

TORRANCE MEMORIAL HOSPITAL

**Community Benefits Plan
Fiscal Year 2011**

For Submittal to:
Office of Statewide Health Planning & Development
Healthcare Information Division – Accounting and Reporting Systems Section
400 R Street, Room 250
Sacramento, CA 95811

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Preface

In accordance with Senate Bill 697, Community Benefits Legislation, Torrance Memorial Medical Center, a private not-for-profit hospital, submits this Community Benefits Plan for Fiscal Year 2011. Senate Bill 697 requires a not-for-profit hospital in California to complete the following activities:

- Review and reaffirm its mission statement to ensure that its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization
- Complete and update a needs assessment every three years, evaluating the health needs of the community served by the hospital
- Adopt and file a community benefits plan annually, documenting activities that the hospital has undertaken to address community needs within its mission and financial capacity; and to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan

Introduction to Torrance Memorial Medical Center

Torrance Memorial Medical Center is a locally governed, 401-bed, non-profit medical center whose purpose is to provide quality healthcare services, predominantly to the residents of the South Bay, Peninsula and Harbor communities.

Founded by Jared Sidney Torrance in 1925, the medical center offers general acute care services and serves as one of the only three burn centers in Los Angeles County. With more than 3,000 employees, Torrance Memorial is one of the South Bay's largest employers. The hospital's medical staff includes over 1,000 physicians, while the volunteer corps embraces more than 1,000 members.

As the South Bay's first hospital, Torrance Memorial was relocated to its present site in 1971. Over the years, the medical center has continually grown and expanded to meet the community's healthcare needs. Among the many Torrance Memorial services and programs of special note are:

- Emergency Care (more than 63,000 patient visits annually)
- Imaging Services – Diagnostic and Interventional Radiology (including an outpatient medical imaging facility)
- Family Birth Center (3,293 babies born in 2011)
- Level III Neonatal Intensive Care (stand alone) Unit
- Home Health & Hospice
- Polak Research Program (offers clinical research capabilities, at a level not typically available from community hospitals)
- Cancer Care
- Cardiology Program
- Burn Center
- Rehabilitation Services
- Chemical Dependency Outpatient Treatment

Among the medical center's ratings and accomplishments are the following recent distinctions:

- Consistently the market leader in the annual National Research Corporation's consumer survey of healthcare attitudes and experiences including the top scores in Best Overall Quality, Best Emergency Services, Most Preferred Hospital and Most Preferred for cancer treatment, heart care, outpatient surgery, senior services, outpatient testing and community health programs
- Top 100 U.S. Hospital (Solucient 2004) – the fourth time this distinction was awarded to Torrance Memorial
- Blue Cross Blue Shield Blue Distinction Center for Spine Hip and Knee Surgery
- American Heart Association Gold Achievement Award for Cardiovascular Services

- Code 90: ACC/AHA STEMI Guidelines exceeded.
- American Cancer Society honored the medical center with a Medical Partnership Award for providing cancer related information programs and services
- VHA Innovation Award for the Versant RN Residency Program
- American Hospital Association 2008 Silver Performance Award for improvement of patients' health diagnosed with coronary artery disease
- Hospital Associates of Southern California Hospital Hero Award for physical therapist
- Magnet recognized for nursing excellence (2011)

Accrediting organizations giving Torrance Memorial high marks are:

- Joint Commission three-year accreditation (2012)
- American College of Radiology Center of Excellence for Breast Diagnostic Center
- American College of Surgeons as a Comprehensive Cancer Center
- College of American Pathologists, CLIA and American Association of Blood Banks for the clinical laboratory and blood bank
- Committee on Trauma of the American College of Surgeons and the American Burn Association conferred verification of delivery of the highest quality burn care
- American Society for Metabolic and Bariatric Surgery designation as a Center of Excellence for favorable outcomes in bariatric surgery
- Joint Commission Center of Excellence for Primary Stroke Center
- Centers for Medicare and Medicaid's Transitional Care Unit 5-Star Rating

Section 1: Executive Summary

Our Mission

Torrance Memorial Medical Center is a locally governed community, nonprofit medical center whose purpose is to provide quality healthcare services, predominantly to the residents of the South Bay/Peninsula communities. Under the governance of a community-based Board of Trustees, Torrance Memorial serves the public interest by:

- Improving the community health within the scope and expertise of our resources
- Offering the most current and effective technologies rendered in a compassionate, caring manner
- Maintaining long-term stability in order to assure our strength and viability for the benefit of the community

Definition of Community Used in the 2010 Community Needs Assessment

Torrance Memorial Medical Center defined its “community” to include the following cities and communities:

- Torrance and Lomita
- Beach Cities of El Segundo, Hermosa Beach, Manhattan Beach and Redondo Beach
- Palos Verdes
- Gardena, Hawthorne and Lawndale
- Harbor City, Wilmington, Carson and Los Angeles County zip code 90502
- San Pedro

Description of Our Community

The service area population is estimated at 889,551 persons, with 24 percent of the population under 18 years, 64 percent age 18 to 64, and 12 percent 65 years and older. Race/ethnicity is 35 percent White, 34 percent Hispanic, 17 percent Asian/Pacific Islander, 11 percent Black, and 3 percent all other races. Of those persons at least five years of age, 56 percent speak English only at home, 27 percent speak Spanish, 12

percent speak an Asian/PI language, and 5 percent speak other languages. Of those persons at least 25 years and older, 16 percent have less than a high school degree, 21 percent have graduated high school and 62 percent have some college to a college degree. Average household income is estimated at \$92,943 with 8 percent of households in the service area below the poverty level. Within the cities and communities of the service area, the most vulnerable communities (based on race/ethnicity, educational attainment, and income) are Gardena/Hawthorne/Lawndale, Harbor City/Wilmington/Carson/LA County 90502 and San Pedro.

Objectives Addressed in the Community Benefits Plan

During Fiscal Year 2011, Torrance Memorial Medical Center pursued the following objectives:

1. To continue to provide affordable and accessible healthcare services, to the extent possible.
2. To continue to provide health education, promotion and wellness services to improve the health status of the community.
3. To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Community Benefits Plan Activities

In Fiscal Year 2011, some of the activities conducted by Torrance Memorial Medical Center in support of the above objectives included: providing charity care for patients without the ability to pay for necessary treatment, absorbing the unpaid costs of care for patients covered by Medi-Cal, Healthy Families and the Medicare programs providing van transportation services for older adults and patients accessing the medical center, participating in health fairs, conducting health education classes and support groups, staffing various centers – health resource center, cancer resource center, breast examination training center and image enhancement center – for health information and assistance, providing health information in multiple formats including magazines, web site, videos, cable television programming and a medical library; and coordinating efforts with other organizations to improve disaster preparedness, support

services for victims of domestic violence, the blood supply, and education of students attending area public schools, occupational centers, and nursing colleges.

Economic Value of Community Benefits Provided in Fiscal Year 2011

The economic value of community benefits provided by Torrance Memorial Medical Center in Fiscal Year 2011 is estimated at **\$53,738,356.**

Section 2: Mission and Values

Torrance Memorial Medical Center-Hospital Mission and Values statements follow. These guide our organization's commitment to responding to community needs.

Our Mission

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- Improving the community health within the scope and expertise of our resources
- Offering the most current and effective technologies rendered in a compassionate, caring manner
- Maintaining long-term stability in order to assure our strength and viability for the benefit of the community.

Our Values

Our Values are service, excellence, knowledge, stability and community. Our beliefs for each of these values are stated below.

WE BELIEVE IN demonstrating our value of providing SERVICE to patients by:

- Treating patients and their loved ones with dignity, respecting their basic patients' rights, which include their need for privacy and confidentiality.
- Relating to patients, their loved ones, physicians and each other, in a professional, compassionate manner, recognizing the need for understanding and clear communication in receiving and delivering services.
- Treating all people equally without regard to race, color, religion, ethnicity, age, sex, national origin or handicap.
- Respecting the spiritual and cultural beliefs of patients and staff.

- Clarifying patient, physician and staff expectations for service in a timely manner in order to agree upon reasonable outcomes and each person's responsibility in reaching these goals.

WE BELIEVE IN demonstrating our value of EXCELLENCE in providing services by:

- Providing a comprehensive and high quality range of nursing services and medical technologies so that residents have access within the community to a full spectrum of health care services.
- Enhancing the quality of care through a process of Continuous Quality Improvement.
- Being responsive to the needs of physicians who practice at the Medical Center, recognizing their unique contribution and essential role in defining medical practices and the needs of the community for medical technology and services.
- Enhancing the coordination of patient care by updating information systems in order to provide all caregivers needed information in a timely manner.
- Providing a supportive, cooperative work environment that encourages positive changes and rewards employees in a market-competitive manner.

WE BELIEVE IN demonstrating our value of promoting KNOWLEDGE by:

- Contributing to the ability of patients and community residents to make informed choices about health care and in promoting better health and improved quality of life by providing detection, prevention and treatment information.
- Promoting individual responsibility for learning as health care providers and health care consumers.
- Providing opportunities for continued education of physicians, nurses, and other allied health professionals, in order that they may enhance their skill and remain current in their medical and health care-related knowledge.

WE BELIEVE IN demonstrating our value of organizational STABILITY by:

- Maintaining local governance and control of the Medical Center.
- Preserving the Medical Center's long-term commitment to providing health care services through the prudent and innovative management of resources.
- Accepting individual responsibility as employees for providing economically sound care and for constantly working to improve its delivery.

- Working together in a supportive manner as employees to provide excellent, knowledgeable service in a cost-effective manner.
- Planning for the future of the Medical Center by projecting financial requirements and reinvesting retained earnings and philanthropic contributions into patient services, program development, and equipment to meet the community's needs.

