



ST. MARY MEDICAL CENTER

FISCAL YEAR 2011 COMMUNITY BENEFIT REPORT

St. Mary Medical Center 
ST. JOSEPH
HEALTH SYSTEM

EXECUTIVE SUMMARY

St. Mary Medical Center (SMMC) is a 202 bed not for profit acute care health ministry with the St. Joseph Health System (SJHS) serving the greater high desert region of San Bernardino County. The primary and secondary service areas of SMMC encompass 350,000 residents in the communities of Adelanto, Apple Valley, Hesperia, and Victorville and surrounding areas. Data from the 2010 US Census reports the population increased by 19.1% between 2000 and 2010 one of the fastest regions of growth in California. Census data also reports the continued ethnic diversification of residents. Hispanic residents now comprise 49.2% of the total population with the African American population estimated at 8.9%. Data from the hospital's interpreter services program indicates Spanish followed by Arabic as the two most commonly requested non English languages for discussing healthcare. The region has been impacted significantly in the economic downturn with one of the state's highest home foreclosure rates and a 50% increase in Food Stamp enrollment.

SMMC has operated in the region for 56 years and for the last 17 years provided extensive community clinic and healthy communities programs as part of SJHS and the sponsoring orders of the Sisters of St. Joseph of Orange and the Brothers of St. John of God. SMMC is the only hospital providing primary and chronic care services to the area's uninsured currently estimated to number 86,488 adults and children. SMMC completes tri-annual community health assessments in partnership with community organizations and residents. SMMC completed its most recent community needs assessment in June 2011. This FY11 Community Benefit Report provides an update on progress implementing key initiatives includes data from the hospital's 2011 Community Health Needs Assessment and highlights programs the hospital will complete in its FY12-FY14 Community Benefit Plan.

Community Plan Priorities

Listed below are highlights of key SMMC Community Benefit priorities the hospital developed in its FY09-FY11 Community Benefit Plan including successes and challenges with FY11 implementation.

Initiative: Planning and Fighting Childhood Obesity for High Desert Children

For FY11 the hospital continued to implement a childhood obesity plan in schools and through four (4) local Healthy City campaigns in the communities of Adelanto, Apple Valley, Hesperia and Victorville. In FY11 the hospital implemented the Healthy For Life obesity program in five (5) local Head Start programs to reach low income families with young children. The Healthy For Life program teaches classroom teachers how to increase the amount of play and physical activity time during the class day. The program identified 19 at-risk three and four year old children (with Body Mass Index ratings in the overweight or obese categories) provided parents of these children additional services including nutrition counseling and by year end 16.6% of at-risk children had lowered their weight classification one weight category while other children maintained their "normal BMI" weight index for the year. In FY12 the hospital will expand Healthy For Life to eleven (11) classrooms with over 100 children tracked and the program is in the hospital's FY12-FY14 Community Benefit Plan with a target of helping 10% or more of at-risk children to improve their weight status.

In FY11 the hospital expanded its community obesity collaborative to include formation of a regional group named Healthy High Desert and the creation of four (4) Healthy City campaigns in the communities of Adelanto, Apple Valley, Hesperia and Victorville. In FY11 Healthy Adelanto successfully started its city's formal Park and Recreation department and is developing a five (5) acre public park. In Healthy Victorville the city passed its first non-motorized transportation plan and a "Healthy Vending Machine" policy the first of its kind in San Bernardino County. The formation of Healthy Apple Valley included development of a free Healthy Eating Active Living series which is taught by hospital staff and marketed by the town. The hospital will continue the community wide initiative on childhood obesity in the hospital's FY12-FY14 Community Benefit plan but not as a priority initiative.

In FY11 the hospital continued its expertise as a Baby Friendly Hospital through its breastfeeding initiative. The Community Health department continues surveying a representative sample of mothers discharged from the hospital to obtain self-reported data on mother's breast milk infant feeding habits at one, three and six months respectively while offering all mothers discharged from the hospital lactation counseling and support. The breastfeeding initiative will be continued in the hospital's FY12-FY14 Community Benefit Plan with the target of increasing the percentage to 29% (by FY14) of mothers providing breast milk to infants at least 50% of their feedings.

