

Barlow Respiratory
HOSPITAL

COMMUNITY BENEFITS PLAN

2012

**Barlow Respiratory Hospital
2000 Stadium Way
Los Angeles, CA 90026**

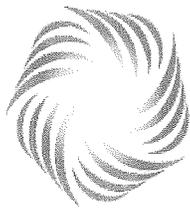
**Barlow Respiratory Hospital at Presbyterian Intercommunity Hospital
12401 Washington Blvd, Two East
Whittier, CA 90602**

**Barlow Respiratory Hospital at Valley Presbyterian Hospital
15107 Vanowen Street, Three East
Van Nuys, CA 91405**

**Barlow Respiratory Hospital
Administration
(213) 202 6886**

1/31/2013

.....helping you breathe easier

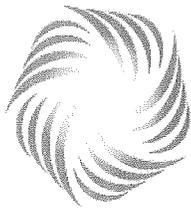


Barlow Respiratory HOSPITAL

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Barlow Respiratory HOSPITAL

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FISCAL YEAR 2012

I. INTRODUCTION

Barlow Respiratory Hospital (BRH) is a 105-bed, not-for-profit, long-term, acute care hospital with history of providing respiratory medical services to the Southern California community for over 100 years. Founded in 1902 as a tuberculosis sanatorium, Barlow Respiratory Hospital now treats patients suffering with a wide variety of pulmonary disorders such as chronic bronchitis, emphysema, asthma, and other chronic breathing disorders as well as chronically critically ill patients with multiple medical problems of long duration. Barlow Respiratory Hospital is committed to research on our patient population and focuses on developing patient care “best practices.”

In addition to patient care and research, our commitment extends to education of physicians, and other healthcare professionals by sharing knowledge gained through our expertise in caring for our patient population as well as providing community education on respiratory issues.

With facilities, adjacent to downtown Los Angeles, and within Presbyterian Intercommunity Hospital in Whittier, and within Valley Presbyterian Hospital in Van Nuys, Barlow Respiratory Hospital is equipped to serve adult patients with a wide range of patient diagnostic, and treatment services, as well as education and outreach activities to various community organizations, agencies, and local schools. Barlow serves as a teaching hospital for University of Southern California Medical School students. The hospital also hosts allied health professional school programs through affiliations with universities, community colleges and vocational training centers.

All patient care, community, and business decisions are based on adherence to the mission, vision, and values of Barlow Respiratory Hospital. The mission, vision, and values statements are an integral part of the organization. These statements are at the core of the strategic planning process.

II. MISSION

Barlow Respiratory Hospital's mission statement affirms its commitment to quality specialty health care programs, services, research, education, and community outreach.

"The mission of Barlow Respiratory Hospital, a not-for-profit, long-term, acute care specialty healthcare organization, is to improve the quality of life for patients with respiratory and other diseases that may require prolonged acute hospitalization or specialized treatment in the Southern California region. Barlow serves as a resource within the health care community and the community-at-large by adhering to standards of excellence in patient care, research and education."

In serving its community, Barlow works to achieve these primary objectives:

- ❖ Provide quality, cost-effective, individualized health care services in an environment focused on patient safety.
- ❖ Be an integral partner with other health care providers in ensuring a continuum of care and services.
- ❖ Serve as an educational center for the training of physicians, nurses, and allied health care professionals.
- ❖ Conduct and participate in scientific research, which addresses issues related to the population served.
- ❖ Collaborate with others to improve the health status of the community as it relates to our specialty.

III. VISION

The Barlow vision is to be recognized as the pre-eminent center for the treatment of patients with respiratory diseases and other chronically critically ill patients.

IV. VALUES

The Core Values of Barlow Respiratory Hospital are:

RESPECT: We value the uniqueness of patients, families, co-workers, and other business partners. We honor their different needs, cultures, perspectives, experiences, talents, and their individual worth. We recognize everyone's contributions and accomplishments, and encourage development of each individual's full potential. We treat each other as we would expect to be treated.

SERVICE: Our work makes a difference in peoples' lives by helping them. For patients and families, we are mindful that our help comes at a time when they are particularly needy and vulnerable. We strive for excellence by anticipating, meeting, responding to and exceeding our patients', co-workers', and other customers' needs.

INTEGRITY: We say what we mean and do what we say we will do. We are ethical in all relationships with co-workers and those we serve. We always strive to behave according to our core values. In our communication, we are clear, straightforward, and consistent. We are committed to personal, ethical, and professional standards. We do the right thing, even when it is difficult, and we accept responsibility for our actions and decisions.

QUALITY / IMPROVEMENT: We are driven to achieve superior value in the eyes of our customers. We take pride in our work. We believe that excellence in our products and services will distinguish us from our competitors. We focus on personal and professional development. We pay vigilant attention to detail to assess risks and reduce negative impacts.

TEAMWORK: We depend on each other to use individual skills and expertise in a joint effort for a common purpose. We go beyond individual self-interest to help co-workers achieve goals. We share information, effort, and credit. We step outside departmental boundaries to offer help.

INNOVATION: We look beyond the present to envision what could be. We seek, share, and adopt better ways of doing things, even looking outside the group, facility, or organization. We work to stay on the forefront of care, service, and quality. We are open to new ideas, and we reward creativity.