WE BELIEVE IN demonstrating our value of meeting COMMUNITY needs by:

- Assessing community health needs and responding to the identified needs through the development and implementation of a Community Benefits Plan, within the fiscal constraints of the Medical Center.
- Providing needed emergency services to the critically injured or ill who present for care, regardless of the patient's financial capabilities.
- Being responsible to the medically indigent of the South Bay/Peninsula areas who are not served by government-sponsored programs, within the budgetary constraints of the Medical Center.
- Facilitating community involvement of Medical Center policy-making by electing to the Board of Trustees qualified representatives of the local community, who serve on a voluntary basis.
- Promoting the importance of volunteerism by providing opportunities within the Medical Center for community members to contribute meaningful volunteer service.
- Contributing to the overall community welfare by participating in civic matters, being sensitive to community concerns and acting as a responsible corporate citizen.
- Working together as a community of employees of the Medical Center, in supportive manner to provide excellent, knowledgeable services in a cost-effective manner.

Section 3: Definition and Description of Our Community

Definition of Community for Purposes of the 2010 Community Needs Assessment

For purposes of this community needs assessment, Torrance Memorial Medical Center defined its service area to include cities and communities in the following six analysis areas (corresponding ZIP codes are shown in parenthesis):

- Torrance and Lomita (ZIP codes 90501, 90503, 90504, 90505 and 90717)
- Beach Cities of El Segundo, Hermosa Beach, Manhattan Beach and Redondo Beach (ZIP codes 90245, 90254, 90266, 90277, and 90278)
- Palos Verdes (ZIP codes 90274 and 90275)
- Gardena, Hawthorne, and Lawndale (ZIP codes 90247, 90248, 90249, 90250, and 90260)
- Harbor City, Wilmington, Carson, and Los Angeles County ZIP code 90502 (ZIP codes 90710, 90744, 90745, 90746 and 90502)
- San Pedro (ZIP codes 90731 and 90732)

Torrance Memorial Medical Center is located in Torrance ZIP code 90505.

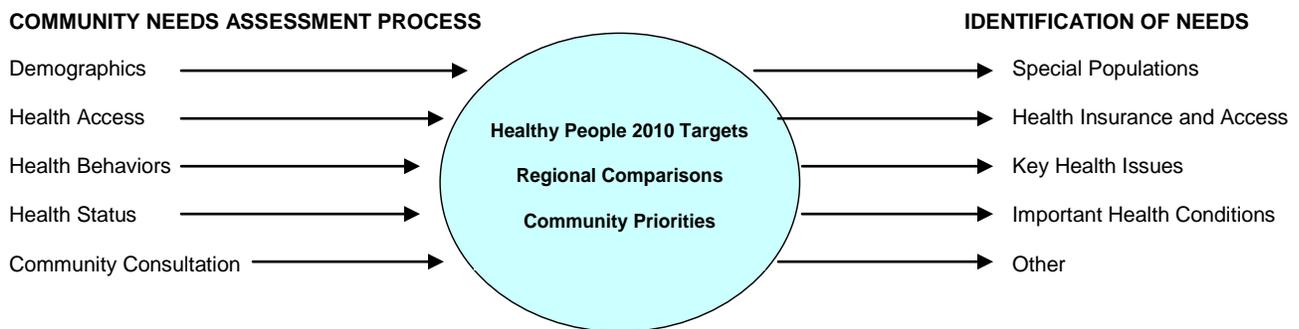
2010 Community Needs Assessment

This 2010 Community Needs Assessment includes a summary of population and household demographics, measures related to access to health care, mortality, maternal and infant health, child and adolescent health, adult health, and senior health; and findings from the community consultation. The hospital will use the findings of the 2007 needs assessment in the preparation of community benefits plans for the next three fiscal years, in accordance with Senate Bill 697 (community benefits legislation for not-for-profit hospitals).

Introduction

The needs assessment combines quantitative and qualitative information based on review and analysis of health related data and interviews with community leaders and representatives of local agencies. To assist with identifying priorities, comparisons are made to national benchmarks known as Healthy People 2010 and other regional experiences.

Overview of Community Needs Assessment 2010



Service Area Definition and Description

Note: Demographics for the hospital service area are based on 2010 estimates

The service area population (2010) is estimated at 889,551 persons. Since Census 2000, the service area population increased 6 percent and is forecast to increase an additional 4 percent in the next five years. The following table summarizes the service area population as well as the percent change from 2000 (over a ten-year period) and percent change projected for 2015 (over a five-year period).

Population
Torrance Memorial Medical Center Service Area
2010

Area	Number of Persons	Percent Change	
		From 2000 to 2010	From 2010 to 2015
Demographics			
Torrance/Lomita	179,029	5%	4%
Beach Cities	151,024	8%	5%
Palos Verdes	66,317	1%	1%
Gardena/Hawthorne/Lawndale	219,808	5%	3%
Carson/Harbor City/Wilmington	188,653	7%	4%
San Pedro	84,720	6%	4%
Total Service Area	889,551	6%	4%

Source: Claritas

To assist with providing context to the service area demographics, key statistics are compared to Los Angeles County for 2010. Of note, in comparison to Los Angeles County, the service area has a higher proportion of: persons 18 to 64 years, and 65 years and older, White, Black and Asian residents; persons speaking English and Asian or Pacific Island languages at home, adults with some college to a professional degree, and persons employed in the labor force. The following table summarizes age, race-ethnicity, language spoken at home for persons five years and older, highest level of education completed for persons 25 years and older, employment status for persons 16 years and older, household characteristics and poverty status.

Demographic Highlights

Torrance Memorial Medical Center Service Area Compared to Los Angeles County
2010

Description	Torrance Memorial Service Area	Los Angeles County
Age Group		
Under 18 Years	24%	26%
18 to 64 Years	64%	63%
65 Years and Over	12%	11%
Race/Ethnicity		
Non-Hispanic White	35%	28%
Non-Hispanic Black	11%	8%
Non-Hispanic Asian	16%	13%
Hispanic	34%	48%
Language Spoken At Home by Persons 5 Years and Older		
English Only	56%	44%
Spanish	27%	40%
Asian or Pacific Island Language	12%	10%
Educational Attainment of Adults 25 Years and Older		
Less than High School Graduate	16%	25%
High School Graduate	21%	21%
Some College to Professional Degree	62%	54%
Employment Status of Persons 16 Years and Older		
Employed (in labor force)	65%	61%
Unemployed (in labor force)	3%	4%
Not in the Labor Force	32%	35%
Household Characteristics		
Children Under 18 Years present	35%	38%
Average Household Size	2.80	3.03
Average Household Income	\$92,943	\$79,260
Poverty Status		
Families Below Poverty Level	8%	12%

*Note: Not all categories shown for race-ethnicity, language spoken at home and employment status
Source: Claritas*

Population characteristics correlated with health status include age 65 years and older, cultural diversity (persons of non-Hispanic White race/ethnicity), language spoken at home (persons five years and older speaking Spanish or Asian/Pacific Island languages), educational attainment (persons 25 years and older with less than a high school degree or GED), household income, and poverty level (families below the poverty level). In the table below, cells are highlighted when the community experience is *below* the service area average household income and *above* the service area average for all other descriptors.

Vulnerable Communities
Torrance Memorial Medical Center Service Area
2010

Area	Age 65+ Years	Non-White	Language Spoken		< Hi Sch Graduate	Avg HH Income	Below Poverty
			Spanish	Asian/PI			
Torrance/Lomita	14%	51%	16%	19%	11%	\$85,359	6%
Beach Cities	12%	19%	7%	4%	4%	\$132,625	3%
Palos Verdes	21%	33%	4%	17%	2%	\$169,295	2%
Gardena/Hawthorne/Lawndale	10%	70%	40%	11%	24%	\$59,309	13%
Carson/Harbor City/Wilmington	11%	71%	44%	14%	30%	\$72,441	11%
San Pedro	12%	41%	31%	3%	19%	\$73,503	11%
TMMC Service Area	12%	52%	27%	12%	16%	\$92,943	8%
Los Angeles County	11%	53%	39%	10%	25%	\$79,260	12%

Source: Neilsen Claritas

Access to Health Care

Note: Findings are based on hospitalizations that occurred in the service area during 2009 and the 2009 California Health Interview Survey for Los Angeles County Service Planning Area – South Bay (SPA 8). SPA 8 best approximates the hospital service area and includes the communities in the hospital service area plus the cities of Inglewood and Long Beach.

When comparing health access indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to health insurance (uninsured all or part of the year) and source of ongoing care. The SPA experience compared to Healthy People 2010 national objectives is summarized in the table below. (Note: A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.)

Health Access Indicators
Los Angeles County Service Planning Area 8 – South Bay
2009

Indicator	Age Group	Healthy People 2010 Objective		SPA 8 South Bay	
		Good	Target Rate	Rate	Status
Health Access					
Uninsured All or Part of Year	0 to 65	↓	0%	14%	
Source of Ongoing Care	All	↑	96%	86%	
Difficulties or Delays in Getting Care	0 to 17	↓	7%	5%	

Note:

↓ Indicates that the Healthy People 2010 objective is to reduce; ↑ indicates that the objective is to increase

Source: UCLA Center for Health Policy Research

Another measure of access to health care includes hospitalization rates for ambulatory care sensitive conditions. These conditions apply to three broad age groups – children, adults and seniors. These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. These conditions can be used to identify unmet community health care needs, to monitor how well complications from a number of common conditions are being avoided in outpatient settings and to compare performance of local health care systems across communities.

When comparing hospitalization rates for the hospital service area to Healthy People 2010 objectives, the hospital service area did not meet the objective related to: asthma in age 0-4 group or 65 years and older and uncontrolled diabetes ages 18 to 64 group. The service area experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the service area did not meet the Healthy People 2010 objective.

Hospitalization Rates for Ambulatory Care Sensitive Conditions
Torrance Memorial Medical Center Service Area
2009

Health Condition	Age Group	Healthy People 2010 Objective		Torrance Memorial Service Area	
		Good	Target Rate	Rate	Status
Hospitalizations for Ambulatory Care Conditions					
Asthma	0 to 17	↓	17.3	13.6	
	Under 5	↓	25.0	26.5	
	5 to 64	↓	7.7	6.6	
	65+	↓	11.0	23.2	
Uncontrolled Diabetes	18 to 64	↓	5.4	5.7	
Immunization Preventable Pneumonia and Influenza	65+	↓	8.0	1.8	

Note:
 Indicates that the Healthy People 2010 objective is to reduce;
 Rates are per 10,000 population
 Source: Office of Statewide Health Planning & Development

Mortality

Note: Findings are based on deaths that occurred among residents of the service area during 2007.