Initiative: Children's Health Insurance

The goal of this initiative is the identification of uninsured children and their successful enrollment into safety net health insurance including Medi-Cal, Healthy Families or Healthy Kids. Estimates on the uninsured (conducted by UCLA CHIS in 2009) report 15,651 uninsured children in the hospital service area. In FY11 the hospital maintained its regional leadership on the Inland Empire Children's Health Initiative and enrolled (with the assistance of local schools, clinics and service organizations) 951 children surpassing its target goal of 300 children per year. The hospital was not successful in FY11 expanding the network of partners directly enrolling uninsured children as a result of public school cutbacks in staffing. The hospital will continue its community outreach assisting uninsured children as a strategy in the hospital's priority Access to Care initiative in its FY12-FY14 Community Benefit Plan.

Initiative: Education and Youth Development

In FY11 hospital leaders provided 224 mentoring encounters with low income children and provided an intensive Health Career Academy to 13 local high school students. This initiative surpassed its FY11 target of assisting 200 children. Hospital Employees mentoring low income children will continue as a Community Benefit activity however it is not a priority initiative in the hospital's FY12-FY14 Community Benefit Plan. The hospital will also continue to work through a Healthy Adelanto campaign to help the community open its first public High School.

Initiative: Community Clinic Primary Care

In FY11 the hospital's Community health Department successfully expanded care in three key areas: Primary Care for low income and uninsured adults, starting a comprehensive Diabetes Health Education program and expanding cancer detection screening services to low income patients. In FY11 the department provided care for 7, 934 patients by way of its fixed clinics and mobile medical service. The department also started a Comprehensive Diabetes Program and is already assisting low income and uninsured patients to manage their blood glucose levels

and reduce their utilization of Emergency Room Care. Additionally the department's cancer detection screening program has been expanded with support for grant funds from the Susan G. Komen Foundation. The department's Comprehensive Diabetes education program has been prioritized in the hospital's FY12-FY14 Community Benefit Plan with a target of improving the percentage of patients with improvement in glycemic control as indicated by HgA1C measurements.

Initiative: Community Clinic Information Technology Capacity Building

In FY11 the department successfully implemented GE Qs Prenatal Emergency Medical Records. Additional IT systems were delayed as a result of the hospital implementing numerous electronic patient and physician ordering systems.

MISSION, VISION AND VALUES

Our Mission

To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Vision

We bring people together to provide compassionate care, promote health improvement and create healthy communities.

Our Values

The four core values of St. Joseph Health System -- Service, Excellence, Dignity and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.

INTRODUCTION

Who We Are and What We Do

St. Mary Medical Center (SMMC) is the largest and busiest of five hospitals serving the High Desert region of San Bernardino County. SMMC is the only hospital affiliated with the St. Joseph Health System (SJHS) in San Bernardino County. With 202 licensed beds and more than 1,500 employees, the hospital provides comprehensive inpatient and outpatient care including routine and specialized services in Pain Management, Pulmonary Rehabilitation, Wound Care Management, while operating three community health clinics and a mobile health van. San Bernardino County is consistently ranked as having one of the state's highest (252.6 deaths per 100,000) rates of heart disease. The hospital is home to the High Desert's only comprehensive heart care program. SMMC is one of four hospitals in San Bernardino County designated as a Segment Elevation Myocardial Infarction (STEMI) receiving center and is working on Stroke Center designation. In 2010 SMMC and the American Heart Association announced an exclusive partnership to expand heart education to the community. SMMC also operates the area's only Level II Neonatal Intensive Care Unit. Health data for San Bernardino County reports the populous in the lowest quartile in the state with babies born with low birth weight. Recently designated as a Baby Friendly hospital SMMC continues to improve its hospital and clinic programs promoting skin-to-skin time between mother and baby and exclusive breastfeeding in the first six months of care. St. Mary Medical Center's Community Health department continues to lead the hospital's Baby Friendly efforts. In FY11 the department began tracking the percentage of mothers providing exclusive breast milk to their babies in the first six months of life.