V. COMMITMENT TO COMMUNITY BENEFIT

The Boards of Directors of the Barlow Group, and its subsidiaries, Barlow Respiratory Hospital, Barlow Respiratory Research Center, and Barlow Foundation along with the hospital leadership, and staff are strongly committed to fulfilling its mission, which includes improving the health status of the community as it relates to Barlow Respiratory Hospital's specialty care, and services. Through clinical research, the Barlow Respiratory Research Center serves the community by creating, evaluating, and communicating outcomes for our patient population.

As part of strategic planning, the Boards of Directors, and hospital leadership continually evaluate population needs to assure services provide meet the needs, and to develop new services as the need is identified. This process occurs through input from numerous sources, the Medical Staff, hospital staff, referring hospitals, and a periodic community needs assessment.

Barlow Respiratory Hospital's mission statement also reflects its commitment to partnering with other health care providers and community organizations that share its charitable mission, and service area/population in providing care and services. Support from the Boards of Directors includes developing community outreach/health care initiatives, and allocation of resources for the planning, and implementation of these initiatives. The process included periodic measurement of programs, and services to assure priorities are met and allocated resources achieve planned goals and objectives.

The hospital administrative staff oversees the community outreach functions.

Hospital leadership, with input from others, sets, and monitors measurable objectives for the benefit plan core programs, assesses community needs, and opportunities, identifies collaborative partners, and assures that community benefit activities serve an identified at-risk population. Periodic reports on community benefits are presented to key internal groups, including hospital administration, management, and all boards of directors.

The hospital's Community Health Needs Assessment and annual Community Benefits Plan Update are shared with various community planning, and service-provider groups to inform about community benefits activities, and outcomes, as well as available outreach services. Internally, these documents are used to assess community benefits programs and assist in hospital planning.

VI. DEFINITION OF COMMUNITY

Barlow Respiratory Hospital, a regional referral center, defines "community" as the hospital's primary service area, and includes the patient populations that reside within it. Specifically, this service area encompasses the entire Los Angeles County. Patients are referred to Barlow from nearly 100 acute care hospitals throughout Northern and Southern California, with some referrals from home and/or long-term care facilities. Barlow provides needed respiratory and chronically critically ill medical services. Barlow improves the quality of life, and health outcomes of a diverse population.

Barlow's primary service area, Los Angeles County, is evidenced by a 2009 survey demonstrating that 87% of patient admissions by zip codes are from Los Angeles County. This compares to 88 % in 2002. The remaining 13 % are admitted from the five surrounding counties of Ventura County, Kern County, Orange County, San Bernardino County, and Riverside County or unidentified. Los Angeles County is one of the most diverse metropolitan areas in the nation. It is an economically and ethnically diverse community, with dozens of cultures, and languages spoken. Ethnic distribution in Los Angeles County for year 2008 was: Hispanic 47.3%, White 29.2%, Asian 13.1%, African-American 9.6%, and others .90%.

With over 10.3 million people, as of January 2010, Los Angeles County is the largest metropolitan area in the United States, and is exceeded by only eight (8) states. There are eighty-eight (88) cities in the county. Approximately 27% of California's residents live

in Los Angeles County. In 2008, approximately 10% of the population in Los Angeles County was over 65 years of age. Los Angeles County has the largest geriatric population of the Southern California counties, and this is projected to increase primarily due to the baby boom generation. Current illness and population trends indicate continued demand for pulmonary services, and for meeting the multiple health needs of the senior population.

VII. COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

Barlow conducted a health needs assessment in 2010. We monitored age, sex, respiratory services needs, where people go to for their medical problems and finally education needs. We also discussed access to care and special services. The findings of the 2010 survey are:

Methodology

Approximately 400 surveys were distributed to case managers at referring hospitals, doctor's offices, and employees of Barlow and finally were available on the intranet of Barlow.

Results

We received 129 responses with the following summary of results.

Age

80% respondents were older than 41 with the highest (36) being in the category of 41-50

Male 54-42%

Female 73-56%

Zip Codes

There were 58 zip codes listed in the response with a high of 11 in 90041 and 9 in 90042 with the majority having one each.

Access to Care

Access via Physicians 60%,

Access via urgent care 28%, access via emergency room 35%, via 911 4% (response does include more than one source for receiving service)

Receiving H1N1 – 73% of respondents did not receive H1N1 vaccine

Influenza Vaccine – 53% received the influenza vaccine

Health Care

The total responses of 129 with the greatest need in the area of

Allergy and Asthma care (38%), 8.1% needing CPOD care and 8% with sleeping problems breathing at night.

Education

Survey response for education indicates request for information on air quality, and smoking cessation.

Another community health assessment will be conducted in 2013.

VIII. MAJOR COMMUNITY BENEFIT INITIATIVE

A. Initiatives Focused on Prevention, Unmet Needs and/or Vulnerable Populations

1. Patient and Family Support Groups

Need: The number and severity of chronic conditions increases as individuals age. Approximately 50% of individuals over the age of 65 have at least one chronic health condition; and a significant percentage of individuals over the age of 65 have at least one chronic health condition plus co-morbidity. The prevalence of co morbidity with advancing age and the aging of our population suggests that there will be a substantial increase in the number of individuals living with multiple chronic health conditions.