Considerable national and regional attention surrounds health behaviors and preventable deaths. According to the Centers for Disease Control and Prevention, the leading causes of preventable death in the United States are tobacco and poor diet and physical inactivity.

Heart disease and cancer were the top two leading causes of death in the service area, accounting for 47.6 percent of all deaths. Other leading causes of death in the service area are summarized in the table below.

Profile of Deaths, Ranked
Los Angeles County Service Planning Area 8
2007

Cause of Death	Number	Percent
Heart Disease	2,332	24.2%
Cancer (All Sites)	2,255	23.4%
Stroke	535	5.5%
Chronic Lower Respiratory Disease	501	5.2%
Pneumonia/Influenza	354	3.6%
Diabetes	339	3.5%
Unintentional Injuries (All types)	322	3.3%
Alzheimer's disease	272	2.8%
Liver Disease	184	1.9%
Homicide	145	1.5%
Suicide	105	1.0%
All Causes	9,629	100%

Source: County of Los Angeles, Public Health Department/LA HealthDataNow

When comparing age-adjusted death rates in the service area to Healthy People 2010 objectives, the service area did not meet the objectives related to the following causes of death: coronary heart disease, colorectal cancer, unintentional injuries, homicide, and chronic liver disease. The service area experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the service area did not meet the Healthy People 2010 objective.

Age-Adjusted Death Rates by Cause of Death

Los Angeles County Service Planning Area 8 (2007)

Compared to

Los Angeles County (2007), California (2008), and Healthy People 2010 Targets

Indicator	SPA 8		County	Calif	Target
	Rate	Status	Rate	Rate	Rate
Health Status					
Coronary Heart Disease	199.4		150.	162.0	158.8
Stroke	37.2		36.	38.9	50.0
Cancer (all sites)	139.8		144.9	152.5	158.6
Lung	36.2		32.8	37.0	43.3
Colorectal	14.4		14.4	14.3	13.7
Breast	12.5		21.5	11.4	21.3
Chronic Lower Respiratory Disease	35.7		29.2	38.3	62.3
Diabetes-related	23.3		23.0	20.6	46.0
Unintentional Injuries (all types)	20.3		22.3	28.1	17.1
Motor Vehicle Accidents	6.4		8.9	9.3	8.0
Homicide	8.9		8.1	5.8	2.8
Suicide	6.7		6.6	9.8	4.8
Chronic Liver Disease	11.8		11.6	10.8	3.2

Notes:

Target rate is Healthy People 2010 objective.

Rates are per 100,000 persons and are standardized to the 2000 US Standard Million Population

California rates are for 2008

Source: State of California, Public Health Department

Maternal and Infant Health

Note: Findings are based on live births that occurred in the service area during 2008.

To assist with providing context to the service area births, key birth demographics are compared to Los Angeles County. Of note, in comparison to Los Angeles County, the service area has a higher proportion of: births to mothers 30 to 34 years of age and 35 years and older and births to mothers of White, Black, Asian, or Pacific Islander, other and unknown race/ethnicity. The following table summarizes live births, births by mother's age group and births by mother's race/ethnicity.

Birth Demographic Highlights

Torrance Memorial Medical Center Service Area Compared to Los Angeles County
2008

Description	Torrance Memorial Service Area	Los Angeles County
Births		
2008	11,605	147,684
2007	11,937	151,813
2006	12,155	151,837
Three-Year Average	11,899	150,444
Change 2006 – 2008 (Number)	-550	-4,153
Change 2006 – 2008 (Percent)	-4%	-2%
Births by Mother's Age Group (percent)		
Under 20 Years	7%	8%
20 to 29 Years	42%	47%
30 to 34 Years	27%	25%
35 Years and Over	25%	20%
Births by Mother's Race/Ethnicity (percent)		
White	22%	16%
Black	10%	8%
Asian or Pacific Islander	17%	11%
Hispanic	48%	64%
Native American	0%	0%
Other and Unknown	3%	1%

Note: Excludes births to mothers of unknown age

Source: California Department of Health Services

When comparing maternal and infant health indicators in the service area to Healthy People 2010 objectives, the service area did not meet the objectives related to: low birth weight infants, very low birth weight infants, late or no prenatal care, and infant mortality. The service area experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the service area did not meet the Healthy People 2010 objective.

Maternal and Infant Health Indicators

Torrance Memorial Service Area
2007

Indicator	Healthy People 2010 Objective		SPA 8 South Bay	
	Good	Target Rate	Rate	Status
Pregnancy/Birth Outcome				
Late/No Prenatal Care	↓	10%	16.4%	
Low Birth Weight Infants	↓	5.0%	5.8%	
Very Low Birth Weight Infants	↓	0.9%	1.3%	
Infant Outcome				
Infant Mortality Rate	↓	4.5	5.3	

Notes:

↓ Indicates that the Healthy People 2010 objective is to reduce

Infant mortality rate is per 1,000 live births for 2008

Source: Los Angeles County, Department of Public Health

Child and Adolescent Health

Note: Findings are based on the 2009 California Health Interview Survey for Los Angeles County Service Planning Area – South Bay (SPA 8)

When comparing child and adolescent health indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to health access for: health insurance (uninsured all or part of the year) and source of ongoing care; and related to health behaviors for: overweight or obese, and vigorous physical activity. The SPA experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.

Child and Adolescent Health Indicators
Los Angeles County Service Planning Area 8 – South Bay
2009

Cause of Death	Age Group	Healthy People 2010 Objective		Torrance Memorial Service Area	
		Good	Target Rate	Rate	Status
Health Status					
Uninsured All or Part of Year	0 to 17	↓	0%	3.4%	
Source of Ongoing Care	0 to 17	↑	97%	91%	
Health Behaviors					
Overweight or Obese	12 to 19	↓	5%	19%	
Vigorous Physical Activity	14 to 17	↑	85%	59%	
Diagnosed with Diabetes	12 to 17	↓	2.5%	1.7%	

Note:

↓ Indicates that the Healthy People 2010 objective is to reduce; ↑ indicates that the objective is to increase

Source: UCLA Center for Health Policy Research

The Los Angeles County Department of Public Health estimated the prevalence of childhood obesity among cities and communities using data from the California Physical Fitness Testing Program of 5th, 7th, and 9th grade students attending public schools in the 2009-2010 school year. A ⚠ sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective of reducing the proportion of children who are overweight or obese to 5%.

5th, 7th & 9th Graders Measurement of Body Composition
 School Districts in Torrance Memorial Medical Center Service Area
 2009/2010 School Year

School District	Body Fat Percent in HFZ			
	9 th Grade	7 th Grade	5 th Grade	Status
El Segundo	85.3%	85.2%	74.4%	⚠
Hawthorne	75.9%	60.9%	58.9%	⚠
Los Angeles Unified	63.4%	62.3%	61.3%	⚠
Manhattan Beach Unified	90.7%	93.6%	93.0%	⚠
Palos Verdes Peninsula Unified	84.6%	83.9%	86.1%	⚠
Redondo Beach Unified	79.4%	81.4%	76.3%	⚠
Torrance Unified	80.1%	78.3%	79.7%	⚠

Note: Data not available for all school districts

Source: California Department of Education

Adult Health

Note: Findings are based on the 2009 California Health Interview Survey for Los Angeles County Service Planning Area – South Bay (SPA 8)

When comparing adult health indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to health access for: health insurance (uninsured all or part of the year) and source of ongoing care; and related to health behaviors for: healthy weight, obese, moderate or vigorous physical activity, diagnosed with diabetes, diagnosed with high blood pressure, diagnosed with high cholesterol, currently smoke cigarettes, and binge drinking. The SPA experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.

Adult Health Indicators
Los Angeles County Service Planning Area 8 – South Bay
2009

Indicator	Age Group	Healthy People 2010 Objective		SPA 8 South Bay	
		Good	Target Rate	Rate	Status
Health Status					
Uninsured All or Part of Year	18 to 64	↓	0%	20%	
Source of Ongoing Care	18 to 64	↑	96%	80%	
Health Behaviors					
Healthy Weight	20 to 64	↑	60%	36%	
Obese	20 to 64	↓	15%	26%	
Moderate or Vigorous Physical Activity	18 to 64	↑	50%	33%	
Diagnosed with Diabetes	18 to 64	↓	2.5%	10%	
Diagnosed with High Blood Pressure	20 to 64	↓	14%	25%	
Diagnosed with High Cholesterol	20 to 64	↓	17%	22%	
Currently Smoke Cigarettes	18 to 64	↓	12%	14%	
Binge Drinking Past Month	18 to 64	↓	13.4%	33%	

Note:

↓ Indicates that the Healthy People 2010 objective is to reduce; ↑ indicates that the objective is to increase

Source: UCLA Center for Health Policy Research

Senior Health

Note: Findings are based on the 2009 California Health Interview Survey for Los Angeles County Service Planning Area – South Bay (SPA 8)

When comparing senior health indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to health access for: healthy weight, diagnosed with diabetes, diagnosed with high blood pressure, and diagnosed with high cholesterol. The SPA experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.

