

# 2011 Community Benefit Report



*Committed to Care*

*Sonora Regional  
Medical Center*



1000 Greenley Road  
Sonora, CA 95370  
209.536.5000

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## Introduction

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*Sonora Regional Medical Center* is a not-for-profit health care facility consisting of 152 beds – 72 acute beds, 12 swing beds, and 68 skilled nursing beds – and a large network of primary care and specialty practices. Established in the early 1900s, Dr. Innis Bromley opened a hospital in Sonora on the second floor of the Bradford Building on Washington Street. By 1910, the Bromley Sanitarium changed its name to Sonora Hospital and continued serving Tuolumne County. Forty-seven years later a new 42-bed facility was built and the name changed to Sonora Community Hospital.

In January 2004, the acute care hospital and most support services moved to a newly constructed 145,000 square foot facility. With this move, its name changed to Sonora Regional Medical Center to reflect the expanded services and regional presence. Since its early beginnings, the Medical Center has expanded its services to include emergency and acute care services, birthing care, long-term care, advanced cardiac care, surgical services, diagnostic imaging services, comprehensive cancer services, home care and hospice services, a wellness center and wound care services.

In 2011, as part of its commitment to expand access to care, the Medical Center opened Angels Camp Prompt Care, providing Calaveras County residents with walk-in medical care close to home, seven days a week. The Medical Center also opened the Center for Joint Replacement, offering a comprehensive joint pain program so that Foothill residents can receive care in their own community. The Medical Center also launched the Center for Breast Health, streamlining diagnostic procedures and providing patients the benefit of a dedicated nurse navigator to guide them through tests and procedures when diagnosed with breast cancer. The Medical Center recruited several new physicians including a general surgeon, an orthopedist, and several internists and family practitioners, to support these expanded services.

Demonstrating a strong commitment to patient safety and quality initiatives, the Medical Center received five awards for top performance from the Hospital Quality Incentive Demonstration (HQID) project.

Our mission is to share God's love by providing physical, mental and spiritual healing. Care to the community is provided by over 175 physicians, 1,252 employees and 177 volunteers. Sonora Regional Medical Center is owned and operated by Adventist Health of Roseville, California, and is the largest private employer in Tuolumne County. In addition, it is governed by a local board composed of Adventist Health executives, local business owners, community leaders and local physicians.

As a not-for-profit hospital, Sonora Regional Medical Center is subject to the provisions of the State of California's Senate Bill 697, Community Benefit legislation. Enacted in September 1994, the law requires that the Medical Center:

- Review and reaffirm its mission statement to ensure its policies integrate and reflect the public need.
- Complete or assist in the completion of a formal assessment of the community's health needs at least every three years.
- Develop a Community Benefit plan, based on the formal assessment of the community's health needs, on an annual basis.
- Develop and file with the Office of Statewide Health Planning and Development (OSHPD) a Community Benefit plan to document benefits provided by the hospital, within its mission and financial capacity, to address identified community health needs.

## Executive Summary

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Sonora Regional Medical Center's mission is to share God's love by providing physical, mental and spiritual healing. This mission reinforces the mission-driven work of our employees, physicians and volunteers, and the vision to make the Medical Center an excellent place to receive care, an excellent place to practice medicine and an excellent place to work. As we embrace our mission and vision, we continue to address the needs of our community in our strategic planning and Community Benefit program.

### Community Benefit Program

Sonora Regional Medical Center's Community Benefit Program has three components:

- **Assessment:** The needs assessment, *Tuolumne County Profile*, published in 2008 uncovered health care needs: 1) access to quality and affordable health care; 2) services for the aging and uninsured populations; and 3) need for preventive care and community health education.
- **Plan Development:** The *Community Benefit Plan* outlines specific strategies for addressing the identified needs.
- **Performance Measurement:** The *2011 Community Benefit Report* measures our progress towards meeting our mission-driven goal of meeting the health care needs of our community.

### Program Management

Sonora Regional Medical Center established the Community Benefit Committee, composed of employees, physicians and community members, to assess, plan, implement and measure the Community Benefit Program. Additionally, support by the Medical Center's governing board, civic advisory board, and senior leadership supports the activities of the program.