The hospital provides a dedicated level of funding to support its advocacy, community health, and healthy community programs. Additionally, 10% of net income is directed to providing assistance to low-income persons in a "Care For The Poor Fund" and grant funding initiative managed by a SJHS Foundation. In FY 2011 the Care For The Poor Fund subsidized hospital and community lead initiatives that included providing primary care and prescriptions to uninsured and

chronically ill patients, enrolling uninsured children into the safety net health insurance programs, feeding and housing the homeless, assisting victims of domestic violence, and supporting a summer swimming program. An annual transfer of 2.5% of the hospital's tithe is made to a SJHS Foundation. These funds are pooled with contributions from other SJHS hospitals for competitive grants serving low-income populations in wellness and community building. In FY11 SJHS Foundation grants were awarded to local partners assisting the homeless and feeding the hungry. One local food bank will significantly upgrade its programs as a result of these grants.

The community depends on hospital outreach programs especially in rural communities utilizing the hospital's mobile medical services. The mobile medical van visits three rural communities: Adelanto, Lucerne Valley and Oro Grande providing pediatric and women's health services that include immunizations, cancer detection screening services, as well as caring providing primary care to the uninsured. Additionally, the medical van operates a regular schedule within the larger communities of Apple Valley, Lucerne Valley, Adelanto and Victorville. Finally, the hospital's mobile van participates in health fairs serving adults, seniors and children. In FY11, the hospital is reporting total net quantified benefit (excluding bad debt and losses on Medicare) of \$8,631,311.

Community Benefit Governance Structure

A 16-member Board of Trustees (BOT) meets monthly and discusses hospital operations. A committee of the BOT is the Community Benefits (CB Committee). A board member chairs the CB Committee and additional board members are appointed. Hospital executive membership includes the CEO and the Vice President for Mission Integration. The CB Committee meets bimonthly and committee recommendations and decisions are reported to the BOT. Members of the CB Committee meet bi-monthly and are updated on community benefit including progress made implementing programs and initiatives and presentations by community partners. Additionally, CB Committee members are charged with oversight of the hospital's Care For The Poor Fund (Fund). This Fund is set aside to help persons in crisis including grants to outside organizations to help the homeless and hungry and to victims of substance abuse and domestic violence.

In FY 11 CB Committee members were updated on the hospital's childhood obesity programs, efforts to build partners to expand community clinics to the region and results of performance improvement conducted by the hospital's community health department. Additionally, CB Committee members assisted in developing elements of the hospital's latest tri-annual community health needs assessment as well as receiving community feedback on assessment results and selecting priority initiatives for SMMC's FY12-FY14 Community Benefit Plan.

Overview of Community Needs and Assets Assessment

The hospital's Community Benefit Service Area is roughly defined as serving the Victor Valley a region of San Bernardino County with a 2010 population of 350,000 residents. The communities of Apple Valley, Hesperia and Victorville comprise the hospital's primary service area and the remaining surrounding communities of Adelanto, Oro Grande, Phelan, Oak Hills and Lucerne Valley comprise the hospital's secondary service area.

The region is 90% desert and the largest nearest metropolitan area - the City of San Bernardino is 40 miles away. The service area is noted as having significantly higher percentages of both

indigent and uninsured populations when compared with both state and national levels. Additionally, residents suffer from heart disease and stroke at levels well above California and national benchmarks. As a result over 90% of the hospital's community benefit area has been identified as "High Need" from the SJHS mapping and scoring of socioeconomic indicators contributing to health disparities. Over the past several years the hospital's community benefit expenditures have increased to over \$15 million.

As noted the hospital's service area is comprised of four major communities with some unique demographic, economic and health characteristics. The largest city is Victorville with a population of 130,145 residents. Demographic data indicates that 43.14% of residents are Latino and 28% of families prefer to speak Spanish, their primary language, at home. Socioeconomic data reports 16% of families are living in poverty and health assessment data indicates 24% of residents experience "Fair" or "Poor" physical health, the highest percentage among the four cities. The city of Hesperia has 98,442 residents with 15.4% of families living below poverty and 22% of residents over age 25 with no High School diploma. The hospital's home community of Apple Valley has 78,303 residents. Residents aged 65 years and older make up 14% of the population the highest concentration in the hospital's service area and 14.6% of families are living below poverty the lowest percentage of any city. The area's fourth city is Adelanto with a population of 32,602 residents. Adelanto is noted for being the region's most ethnically diverse as 63% of residents are Latino and another 10% African American. Socioeconomic data reports 26% of Adelanto families are living in poverty and 28% of households have no high school diploma the highest rankings in the region.