Senior Health Indicators
Los Angeles County Service Planning Area 8 – South Bay
2009

Indicator	Age Group	Healthy People 2010 Objective		SPA 8 South Bay	
		Good	Target Rate	Rate	Status
Health Status					
Source of Ongoing Care	65+	↑	98%	98%	
Flu Shot Past Year	65+	↑	63%	65%	
Health Behaviors					
Healthy Weight	65+	↑	60%	42%	
Obese	65+	↓	15%	22%	
Moderate or Vigorous Physical Activity	65+	↑	50%	34%	
Diagnosed with Diabetes	65+	↓	2.5%	18%	
Diagnosed with High Blood Pressure	65+	↓	14%	64%	
Diagnosed with High Cholesterol	65+	↓	17%	32%	
Currently Smoke Cigarettes	65+	↓	12%	9%	

Note:

↓ Indicates that the Healthy People 2010 objective is to reduce; ↑ indicates that the objective is to increase

Source: UCLA Center for Health Policy Research

Community Consultation

Note: Findings are based on South Bay health resource providers participating in a focus group, returned surveys completed by school nurses, and personal interviews conducted with community leaders, residents and activists.

Priority unmet health needs identified by health resource providers attending a focus group are:

- Lack of health insurance
- Lack of dental health services for adults and children
- Management of chronic diseases
- Lack of knowledge about health care resources
- Lack of comprehensive and complete caregiver support for adult and specific needs of children and families
- Lack of geriatric care
- Mental health care for all age groups
- Lack of affordable and adequate care management resources
- Substance abuse including methamphetamines

When asked to identify suggested roles for a community hospital in meeting these health needs, the top roles identified were as follows:

- Increase the distribution of clear and concise information and resource referrals by discharge planners
- Provide a venue for respite care and support for caregivers
- Provide mental health support services, especially for families of children who have a chronic disease
- Partner with faith-based organization to provide effective outreach to targeted groups
- Increase education resources related to medication management
- Provide a telephone hotline for health information and social services/caregiver support referrals
- Expand support groups
- Organize a task force with all hospitals working in an advocacy role to identify and meet needs for all in the community
- Increase health education with small group classes to continue after a large community forum
- Pool referral resources and create common directory (online database)

Unmet health care needs of students attending public schools were as follows (ranked in order of frequency of identification on survey):

- Obesity
- Diet and nutrition
- Dental health
- Vision
- Health education
- Exercise and physical education
- Health insurance
- Mental health
- Immunizations
- Hygiene
- Diabetes
- Asthma
- Eating disorders
- On-site clinic
- Drug use

When school nurses were asked what can be done to improve health status, responses included the following suggestions:

- Health education and community classes at schools or convenient locations
- Low cost or free health insurance
- Awareness and promotion of healthy habits, eating and lifestyle
- A dental van at school sites
- Exercise equipment or classes at school sites or school offices
- Full-time nurses at all schools with approximately 650 students or more
- Weight management program
- Low cost glasses
- Accessibility for asthma follow up
- Health assessments for children entering public school for kindergarten

When school nurses were asked what roles a community hospital can play to improve health status, the following suggestions were offered:

- School-based programs, especially for nutrition, diabetes and weight management
- Community health education classes offered in English and Spanish on nutrition, physical fitness and safety
- Provide satellite health clinics
- Partner with school nurses to establish an advisory committee of pediatric medical experts and school nurses to define health issues and solutions
- Physical exams
- Training for school nurses especially on traumatic injuries

- Free or low cost health insurance for poor families

Community leaders, residents and activists identified the following health care services as good in the South Bay:

- Wide choice of experienced physicians
- High quality services
- Paramedic systems and coverage
- Availability of choices and hospital facilities including Little Company of Mary, Torrance Memorial Medical Center and Kaiser Permanente South Bay Medical Center
- Emergency departments
- Trauma center at Harbor/UCLA Medical Center
- Burn Center
- Services available for indigent populations at Harbor/UCLA Medical Center and Avalon Family Clinic
- Availability of health care information in multiple formats such as classes, cable television and health magazines such as Vim and Vigor

Unmet health care needs in the South Bay identified by those participating in personal interviews included:

- Population without health insurance, including children and adults
- Lack of medical care for uninsured and underinsured children
- Transportation for indigent persons
- Crowded emergency rooms and long waits for emergency care services
- Poor dental care and lack of access to orthodontia services
- Difficulty in finding senior resources and services, such as affordable housing and skilled nursing facilities
- Senior health care information
- Services for frail elderly, including in-home assistance
- Access to affordable physical therapy
- Availability of local specialty physicians (e.g. neurologists, ENT, dermatologists) to provide care and treatment for work-related injuries
- Services for stroke victims
- Long waits for elective and reconstructive surgeries due to physician availability and insurance restrictions
- Diagnostic services in schools for early identification of ADD: insurance coverage for ADD treatment

Suggestions for a nonprofit community hospital to improve health status in the South Bay included:

- Outreach, for example, to community, schools, senior centers and isolated seniors
- Increase public awareness of the importance of prevention and ways to stay healthy
- Improve communications with agencies serving seniors regarding services available at Torrance Memorial
- Health education programs and support groups (such as obesity, diabetes, cholesterol, and asthma)
- Health education publications
- Flu shots
- Provide referrals for affordable health care services to people attending screenings and health fairs
- Partnerships with local free clinics and other health care providers to assist the uninsured
- Assist school nurses and school-based health clinics
- Participation in disaster planning, drills, and exercises
- Improve coordination and expand disaster planning drills to involve community physicians
- Provide language translators, as needed
- Increase awareness of van transportation services
- Increase emergency department triage services to decrease waiting times
- Continue to attract good physicians
- Offer meeting space to health-related community groups
- Expand community's knowledge of community benefits activities offered by Torrance Memorial

Healthcare Services: an Inventory of Resources

Inventory of services was completed in 2010.

Every three years, Torrance Memorial Medical Center conducts an inventory of health, education and social services available in the communities and cities of the service area. The inventory includes descriptions for the following categories: medical hospitals, psychiatric hospitals, specialty hospitals, such as children's hospitals and acute rehabilitation; acute care services including emergency rooms, long-term care facilities, rehabilitation services, other health care services such as dental care, free clinics, crisis lines, substance abuse treatment programs; home care services such as Meals-on-Wheels and Lifeline emergency response, and other services for people with disabilities. Among the highlights:

- The South Bay has a broad base of healthcare-related non-profit organizations.
- Healthcare needs in the community are continually in flux due in part to the dense population in the South Bay and cultural diversity of the service area, the complexity of private and public healthcare services, and the impact of increased employer costs for health insurance coverage and increased consumer out-of-pocket spending for medical costs.
- Hospital emergency departments are often the sole source of medical care for those who are uninsured.
- Since the mid-1990s, three community hospitals which operated full-service emergency departments have closed; a fourth hospital (Gardena Community Hospital) remains open but closed its emergency department.
- County-wide, 15 community clinics have closed in recent years.
- The supply of hospital beds in the South Bay has declined by over 1,300 beds in the last ten years (28% of capacity) causing near crisis access problems during peak hospital census periods

Section 4: Community Benefits Planning Process

In 2010, Torrance Memorial Medical Center completed a community needs assessment of the hospital service area (see **Section 3: Definition and Description of Our Community**). This needs assessment, combined with others previously completed in prior years – 1995, 1998, 2001, 2004 and 2007 – serve as the basis for developing a three-year strategic community benefits plan. Staff at Torrance Memorial Medical Center work in collaboration with a committee of community leaders to develop measurable objectives related to improving access to healthcare services, health education, promotion and wellness services; and coordination with community partners for important priorities such as disaster preparedness, care of victims of domestic violence, and health and other related services for area school districts and nonprofit agencies.

On an annual basis, staff from numerous departments at the medical center conducts community benefits programs and services in support of the plan's objectives. To prepare an annual community benefits plan, a community relations liaison, in association with finance, collects information from staff regarding programs and services conducted in the fiscal year, measures of progress and the estimated unreimbursed costs associated with these programs and services. In addition, staff reports involvement in community organizations (see **Appendix B**).

A Community Benefits Plan is developed by a committee of senior administrators and then reviewed and approved by the Board of Trustees. Each year, the plan is submitted to the Office of Statewide Health Planning and Development, in compliance with Senate Bill 697. A Community Benefits Report is posted on the hospital web site and printed for distribution in the South Bay. The community benefits plan is also shared with employees, physicians, and volunteers through numerous channels of communication.

In Fiscal Year 2007, the medical center initiated a Board of Trustees Community Benefits Planning Committee and increased the involvement of senior management in

setting priorities and monitoring progress for hospital community benefits. The Community Benefits Planning Committee reviewed the needs assessment and plan in depth and continues to monitor its progress.

Section 5: Community Benefits Plan Objectives

During Fiscal Year 2011, Torrance Memorial Medical Center continued to pursue the following objectives:

1. To continue to provide affordable and accessible healthcare services, to the extent possible.
2. To continue to provide health education, promotion and wellness services to improve the health status of the community.
3. To continue to coordinate efforts with community partners for community health improvement and education and training programs.

On an annual basis, Torrance Memorial Medical Center will monitor and report measures of plan progress. See **Section 6** for a report on the medical center's programs and services provided in Fiscal Year 2011 in support of these objectives.

Section 6: Community Benefits Plan Update

This section includes a description of programs and services provided by the medical center and an update of Fiscal Year 2011 activities. Programs and services are organized in response to the three priority categories of need identified in recently conducted needs assessments. A narrative summary of highlights follows below and detailed listings of community benefits programs and services are presented in Table 6.1, Table 6.2 and Table 6.3.

Access to Healthcare Services (see Table 6.1)

Needs assessments completed in recent years identified the need for affordable and accessible healthcare programs and services in the community, availability and accessibility of hospital emergency rooms and other healthcare services such as dental, vision and mental health.

In response, Torrance Memorial Medical Center community benefit services include: charity care for patients without the ability to pay for necessary treatment (see **Appendix A** for the Hospital's Financial Assistance Policy), absorbing the unpaid costs of care for patients covered by Medi-Cal, Healthy Families, and Medicare programs, providing on-call physician services in the hospital's Emergency Department, van transportation services for older adults and patients accessing the medical center, and the clinical skills training programs for nurses and ancillary staff.

Health Education, Promotion and Wellness Services (see Table 6.2)

Needs assessments continue to identify the need for health education, information and other wellness services. Topics of interest include nutrition and exercise, weight loss, heart health, diabetes, respiratory problems and medication safety.