### Program Resources

Community outreach programs and resources that assist in meeting identified community needs:

- Health promotion and screenings
- OakPlus Wellness Program
- Faith Community Nursing
- Support of community organizations through contributions and sponsorships
- Project HOPE
- Cancer Patient Outreach
- Assistance for patients and families through the Chaplain's Fund
- Live Well Be Well Center, providing community health education classes and support groups

## Mission, Vision and Values

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### Our Mission

To share God's love by providing physical, mental and spiritual healing.

### Our Vision

Sonora Regional Medical Center will be an:

- Excellent Place to Receive Care
- Excellent Place to Practice Medicine
- Excellent Place to Work

### Our Values

**COMPASSION:** The compassionate, healing ministry of Jesus  
**RESPECT:** Human dignity and individuality  
**INTEGRITY:** Absolute integrity in all relationships and dealings  
**QUALITY:** Excellence in clinical and service quality  
**STEWARDSHIP:** Responsible resource management in serving our Communities  
**WHOLENESS:** The health care heritage of the Seventh-day Adventist Church  
**FAMILY:** Each other as members of a caring family

## Community Benefit Committee and Leadership

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### Community Benefit Committee

Jeff Eller	President
Bruce Chan	Director of Business Planning & Marketing
Gail Witzlsteiner	Director of Development & Public Relations
Leslie Ludwig	Health & Wellness Specialist
Julie Kline	Senior Vice President for Patient Care Services
Jodie Rodriguez	Dietician
Krista Howell	Exercise Physiologist
Tiffany Nath	Social Worker
Cynthia Kumanchik	Wellness Marketing Coordinator
Fred Matthews, DDS	Chair
Mick Macomber	Attorney, Governing Board Member
James Comazzi, MD	Cardiologist
Joe Silva	Tuolumne County Superintendent of Schools
Karen O'Brien	Marketing Specialist

## Community Indicators Project: *Tuolumne County Profile, Published 2008*

While analyzing the community's needs, health and safety was identified by Tuolumne County residents as most important in creating the quality of life people want and expect in our county. Several needs were found that are important to the community. First, the needs assessment identified access to quality and affordable health care as being important. Second, services for the aging and uninsured populations are also some of the most critical health issues facing Tuolumne County residents. In addition, residents are interested in access to preventive and health education, but they also value low rates of crime and abuse in the county.

### Key Findings

#### Demographics

- Tuolumne County is a rural county located along the western slope of California's Sierra Nevada mountain range. The county occupies 2,234 square miles of foothill and mountain terrain, with 78 percent of the total acreage of the county in public land.
- Almost 58,000 people live in Tuolumne County, with the number of births being fairly stable at approximately 500 annually. Almost 10 percent of our population resides in institutions, such as assisted living and long-term care, with the largest portion of the institutionalized population in one of the California Department of Correction's prisons for men.
- Tuolumne County's median age – 50 years – is significantly higher than California's 33.3 years. We are one of the "grayer" counties with 19 percent of our residents being 65 years and older compared to approximately 10 percent of all Californians.
- Although ethnic and racial diversity is increasing, we are still a fairly homogeneous county, with more than 83 percent of the population being Caucasian.
- When compared to the state, a higher percentage of adults are high school educated; however, fewer have a college degree.

#### Racial Breakdown (2007)

	California		Tuolumne County		Calaveras County	
White	15,717,882	43 percent	48,140	83 percent	40,754	87 percent
Hispanic	13,159,157	36 percent	5,800	10 percent	3,280	7 percent
Asian	4,386,386	12 percent	580	1 percent	468	1 percent
Black	2,193,194	6 percent	1,160	2 percent	468	1 percent
Indian	365,532	1 percent	1,160	2 percent	468	1 percent
Other	731,064	2 percent	1,160	2 percent	1406	3 percent
<b>Total</b>	<b>36,553,215</b>		<b>58,000</b>		<b>46,844</b>	

#### Persons Under Age 18

	2000	2007	Growth
Tuolumne County	11,300	11,284	-.01 percent

#### Persons Under Age 18: Poverty Rate (2008)

	Poverty Rate
California	17 percent
Tuolumne County	13 percent

#### Persons Over Age 65

	1990	Percentage of Overall Population	2000	Percentage of Overall Population	Growth
Tuolumne County	8,029	16.5 percent	10,067	18.5 percent	25 percent