In FY11 hospital conducted a needs and assets assessment with consultation and assistance from the SJHS and with numerous community partners including Kaiser Permanente, Loma Linda Medical Center, San Bernardino County's Public Health and Healthy Communities programs and representatives of Healthy High Desert. Mapping to determine need and community profiles was conducted by the SJHS Strategic Planning department. This process of collecting and scoring socioeconomic indicators contributing to health disparities (or barriers) was developed by Catholic Healthcare West. The quantitative process involves aggregating five socioeconomic indicators: resident income, culture, education, insurance and housing to identify communities with high need.

SMMC contracted with Professional Research Consultants Inc. (PRC) to develop a community health assessment that was systematic and data driven in determining the health status, behaviors and needs of residents. Mapping of need was achieved by collection and analysis of secondary data for five socioeconomic indicators. This quantitative process aggregated data to report need by city zip code and by block group. Mapping community need by the hospital has been done for several years. Maps are discussed with community partners including residents, and with a local health partners including San Bernardino County public health. The hospital's familiarity with mapping prompted public health to move forward with an Environmental Scan (Scan) of the hospital's service area. This Scan (expected to be completed by the end of 2012) will produce maps of the area's built environment in area's impacting the health of residents. This quantitative process will identify transportation issues, an examination of the retail food environment, a profile of parks and recreation and environmental issues of air and water quality. Collection of primary and secondary data for the Scan will be completed as a HHD project with participation of local Healthy City representatives including city planners and park and recreation staff.

The assessment of health findings (conducted by PRC) incorporated data from primary research (a community health survey) and secondary research from vital statistics and other existing health

ST. MARY MEDICAL CENTER
FY 2011 Community Benefit Report

related data including, but not limited to the California Department of Public Health, the Centers For Disease Control and Prevention (CDC) and the National Center for Health Statistics. The hospital and PRC developed a questionnaire based largely on the CDC’s Behavioral Risk Factor Surveillance System (BRFSS) as well as other public health surveys. The final survey instrument was developed with input from the hospital’s Community Benefit Committee and with hospital leaders working on achieving Stroke Designation. A survey sampling strategy was developed for the hospital’s service area where a stratified random sample of 400 individuals age 18 and older including 100 interviews each in the communities of Apple Valley, Hesperia and Victorville (n=300) and the remaining 100 interviews in the hospital’s secondary service areas of Adelanto and other zip codes. All administration of the survey with data collection and analysis was conducted by PRC. For statistical purposes, the maximum rate of error associated with a sample size of 400 residents is $\pm 4.9\%$ at the 95 percent level of confidence. A completed survey and presentation of findings was provided to SMMC by PRC. Both SJHS mapping and PRC health survey findings have been provided to San Bernardino County Public Health to assist in planning a San Bernardino County wide health assessment to start in late 2011 or 2012.

SMMC conducted a needs and assets survey following methodologies provided by SJHS. Data mapping identified community need at the zip code and block group level of the hospital's service area. Mapping of the hospital’s Community Service Area identified 90% of Victor Valley communities meeting the “Highest Need” ranking with portions of Phelan, Victorville as having “High Need”. Additional mapping by SJHS was completed using an Intercity Hardship Index (IHI) developed by the Urban & Metropolitan Studies Program at the Nelson A. Rockefeller Institute of Government. The IHI aggregates six socioeconomic indicators: Income Level, Crowded Housing, Unemployment, Education, Poverty and Dependency and assigns each Block Group a score from 1 (least need) to a 5 (highest need) to identify neighborhoods facing significant barriers to care. The process identified high need neighborhoods in each of the major communities the hospital serves. Currently the hospital serves all four high need communities with community clinics, mobile medical services and healthy community programs.