In response, Torrance Memorial Medical Center participated in health fairs, conducted health education classes and support groups, staffed a dedicated health resource center, cancer resource center, breast examination training center, and image

enhancement center; and provided health information via magazines, lectures brochures/pamphlets, a web site, videos, cable television and a medical library.

Coordination with Community Partners (see Table 6.3)

Recently completed needs assessments indicate the need for partnerships and collaborations as a means to addressing community health needs and community disaster preparedness, including the education and training of students in healthcare careers.

In response, Torrance Memorial Medical Center participated in disaster drills and increased disaster response equipment, continued to place and update automated external defibrillators in public places, collaborated with other community hospitals to provide training on domestic violence, worked with school districts in the South Bay, provided community referrals, and worked with the Red Cross to organize blood drives.

Torrance Memorial Medical Center measures of progress for each community benefit program/service are summarized in **Table 6.1**, **Table 6.2**, and **Table 6.3**. Each table includes the following:

- Name of program/service
- Description of the program/service
- Fiscal Year 2011 update
- The category where unreimbursed costs are reported according to the framework established by Senate Bill 697 (see Table 7.1)

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.1: Programs in Response to Community Need: Improve Access to Healthcare Services

<p>Fiscal Year 2011 Objective: To continue to provide affordable and accessible healthcare services to the extent possible.</p>

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Charity Care	Non-billed services to hospital patients who could not afford to pay	<ul style="list-style-type: none"> Continued to apply hospital Financial Assistance Policy for full charity care and discount partial charity care policies 	Medical Care
Subsidy of Medically Indigent Patients	Medi-Cal and Healthy Families patients and low-income Medicare patients who are also eligible for Medi-Cal	<ul style="list-style-type: none"> Continued services to low income patients, as needed Filled drug prescriptions for approx 340 indigent patients upon discharge 	Medical Care
Subsidy of Medicare Program	Government sponsored program for medical coverage of patients over 65 or disabled and non-indigent	<ul style="list-style-type: none"> Continued services to Medicare covered recipients 	Medical Care
Physician On-Call Emergency Coverage	Coverage arrangements to maintain specialized physician services especially for uninsured Medi-Cal patients, in Torrance Memorial Emergency Department	<ul style="list-style-type: none"> Continued to maintain physician coverage 	Medical Care
Psychiatric Care of Indigent Patients	Provide assessment by a P.E.T. and fund psychiatric hospitalization as appropriate	<ul style="list-style-type: none"> Arrangements made with 1 hospital to care for 41 indigent patients with mental health and medical care needs. 	Medical Care
Van Transportation	Provide van transportation services for older adults and patients accessing the medical center, physician offices or Family Medicine Center of Carson	<ul style="list-style-type: none"> Furnished van transportation for 3,458 patient trips 	Other – Vulnerable
TLC – Mildly Sick Child Care	Provide a secure and comfortable place for infants to children age 13 who are mildly ill and in need of supervision	<ul style="list-style-type: none"> Served 1,185 children after an appropriate assessment 	Other -- Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2011 Objective:
To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Health Fairs	Provide health fairs for community residents and employees of local businesses. Topics include heart health, nutrition, weight loss, diabetes, prenatal care, medication safety, and respiratory problems. Blood pressure and body fat screenings are provided.	<ul style="list-style-type: none"> • Participated in 35 health fairs throughout the service area, serving 9,555 participants • Provided pulmonary function screening at 8 community events serving 1,532 people 	Other – Community
Health Education Classes	Provide a variety of health education classes addressing safety, wellness, disease management, stress management, exercise and relaxation	<ul style="list-style-type: none"> • Enrolled 7,386 persons in a full range of classes for staying well and keeping fit. • Provided free American Heart Association Family & Friends level CPR training to over 350 residents in partnership with the City of El Segundo “Super CPR Day”. • Provided scholarships to clients of the Pregnancy Help Center to attend prepared childbirth classes at no cost. 	Other – Community
Support Groups	Host 28 support groups, including amputee, burn, caregivers, diabetes, lymphedema, Parkinson’s Disease, surgical weight loss, medication management, meditation, stroke, and nicotine anonymous	<ul style="list-style-type: none"> • Provided free, ongoing support for patients and family members that nurtures the mind and spirit and gives information, guidance and companionship. (Groups are facilitated by hospital staff members) 	Other -- Community
Speakers Bureau	Provide health promotion information to community and business groups on a variety of topics	<ul style="list-style-type: none"> • Presented programs at 70 locations for 2,370 persons 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2011 Objective:
To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Health Resource Center (HealthLinks)	Provide easy-to-understand healthcare information and resources for patients, family members and the community. Free community resource packets are available on 19 topics such as adult day services, driver safety, medication safety and stroke	<ul style="list-style-type: none"> • Services provided to 16,592 visitors • Provided free community resource packets to 794 persons • Provided progress checks for 1,470 new babies via free baby weight checks 	Other – Community
Medical Library	Provide health education information for students, physicians, patients and family members, and the community	<ul style="list-style-type: none"> • Served 1,270 healthcare professionals and 107 patients and community members 	Other -- Community
<u>Vim & Vigor</u> Magazine	Provide health promotion information	<ul style="list-style-type: none"> • Mailed magazines 1 times a year to 55,000 South Bay residents 	Other -- Community
<u>Pulse</u> Magazine	Community resource showcasing preventative services, new technology and the wellness stories of local residents to impart health information positively impacting the health of our community.	<ul style="list-style-type: none"> • Mailed magazine 3 times a year to 95,000 households in our service area, distributing an additional 5,000 throughout the community 	Other -- Community
Educational Tapes and Website Videos	Provide health education and health promotion information to various audiences including cable television viewers, community residents, ADVANTAGE members and hospital patients	<ul style="list-style-type: none"> • Expanded access to health education programming via the internet with live steaming and “video-on-demand”. • Produced short videos on health topics for the website. • Videotaped 15 evening lectures for viewing at a later time by residents and Cox Cable viewers. 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2011 Objective:
To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Kids N Fitness [®] Program	Program to assist overweight children between the ages of 9 and 13 years and their families to make better lifestyle choices including healthier eating habits and more frequent exercise.	<ul style="list-style-type: none"> • Held 12 graduate classes (one per month for 12 months) with an accumulated total of 42 children and 42 family members, attending • Held 11 six-week sessions at the YMCA Torrance and San Pedro; enrolled 96 and provided both children and 76 adult family members with age-specific nutrition education and counseling at no charge. • Held 2 six-week sessions at Toberman House, San Pedro, for 30 participants chosen by Toberman staff at no charge. 	Other -- Community
ADVANTAGE	Network of free and low-cost, health-related services for adults age 50 years and older, including health education, exercise and wellness services	<ul style="list-style-type: none"> • Updated program membership database to 16,743 members. Enrolled 540 new members in 2011. Enrollment in classes to 4,376 persons • Mailed newsletters six times a year to over 12,100 households each mailing 	Other – Community
Image Enhancement Center for Cancer Patients	Provide cancer patients with image enhancement techniques by specially trained Image Enhancement volunteers	<ul style="list-style-type: none"> • Provided private instruction to 97 women on the use of makeup, scarves, hats and hairpieces. 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2011 Objective:
To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Cancer Resource Center	Provide information and education about a wide variety of cancer-related subjects including prevention, early detection, diagnosis, treatment and support services	<ul style="list-style-type: none"> Total one-on-one guidance via phone, email, mail, hospital visits and CRC walk-ins was 1,830 1281 community members attended on-site cancer support groups. Held 20th Annual Oncology Symposium for 67 healthcare professionals Conducted 7 offsite community presentations, for 217 persons and 7 at Torrance Memorial for 532 Held 4 sessions of "Look Good/Feel Better" for 47 participants. Hosted monthly Lymphedema Discussion Group sessions for 76 attendees. Ongoing community outreach and support services for 7 community organizations. Follow-up with 15 STAR participants 	Other – Community
Cancer Survivorship Care Program	Assist patients, family members and friends before, during and after a diagnosis of cancer with information, education and support	<ul style="list-style-type: none"> One-on-one guidance was provided by mail, phone, email and visits for 673 people. 	Other – Community
Breast Examination Training Center	Registered nurse teaches women breast self-examination to recognize early signs of breast disease	<ul style="list-style-type: none"> Gave 61 women group instruction Presented 1 community lecture for 14 local business employees. 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2011 Objective:
To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Bereavement Services	Provide counseling, education, support groups and an information resource center for individuals who are grieving the loss of a loved one	<ul style="list-style-type: none"> • Hosted two on-site bereavement support groups each week with 1,227 participants • Continued a Bereavement telephone support program • Held annual Memories of Mother Tea with 133 guests attending 	Other -- Community
Breast Health Navigator	Registered nurse with specialized training helps manage services for patients throughout the continuum of care from diagnosis to survivorship. Works collaboratively with Survivor Program coordinator.	<ul style="list-style-type: none"> • Followed progress of 379 positive patients and assisted with their navigation of the complex system of healthcare. • Assessed the physical and psychological needs of patients, worked with multidisciplinary treatment team and designed individual care plans with each patient. 	Other -- Community
Lundquist Cardiovascular Institute Primary Stroke Center	Multidisciplinary team of healthcare professionals effectively meets the unique and specialized needs of stroke patients	<ul style="list-style-type: none"> • Raised community awareness of the signs and symptoms of stroke and educated clinicians, caregivers, patients and family on the most effective treatments, efficient rehabilitation techniques and prevention measures 	Other -- Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

<p>Fiscal Year 2011 Objective: To continue to provide health education, promotion, and wellness services to improve the health status of the community.</p>

