest-operating and only Catholic hospital. Along with its tradition of caring for the underserved population, Scripps Mercy Hospital features a shared decision-making culture that encourages staff input and participation. Located in the Central region of San Diego County, Scripps Mercy Hospital, San Diego has 517 licensed beds and 2,514 employees. As a major teaching hospital, Scripps Mercy Hospital, San Diego, provides a primary site for the clinical education of more than 140 residents per year. Mercy Hospital provides a wide range of acute medical care services including, but not limited to, intensive care, cancer care, cardiac treatment, endoscopy, neurology, nuclear medicine, orthopedics, radiology, rehabilitation, respiratory care and urology services, plus a variety of support services for low-income patients. As one of six trauma centers and one of 19 emergency departments in San Diego County, Scripps Mercy Hospital, San Diego, makes up a critical part of the county's emergency service network.

### Chula Vista Campus

Located approximately four miles from the United States-Mexico border in the South region of San Diego County, Scripps Mercy Hospital, Chula Vista has 183 licensed-care beds and more than 1,092 employees. It became a campus of Scripps Mercy Hospital in October 2004 and, together with the Scripps Mercy facility in Hillcrest, the hospital is growing as needed to care for San Diego's Metro and South Bay communities. Scripps Mercy Hospital, Chula Vista, provides a wide range of acute clinical care services including, but not limited to, obstetrics and gynecology, rehabilitation (physical, occupational and speech therapies),

cancer care services, inpatient and outpatient radiology, neurology and a full range of surgical services (orthopedic, thoracic/vascular, urology and general surgery).

### **Distinguished Programs and Services — Scripps Mercy Hospital, San Diego**

- Bariatric Surgery Program
- Behavioral Health Services
- Robotics Program
- Heart Care Center
- City Heights Wellness Center
- Family Birth Unit
- Graduate Medical Education
- Lithotripsy
- Mercy Clinic
- Robotic Surgery Program
- Maternal Child Health
- Neonatal Intensive Care Nursery
- Neurological Institute
- Orthopedic Center
- Spiritual Care Services
- Trauma Center
- WIC (Women, Infants and Children) Program

### **Distinguished Programs and Services — Scripps Mercy Hospital, Chula Vista**

- Breast Health Outreach and Education Services
- Neonatal Intensive Care nursery
- San Diego Border Area Health Education Center (AHEC)
- Cultural Competency and Language Services
- Youth Health Careers Development Programs
- Health Education Programs
- Scripps Family Practice Residency Program
- Scripps Outpatient Imaging Center
- Scripps Rehabilitation Services
- Scripps Mercy Hospital Chula Vista
- Well Being Center

### **Subsidized Health Services**

Subsidized health 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, it would either be unavailable in the area or fall to the responsibility of government or another not-for-profit organization to provide.

Subsidized services do not include ancillary services that support lines, such as lab and radiology (if these services are provided to low-income persons, they are reported as charity care/financial assistance).

The total expense for subsidized health services for fiscal year 2011 was \$9,118,617. This includes Scripps inpatient and outpatient behavioral health services, Mercy Clinic and Scripps in-lieu of funds. Scripps offers both inpatient and outpatient adult behavioral health services at the Scripps Mercy Hospital, San Diego campus. The Scripps Mercy Behavioral Health Program also actively supports community programs designed to reduce the stigma of mental illness and help affected individuals live and work in the community.

### **Behavioral Health Inpatient Programs**

Individuals suffering from acute psychiatric disorders are sometimes unable to live independently or may even pose a danger to themselves or others. In such cases,

hospitalization may be the most appropriate alternative. Scripps Mercy Hospital's Behavioral Health Inpatient Program helps patients and their loved ones work through short-term crises, manage mental illness and resume their daily lives.

### **Challenges**

- Like many behavioral health programs across the country, funding is difficult, as payment rates have not kept pace with the cost to provide care.
- In 2011, Scripps Mercy's Behavioral Health Program lost \$5.2 million.
- In 2011, 25 percent of patients in the inpatient unit were uninsured.

### **Behavioral Health Outpatient Programs**

Scripps Mercy provides community-based adult psychiatric treatment at Scripps Mercy, San Diego. The outpatient program is an intensive day program designed to help individuals reduce their symptoms while they continue to live in the community.

The program provides two levels of care:

- The outpatient program offers patients one to four treatment days per week.
- The partial hospitalization program provides more intensive treatment five to six days per week.

### **A-Visions Program**

- The innovative A-Visions Vocational Training Program at the San Diego campus helps prepare patients for volunteer and employment opportunities by giving them exposure to a variety of work activities and training. The total expense for the A-Visions program for fiscal year 2011 was \$174,037.
- Currently, 29 individuals are enrolled including 12 as volunteers and 17 as Scripps Mercy Hospital employees.

### **In-lieu of Funds**

In-lieu of funds are used for unfunded or underfunded patients and their postdischarge needs. Funds are used for board and care, skilled nursing facilities, long-term acute care and home health. In addition, funds are used for medications, equipment and transportation service. The total subsidized expense for in-lieu of funds during fiscal year 2011 was \$1.5 million.

### **Mercy Clinic of Scripps Mercy Hospital, San Diego**

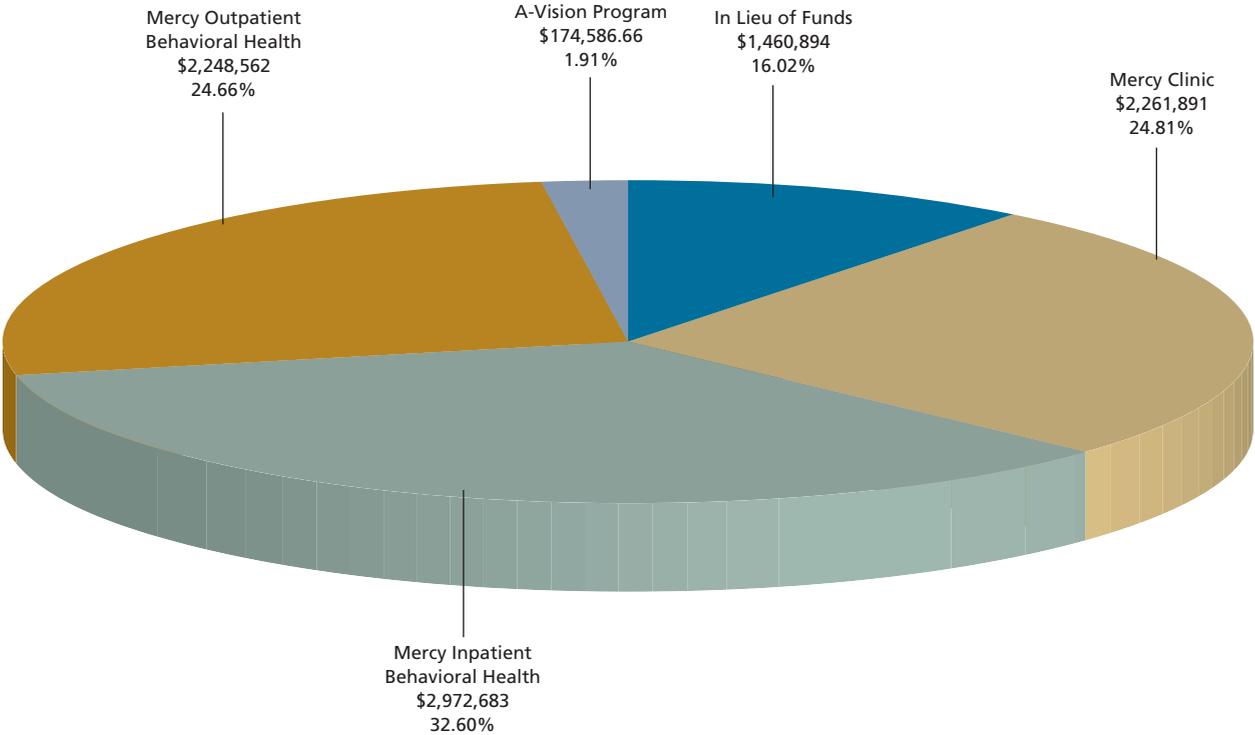
Founded in 1930 and adopted by the Sisters of Mercy in 1961, Mercy Clinic of Scripps Mercy Hospital is a primary care clinic that treats more than 1,000 patients each month. Total patient visits for primary and subspecialty care at the clinic in fiscal year 2011 were 12,715. Established with the intent of caring for the poor, Mercy Clinic has become a critical source of medical care for San Diego's "working and disabled poor." Each year, 90 percent of patient visits are paid through Medi-Cal, Medicare or some other insurance plan. The remaining 10 percent pay what, and if, they can. Thousands of people in the region rely on Mercy Clinic. Most are low-income, medically underserved adults and seniors who

otherwise would have no other access to health care. The total subsidized expense for Mercy Clinic for fiscal year 2011 was \$2.3 million (excludes Medicare, Medi-Cal, bad debt and charity care).

A full-time clinic staff of nurses and other personnel work hand-in-hand with physicians from Scripps Mercy Hospital. As an integral part of treating its patients, Mercy Clinic serves as a training ground for more than 50 residents each year from the Scripps Mercy Hospital Graduate Medical Education Program. Note: Mercy Clinic expenses are included within Scripps Mercy Hospital financials.

# FIGURE 8:1

## FY11 Scripps Subsidized Health Services Distribution by Category, \$9,118,617



**Subsidized Health Services:**

Subsidized Health Services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effect of charity care, bad debt and Medi-Cal shortfalls. This includes Scripps inpatient and outpatient behavioral health services, Mercy Clinic, In-Lieu of Funds and the A-Visions Program.

# **Scripps Mercy Hospital, San Diego**

## **2012 Community Benefit Plan, Fiscal Year 2012**

---

The Scripps Mercy Hospital, San Diego, and Mercy Clinic 2012 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the hospital's and clinic's objectives and strategies to support community health improvement during fiscal year 2012 (October 2011 to September 2012).

### **The 2012 Community Benefit Goal of Scripps**

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, and professional education and health research.

### **Scripps Mercy Hospital, San Diego and Mercy Clinic's Fiscal Year 2012 Objectives**

#### **Community Health Services**

- **Mercy Outreach Surgical Team (MOST)**

Through volunteerism, MOST provides reconstructive surgeries to more than 400 children (under 18 years of age) with physical deformities caused by birth defects or accidents in Mexico.

- **City Heights Wellness Center**

In 2002, Scripps Mercy Hospital and Rady Children's Hospital came together with the community to develop the City Heights Wellness Center. The mission of the Wellness Center has been the promotion of health in the Mid-City region of San Diego. The goal of the Wellness Center has been to prevent disease, strengthen community partnerships, link with existing services and provide opportunities for city residents to get involved in managing their own health. The continuing vision for the center is to achieve optimal health and safety for the residents of City Heights. The center uses a combination of approaches to address a broad array of community health priorities, including nutrition, access to services and community engagement. The "hub" of the Wellness Center is a teaching kitchen; a hands-on interactive setting for cooking demonstrations, weight management and meal preparation classes, nutrition education and counseling. Key objectives for 2012 will be to:

- Promote healthy behaviors and positive health outcomes through educational activities and community projects.
- Provide the most current and reliable health education and information consistent with local language and cultural preferences.
- Work with local schools, community groups, businesses and other entities to increase access to healthy foods and opportunities for physical activities in the City Center Heights neighborhoods.

Also in the City Heights Wellness Center is the Scripps Mercy WIC, a federally funded nutrition program targeting pregnant and parenting women and their children from ages 0 to 5 years. The Scripps Whittier Institute's Project Dulce program utilizes the facility at the Wellness Center to provide diabetes management services to community residents in order to educate and improve dietary practices for individuals dealing with chronic health conditions.

In addition, the Wellness Center has received a contribution grant from The California Endowment Foundation to continue its' health advocacy work with East African refugee families and to educate and improve knowledge, attitudes and behaviors in prevention strategies and health access. The primary objectives in 2012 will be to:

- Provide community-based leadership training to address local policy issues related to access to health care services.
- Provide education and advocacy support to local community groups to execute target projects and initiatives aimed at health improvement.
- **WIC Services**  
Provide nutrition education, counseling services and food vouchers to a minimum of 9,000 low-income women, infants and children monthly. Lactation education and support services are offered to improve breastfeeding among postpartum and parenting women. The goal will be to improve breastfeeding rates among low-income postpartum and parenting women.
- **Mercy Clinic**  
Provide preventive, primary and specialty health care to San Diego residents, serving as the outpatient clinical rotation site for Scripps Mercy Internal Medicine and Transitional Residency Program.
- **A Visions Service Program**  
Behavioral Health Services at Scripps Mercy Hospital established the A-Visions Vocational Training Program, in partnership with the San Diego Mental Health Association to help decrease the stigma of mental illness. The program helps people receiving mental health treatment by providing vocational training, potentially leading to greater independence. The A Visions Service program will be deployed to two additional sites in the Scripps System during FY12.
- **Increase Awareness of Mental Health and Geriatric Psychiatric Issues.**  
Improve awareness of mental health and geriatric psychiatric issues by providing information and support services at community events.
- **Improve services offered to the public during National Depression Screening Day.**  
For 2012, depression screening will be held at all Scripps Hospitals to increase people assessed, educated and given referrals.

## **Community Education**

Continue to provide the community with education and awareness regarding mental illness in an effort to reduce stigma and expand resources to the mentally ill. Provide at least one in-service per month.

- Participate in at least three Every 15 Minutes events, targeting more than 2,500 high school students in San Diego County.
- Participate in the Corrective Behavior Institute's Youthful Drinking and Driving Program, providing more than 50 teens with a trauma center visitation experience.
- Increase the availability of injury prevention services (e.g., suicide prevention) throughout San Diego County.

## **Professional Education and Health Research**

Continue to serve as a training site for Scripps Mercy Hospital, San Diego, and Chula Vista graduate medical education residents; University of California, San Diego medical Students and residents; and San Diego Naval Hospital clinicians as indicated below:

- Provide comprehensive graduate medical education training for 33 internal medicine residents, 18 transitional year residents and four chief residents.
- One hundred percent of the internal medicine resident graduates have successfully passed the American Board of Internal Medicine Certifying Examination on the first administration for the past 16 years.
- Provide comprehensive graduate medical education training for seven podiatry residents.
- Provide a portion of graduate medical education training for seven family medicine residents from the Mercy Chula Vista Campus.
- Provide a portion of undergraduate medical education training for approximately 75 third- and fourth-year medical students at the University of California, San Diego.
- Provide a comprehensive graduate medical education program in trauma and surgical critical care for 62 San Diego Naval Hospital surgery and emergency medicine physicians.
- Provide a comprehensive didactic and clinical nursing education program in trauma care for eight San Diego Naval Emergency Department nurses.
- Provide a comprehensive training program in trauma and critical care for 10 San Diego Naval Hospital physicians assistants-in-training.

## **Uncompensated Health Care**

Scripps Mercy Hospital, San Diego and Mercy Clinic will continue to provide health care services to vulnerable patients who are unable to pay for services.

- Maintain, communicate and effectively administer the Scripps financial assistance policy in a manner that meets the needs of patients.
- Assure that care is available through the emergency department and trauma center, regardless of a person's ability to pay.

# **Scripps Mercy Hospital San Diego**

## **2012 Community Benefit Report, Fiscal Year 2011**

---

The Scripps Mercy Hospital, San Diego Community Benefit Report is an account of the hospital's dedication and commitment to improving the health of the community, detailing the hospital's programs and services that have provided benefit over and above standard health care practices in fiscal year 2011 (October 2010 to September 2011).

### **Fostering Volunteerism**

In addition to the financial community benefit contributions made during fiscal year 2011, Scripps Mercy Hospital employees and affiliated physicians contributed a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With close to 13,443 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$571,892.24.<sup>1</sup>

### **Making a Financial Commitment**

During fiscal year 2011, Scripps Mercy Hospital, San Diego and Mercy Clinic devoted \$55,069,359 to community benefit programs and services, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

### **Fiscal Year 2011 Scripps Mercy Hospital, San Diego and Mercy Clinic Community Benefit Services Highlights**

Scripps Mercy Hospital, San Diego and Mercy Clinic contributed \$55,069,359 to community benefits, including \$19,452,606 in charity care, (\$2,672,000) in Medi-Cal and other means-tested government programs (Scripps had to offset the provider fee income from Medi-Cal in fiscal year 2011), \$13,453,223 in Medicare shortfall, \$5,166,570 in bad debt, \$3,857,768 in community health services, \$7,602,140 in professional education and health research, \$8,102,830 in subsidized health services and \$106,222 in community building activities.