Findings from the PRC conducted health survey identified health priorities and recommended areas of intervention based on the information gathered through the health assessment and the guidelines set by Healthy People 2020. The hospital is in the final stages of developing a FY12-FY14 Community Benefit Plan with priority programs addressing: Access to Healthcare, Diabetes, Maternal & Infant Health and Nutrition and Overweight. Additionally, the hospital will award Care For The Poor Grants that include, but are not limited to, supporting Domestic Violence and assisting the homeless and unemployed. Feedback from residents discussing community needs with the hospital emphasis expanding access and the need for more employment. As of August 2011, the unemployment rate for the county was 14.1% one of the highest in the state.

Areas of Opportunity Identified in Hospital’s 2011 Community Health Needs Assessment
Access to Healthcare – Lack of insurance, Difficulty Accessing HealthCare Services, Emergency Room Utilization, Perceptions of local healthcare services
Cancer – Deaths (Lung, Prostate, Female Breast, Colorectal)
Diabetes – Deaths, Prevalence
Disability – Activity Limitations
Dementias – Alzheimer’s Disease Deaths

Education – Attendance at Health Promotion Events
Family Planning – Birth to teens
Heart Disease & Stroke – Deaths, Hypertension
Injury & Violence – Motor Vehicle Crash Deaths, Firearm-related Deaths, Homicides, Violent Crime, including Domestic Violence
Maternal & Infant Health – Prenatal Care, Low Birth-weight, Infant Mortality
Nutrition & Overweight – Fruit & Vegetable Consumption, Overweight/Obesity
Oral Health – Dental Visits (Adults)
Respiratory Disease – Chronic Lower Respiratory Disease Deaths, Pneumonia/Influenza Deaths
Substance Abuse – Cirrhosis/Liver Disease Deaths
Vision – Blindness/Trouble Seeing, Routine Vision Care

Patient Financial Assistance Program

The mission of SMMC is to provide quality care to all our patients, regardless of ability to pay. We believe that no one should delay seeking needed medical care because they lack health insurance. That is why St. Joseph Health System has a **Patient Financial Assistance Program** that provides free or discounted services to eligible patients. In FY11 the policy assisted 12,992 patients with an associated hospital cost of \$9,423,205, a 1.9% increase over FY10 totals.

SMMC provides patients a financial assistance program in accordance with the California Hospital Free and Discount Payment Program and the Hospital Fair Pricing Act of 2006. As required by SJHS the hospital's policy exceeds state requirements by offering financial assistance to patient's earning up to 500% of the Federal Poverty Level (FPL). The policy is designed with three discount payment options based on patient income. Free care is provided to patients with income up to 200% of the FPL; a sliding scale discount (using Medicare rates) is provided to patients earning 201% to 350% of the FPL and hospital charges not higher than Commercial PPO/HMO rates to patients earning from 351% to 500% of the FPL. Patient education on the policy begins at hospital admission. The hospital's Patient Services department is trained to educate patients on the policy in English and Spanish. The department also posts signage on the policy in English and Spanish. The hospital's lead Spanish language interpreter is trained to assist patients needing to use the program as this need surfaces during patient rounding. The hospital's business office and billing processes include information on the policy in English and Spanish during discussion of bills and payment. Community Health Department staff are trained to help their clinic patients qualify and use the hospital's program in the hospital's service area) reports the amount of financial assistance provided. The hospital reimburses physicians for their care to uninsured patients whether patients are cared for with acute care needs. The hospital also works with local physicians providing free or low cost primary and specialty care to low income and uninsured patients. The Health System enhanced its process for determining charity care by adding an assessment for presumptive charity care. This assessment used predictive modeling and public records to identify and qualify patients for charity care, without a traditional charity care application.

ST. MARY MEDICAL CENTER **FY 09 – FY 11 Community Benefit Plan:**

FY 11 CB Priority Initiatives

Initiative Name: Planning and Fighting Childhood Obesity for High Desert Children

Key Community Partner(s): Park and Recreation Programs of each city; School district wellness committees; Boys & Girls Club of Victor Valley, Healthy Communities Program of the San Bernardino County Public Health Department, local Head Start programs, Kaiser Permanente, Desert Valley hospital, and High Desert Resource Network.