## Female Population in Tuolumne County

	1990	2000	Growth
White women > 40 years of age	10,552	13,263	26 percent
White women > 65 years of age	4,129	5,409	31 percent

## Male Population in Tuolumne County

	1990	2000	Growth
White men > 40 years of age	9,834	12,249	25 percent
White men > 65 years of age	3,613	4,325	20 percent

## Economics

- Our income is significantly below that of the state average, with a per-capita income of \$29,218; less than that of California at \$36,936 per capita income. Many of our residents live below the poverty line, specifically 13 percent.
- The average family in Tuolumne County has a lower per-capita income and faces higher unemployment rates than the average California family. This reflects a shift in the local economy from a resource-based economy to a service economy, with many jobs that do not provide sufficient family wages. For example, trade, transportation and utilities account for more than 17 percent of the county's total employment with the majority in retail trade. Employment in leisure and hospitality industries made up 22 percent of employment in 2007. Unfortunately, these jobs pay minimum wage, and many are only part-time. Of the county's workforce, 30 percent are employed in government.
- Between 1999 and 2004, an average of 45 percent of the women receiving prenatal care in the county had their care paid through Medi-Cal. Low-income mothers accounted for 45 – 50 percent of the births in Tuolumne County.
- In 2004, there were 1,750 Cal WORKS recipients in Tuolumne County, 344 of which were children 5 years of age or younger; 77 percent of adult Cal WORKS recipients are women.
- With the economic downturn beginning in late 2008, numerous local businesses have closed or downsized, increasing unemployment rates to nearly 14 percent.

## Health Care

The needs assessment phone survey conducted with Tuolumne County residents identified the following as the most critical health issues facing our residents today: 1) access to quality and affordable health care and 2) services for the aging and uninsured populations. In addition, residents are interested in access to preventive care and health education programs.

## Access to Quality and Affordable Health Care

Surveyed Tuolumne County residents were concerned with access to specialty services and highly skilled health professionals to provide quality health care, for all populations.

### *Specialty Services*

- Monitoring for high blood pressure and elevated cholesterol are two important means to control the impact of heart disease. This kind of surveillance is accomplished through preventive health interventions.
- Tuolumne County residents participate in breast cancer and colon cancer screening with mammography and colonoscopies or stool tests for blood, at the rate about equal that of the average Californian.
- Low-income populations are more likely to participate in a colon blood test screening than a colonoscopy.

- Immunization rates in Tuolumne County are approximately equal to immunization rates throughout California.
- Cancer has surpassed heart disease in Tuolumne County as the number one cause of death. The most important tool that we have to prevent the impact of cancer is early detection of disease.

### **Access to Health Professionals**

- Highly technical, highly skilled health care is not valuable to a community unless it is available to the people who need it. The presence and availability of hospital care and practitioners in a community are critical components of health care access.
- Our medical staff currently has 175 practicing physicians and 39 allied health professionals (e.g., nurse practitioners and physician assistants).
- Seventy-nine percent of primary care physicians accept new patients, but less than half of primary care physicians accept patients with public insurance coverage: Medicare, Medi-Cal and County Medical Services Program (CMSP). The Medical Center’s Forest Road Health and Wellness Center is dedicated to providing primary and specialty services to Medi-Cal and CMSP patients.

### **Services for the Aging and Uninsured Populations**

Poor health can affect the ability of adults to work and children to learn. This can lead to economic problems for families, which can reinforce cycles of poverty and diminish the productivity of individuals and communities.

- Access to health care for low-income populations is restricted in Tuolumne County. Residents covered by the County Medical Services Program (CMSP) or Medi-Cal insurance have limited access to health care providers because few physicians accept new patients with these types of public insurance.
- Fewer than half of local physicians accept new patients with Medi-Cal or CMSP coverage.
- Eighty-five percent of Tuolumne County residents 65 years and older are covered by Medicare, which is widely accepted by local physicians.
- Seventy percent of hospitalized patients covered by private insurance receive coverage through Blue Cross, Blue Shield, or Kaiser programs.
- Preventable hospitalizations in Tuolumne County are considerably below state averages, suggesting that the outcome of participation in the local health care system compares favorably with the rest of the state.