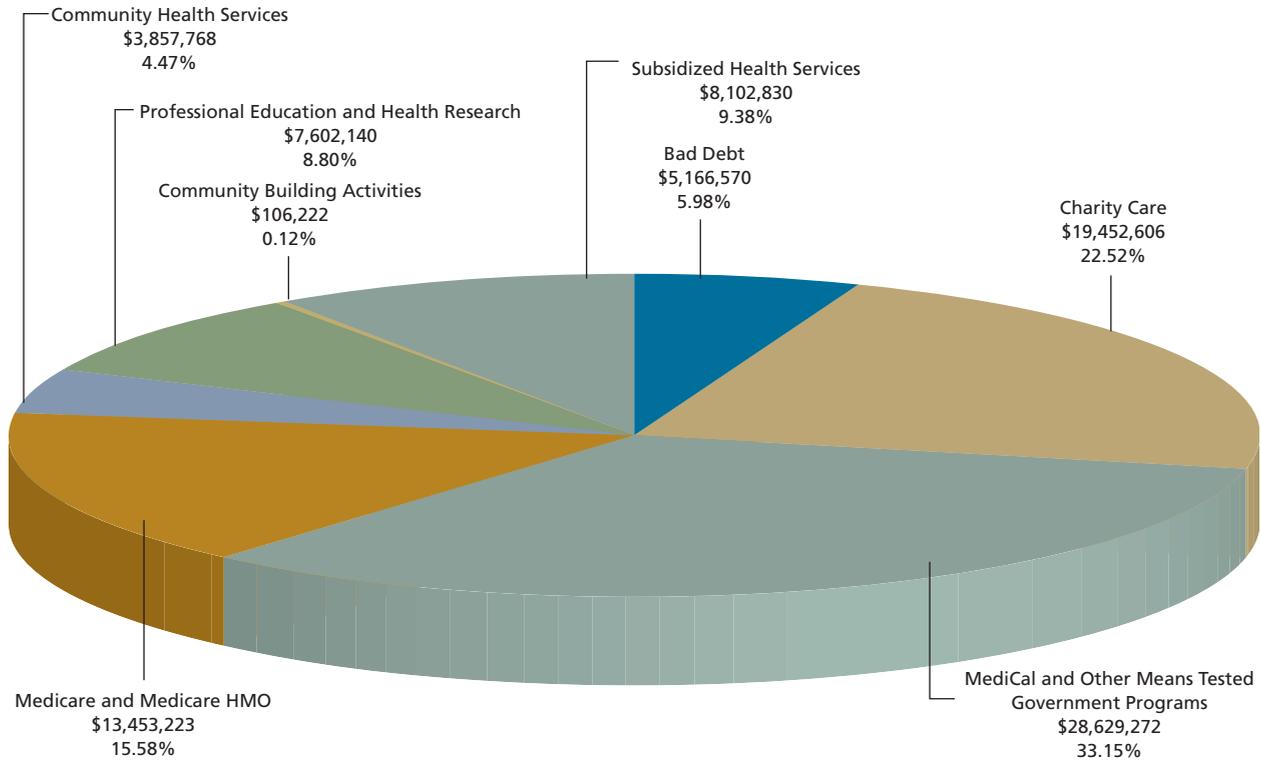
Refer to Figure 8:2 presented on the following page for a graphic representation of the fiscal year 2011 Scripps Mercy Hospital, San Diego and Mercy Clinic Community Benefit Services distribution.

---

<sup>1</sup> Reflects clinical research as well as professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses.

## FIGURE 8:2

**FY11 Scripps Mercy Hospital San Diego and Mercy Clinic Community Benefit Services Distribution, \$86,370,630 (before provider fee)**



Provider fee Impact	Bad Debt	Charity Care	MediCal & Other Means Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider fee	\$5,166,570	\$19,452,606	\$28,629,272	\$13,453,223	\$3,857,768	\$7,602,140	\$106,222	\$8,102,830	\$86,370,630
Provider fee			-\$31,301,271						-\$31,301,271
<b>Net Community Benefit Services After Provider fee</b>	\$5,166,570	\$19,452,606	-\$2,672,000	\$13,453,223	\$3,857,768	\$7,602,140	\$106,222	\$8,102,830	<b>\$55,069,359</b>

### Community Benefit Services:

Community benefit services include those programs and services offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps categorizes community benefit services in three categories, including uncompensated health care, community health services, and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and other means-tested government programs and Medicare shortfalls.

## **Scripps Mercy Hospital San Diego and Mercy Clinic's Fiscal Year 2011**

### **Community Health Services**

Community health services activities include prevention and wellness programs, such as screenings, health education, support groups and health fairs, which are supported by operational funds, grants, in-kind donations and philanthropy. These programs are designed to raise public awareness, understanding of and access to identified community health needs (refer to Section 2 — Assessing Community Needs).

During fiscal year 2011 (October 2010 to September 2011), Scripps Mercy Hospital and Mercy Clinic invested \$3,857,768 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps Mercy Hospital's and Mercy Clinic's fiscal year 2011 community health services achievements.

### **Scripps Mercy Hospital San Diego and Mercy Clinic's Fiscal Year 2011 Professional Education and Health Research Highlights**

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers or to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished. Medical research also plays an important role in improving the community's overall health through the development of new and innovative treatment options.

Each year, Scripps Mercy Hospital, San Diego and Mercy Clinic allocate resources to the advancement of health care services through clinical research and medical education programs. To enhance service delivery and treatment practices for San Diego County, Scripps Mercy Hospital and Mercy Clinic invested \$7,602,140<sup>2</sup> in professional training programs and clinical research during fiscal year 2011 (October 2010 to September 2011). This section highlights some of Scripps Mercy Hospital's and Mercy Clinic's professional education and research activities conducted in fiscal year 2011.

### **Graduate Medical Education (GME) Program**

Scripps Mercy Hospital, San Diego is a major teaching hospital with the longest existing medical education program in San Diego County. The program has been recognized nationally for its impressive results and innovative curriculum. For the 15th consecutive year, Scripps Mercy's internal medicine residents achieved a 100-percent pass rate on the American Board of Internal Medicine Certifying Examination — the best record in California by far, and one of the top three in the country. Founded in 1949, Scripps Mercy Hospital, San Diego and Mercy Clinic's Graduate Medical Education program has served as training

---

<sup>2</sup> Reflects clinical research as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development and other health care professional education. Calculations based on total program expenses.

ground for more than 1,000 future physicians, many of who have assumed leadership positions in the community. There are currently 33 internal medicine residents and three chief residents enrolled in the program. There are also 18 transitional year residents, 21 family medicine residents and seven podiatry residents enrolled in the program.

In 2006, the Internal Medicine Program at Scripps Mercy Hospital became one of 17 programs nationwide to be invited to participate in a multiyear Educational Innovation Project, linking measurable improvement in resident education to measurable improvement in patient care. In 2008, Scripps Mercy Hospital became the sponsor for the Accreditation Council on Graduate Medical Education-Accredited Palliative Care Fellowship provided by San Diego Hospice and the Institute for Palliative Care. That program provides a palliative care service to inpatients and outpatients at Scripps Mercy Hospital. Since 1986, Scripps Mercy Hospital Trauma Services has provided graduate medical education in trauma and critical care for the Naval Medical Center (NMCSD) General Surgery Residency Program. In 1999, the Accreditation Council for Graduate Medical Education Residency Review Committee for Surgery officially integrated Scripps Mercy with the NMCSD General Surgery Residency Program. Today, the Trauma Service also provides training opportunities to residents in several other programs, including: NMCSD Oromaxillofacial Surgery, Otolaryngology, Emergency Medicine, and Transitional Year Residencies, Scripps Mercy Hospital Transitional Year Residency, and Children's Specialists of San Diego Pediatric Emergency Medicine Fellowship. All these residents play a key role in managing and maintaining the continuity of care for patients in the Central region.

In addition to providing medical services to indigent and unassigned patients at Scripps Mercy Hospital, the residents and interns staff Mercy Clinic, a primary care clinic at Scripps Mercy Hospital. With more than 20,000 patient contacts each year, Mercy Clinic provides adult care to underserved patient populations, as well as subspecialty care for clinic and community clinic patients. The clinic participates in multiple projects to meet the needs of this population, including health screenings, Breast Cancer Early Detection Program (BCEDP) and Project Dulce, to name a few.

In 2009, the Hoover Health Clinic established a satellite relationship with the La Maestra Family Health Center, providing Hoover with the ability to provide a full scope of preventive and primary care services. A team of La Maestra health professionals works with the school's nurse practitioners in this setting 20 hours per week. Dr. Shaila Serpas of the Scripps Family Practice Residency is working in partnership with La Maestra Family Health Clinic to fulfill the role of medical director at the Hoover Clinic. This relationship provides benefits to all organizations involved: Hoover Health Clinic has the capacity to provide primary health care to students and their family members beyond the scope of routine school health services.

Many of these youth, and family members, do not have insurance and/or an on-going medical home for health care. Working under the auspices of La Maestra allows Dr. Serpas to see Hoover Health Center patients under the community clinic license, and

family practice residents can choose clinical rotations in adolescent medicine at this site. A continuum of care is offered to the Hoover patients, with follow-up care available at La Maestra, which is a short walking distance from the high school. These inpatient and outpatient facilities provide residents and interns with an opportunity to acquire knowledge and experience in a real-life setting, while providing primary care, specialty services and tertiary care referrals to the Central region's underserved populations.

The fiscal year 2011 cost of operating the Scripps Mercy Hospital San Diego Graduate Medical Education program and other professional education programs totaled \$7,602,140.<sup>3</sup>

### **Other Professional Education Training Programs**

In fiscal year 2011, Scripps Mercy Hospital San Diego and Mercy Clinic served as a training site for San Diego Naval Hospital and UCSD clinicians as indicated below.

- Provided rotations to the internal medicine inpatient service for UCSD internal medicine and psychiatry residents, and medical students, as well as to the Mercy Clinic for psychiatry residents and medical students.
- Provided a comprehensive graduate medical education program in trauma and surgical critical care for 62 San Diego Naval Hospital surgery and emergency medicine physicians.
- Provided a comprehensive didactic and clinic nursing education program in trauma care for 14 San Diego Naval Emergency Department nurses.
- Provided a comprehensive training program in trauma and critical care for 10 San Diego Naval Hospital physicians assistants-in-training.

### **Pharmacy Residency Program**

Scripps Mercy Hospital, a teaching institution, offers two 12-month American Society of Health-System Pharmacists (ASHP)-accredited pharmacy resident positions. This postgraduate program is designed to develop skilled clinicians that can deliver pharmaceutical care in a variety of health care settings.

The pharmacy practice residency program at Scripps Mercy Hospital focuses on pharmacotherapy, project management skills and teaching in a decentralized pharmacy setting. The Pharmacy Department is open 24/7 and includes a central pharmacy along with six inpatient satellite locations. Pharmacists provide a broad range of clinical services and work collaboratively with the health care team. Scripps Mercy is affiliated with five schools of pharmacy and annually trains 12 to 15 pharmacy candidates

---

<sup>3</sup> GME calculations based on total program expenses plus overhead.

# SCRIPPS MERCY HOSPITAL AND MERCY CLINIC

## COMMUNITY BENEFIT SERVICES SUMMARY LIST

### FY11

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Bad Debt**	0	0	\$5,166,570	0
BHOP – Advocacy**	0	2	\$324	20
Blood Drives for the American Red Cross	0	221	\$14,746	618
California Health Foundation and Trust (CHFT)	0	0	\$1,074,744	0
Cardiac Treatment Center Group Exercise Programs	4	6	\$447	10
Charity Care	0	0	\$19,452,606	0
CHIP Committees and Work Teams — Scripps Mercy Hospital San Diego**	0	48	\$4,156	0
City Heights Wellness Center — Coalition Building**	0	548	\$28,259	1,793
City Heights Wellness Center — Community Health Education	264	2,705	\$139,419	8,846
City Heights Wellness Center — Community Support**	0	383	\$19,764	1,254
City Heights Wellness Center — Health Advocacy Project (Leadership Development/Training)**	0	1,560	\$47,366	1,884
City Heights Wellness Center — Health Care Support Services	0	86	\$4,413	280
City Heights Wellness Center — Mental Health Education Services	0	144	\$7,439	472
Community Benefit — Cash Donations	0	0	\$7,500	0
Consumer Center for Health Education and Advocacy (CCHEA)	0	0	\$120,000	0

\*“FINANCIAL SUPPORT” reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.

\*\*Community Building Activities, Bad Deb and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Donated Room Space for Not-For-Profit Organization	0	0	\$100	15
ER – Other Health Professional Training	0	0	\$0	28
ER – Professional Training — Other Professionals	0	3,758	\$237,931	937
ER – Trauma Base Hospital	0	24	\$1,769	18
Fire Awareness Community Education	0	6	\$442	100
In Lieu of Funds	0	0	\$445,107	0
Medi-Cal and other Means-Tested Government Program	0	0	(\$2,672,000)	0
Medicare and Medicare HMO**	0	0	\$13,453,223	0
Mercy Outreach Surgical Team (MOST)	4,180	4,380	\$424,050	233
Pharmacy Residency	0	4,235	\$183,455	0
Research: Blast Injuries and Gunshot Wounds of the Face	0	239	\$6,802	0
Research: Comorbidities and Injury: Implications and Impact on Outcome on Trauma Patients	0	62	\$2,983	0
Research: Effect of Specialty Training on Outcome of Operative Management of Extremity Vascular Trauma	0	124	\$5,812	0
Research: Impact of a More Conservative Approach to CT Scanning	0	704	\$22,312	0
Research: Impact of Crystalloids on the Development of Acute Lung Injury/ARDS in Resuscitation for Traumatic Hemorrhagic Shock	0	3	\$196	0
Research: Is the Difference in Trauma Patient Mortality Between the Insured and the Uninsured Due to Co-Morbid Conditions?	0	8	\$352	0
Research: Repeat Head CT in Trauma Patients on Anticoagulants	0	119	\$7,547	0
Research: Resuscitation Outcomes Consortium (ROC) Study: EPISTRY	0	14	\$1,212	0
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Deb and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Research: ROC Prospective Observational Prehospital and Hospital Registry for Trauma Patient (aka PROPHET)	0	39	\$3,377	0
Research: Surveys in Support of Screening, Brief Intervention, and Referral to Treatment (SBIRT)	0	14	\$1,212	0
Research: The Impact of Comfort Care on the Trauma Service	0	3,478	\$173,631	0
Research: The Value of Ultrasound Imaging Surveillance for Venous Thromboembolic Disease in Trauma Patients	0	244	\$11,949	0
Research: Thoracic Endovascular Repair vs. Open Surgery for Blunt Aortic Injury	0	100	\$6,108	0
Research: Trauma Care Innovations and Quality of Care	0	119	\$3,310	0
Research: Trial of Effectiveness of Screening and Brief Intervention for Drug Users in the Trauma and Emergency Departments	0	37	\$3,140	0
Scripps Mercy Behavioral Health — A Visions Service Program	0	10,633	\$174,037	0
Scripps Mercy Behavioral Health — Services	8	74	\$13,044	2,725
Scripps Mercy Hospital San Diego Medical Library	0	2,440	\$246,566	0
Scripps Mercy Hospital's GME Program	0	145,201	\$5,713,289	0
SMH Nursing - Health Education	135	9	\$521	1,430
SMH Telecommunications — Health Care Support Services	0	0	\$1,330	92
Subsidized Health Services	0	0	\$7,483,686	0
Teen Safe Driving Fair	6	6	\$520	725
Trauma — Coalition Building**	0	73	\$6,353	15
Trauma — Community Health Education	0	11	\$952	0
Trauma — Community Health Improvement Services	0	3	\$704	210
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Deb and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Trauma - Health Education	0	13	\$1,219	44
Trauma — Health Improvement Services — Health Education	50	72	\$16,472	5,258
Trauma — Health Professions Education — Nursing	0	1,120	\$93,439	78
Trauma — Medical Education — Physicians	8,796	292	\$25,190	209
Women, Infants, and Children (WIC) — Community Health Education	0	41,274	\$1,774,255	109,822
Women, Infants, and Children (WIC) — Community Support	0	207	\$8,886	550
Workforce Development — Nursing and Non-Nursing	0	16,172	\$1,097,125	0
<b>TOTAL</b>	<b>13,443</b>	<b>241,011</b>	<b>\$55,069,359</b>	<b>137,666</b>
<p>*“FINANCIAL SUPPORT” reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Deb and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

# **Scripps Mercy Hospital Chula Vista**

## **2012 Community Benefit Plan, Fiscal Year 2012**

---

The Scripps Mercy Hospital Chula Vista 2012 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the hospital's objectives and strategies to support community health improvement during Fiscal Year 2012 (October 2011 to September 2012).

### **The Scripps 2012 Community Benefit Goal**

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, and professional education and health research.

### **Scripps Mercy Hospital, Chula Vista's Fiscal Year 2012 Objectives**

#### **Youth Activities**

To implement a wide variety of youth in health career activities including: Camp Scripps, mentoring program, hospital tours, in-classroom presentations and surgery viewings. A total of 2,500 youth will participate in these programs.

#### **Community-Based Health Improvement Activities (Scripps Mercy Hospital Well-Being Center)**

Community members will participate in classes, prevention lectures and support groups held at the Center. A total of 4,000 participants will use the Center classes and support groups.

#### **Senior Programs**

Each month a variety of senior programs will be held with local senior centers, churches and senior housing. Some of these activities include: senior health chats, men's group, Senior Camp Scripps, flu events, health fairs and a widow support group. A total of 800 seniors will participate in these programs.

#### **Cancer Programs**

##### **Women in Action: Breast Health Outreach and Education Program**

A total of 3,800 women will be referred to clinical breast health services in the community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 5,000 services will be provided, including telephone reminders, outreach and education, case management and a variety of presentations.

### **Healthy Youth, Healthy Futures Cancer Prevention and Awareness Program**

A total of 100 youth will be provided educational activities to improve awareness of cancer and early detection.

### **Senior Healthy Lifestyles: Cancer Prevention and Education Program**

A total of 100 seniors will participate in cancer focused community activities.