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Primary Prevention—Cardiovascular Disease	Offered cardiovascular and resistance exercise training in conjunction with El Camino College for course graduates to continue learned health behaviors and exercise training and weight management	<ul style="list-style-type: none"> Continued CV resistance class for continued exercise training on an on-going basis; offered 4 twelve-week sessions, meeting twice a week and serving 91 people 	Other -- Community
Cardiovascular Health Achieved Through Nutrition Guidance and Exercise Program (C.H.A.N.G.E.)	Prevention and reduction of risk factors that lead to obesity, diabetes and metabolic syndrome through behavioral, fitness and dietary education, personal health coaching and individualized exercise training with tools and skills for CHANGE	<ul style="list-style-type: none"> Continued 12 week comprehensive cardiovascular health program Conducted 6 sessions serving 77 participants Revised and implemented the CHANGE continuation program for graduates to continue proctored exercise to work toward the total wellness goal established during the previous twelve weeks. Participants enroll monthly, with 157 enrollments occurring over 12 months. 	Other -- Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2011 Objective:

To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Disaster Preparedness/Terrorism Response	Community disaster and terrorism response plans addressing mitigation, preparedness, response, and recovery to emergency or catastrophic events. Plans include communications, resources, safety and security, training and education, utilities' management, and the ability to continue to provide clinical services throughout the event. Coordination of Torrance Memorial's response plan with that of outside agencies, such as police, fire, and EMS, is the core of this program.	<ul style="list-style-type: none"> • Participated in state, county, and community symposiums and conferences. • Participated in 3 disaster drills and 1 real event including; a severed gas line (real), Active shooter drill, earthquake drill, and terrorist water contamination incident (full scale state-wide drill) with volunteer patients. • Conducted disaster classes outlining department specific as well as individual response, development of home emergency plans and what to do when earthquake shaking starts and stops to over 500 employees. • Coordinated city of Torrance CPR for Family & Friends for 110 residents. • Implemented Code Silver Active Shooter Plan. • Implemented Mass Fatality Plan. • Incorporated Palliative Care into hospital's emergency response plan. 	Education & Training
Public Access Defibrillation (PAD)	Provide AED/PAD awareness training, CPR and Heartsaver AED courses, maintain integrity of currently placed units at public sites and increase the number of AEDs at public sites.	<ul style="list-style-type: none"> • Placed an additional 6 units at appropriate community sites (total number supported is 155 units) • Updated/maintained each of the defibrillators currently placed at 85 sites • Provided onsite training for users • Taught CPR/Heartsaver AED classes 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2011 Objective:
To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Collaborative for Alternatives to Violence and Abuse (CAVA)	<p>Collaborative of community hospitals and Domestic Violence agencies working to end domestic violence in the South Bay. Program includes training hospital and partner agency staff to identify possible victims of domestic violence, mandatory reporting by healthcare workers, and linking victims to area social service and crisis agencies, legal aid services, or other resources, if desired.</p> <p>CAVA partners conduct outreach and community education programs on domestic violence and its effects upon children in the home.</p>	<ul style="list-style-type: none"> • Conducted training sessions for 85 healthcare providers, law enforcement personnel and representatives of community agencies • 41,684 emergency department and L&D patients were screened for domestic violence and 104 victims of violence were identified. • <i>Love Shouldn't Hurt</i> presentation by Dr. Jill Murray held at Torrance Memorial was attended by over 300 community members 	Other -- Community
Support of Local Non-Profit Agencies	Provide meeting space to community based organizations working with underserved populations	<ul style="list-style-type: none"> • Continued to make resources available as needed 	Other – Vulnerable

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2011 Objective:
To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Health Services for South Bay School Districts	<p>Collaborate with South Bay school districts to address unmet needs by supplying resources and/or providing information or community referrals</p> <p>Continued Adopt-a-School partnership with Calle Mayor Middle School as part of the Torrance Area Chamber of Commerce's Adopt-a-School program.</p>	<ul style="list-style-type: none"> • Hosted career days at the hospital for 274 students from 4 high schools and 1 community college • Participated in career days at middle schools and high schools • Distributed materials on healthcare careers to 65 high school counselors • Continued sponsorship of a medical advisory board for a local school district which discusses and addresses issues that impact the district • Hosted an annual recognition and education program for 53 local school nurses • Speakers presented 14 programs at local schools for 665 participants • Donated latex gloves for science labs, provided hand sanitizers as needed for each classroom, tickets to Holiday Festival for every staff member and donated to the band/choir program for the purchase of sheet music for performances. 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2011 Objective:
 To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Health Services for South Bay School Districts (continued)		<ul style="list-style-type: none"> • Provided repeat funding for LAUSD's/Harbor City Elementary after-school program "Climbing to the Top" addressing the importance of nutrition, health and fitness in the prevention of obesity and eating healthy on a budget. • Funded construction of cut-through to connect classroom to existing computer lab and library and facilitate staffing shortage at local middle school. • Donate 200 boxed lunches to continuation high school luncheon. 	

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2011 Objective:
To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Partners for a Healthy South Bay	Provide financial support and resources for volunteer activities at nonprofit health organizations in the South Bay	<ul style="list-style-type: none"> • \$59,000 donated to date to non-profit organizations providing services to vulnerable population clients 	Other -- Vulnerable
HealthLine Information	Provide telephone information and referrals to callers seeking assistance with local resources	<ul style="list-style-type: none"> • Provided 11,016 information referrals and 786 Medi-Cal related referrals 	Other – Vulnerable
South Bay Health Resources Partnership	Collaborate with health and social service nonprofit agencies in the South Bay to assist with providing awareness, information and referrals	<ul style="list-style-type: none"> • Provided two half-day seminars on The Building Blocks of Healthy Living and Mental Health serving 87 participants • Held the 15th annual health information fair with representatives from 51 agencies participating; fair was attended by over 400 professionals 	Other -- Vulnerable
Hospital Career Scholarships for High School Seniors	Provide scholarships to area high school students pursuing degrees, licenses or certifications in designated healthcare careers	<ul style="list-style-type: none"> • Awarded 16 scholarships to local high school seniors from 9 schools 	Education & Training

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2011 Objective:
To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Harbor Interfaith Services Collaborative	HIS assists the homeless and working poor to achieve self-sufficiency with food, shelter, transitional housing, child care, education, job placement, and counseling. Better serving the health needs of their clients is an unmet need	<ul style="list-style-type: none"> • Provided 2nd year of grant funds to provide dental care services for referred clients for cleanings, fillings, extractions and root canals • Supported 4th Annual Gala “A Work in Progress” which benefited child care, shelter services, and the expansion of family support services • Donated supplies of towels and other household linens, blankets, bath robes and liquid soap. • Provided scholarships for CPR classes to clients needing certification to gain employment or for entry into advanced education degree or certificate programs. • Organized employee giving opportunities to conduct food, gift, toy drives; Donation resulted in gifts in-kind of groceries and hygiene supplies, clothing, \$625 in cash and gift cards and 20 families adopted for the holidays, with gifts and complete meals provided. • Maintained a scrap metal recycling program 	Other -- Vulnerable

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

<p>Fiscal Year 2011 Objective: To continue to coordinate efforts with community partners for community health improvement and education and training programs.</p>
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Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Training and Career Preparation for Nursing and Ancillary Personnel	Various programs – Mentor/Mentee, preceptorships, internships, graduate student experiences, and affiliations – to train and prepare students for healthcare careers	<ul style="list-style-type: none"> • Participated in partnerships with 40 schools • Contracted with local schools of nursing to use our simulation lab to provide hands-on experience with interactive manikins using selected patient scenarios. Attended numerous Career Day Fairs at high schools and middle schools to provide information on healthcare careers. • Served as active participants in schools of nursing advisory councils. • Contracted with 26 schools which place non-nursing students at TMMC, i.e. phlebotomy, pharmacy techs, scrub techs, physical therapists and techs, radiation therapists, dieticians, respiratory techs, radiology techs, paramedics/EMTs, MRI/nuclear med and ultrasound techs, central service techs, occupational therapist and techs, speech pathologists and techs, etc. 	Education & Training
Continuing Medical Education Activities	Provide education classes and conferences for physicians, nurses and other healthcare professionals	<ul style="list-style-type: none"> • Provided 200 accredited continuing medical education activities for more than 4,157 physicians and 529 allied healthcare professionals • Held symposiums on oncology, cardiology, perinatal, wound care, chemical dependency series and bereavement 	Education & Training

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2011

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2011 Objective:
To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2011 Update	SB 697 Category
Blood Donor Center	Organize blood drives with the Red Cross to prevent seasonal blood crises and increase the number of units collected	<ul style="list-style-type: none"> • Worked with the Red Cross to increase the number of units collected at several sites • Continued to increase the number of employee donors each month 	Other -- Community
Thelma McMillen Teen Outpatient Program	Provide free and confidential consultations with a trained multidisciplinary team of physicians, psychiatrists, psychologist, certified chemical dependency counselors for youth 13 – 17 troubled by drugs and alcohol.	<ul style="list-style-type: none"> • Counselors met with 550 students individually and in groups. • Substances abuse counselors provided consultations at 10 high schools and several middle schools. • Provided in-service training for school staff. • Presented educational presentations for parents. • Served on drug task forces in several school districts. • Assisted in red ribbon week activities on campus. 	Other – Community
Annual Women’s Conference	Conduct 4 th Annual Women’s Heart Health Conference “Events of the Heart”, a 2-day event presented in collaboration with the American Heart Association, Los Angeles County Division	<ul style="list-style-type: none"> • Presented information on heart health from leaders in the field to 502 participants • Provided follow up blood pressure, body fat and blood glucose screenings to 151 participants. • Conducted “Ask A Female Physician” booth featuring the opportunity for participants to talk one-on-one with specialists about health concerns. 	Other – Community

Section 7: Economic Value of Community Benefits

In Fiscal Year 2011, the economic value of community benefits provided by Torrance Memorial Medical Center is estimated at **\$53,738,356**. **Table 7.1** summarizes the unreimbursed costs of these community benefits according to the framework specifically identified by Senate Bill 697:

- Medical care services
- Other benefits for vulnerable populations
- Other benefits for the broader community
- Health research, education, and training programs

Nonquantifiable Benefits

In addition to the value of these services, Torrance Memorial Medical Center provided the following nonquantifiable benefit (a category specifically identified in Senate Bill 697) in Fiscal Year 2011:

- Participation of staff in community non-profit organizations (see Appendix B for a listing of staff participation in organizations)
- Indirect costs of a program to provide outpatient services for chemically dependent adolescents, adults and their families. In 2011, Torrance Memorial Medical Center continued its collaboration with the Betty Ford Center to provide a free, local professional development series for 1500 healthcare professionals. In addition, the hospital performed free, confidential assessments, hosted bi-monthly networking meetings, hosted weekly 12-Step and three other support group meetings. Hosted monthly EAPA and South Bay Coalition meetings and CEAP trainings for 1400, and attended over 24 community meetings for school counselors, nurses, social workers, students, parents, employers, police and city officials.

