



St. Mary Medical Center

A Higher Level of Care

A member of CHW



St. Mary Medical Center

**Community Benefit Report 2011
Community Benefit Plan 2012**

TABLE OF CONTENTS

Executive Summary	3
Mission Statement	5
CHW Mission Statement	5
Organizational Commitment	6
Community	8
Definition of Community	8
Community Needs and Assets Assessment Process	10
Community Benefit Planning Process	10
Community Needs and Assets Assessment Process	10
Developing the Hospital's Community Benefit Report and Plan	11
Planning for the Uninsured/Underinsured Patient Population	13
Plan Report and Update including Measurable Objectives and Timeframes	14
Summary of Key Programs and Initiatives – FY 2011	14
Description of Key Programs and Initiatives (Program Digests)	16
Community Benefit and Economic Value	25
Report – Classified Summary of Un-sponsored Community Benefit Expense	25
Non-quantifiable Benefit	26
Telling the Story	26
Addendums	
A. St. Mary Medical Center Programs and Awards	27
B. Community Needs Index (CNI)	29
C. CHW's Financial Assistance/Charity Care Policy Executive Summary of Policy	30
D. Hospital Community Board & Community Benefit Advisory Committee	33

EXECUTIVE SUMMARY

St. Mary Medical Center (SMMC), founded in 1923 by the Sisters of Charity of the Incarnate Word, a member of the Catholic Healthcare West (CHW) system, is the only Catholic hospital in the Long Beach area. St. Mary Medical Center is a 389 licensed bed, non-profit medical center offering award-winning, quality medical services and continues to be funded as Disproportionate Share Hospital (DSH) with a significant level of indigent care. St. Mary Medical Center currently employs 1455 persons and has 432 active medical staff members. St. Mary Medical Center's Emergency Department features a life-saving trauma center, which is also the Base Station for the area. The Emergency Department had 50,492 visits in Fiscal Year 2011 with more than 21.4% of these visits for patients who are uninsured.

St. Mary Medical Center is a tertiary center that provides care throughout the spectrum of life, from prenatal and childbirth services to palliative care and cancer services. St. Mary is a level II trauma center, has a 24 bed intensive care unit, and a level III NICU with 25 beds. St. Mary Medical Center was recognized by US News and World Report in April 2011 for excellence in seven adult specialties: cancer; ear, nose, and throat; geriatrics; kidney disorders; neurology and neurosurgery; pulmonology; and urology. Please see Appendix A for more information.

In response to identified unmet health related needs as reflected in the community needs assessment, St. Mary Medical Center provides active inpatient as well as community outreach programs targeting the poor and underserved. For FY 2011, St. Mary Community Benefit activities focused on increasing access to care and management of chronic and infectious diseases with a concentration on Disproportionate Unmet Health Needs (DUHN) communities. Outreach to vulnerable communities is accomplished through the Senior Health Center, Low Vision Center, the C.A.R.E. Program (Comprehensive AIDS Resources and Education), Families in Good Health (FiGH), the Faith Health Resource Ambassadors, and other initiatives. In response to identified community needs, St. Mary opened the 4th Street Clinic at the Long Beach Senior Center on February 23, 2010, providing access to this diverse and DUHN community. These programs are St. Mary's commitment to the health and improved quality of life in our community. The total value of Community Benefit in FY 2011 was \$ 36,125,491 which includes the unreimbursed costs of Medicare of \$5,395,726.

St. Mary Medical Center actively addresses the issue of health care worker shortages through several means including a highly respected and competitive internal medicine residency program. St. Mary provides nursing clinical sites to colleges including California State University Long Beach, Long Beach City College, Cypress College, and Harbor College. Many other disciplines have students at St. Mary utilizing the expertise of staff while providing a nurturing and learning environment for the students. Through the COPE Program (Community Outreach Prevention and Education), St. Mary was able to offer an RN scholarship program through Long Beach City College. The Clinical Care Extender Program offers college and high school students an opportunity to learn about health care careers while providing volunteer service to St. Mary.

Examples of our commitment to living our mission include:

- The Low Vision Center provides free vision screening to more than 34 public and parochial schools in the greater Long Beach community as well as providing visionary aids at low cost to those with vision impairment.
- The CARE Program provides education on HIV Prevention and provides programs and services to those affected or infected with HIV and AIDS. Dental services is one of the key services provided, the only provider of HIV Dental Services in south Los Angeles county.
- The Faith Health Resource Ambassadors Program works with health ministries and parish nurses at the area church congregational level in providing education, bulletin information, health speakers, and health fairs/displays/screenings to more than 40 faith congregations in the greater Long Beach area.
- St. Mary “Life Begins Here” Childbirth Services provides the following services to more than 4600 expecting mothers: baby showers, tours of the maternal child unit education on what to expect when delivering, delivery suites, postpartum, and NICU, breastfeeding classes, childbirth education, car seats for low income clients, and specialized perinatology services to high risk pregnant mothers through the Antenatal Center. The Mary Hilton Family Health Center provides more than 20,000 visits annually.

MISSION STATEMENT

Our Mission Statement

As members of Catholic Healthcare West, we share a common mission statement: Catholic Healthcare West and our Sponsoring Congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- ◆ delivering compassionate, high-quality, affordable health services;
- ◆ serving and advocating for our sisters and brothers who are poor and disenfranchised;
and
- ◆ partnering with others in the community to improve the quality of life.

ORGANIZATIONAL COMMITMENT

St. Mary Medical Center realizes that the needs of the community's underserved are much greater than the resources St. Mary has to meet them which maximize the benefits of limited resources. The Community Benefit Advisory Committee (CBAC) of the Community Board has been an ongoing driver of community benefit priorities and helps to determine program targeting and design. These areas are reassessed and will continue to be reviewed based upon information available on a quarterly basis.

The committee is composed of community member representing the diversity of Long Beach including leaders from the following: Khmer Parent Association, Long Beach Ministers Alliance, Long Beach Health and Human Services, Long Beach Unified School District, Catholic Charities, and the Greater Long Beach Interfaith Community Organization. Members of the committee also include the Vice President of Mission Integration, the President of the St. Mary Foundation, and the Community Benefit Coordinator. The directors of the major community benefit programs attend as requested.

St. Mary Medical Center Administrative Leadership reviews all the community benefit programs, decides on continuation or termination, and makes the budget decisions with Community Board input. Administrative Leadership ensures that St. Mary Medical Center's strategic plan is aligned with the mission of St. Mary Medical Center and linked with the strategic plan to the community benefit process and priorities. Administrative Leadership reports the Community Benefit activities, programs, and focus on a monthly basis to the Community Board of St. Mary Medical Center. Their feedback molds the final budget decisions and consideration of the community benefit programs.

This Community Benefit Report and Plan is reviewed by and approved by Administrative Leadership, the Community Benefit Advisory Committee, and then submitted for approval to the Community Board of St. Mary Medical Center.

The Community Needs Assessment and other key information were the backdrop for ranking and prioritizing community needs based upon a medical model while taking into account the values as defined by our mission statement. During this process, St. Mary identified the following key areas for the Community Benefit focus for Fiscal Year 2010-2011 from the 2009 Long Beach Needs Assessment completed by the California State University Long Beach Investigators, Dr. Tony Sinay and Dr. Veronica Acosta de Perez:

- Access to health care specifically for the underserved and culturally diverse populations with a focus on women, children, and seniors;
- Chronic and infectious diseases such as HIV/AIDS.

These focus areas align the community benefit efforts with St. Mary Medical Center's Strategic Plan to enhance access to care through needed services such as the Mary Hilton Family Health Center, 4th Street St. Mary Medical Center Clinic, the CARE Program, pediatric, and trauma services. It was determined that the best strategies for addressing Access to Care and Chronic and Infectious Disease would include, but are not limited to:

- Strengthening and supporting health ministries within the community
- Providing assistance to those who are uninsured or underinsured frequent users of the Emergency Department and providing referrals and support to get them to

appropriate levels of care (EMPOWER Initiative). This RN, Case Management and patient navigation will continue to be a primary focus as it has proven to be cost effective in providing quality care to a population needing the services.