### **Access to Preventive & Community Health Education**

One of the best ways to stay healthy — not to mention save money — is to take advantage of preventive health care. Preventive care emphasizes keeping people healthy. This includes getting regular checkups and immunizations and can refer to “wellness care” like lifestyle coaching and education to promote healthy habits.

#### ***Why Preventive Care is Crucial***

One of the most tragic things about many serious health problems is that they are preventable. Many problems that start as small health issues — the kind we all tend to ignore — can turn serious if they go undetected and untreated.

- Residents of Tuolumne County have access to a number of preventive health programs that are not well coordinated or consistently available.

# 2011 Community Benefit Report - Strategy and Results

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## Focus: Access to Quality Health Care

### Objective: Increase physician recruitment

Strategy	Results
Aggressively recruit new primary care and specialty physicians:	Recruited three new primary care physicians in 2011: <ul style="list-style-type: none"><li>• Mary Gauthier, MD</li><li>• Katherine Newcomb, MD</li><li>• Devanie Teel, MD, Pediatrics</li></ul> Recruited three new specialists to the area in 2011: <ul style="list-style-type: none"><li>• Catherine Jones, MD, Oncology</li><li>• Sheila Hodgson, MD, General Surgery</li><li>• James Ivy Boyd, MD, Orthopedics</li></ul> In addition, a total of 14 internal medicine and family practice physicians were recruited to serve as hospitalists or emergency physicians who staff our Emergency Department or Prompt Care facilities.






### Objective: Increase specialty services

Strategy	Results
Add or expand specialty services to meet needs of aging population:	Opened the Center for Joint Replacement, a comprehensive program designed to meet the needs of the high percentage of active baby boomers in our community.  Expanded Prompt Care services to Calaveras county, offering medical services, including lab and x-ray, seven days per week. Elderly residents have a much shorter drive to see a doctor without an appointment.  Expanded cardiac care in Calaveras County with two cardiologists accepting patients at Angels Camp Family Medical Center and four cardiologists accepting patients at Sierra Cardiology in Sonora. Recruited oncologist, Catherine Jones, MD, to the Sonora Regional Cancer Center.  Developed a Breast Health program with faster imaging results and recall appointments as well as a dedicated Breast Health Navigator to help women undergoing diagnostic tests and breast cancer treatment.

### Objective: Increase quality outcomes

Strategy	Results
Improve quality of care as measured against national benchmarks.	Based on year six results from the Hospital Quality Incentive Demonstration (HQID) project, the Medical Center received a total of five awards for Top Improvement and Attainment in the clinical areas of pneumonia, acute myocardial infarction, and surgical care.

## Objective: Increase access to health care

Strategy	Results
Angels Camp Prompt Care	Opened Angels Camp Prompt Care, giving residents of Calaveras County easier access to care for injuries or illnesses that do not require a visit to the hospital emergency department. The clinic also offers walk-in x-ray and lab services with a physician order.

## Objective: Increase access to health screenings and prevention

Strategy	Results
Live Well Be Well Center	Increased class offerings including tobacco cessation, Food for Life, Whole Life Fitness, yoga, and Freedom from Fear.

Expanded local school outreach so that all third graders in Tuolumne County Schools could participate in the Medical Center's Family Fit program. Every Tuesday and Thursday for six weeks, two fitness and nutrition trainers interacted with the students through innovative teaching methods.

Launched the Heart Failure Resource Center to help patients manage heart failure.

Moved Pulmonary Rehabilitation in to a larger, newly-remodeled space to better serve patients with chronic lung conditions.

Introduced the Walk-A-Mile program, encouraging Medical Center employees and community members to walk a mile a day for health.

Tuolumne County Health Fair	Partnered with the Tuolumne County Health Fair Committee to provide low-cost or free screenings for our community: <ul style="list-style-type: none"><li>• 3,701 blood screening tests</li><li>• 1,078 PSA tests</li><li>• 600 anemia screenings</li><li>• 250 pulmonary function tests</li><li>• Blood pressure, pulse oximetry, prescription counseling, and balance &amp; fall tests</li></ul>
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Groveland Family Wellness Fair	Partnered with the Soroptomists of Groveland to provide health screenings at the annual Groveland Family Wellness Faire including blood screening tests, blood pressure, and anemia screenings.
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Other regional wellness events	Black Oak Casino Wellness Fair: provided blood pressure checks, anemia screenings and wellness information for approximately 100 attendees.
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Calaveras County Unified School District Health Fair: provided TB testing, anemia screening and wellness information for approximately 100 attendees.