### **Hospitalized Patients Smoking Cessation Study**

A total of 500 participants will be included in the randomized control trial to assess how best to assist hospitalized smokers quit smoking.

## **Maternal and Child Health Programs**

### **First 5**

More than 72 home visits will be provided. A total of 620 services will be given for first-time mothers including: home visits, referrals received, data entry, follow up phone calls, parenting classes and other support services.

### **First 5**

A total of 485 parents will participate in parenting classes.

## **Professional Education and Research**

Health Careers Promotion and Continuing Education (San Diego Border Area Health Education Center (AHEC))

The primary mission of the San Diego Border AHEC Program is to build and support a diverse, culturally competent primary health care workforce in San Diego's medically underserved communities. Through this program it will improve health care access, education, job training and placement for youth and adults in the South region of San Diego County.

Implementing youth into health-focused career activities for youth is a primary focus. Activities will include mentoring, camps, job shadowing, health education classes, health chats, support groups, health fairs as well as a variety of other activities. Curriculum is developed for youth into health careers.

- Expand community medicine opportunities for Family Practice Residents to provide services and reach at least 300 individuals.
- Continue to work closely with Scripps Family Practice Residency Program to place medical students in community health activities.
- A total of 500 health professionals will participate in community activities, internship programs, residency rotations and Balint support groups.

**Uncompensated Health Care**

Located near the United States Mexico border Scripps Mercy Hospital, Chula Vista plays a pivotal role in the health care delivery network for the underserved in San Diego County. During fiscal year 2012, Scripps Mercy Hospital, Chula Vista will continue to provide health care services to vulnerable patients who are unable to pay for services.

- Maintain, communicate and effectively administer Scripps' financial assistance policy in a manner that meets the needs of patients.
- Assure that care is available through the emergency department, regardless of a person's ability to pay.

# **Scripps Mercy Hospital Chula Vista**

## **2012 Community Benefit Report, Fiscal Year 2011**

---

The Scripps Mercy Chula Vista Community Benefit Report is an account of the hospital's dedication and commitment to improving the health of the community, detailing the hospital's programs and services that have provided benefit over and above standard health care practices in fiscal year 2011 (October 2010 to September 2011).

### **Fostering Volunteerism**

In addition to the financial community benefit contributions made during FY11, Scripps Mercy Hospital, Chula Vista employees and affiliated physicians contributed a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With close to 2,091 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$88,955.34<sup>4</sup>.

### **Making a Financial Commitment**

During fiscal year 2011, Scripps Mercy Hospital, Chula Vista devoted \$15,196,583 to community benefit programs and services, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

### **FY11 Scripps Mercy Hospital Chula Vista Community Benefit Services Highlights**

During fiscal year 2011, Scripps Mercy Chula Vista contributed \$15,196,583 to community benefits, including, \$8,137,942 in charity care, (\$4,406,625) in Medi-Cal and Other Means Tested Government Programs (Scripps had to offset the provider fee income from Medi-Cal in fiscal year 2011), \$5,390,479 in Medicare shortfall, \$2,501,920 in bad debt, \$640,672 in community health services, \$644,983 in subsidized health services and \$2,231,277 in professional education and health research.

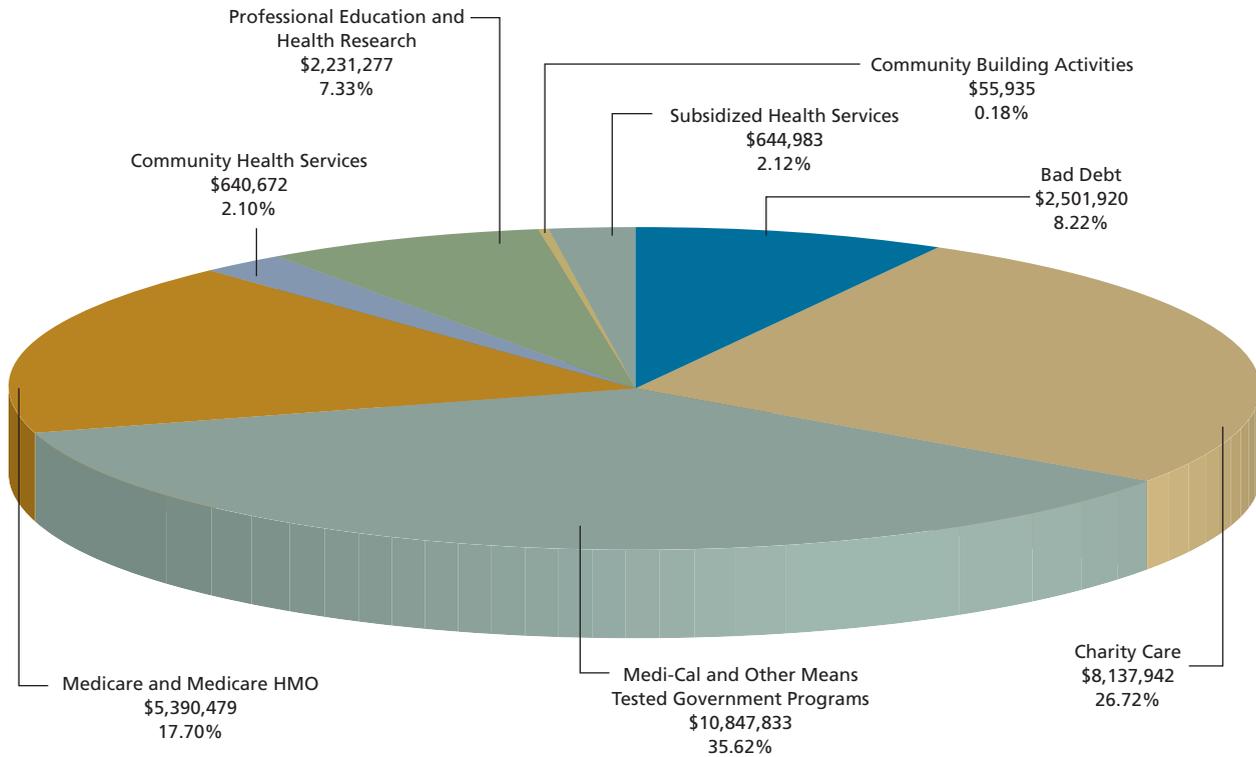
Refer to Figure 8:3 presented on the following page for a graphical representation of the FY11 Scripps Mercy Hospital Chula Vista Community Benefit Services distribution.

---

<sup>4</sup> Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

## FIGURE 8:3

### Scripps Mercy Hospital Chula Vista Community Benefit Services Distribution, \$30,451,041 (before provider fee)



Provider fee Impact	Bad Debt	Charity Care	MediCal & Other Means Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider fee	\$2,501,920	\$8,137,942	\$10,847,833	\$5,390,479	\$640,672	\$2,231,277	\$55,935	\$644,983	\$30,451,041
Provider fee			-\$15,254,458						-\$15,254,458
<b>Net Community Benefit Services After Provider fee</b>	\$2,501,920	\$8,137,942	-\$4,406,625	\$5,390,479	\$640,672	\$2,231,277	\$55,935	\$644,983	<b>\$15,196,583</b>

#### Community Benefit Services:

Community benefit services include those programs and services offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps categorizes community benefit services in three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and other means-tested government programs and Medicare shortfalls.

## **Scripps Mercy Hospital Chula Vista's FY11 Community Health Services Highlights**

Community health services activities include prevention and wellness programs such as screenings, health education, support groups and health fairs, which are supported by operational funds, grants, in-kind donations and philanthropy. These programs are designed to raise public awareness, understanding of and access to identified community health needs (refer to Section 2 – Assessing Community Needs).

During fiscal year 2011 (October 2010 to September 2011), Scripps Mercy Hospital, Chula Vista invested \$640,672 in community health services. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Scripps Mercy Hospital, Chula Vista's fiscal year 2011 community health services achievements.

## **Scripps Mercy Hospital, Chula Vista's Fiscal Year 2011 Professional Education and Health Research Highlights**

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers or to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished.

Each year Scripps Mercy Hospital, Chula Vista allocates resources to the advancement of health care services through professional health education programs. To enhance service delivery and treatment practices for San Diego County, Scripps Mercy Hospital, Chula Vista invested \$2,231,277<sup>5</sup> in professional training programs during fiscal year 2011 (October 2010 to September 2011). This section highlights some of Scripps Mercy Hospital, Chula Vista's professional education and health research activities conducted in fiscal year 2011.

---

<sup>5</sup> Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

# **2011 Scripps Mercy Hospital Chula Vista**

## **2012 Community Benefit Report, Fiscal Year 2011**

---

### **Youth Activities**

Implemented a wide variety of youth in health career activities including: Camp Scripps, mentoring program, hospital tours, in-classroom presentations and surgery viewings. A total of 2,527 youth participated in these programs.

### **Community-Based Health Improvement Activities**

Each month approximately 300 to 400 community members participate in classes, prevention lectures and support groups held at the center. A total of 3,956 participants used the center classes and support groups.

### **Senior Programs**

Each month a variety of senior programs are held with local senior centers, churches and senior housing. Some of these activities include: senior health chats, men's group, Senior Camp Scripps, a flu event and health fairs. A total of 732 seniors participated in these programs.

### **Maternal and Child Health Programs**

#### **Breast Health Clinical Services**

A total of 4,968 women were referred to clinical breast health services in the community and Scripps Mercy Hospital, Chula Vista radiology services. A total of 6,859 services were provided, including telephone reminders, outreach and education, case management, and a variety of presentations.

#### **Patient Continuity of Care with Scripps Mercy Hospital, Chula Vista Radiology**

(This work began in June 2011)

#### **Scripps Mercy Hospital, Chula Vista Radiology Loss to Follow-Up Services**

A total of 36 patients have been provided support. Of these patients, a total of 77 services were provided. Services include encouragement for patients to repeat exam, assistance to patients to get health insurance approval to repeat exam, social/emotional support and education about preventing breast cancer.

### **Scripps Mercy Hospital, Chula Vista Radiology Positive Breast Cancer Patient Support**

A total of 14 patients were supported. A total of 61 services were provided that included phone calls, home visits, packages with a calendar, a pen and educational materials, and social/emotional support.

### **First 5**

More than 1,034 services were received for first-time mothers, including home visits, referrals received, data entry, follow-up phone calls, parenting classes and other support services. A total of 318 parents participated in parenting classes.

### **Health Professions Training**

A total of 882 health professionals participated in the Healthy Start Educational Quality Circles, internship program, residency rotations and Balint support group.

### **Stay Quit Study-Hospitalized Patients Smoking Cessation Study**

A total of 84 participants were included in the Stay Quit Study. This study is a partnership with the California Smokers Helpline. A total of 507 people have been screened.

## **Advisory Board Participation**

### **The Chula Vista Community Collaborative**

This Advisory Board meets monthly. The Chula Vista Community Collaborative (CVCC) draws together all sectors of the local community to develop coordinated strategies and systems that protect the health and safety of residents, develop economic resources, promote local leadership, enhance the environment and contribute to the celebration of and respect for cultural diversity. The CVCC currently has more than 150 member organizations and 624 members.

The CVCC acts as a platform from which to launch effective new initiatives to improve quality of life. The CVCC is the umbrella for a variety of programs and committees. The most notable infrastructure of the CVCC is the network of the Family Resource Center that has been created and sustained by collective effort.

### **Collaborate for Healthy Weight**

This Advisory Group meets monthly. Collaborate for Healthy Weight is a program of the Health Resources and Services Administration (HRSA) and the National Initiative for Children's Healthcare Quality (NICHQ). The shared vision is to create partnerships among primary care, public health and community organizations to discover sustainable ways to promote healthy weight and eliminate health disparities in communities across the United States. All three sectors must collaborate, using evidence-based approaches, to reverse the obesity epidemic and improve the health of our communities.

### **Scripps Family Medicine Residency Program**

The Scripps Family Medicine Residency Program (FMRP) is a community-based training program developed through a partnership between the UCSD School Of Medicine, Scripps Mercy Hospital, Chula Vista, and the San Ysidro Health Center, Inc (SYHC). The Scripps FMRP was established with the support of the San Diego Border Area Health Education Center (AHEC), with a goal to increase access to quality health care for the medically underserved communities along the California and Baja California border region. SYHC is a federally-qualified health center (FQHC). The majority of the inpatient training takes place at Scripps Mercy Hospital, Chula Vista, the institutional base for the San Diego/Border AHEC. The family medicine residency collaborates with the Community Benefits Department at Scripps Mercy Hospital, Chula Vista and the San Diego Border AHEC to build and support a culturally diverse, culturally competent primary health care workforce in San Diego's medically underserved communities. The current resident complement is seven residents per class. Starting in 2011, funding was received to expand the class size to eight residents per year for a full complement of 24.

The Scripps FMRP uses a community-driven approach that emphasizes community medicine throughout the curriculum. Through the partnership with the SYHC and their satellite clinics, community experiences are included in rotations throughout the residency curriculum. Rotations in pediatrics/adolescent medicine, women's health, behavioral medicine, HIV care, sports medicine and geriatrics all include clinical activities in community sites and with community service agencies. Existing community-based research activities within the department include childhood obesity prevention, home-based falls assessment in the elderly, maternal and child health outcomes studies and required COPC Projects for residents. In response to the local Healthy Border objectives, the Scripps Family Medicine Residency Program developed a curriculum to improve cultural and linguistic competence for our residents. This longitudinal program incorporates the teaching of medical Spanish, cultural issues and health disparities in a clinically relevant context. Scripps Family Medicine Program also runs two high school-based clinics at Southwest and Palomar High Schools that address the health needs of vulnerable adolescents. This training in adolescent medicine includes sports medicine physicals screening for more than 800 students each year.

Chula Vista Family Clinic, a satellite clinic of SYHC, is the Family Medical Center for the Scripps residency program. In fiscal year 2011, there were more than 13,000 clinical visits provided by residents and program faculty. The patient demographics reflect the San Diego Border region; 79 percent of patients are Latino, 86 percent of patients live at or below 200 percent Federal Poverty Level, and 27 percent of patients are uninsured and are offered a sliding fee program.

The Scripps FMRP has recruited and matched a diverse group of residents. 50 percent of both our current residents and our 62 graduates are members of underrepresented minority groups (43 percent are Latino), reflecting the cultural and ethnic mix of the region. The graduates further national goals of increased primary health care access in their choice of practice opportunities. 75 percent of graduates have stayed in San Diego County, and 65 percent are specifically serving low-income populations by practicing in a community health center or NHSC site, providing primary care and a medical home to patients who might otherwise receive no care or seek care through hospital emergency departments. (Sponsored by Scripps Mercy Hospital Chula Vista, Community Benefits)

# Scripps Mercy Hospital Chula Vista

## Community Benefit Services Summary List

**FY11**

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Bad Debt**	0	0	\$2,501,920	0
California Health Foundation and Trust (CHFT)	0	0	\$526,773	0
Charity Care	0	0	\$8,137,942	0
Chronic Pain Programs	0	0	\$53	2
Community Health Research — Smoking Cessation Study	0	555	\$33,526	507
Donated Room Space for Not-For-Profit Organization	0	0	\$12,688	2,866
In Lieu of Funds	0	0	\$644,983	0
MCH Programs — Breast Health — Community Health Education	0	2,065	\$30,568	6,859
MCH Programs — Breast Health — Community-Based Clinical	0	0	\$0	4,968
Medi-Cal and other Means-Tested Government Program	0	0	(\$4,406,625)	0
Medicare and Medicare HMO**	0	0	\$5,390,479	0
Scripps Family Medicine Residency Program	0	58,391	\$2,091,345	0
Scripps Mercy Health Professionals Training	2,091	964	\$58,258	881
Scripps Mercy Hospital Chula Vista — Community Building**	0	1,518	\$55,935	404
Scripps Mercy Hospital Chula Vista Rehab Programs	0	288	\$19,624	520
Scripps Mercy Hospital Chula Vista Senior Programs	0	470	\$28,427	418
Scripps Mercy Hospital Chula Vista Youth Programs	0	999	\$0	2,527
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Deb and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Scripps Mercy Maternal and Child Health Programs — Community Health	0	1,713	\$8,463	251
Scripps Mercy Maternal and Child Health Programs — Health Care Support	0	386	\$7,160	1,034
Senior Flu Shot Clinic	0	106	\$6,916	60
Workforce Development — Nursing and Non-Nursing	0	710	\$48,148	0
<b>TOTAL</b>	<b>2,091</b>	<b>68,164</b>	<b>\$15,196,583</b>	<b>21,297</b>
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Deb and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				



# Scripps Green Hospital

---

## About Scripps Green Hospital

Scripps Green Hospital, located on Torrey Pines Mesa above La Jolla, has 173 licensed beds, more than 1,453 employees and provides health care services to 8.4 percent of the inpatient population living within the hospital's service area. Within the hospital's service area, Scripps Green Hospital cares for 12.6 percent of Medicare patients; 0.2 percent of Medi-Cal patients; 8.0 percent of commercially insured patients; and 1.8 percent of patients with other payment sources, including self-pay and charity care.

Scripps Green Hospital offers a wide range of clinical and surgical services, including intensive care, cancer/oncology, cardiothoracic and orthopedic surgeries. Among the specialty services located on the campus are interventional cardiology, orthopedics, blood and bone marrow transplants, solid organ transplants and clinical research. Additionally, Scripps Center for Integrative Medicine, located on the campus, was established in 1999. Scripps Green is a teaching facility, offering graduate medical education.