- Educating those that are affected with diabetes through the American Diabetes Association Certified Outpatient Diabetes Program. This program, offered in English, Spanish, and translated into other languages. The Program provides 10 hours of education which has proven to assist participants in reducing their hemoglobin A1C (92% of the clients accomplished this benchmark). The Diabetes Program provides a follow up at six months and a year to ensure successful management and quality of life for the client. The program also provides quarterly support groups for clients and their families to cope with this chronic disease.

St. Mary ensures the continuum of care by other not-for-profit organizations through collaborations and through the CHW community grants program. For FY 2011, \$96,246 in CHW Community Grants were funded through the St. Mary Social Accountability Committee to the following to help improve the well-being and quality of life in the community that St. Mary serves: 1) Alliance for Health and Housing that provides the basic necessities of life to men, women, children and families living with HIV/AIDS through a safety net of essential housing and direct supportive services; 2) Assistance League of Long Beach that provides orthodontic dental services to low income children, Long Beach Cares that provides dental services to low income children; 3) Goodwill Industries that provides healthcare entry level job training; 4) Long Beach Police Foundation Quality of Life Project that provides links to shelters for homeless clients; 5) Pathway Volunteer Hospice; 6) Wells House Hospice; and 7) Catholic Charities of Los Angeles. The CHW Community Investment Program invested in the St. Mary Medical Center service area by providing leverage debt in a New Market Tax Credit Investment for the North East Community Clinic, a Federally Qualified Health Care (FQHC) Center by the Health Resources and Services Administration (HRSA) and the Department of Health and Human Resources and a safety net provider through the Los Angeles County Department of Health Services Public-Private Partnership (PPP) program.

There are also countless ways in which St. Mary Medical Center makes difficult-to-measure contributions to improve the health status of our community. These non-quantifiable benefits take many forms, including nurturing grassroots community-based initiatives; lending the expertise of our people to community collaborative and boards; and actively advocating for the poor and underserved. St. Mary continues to provide leadership and assistance with community wide health planning in collaboration with other area hospitals and non-profit agencies. St. Mary Medical Center works to ensure the carbon footprint is minimal.

Administrative Leadership established the “Green Team” to promote awareness and initiate efforts at recycling and being responsible stewards. St. Mary collaborates with the Beacon House Association, a nonprofit, to recycle cardboard, glass, plastic, newspapers, and ink cartridges. In collaboration with Food Finders and the American Red Cross, St. Mary recycles cell phones. For FY 2011, St. Mary efforts were rewarded by receiving the Reducing Mercury in Healthcare Award from Practice Green Health, headquartered in Reston, VA.

COMMUNITY

DEFINITION OF THE COMMUNITY

St. Mary Medical Center is located in Long Beach, CA, the second largest city in Los Angeles County. St. Mary Medical Center also serves the surrounding communities of Wilmington, Carson, San Pedro, Seal Beach, Signal Hill, Lakewood, and Bellflower. St. Mary Medical Center's service area encompasses a population of more than 750,000 with 460,000 from Long Beach. The key factors in defining community were to utilize data based on the zip codes of St. Mary Medical Center patients. A greater need has been seen in populations that have been affected by the economic downturn. Overall, the St. Mary's Service Area has regions that are economically challenged, have a great deal of homeless, and have an influx of transitory populations; many of these neighborhoods and communities are below the poverty level and are considered underserved. Access to care and services, perceived barriers to existing services, lack of insurance, mental health services, diabetes, drug and alcohol abuse, and childhood obesity are some of the major health concerns (LBHNA, 2009). These low income and underserved areas are growing and are a major concern to St. Mary Medical Center from a health perspective.

Long Beach is one of the most diverse cities in the nation. St. Mary Medical Center is proud to serve such an ethnically diverse community with varying languages and cultural backgrounds. In the greater Long Beach area, almost 19.3% of the residents are reported as living below the federal poverty level. The senior population, or those over 65 years of age, accounts for about 9.3% of the population of Long Beach and almost 12% of the service area while nearly one-third of the service area is below age 19. The median household income in Long Beach, California is \$47,974 which is almost 15% lower than that of Los Angeles County. Zip codes served by St. Mary have widely fluctuating household income levels as demonstrated by the latest census figures. St. Mary Medical Center has 72.2% of patients who are uninsured or who receive Medicaid (MediCal) as compared to the Long Beach Health Department statistic of 43% of the population either having no insurance, MediCal, or Healthy Families. The St. Mary's Service Area has a population that has obtained lower levels of education than the county as a whole and has a population which is heavily composed of recent immigrants including monolingual Spanish, Khmer (Cambodian), and Vietnamese. Other large groups include those from Tonga, Samoa, and the Philippines. A primary language other than English was spoken in well over 49% of the surrounding households.

Long Beach is home to one of the largest gay and lesbian populations in Los Angeles County. The increasing needs of the gay and lesbian communities overlap with many of the other communities within our service area. Long Beach has a higher prevalence rate of AIDS than the County of Los Angeles and the State of California. The AIDS rate for the City of Long Beach is about 28 per 100,000, or almost double the national rate.

In Long Beach, the poorest residents have been severely impacted by the recession and the elimination of programs and services that local governments are no longer able to fund. The growing gap in needed services has placed at risk the health of thousands of underserved individuals and families who are now turning to emergency departments for basic non-acute medical services because they have lost or lack a primary care provider.

The hospitals estimate that 30% of ED admissions could be avoided if only patients had adequate access to care. According to the Long Beach Unified School District (LBUSD), in 2010-11 school year, 70.3% of all students attending classes received or were eligible to receive free or reduced cost meals from the school district based on their family income level.

The Community Need Index (CNI), which is a tool standardized by Catholic Healthcare West (CHW), provides a “picture” of the community need and access to care. The CNI aggregates five socioeconomic variables by zip codes, which have demonstrated a link to health disparity (income, language, education, housing and insurance coverage). The scale is 1-5; higher the score, the greater the need for services. The St. Mary CNI average is 3.97 for the entire primary and secondary service area with more than 15% of the areas being 5. Please see Appendix C for the CNI map of St. Mary Medical Center’s Service Area.

Medically Underserved Areas/Populations (MUA/P) are areas or populations designated by Health and Resources Service Administration (HRSA) of the U.S. Department of Health and Human Services as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. St. Mary Medical Center Service Area is situated in areas that are mostly MUA/P including North Long Beach, Central Long Beach, West Long Beach, the Port including Wilmington, and Compton.

The greater Long Beach service area is fortunate to have several hospitals including Los Angeles County Harbor General, Los Angeles County Rancho Los Amigos Hospital, Veterans Administration Long Beach System, a free standing for-profit facility Pacific Hospital of Long Beach, two Tenet hospitals—Lakewood Regional Medical Center and Los Alamitos Medical Center, and three Memorial Care facilities—Long Beach Memorial Medical Center, Miller’s Children’s Hospital, and Community Hospital of Long Beach. The greater Long Beach area also has the Los Angeles County Long Beach Comprehensive Health Center which is a LA County Clinic. There are several not for profit “free” clinics including, The Children and Family Clinics, North East Community Clinics, Wilmington Community Clinics, and Westside Neighborhood Clinic. Long Beach also has its own Health and Human Services Department which, while affected by the budget shortfalls, still provides greatly needed services to the Long Beach area and is a strong community partner with St. Mary to improve the health of the community.

Access to care for the patient populations in the greater Long Beach area has advanced to a state of crisis. To respond effectively requires collaborative problem solving at the community level. Nonprofit health providers – large and small – work together to leverage resources and maximize health assets in innovative ways to restore what has been lost, enhance what still exists and ensure sustainable health programs and services are available over the long-term to populations that need them the most. Community-based collaboration has been a priority for St. Mary Medical Center and will continue to drive community benefit efforts in the future.