Long Term Illnesses and/or extended hospitalizations due to these health conditions can be a stressful and difficult time for patients, their caregivers, and friends who provide care and support. The professional staff at Barlow Respiratory Hospital understands that the support of caregivers and friends is essential for patients to achieve an optimal outcome following an acute episode of a chronic illness, medically complex condition, or during rehabilitation. To help each patient achieve a successful outcome Barlow Respiratory Hospital sponsors patient and family support group meetings.

Description: Barlow support groups are offered monthly, and patients, caregivers and friends are welcome to gather and share their experiences regarding illness, and to provide peer support to one another.

Through regular contact with individuals in similar situations, social workers, the spiritual care counselor, and other Barlow professionals, Barlow support group members receive information regarding their disability, available treatments, and education regarding coping strategies. Support groups members also gain a sense of belonging and a desire to support their peers.

Barlow Hospital's professional staff (Department of Social Services, and Department of Rehabilitation) facilitates inpatient support groups, monthly

family support group meetings, and the Lung Rangers (six (6) times a year at the Los Angeles Campus).

- **Objectives:** The objectives of Barlow's patient/family support groups are:
 - To provide a professional, supportive environment for patients, their caregivers, and friends.
 - To provide education regarding managing stressors, and offering support.
 - To present the most current information regarding treatment.
 - To provide appropriate referrals and resource coordination.
- **Progress:** Barlow's patient and family support group meetings will continue to be offered on a monthly basis, and will continue as designed through the next fiscal year.
- **Proposal:** To initiate a maintenance exercise program for the patients/alumni – IPs and OPs and members from the Community who would wish to avail of this benefit. This would be set up on a Quarterly basis for 4-6 hours at the Main Campus.
- **Measurement:**
 - Number of meetings offered
 - Number of patients/families participating

B. Initiatives Focused on Community Building

1. Membership in Local Community Groups

Barlow representatives hold membership in numerous local community groups. As group members, Barlow representatives are involved in discussions which identify/clarify community issues, development and implementation strategies to address the issues, and monitoring and evaluating progress toward established goals.

Barlow representatives serve as liaison between community groups and civic/business leaders. Currently Barlow representatives are involved with the Echo Park Chamber of Commerce, Los Angeles Chamber of Commerce, and Los Angeles Rotary Club.

2. Meeting Facility

- **Need:** Barlow Respiratory Hospital provides a safe, clean, convenient facility and parking for community-based non-commercial groups to meet and discuss issues important to the community such as public and personal safety, public health issues, emergency preparedness, public education and local and national elections polling place.
- **Description:** Various non-commercial, community-based groups use Barlow Respiratory Hospital meeting facilities because it is a clean and safe environment to hold meetings. Barlow will continue to offer, at no cost, its facilities and parking to local community-based groups including:
 1. Citizens Committee to Save Elysian Park
 2. Echo Park Historical Society
 3. Echo Park Improvement Association
 4. Echo Park Security Association
 5. Los Angeles County Historical Society
 6. Los Angeles County – Department of Health Services Sexual Transmitted Disease Program
 7. Sierra Club
 8. Special Community events such as the Sierra Club event for Children at Christmastime
- **Objective:** To help foster community plans on community issues and seek information from the community on how Barlow can assist with community development programs.
- **Costs:** Associated costs are un-reimbursed.

C. Initiatives Focused on Long-Term Strategic, Community Health Improvement Goals

1. Improved access to respiratory and other complex specialty medical services.

- **Need:** The need for additional specialty services and a better referral system for specialty care are ranked third and tenth, respectively, among community health priorities identified in the Healthcare Association of Southern California (HASC) Regional Report 1998. According to the Barlow Respiratory Hospital 2007 Community Needs Assessment, the community has access to

medical care through primarily their primary care physicians, urgent care and the emergency room.

- **Description:**

- Geographic expansion of service delivery system: Barlow Network Satellite Program
- Recruitment of additional community-based physicians to active Barlow Respiratory Hospital medical staff membership.

Barlow Respiratory Hospital has continued efforts to bring its expertise in ventilator weaning, pulmonary rehabilitation, and treatment of the chronically critically ill to other communities.

Barlow Respiratory Hospital main also supports the operations of two (2) satellites – one in Presbyterian Intercommunity Hospital in Whittier, the other within Valley Presbyterian Hospital in the San Fernando Valley which will not allow any new expansion of LTAC'S for (3) three years. In spite of this, Barlow Respiratory Hospital remains committed to expanding its service area in order to offer its specialized services to patients throughout Los Angeles and its neighboring areas. We will continue to identify and move forward with our planning on this very important community.

Our medical staff continues to grow ensuring that our admitting panels are adequate to handle our chronically critically ill population and thereby ensuring broader access to our system.

- **Current Status:**

The current satellite units continue to be successful due to continued education of physicians, case managers and previous patients via word of mouth. Our medical staff membership continues to grow primarily due to these successes. Additionally physicians have requested continued medical education credits for continued learning regarding respiratory disease. We continue to move forward in our pre-planning for our next satellite unit. We will still need to formulate as series of educational programs for the community on differing respiratory disease.