Target Population: Overweight or Obese children living in high need communities of Adelanto, Apple Valley, Hesperia and Victorville

Goal: Reduce the prevalence of childhood obesity among High Desert children

How will we measure success?: Development of plan, implementation of obesity programs including schools, mothers self-reporting feeding infants breast milk, number of community partners addressing obesity.

Strategy 1: Identify evidence-based programs addressing childhood obesity and implement

Strategy Measure 1: # of evidence based programs implemented

Strategy 2: Expand community partners addressing childhood obesity

Strategy Measure 2: One school district partner willing to implement an evidence-based program; one school partner willing to advocate and/or implement on a policy change aligned with the County's Healthiest Communities program.

Strategy 3: Increase number of mothers providing breast milk to infant at least 50% of meals for up to six months

Strategy Measure 3: Number of mothers providing breast milk to infants at least 50% of meals through self reporting by mother

FY 11 Accomplishments:

Strategy 1: The hospital formed an obesity taskforce and developed two evidence based initiatives addressing pediatric obesity following expert recommendations of the childhood obesity committee of the American Academy of Pediatrics. The taskforce oversaw implementation of both programs. The school based Healthy For Life program was successfully implemented at five (5) local Head Start programs serving low income children in the communities of Adelanto, Apple Valley, Hesperia and Victorville. The program tracked 82 students, 19 of which were identified as having body Mass Index (BMI) ratings placing their health status at-risk due to being overweight or obese. By year end the program had successfully assisted 16.6% of at-risk children evidenced reductions in BMI and downward movement in a weight classification. The second evidence based initiative is physician referral of overweight or obese children to a Registered Dietitian to undergo nutritional counseling. By the end of FY11 four physician partners

referred 75 children and families with 23 families motivated to make changes to their eating and activity habits. This initiative has not yet set a target for success.

Strategy 2: The hospital significantly expanded the number of community partners (over 30) addressing childhood obesity through advocacy, policy enactment, programs or all three. Three active Healthy City campaigns are underway, engaging residents and community leaders on improving public access to healthier foods and low cost recreation. Three school systems are engaged on each Healthy City campaign and five Head Start programs are implementing the Healthy For Life initiative in their classrooms. A strong school advocacy partner to champion policy changes on what students eat or how well school PE is conducted has not been identified.

Strategy 3: The hospital is successfully tracking hundreds of mothers with life births discharged from the hospital and reporting the percentage of mothers providing breast milk for at least 50% of infant feedings as part of the hospital's Baby Friendly designation and as recommended by the Center For Disease and Control's (CDC) Healthy People 2020. As of March 2011 the percentage of mothers self reporting providing breast milk at 50% of infant feedings at six months was 26.5%. Data compiled by WIC for San Bernardino County report a 12.4% breastfeeding rate at 6 months. The hospital's breastfeeding initiative is a SJHS wide community benefit effort to design, implement and evaluate evidence based programs that yield measurable improvements in public health.

Initiative Name: Children's Health Insurance

Key Community Partner(s): Inland Empire Health Plan, First Five Commission of San Bernardino, San Bernardino County Public Schools, San Bernardino County Pre-Schools Division and local Head Start programs, La Salle Medical Clinic, Molina Health, San Bernardino County Medical Society, Kaiser, Loma Linda Medical Center, CHAN, St. John of God's Samaritan's Helping Hands.

Target Population: Uninsured children in across hospital's service area with particular emphasis working with partners in high need neighborhoods of Adelanto, Apple Valley, Hesperia and Victorville

Goal: Enroll 300 or more children per year

How will we measure success?: # of children enrolled or re-enrolled into safety net health insurance

Strategy 1: Increase access through community health insurance events

Strategy Measure 1: # of health insurance events

Strategy 2: Increase number of community partners enrolling or referring uninsured children

Strategy Measure 2: # of partners

FY 11 Accomplishments:

In FY11 the hospital enrolled or re-enrolled 951 children into safety net health insurance. The hospital conducted five (5) health insurance campaigns at Head Starts and conducted numerous outreach events at local school districts and pre-schools and two family resource centers located at public school sites. The hospital partnered with La Salle Medical Clinic in Hesperia to improve

the referral of families seeking low cost health insurance. The hospital is on Spanish speaking radio monthly providing public health service announcements which include providing information accessing low cost children's health insurance. The hospital's strategy of training local partners to be certified to enroll children into Healthy Families has stalled. After successfully training 8 school districts to enroll children, public schools have cut staff as a result of budget cuts. Additionally, the \$50 per child incentive (paid by the state of California's Healthy Families Program for enrollment of an uninsured child) has been eliminated. This is resulting in private clinics no longer hiring Healthy Family enrollers. As a result, the hospital has played the main role of enrolling children with partners serving as a referring agency.