COMMUNITY BENEFIT PLANNING PROCESS

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS

St. Mary Medical Center partnered with Community Hospital of Long Beach and Long Beach Memorial Medical Center/Miller's Children's Hospital to conduct the tri-annual Community Needs Assessment. The collaboration contracted with California State University Long Beach's Professors Tony Sinay, Ph.D. of the Health Care Administration Department and Veronica Acosta-Deprez, Ph.D. of the Public Health Department. This 2011 Community Benefit Report and 2012 Plan were developed based on the 2009 Long Beach Community Health Needs Assessment. The role of the partners was to fund the project and provides information as requested. The partners also assisted in conducting the Key Informant Survey and the Long Beach Health Needs Assessment Survey which were completed by more than 450 people.

The Long Beach Health Needs Assessment (LBHNA) included the Key Informant Survey Data, Long Beach Health Needs Assessment Data, California Health Interview Survey (CHIS)-2003 Data, and many other secondary data collected from partners and stakeholders with the overall purpose being to determine the health issues, the accessibility to services, strengths and weaknesses of services and the gaps that exist. The LBHNA provided information on the entire demographic area served by the partners. The information was synthesized in an executive summary, highlighting the areas of greatest need. The 2009 survey instrument was developed through an iterative process and consisted of twenty-seven questions covering topics such as; population demographics, health concerns affecting adults, teens and children and access to services and providers. The survey instrument was provided in both English and Spanish languages and was self-administered through a convenience sample at community forums, events and health fairs within the city of Long Beach from July through November, 2009. The total number of survey participants was 481. Zip code analysis was undertaken to determine significant gaps in less and most vulnerable areas. Key informant survey was administered using web technologies and 16 key informants responded to the survey. The Survey was designed to collect data related to the health care needs within the Long Beach community. In addition to the general population health needs questions, the key informants were asked about the top five health problems affecting gays and lesbians, homeless, working poor, uninsured, undocumented, and the physically and mentally disabled populations living in Long Beach.

Findings of the LBHNA indicate that while the greater Long Beach area contains excellent healthcare resources, unmet health-related needs exist. The diversity of the population creates inconsistent healthcare needs that are difficult for any one hospital or healthcare organization to meet. Although the study clearly defines the diversity of the population, there are repeating health needs for multiple subgroups that can be addressed in a global manner. The greatest unmet needs included: lack of insurance and financial access including access to health resources; pregnancy—including not meeting Healthy People 2010 goals of early prenatal care, teen pregnancy reduction, and low birth weight infants for the greater Long Beach area. Diabetes, cancer, HIV/AIDS rates, and asthma along with other chronic diseases are increasing. Another need that presented was information

about exercise and nutrition to live healthier. Obesity was rated among the top five health issues for children.

St. Mary Medical Center in collaboration with Long Beach Memorial Medical Center, Miller's Children's Hospital, and Community Hospital of Long Beach made the Long Beach provided the Long Beach Health Needs Assessment to the community through community partners, elected officials and leaders. The LBHNA was provided electronically pdf through email and on a DVD, and hard copies were provided to leaders throughout the community.

Several communities within the greater Long Beach area have been identified to have Disproportionate Unmet Health Needs (DUHN). Communities with DUHN are defined as either having a high prevalence or severity for a particular health concern to be addressed by a program activity or as community residents who face multiple health problems and who have limited access to timely, high quality health care. These communities include older or aged Khmer, pregnant and parenting teenagers especially in the 90813 zip code, the gay/lesbian/bi-sexual/transgender communities, and those that live at or below 200% of the poverty level.

The Community Need Index (CNI), which is a tool standardized by Catholic Healthcare West (CHW) provides a "picture" of the community need and access to care. The CNI aggregates five socioeconomic variables by zip codes, which have demonstrated a link to health disparity (income, language, education, housing and insurance coverage). The scale is 1-5; higher the score, the greater the need for services. The St. Mary CNI average is 3.97 for the entire primary and secondary service area and more than 15% of the areas being 5. Please see Appendix C for the CNI map of St. Mary Medical Center's Service Area.

St. Mary participated with COPE (formerly Community Outreach Prevention and Education), Health Solutions Long Beach Regional Assessment whose purpose was to gain a better understanding of systematic barriers to care for patients within the Long Beach area and identify opportunities for collaborative solutions. The recommendations were to build increased access to outpatient care (*The right care, at the right place, at the right time*). St. Mary also participated with several smaller asset mapping endeavors including the healthycity.org that the City of Long Beach Health and Human Services assisted in populating. The greater Long Beach area is rich with resources even in these tough economic times. The challenge is getting those who need the resources knowledge and access to them. Education on preventative care needs to be a focus along with coordinated care management for those with chronic diseases and frequent utilizers of emergency departments for ambulatory sensitive conditions.

Developing the Hospital's Community Benefit Report and Plan

The process of developing St. Mary Medical Center's Community Benefit Report and Plan took several steps. The process that was utilized for prioritization of needs for the Community Benefit program was to identify needs that could possibly be addressed by St. Mary Medical Center and its collaborative partners. The Community Benefit Advisory Committee spent several sessions determining, with the existing resources, which of the

multitude of issues could be effectively addressed with at least with some success within the next year. The factors that were considered in this process of identifying priorities included the size and severity of the problems. Also, high utilization rates of those with diabetes as a co-morbidity and that St. Mary has the existing expertise and capacity to assist clients to achieve a better quality of life when living with the chronic diseases in collaboration with our community partners like Long Beach Health and Human Services and community clinics.

St. Mary Medical Center has determined that the health priorities that will be focused on are as follows: Access to care and Chronic Disease including HIV.

St. Mary Medical Center currently has existing resources and expertise to create access to care for these issues. These identified health issues will be addressed by advocating in the community and linking clients to these and other programs through education at health fairs, partnering with faith communities, and partnering with other community based organizations. These existing Community Benefit programs and services include CARE (Comprehensive AIDS Resources & Education) Program, Imaging Center, the Low Vision Center, St. Mary Senior Center, Faith Resource Health Ambassadors, the EMPOWER Initiative, and Families in Good Health (FiGH.) These programs have been enhanced as a result of the Community Needs Index (CNI) which assisted SMMC in identifying the areas that should be targeted for outreach with the limited resources available. The vulnerable populations being focused on are those with limited English proficiency, including new immigrants, uninsured, underinsured, and communities of color. By offering screening and linkages to existing services, St. Mary Medical Center is helping to contain costs by the reduction of the need for emergency room services and by helping to promote a generally healthier community.

Disproportionate Unmet Health Needs (DUHN) communities are defined as having a high prevalence or severity for a particular health concern to be addressed by a program activity, or community residents who face multiple health problems and who have limited access to timely, high quality health care. For St. Mary's Service Area, the DUHN Communities include Seniors, African American, Latinos (particularly monolingual Spanish speaking), and Asian American (particularly Khmer, Vietnamese, and Filipino), which have a high incidence of diabetes, heart disease, and other chronic diseases along with barriers/lack of access to care. The lesbian, gay, bi-sexual, transgender(LGBT) community has a high rate of HIV and tobacco use. This information was obtained from the LBHNA, Long Beach Health and Human Services, the Long Beach Senior Center, and the Center Long Beach also known as the Gay and Lesbian Center of Greater Long Beach.

While St. Mary does have an outpatient Geropsychiatric program, Passages, that provides for counseling for those with Medicare and insurance, St. Mary is not able to address the identified need of mental health counselors throughout the community in multiple languages. While St. Mary has funded some programs through our CHW grants, St. Mary does not have the capacity or resources to provide before and after school programs. St. Mary does partner with other groups by providing space for such programs like Khmer Parents Association Khmer Youth Reaching Out that works with high-risk youth through after school tutoring and leadership classes.