- **Strategy to Meet Needs:**

- Continue to evaluate community programs at each site location.
- Developed Barlow specific patient video for use in hospitals.

Hospital Statistics

	2009	2010	2011
	2010	2011	2012
Number of Admissions:	728	807	773
Percent increase over previous year:	4%	11%	(4%)
Admissions by service:			
Ventilator weaning	311	272	301
Medical	0	0	0
Medically complex	397	476	433
Rehabilitation	0	22	20
Wound care	20	37	19

Number of patients weaned from prolonged ventilation:

	2009	2010	2011
	2010	2011	2012
Admitted to vent	311	271	270
Percent of patients weaned	48.9%	52%	57%

- **Measurement:**

- Number of patients accessing Barlow's care by product line
- Outcomes of patients in weaning program

2. Pulmonary Rehabilitation Program

- **Need:** Established in 1976, the Barlow Pulmonary Rehabilitation Program has helped thousands of respiratory patients learn to cope with their illness and return to a level of independence. Barlow's Pulmonary Rehabilitation Program is committed to enhancing the quality of life for the patients it serves.

Barlow's Pulmonary Rehabilitation Program is an increasingly attractive treatment methodology to patients, family members and physicians because it place emphasis on:

- Preventive healthcare
- Disease management measured in terms of functional outcomes
- Health-related quality of life rather than mortality statistics

- Pulmonary rehabilitation as an increasingly important component in the continuum of care for the pulmonary patient
- Cost-effective methods to provide health care at all levels

In response to multiple requests from patients, family members and physicians to provide this high level of therapy cost effectively, Barlow Respiratory Hospital offers the Pulmonary Rehabilitation Program at the main campus in Los Angeles.

- **Description:**

- **Assessment and Goal Setting:** Each patient is assessed prior to admission to the program by all medical and therapeutic disciplines to learn not only their physical condition, but also their living and social environments. This is done to gain insight into the types of practical challenges the patient may encounter. A personalized plan of care, which includes realistic and obtainable goals, is then prepared for each individual patient.
- **Treatment:** Working with a physician specialist, nurse, respiratory, physical and occupational therapists, dietician, social worker, and pulmonary rehabilitation educator, the patient re-learns such things as how to breathe, how to walk, how to conserve energy and how to use oxygen and medications. These are taught using such therapeutic interventions as exercise, retraining of breathing patterns, education sessions and strategies for behavior modification and psychosocial support. These interventions have been proven to help patients control their systems, avoid panic, and restore a higher level of quality to their lives.

- **Objectives:** Objectives of the Pulmonary Rehabilitation Program are:

- To give each patient the practical tools to maneuver through everyday life situations from self-care to home care and recreation/socialization.
- To teach each patient the warning signs of “panic attacks,” and how to avoid them.
- To give each patient a greater understanding of their rehabilitative therapy.
- To give each patient confidence, a level of independence and dignity.

- **Status:**
- **Un-reimbursed costs:** To be determined.
- **Measurement:** Number of patients (96 at three sites) accessing Pulmonary Rehabilitation Program.

In 2010, the in-patient added an out-patient pulmonary Rehabilitation Service. To date, 20 patients have benefited from the services of the out-patient program.

3. Medical Staff – Academic Training

Barlow Respiratory Hospital Serves as an educational center for the training of medical students from USC and UCLA. The students round with a physician director over a three (3) to four (4) week time period on critically ill patients, many of whom are ventilator dependent with multiple co-morbidities. Didactic teaching is performed using printed educational material as supplement to bedside teaching.

For Fiscal Year 2011/2012 a total of seven (7) students completed their pulmonary elective rotation. In addition, the Medical Director has been serving as a Voluntary Faculty member at UCLA since August 2010 to present, teaching System Based Healthcare. He teaches three times a month at UCLA for a four (4) hour time period.

4. Community Support

Barlow Respiratory Hospital in conjunction with COPE sponsors scholarships to Registered Nurses and Respiratory Therapy students. In 2009-2010, Barlow sponsor five (5) RN's and two (2) Respiratory Therapists. All of these students were subsequently hired by Barlow after sponsoring their training.

Barlow Respiratory Hospital offers experiences for students to determine if they are interested in health care. BRH working with COPE provides experiences for clinical extenders at all locations. BRH subsidizes the cost of the selection, orientation, and oversight of clinical extenders. The goal is encourage students to select health care as a future career. Approximately 60 clinical extenders went through the program.

The Rotary Health Fair offered spirometry, and pulse oximetry and blood pressure testing along with education on pulmonary diseases for community members of Rotary.

Barlow Respiratory Hospital sponsors a school---the Elysian Heights Elementary School. A cash donation to the school is provided, as well as holiday gift certificates for the school's most disadvantaged families are donated.

Barlow Respiratory Hospital leases as a community benefit with rent of \$1 per annul a building to the Aides Healthcare Foundation for use as administrative and events functions.