## Distinguishing Programs and Services

- Bone Marrow Transplant Program
- Cancer Services
- Heart, Lung and Vascular Center
- Ida M. and Cecil H. Green Cancer Center
- Organ Transplantation and Liver Disease Center

# Scripps Green Hospital

## 2012 Community Benefit Plan, Fiscal Year 2012

---

The Scripps Green Hospital 2012 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the hospital's and clinic's objectives/strategies to support community health improvement during fiscal year 2012 (October 2011 to September 2012).

### **The Scripps 2012 Community Benefit Goal**

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, professional education and health research.

### **Scripps Green Hospital Fiscal Year 2012 Objectives**

#### **Community Health Services**

- St. Vincent de Paul Village Medical Center and Mid-City Community Clinic. Staffed by internal medicine residents and Scripps Clinic internal medicine attending staff, these clinics offer medical care to approximately 300 of our county's most vulnerable residents each year. Sponsored by Scripps Green Hospital, Department of Graduate Medical Education.
- Continue to conduct blood drives on behalf of the San Diego Blood Bank.
- Continue to provide physical, emotional and spiritual support to cancer patients during their cancer treatment.
- Continue with Expressive Writing workshops series (two 10-week sessions in 2011), which are open to all Scripps patients, as well as to the general community. This is a focused activity-based support group for all cancer patients. Cancer patients participate in free workshops that allow people to find artistic outlets for their emotions, and it also provides clinical benefits.
- Participate in the 21st Anniversary Annual Cancer Survivor's Day. Expect to have 250 people participate.
- Continue to offer risk assessment consultation and education to high-risk women for the BRCA genes mutation free of charge.
- Provide support services and community resources for health care workers, families, caregivers and cancer patients.
- Provide psychosocial services and guidance regarding transportation, housing, homecare, financial benefits, emotional concerns and other issues.
- Continue to work with community resources to enhance patient cancer navigator role, and patient navigator education and resources.

### **Professional Education and Health Research**

- Fiji Alliance (School of Medicine Training)  
Scripps Green and Clinic physicians will provide specialty medicine training and supervision to undergraduate and post graduate students attending the Fiji School of Medicine.
- Continue to expand the Graduate Medical Education program at Scripps Green and the Clinic. With 35 residents and 36 fellows, the Scripps Clinic and Scripps Green Hospital Department of Graduate Medical Education serves several hundred thousand San Diegans each year. Many of the residents in the program demonstrate a strong commitment to community service by maintaining an evening clinic at the St. Vincent De Paul Community Care Clinic and at the Mid-City Community Clinic in San Diego County.

### **Uncompensated Health Care**

- Scripps Green Hospital will continue to provide health care services to vulnerable patients who are unable to pay for services.
- Maintain, communicate and effectively administer Scripps' financial assistance policy in a manner that meets the needs of patients.

# Scripps Green Hospital

## 2012 Community Benefit Report, Fiscal Year 2011

---

The Scripps Green Hospital Community Benefit Report is an account of the hospital's dedication and commitment to improving the health of the community, detailing the hospital programs and services that have provided benefit over and above standard health care practices in fiscal year 2011 (October 2010 to September 2011).

### **Fostering Volunteerism**

In addition to the financial community benefit contributions made during fiscal year 2011, Scripps Green Hospital employees and affiliated physicians contributed a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. With close to 24 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$12,592.43.<sup>1</sup>

### **Making a Financial Commitment**

During fiscal year 2011, Scripps Green Hospital devoted \$44,378,234 to community benefit programs and services, including uncompensated health care, community health services, professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

### **Fiscal Year 2011 Scripps Green Hospital Community Benefit Services Highlights**

During fiscal year 2011, Scripps Green Hospital contributed \$44,378,234 to community benefits, including \$1,045,070 in charity care, \$7,935,268 in Medi-Cal and other means- tested government programs, \$29,393,222 in Medicare shortfall, \$341,791 in community health services and \$5,646,457 in professional education and health research \$15,948 in subsidized health services and \$478 in community building activities.

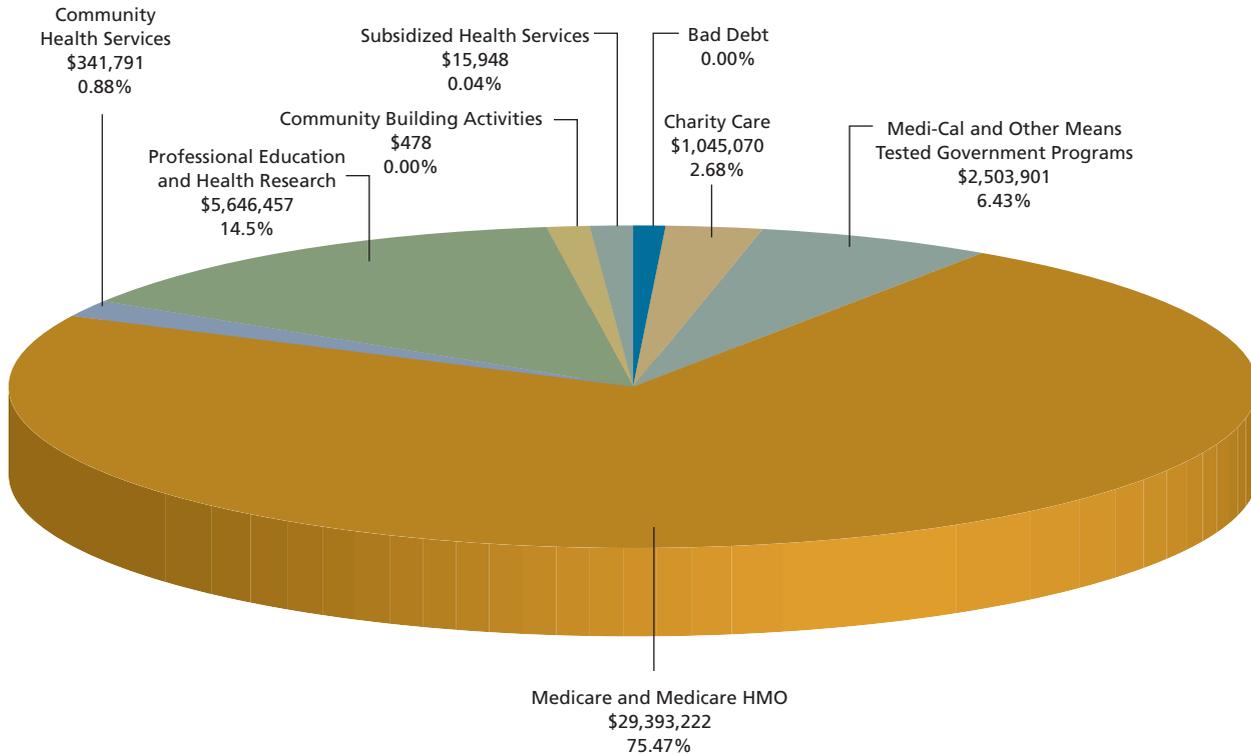
Refer to figure 9:1 presented on the following page for a graphic representation of the fiscal year 2011 Scripps Green Hospital Community Benefit Services distribution.

---

<sup>1</sup> Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

# FIGURE 9:1

## FY11 Scripps Green Hospital Community Benefit Services Distribution, \$38,946,867 (before provider fee)



Provider fee Impact	Bad Debt	Charity Care	MediCal & Other Means Tested	Medicare & Medicare HMO	Community Health Svcs	Prof Ed and Health Research	Community Building	Subsidized Health Svc	Total
Community Benefit Services Before Provider fee	\$0	\$1,045,070	\$2,503,901	\$29,393,222	\$341,791	\$5,646,457	\$478	\$15,948	\$38,946,867
Provider fee			\$5,431,368						\$5,431,368
<b>Net Community Benefit Services After Provider fee</b>	\$0	\$1,045,070	\$7,935,268	\$29,393,222	\$341,791	\$5,646,457	\$478	\$15,948	<b>\$44,378,234</b>

### Community Benefit Services:

Community benefit services include those programs and services offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps categorizes community benefit services in three categories, including uncompensated health care, community health services, and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and other means-tested government programs and Medicare shortfalls.

## **Scripps Green Hospital Fiscal Year 2011 Community Benefit Services Highlights**

Community health services activities include prevention and wellness programs such as screenings, health education, support groups and health fairs, which are supported by operational funds, grants, in-kind donations and philanthropy. These programs are designed to raise public awareness, understanding of and access to identified community health needs (refer to Section 2 – Assessing Community Need).

During fiscal year 2011 (October 2010 to September 2011), Scripps Green Hospital invested \$341,791 in community health services activities. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of Green Hospital's fiscal year 2011 community benefit services achievements.

## **Scripps Green Hospital Fiscal Year 2011**

### **Professional Education and Health Research Highlights**

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers or to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished. Medical research also plays an important role in improving the community's overall health through the development of new and innovative treatment options.

Each year, Scripps Green Hospital allocates resources to the advancement of health care services through clinical research and medical education programs. To enhance service delivery and treatment practices for San Diego County, Scripps Green Hospital invested \$5,646,457<sup>2</sup> in professional training programs and clinical research during fiscal year 2011 (October 2010 to September 2011). This section highlights some of Scripps Green Hospital's professional education and health research activities in fiscal year 2011.

- **Internal Medicine Residency Program**

With 35 residents and 36 fellows, the Scripps Clinic/Scripps Green Hospital Department of Graduate Medical Education serves several hundred thousand San Diegans each year. Many of the residents and attending physicians in the program demonstrate a strong commitment to community service by maintaining an evening clinic at the St. Vincent de Paul Village Medical Clinic and Mid-City Community Clinics in San Diego County. With a commitment to community health, these health care providers are working to improve the overall health of San Diegans.

- **Fiji/Scripps Alliance (School of Medicine Training)**

Education is critical to the Fiji Alliance's mission. Through a formal agreement, volunteer specialists from Scripps Health provide academic training in the Fiji School of Medicine's post-graduate programs for anesthesia, surgery, internal medicine, pediatrics and obstetrics/gynecology. Scripps is one of only a few freestanding health systems in the U.S. to assist in such overseas academic training programs. (Sponsored by Scripps Clinic/Green Hospital)

---

<sup>2</sup>Reflects clinical research as well as professional education for non-Scripps employees, including graduate medical education, nursing resource development and other health care professional education. Calculations based on total program expenses.

# SCRIPPS GREEN HOSPITAL

## COMMUNITY BENEFIT SERVICES SUMMARY LIST

**FY11**

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Bad Debt**	0	0	\$0	0
Blood Drives for the American Red Cross	8	242	\$12,454	408
Cancer Center Support Groups — Scripps Green Hospital	0	6	\$1,818	16
Charity Care	0	0	\$1,045,070	0
Donated Room Space for Not-For-Profit Organization	0	0	\$23,385	3,966
Fiji Alliance	84	816	\$43,537	850
Holiday Cards to Overseas Military**	0	9	\$478	350
In Lieu of Funds	0	0	\$15,948	0
Living Donor Support Group/Class	0	8	\$1,648	40
Medi-Cal and other Means-Tested Government Program	0	0	\$7,935,268	0
Medicare and Medicare HMO**	0	0	\$29,393,222	0
Organ Transplant Support Groups	0	98	\$14,308	1,115
Scripps Clinic — Scripps Green Hospital Department of GME	0	145,129	\$5,551,293	0
Scripps Green Hospital Medical Library	0	0	\$244,641	0
St. Vincent de Paul Village Medical Clinic & Mid City Clinic	204	0	\$0	294
Workforce Development — Nursing and Non-Nursing	0	1,403	\$95,165	0
<b>TOTAL</b>	<b>296</b>	<b>147,711</b>	<b>\$44,378,234</b>	<b>7,039</b>
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Debt and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

SECTION  
**10**

# The Scripps Whittier Diabetes Institute

---

## **About The Scripps Whittier Diabetes Institute**

The Scripps Whittier Diabetes Institute is dedicated to caring for and educating people with diabetes through diabetes management and support programs. Through leading-edge research, Scripps Whittier strives to find a cure for this chronic disease. The mission is to improve the quality of life for people with diabetes through innovative education programs, clinical care, research and collaborations that pursue prevention and a cure.

Founded in 1982, Scripps Whittier stands alone as the San Diego region's leading comprehensive organization for diabetes. The mandate at Scripps Whittier has always been to achieve excellence in diabetes care, research and education and accomplishes its mission by being a resource and partner within Scripps Health and collaborating with other institutions, their researchers and physicians such as, the University of California, San Diego; San Diego State University; Scripps Translational Science Institute; and San Diego Community Clinics.

## **Scripps Whittier Diabetes Institute — Distinguishing Programs and Services**

- Scripps Whittier is recognized as a comprehensive and international center for excellence in diabetes care and prevention, professional education and research.
- Operates diabetes self-management education programs accredited by the American Diabetes Association. Nurses and dietitians with certification in diabetes education provided hundreds of people with diabetes up-to-date and individualized training and education.
- Credited with the first successful replication of insulin-producing human islet cells outside the human body. Dr. Alberto Hayek's achievement is a milestone on the pathway to making a cure widely available. Led by five dedicated principal investigators, the Whittier-UCSD Stem Cell Islet Research Laboratory is engaged in several projects aimed at understanding pancreas development for translational approaches to cell-based diabetes therapies. These scientists are significant contributors to the collaborative worldwide efforts aimed at restoring and/or maintaining normal beta cell mass.
- For more than 14 years Project Dulce has been internationally recognized as one of the most effective approaches to addressing diabetes to low-income and diverse populations. Project Dulce has provided diabetes care and self-management education at community health centers, free clinics, community centers, churches, senior housing facilities and other community locations. Nurse-led teams focus on achieving measurable improvements in the health of their patients, while peer educators help patients overcome cultural, economic or behavioral barriers to successfully managing their disease. Program results have been published in medical literature and are recognized

as innovative solutions to addressing the diabetes epidemic affecting our nation.

- Provided retinal screening services to low-income persons who are prediabetes or diagnosed with diabetes. Retinal screenings detect vascular eye problems with the goal of preventing serious complications and blindness.
- Scripps Whittier conducts community-based research programs, building on a long history of partnerships with San Diego County, nonprofit community clinics, federally qualified health centers, Scripps Translational Science Institute (STSI) and San Diego State University, to prevent and treat diabetes in San Diego's multiethnic communities.
- Serves as the community engagement lead for the National Institutes of Health Clinical Translational Science Award, housed at STSI with a clinical emphasis on genomics and wireless medicine. The collaboration provides the venue to bridge scientific and community-based expertise in diabetes education and health care delivery through the development of innovative approaches to diabetes care and management.
- It is estimated that half of the Latino children born today in the United States will develop diabetes if current trends continue. A past history of gestational diabetes (GDM) confers a high risk (50 percent) of developing type 2 diabetes mellitus. Scripps Whittier implemented Dulce Mothers, a behavioral change intervention to prevent and reduce type 2 diabetes in low-income San Diego-area women of Mexican ancestry with a medical history of GDM.
- Scripps Whittier's well-established expertise in caring for Mexican-American populations with type 2 diabetes has led to the development of the Scripps San Diego Diabetes Genebank. The goal of the gene bank is to allow genomic-related research within the field of type 2 diabetes and associated metabolic abnormalities, as well as to narrow the existing gap between the advances in genomic science and non-European ancestry populations.
- With a commitment to growth and innovation, Scripps Whittier will build on the proven success of Project Dulce's chronic care model. Project Dulce 2.0 will innovatively outreach to patients using health technology and text messages, focusing on managing type 2 diabetes with healthy eating habits, physical activity and behavior management.
- Trains health professionals locally and across the nation to provide the highest quality and most up-to-date diabetes care. Courses are designed for health care providers seeking to understand the new and complex clinical treatment options for type 1, type 2 and gestational diabetes. Scripps Whittier's professional education program is led by a team of experts that include endocrinologists, nurses, dietitians, psychologists and other diabetes specialists.
- Provides systemwide technical assistance, training and direct services to Scripps hospitals with the objective of achieving a consistent standard of care and service for glycemia management. Direct diabetes education is provided by 3.2 certified diabetes educators at Scripps hospital locations.

# The Scripps Whittier Diabetes Institute

## 2012 Community Benefit Plan, Fiscal Year 2012

---

The Scripps Whittier Diabetes Institute 2012 Community Benefit Plan provides a description of the overall Scripps community benefit goal and The Scripps Whittier Diabetes Institute's objectives and strategies to support community health improvement during Fiscal Year 2012 (October 2011 to September 2012).

### **Scripps' 2012 Community Benefit Goal:**

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, and professional education and health research.

### **The Scripps Whittier Diabetes Institute FY12 Objectives**

**The Scripps Whittier Diabetes Program** — The Scripps Whittier diabetes self-management training and education program has integrated the diabetes education services of two large primary care and multi-specialty groups: Scripps Clinic and Scripps Coastal Medical Group. This consolidation has expanded individual and group education as well as diabetes support groups to a total of 14 sites.