Planning for the Uninsured/Underinsured Patient Population

According to Long Beach Department of Health and Human Services, approximately 78,000 persons, including 14,000 children in the city of Long Beach, are uninsured. It has been estimated that more than 35% of the women over 40 have not had a mammogram. Linkage to resources for which St. Mary has existing services, is key to reducing or eliminating the problem of access to care.

St. Mary Medical Center adheres to Catholic Healthcare West's Patient Financial Assistance Policy. Catholic Healthcare West (CHW) is committed to providing financial assistance to persons who have health care needs and are uninsured, under-insured, ineligible for a government program, and are otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, CHW strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with CHW's procedures for obtaining financial assistance and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services. (*Please see Addendum C.*)

St. Mary offers Payment Assistance to all uninsured patient's who seek treatment through the Registration and Admitting Department. St Mary has information in English and Spanish posted in public areas, all registration waiting rooms, the cafeteria, emergency department, and admitting. Each patient receives a pamphlet describing the program regardless of their coverage. On each billing statement sent to the patient's home, there is documentation about the financial assistance program and how to apply.

Assistance is offered for applying for public health coverage programs, discounts, and payment plans are offered for uninsured patients. St. Mary has worked to inform the public of the Financial Assistance/Charity Care policy through its work with the Ambassadors/Health Ministries of the faith communities, our St. Mary Clinics, and community partners by providing information and discussion regarding the policy and how to access the assistance.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Summary of Key Programs and Initiatives – FY 2011

Below are the major initiatives and key community based programs operated or substantially supported by St. Mary Medical Center in fiscal year 2010-2011. Programs intended to be operating in fiscal year 2012 are noted by *. Programs were developed in response to the current Community Health Needs Assessment and are guided by the following five core principles that Catholic Healthcare West adopted recommended by the “Advancing the State of the Art in Community Benefit” project that guide the selection and prioritization of Community Benefit program activities. These core principles are:

- **Disproportionate Unmet Health-Related Needs**
Seek to accommodate the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention**
Address the underlying causes of persistent health problems.
- **Seamless Continuum of Care**
Emphasis on evidence-based approaches by establishing operational linkages (i.e., coordination and re-design of care modalities) between clinical services and community health improvement activities.
- **Build Community Capacity**
Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance**
Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Initiative I: Access to Care

- Charity Care for uninsured/underinsured and low income residents*
- CARE Program (HIV/AIDS)*
- Psychiatric Care through College Hospital for Indigent Patients*
- Clinical experience for medical professional students including physician, nursing, social work, physical therapy, pharmacy, respiratory, and radiology*
- Emergency Department Physician Services for Indigent Patients*
- CHW Community Grant Program-Assistance League of Long Beach (Children Dental)
- CHW Community Grant Program-Long Beach Cares (Children Dental)
- Mary Hilton Family Health Center: Community Clinics*
- St. Mary Family Clinic *
- 4th Street St. Mary Medical Center Clinic*
- Faith Health Resource Ambassadors (Faith Congregation Health Ministry Support)*
- CHW Community Grant Program-Pathway Volunteer Hospice
- CHW Community Grant Program-Wells House Hospice
- CHW Community Grant Program-Long Beach Police Foundation “Quality of Life” (Homeless)

- “Life Begins Here” Childbirth Services*
- Senior Center Education and Screenings: Health Promotion/Disease Prevention including Flu Shots*
- Low Vision Center*
- Imaging Center: Every Woman Counts and Komen Fund Mammography for Low Income and Indigent Patients*
- St. Mary Medical Center Transportation Program*
- EMPOWER Initiative*

Initiative II: Preventing and/or Managing Chronic Health Conditions

- Well Check Program Community Health Fairs*
- CARE Program (HIV/AIDS)*
- Quality of Life Cancer Support Group*
- CHW Community Grant Program-Alliance for Housing and Healing (HIV/AIDS)
- CHW Community Grant Program-Catholic Charities of Los Angeles (Housing)
- CHW Community Grant Program-Goodwill Industries (Workforce)
- Senior Center Education and Screenings: Health Promotion/Disease Prevention including the Chronic Disease Self Management Program*
- Health Resource Ambassadors (Faith Congregation Health Ministry Support)
- Families In Good Health (FIGH)*
- St. Mary Outpatient Diabetes Program*

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Committee, Executive Leadership, the Community Board and Catholic Healthcare West receive quarterly updates on program performance and news.

The following pages include Program Digests for a few key programs that address one or more of the Initiatives listed above.

PROGRAM DIGESTS

Senior Health Services (Senior Health Program and the 4 th Street Clinic)	
Hospital CB Priority Areas	<ul style="list-style-type: none"> X Access to health care specifically for the undeserved and culturally diverse populations with a focus on women and children and seniors X Chronic and infectious diseases including HIV/AIDS
Program Emphasis	<ul style="list-style-type: none"> X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	The Community Needs Assessment identified Seniors as a vulnerable community and access to services as being a major barrier to health.
Program Description	<p>The Senior Health Program assists those 55 years of age or older. Ongoing services include: free health education classes and workshops, free health screenings, complimentary hospital parking and transportation, low cost exercise classes and massage sessions, complimentary computer training and access to a copier and fax, as well as a well-stocked resource center including “books on loan.” For Fiscal Year 2011, there were 11,846 members with a newsletter mailing list of 22,000.</p> <p>The Senior Health Center-Community Resource Center helps ensure quality health care to seniors through education, referral and screenings. Services include:</p> <ul style="list-style-type: none"> ▪ Chronic Disease Self Management Program (CDSMP)—Based on the Stanford Model, this proven program is offered to the community in English, Spanish, and Khmer. ▪ Insurance counseling—assisting seniors to clarify insurance needs, issues, and concerns. ▪ Hospital and community referral service – assist customer with access to hospital and community services and programs in the greater Long Beach area. ▪ Free Health Resource library – books for loan to seniors, as well as a wealth of health literature available for seniors, or adults of any age. ▪ Internet Access for computer beginners—lessons for seniors on using Internet to research health resources. Computers available to practice computer skills before investing on the purchase of a computer. ▪ Fitness program, taught by SMMC Physical Therapy department, includes: Fall Prevention class, two days per week – a one-on-one; Balance class, two days per week – five-to-one; SeniorFit exercise class, three days per week – 35-to-one. ▪ Free monthly health screenings include: fall risk assessment, foot check, blood pressure, hearing, cholesterol, glucose, ultrasound of the carotid artery, abdominal aortic aneurysm ultrasound, bone density, PVD screening. ▪ Health and Wellness conferences— offered quarterly, which focuses on different diseases, such as breast, prostate, heart, etc., with an emphasis on wellness. ▪ Estate Planning and Financial Counseling assisted seniors with financial issues and retirement planning. ▪ Advanced directives assistance—assisting seniors with filling out necessary paperwork for health care directives before the need for hospitalization. ▪ Transportation service—free van service for seniors, which transports them to and from hospital and medical appointments.