IX. COMMUNITY BENEFITS AND ECONOMIC VALUE

In estimating the costs of services we used the following methodology: where employees and/or costs of the hospital were involved, we identified actual costs and added benefit cost for labor hours. We also added an indirect allocation for maintenance, clean up, grounds, utilities, etc., and factored that into the calculations. Whenever monies were received for services provided, that revenue was offset against the costs of these programs. In terms of the large ticket items such as the subsidy of the Medi-Cal program we utilized our actual costs of approximately \$1,842 per patient day and subtracted the reimbursements per day from both of those programs.

Under the Subsidized Health Services component, we have listed the direct charity care cost and the shortfall from the Medi-Cal Program.

Under benefits for vulnerable populations we have listed the loss of potential revenue for rental to an affiliated community-support association, a hospice. (For the square footage costs we used a very conservative figure of \$18 per square foot).

The Research Center obviously benefits the medical community in terms of identifying and sharing new knowledge of treatment and outcomes for weaning patients from ventilator dependency. This knowledge is useful not only to Barlow Respiratory Hospital patients, but also for respiratory patients in all communities.

In calculating the economic value we used the direct costs associated with the research function as indicated by our financial records.

Categories	2010-2011	2010-2011
Medical Care Services		
Charity Care	\$ 132,554	\$ 165,103
Medi-Cal	\$ 1,571,999	\$ 2,215,508

Benefits for Vulnerable Populations

Building Lease to AIDS Hospice	\$ 298,600	\$ 293,600
Support Group Meeting	\$ 3,500	\$ 8,475
Benefits for the Broader Community		
Respiratory Health Education Program to Elysian Park Elementary Students	\$ 2,750	\$ 5,600
Community Use of Facility	\$ 11,000	\$ 8,900
Health Research, Education and Training		
Barlow Respiratory Research Center (Includes all associated costs and revenues)	\$ 237,841	\$ 195,782
Medical Students Training	\$ 68,000	\$ 68,000
Allied Health Professional Training COPE	\$ 303,700	\$ 175,000
HLTA Solutions		
BCS/ACLS Training – Health Professionals	\$ 10,040	\$ 13,813
Community Health Fairs	\$ 14,000	\$ 14,700
TOTAL ECONOMIC BENEFIT	\$ 2,653,984	\$ 3,164,481

X. NON-QUANTIFIABLE COMMUNITY BENEFITS

COMMUNITY BENEFITS OF RESEARCH

Barlow Respiratory Research Center (BRRC) is committed to excellence in scientific research in chronic lung diseases, and other disease processes in the respiratory and medically complex patient. BRRC contributes to the knowledge base of pulmonary and critical care medicine, and shapes the health care decisions for patients with ventilator dependency, respiratory failure and other disease processes in the respiratory and medically complex patient.

Barlow Respiratory Research Center's benefits to the community are many, and impossible to measure. Most far-reaching are BRRC scientific publications and presentations that benefit the southern California and world communities through the education of the physicians and allied health professionals responsible for the communities' health care. Since its inception in 1990, BRRC'S over 60 publications, and more than 80 presentations attended by thousands of medical professionals, have

established Barlow's leadership role in weaning patients from prolonged mechanical ventilation.

By conducting research and reporting its findings, Barlow Respiratory Research Center serves as a valuable resource for patients who become ventilator-dependent and have weaning and rehabilitative potential, those with chronic lung and medically complex disease processes, their families, and the medical community challenged with their care.

Need

Why are respiratory diseases important? According to the CDC Healthy People 2020 initiative, more than 23 million people in the United States currently have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and nearly an equal number have not yet been diagnosed. COPD is the fourth leading cause of death in the United States. In 2006, approximately 120,000 people died from COPD, almost as many as died from lung cancer in the same year. In nearly eight out of ten cases, COPD is caused by exposure to cigarette smoke. In addition, other environmental exposures (such as those in the workplace) may cause COPD. Individuals and their families, schools, workplaces, neighborhoods, cities, and states are all affected by the burden of respiratory diseases. Because of the cost to the health care system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual health care expenditures for asthma alone are estimated at \$20.7 billion.

Multiple demands of fiscal constraint, rapidly advancing technology, reorganization of health care delivery in the United States, evidence-based medicine, and an informed and empowered consumer base have all contributed to the prominent role of health sciences outcomes research in current medical decision-making. For example, caring for patients on ventilators outside of the Intensive Care Unit (ICU) was once a new frontier – now it is routinely recognized as part of the continuum of critical care by patients, their families, and physicians. Advanced technology in supporting and successfully treating critically ill patients has created a population of survivors of catastrophic illness, the chronically critically ill. The chronically critically ill are a large and growing population that is estimated to exceed 100,000 at any given time in the United States. Driving this trend are projections for growth of the adult prolonged acute mechanical ventilation population in U.S. hospitals to exceed 625,000 by the year 2020. The cost of care in the ICU for a ventilator-dependent patient can exceed \$3,000 per day. Patients are transferred out of the ICU to Barlow while still ventilator-dependent for a variety of reasons: cost savings, to free up beds for newly critically ill patients, and most importantly to utilize weaning expertise.