Tuolumne County Senior Expo: provided blood pressure screenings and wellness information to approximately 350 attendees.

## Focus: Access to Affordable Health Care

### Objective: Increase access to free and affordable care

#### Strategy

Provide low-cost or no-cost health care services for low-income, at-risk residents:

#### Results

Raised more than \$47,000 for Project HOPE, a mobile health clinic staffed by a nurse practitioner. Project HOPE provides free health care to the community two times per week and the health van is also made available at various community events to provide first aid services. In 2011, Project HOPE provided over 1,860 free patient visits.

Sonora Regional Medical Center's Forest Road Dental Clinic offered a free dental clinic, providing over \$25,000 worth of care for 81 patients.

Provided more than 500 free sports physicals for local students.

Sonora Regional Medical Center's Faith Community Nursing program works in church congregations helping meet the health care needs of many who might otherwise go untreated or unnoticed. In 2011 the Faith Community Nursing Health Ministry provided:

- 1,394 home and church visits
- 872 blood pressure readings
- 159 referrals for services
- 141 hospital visits
- 488 health-related phone calls

The Cancer Patient Support Fund provides financial assistance to cancer patients. In 2011 Sonora Regional Medical Center raised \$69,000 for the fund, supporting more than 200 patients with gifts from the fund.

Provided free and low-cost screenings at the Tuolumne County Health Fair including blood pressure, pulse oximetry and balance & fall tests, and:

- 3,943 blood screening tests
- 450 anemia screenings
- 214 pulmonary function tests

Provided free first aid stations at community events including the Mother Lode County Fair and the Home and Garden Show.

Expanded access to care for Medi-Cal patients with the recruitment of Tarrar Wais, MD, Family Practice, and Devanie Teel, MD, Pediatrics, to the Forest Road Health and Wellness Center, the Medical Center's Rural Health Clinic.

Overall, Sonora Regional Medical Center provided nearly \$30 million in free and low-cost services to the community.

## Focus: Access to Preventative and Community Health Education

### Objective: Increase access to preventative and community health education

#### Strategy

Live Well Be Well Center

#### Results

Increased class offerings including tobacco cessation, Food for Life, Whole Life Fitness, yoga, and Freedom from Fear.

Expanded local school outreach so that all third graders in Tuolumne County Schools could participate in the Medical Center's Family Fit program. Every Tuesday and Thursday for six weeks, two fitness and nutrition trainers interacted with the students through innovative teaching methods.

Launched the Heart Failure Resource Center to help patients manage heart failure.

Moved Pulmonary Rehabilitation in to a larger, newly-remodeled space to better serve patients with chronic lung conditions. Introduced the Walk-A-Mile program, encouraging Medical Center employees and community members to walk a mile a day for health.

OakPlus Seminars

Sonora Regional Medical Center's OakPlus program provides seniors with discounts on prescription medications as well as discounts from local, participating merchants. In addition, seniors enrolled in the OakPlus program are invited to attend monthly health and wellness seminars providing a range of topics throughout the year. In 2011, OakPlus reached over 830 seniors with 11 seminars.

"Ask A Doctor"

Sonora Regional Medical Center has partnered with the local newspaper, *The Union Democrat*, to provide readers with medical-related articles, written by local health care providers. In 2011, the Medical Center provided the community with 29 question and answer type articles on topics including pregnancy and labor, dental health, joint pain, asthma, diabetes, mental health, and hospice care.

Staywell

[www.sonoramedicalcenter.com](http://www.sonoramedicalcenter.com) was re-launched on a new platform providing a vast health library for patients to learn more about conditions and treatments, getting healthy and staying healthy.