	<ul style="list-style-type: none"> ▪ Coffee talk with the doc—informal monthly health lecture breakfast and Q&A session ▪ Monthly Nutrition education class—basic nutrition classes to help seniors learn to eat healthfully. ▪ Monthly low cost excursions — build camaraderie among the seniors, and promote companionship, as well as opportunities to make new acquaintances. ▪ Income tax preparation—free income tax preparation for those with incomes below \$40,000. <p>Senior Connections is a support/referral program that is designed with the older adult in mind. Individuals who are 55 and older may be eligible for linkage and referral services for, but not limited to: recreational activities, health-related services and social services.</p>
FY 2011	
Goal FY 2011	Our goals for 2011 were to develop new avenues to increase community awareness of access to care and chronic disease management by education through the Senior Services program; expand outreach to our diverse ethnic population; and improve access to care and program information for individuals. Senior Connections goal was to utilize, better coordinate and expand existing services to provide increased benefit to seniors in Long Beach so that they can maintain healthy, independent and long lives.
2011 Objective Measure/Indicator of Success	80% of participants will report an increase of knowledge after attending and/or participating in the lectures, events, and workshops.
Baseline	Meeting the needs of an increasing vulnerable population of elderly seniors whose quality of life diminishes with cuts in public funding and grants; as seniors age physical and health related issues increase and challenge independence.
Intervention Strategy for Achieving Goal	Work with Long Beach senior housing facilities to implement a citywide program for seniors with an emphasis on wellness and fitness. This will include a monthly health screening and education lecture.
Result FY 2011	St. Mary Senior Services hosted over 65 community education lectures and events and provided over 45 health and wellness screenings in the community. St. Mary Senior Services including Senior Connections served 7,126 persons in FY2011. Through these endeavors we have increased awareness of SMMC programs and services, provided information regarding our physicians, facilitated access to health care, and provided a better quality of life and empowerment for the participants. 84% of sampling of participants reported an increase of knowledge after attending and/or participating in the lectures, events, and workshops.
Hospital's Contribution / Program Expense	Net expense for the program was \$354,735.
FY 2012	
Goal 2012	Our goal for 2012 is to develop new avenues to increase community awareness of SMMC and the Senior Services program; expand outreach to our diverse ethnic population; and improve access to care and program information for individuals.
2012 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> ▪ 80% of participants will report an increase of knowledge after attending and/or participating in the lectures, events, and workshops. ▪ Administer at least 1,100 health screenings to seniors, at community outreach events and health fairs. ▪ Provide low-cost Fall Prevention classes to 24 seniors. ▪ Provide low-cost exercise classes: Balance Training classes to 65 seniors, SeniorFit exercise classes to 400 seniors and T'ai Chi Chih classes to 95 seniors. ▪ Provide low-cost Reiki and General Massage to 300 seniors. ▪ Coordinate 12 low-cost travel excursions, attended by at least 500 seniors. ▪ Provide mental health support to 60 seniors, through the Passages program.

	<ul style="list-style-type: none"> ▪ Provide low-cost Vegan Cooking classes to 120 seniors. ▪ Provide low-cost Mature Drivers Education classes to 100 seniors. ▪ Provide 36 Health and Wellness education classes for 3,000 seniors. ▪ Distribute 12 Senior Newsletters to 22,000 clients. ▪ Senior Connections Objectives include to have home visitations and follow-up calls with 45 seniors, and case manage their navigation to resources
Baseline	Seniors are still at risk of poor health outcomes due to lack of access and resources. The Senior Center and Senior Connections helps to bridge this gap.
Intervention Strategy for Achieving Goal	We plan to implement a monthly email Senior Health newsletter, which will allow immediate access to program information, thereby increasing attendance at health lectures and screening along with continuing to work with current partners.
Community Benefit Category	A1a Community Health Education- Lectures/Workshops, A2d Community Based Clinical Services –Immunizations/Screenings

Low Vision Center	
Hospital CB Priority Areas	<ul style="list-style-type: none"> X Access to health care specifically for the underserved and culturally diverse populations. Focus on all age groups 5 through 105 years of age. X Chronic and infectious diseases including HIV/AIDS
Program Emphasis	<ul style="list-style-type: none"> <input type="checkbox"/> Disproportionate Unmet Health-Related Needs X Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Uninsured and underinsured care with chronic disease including those that are visually impaired and their families
Program Description	<p>The St. Mary Low Vision Center provides the following services:</p> <ul style="list-style-type: none"> ▪ Near and distance, binocularity, farsightedness, color perception and level of acuity testing performed ▪ Assistance in the selection of appropriate aids ▪ Training in the use of optical aids ▪ Training in the use of electronic video equipment (CCTV's) ▪ Education through Independent Living Skills Classes ▪ Seminars ▪ Health fairs ▪ Free vision screenings to 32 area schools ▪ Free vision screenings to community agencies and local companies ▪ Instruction given to maximize remaining eyesight to regain useful and productive lives. <p>The current situation in the community is such that once the ophthalmologist can no longer assist a patient with eye care management, the patient finds him/herself searching for other avenues of assistance with their visual impairment.</p> <p>The Center has become the final opportunity for the patient to seek help. Employees at the Center provide a continuum of care and counseling to the patient. Classes are specifically designed to educate the visually impaired in adaptation to the environment, communication with others, solving and simplifying common problems through lifestyle changes.</p> <p>Although our services are free of charge to all who visit, a small donation is solicited at the end of each scheduled appointment. 100% of all contributions are used to fund our annual school screening program, lectures, Independent Living Skills classes, newsletters, annual luncheon and fair, and the acquisition of new and innovative products for the use of our patients.</p>

	Individuals of low income status are especially grateful to be able to access free services such as consultation and counseling, educational classes, lectures, and health fairs. The value of services offered and the array of inventory offered cannot be understated. The Center is centrally located between Los Angeles and Orange County. Patients come from as far away as Oregon and New York City.
FY 2011	
Goal 2011	The goal of the St. Mary Low Vision Center is to improve the quality of life for those with low vision through classes and aids and to improve the detection of low vision in children and adults through vision screening and referrals
2011 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> ▪ The majority of the Center's patients are senior citizens with fixed incomes. Awareness of free services will be increased during FY 2011. ▪ The St. Mary Low Vision Center expects to exceed its patient census goal for 2011 by 10%. ▪ Future plans for marketing, lectures of specific interest to patients and the public, physician contacts and referrals for populations of low income have already begun to be established. ▪ Greater awareness within the community of vision care and education will be undertaken through advertising ▪ The acquisition of future grants for equipment for use in the public and private schools is currently underway. <p>Measure of success is obtained through computer data, feedback from patients and the public, businesses and physicians.</p>
Baseline	<p>The current situation in the community remains the same as in previous years. Individuals continue to seek assistance with eye care management once they can no longer be helped by their ophthalmologist.</p> <p>The Low Vision Center is a not-for-profit organization. Although our services are free of charge to all who visit, a small donation is solicited at the end of each scheduled appointment. 100% of all contributions are used to fund our annual school screening program, lectures, Independent Living Skills classes, newsletters, annual luncheon and fair, and the acquisition of new and innovative products for the use of our patients.</p> <p>Individuals of low income status are especially grateful to be able to access free services such as consultation and counseling, educational classes, lectures, and health fairs. The value of services offered and the array of inventory offered cannot be understated. The Center is centrally located between Los Angeles and Orange County. Patients come from as far away as Oregon and New York City.</p>
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Build community awareness through health fairs, marketing, lectures, & advertising. 2. Increase contact with physicians to promote the Low Vision Center's services. 3. Increase visits to senior centers for promotion of services. 4. Increase visits with rehab centers and hospitals for promotion of services. 5. Acquisition of grants for new and innovative technology for redistribution to the visually impaired. 6. Refresh established programs.
Result FY 2011	4,108 children were screened within the schools in the LBUSD in fiscal year 2011; The Low Vision Center serviced an additional 2,032 clients in fiscal year 2011 Total served 6,140 persons.
Hospital's Contribution / Program Expense	\$364,931
FY 2012	
Goal FY 2012	The goal of the St. Mary Low Vision Center is to improve the quality of life for

	those with low vision through classes and aids and to improve the detection of low vision in children and adults through vision screening and referrals.
2012 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> ▪ The majority of the Center's patients are senior citizens with fixed incomes. Awareness of free services will be increased during FY 2012. ▪ The St. Mary Low Vision Center expects to exceed its patient census goal for 2012 by 10%. ▪ Greater awareness within the community of vision care and education will be undertaken through advertising at events and screenings <p>Measure of success is obtained through computer data, feedback from patients and the public, businesses and physicians.</p>
Baseline	The current situation in the community remains the same as in previous years. Individuals continue to seek assistance with eye care management once they can no longer be helped by their ophthalmologist.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Build community awareness through health fairs, marketing, lectures, & advertising. 2. Increase contact with physicians to promote the Low Vision Centers' services. 3. Increase visits to senior centers for promotion of services. 4. Increase visits with rehab centers and hospitals for promotion of services. 5. Acquisition of grants for new and innovative technology for redistribution to the visually impaired.
Community Benefit Category	A2e Community Based Clinical Services—Ancillary/other clinical