Clinical research calls for an enhanced infrastructure with needs to define and focus on the outcomes of medical care that are important to patients, their families, and society. These outcomes have been identified as “patient-centered outcomes.” Outcomes research focuses on the effects of medical care on individuals and society. Observational outcomes research relies on large sets of data, which contain information on patient characteristics, treatments, and outcomes. BRRC maintains one of the largest databases in the nation of ventilator-dependent patients admitted to a long-term acute care (LTAC) hospital for weaning from prolonged mechanical ventilation. BRRC studies are designed to work together to determine: the impact of disease on the patient, treatment effectiveness, and efficiencies of processes and delivery of care.

Description

Through observational, retrospective, and prospective clinical research Barlow Respiratory Research Center creates, evaluates and communicates new knowledge of treatments and outcomes of ventilator dependency, respiratory failure and other disease processes in the respiratory and medically complex patient populations treated at Barlow Respiratory Hospital.

Objectives/Progress

Objectives of Barlow Respiratory Research Center are:

1. Continue to study selected aspects of prolonged ventilator dependency and weaning, expanding the database compared to prior year. This includes the analysis of subpopulations of patients, such as patients admitted with selected diagnoses, renal insufficiency, pressure ulcers, those with infectious complications, and the very elderly. Report trends in patient demographics, weaning outcome, and survival.

Progress: With our ongoing Ventilation Outcomes Database (VOD), we continue to collect admission and discharge data on ventilator-dependent patients including: demographic information, functional status, prior ICU-stay information, co-morbidities, laboratory data, severity of illness (APACHE III APS), and subsequent outcome, disposition and survival information. The database now contains over 4,000 patients’ data, with appropriate confidentiality and security safeguards.

2. Continue to expand the capabilities of the Medically Complex Database, created in 2011 to initially describe the characteristics of patients admitted for treatment of a variety of medically complex conditions.

Progress: Medically complex patients – patients with prolonged severe illness not receiving mechanical ventilation – admitted to long term care hospitals (LTCHs) are a heterogeneous population whose characterization, treatment, and outcomes have yet to be reported in the medical literature. At the request of Administration, BRRC has

constructed a database utilizing available variables to characterize the population(s) of patients admitted to BRH with complex medical conditions. Using the NALTH Health Information System (NHIS) data as a foundation, this cohort of patients is every patient discharged from Barlow who was not admitted to for ventilator weaning, beginning with calendar year 2009. Going forward, the database is appended on a regular basis.

To date, variables are those available from the NHIS database and selected MediSolv queries and include: age, gender, major diagnostic category, race/ethnicity, pre-morbid residence and functional status, selected physiologic parameters on admission, presence of pressure ulceration and indwelling lines/tubes/catheters on admission and discharge, selected hospital-acquired infections, length of stay and discharge disposition. Starting with these variables we can report status on admission and discharge. Plans are to expand the database to include variables such as: treatments and interventions, co-morbid diagnoses, and additional physiologic parameters. In addition to reporting broad outcomes (length of stay, cost of care, discharge disposition) a goal is to identify subgroups of patients and craft specific clinical outcomes and analysis relative to posited questions and diagnoses.

3. Establish true benchmarks for post-ICU / post-short term acute care hospital patient populations by continued participation in the NALTH Health Information System (NHIS) sponsored by the National Association of Long Term Hospitals (NALTH).

Progress: The NHIS is a secure, web-based data repository designed specifically for long-term care hospitals. A participant since 2006, this multicenter database allows BRH and BRRC to perform: quality and outcomes benchmarking, operations benchmarking, policy development, and regulatory impact assessment. BRRC staff members serve in an advisory capacity on the Ventilator Weaning Quality Committee and other selected task forces.

4. To respond to a number of opportunities to share research findings through publications, and participation at and hosting of professional conferences, communicating new knowledge about disease processes and treatments that will lead to improved patient outcomes.

➤ **American Thoracic Society (ATS) 2012 International Conference**, San Francisco, CA, May 19-23, 2012

- **Poster presentation:** *Post-ICU Mechanical Ventilation: Trends in Mortality and 12-month Post-discharge Survival.* Meg Stearn Hassenpflug, MS, RD, FCCM. Session: B47 - INTENSIVE CARE UNIT PHYSIOTHERAPY AND WEANING: MIND OVER MUSCLE? Session Type: Thematic Poster Session- Poster Presentation Date: Monday, May 21, 2012, Time: 8:15 AM-4:30 PM

Hassenpflug MA, Steckart MJ, Nelson DR. Post-ICU mechanical ventilation: trends in mortality and 12-month post-discharge survival. Am J Respir Crit Care Med 185; 2012:A3086

- **Poster presentation:** *Post-ICU Mechanical Ventilation: Trends in Population Characteristics, Weaning Outcomes, and Discharge Disposition.* Meg Stearn Hassenpflug, MS, RD, FCCM. Session: B47 - INTENSIVE CARE UNIT PHYSIOTHERAPY AND WEANING: MIND OVER MUSCLE? Session Type: Thematic Poster Session- Poster Presentation Date: Monday, May 21, 2012, Time: 8:15 AM-4:30 PM

Hassenpflug MA, Steckart MJ, Nelson DR. Post-ICU mechanical ventilation: trends in population characteristics, weaning outcome, and discharge disposition. Am J Respir Crit Care Med 185; 2012:A3085

➤ **Hans E. Einstein, MD Memorial Lecture**

Sponsored by BRH and BRRC, with CME provided by the Hospital for Special Care (New Britain, CT), and supported by BREATHE California of Los Angeles County (formerly the Lung Association of Los Angeles County). The lecture series is in its 12th year, with 2012 being the first memorial lecture due to the passing of Dr. Einstein. The lectureship draws 60-70 physicians, nurses, and respiratory care practitioners from surrounding academic medical centers and community hospitals for an evening of networking and science on the Barlow campus. The lecture invitation is mailed to over 600 physicians and allied health care professionals in southern California.