**Project Dulce** — Will continue to offer a comprehensive, culturally competent diabetes management program for underserved and uninsured populations. During FY12, Project Dulce will:

- Continue to provide diabetes self-management, free diabetes education and support groups throughout San Diego County.
- Work with ethnic-specific organizations to train their advocates to provide education and referrals to their communities.
- Will continue to train community health workers and health providers in Tijuana to implement the Project Dulce model.
- Work closely with Scripps Mercy Chula Vista hospital to link patients with diabetes that lack a medical home, thereby reducing preventable readmissions to the hospital.
- Expand diabetes prevention education to young mothers at increased risk of developing type 2 diabetes due to a history of gestational diabetes.
- SWDI will continue identify and develop partnerships between community health providers, researchers and community stakeholders to promote bi-directional dialogues that foster equitable research agendas, discovery, application and dissemination of science that that improves health and reduces health disparities.
- The Latino population exhibits a higher prevalence rate of type 2 diabetes, more frequent complications, greater disease severity, and worse outcomes than non-Latino whites; people with Mexican and other Hispanic ancestry have not yet been adequately represented in genomic studies. The Scripps-San Diego Diabetes Genebank will recruit

Project Dulce and Scripps Health population's to participate in the study, community genomics education sessions and survey on attitudes and behaviors towards genomics.

- Project Dulce 2.0 will pilot the effectiveness of interactive text messaging to enhance medication adherence, self-care behaviors and improved clinical outcomes with patients.

### **Community Education**

- The Whittier Institute will continue participation in community health fairs and screenings in FY 2012, in order to expand public awareness of diabetes, risk factors, prevention and the importance of quality diabetes care.
- Events are planned in collaboration with the American Diabetes Association, the Juvenile Diabetes Research Foundation, the San Diego Invitational Golf Tournament, the Take Control of Your Diabetes (TCOYD) conference, and Scripps Wellness Day.

### **Professional Education**

- The Whittier Institute's Professional education department will offer a number of programs to community-based health professionals, including Safe Use of Insulin in the Hospital Setting, Initiation and Management of Insulin and Incretin Therapy, The Fundamentals of Diabetes Management, Demystifying the Diabetes Diet and Comprehensive Diabetes Education and Clinical Management.
- The department also will work closely with the Diabetes Alliance to provide education to physicians, nurses and other health professionals on the use of insulin therapy. Programs will be conducted in 10 cities throughout the Western United States.

# The Scripps Whittier Diabetes Institute

## 2012 Community Benefit Report, Fiscal Year 2011

---

The Scripps Whittier Diabetes Institute 2012 Community Benefit Report is an account of Scripps Whittier's dedication and commitment to improving the health of the community, detailing the institute's programs and services that have provided benefit over and above standard health care practices in fiscal year 2011 (October 2010 to September 2011).

### **Fostering Volunteerism**

In addition to the financial community benefit contributions made during fiscal year 2011, Scripps Whittier Diabetes Institute employees and affiliated physicians contributed a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. With close to 4 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$170.17.<sup>1</sup>

### **Making A Financial Commitment**

During fiscal year 2011, Scripps Whittier Diabetes Institute devoted \$1,199,899 to community benefit programs and services, including uncompensated health care, community-based health improvement activities, and professional education and clinical research. The programs offered by Scripps Whittier emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

According to a UCLA Health Policy Research Brief, the number of people diagnosed with diabetes in San Diego County is more than 130,000 as of August 2007. Approximately 1.7 million Californians have been diagnosed with diabetes, and an additional 600,000 Californians are undiagnosed. The diabetes and obesity epidemic and other chronic illnesses have a disproportionate impact on low-income, diverse ethnic groups, yet there is little research to date demonstrating clinically and cost-effective care and treatment models for our highest risk populations. Diabetes leads to school and work absenteeism, an elevated rate of hospitalization, frequent emergency room visits, permanent physical disabilities and sometimes death. Diabetes is a serious community health problem.<sup>2</sup> Throughout the past 10 years the epidemic of diabetes has permeated every facet of our communities. The percentage of individuals entering hospitals with diabetes is rising; the number of children developing diabetes is growing; and larger numbers of people are experiencing complications of diabetes, such as renal failure and heart disease, at an earlier age. The development of unique, innovative clinical programs and community-based research is urgently needed to combat this epidemic in our communities.

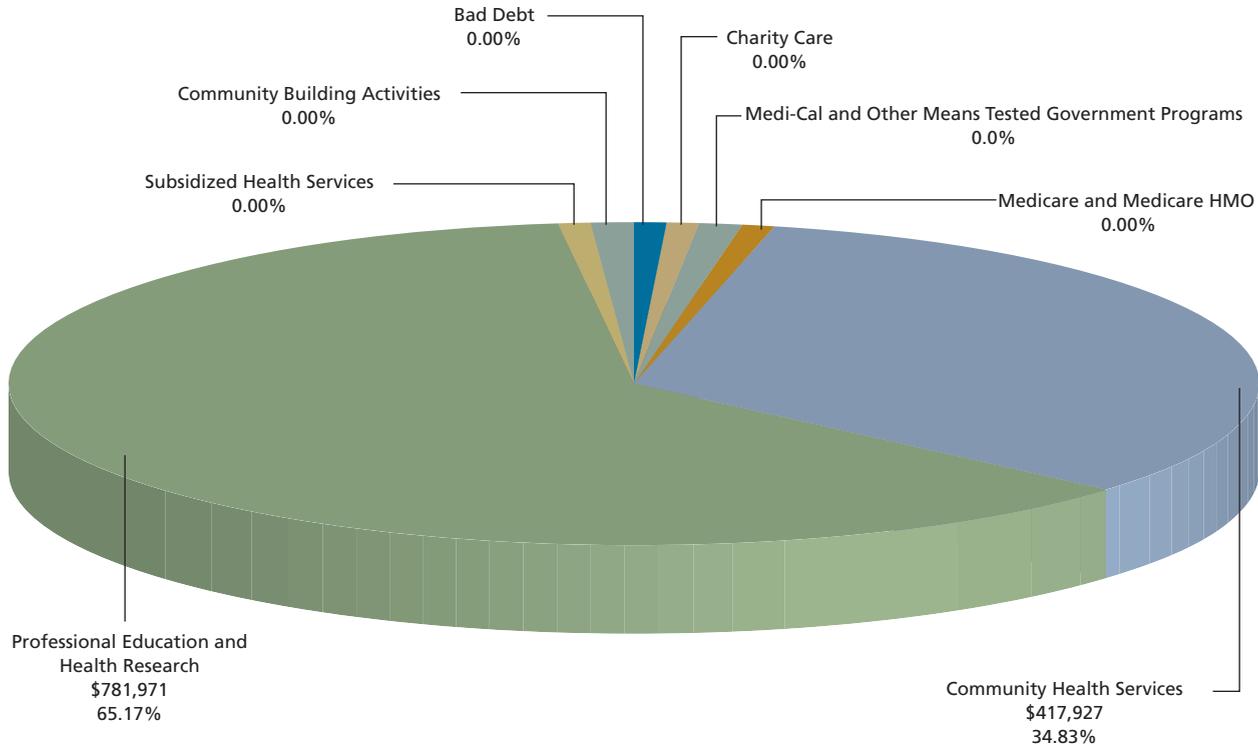
---

<sup>1</sup> Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

<sup>2</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

# FIGURE 10:1

## FY11 Scripps Whittier Diabetes Institute Community Benefit Services Distribution, \$1,199,899



### Community Benefit Services:

Community benefit services include those programs and services offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps categorizes community benefit services in three categories, including uncompensated health care, community health services and professional education, and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and other means-tested government programs and Medicare shortfalls.

# THE SCRIPPS WHITTIER DIABETES INSTITUTE

## COMMUNITY BENEFIT SERVICES SUMMARY LIST

FY11

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Project Dulce Diabetes Clinical Services	0	0	\$84,477	2,601
Project Dulce Diabetes Education	0	0	\$333,391	3,435
Scripps Whittier Diabetes Institute Professional Education and Training	4	0	\$373,721	479
Scripps Whittier Diabetes Research	0	7,619	\$408,210	0
Scripps Whittier Mobile Medical Unit (MMU)	0	0	\$0	10
Smoking Cessation Study	0	0	\$40	46
TCOYD — SD Convention Center	0	0	\$60	2,500
<b>TOTAL</b>	<b>4</b>	<b>7,619</b>	<b>\$1,199,899</b>	<b>9,071</b>
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives. Categories are broken down in alignment with the new Schedule H 990.</p> <p>Community Building Activities, Bad debt and Medicare shortfall do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				



# Scripps Medical Foundation

---

## **About Scripps Medical Foundation**

Scripps supports a number of programs and services that meet the health care needs of patients and community members throughout San Diego County. These include programs operated by Scripps Clinic, Scripps Coastal Medical Center and Scripps Cardiovascular and Thoracic Surgery Center.

## **About Scripps Clinic**

Founded in 1924, Scripps Clinic is a multispecialty outpatient care facility caring for patients at multiple locations throughout San Diego County, including Del Mar, Encinitas, Rancho Bernardo, San Diego, Rancho San Diego, San Marcos, Santee and La Jolla. Scripps Clinic and its physicians are world-renowned for research-driven care and medical specialty expertise. Scripps Clinic contracts with the Scripps Clinic Medical Group, Inc., which has 387 board-certified physicians in more than 50 fields of medicine and surgery. Scripps Clinic's main facility is located on Torrey Pines mesa, adjacent to Scripps Green Hospital. Scripps Clinic offers the following services: Brain and Stroke Research and Treatment Center, Musculoskeletal Center, Scripps Center for Integrative Medicine and Scripps Clinic Center for Weight Management.

## **Scripps Coastal Medical Center**

Scripps Coastal Medical Center is the name of the physician offices and outpatient centers created by the coming together of Scripps Mercy Medical Group and Sharp Mission Park Medical Group. With more than 100 physicians in twelve locations throughout the San Diego region, Scripps Coastal Medical Center specializes in internal medicine, family medicine, gynecology and obstetrics, and pediatrics and operates an urgent care center in Vista. In 2008, new locations in Carlsbad and Eastlake opened. In 2010, Scripps Health acquired three additional locations in Del Mar, Encinitas and Vista.

## **Scripps Clinic Medical Group**

In 2011 the physicians of Del Mar Family Practice and La Jolla Radiology Medical Group joined Scripps Clinic Medical Group — a group that includes more than 400 physicians practicing in more than 50 areas of medicine and surgery.

## **Scripps Cardiovascular and Thoracic Surgery Group**

The cardiovascular and thoracic surgeons from Scripps Memorial Hospital La Jolla, Scripps Clinic and Scripps Mercy Hospital joined together to create Scripps Cardiovascular and Thoracic Surgery Group. Scripps cardiovascular and thoracic Surgery surgeons have a wide range of expertise in chest and heart surgery, performing procedures to address cardiac and pulmonary disorders.

# **Scripps Medical Foundation**

## **2012 Community Benefit Plan, Fiscal Year 2012**

---

The Scripps Medical Foundation 2012 Community Benefit Plan provides a description of the overall Scripps community benefit goal and systemwide objectives/strategies to support community health improvement during fiscal year 2012 (October 2011 to September 2012).

### **The Scripps 2012 Community Benefit Goal**

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, and professional education and research.

### **Scripps Systemwide Program Fiscal Year 2012 Objectives**

#### **Community Health Services**

- Scripps Coastal Medical Center will continue to provide a variety of screenings, such as awareness of body fat and blood pressure checks at various health fairs in the community.
- Scripps Coastal Medical Center will continue to provide a variety of health education classes to seniors in the community.
- Scripps Coastal Medical Center will continue to provide health education to the community osteoarthritis class.
- Scripps Coastal Medical Center will continue to provide Hep C support groups for the community.
- Scripps Clinic will continue to provide hip and knee orthopedic surgery education to the general public.

#### **Uncompensated Health Care**

- Scripps Medical Foundation will continue to provide health care services to vulnerable patients who are unable to pay for services.
- Maintain, communicate and effectively administer Scripps' financial assistance policy in a manner that meets the needs of patients.

## **Scripps Medical Foundation Community Benefit Report Fiscal Year 2011**

This section is an account of Scripps' dedication and commitment to improving the health of the community, detailing the Scripps Medical Foundation programs and services that have provided benefit over and above standard health care practices in Fiscal Year 2011 (October 2010 to September 2011).

### **Fostering Volunteerism**

In addition to the financial community benefit contributions made during fiscal year 2011, Scripps Medical Foundation employees and affiliated physicians contributed a significant portion of their personal time volunteering to support Scripps sponsored community benefit programs and services. With close to 24 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$1,021.01.<sup>1</sup>

### **Making a Financial Commitment**

During fiscal year 2011, \$58,601,113 was devoted by Scripps Medical Foundation programs to community activities, including uncompensated health care, community health services, and professional education and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

During fiscal year 2011, Scripps Medical Foundation contributed \$58,601,113 to community benefits, including \$523,868 in charity care, \$52,266,486 in Medicare shortfall, \$5,737,319 in bad debt and, \$63,066 in professional education and health research and \$10,374 in community health services.

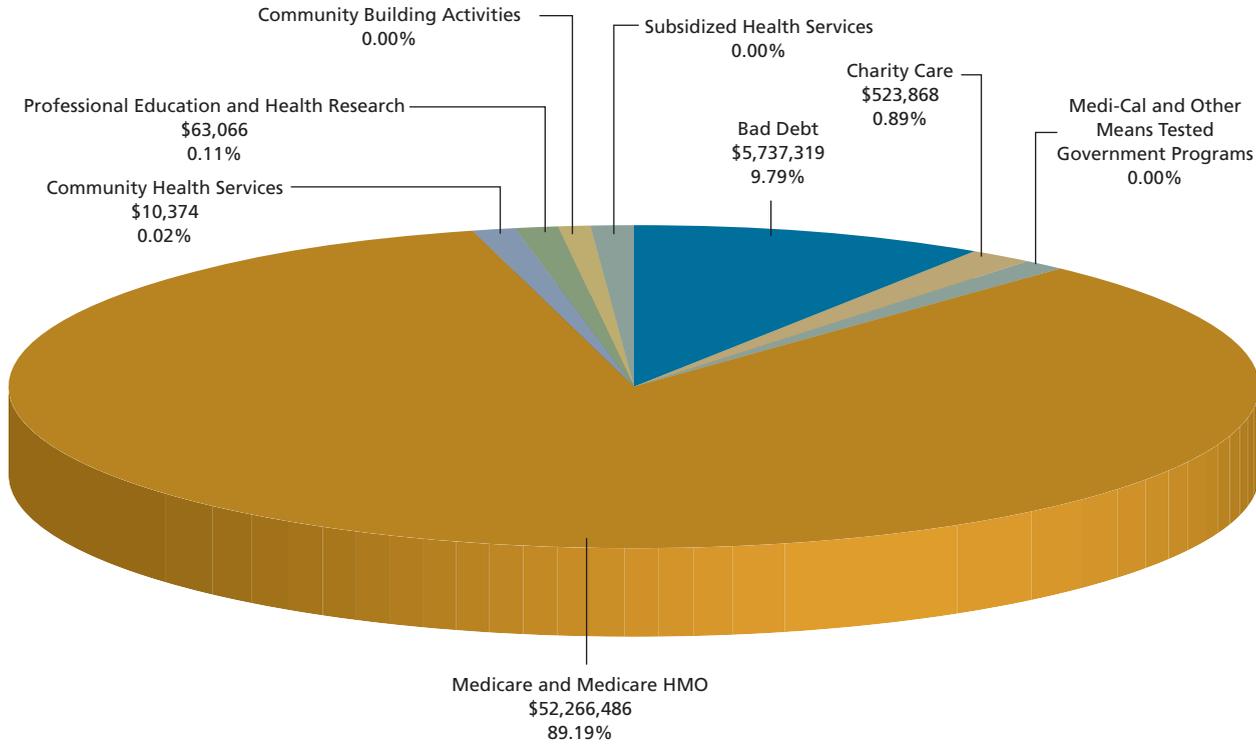
Refer to Figure 11:1 presented on the following page for a graphical representation of the FY11 Scripps Medical Foundation Community Benefit Services distribution.

---

<sup>1</sup> Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

# FIGURE 11:1

## FY11 Scripps Medical Foundation Community Benefit Services, \$58,601,113



### Community Benefit Services:

Community benefit services include those programs and services offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps categorizes community benefit services in three categories, including uncompensated health care, community health services and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and other means-tested government programs and Medicare shortfalls.

### **Scripps Medical Foundation Fiscal Year 2011 Community Health Services Highlights**

Community health services include prevention and wellness programs, such as screenings, health education, support groups and health fairs, which are supported by operational funds, grants, in-kind donations and philanthropy. These programs are designed to raise public awareness, understanding of and access to identified community health needs (refer to Section 2 – Assessing Health Needs).

# SCRIPPS MEDICAL FOUNDATION

## COMMUNITY BENEFIT SERVICES SUMMARY LIST

**FY11**

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
Bad Debt**	0	0	\$5,737,319	0
Blood Drives for the American Red Cross	0	144	\$4,794	300
Charity Care	0	0	\$523,868	0
Hepatitis C Support Group	0	30	\$2,478	63
Medicare and Medicare HMO**	0	0	\$52,266,486	0
Osteoarthritis Education Class	24	54	\$3,102	150
Workforce Development — Nursing and Non-Nursing	0	930	\$63,066	0
<b>TOTAL</b>	<b>24</b>	<b>1,158</b>	<b>\$58,601,113</b>	<b>513</b>
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Debt and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

# Scripps Systemwide Programs

---

## **About Scripps Systemwide Programs and Services**

Scripps supports a number of programs and services that meet the health care needs of patients and community members throughout San Diego County. These include programs operated by Scripps Home Health Services, Scripps Cancer Center, the Scripps Clinical Research Center and Scripps System Community Benefit Services.