Outpatient Diabetes Education Program (American Diabetes Association Certified)	
Hospital CB Priority Areas	<input type="checkbox"/> Access to health care specifically for the underserved and culturally diverse populations with a focus on women and children and seniors <input checked="" type="checkbox"/> Chronic and infectious diseases including HIV/AIDS
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	<p>Lifestyle related and ambulatory sensitive conditions Rate for diagnosed diabetes: California = 7% Community population incidence rates: Latino = 8.7%; African American = 7.9%; Seniors 65+ incidence rate: California = 17.5%; Latino Seniors 65+ incidence rate: California = 30%</p> <p>The prevalence of diabetes among the adult population in Los Angeles County is 7% (Los Angeles County/Department of Health Services, 2004e). This is nearly three times higher than the Healthy People 2010 objective of 2.5%. The prevalence is higher among American Indians (12%), Latinos (12%) and African Americans (10%) compared to Whites (6%) and Asian/Pacific Islanders (5%) and higher among low-income groups (LAC/DHS, 2004e). The highest prevalence of diabetes was among adults aged 65 years and older, where one in five reported having been diagnosed with diabetes.</p> <p>Among adults who were obese, the prevalence of diabetes was nearly five times higher than those not overweight or obese. Nationally, 90-95% of diagnosed diabetics have type 2 diabetes with an adult onset. Estimates suggest that one out of every three adults with diabetes has not yet been diagnosed.</p>

	<p>Diabetes, the sixth leading cause of death in the U.S. (Centers for Disease Control and Prevention, 2004c), is associated with cardiovascular conditions such as heart disease and strokes. Persons with diabetes are also three times more likely to die from pneumonia or influenza. Heart disease is the leading cause of death among persons with diabetes. Heart disease and stroke account for approximately 65% of deaths among people with diabetes.</p> <p>Diabetes is the fourth leading cause (age-adjusted) of mortality in the service area. Between 1990 and 2000 there was an increase of 53% in diagnosed diabetes, suggesting a growing health care condition in L.A. County. Nationally, it is expected that diabetes among Latinos will increase by 100% between 2002 and 2020. In the greater Long Beach area, more than 8% of the population is diabetic, according to the Long Beach Health and Human Services Diabetes</p> <p>Prevention and Management Program. Diabetes affects a greater portion of the population in the Latino (16% for Los Angeles County of those over 40 years old), African American (13%), Pacific Islander, and Native American.</p> <p>As previously discussed, Long Beach has an AIDS rate that is double the national rate with higher prevalence than the County of Los Angeles and State of California.</p>
Program Description	Consists of 4 classes—either group or 1 on 1 teaching. Covers nutrition, basics of diabetes, exercise, control of blood sugars. Involves certified diabetic educator, registered dietitian, pharmacist and physical therapist.
FY 2011	
Goal FY 2011	To improve patient self-management and knowledge of diabetic care, decrease hospitalization related to diabetes out of control, and to expand the number of clients seen. We would like to double our classes.
2011 Objective Measure/Indicator of Success	We measured by follow-up session 3 months post education, and 1 year follow up. Also quarterly support group, calls to patients, questionnaires to assess understanding and compliance, and by number of patients re admitted
Baseline	We are a very culturally diverse community and diabetes has highest occurrence among African Americans and Hispanics and Asians. This is the majority of our clients.
Intervention Strategy for Achieving Goal	We did more marketing through physicians' offices, had a luncheon for office staff and publicizing on cable and in Press Telegram. We are making referral forms easily accessible to physicians in hospital.
Result FY 2011	More than 90% of the clients have seen a decrease in the Hemoglobin A1C three months post intervention in response to attending the classes. Total number of units of service 190.
Hospital's Contribution / Program Expense	\$65,365
FY 2012	
Goal 2012	The plan is to increase classes to 4 days. Also add additional group class on Wed from 4-6:30 in Spanish and English.
2012 Objective Measure/Indicator of Success	Follow up class in 3mos and 1 year. Obtain new A1c level every 6 mos.
Baseline	The need in the community and we know lifestyle changes results provide in less complications.
Intervention Strategy for Achieving Goal	New A1c level in 3 month post education and using AADE7 Goals to evaluate progress in 3mos and 1yr. Plans to reach out to clients that do not have insurance including community clinics.
Community Benefit Category	A1e Community Health Education-Self Help

CARE (Comprehensive AIDS Resource Education) Program	
Hospital CB Priority Areas	<p>X Access to health care specifically for the underserved and culturally diverse populations with a focus on women and children and seniors</p> <p>X Chronic and infectious diseases including HIV/AIDS</p>
Program Emphasis	<p>Please select the emphasis of this program from the options below:</p> <p>X Disproportionate Unmet Health-Related Needs</p> <p>X Primary Prevention</p> <p>X Seamless Continuum of Care</p> <p><input type="checkbox"/> Build Community Capacity</p> <p><input type="checkbox"/> Collaborative Governance</p>
Link to Community Needs Assessment	Uninsured and underinsured care with chronic and infectious disease
Program Description	<p>The Comprehensive AIDS Resource and Education (CARE) Program at St. Mary Medical Center was founded in 1986 by an emergency room social worker, Jennifer Andrews, who during the early 1980s saw countless AIDS patients come through the hospital's emergency room doors. Since its inception, CARE has grown into a nationally recognized HIV medical and psychosocial service program that now provides comprehensive HIV medical, dental, and psychosocial services to over 1,500 low-income residents of Southern Los Angeles County who are infected and affected by HIV disease regardless of their ability to pay. CARE is a non-profit, hospital-based HIV program that is directly funded by federal, state and county grants.</p> <p>As an HIV-specific medical and social service organization staffed exclusively by board certified Infectious Disease Specialists, nurses, social workers, allied health professionals, and mental health service providers, CARE has unparalleled insight into the needs of its largely low-income, multi-ethnic population, and has the capacity to deliver client-centered services that meet patient needs in an effective and culturally competent manner. CARE provides a comprehensive range of on-site HIV services that allows clients to access high-quality care in the context of a one-stop, patient-centered medical home framework. The ability to access multiple services at a single location significantly enhances clients' ability to utilize health and wellness support. Among CARE's services are the following:</p> <ul style="list-style-type: none"> ▪ On-site HIV counseling, testing, referral, partner notification, and linkage to care, including HIV testing provided in the only setting in Long Beach that is not clearly identified to outsiders as being an STD facility. ▪ Extensive community outreach services that utilize community-based campaigns, linkages with existing agencies and planning bodies, and active collaborations with health providers and social service organizations to identify new or out of care HIV patients. ▪ A comprehensive, on-site, JCAHO-accredited Outpatient Medical Clinic specializing in HIV care that provides a full spectrum of culturally competent medical and health services to nearly 1,250 persons living with HIV regardless of income, ranging from comprehensive diagnostic testing, to on-site laboratory services, to on-site pharmaceutical services, to pro-active clinical trials referrals. ▪ Oral health services provided through the CARE Dental Center, one of only a handful of HIV-specific dental clinics in the United States, employing two full-time dentists who provide procedures such as fillings, extractions, complete and partial dentures, and root canals as well as a full-time dental hygienist. ▪ Comprehensive medical and non-medical case management services which coordinate client care and support access to medication adherence, including home – based nurse case management services for clients with multiple diagnoses. ▪ Outpatient mental health and substance abuse treatment services, including on-site Psychiatric consultation by a 50% time Psychiatrist,