- **Hans E. Einstein, MD Visiting Professor:** Jeremy M. Kahn, MD, MS, Associate Professor of Critical Care, Medicine and Health Policy, University of Pittsburgh School of Medicine and Graduate School of Public Health, Pittsburgh, PA presented, *"The Role of LTAC Hospitals in Critical Illness Recovery."*
5. Continue to collaborate with and provide data for selected stakeholders on projects and initiatives that impact post-ICU / post-short term acute care hospital patient populations.

Unreimbursed Costs

The Barlow Group and entities support associated costs not covered by general grant funding and donations.

APPENDIX

- 1. Barlow Respiratory Hospital Boards of Directors**
- 2. Charity Care Policy**
- 3. 2010 Community Assessment**



Barlow Respiratory HOSPITAL

BOARD OF DIRECTORS

Slate for selected director and officer candidates for Barlow Respiratory Hospital Board of Directors for the year 2013.

ACTION REQUIRED: Annual Re-election

Approval of **SELECT DIRECTOR** candidates:

- Michael D. Berger
- Susan Rich
- David Nelson, M.D.
- Alan Rothfeld, M.D.
- John J. Van Dyke, M.D.
- Richard Hurvitz, M.D.
- Anthony Koerner, M.D.
- Pernell Agdeppa
- David McFarlane

NO ACTION REQUIRED

Officers of the Barlow Respiratory Board of Directors for the year 2008:

Chair: Michael D. Berger

Vice Chair:

Secretary:

Designated Directors continuing in their position by their appointments are:

President and Chief Executive Officer: Margaret W. Crane

Chief of Medical Staff:
Barlow Respiratory Hospital: Azmy Ghaly, MD

Medical Director:
Barlow Respiratory Hospital: David Nelson, M.D.

Barlow Respiratory Hospital	CHARITY CARE	ISSUE DATE: August 1991	No.; ADM LD # 40~
		REVISION DATE(S): Sept. 1995, Nov. 1998, May 2001, Jan. 2004, Jan. 2007, Dec 2007	Page 1 of 5
JCAHO STANDARDS/DHS REGULATION: LD		REVIEW DATE(S): Aug. 1994, Jan 2011	
		BARLOW CROSS REFERENCE:	

PURPOSE

Barlow Respiratory Hospital (the “Hospital”), in keeping with its mission and values, provides its services without charge to eligible patients who cannot afford to pay for care. This policy provides guidelines to identify patients who potentially qualify for charity care and procedures for the processing of individual patient accounts.

PERSONS AFFECTED

Admitting	Social Service
Business Services	Case Managers
Finance	Physicians
Administration	

POLICY

This Charity Care Policy is intended to comply with all applicable federal and California laws regulating charity care provided by the Hospital, including without limitation, Article 3 of Chapter 2 of Part 2 of Division 107 of the California Health and Safety Code, commencing with Section 127400. Patients who qualify for charity care will not be charged for the medical services that they receive.

DEFINITIONS

“***Family income***” means the patient’s income, together with the income of the following: (1) for patients 18 years and older: the patient’s spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for patients under 18 years old: the patient’s parent, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

“***Federal poverty level***” means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code.

“***Patient with high medical costs***” means a person who does not receive a discounted rate from the Hospital as a result of his or her third-party coverage, when either of the following apply: (1) annual out-of-pocket costs incurred by the patient, at the Hospital, exceed 10% of the patient’s ***family income*** in the prior 12 months, or (2) annual out-of-pocket medical expenses incurred by the patient, anywhere, exceed 10% of the patient’s ***family income***, if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months.

“***Self-pay patient***” means a patient who does not have third-party coverage from a health insurer, health care service plan, Medicare, or Medicaid, and whose injury is not a compensable injury for purposes of workers’ compensation, automobile insurance, or other insurance as determined and documented by the Hospital.

RESPONSIBILITIES

Business Services is responsible for initial screening, which may include performing financial screening and means testing on patients to determine qualification for charity care. Admitting, Social Service, Case Managers, and physicians may request that charity determination be initiated.

POLICY STATEMENT/PROCEDURE

Amount of Charity Care

Patients who are eligible for charity care will not be charged for the medical services that they receive.

Eligibility Determination

A charity care patient is a patient whose *family income* does not exceed 200 percent of the *federal poverty level*, and who is: (1) a *self-pay patient*, or (2) a *patient with high medical costs*.

Generally, the determination that a patient stay is considered eligible for charity care will be made upon admission or as soon as possible thereafter. However, in some cases the designation as charity care may be made after rendering services, and in some circumstances even after rendering of the bill. All services at Barlow are available as charity care.