Initiative Name: Community Clinic Primary Care

Key Community Partner(s): Inland Empire Health Plan, physicians, staff of hospital's ER, County Department of Public Health (Arrowhead Regional Hospital)

Target Population: Low income and uninsured persons

Goal: Increase # of primary care visits to clinics and Bright Futures Mobile Medical Service

How will we measure success?: # of primary care visits

Strategy 1: Increase access to primary care services to low income and uninsured adults

Strategy Measure 1: # of primary care visits

Strategy 2: Develop program for managing uninsured diabetics

Strategy Measure 2: # of diabetic patients in program

Strategy 3: Increase cancer detection services for women in underserved communities

Strategy Measure 2: # of exams provided

FY 11 Accomplishments:

The community health department successfully expanded their primary care practice and served 5,904 encounters in FY11. The department has also developed a comprehensive Diabetes program that is serving uninsured patients as well as patients to control their blood glucose levels. The program is being supported by Inland Empire Health Plan who has referred 200 high risk diabetic patients to the program. The department has also increased the number of cancer detection screening services with support of funds provided by the Susan G. Komen.

Initiative Name: Education and Youth Development

Key Community Partner(s): Yucca Loma Elementary School, Victor Valley Community College, Academy for Academic Excellence

Target Population: low income children and youth interesting in a career in healthcare

Goal: Provide mentoring encounters and healthcare education to 200 students

How will we measure success?: # of children mentored and completing health internships

Strategy 1: Increase at risk access to positive adult role models

Strategy Measure 1: # of mentor sessions

Strategy 2: Increase availability of healthcare occupations to high school students

Strategy Measure 2: # of students in program

Strategy 3: Help prepare future healthcare professionals by providing clinical experience

Strategy Measure 3: # of students in health care internships

FY 11 Accomplishments:

In FY11 the hospital provided 224 mentoring sessions to low income children at local elementary schools serving low income communities. Mentoring sessions were provided by hospital executives on a weekly basis. The hospital's Health Care program (named Discovery3) graduated 13 high school students many of whom plan to attend nursing or medical school. The hospital provided a clinical internship to a high school student now attending Medical School at Virginia Commonwealth University.

Initiative Name: Community Clinic Information Technology Capacity Building

Key Community Partner(s): Hospital's IT dept; technology vendors

Target Population: Low income patients served at community clinics and mobile van

Goal: Install new IT systems to improve capacity of clinics serving patients

How will we measure success?: # of systems implemented

Strategy 1: Evaluate and purchase and implement patient scheduling program will office billing capability

Strategy Measure 1: Training of clinic staff; installation of system

Strategy 2: Implement Prenatal Electronic Medical Record currently available on GS Qs System

Strategy Measure 2: # of staff hours for system implementation

FY 11 Accomplishments:

The department implemented CIELO Clinic, a chronic disease registry software application to assist management of the clinic's Diabetes patients. Staff have been trained and training continues to help develop standard work practices to optimize the program's use. Staff training and related work on using the system continue. The department has also made progress getting the Adelanto clinic "on the network" so it can interface with the hospital and other providers. This enhancement should be completed in FY12. The department will continue to upgrade its software applications as funding is approved.