**Table 7.1: Estimated Economic Value of Community Benefits Provided by Torrance Memorial Medical Center
in Fiscal Year 2011**

Senate Bill 697 Category	Programs and Services Included ^a	Unreimbursed Cost
Medical Care Services	Subsidy of Medically Indigent Patients ^b	\$15,901,930
	Charity Care ^c	\$6,191,082
	Subsidy of Medicare Program	\$26,691,266
	Other Medical Services	\$1,626,995
Other Benefits for Vulnerable Populations ^d	Van transportation, support of local non-profits, and referrals to local resources	\$533,651
Other Benefits for the Broader Community ^d	Health fairs, health education classes, educational tapes, information, support groups, web site, resource centers, and collaboration with school districts and local agencies	\$2,349,458
Health Research, Education and Training Programs ^d	Continuing education programs, disaster preparation training, career preparation programs for nursing and ancillary personnel	\$443,974
	GRAND TOTAL	53,738,356

^aSee Table 6.1, Table 6.2, and Table 6.3 for programs and services listed in the corresponding Senate Bill 697 categories.

^bSubsidy of Medically Indigent Patients refers to Medi-Cal and Healthy Families patients and low-income Medicare patients who are also eligible for Medi-Cal. The unreimbursed cost associated with both types of patients is calculated as the different between the cost of care (using the aggregate cost-to-charge ratio) and the government and other payors' reimbursement

^cCharity care cost is provided according to criteria defined by the hospital policy (see Appendix A). Its value was determined by applying the hospital cost-to-charge ratio in 2011 to the total charges for patients classified as charity patients.

^dUnreimbursed costs may include an average hourly rate for labor (plus benefits), supplies, materials and other purchased services. Costs are estimated by each coordinating department responsible for providing the program/service.

Appendix A: Financial Assistance Policy

Appendix A includes Torrance Memorial Medical Center Financial Assistance Policy for Full Charity Care and Discount Partial Charity Care Policies

TORRANCE MEMORIAL MEDICAL CENTER

Department: ADMINISTRATION

Policy/Procedure: **FINANCIAL ASSISTANCE POLICY**
Full Charity Care and Discount Partial Charity Care Policies

PURPOSE

Torrance Memorial Medical Center (TMMC) is a non-profit organization which provides hospital services to the community of Torrance and the greater South Bay area of Southern California. Torrance Memorial Medical Center is committed to meeting the health care needs of all patients in the community, including those who may be uninsured or underinsured. As part of fulfilling this commitment, TMMC provides medically necessary services, without cost or at a reduced cost, to patients who qualify in accordance with the requirements of this Financial Assistance Policy. This policy defines the TMMC Financial Assistance Program; its criteria, systems, and methods.

California acute care hospitals must comply with Health & Safety Code requirements for written policies providing discounts and charity care to financially qualified patients. This policy is intended to meet such legal obligations and provides for both charity care and discounts to patients who financially qualify under the terms and conditions of the Torrance Memorial Medical Center Financial Assistance Program.

The Finance Department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing, recording and accounting treatment of transactions at TMMC. This includes the handling of patient accounting transactions in a manner that supports the mission and operational goals of Torrance Memorial Medical Center.

SCOPE

The Financial Assistance Policy will apply to all patients who receive services at TMMC. This policy pertains to financial assistance provided by Torrance Memorial Medical Center. All requests for financial assistance from patients, patient families, physicians or hospital staff shall be addressed in accordance with this policy.

Introduction

Torrance Memorial Medical Center strives to meet the health care needs of all patients who seek inpatient, outpatient and emergency services. TMMC is committed to providing access to financial assistance programs when patients are uninsured or underinsured and may need help in paying their hospital bill. These programs include government sponsored coverage programs and charity care and discount partial charity care as defined herein.

Full Charity Care and Discount Partial Charity Care Defined

Full Charity Care is defined as any necessary¹ inpatient or outpatient hospital service provided to a patient who is unable to pay for care and who has established qualification in accordance with requirements contained in the TMMC Financial Assistance Policy.

Discount Partial Charity Care is defined as any necessary inpatient or outpatient hospital service provided to a patient who is uninsured or underinsured and 1) desires assistance with paying their hospital bill; 2) has an income at or below 350% of the federal poverty level; and 3) who has established qualification in accordance with requirements contained in the TMMC Financial Assistance Policy.

Depending upon individual patient eligibility, financial assistance may be granted for full charity care or discount partial charity care. Financial assistance may be denied when the patient or other responsible family representative does not meet the TMMC Financial Assistance Policy requirements.

Full Charity Care and Discount Partial Charity Care Reporting

TMMC will report actual Charity Care provided in accordance with regulatory requirements of the Office of Statewide Health Planning and Development (OSHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with regulation, the hospital will maintain written documentation regarding its Charity Care criteria, and for individual patients, the hospital will maintain written documentation regarding all Charity Care determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

TMMC will provide OSHPD with a copy of this Financial Assistance Policy which includes the full charity care and discount partial charity care policies within a single document. The Financial Assistance Policy also contains: 1) all eligibility and patient qualification procedures; 2) the unified application for full charity care and discount partial charity care; and 3) the review process for both full charity care and discount partial charity care. These documents shall be supplied to OSHPD every two years or whenever a significant change is made.

Charity care will be reported as an element of the hospital's annual Community Benefit Report submitted to OSHPD and any other appropriate state agencies.

Full and Discount Eligibility: General Process and Responsibilities

Eligibility is defined for any patient whose family² income is less than 350% of the current federal poverty level, if not covered by third party insurance or if covered by third party insurance and unable to pay the patient liability amount owed after insurance has paid its portion of the account.

¹ Necessary services are defined as any hospital inpatient, outpatient, or emergency medical care that is not entirely elective for patient comfort and/or convenience.

² A patient's family is defined as: 1) For persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and 2) For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent of caretaker relative.

The TMMC Financial Assistance Program utilizes a single, unified patient application for both Full Charity Care and Discount Partial Charity Care. The process is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify. The financial assistance application provides patient information necessary for determining patient qualification by the hospital and such information will be used to qualify the patient or family representative for maximum coverage under the TMMC Financial Assistance Program.

Eligible patients may qualify for the TMMC Financial Assistance Program by following application instructions and making every reasonable effort to provide the hospital with documentation and health benefits coverage information such that the hospital may make a determination of the patient's qualification for coverage under the program. Eligibility alone is not an entitlement to coverage under the TMMC Financial Assistance Program. TMMC must complete a process of applicant evaluation and determine coverage before full charity care or discount partial charity care may be granted.

The TMMC Financial Assistance Program relies upon the cooperation of individual patients who may be eligible for full or partial assistance. To facilitate receipt of accurate and timely patient financial information, TMMC will use a financial assistance application. All patients unable to demonstrate financial coverage by third party insurers will be offered an opportunity to complete the financial assistance application. Uninsured patients will also be offered information, assistance and referral to government sponsored programs for which they may be eligible. Insured patients who are unable to pay patient liabilities after their insurance has paid, or those who experience high medical costs may also be eligible for financial assistance. Any patient who requests financial assistance will be asked to complete a financial assistance application.

The financial assistance application should be completed as soon as there is an indication the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.

Completion of a financial assistance application provides:

- Information necessary for the hospital to determine if the patient has income sufficient to pay for services;
- Documentation useful in determining qualification for financial assistance; and
- An audit trail documenting the hospital's commitment to providing financial assistance.

However, a completed financial assistance application is not required if TMMC determines it has sufficient patient financial information from which to make a financial assistance qualification decision.

PROCEDURES

Qualification: Full Charity Care and Discount Partial Charity Care

Qualification for full or discount partial financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial

assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

The patient and/or patient family representative who requests assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide information necessary for the hospital to make a financial assistance qualification determination. The hospital will provide guidance and/or direct assistance to patients or their family representative as necessary to facilitate completion of program applications. Completion of the financial assistance application and submission of any or all required supplemental information may be required for establishing qualification for the Financial Assistance Program.

Financial Assistance Program qualification is determined after the patient and/or patient family representative establishes eligibility according to criteria contained in this policy. While financial assistance shall not be provided on a discriminatory or arbitrary basis, the hospital retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.

Patients or their family representative may complete an application for the Financial Assistance Program. The application and required supplemental documents are submitted to the Patient Financial Services department at TMMC. This office shall be clearly identified on the application instructions.

TMMC will provide personnel who have been trained to review financial assistance applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response.

A financial assistance determination will be made only by approved hospital personnel according to the following levels of authority:

Director of Patient Financial Services: Accounts less than \$100,000

Chief Financial Officer: Accounts greater than \$100,000 and less than \$200,000

President/CEO: Accounts greater than \$200,000

Factors considered when determining whether an individual is qualified for financial assistance pursuant to this policy may include:

- No insurance under any government coverage program or other third party insurer;
- Family income based upon tax returns and recent pay stubs
- Family size

Qualification criteria are used in making each individual case determination for coverage under the TMMC Financial Assistance Program. Financial assistance will be granted based upon each individual determination of financial need in accordance with the Financial Assistance Program eligibility criteria contained in this policy.

Financial Assistance Program qualification may be granted for full charity care (100% free services) or discount partial charity care (charity care of less than 100%), depending upon the

patient or family representative's level of eligibility as defined in the criteria of this Financial Assistance Program Policy.