## Community Benefit

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### Non-Quantifiable

Total Community Service Hours	Total Value of Donated Hours	Value of other in-kind goods and services donated from hospital resources	Goods and services donated by others	Net quantifiable community benefit
1,425	\$58,439	\$18,289	\$45,021	\$121,749

### *OakPlus Wellness Program for Older Adults*

Seminar Topic	Presenter	Number of Seniors in Attendance
"Understanding Dementia"	Rajnish Birla, MD	160
"What Makes Your Heart Skip A Beat"	Eric Hemminger, MD	80
"Treating Wounds of the Lower Extremities"	Eden Smith, MD	35
"Options for an Enlarged Prostate"	Douglas Ankrom, MD	62
"Understanding and Treating Varicose Veins"	Stephen Hopkins, MD	40
"Update on Diabetes"	Donald Westbie, MD	71
"Medication Issues for Seniors"	Matthew Personius, MD	67
"Why Do My Knees Hurt and What Can I Do About It"	Airell Nygaard, MD	120
"Perspective on Arthritis"	Ariana DeMers, MD	90
"Foot Problems of the AARP Crowd"	Steve Jensen, DPM	85
"Five Promises in Advance Care Planning"	Linda Sue Murray, RN	20

### *Health Education and Support Programs*

The many support groups and health education classes conducted, include:

- Adult Diabetes Support Group
- Cancer Support Group
- Celiac Support Group
- Grief Support Group
- Mended Hearts Group
- Neurological Support Group
- Support Group for Parents of Children with Type I Diabetes
- Cardiac Rehabilitation
- Coronary Health Improvement Project (CHIP)
- Diabetes Management
- Family Fit Program
- Food for Life
- Freedom From Fear
- First Aid / CPR
- Lamaze / Breastfeeding
- Pulmonary Rehabilitation
- Quit for Life
- Skills Group for Eating Disorders
- The Marvelous Mind
- Whole Life Fitness

### ***Community Events***

- Tuolumne County's Mother Lode Fair – first aid station
- Groveland Family Wellness Fair – health screenings
- Don Pedro Health Fair – health screenings
- Senior Expo – healthy living exhibit and health screenings
- Home and Garden Show – first aid station
- Tuolumne County Health Fair – health screening and health education exhibits
- Black Oak Casino Family Wellness Day – healthy living exhibit and health screenings
- Calaveras County Unified School District Employee Wellness Fair – health screenings
- Joint Pain Seminars – free seminars hosted by the Center for Joint Replacement educating patients about arthritis and various methods for easing joint pain

***Healthy Living***, a quarterly newsletter reaching nearly 20,000 households in the Mother Lode, is a community service of the Medical Center. This journal of health and wellness features articles to promote healthy lifestyles.

### ***Hospital Services***

The Medical Center had a total of 4,797 admissions, 510 deliveries, 22,179 emergency department visits, 289,799 outpatient visits and 36,349 home care visits.

### ***Community Employment***

Sonora Regional Medical Center paid \$93.5 million in wages and benefits, making the Medical Center the largest private employer in the region, providing jobs for more than 1,252 employees.

The Medical Center is staffed by approximately 175 physicians plus 39 allied health professionals: Nurse Practitioners, Physician Assistants, Registered Nurse First Assist and Clinical Psychologists. Physicians range from Family Practice, Internal Medicine, Obstetrics Gynecology, and Emergency Medicine to hospital-based specialists like Anesthesiologists and Radiologists to clinical specialists like Cardiology, Vascular Surgery, Oncology, Orthopedics, Rheumatology, General Surgery, and Urology. The Medical Center added 20 physicians and seven allied health professionals to the medical staff in 2011.

### ***Education***

The Medical Center continues its commitment to help fund the Modesto Junior College (MJC) Nursing Program. We provided \$41,164 to the MJC Distance RN Program for skills lab and instructor time in Tuolumne County. The Medical Center also raised \$9,745 for continuing education opportunities for the nursing and allied health staff.

Office space for the Human Patient Simulation laboratory is located on hospital property. The simulation lab provides students with the opportunity to practice acute patient care and life-saving skills on full-size human mannequins.

### ***Sports Physicals***

The Medical Center, in conjunction with local physicians, physician assistants, nurse practitioners and registered nurses, provided more than 500 sports physicals for area high school students at three different evening clinics and at the Project HOPE health van.