Other Community Benefit Initiatives and Programs

Initiative Name: Hospital leaders providing community leadership

Key Community Partner(s): Over 20 local community organizations including, but not limited to The United Way, The Boys & Girls Club of the Victor Valley, A Better Way Domestic Violence Program, High Desert Domestic Violence, Sunset Hills Children's Foundation, Victor Valley Community Services Program, Victor Valley Community Dental Program, The High Desert Red Cross, Adelanto Community Resource Center, Apple Valley Christian Care Center, The Apple Valley Police Activity League, St. John of God Health Care Services, Westside Park Community Clinic, Meals on Wheels

Target Population: Community Organizations serving persons at-risk

Goal: Build leadership capacity of local community organizations

How will we measure success?: # of leaders engaged in community

FY 11 Accomplishments:

In FY 11 Hospital leaders averaged 8.03 community benefits per leader which is lower than the FY10 total of 10 events per leader. Hospital leaders continue to serve and build the capacity of local organizations serving persons in need. Hospital employees serving on a local shelter for battered women have helped lead the expansion of the program to include helping persons with food and rental assistance. Hospital leaders at St. John of God have helped the organization through a transition of leadership and to the expansion of programs serving the community. Leaders serving at the Victor Valley Community Services Dental program have strengthened the organization to secure additional grants providing much needed dental services.

Initiative Name: Prenatal Clinic Program (Healthy Beginnings)

Key Community Partners: referring agencies working with low income women

Target Population: low income and uninsured teens and mothers

Goal: Provide pre and post natal care to high risk mothers

How will we measure success?: Number of patient encounters

ST. MARY MEDICAL CENTER
FY 2011 Community Benefit Report

FY 11 Accomplishments:

The program provided 5,904 encounters to mothers and their infants. The program continues to meet or exceed quality of care measures identified for excellence in maternity care by Healthy People 2020. The program expanded operations in its Adelanto clinic to five days per week.

FY11 COMMUNITY BENEFIT INVESTMENT
ST. MARY MEDICAL CENTER
(ending June 30, 2011)

CA Senate Bill (SB) 697 Categories	Community Benefit Program & Services ¹	FY11 Financials
Medical Care Services for Vulnerable² Populations	St. Mary Medical Center Financial Assistance Program (FAP) (Charity Care-at cost)	\$9,423,205
	Unreimbursed cost of MediCal ³	(\$4,584,021)
	Unreimbursed cost s- other means-tested government programs	\$0
Other benefits for Vulnerable Populations	Community Health Improvements Services	\$3,418,884
	Community Building	\$1,054
	Cash and in-kind Donations	\$12,260
Other benefits for the Broader Community	Community Health Improvements Services	\$71,014
	Community Building	\$81,200
	Cash and in-kind contributions	\$2,044
	Community Benefit Operations	\$189,223
Health research, education, and training	Health Professions Education, Training and Research	\$16,488
TOTAL COMMUNITY BENEFIT (excluding Medicare)		\$8,631,311
Medical Care Services for the Broader Community	Unreimbursed cost of Medicare <i>(not included in CB total)</i>	\$8,713,235
TOTAL COMMUNITY BENEFIT (including Medicare⁴)		\$17,344,546

¹ Catholic Health Association-USA Community Benefit Content Categories, including Community Building.

² CA SB697: "Vulnerable Populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal (Medicaid), Medicare, California Children's Services Program, or county indigent programs. For SJHS, we exclude unreimbursed cost of Medicare as part of Community Benefit total and only include it below the line for SB697 reporting purposes.

³ Accounts for Hospital Fee.

⁴ Reported below the line per requirement of SB 697.

**Telling Our Community Benefit Story:
Non-Financial⁵ Summary of Accomplishments**

The hospital's CEO provided leadership to the board of the Apple Valley Chamber of Commerce and other hospital employees assist committees or boards of the Victorville Chamber of Commerce and the Adelanto Chamber of Commerce. Numerous hospital leaders are active with local Rotary.

⁵ Non-financial summary of accomplishments are referred to in SB 697 as non-quantifiable benefits.



St. Joseph Health System (SJHS) is an integrated healthcare delivery system providing a broad range of medical services. The system is organized into three regions-- Northern California, Southern California, and West Texas/Eastern New Mexico - and consists of 14 acute care hospitals, as well as home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics, and physician organizations. The ministries that comprise SJHS offer a wide variety of services within each of the three regions. From well-established acute care hospitals to clinics in non-traditional settings like class rooms, SJHS is establishing a "continuum of care," that is, a system that links and coordinates an entire spectrum of health services.