### **Scripps Home Health Services**

Scripps Home Health Care Services provides a range of health care services in people's homes. During fiscal year 2011 this multidisciplinary team of caregivers provided professional home care services, as well as education on disease prevention and management, medications, diet and exercise to approximately 5,000 patients throughout San Diego County. More than 160 nurses, therapists and support staff work closely with the patients' physicians and family to offer a variety of services, including nursing care, physical, occupational and speech therapy 365 days per year.

Home Health includes the following distinguished programs and services: cardiovascular care, wound management, diabetic care, physical therapy, occupational therapy, speech therapy dietary services and medical social services.

### **ScrippsCare**

ScrippsCare was formed as a new not-for-profit corporation that is governed by Scripps and seven physician groups. It's a collaboration that supports the alignment of patients, hospitals, providers and payers in promoting care coordination.

### **Scripps Mobile Medical Unit**

Scripps operates a 40-foot Mobile Medical Unit that provides diabetes prevention, screening and education services, as well as community disaster relief communications systems. This unit is equipped with two exam rooms, lab and retinal camera. State-of-the-art telecommunications equipment enables unit staff to send test results to a physician's office for review in minutes. The unit is also equipped with triage and specialized communications systems so it can be used by the community during disaster situations.

### **Scripps Cancer Center**

Scripps Cancer Center is a systemwide approach to the provision of cancer services across all Scripps hospital campuses and ambulatory care sites. Through Scripps Cancer Center, clinicians, scientists and health care professionals with expertise in research, treatment,

education and prevention have come together to create a powerful cancer resource in San Diego County. Today, Scripps adds 100 new clinical trials each year at its five hospitals, the Scripps Clinic medical group and Scripps Cancer Center. In addition, there are major contributions from investigator-initiated research projects, some of which have produced new, state-of-the-art medical devices and technologies that are used worldwide.

Scripps Cancer Center includes the following distinguished programs and services: screening services, diagnostic services, ultrasound and ultrasound-guided breast biopsy, stereotactic-guided core breast biopsy, breast needle localization biopsy and computed tomography (PET).

### **Scripps Clinical Research Center (SCRC)**

Research and clinical discovery have been part of Scripps Health's mission since its founding in 1924. Scripps Clinical Research Services, housed in the Scripps Clinical Research Center, consolidates and expands access to clinical research for physicians and patients across the Scripps system and in all the communities Scripps serves. The research mission is to provide comprehensive, expert support to Scripps physicians and staff so that they may provide patients with access to the best research treatments. In addition, Scripps aligns its research objectives with the ongoing continuing and graduate medical education programs that provide cutting-edge programs to Scripps health care professionals.

In 2007, Scripps made substantial investments to establish the Scripps Genomic Medicine program and the Scripps Translational Science Institute (STSI). A year later STSI was selected to receive a National Institutes of Health Clinical Translational Science Award. The five-year, \$20 million grant supports research infrastructure and training.

In 2008, the Scripps Clinical Research Center was created to support clinical research throughout the Scripps system. Scripps Clinical Research Center has brought together more than 25 medical specialties under one roof. The center is designed to accelerate the delivery of new technologies to patients by bringing together the majority of components needed to initiate and conduct clinical investigation in one seamless, streamlined regulatory and administrative process.

Scripps is building on a strong foundation for clinical and translational research encompassing the entire range of clinical investigation — from small pilot studies to large multicenter trials. All Scripps hospitals are engaged in research involving inpatient care. Ambulatory-based research is increasing across Scripps' clinical settings. Scripps currently supports more than 150 principal investigators and about 350 active clinical research protocols crossing broad interdisciplinary disease categories.

### **Types of Scripps Clinical Research Services Trials**

- Arthritis
- Cancer (various tumor sites)
- Cardiology
- Chronic Lung Disease
- Cosmetic Procedures
- Dermatology
- Epilepsy
- Eye Infections
- Eye – Macular Degeneration
- Eye – Cataracts
- Genomic Directed
- Growth Hormone Deficiency
- Hepatitis C
- High Cholesterol
- Joint Replacement
- Liver Disease
- Migraine Headaches
- Neuro-Imaging
- Obesity/Weight Loss
- Organ Transplant
- Osteoporosis
- Orthopedics
- Parkinson’s Disease
- Stroke

### **Scripps Translational Science Institute (STSI)**

The Scripps Translational Science Institute is dedicated to accelerating the “translation” of the discoveries of basic laboratory science into clinical trials and, ultimately, into clinical treatment. The institute, through seed funding, supports collaborative opportunities primarily between researchers at both Scripps Health and The Scripps Research Institute for proof of concept (pilot) studies. This funding allows research collaborators to pursue promising novel ideas by developing preliminary research findings and data in a pilot study that could subsequently vie for larger research grants from National Institutes of Health grant funding or similar grants. The institute also provides researchers with corollary support activities, such as biostatistics, bioinformatics, clinical trial staff, research training in clinical investigation and administrative support

Scripps Genomic Medicine is an initiative of Scripps Health in collaboration with The Scripps Research Institute (TSRI). Scripps Genomic Medicine dovetails with the Scripps Translational Science Institute, looking to advance personalized medicine based on an individual’s genetic code. Today, invariably all standards of care are based on a drug or therapy’s greatest common efficacy with the least amount of acceptable side-effects, leaving significant numbers of patients unaffected by a drug or therapy (termed “non-responders”). These non-responders end up taking expensive medications or undergoing medical testing needlessly and wastefully in a health care system that is increasingly strapped financially. By defining the genetic codes that underlie susceptibility to disease and taking these findings from the laboratory bench to drug discovery and design to the patient’s bedside, the final goal of personalizing health care patient by patient genetically promises to usher in a new paradigm for health.

The program’s work involves genotyping thousands of individuals of diverse ancestry in an attempt to identify and define genes responsible for major disease and the underpinnings of health. The identification of these genes may lead to drug discovery and gene-specific clinical trials. Examples of current research include studying women’s DNA variants to

determine the likelihood of developing breast cancer and using that genetic risk data to guide mammogram frequency. Another study, called the Wellderly Study, looks at the healthy elderly who are 80 years of age or older with no history of chronic diseases to help unlock the genetic secrets behind the lifelong health. The rich diversity of San Diego's population — the primary patient base of the Scripps healthcare system — provides unparalleled opportunities for this type of research.

### **Scripps System Community Benefit Services**

Scripps System Community Benefit Services provides oversight, support, guidance and coordination of Scripps community health and outreach program initiatives, helping to ensure that they are in accordance with the Scripps mission, values, and strategic goals and objectives. This program also supports the Strategic Planning Committee, a committee of the Scripps Board of Trustees, in assessing and planning to meet community need. Additionally, this program is responsible for developing the triennial health needs assessment in collaboration with the Community Health Improvement Partners (CHIP) and through the Community Benefit Fund provides funding to support community programs that address San Diego County's high-priority health needs.

# **Scripps Systemwide Programs and Services**

## **2012 Community Benefit Plan, Fiscal Year 2012**

---

The Scripps Systemwide 2012 Community Benefit Plan provides a description of the overall Scripps community benefit goal and the systemwide objectives and strategies to support community health improvement during fiscal year 2012 (October 2011 to September 2012).

### **The Scripps 2012 Community Benefit Goal**

Make a measurable impact on the health status of the community through improved access to care, health improvement programs, and professional education and research.

### **Scripps Systemwide Program FY12 Objectives**

#### **Community Health Services**

##### **Community Benefit Fund**

Provide a minimum of \$100,000 in grant funding to support community programs that address San Diego County's high priority health needs. (Funded by Scripps Health System, Community Benefit Services)

##### **Mobile Medical Unit**

The Mobile Medical Unit (MMU) will continue to provide diabetes prevention, screening for diabetes and diabetic retinopathy, and education services directly to the communities served by Scripps. The MMU participates in community health fairs and will be available to respond to disasters as part of Scripps' preparedness efforts.

##### **School Partnerships**

- Partner with the San Dieguito Academy to offer the following activities: job shadowing, mentoring, guest speakers' bureau, internships, volunteer opportunities, health facility tours, strategies for student success in health occupations and reviewing student portfolios and/or senior exhibitions. (Initiative led by Scripps Health System, Community Benefit Services)
- Collaborate with Point Loma Nazarene School of Business to introduce health care business courses for MBA program. Established partnership with School of Nursing for their MSN program.
- In partnership with Point Loma Nazarene University created a Physician Leadership Development Certification Program.
- Serve as beta site for Mesa Community College's Radiology Certification Program.
- Host quarterly Dean and Faculty Luncheons with CNOEs to discuss workforce and educational needs for the community.

- Expand Grand Canyon University on-line Bachelors and Masters-Nursing, Masters-Healthcare Clinical Leader and Masters-Clinical Education.
- Established partnerships with Arizona State University and University of Texas Arlington with their RN to BSN and MSN programs.
- Created a Sterile Processing Technology certification preparation course in collaboration with Mira Costa College.
- Partnered with Simmons College to offer an online DPT program.
- Provide on-site ESL courses for Food Service and Environmental Service workers through Mira Costa College.
- Continue expansion of community and nationally recognized schools/universities that provide education in support of Scripps strategic goals.

### **Disaster Preparedness: Community Outreach and Education**

Having the ability to provide emergency services to those injured in a local disaster, while continuing to care for hospitalized patients is a critical community need. To this end, Scripps, together with other first-responder agencies (public and private), will engage in a variety of training, outreach and planning initiatives during fiscal year 2012, including:

- Participate in San Diego County and State of California advisory groups to plan, implement and evaluate key disaster preparedness response plans.
- Collaborate with State of California Emergency Medical Services Authority on state projects and state/federal grant opportunities.
- Collaborate with Emergency Medical Services, County of San Diego to provide disaster preparedness training curriculum to San Diego Healthcare Organizations.
- Collaborate with community partners to monitor and analyze business continuity within the health care organization and community, identifying potential community impact.
- Provide a Community Partner Disaster Planning conference and one 16-hour decontamination response team training for health care partners
- Participate in community education locally and nationally as an organizational leader in disaster preparedness and planning.
- Ready to deploy the Scripps Medical Response teams and Scripps Hospital Administrative Support teams to any domestic or international disaster event. (Initiative led by the disaster preparedness program under the direction of the Scripps Chief Medical Officer.)

**American Heart Walk**—The ScrippsAssists employee volunteer program will again coordinate walker participation and fund raising efforts in support of the American Heart Association’s Annual Heart Walk. Scripps Health will also allocate operational funds to support the American Heart Association’s efforts to fight heart disease and stroke. (Initiative led by Scripps Health System, Community Benefit Services).

## **Professional Education and Health Research**

### **Scripps High School Exploration Program and Regional Allied Health and Science Initiative (RASHI)**

Continue to provide education internships for 35 students, offering five week-long paid internships where students rotate through clinical and nonclinical departments to learn about health care. The program is funded by Scripps Health System Operations.

- Continue program expansion systemwide and host 33 students with rotations throughout the 2011 school year.
- Launch Scripps Health systemwide New Grad Residency and Training Program.
- Launch Scripps Health systemwide ICU Training Program.
- Continue expansion of local college-based internship programs to include MBA, System Engineering and Allied Services.

### **Community Mentorship Program for Health Sciences and Research**

Continue to provide opportunities for local high schools and universities to expose students to the knowledge, skills and values necessary to pursue future health and research careers. SCORE (Shiley Center for Orthopaedic Research and Education at Scripps Clinic) offers opportunities for students to observe a live orthopaedic surgery and have an open interactive discussion with a surgeon and health care research team. Participants leave having been exposed to information about how aging affects the musculoskeletal system and resulting diseases, including the role that surgery plays in the treatment of the disease. A total of 17 surgery viewings were held at the Scripps Clinical Research Center (SCRC) during this past academic year.

### **Uncompensated Health Care**

- Scripps Home Health Care will continue to provide health care services to vulnerable patients who are unable to pay for services.

# **Scripps Systemwide Programs and Services**

## **2012 Community Benefit Report, Fiscal Year 2011**

---

This section is an account of Scripps' dedication and commitment to improving the health of the community, detailing the system-wide programs and services that have provided benefit over and above standard health care practices in fiscal year 2011 (October 2010 to September 2011).

### **Fostering Volunteerism**

In addition to the financial community benefit contributions made during FY11, Scripps system employees contributed a significant portion of their personal time volunteering to support Scripps-sponsored community benefit programs and services. With 4,266 hours of volunteer time, it is estimated that the dollar value associated with this volunteer labor is \$181,484.21.<sup>1</sup>

### **Making a Financial Commitment**

During fiscal year 2011, \$18,726,519 was devoted by Scripps systemwide programs to community activities, including uncompensated health care, community health services, and professional education, and health research. The programs offered by Scripps emphasize community-based prevention efforts and use innovative approaches to reach residents at greatest risk for health problems.

### **Fiscal Year 2011 Scripps Systemwide Community Benefit Services Highlights**

During fiscal year 2011, Scripps systemwide contributed \$18,726,519 to community benefits, including \$452,421 in Medi-Cal and Other Means Tested Government Programs, \$228,769 in Medicare and Medicare HMO, \$705,770 in community health services, \$16,631,080 in professional education and health research, and \$708,479 in Community Building Activities.

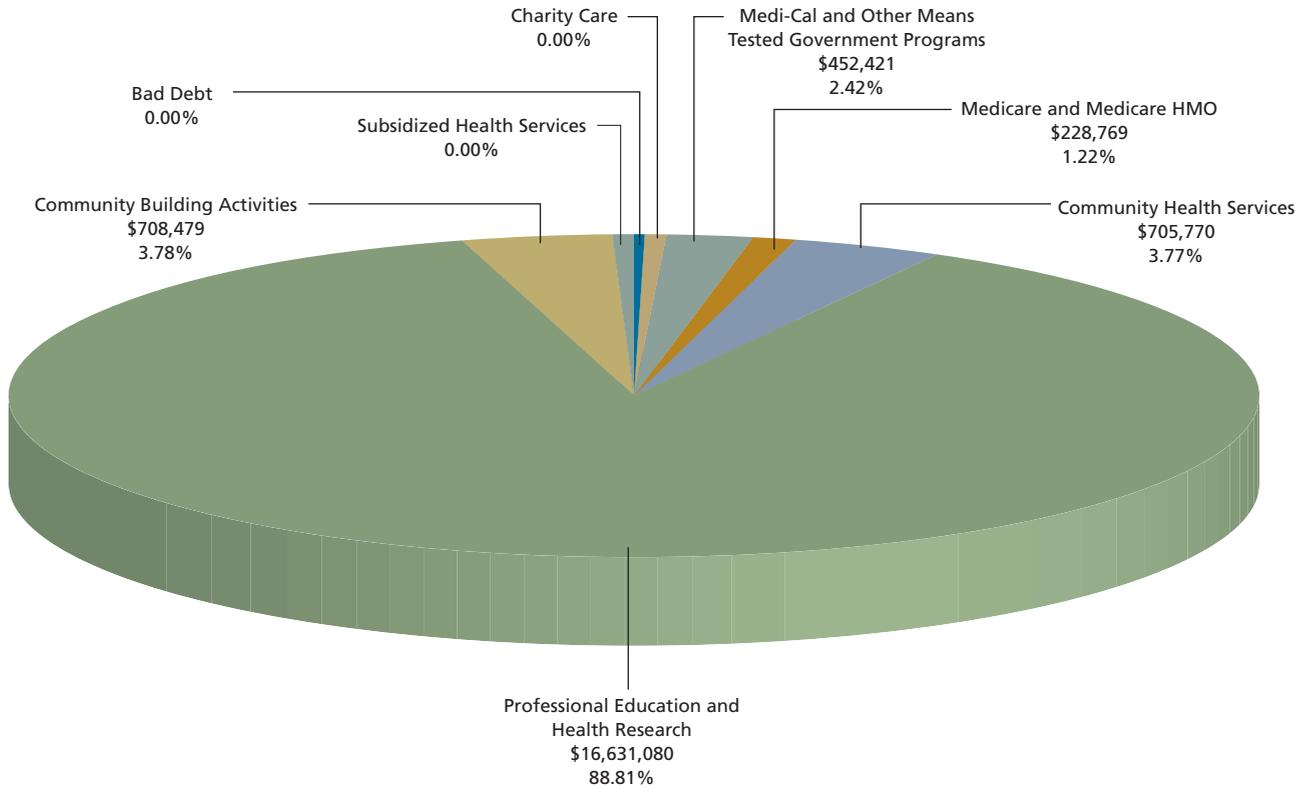
Refer to Figure 12:1 presented on the following page for a graphical representation of the FY11 Scripps System-Wide Community Benefit Services distribution.

---

<sup>1</sup> Calculation based upon an average hourly wage for the Scripps Health system plus benefits.

# FIGURE 12:1

## FY11 Scripps System-Wide Community Benefit Services Distribution, \$18,726,519



### Community Benefit Services:

Community benefit services include those programs and services offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps categorizes community benefit services in three categories, including uncompensated health care, community health services, and professional education and health research. Uncompensated care includes charity care, bad debt, Medi-Cal and other means-tested government programs and Medicare shortfalls.