### ***Employee Giving***

Employees demonstrate their love for the community by direct financial contributions for various needs:

- Provided 11,310 pounds of food to local families through the Food for Families program.
- Provided 841 coats, blankets, sleeping bags, and other warm items for families in need.
- Assisted 173 families with over \$39,000 raised for the Chaplains Fund
- Donated \$28,539 to area schools and community organizations.
- Supported more than 200 patients with \$69,000 raised for the Cancer Patient Support Fund.
- Raised more than \$60,000 for Hospice of the Sierra.
- Raised \$618,527 in gifts.

### ***Spiritual Support***

The Medical Center's chaplains provided 3,360 patient visits, pastoral counseling and support for 1,124 community members, 720 hours of employee counseling, and conducted 21 memorial services and three weddings. The chaplains also provided to support groups, participated in the Suicide Prevention Task Force and gave two service club presentations.

### ***Community Support***

Sonora Regional Medical Center donated \$28,539 to 50 community service organizations in 2011 including:

- 29<sup>th</sup> District Agricultural Association
- Adventist Development and Relief Agency
- American Cancer Society
- Amador-Tuolumne Community Action Agency
- Breastfeeding Coalition
- Calaveras County Chamber of Commerce
- Calaveras Office of Education
- Calaveras Visitor's Bureau
- Center for a Non-Violent Community
- Children's Hospital Madera
- Christian Heights Church
- Delta Blood Bank
- Distinguished Young Women
- Ebbetts Pass Moose Lodge
- Foothill Pregnancy Center
- Friends of Animal Community
- Groveland Area Involved Neighbors
- Habitat for Humanity/Tuolumne
- Habitat for Humanity/Calaveras
- Jamestown Elementary School
- Japan Tsunami Disaster Relief
- La Leche League
- Leadership Tuolumne County
- Mentoring Works/ATCAA
- Mother Lode Adventist Junior Academy
- Mother Lode Art Association
- National Alliance on Mental Illness
- Omega Nu
- Red Cross
- Sierra HOPE
- Sierra Non-Profit Support Center
- Sierra Senior Providers
- Sierra Waldorf School
- Sonora 49'er Rotary
- Sonora Area Foundation
- Sonora High School
- Summerville High School
- Susan G. Komen Foundation
- Topsport Cycling
- Tuolumne County Business Council
- Tuolumne County Chamber of Commerce
- Tuolumne County Girls Fast Pitch
- Tuolumne County Sherriff's Posse
- Tuolumne County Visitors Bureau
- Tuolumne County Youth Soccer
- Twain Harte Chamber of Commerce
- Twain Harte Soroptimist
- Vietnam Veterans America
- Watch
- Woods Creek Little League



Facility

System-wide Corporate Policy

Standard Policy

Model Policy

Policy No.

AD-04-002-S

Page

1 of 1

Department:

Administrative Services

Category/Section:

Planning

Manual:

Policy/Procedure Manual

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## POLICY: COMMUNITY BENEFIT COORDINATION

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### POLICY SUMMARY/INTENT:

The following community benefit coordination plan was approved by the Adventist Health Corporate President's Council on November 1, 1996, to clarify community benefit management roles, to standardize planning and reporting procedures, and to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals.

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### POLICY: COMPLIANCE – KEY ELEMENTS

1. The Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines* will be the standard for community needs assessment and community benefit plans in all Adventist Health hospitals.
  2. Adventist Health hospitals in California will comply with OSHPD requirements in their community benefit planning and reporting. Other Adventist Health hospitals will provide the same data by engaging in the process identified in the Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines*.
  3. The Adventist Health Government Relations Department will monitor hospital progress on community needs assessment, community benefit plan development, and community benefit reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
  4. The Adventist Health Budget & Reimbursement Department will monitor community benefit data gathering and reporting in Adventist Health hospitals.
  5. California Adventist Health hospitals' finalized community benefit reports will be consolidated and sent to OSHPD by the Government Relations Department.
  6. The corporate office will be a resource to provide needed help to the hospitals in meeting both the corporate and California OSHPD requirements relating to community benefit planning and reporting.
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**AUTHOR:** Administration

**APPROVED:** AH Board, SLT

**EFFECTIVE DATE:** 6-12-95

**DISTRIBUTION:** AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors

**REVISION:** 3-27-01, 2-21-08

**REVIEWED:** 9-6-01; 7-8-03

## COMMUNITY BENEFIT REPORT FORM – 2011

*Please return by Friday, February 10, 2012,*

*to Karen O'Brien in Marketing*

*obrienkm@ah.org, 536-5021*

Hospital \_\_\_\_\_ Date \_\_\_\_\_

Service/Program \_\_\_\_\_ Target Population \_\_\_\_\_

The service is provided primarily for  The Poor  Special Needs Group  Broader Community