	<p>individual and group counseling services, and clinic-based substance abuse screening, augmented by referrals to outside providers and agencies.</p> <ul style="list-style-type: none"> ▪ Nutritional services provided by an on-site Registered Dietitian, provided as part of each client's regular HIV medical management. ▪ Housing assistance services provided through a contract to the City of Long Beach, which bases two full-time City-funded Housing Coordinators directly within CARE's offices to provide client housing placement and referral services. ▪ CARE's Family Services Program (FSP) was developed to meet the needs of the changing demographics in the HIV/AIDS community. The FSP directly meets the needs of the infected and affected family members through a myriad of services. The bi-monthly Family Food Bank is the area's only provider of fresh produce, meat, dairy products, and packaged staples, made available to the entire family unit, not just the infected individual(s). Family-centered services are provided to individuals who live with at least one dependant child under the age of 21 years.
FY 2011	
Goal FY 2011	Reduce HIV morbidity and mortality through continuing current services to HIV/AIDS-at risk or infected populations who are not receiving care or who are underserved.
2011 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> ▪ Of those that test positive for HIV, 100% of them will be offered linkages to care and offered assistance in navigation through the system. ▪ CARE will track all patients who are eligible for service and all related service deliveries through the County-mandated CaseWatch system. ▪ CARE will track both the number of submitted grants and the results and have them available to meet the goal and to report financial progress. <p>Review of CQI results will be available on a quarterly basis.</p>
Baseline	The number of individuals seeking services at CARE has continued to grow at approximately 20% in the past year. CARE will use the number of new cases, as it does every year, to demonstrate need in the greater Long Beach community.
Intervention Strategy for Achieving Goal	CARE has implemented the HIV-Qual program, and the director has been elected to the National HIV/AIDS Quality Counsel that meets quarterly in Washington, DC. CARE has also restructured the role of the medical director to include direct oversight of quality improvement.
Result FY 2011	100% of those HIV positive clients were offered linkages to care; only 75% followed up with referral. Since the economic downturn of last year, CARE has seen an increase of 30% in new clients as a result of those who dropped their insurance because of inability to pay, therefore, seeking medical assistance through the clinic. In FY2011, the program had 198,069 visits.
Hospital's Contribution / Program Expense	\$9,097,773
FY 2012	
Goal 2012	Reduce HIV morbidity and mortality through continuing current services to HIV/AIDS-at risk or infected populations who are not receiving care or who are underserved
2012 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> ▪ Of those that test positive for HIV, 100% of them will be offered linkages to care and offered assistance in navigation through the system. ▪ CARE will track all patients who are eligible for service and all related service deliveries through the County-mandated CaseWatch system. ▪ CARE will track both the number of submitted grants and the results and have them available to meet the goal and to report financial progress. <p>Review of CQI results will be available on a quarterly basis.</p>
Baseline	FY2011, the program had 198,069 visits. 100% of those HIV positive clients were offered linkages to care; only 75% followed up with referral.
Intervention Strategy for Achieving Goal	CARE has implemented the HIV-Qual program, and the director has been elected to the National HIV/AIDS Quality Counsel that meets quarterly in

	Washington, DC. CARE has also restructured the role of the medical director to include direct oversight of quality improvement.
Community Benefit Category	A2a,b,c Community Based Clinical Services, a Primary care, b Dental care, c Behavioral health services

COMMUNITY BENEFIT AND ECONOMIC VALUE

Classified Summary of Un-sponsored Community Benefit Expense.

This report includes some activities that are cost-to-charge ratio such as Medicare and Medi-Cal costs and Foundation fundraising expense. Some activities reported as direct expenses such as Families in Good Health and Faith Resource Ambassadors.

9/12/2011
 332 St. Mary Medical Center Long Beach
 Complete Summary - Classified Including Non Community Benefit (Medicare)
 For period from 7/1/2010 through 6/30/2011

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Traditional Charity Care	4,317	9,234,418	2,548,355	6,686,063	2.9	2.6
Unpaid Cost of Medicaid	61,746	101,185,165	103,977,581	(2,792,416)	(1.2)	(1.1)
Means-Tested Programs	198,069	9,293,186	195,412	9,097,774	4.0	3.5
Community Services						
Cash and In-Kind Contributions	2,910	4,027,668	0	4,027,668	1.8	1.6
Community Benefit Operations	0	1,153,444	0	1,153,444	0.5	0.4
Community Health Improvement Services	26,305	2,237,637	43,172	2,194,465	1.0	0.8
Subsidized Health Services	49,910	3,195,549	0	3,195,549	1.4	1.2
Totals for Community Services	79,125	10,614,298	43,172	10,571,126	4.6	4.1
Totals for Living in Poverty	343,257	130,327,067	106,764,520	23,562,547	10.3	9.1
<u>Benefits for Broader Community</u>						
Community Services						
Cash and In-Kind Contributions	1	24,318	0	24,318	0.0	0.0
Community Building Activities	0	229,556	0	229,556	0.1	0.1
Community Health Improvement Services	14,177	1,190,492	0	1,190,492	0.5	0.5
Health Professions Education	1,381	7,406,801	1,764,289	5,642,512	2.5	2.2
Research	25	80,340	0	80,340	0.0	0.0
Totals for Community Services	15,584	8,931,507	1,764,289	7,167,218	3.1	2.8
Totals for Broader Community	15,584	8,931,507	1,764,289	7,167,218	3.1	2.8
Totals - Community Benefit	358,841	139,258,574	108,528,809	30,729,765	13.4	11.8
Unpaid Cost of Medicare	21,129	57,544,833	52,149,107	5,395,726	2.4	2.1
Totals with Medicare	379,970	196,803,407	160,677,916	36,125,491	15.8	13.9

Non-quantifiable Benefit

There are also countless ways in which St. Mary Medical Center makes difficult-to-measure contributions to improve the health status of our community. These non-quantifiable benefits take many forms, including nurturing grassroots community-based initiatives; lending the expertise of staff and volunteers to community collaboratives and boards; and actively advocating for the poor and underserved.

Many examples of non-quantifiable benefits relate to contribution of St. Mary's organizational capacity and consulting resources in the community. Working collaboratively with community partners, St. Mary provided leadership and advocacy, assisted with local capacity building, and participated in community-wide health planning. Examples of this include our active participation in the Long Beach Chamber of Commerce and Long Beach Roundtable convened by Long Beach Health and Human Services. St. Mary Medical Center, in the role of community partner, provides meeting space for other not-for-profit and community organizations such as: American Diabetes Association, American Cancer Society, Khmer Parents Association, Leadership Long Beach, Long Beach Unified School District, among others.

St. Mary Medical Center collaborates with many community-based organizations to improve capacity and enhance the health of the greater community. The CARE Program collaborates with many regional and local boards to educate and encourage awareness of preventing HIV/AIDS as well as make patient-centered treatment available to everyone affected or infected. CARE participated in the Faith Health Resource Ambassadors by providing speakers and participated in several Pride festivals, walks, and events in the community. Many of the St. Mary leadership and staff represent St. Mary throughout the community providing expertise as speakers, board members, mentors, and resources to the community that we serve.

Telling the Story

The final version of the 2011 Community Benefit Report and 2012 Plan will be made available to our Community Board members and hospital leadership. Information will also be shared to St. Mary employees through the St. Mary "e-news." In addition, the report and plan will be sent to elected officials. St. Mary Medical Center is proud of its mission and of the work it does as an organization in the greater Long Beach community. Highlights from the Community Benefit Report and Plan are also available on the St. Mary Medical Center website, www.stmarymedicalcenter.com and will be sent out in a press release to local and regional media.

The report will also be shared with collaborative partners in such venues as the Medi-Cal Healthy Families Collaborative, the Greater Long Beach Substance Abuse Prevention Council, and with the NAACP--Long Beach Branch. Progress is reported at these and other meetings throughout the year. Information is provided on success and challenges, and the community is encouraged to partner with St. Mary to make the community a healthier place.