## **Scripps Systemwide Fiscal Year 2011 Community Health Services Highlights**

Community health services include prevention and wellness programs, such as screenings, health education, support groups and health fairs, which are supported by operational funds, grants, in-kind donations and philanthropy. These programs are designed to raise public awareness, understanding of and access to identified community health needs (refer to Section 2 – Assessing Community Needs).

During fiscal year 2011 (October 2010 to September 2011), \$705,770 was invested by Scripps Systemwide programs and services in community-based health improvement activities. This figure reflects the cost associated with providing community health improvement activities, including salaries, materials and supplies, minus billable revenue. This section highlights some of the Scripps systemwide fiscal year 2011 community health services.

### **Scripps Health Community Benefit (CB) Fund**

In 2011, Scripps awarded a total of \$215,000 in community grants to programs based throughout San Diego. Scripps awarded six grants ranging from \$10,000 to \$120,000 each. The projects that received funding address some of San Diego County's high-priority health needs with the goal of improving access to vital health care services for a variety of at-risk populations, including the homeless, economically disadvantaged, mentally ill and others. Since the Community Benefit Fund began, Scripps has awarded \$2.2 million dollars. Programs funded during fiscal year 2011 include:

- **Catholic Charities**

Funding awarded to provide short-term emergency shelter to medically fragile homeless patients being discharged from Scripps Mercy Hospital, San Diego and to expand to Scripps Mercy Hospital, Chula Vista. Case management and shelter is provided for previously homeless patients discharged from Scripps Mercy Hospital who no longer require hospital care but do need a short-term supportive recuperative environment. Patients demonstrating a readiness for change are assisted with one week in a hotel along with food and bus fare to pursue case plan. The focus of the case management is to stabilize the client by helping them connect to more permanent sources of income, housing and ongoing supports for efforts toward self-reliance. The goal of this partnership is to reduce the incidence of ER recidivism in this population and improve the quality of life for the patient.

- **The 2-1-1 New Access System**

Funding was awarded for 2-1-1 Healthcare Navigation program. There is an overwhelming need for a dependable service to assist people in navigating today's complex health care system. Since the inception of the Healthcare Navigation program, 2-1-1 has responded to more than 6,000 calls from clients specifically seeking health-related resources, and 5,726 self-selected "Health" as their need. More than 20 percent of adult San Diegans struggle to access health care. The Healthcare Navigation program addresses this need by serving as an entry point for clients. Healthcare Navigation provides a wide arrange of

support, including an assessment of need and eligibility, assistance in setting up medical and clinical appointments, and help completing applications for Medi-Cal, Healthy Families and prescription assistance. 2-1-1 San Diego is the dialing code for information about community, health and disaster services. It connects people with resources over the phone, online and in print. Locally, 2-1-1 San Diego was launched in June 2005 as a multilingual and confidential service committed to providing access 24/7.

- **American Heart Association**

Funding awarded for the 2011 Heart Walk sponsorship. Heart disease and stroke are the number one and number three causes of death in the nation for men and women. Heart disease is the nation's leading cause of death, claiming more than 950,000 American lives each year. Scripps partners with the American Heart Association on their annual Heart Walk, to raise funds for research, professional and public education and advocacy.

- **Consumer Center for Health Education and Advocacy (CCHEA)**

Funding provides low-income, uninsured Mercy Clinic patients and Behavioral Health patients who need assistance in obtaining health care benefits, SSI and related services, while simultaneously reducing uncompensated care expenses for Mercy. This project provides advocacy services for the time-intensive government benefit cases.

(Sponsored by Scripps Mercy Hospital Administration).

- **Partnership for Smoke-Free Families**

The Partnership for Smoke-Free Families Program (PSF) is a comprehensive tobacco control program to reduce tobacco smoke exposure among pregnant women and small children by systematically screening pregnant women and new parents for tobacco use in their obstetrician's and pediatrician's office and linking them with tailored interventions. PSF has become a standard of care in San Diego County and a nationally recognized model. PSF provides a valuable resource for physicians and smoking cessation services specifically for pregnant women and new parents that was previously nonexistent in San Diego.

## **Cancer/Oncology**

Cancer is the second leading cause of death in the U.S., exceeded only by heart disease and accounts for almost one-quarter of all deaths in San Diego County. According to National Cancer Institute (NCI) estimates, in 2009 there will be 1,479,350 new cases of cancer diagnosed and an estimated 562,540 deaths related to cancer. Currently lung, breast, colorectal and prostate cancers accounted for 53 percent of all new cases of cancer and 50 percent of all cancer deaths.<sup>2</sup>

In response to this serious health concern, Scripps has developed a series of prevention and wellness programs designed to educate people on the importance of early detection and treatment for some of the most common forms of cancer. During fiscal year 2011, Scripps engaged in the following cancer programs and activities.

---

<sup>2</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>

### **American Cancer Society, Making Strides Against Breast Cancer**

Scripps Health participates in this fundraising event to raise money for breast cancer research. (Sponsored by Scripps Health Systemwide).

### **Susan G. Komen Race for the Cure**

Scripps Health participates in this fundraising event to support breast cancer research and local breast health initiatives. The Komen Race for the Cure Series raises significant funds and awareness for the fight against breast cancer, celebrates breast cancer survivorship, and honors those who have lost their battle with the disease. (Sponsored by Scripps Health Systemwide).

### **Scripps Polster Breast Care Center Music as Medicine Program**

Patients and their support persons participate in the Music as Medicine therapy class, facilitated by a music therapist. The music therapist asks questions and tailors the therapy to the participants' emotional and physical needs. Sessions involve listening to music, writing songs, discussing what lyrics mean to the participants, use of singing bowls, vocalization and drumming. Research has shown music's ability to boost the immune function, to block incoming pain stimuli, lower blood pressure and influence emotional well being. (Sponsored by Scripps Polster Breast Care Center).

### **Scripps Polster Breast Care Center Support Groups**

Scripps Polster Breast Care Center Support Groups provide a venue for women to come together, discuss issues relating to diagnoses and receive support. The support groups are offered to women in the San Diego Community. (Sponsored by Scripps Polster Breast Care Center).

### **Cardiovascular Disease**

Coronary Heart Disease and Stroke are the number one and number three causes of death in the nation for both men and women. Heart disease is our nation's leading cause of death, claiming more than 950,000 American lives every year. Stroke is America's third killer and is a leading cause of serious, long-term disability.<sup>3</sup> During fiscal year 2011, Scripps engaged in the following heart health and cardiovascular disease prevention and treatment activities.

### **American Heart Walk**

Scripps allocated \$10,000 in operational funds and \$30,000 in in-kind donations to support the American Heart Association's efforts to fight heart disease and stroke. In addition, the ScrippsAssists employee volunteer program coordinated walker participation and fundraising efforts. The San Diego Heart Walk exceeded its goal by raising more than \$1 million. In 2011, more than 2,000 Scripps Heart Walk participants — employees,

---

<sup>3</sup> Community Health Improvement Partners (CHIP). Charting the Course VI 2010: A San Diego County Health Needs Assessment. Retrieved from the World Wide Web: <http://www.sdchip.org>.

families and friends — walked to help raise more than \$138,000. Additionally, Scripps reached out to the community at the event by providing blood pressure screenings, health education materials and more.

## **Substance Abuse and Tobacco Use**

### **Partnership for Smoke-Free Families**

Secondhand smoke is clearly a community health risk, contributing to low birth weight in newborns, Sudden Infant Death Syndrome (SIDS), respiratory infections, asthma and middle-ear disease in infants and children. The Partnership for Smoke-Free Families (PSF) is a collaborative effort supported by Scripps, Sharp Healthcare and Children's Hospital and focuses on improving the health and well-being of children by reducing their exposure to secondhand smoke. The Partnership for Smoke-Free Families Program has become a standard of care in San Diego County and a nationally recognized model for systematically screening and linking pregnant women and their families with small children exposed to tobacco smoke with interventions. As of November 30, 2010, nearly 300,000 pregnant women and parents of small children have been screened for tobacco use and exposure and more than 55,000 proactively linked with targeted interventions. (Funded by Scripps Health System, Community Benefit Services)

## **Emergency/Disaster Preparedness**

### **Disaster Preparedness: Community Outreach and Education**

Having the ability to provide emergency services to those injured in a local disaster while continuing to care for hospitalized patients is a critical community need. Scripps participated in San Diego County and state of California advisory groups to plan, implement and evaluate key disaster preparedness response plans and exercises. Scripps is an advisor to San Diego County for federal and state grant development and planning. Scripps participated in community education, providing educational opportunity to local and national partners. Scripps provided an opportunity to visit Joplin, Missouri to observe and analyze the health care response and recovery efforts from the catastrophic tornado disaster. The analysis was presented to local and state officials for process improvement. Scripps provided a total of 295 hours of community education.

### **Disaster Preparedness: Mobile Field Hospital**

#### **Hospital Administrative Support Unit and Scripps Medical Response Team**

Having the ability to provide emergency services to those injured in a state of California disaster while continuing to care for hospitalized patients is a critical community need. Scripps maintains active readiness for the Scripps Hospital Administrative Unit and the Scripps Medical Response Team. Both are lead teams for the State of California Mobile Field Hospital deployment. Both teams were on standby for deployment to Japan and Joplin after the earthquake and tornado, but the hospital was never deployed. Scripps continues to participate with California in an advisory capacity, developing the Specialized Cal Mat Program that models the Scripps Medical Response Team. Scripps has been invited to participate in the 2012 State Wide Field exercise developing the training curriculum for the exercise.

## **Disaster Preparedness: San Diego County and National Community Support and Outreach Education**

The goal is to participate in community education locally and nationally as an organizational leader in disaster preparedness and planning. In fiscal year 2011, Scripps participated in the San Diego Business Consortium and led multiple lectures to government and community audiences:

- Oct 27, 2010: Catholic Health Care West Annual Safety, Security and Disaster Management Conference- Security and Safety- Disaster Response and Mission to Haiti, Scripps Experience
- February 2, 2011: Jackson Health Care Conference- Charitable Grant – Award nominee
- February 9, 2011: San Diego Health 7 Human Services Agency- Protection/Prevention/ Emergency Preparedness Conference
- April 20, 2011: San Diego Drug Enforcement Agency-Pharmacy Take Back Day Event Scripps hosted five Take Back locations.
- May 17, 2011: University of Arkansas/Arkansas Emergency Medical Services Conference Hospital Evacuation-Lessons Learned
- July 29, 2011: Second Annual Disaster Preparedness Partnership Conference Scripps hosted
- September 21, 2011: State of California Commission on Emergency Medical Services Disaster Medical Services Division-Joplin Missouri Lessons Learned Presentation
- September 30, 2011: HICS National Summit-HICS in Action Presentation

*(Initiatives led by the Disaster Preparedness program under the direction of the Senior Vice President, Operations and Support Services)*

## **Scripps Systemwide Fiscal Year 2011 Professional Education and Health Research Highlights**

Quality health care is highly dependent upon health education systems and medical research programs. Without the ability to train and inspire a new generation of health care providers or to offer continuing education to existing health care professionals, the quality of health care would be greatly diminished.

Each year resources are allocated by Scripps systemwide programs and services to the advancement of health care services through professional health education programs and research. To enhance service delivery and treatment practices for San Diego County, \$16,631,080<sup>4</sup> was invested by Scripps systemwide programs and services in professional training programs and research during fiscal year 2011 (October 2010 to September 2011). This section highlights some of the Scripps Systemwide professional education and research activities conducted in fiscal year 2011.

---

<sup>4</sup> Reflects clinical research as well as professional education for non-Scripps employees, nursing resource development and other health care professional education. Calculations based on total program expenses. Clinical research includes the subsidy which is the operating Income/(Loss) of Scripps' research entities: Scripps Clinical Research Services, Scripps Whittier Institute, Scripps Genomic Medicine and Scripps Translational Science Institute.

### **Scripps High School Exploration Program and Regional Allied Health and Science Initiative (RASHI)**

Launched by Scripps Health, the program is designed to reach out to young people and pique their interest in health care occupations that are in dire need of recruits. From the emergency room to marketing, the students rotate through numerous departments, exploring career options and learning life lessons about health and healing along the way. During fiscal year 2011, Scripps Health had a partnership with RASHI to provide continuing education internships for their students. The program offered five week-long paid internships where 33 students rotated through clinical and non-clinical departments to learn about health care. Scripps received a \$25,000 grant to continue to expand the scope of program across the San Diego community. (Funded by Scripps Health System Operations).

# SCRIPPS SYSTEMWIDE

## COMMUNITY BENEFIT SERVICES SUMMARY LIST

**FY11**

Program Title	Volunteer Hours	Staff Hours	Financial Support*	Persons Served
2-1-1 San Diego Annual Fundraising Event	0	0	\$5,000	0
All Peoples Breakfast	0	0	\$330	0
American Cancer Society — Making Strides Against Breast Cancer	0	136	\$22,057	27,000
American Heart Association Heart Walk — In-Kind Donation	0	0	\$29,362	0
American Heart Association Heart Walk — Sponsorship	0	0	\$10,000	0
American Heart Association Beach Ball	0	0	\$10,000	0
American Heart Association Heart Walk**	4,112	4,478	\$234,944	2,000
Blood Drives for the American Red Cross	24	308	\$12,714	834
B’Nai B’rith International	0	0	\$5,500	0
Cancer Registry	0	18,598	\$982,111	0
CB Fund — 2-1-1 San Diego	0	0	\$15,000	0
CB Fund — Catholic Charities	0	165	\$63,391	0
CB Fund — Partnership for Smoke Free Families	0	0	\$15,000	0
CHIP — Community Health Improvement Partners**	0	389	\$47,354	0
Clinical Research Services	0	95,686	\$7,163,042	0
Community Health Improvement Partners — Crew Rendezvous	0	0	\$1,500	0
Disaster Preparedness — Community Outreach and Education**	0	144	\$10,861	1,012
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Debt and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Disaster Preparedness Expo	0	6	\$258	500
Eat Like A Marine Fundraiser**	0	1,038	\$68,670	0
Economic Development — Community Building**	0	466	\$51,676	0
Emergency Response Course and CPR/AED for the Professional Rescuer and Health Provider	0	105	\$18,854	378
Eric Paredes Save a Life Foundation	0	0	\$15,000	0
Eric Paredes Save a Life Foundation Health Screenings	0	0	\$0	1,446
Family Health Centers of San Diego	0	0	\$6,000	0
Foundation of the American College of Healthcare Executives**	0	0	\$8,000	0
Grossmont College, School of Nursing Support	0	520	\$363,145	30
Health and Safety Fair — Scripps Home Health Services	2	0	\$0	735
Health Care Reform and Legislative Advocacy**	0	1,650	\$275,973	0
Healthy Holiday Choices — Scripps 0	0	\$0	40	
Heart Health — Scripps Home Health Services	0	0	\$0	10
LEAD San Diego Visionary Awards**	0	0	\$1,500	850
Learning for Life San Diego — Imperial Council Boy Scouts of America**	0	0	\$5,000	0
Medi-Cal and other Means-Tested Government Program	0	0	\$452,421	0
Medicare and Medicare HMO**	0	0	\$228,769	0
Mental Health America of San Diego — Healthy Minds Luncheon	0	0	\$9,150	0
Monarch School Holiday Drive	0	25	\$5,224	0
Operation Home Front — Adopt A Family Holiday Program	0	0	\$5,000	49
Prescription Drug Take Back Day	125	75	\$6,237	1,000
<p>*"FINANCIAL SUPPORT" reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.</p> <p>**Community Building Activities, Bad Debt and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.</p>				

<b>Program Title</b>	<b>Volunteer Hours</b>	<b>Staff Hours</b>	<b>Financial Support*</b>	<b>Persons Served</b>
Recertification CPR/AED for the Professional Rescuer and Health Care Provider	0	12	\$2,359	22
San Diego County Taxpayers Association — Breakfast Club Forum — Cost of Homelessness	0	0	\$1,000	0
Scripps Genomics Medicine and Translational Research	0	62,373	\$7,723,187	0
Scripps Health System Community	0	2,644	\$149,326	0
Benefit Planning and Outreach				
Scripps High School Exploration Program	0	6,160	\$330,395	33
Scripps Recuperative Care Program	0	604	\$292,509	34
Support Groups — Scripps Home Health Services	3	0	\$0	10
Susan G. Komen Race for the Cure	0	0	\$5,000	0
UC High School Exploration Program	0	1,036	\$42,993	11
Workforce Development — Nursing and Non-Nursing	0	386	\$26,206	0
Youth Educational Programs — Scripps Home Health Services	0	0	\$0	350
YWCA Tribute to Women and Industry**	0	0	\$4,500	0
<b>TOTAL</b>	<b>4,266</b>	<b>197,005</b>	<b>\$18,726,519</b>	<b>36,344</b>
*“FINANCIAL SUPPORT” reflects the cost (labor, supplies, overhead, etc.) associated with the program/service less direct revenue. This figure does not include a calculation for physician and staff volunteer labor hours. In some instances an entire community benefit program cost center has been divided between several initiatives.				
**Community Building Activities, Bad Debt and Medicare Shortfall do not count as community benefits under the new Schedule H 990 but are still reportable outside the community benefit table.				

## Appendix A: Definition of Terms

**Bad Debt:** Unpaid costs for care that is provided to persons who do not meet the criteria for charity care, are not covered by a third-party payer or have a co-payment obligation that is not met.