Coordinating Department \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone/Ext \_\_\_\_\_

Brief Description of Service/Program \_\_\_\_\_

Caseload \_\_\_\_\_ Persons Served or \_\_\_\_\_ Encounters



<i>Names of Hospital Staff Involved</i>	<i>Hospital Paid Hours</i>	<i>Unpaid Hours</i>	<i>Total Hours</i>
<b>Total Hours</b>			

1. Total value of donated hours (multiply total hours above by \$41.01) \_\_\_\_\_
  2. Other direct costs
    - Supplies \_\_\_\_\_
    - Travel Expense \_\_\_\_\_
    - Other \_\_\_\_\_
    - Hospital Facilities Used \_\_\_\_\_ hours @ \$ \_\_\_\_\_/hour \_\_\_\_\_
  3. Value of other in-kind goods and services donated from hospital resources \_\_\_\_\_
    - Goods and services donated by the facility (describe): \_\_\_\_\_
  4. Goods and services donated by others (describe): \_\_\_\_\_
  5. Indirect costs (hospital average allocation \_\_\_\_\_%) \_\_\_\_\_
- Total Value of All Costs** (add items in 1-5) \_\_\_\_\_
6. Funding Sources
    - Fundraising/Foundations \_\_\_\_\_
    - Governmental Support \_\_\_\_\_
- Total Funding Sources** (add items in 6) ( \_\_\_\_\_ )
- Net Quantifiable Community Benefit**  
 (subtract "Total Funding Sources" from "Total Value of All Costs") \_\_\_\_\_

NON-QUANTIFIABLE COMMUNITY BENEFIT AND HUMAN INTEREST STORIES

*Please fill in the date and complete the lines above the table on other side of worksheet*

Who: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional information may be obtained by contacting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Sonora Regional Medical Center  
Community Benefit Summary  
December 31, 2011**

	CASELOAD				TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	NUMBER OF PROGRAMS	PERSONS SERVED	UNITS OF SERVICE		TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
			NUMBER	MEASURE					
<b>*BENEFITS FOR THE POOR</b>									
Traditional charity care	1		137 / 843	Pt. Days / Visits	2,337,309	1.39%	312,002	2,025,307	1.21%
Public programs - Medicaid	1		25,845 / 64,402	Pt. Days / Visits	7,640,916	4.56%	5,393,097	2,247,819	1.34%
Other means-tested government programs						0.00%		-	0.00%
Community health improvement services	2	2200		Persons served	75,814	0.05%	-	75,814	0.05%
***Non-billed and subsidized health services					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit					-	0.00%	-	-	0.00%
Community building activities					-	0.00%	-	-	0.00%
<b>TOTAL BENEFITS FOR THE POOR</b>					10,054,039	5.99%	5,705,099	4,348,940	2.59%
<b>**BENEFITS FOR THE BROADER COMMUNITY</b>									
Medicare	1		13,259 / 118,960	Pt. Days / Visits	84,556,819	50.41%	70,869,207	13,687,612	8.16%
Community health improvement services	5	9,175		Persons served	89,721	0.05%	-	89,721	0.05%
Health professions education					-	0.00%	-	-	0.00%
***Non-billed and subsidized health services	16	23950	119747	visits	1,645,420	0.98%	-	1,645,420	0.98%
Generalizable Research					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit	12	250		Persons served	28,674	0.02%	-	28,674	0.02%
Community building activities					-	0.00%	-	-	0.00%
All other community benefits					-	0.00%	-	-	0.00%
<b>TOTAL BENEFITS FOR THE BROADER COMMUNITY</b>					86,320,635	51.46%	70,869,207	15,451,428	9.21%
<b>TOTAL COMMUNITY BENEFIT</b>					96,374,674	57.46%	76,574,306	19,800,368	11.80%

\*Persons living in poverty per hospital's charity eligibility guidelines

\*\*Community at large - available to anyone

\*\*\*AKA low or negative margin services