Once determined, Financial Assistance Program qualification will apply to the specific services and service dates for which application has been made by the patient and/or patient family representative. In cases of continuing care relating to a patient diagnosis which requires on-going, related services, the hospital, at its sole discretion, may treat continuing care as a single case for which qualification applies to all related on-going services provided by the hospital. Other pre-existing patient account balances outstanding at the time of qualification determination by the hospital will be included as eligible for write-off at the sole discretion of management

Patient obligations for Medi-Cal/Medicaid share of cost payments will not be waived under any circumstance. However, after collection of the patient share of cost portion, any other unpaid balance relating to a Medi-Cal/Medicaid share of cost patient may be considered for Charity Care.

Patients at or below 350% of the FPL will not pay more than Medicare would typically pay for a similar episode of service. This shall apply to all necessary hospital inpatient, outpatient and emergency services provided by TMMC inclusive of Emergency Room physician services.

Full and Discount Partial Charity Care Income Qualification Levels

1. If the patient's family income is 200% or less of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the entire (100%) patient liability portion of the bill for services will be written off inclusive of the Emergency Room physician services.
2. If the patient's family income is between 201% and 350% of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the following will apply:
 - Patient's care is not covered by a payer. If the services are not covered by any third party payer so that the patient ordinarily would be responsible for the full-billed charges, the patient's payment obligation will be the gross amount the Medicare program would have paid for the service if the patient were a Medicare beneficiary.
 - Patient's care is covered by a payer. If the services are covered by a third party payer so that the patient is responsible for only a portion of the billed charges (i.e., a deductible or co-payment), the patient's payment obligation will be an amount equal to the difference between what insurance has paid and the gross amount that Medicare would have paid for the service if the patient were a Medicare beneficiary. If the amount paid by insurance exceeds what Medicare would have paid, the patient will have no further payment obligation.

Payment Plans

When a determination of discount partial charity has been made by the hospital, the patient shall have the option to pay any or all outstanding amount due in one lump sum payment, or through a scheduled term payment plan.

The hospital will discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be arranged based upon the patient's ability to effectively meet the payment terms. As a general guideline, payment plans will be structured to last no longer than 12 months. The hospital shall negotiate in good faith with the patient; however there is no obligation to accept the payment terms offered by the patient. No interest will be charged to the patient for the duration of any payment plan arranged under the provisions of the Financial Assistance Policy.

Special Circumstances

Any evaluation for financial assistance relating to patients covered by the Medicare Program must include a reasonable analysis of all patient assets, liabilities, income and expenses, prior to eligibility qualification for the Financial Assistance Program. Such financial assistance evaluations must be made prior to service completion by TMMC.

If the patient is determined to be homeless he/she will be deemed eligible for the Financial Assistance Program.

Patients seen in the emergency department, for whom the hospital is unable to issue a billing statement, may have the account charges written off as Charity Care. All such circumstances shall be identified on the patient's account notes as an essential part of the documentation process.

Other Eligible Circumstances

TMMC deems those patients that are eligible for government sponsored low-income assistance program (e.g. Medi-Cal/Medicaid, Healthy Families, California Children's Services and any other applicable state or local low-income program) to be indigent. Therefore such patients are eligible under the Financial Assistance Policy when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients (e.g. CHDP, Healthy Families, and CCS) where the program does not make payment for all services or days during a hospital stay, are eligible for Financial Assistance Program coverage. Under the hospital's Financial Assistance Policy, these types of non-reimbursed patient account balances are eligible for full write-off as Charity Care. Specifically included as Charity Care are charges related to denied stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care.

The portion of Medicare patient accounts (a) for which the patient is financially responsible (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payer including Medi-Cal/Medicaid, and (c) which is not reimbursed by Medicare as a bad debt, may be classified as charity care if:

1. The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low-income patients; or

2. The patient otherwise qualifies for financial assistance under this policy and then only to the extent of the write-off provided for under this policy.

Any patient whose income exceeds 350% of the FPL and experiences a catastrophic medical event may be deemed eligible for financial assistance. Such patients, who have high incomes do not qualify for routine full charity care or discount partial charity care. However, consideration as a catastrophic medical event may be made on a case-by-case basis. The determination of a catastrophic medical event shall be based upon the amount of the patient liability at billed charges, and consideration of the individual's income and assets as reported at the time of occurrence. Management shall use reasonable discretion in making a determination based upon a catastrophic medical event. As a general guideline, any account with a patient liability for services rendered that exceeds \$75,000 may be considered for eligibility as a catastrophic medical event.

TMMC will make every reasonable, cost-effective effort to communicate payment options and programs with each patient who receives services at the hospital. In the event that a patient or guarantor does not respond or communicate with TMMC to resolve an open account, TMMC may forward the account to its collection agency. Since the financial status of the patient is not known, the amount forwarded for external collection will be discounted 77%. The hospital's external collection agencies may adjust the amount further should the patient's financial status become known and the patient qualifies for financial assistance. The collection agency shall make efforts to collect only this reduced amount.

Any account returned to the hospital from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care. Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation file.

All accounts returned from a collection agency for re-assignment from Bad Debt to Charity Care will be evaluated by hospital personnel prior to any re-classification within the hospital accounting system and records.

Dispute Resolution

In the event that a dispute arises regarding qualification, the patient may file a written appeal for reconsideration with the hospital. The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any or all additional relevant documentation to support the patient's claim should be attached to the written appeal.

Any or all appeals will be reviewed by the hospital Director of Patient Financial Services. The director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the director shall provide the patient with a written explanation of findings and determination.

In the event that the patient believes a dispute remains after consideration of the appeal by the director of patient financial services, the patient may request in writing, a review by the Chief Financial Officer. The Chief Financial Officer shall review the patient's written appeal and documentation, as well as the findings of the Director of Patient Financial Services. The Chief Financial Officer shall make a determination and provide a written explanation of findings to the patient. All determinations by the Chief Financial Officer shall be final. There are no further appeals.

Public Notice

TMMC shall post notices informing the public of the Financial Assistance Program. Such notices shall be posting in high volume inpatient, and outpatient service areas of the hospital, including but not limited to the emergency department, billing office, inpatient admission and outpatient registration areas or other common outpatient areas of the hospital. Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance.

These notices shall be posted in English and Spanish and any other primary languages that are representative of 5% or greater of patients in the hospital’s service area.

A copy of this Financial Assistance Policy will be made available to the public on a reasonable basis.

Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values.

Good Faith Requirements

TMMC makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate.

Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient or family representative. In addition, TMMC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order to qualify.

Initial Approvals and Major Revisions

Operations Committee: 10/16/02
Board Finance Committee: 05/09
Board of Trustees 05/09

Initial Effective Date: 10/16/02
Revised Effective Date(s):
Reviewed Date(s): 06/04, 03/05, 8/05, 9/05,
Revised Date(s): 06/23/04, 8/05, 9/05, 12//06, 05/09,

Distributed to: Administrative Policy & Procedure Manual (Finance)

Related Policies:

Credit & Collection Policy – Admin 100.05

Discount Policy – Admin 100.06

Appendix B: Staff Involvement in Community Organizations

Appendix B includes an alphabetical listing of Torrance Memorial Medical Center staff involvement in community organizations. Time spent involved with community organizations is not quantified in the hospital's economic valuation of community benefits.

- 1736 House
- Alisa Ann Ruch Burn Foundation
- Alzheimer's Association, Los Angeles
- American Diabetes Association
- American Heart Association, South Bay
- American Red Cross
- Arts & Healing Coalition
- Asian American Physicians Association
- Autism Speaks
- Autism Society of America
- Avon Walk for Breast Cancer
- Beach Cities Health District
- California Council on Gerontology & Geriatrics
- Camp del Corazon
- Caring House
- Chamber of Commerce – El Segundo
- Chamber of Commerce – Hermosa Beach
- Chamber of Commerce – Manhattan Beach
- Chamber of Commerce – Palos Verdes
- Chamber of Commerce – Redondo Beach
- Chamber of Commerce – Torrance
- Children's Institute International
- Coastal Asian Pacific Mental Health

- Community's Child
- Coordinating Council - Carson
- Coordinating Council – Palos Verdes
- Foundation Fighting Blindness
- Freedom 4 U
- Friends Without Barriers
- Harbor Interfaith Services
- Harbor Occupational Center, San Pedro – Advisory Committee
- Harbor Occupational Center, San Pedro – Shared Decision Making Council
- H.E.L.P. – Circle of Advisors
- Homeless Services Coalition
- House of Miracles
- Human Relations Forum of Torrance
- Inter Faith Clergy Fellowship
- KeepSafe Coalition
- Little Sisters of the Poor
- Los Angeles Center for Reconciliation
- Luminaries
- Manhattan Beach Unified School District
- Manhattan Beach Unified School District – Medical Advisory Board
- Manhattan Beach Unified School District – Substance Abuse Task Force
- Mortar Board National Honor Society
- National Charity League
- National Council of Hospice/Palliative Care Professionals
- National Council on Alcoholism & Drug Dependence – South Bay Chapter
- Paralysis Projects of America
- Parent Education Network
- Parish Nurses
- Pediatric Burn Tumor Foundation
- Peninsula Education Foundation

- Pregnancy Help Center
- Professionals with Personal Experience in Chronic Care
- PTA
- Retired Senior Volunteer Program
- SCORE – Redondo Beach Senior Club Leaders
- Scouts
- Sigma Phi Omega National Honor and Professional Society in Gerontology
- South Bay Chinese School
- South Bay Coalition
- South Bay Coalition Community Drug Prevention Education Group
- South Bay Consortium for Alzheimer's Disease and Related Diseases
- South Bay Evergreen Senior Association
- The Wellness Community
- Toberman Settlement House
- Torrance Commission on Aging
- Torrance Symphony
- Torrance Unified School District
- Westside Special Olympics
- YMCA San Pedro/Peninsula
- YWCA Harbor