Addendum A

St. Mary Medical Center Programs and Awards

St. Mary Medical Center Specialties, Programs, and Services:

<p>4th Street St. Mary Medical Center Clinic Blackwell/Spencer Cancer Center Commission on Cancer approved Community Hospital Comprehensive Cancer Program with a 3-year accreditation with commendations including a Cancer Registry C.A.R.E.(Comprehensive AIDS Resources and Education) Program: CARE Clinic, CARE Dental Clinic, CARE Family Services Program Cardiac Rehabilitation Clinic Cardiac Cath Lab Cardiac Care Center for Surgical Treatment of Obesity Charity Care Assessment: Financial Assistance Applications Chemotherapy Childbirth Services “Life Begins Here” Community Education American Diabetes Association Certified Outpatient Diabetes Program Disaster Resource Center Echography Lab Emergency Medical Services Emergency Department Approved for Pediatrics (EDAP) Emergency Department—Base Station for the City of Long Beach Emergency Department “Rapid Triage” for non-emergent cases Endoscopy Every Woman Counts --Breast Center- Breast Cancer Early Detection Program (BCEDP) participant Faith Resource Ambassadors/Health Ministry and Parish Nurse Support Program Families in Good Health (FiGH) including the Best Babies Collaborative</p>	<p>(BBC), Educated Men with Meaningful Messages (EM3), Educating Providers-Supporting Children(EPSC), Love Your Heart, Healthy Aging for Pacific Asian Seniors(HAPAS), Taking Control, and Women Get Healthy-Stay Healthy Project Graduate Medical Education Heaven Eleven—Convenience Store and Thrift Shop Intensive Care Unit—24 beds John E. Parr Health Enhancement Center Long Beach Emergency Medical Care System (LBEMCS) Low Vision Center Mary Hilton Family Center: St. Mary OB Clinic and the St. Mary Antenatal Clinic (Perinatology—High Risk Obstetrics) Medi-Cal Assistance Medical Library Neurodiagnostics Neonatal Intensive Care Unit (NICU) American Academy of Pediatric (AAP) Level III-25 beds Newborn Nursery Orthopedics Palliative Care Passages: Geropsych Outpatient Pediatrics, California Children’s Services approved Community level Perinatal Center (Antenatal Clinic) Physician Referral Services Professional Education for nurses and other allied health professionals Radiation Oncology Radiology including ultrasound Rehabilitation Services including Physical & Occupational Therapies Respiratory Care and Pulmonary Lab including Bronchoscopy Lab Speech Pathology</p>
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Spiritual Care Services
Senior Health Center including the Senior
Center at St. Mary and Senior
Connections
STEMI (ST-Elevation Myocardial
Infarction) Center
Stroke Center, certified by Joint
Commission (new as of April 2011)
Surgicenter-Outpatient Surgery

St. Mary Medical Center Foundation
including the Clinical Care
Extender Program providing
internships students and the Nurse
Scholar Program.
Trauma Center-Level II
Travel Clinic
Women's Healthy Heart Resource Center
Wound Care Service

St. Mary Medical Center is proud of the following distinctions and awards:

- A teaching hospital affiliated with UCLA School of Medicine
- Accredited by The Joint Commission, formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Bariatric Surgery Center of Excellence as approved by the American Society for Metabolic and Bariatric Surgery (ASMBS) and Surgical Review Corporation
- One of the Los Angeles and Orange Counties Region's Best Hospitals, according to a list published by US News and World Report, April 5, 2011
- Hermes Award for Excellence in the nonprofit Annual Report category for the St. Mary Foundation's Annual Report. The Hermes Creative Awards from Arlington, TX is administered and judged by the Association of Marketing and Communication Professionals
- St. Mary was the only community hospital to receive grant funding from Health and Resources Service Administration (HRSA) of the U.S. Department of Health and Human Services for the expansion of Primary Care Medical Education, its grant of \$1.9 million one of the largest awarded by HRSA.
- St. Mary received a Port of Long Beach grant in the amount of \$834,000—as part of its Respiratory Disease Mitigation Program.
- Approved Stroke Center (ASC) by Emergency Medical Services Agency and a Certificate of Distinction for Advanced Certification as a Primary Stroke Center by the Joint Commission
- Received the Reducing Mercury in Healthcare Award from Practice Green Health, Reston, VA
- Received Medals of Honor from the US Department of Health & Human Services for Organ Donation
- Received Proclamations from the Los Angeles County Board of Supervisors and from Long Beach Mayor Foster and the City Council celebrating St. Mary Medical Center CARE Program's 25th year of service to our community.

Addendum C
CATHOLIC HEALTHCARE WEST
SUMMARY OF PATIENT FINANCIAL ASSISTANCE POLICY
(June 2008)

Policy Overview:

Catholic Healthcare West (CHW) is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, CHW strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with CHW's procedures for obtaining financial assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Financial Assistance:

- Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
 1. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 2. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 3. a reasonable effort by the CHW facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. The need for financial assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.

- CHW's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly, and the CHW facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Financial Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the determination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the CHW facility.

CHW's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as *income* for these purposes.

Communication of the Financial Assistance Program to Patients and the Public:

- Information about patient financial assistance available from CHW, including a contact number, shall be disseminated by the CHW facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the CHW facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the CHW facility.
- Any member of the CHW facility staff or medical staff may make referral of patients for financial assistance. The patient or a family member, a close friend or associate of the patient may also make a request for financial assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient financial assistance will be included within the Social Accountability Budget of the CHW facility. CHW facilities will report patient financial assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient financial assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- CHW system management has developed policies and procedures for internal and external collection practices by CHW facilities that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHW, and a patient's good faith effort to comply with his or her payment agreements with the CHW facility.
- For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, CHW facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

IN IMPLEMENTING THIS POLICY, CHW MANAGEMENT AND CHW FACILITIES SHALL COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS, RULES AND REGULATIONS THAT MAY APPLY TO ACTIVITIES CONDUCTED PURSUANT TO THIS POLICY.

Addendum D

Hospital Community Board:

Ruth Perez Ashley
Sandy Cajas
Chester Choi, M.D.
Gloria Cordero
Christopher DiCicco
Minnie Douglas, Ed.D., **Secretary**
M. Hadi Emamian, M.D.
Thomas Gates, M.D.
Stanley Goldberg, M.D.
Sr. Elizabeth Ann Hayes, CCVI

Nancy Higginson, **Chair**
Sr. Kathleen Howard, CCVI
Bernita McTernan
Eloy O. Oakley, **Vice Chair**
Daniel O'Callaghan
Juan M. Polanco, M.D.
Shelly Schlenker
Cynthia Terry
Leo VanderLans
Robert Waestman

New for FY 2012:
George Murchinson

Community Benefit Advisory Committee:

Minnie Douglas, Ed.D., Chair
Dee Andrews, 6th Council District,
Long Beach
Donald & Rosemary Ashley
Ruth Ashley
Rev. Wayne Chaney, Jr., Long Beach
Ministers Alliance
Gloria Deukmejian
Sr. Gerard Earls, CCVI, VP, Mission
Integration, SMMC
John Eddy
Nancy Foster
Drew Gagner, St. Mary Foundation
President
Ivy Goolsby
Gladys Gutierrez

Chan Hopson, Khmer Parent Association
Patrick Kennedy, Greater Interfaith
Community Organization (ICO)
Margaux Kohut
Eugene Lentzner
William Marmion, Ph.D.
Terri Nikoletich, Long Beach Department
of Health and Human Services
Rachel Plotkin, RN, DrHSc,
MSN/MSHCA, PHN, Community
Benefit, SMMC
Edward Sheridan
Cynthia Terry
Anna Totta, Catholic Charities
Maxie Viltz
Felton Williams, Ph.D.