**Charity Care:** The portion of patient care services provided by Scripps for which a third-party payer is not responsible and a patient has the inability to pay. Charity care does not include bad debt, contractual adjustments, or under-reimbursed costs (payment shortfalls). Charity care may include unpaid coinsurance, deductibles and non-covered services if the patient meets the Scripps charity care eligibility criteria.

**In-Lieu of Funds:** Funds used for unfunded or underfunded patients and their post-discharge needs. Funds are used for board and care, skilled nursing facilities, long-term acute care and home health. In addition funds are also used for medications, equipment and transportation services.

**Community Benefit Services:** Programs and services offered to the community that go above and beyond what is provided as a normal part of patient care. Scripps Health categorizes Community Benefit services in three categories:

**Uncompensated Health Care:** Includes charity, under-reimbursed care, and bad debt. Shortfalls are derived using the payor-based cost-allocation methodology. Bad debt and charity care are estimated by extracting the gross write-offs of bad debt and charity care charges and applying the hospital RCC to estimate net uncompensated cost.

**Community Health Services:** Services and activities carried out to improve community health that usually do not generate a patient bill and are subsidized by the hospital.

**Community-Based Health Improvement Activities:** These activities are carried out to improve community health and must be supported by a community need. They extend beyond patient care activities. They include services directed to individuals and to a larger population. Includes prevention and wellness programs as well as other community health improvement services (screenings, health education, support groups and health fairs) supported by operational funds, grants, in-kind donations and philanthropy. Calculations based on cost less direct revenue. Direct offsetting revenue includes any revenue generated by the activity or program, such as payment or reimbursement for services provided to program patients. Direct offsetting revenue does not include restricted or unrestricted grants or contributions that the organization uses to provide community benefit.

**Community Benefit Operations:** Includes costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

**Subsidized Health Services:** Patient care services the organization provides despite a financial loss, after removing the effects of charity care and Medi-Cal shortfalls (and bad debt). Clinical programs provided at a loss because they are needed by the community. The service meets an identified community need if it is reasonable to conclude that if the organization no longer offered the service, the service would be unavailable in the community, the community's capacity to provide the service would be below the community's need, or the service would become the responsibility of government or another tax-exempt organization. Examples of such services are inpatient psychiatric units, satellite clinics serving low-income communities and burn units.

**Cash and In-Kind Contributions:** Contributions made by the organization to health care organizations and other community groups that are restricted to one or more community benefit activities. In-kind contributions include the cost of hours donated by staff to the community while on the organization's payroll, indirect cost of space donated to tax-exempt companies (such as for meetings) and the financial value (generally measured at cost) of donated food, equipment, and supplies.

**Community Building Activities:** Programs that address underlying causes of health problems in order to improve health status and quality of life. They focus on the root causes of health problems, such as poverty, homelessness and environmental problems, but do not provide medical care. Examples of community building per the Schedule H are housing improvements, economic development, community support, environmental improvements, leadership development, coalition building, community health improvement advocacy and workforce development. These activities support community assets by offering the expertise and resources of the health care organization. According to the IRS, Community Building Activities do not count as Community Benefits under the new Schedule H 990 but are still reportable outside the community benefit table.

**Professional Education and Health Research:** Includes clinical research as well as professional education on non-Scripps employees, including graduate medical education (GME), nursing resource development and other health care professional training. Costs for medical residents and interns may be included as health professions education costs. Calculations based on total program expense.

**Payer:** Insurance companies, health care service plans, Medicare, Medi-Cal and other private or public entities that pay hospitals for health care provided to their sponsored patients.

**Health Research:** Health-related research, such as studies and papers on alternative health care delivery methods, testing of medical equipment and controlled studies of therapeutic protocols. Includes studies that are self-funded or receive funding from a tax-exempt government entity and have a goal of generating knowledge that is made available to the public.

**Under-Reimbursed Care:** Care that is reimbursed below cost by CMS (County Medical Services), Medi-Cal and Medi-Cal HMO, Medicare, Medicare PPO, Medicare HMO and SHPS Medicare.

**Volunteer Hours:** Includes the labor hours contributed by Scripps employees and affiliated physicians in support of Scripps-sponsored activities for which no compensation is received. The dollar value is not included in the Scripps community benefit contribution.

## **Appendix B**

### **Scripps Uncompensated Care Fiscal Year 2011 Methodology**

Scripps continues to contribute resources to provide low and no-cost health care services to populations in need. During FY11, Scripps contributed \$268,896,938 to uncompensated health care, including, \$42,216,024 in charity care, \$211,078,326 in Medi-Cal and other means-tested government programs and Medicare shortfall, and \$16,602,587 in bad debt.

### **Schedule H Methodology**

Schedule H requires the uncompensated care to be divided into four categories: charity care, under-reimbursed Medi-Cal and other means-tested government programs, bad debt and under-reimbursed Medicare. Bad debt and Medicare shortfalls are reportable under the Schedule H guidelines, but do not count towards the community benefit totals. Thus, the categories are reported in a specific order/hierarchy. Charity Care and under-reimbursed Medi-Cal and other means-tested government programs are counted first.

### **Charity Care Methodology**

The uncompensated cost is estimated by applying ratio-cost-to-charge (RCC) percentages for the hospital to the gross charity adjustments. The following costs are excluded: community health services, professional education and research, and expenses excluded in the Medicare cost report.

### **Medi-Cal and Other Means-Tested Government Programs–Hospitals**

The shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare, Medicare PPO, Medicare HMO, Medicare Capitated program at the hospitals, Medi-Cal, Medi-Cal HMO and CMS primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed and overhead costs. Profitability is estimated as follows: Net revenue is equivalent to payments plus an estimation of the account balance for all open accounts, plus revenue from uncompensated care pools, including Medi-Cal DSH. Cost is derived using the relative value allocation methodology per the Trendstar Cost Accounting system. The following costs are excluded: charity adjustments at cost for Medi-Cal and CMS patients, community health services, professional education and research, and expenses excluded in the Medicare cost report.

### **Provider Fee**

In January 2010, the state of California enacted legislation that provided for supplemental Medi-Cal payments to certain hospitals funded by a quality assurance fee paid by participating hospitals and matching federal funds (the 2010 Hospital Fee Program). The legislation covered the period of April 1, 2009 through December 31, 2010. The Centers for Medicare & Medicaid Services (CMS) approved the 2010 Hospital Fee Program in its entirety in December 2010, and, therefore, all activity of the program was recognized during the year ended September 30, 2011, resulting in net additional income of \$24,221,597. The revenue received was reported as offsetting revenue from Medi-Cal.

The California Hospital Association created a private program, the California Health Foundation and Trust (CHFT), established for several purposes, including aggregating and distributing financial resources to support charitable activities at various hospitals and health systems in California (together with the supplemental payments and the quality assurance fee discussed above, the 2010 Provider Fee Program). During the year ended September 30, 2011, the Organization made charitable contributions of \$1,602,000 related to the 2010 Provider Fee Program to CHFT, which were recorded as provider fee fees in the consolidated statements of operations.

### **Bad Debt Methodology**

The uncompensated cost is estimated by applying ratio-cost-to-charge (RCC) percentages for the hospital to the gross bad debt adjustments less recoveries. The following costs are excluded: bad debt adjustments at cost for Medi-Cal and CMS patients, community health services, professional education and research, and expenses excluded in the Medicare cost report.

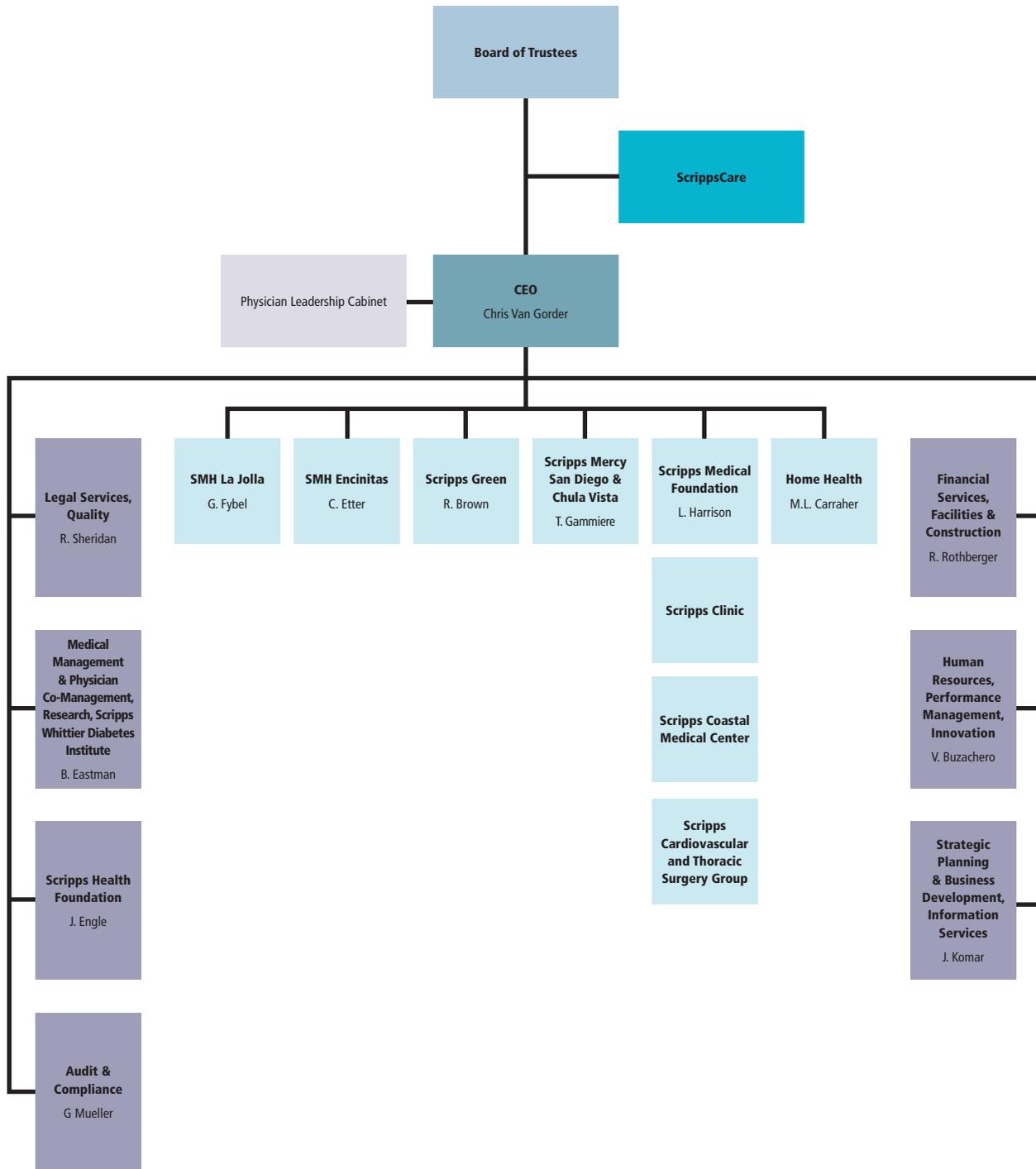
### **Medicare and Medicare HMO-Hospitals**

The shortfall is derived by computing operating margin at the patient level and summarizing the patients with Medicare and Medicare Senior primary insurance carriers. Operating margin is defined as net revenue less all variable, fixed and overhead costs. Profitability is estimated as follows: Net revenue is equivalent to payments plus an estimation of the account balance for all open accounts, plus other revenue including IME and DSH. Cost is derived using the relative value allocation methodology per the Trendstar cost accounting system. The following costs are excluded: charity and bad debt adjustments at cost for Medicare and Medicare Senior patients, community health services, professional education and research, subsidized health services provided to Medicare patients, and expenses excluded in the Medicare cost report.

### **Shortfall Methodology–Clinics**

The shortfall was derived by extracting the Medicare, Medicare PPO, Medicare HMO and Medicare Capitated program, gross charges and net revenue from the patient billing system. The cost was estimated by applying the ratio-cost-to-charges for Scripps Clinic and Scripps Coastal Medical Centers to the gross charges. Shortfall is equal to net revenue less estimated cost using RCC methodology.

# Appendix C

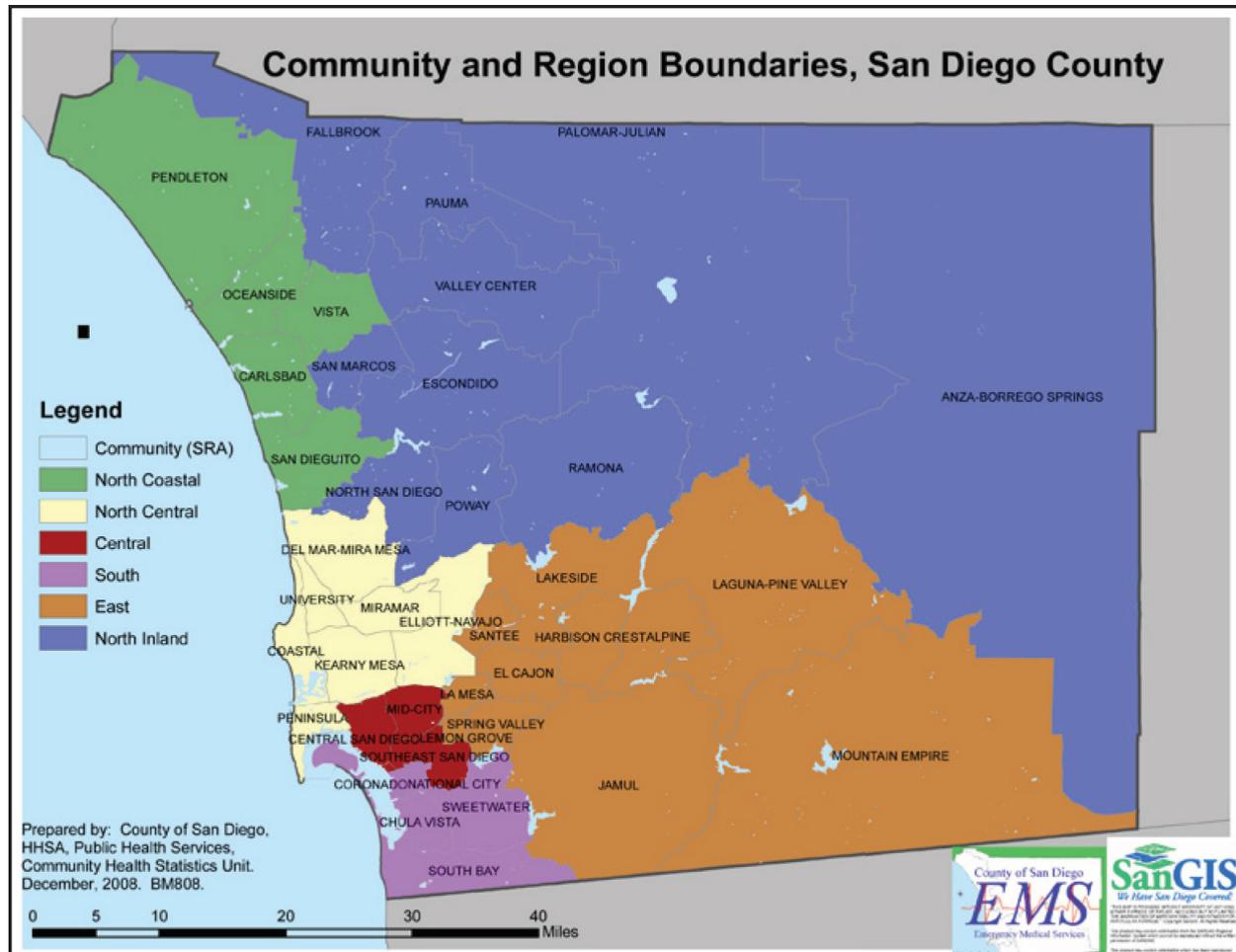


## Appendix D



## Appendix E

### San Diego County HHS Geographic Services Regions<sup>1</sup>



#### CENTRAL

- Central San Diego
- Mid City
- Southeast San Diego

#### NORTH CENTRAL

- Coastal
- Elliott Navajo
- Kearny Mesa
- Mira Mesa
- Miramar
- Peninsula
- University

#### NORTH COASTAL

- Carlsbad
- Del Mar
- Oceanside
- Pendleton
- San Dieguito
- Vista

#### SOUTH

- Chula Vista
- Coronado
- National City
- South Bay
- Sweetwater

#### EAST

- Alpine
- El Cajon
- Harbison Crest
- Jamul
- La Mesa
- Laguna/Pine Valley
- Lakeside
- Lemon Grove
- Mountain Empire
- Santee
- Spring Valley

#### NORTH INLAND

- Borrego Springs
- Escondido
- Fallbrook
- North San Diego
- Palomar/Julian
- Pauma
- Poway
- Ramona
- San Marcos
- Valley Center

<sup>1</sup> These regions have been designated by the County of San Diego Health and Human Services Agency (HHS) for the purpose of service delivery. The regions include different sub-regional area (SRA) groupings than the regions designated by the San Diego Association of Governments (SANDAG).



For more information about the programs and services offered by Scripps Health, visit [scripps.org/communitybenefit](https://scripps.org/communitybenefit) or contact the office of community benefit services at 858-678-7095.