The Financial Assistance Approval Form (see attached) shall be completed for all charity care requests and be submitted to the Director of Business Services for review. Generally, only the following may be considered in determining eligibility for charity care.

- *Family income*, as evidenced by recent pay stubs or income tax returns;
- Whether the patient is a *self-pay patient*; and
- Whether the patient is a *patient with high medical costs*, as evidenced by appropriate documentation.

In no circumstances shall the following be considered in determining eligibility for charity care:

- Retirement or deferred-compensation plans qualified under the Internal Revenue Code.
- Nonqualified deferred-compensation plans.
- The first ten thousand dollars (\$10,000) of a patient's monetary assets.
- Fifty percent (50%) of a patient's monetary assets over the first ten thousand dollars (\$10,000).

Financial information may be verified by a third party service. In unusual circumstances (for example, there is reason to believe the patient has substantial assets despite a low family income), the Hospital may require waivers or releases from the patient or the patient's family authorizing the Hospital to obtain account information from financial or commercial institutions, or other entities that hold or maintain the monetary assets to verify their value. Information obtained in determining eligibility for charity care shall not be used for collections activities.

Approval of financial assistance will be denied if Medi-Cal or other health and welfare eligibility application is refused by the patient or if the patient is uncooperative or delays the process. Generally, the patient will be

given 30 days to complete the necessary paperwork to apply for financial assistance, including providing supporting documents. In addition, assignment to Hospital of all insurance payments, including liability settlements, is required, within the guidelines of the Hospital Lien Act.

Final Approval and Notification of Charity Care Eligibility Decision

Charity care must be approved by either the Chief Executive Officer (“CEO”) or Chief Financial Officer and documented on the Financial Assistance Approval Form. At the time a decision is made for the approval or denial of an account for charity, a letter should be sent to the patient or responsible party as notification of the decision made. The letter should be written and should include the following information:

- Patient name
- Account number(s)
- Current outstanding balance of the account(s)
- Dollar amount or number of days stay granted for charity (which generally will be all amounts)
- Any balance which will be due on the account (if only a portion of the account is to be written off to charity, for example, amounts incurred after the patient has reached a lifetime limit under his or her insurance policy)
- Detail of arrangements to pay for any remaining balance on the account after the charity write off is made (for example, amounts incurred before reaching a lifetime limit)
- Appeal process if request for financial assistance was denied.

The letter should be signed by the CEO.

A Charity Care Committee shall be established and consist of the CEO, Medical Director, Executive Director of Strategic Planning, and a Board member. The duties of the Committee are to:

- Review appeals of denials of financial assistance, including the following documentation:
 - Appeal letter to the Committee from the patient or party with financial responsibility requesting reevaluation.
 - Supporting documents that may provide inability to pay that were not part of the initial consideration.
- Make recommendations to the CEO or CFO for final approval.

Notice of Policy

All potentially eligible patients are encouraged to apply for assistance through the State, County or other programs. The Hospital shall provide patients with a clear and conspicuous written notice that shall contain information about the availability of the Hospital’s Charity Care Policy and Discounts for Medical Services Provided Policy, as well as contact information for the Business Services Department (213.250.4200, Ext. 3302 or 3306), from which the person may obtain further information about such policies. Such notice shall also be

provided to patients who may be billed for that care, but who were not admitted. This written notice shall be provided in English, and in any language that is spoken by more than 5% of the Hospital's patients.

Clear and conspicuous notice of the Charity Care Policy and Discounts for Medical Services Provided Policy shall be posted in locations visible to the public, including:

- The main lobby at Barlow Main
- The patient financial counseling room at Barlow Main
- The visitor waiting room at BRH@VPH
- Admissions office
- The hallway outside of the nursing station at BRH@PIH

If the Hospital bills a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge, as part of that billing, the Hospital shall provide the patient with notice that includes all of the following:

- A statement of charges for services rendered by the hospital.
- A request that the patient inform the Hospital if the patient has health insurance coverage, Medicare, Healthy Families, Medi-Cal, or other coverage.
- A statement that if the patient does not have health insurance coverage, the patient may be eligible for Medicare, Healthy Families, Medi-Cal, California Childrens' Services Program, or charity care.
- A statement indicating how patients may obtain applications for the Medi-Cal program and the Healthy Families Program and that the Hospital will provide these applications. If the patient does not indicate coverage by a third party, or requests a discounted price or charity care, then the Hospital shall provide an application for the Medi-Cal program to the patient. This application shall be provided prior to discharge if the patient has been admitted or to patients receiving outpatient care.
- Information regarding the charity care application, including a statement that if the patient lacks, or has inadequate, insurance, and meets certain low-and moderate-income requirements, the patient may qualify for discounted payment or charity care, and the contact information for the Business Services Department (213.250.4200, Ext. 3302 or 3306), from which the person may obtain further information about such policies, , and how to apply for such assistance.

Other

Normal charging procedures will be followed by the Hospital for recording services provided to charity care patients.

Collection activity by the Hospital will cease when (i) the patient is declared eligible for charity care or (ii) the patient is attempting to qualify under the Hospital's Charity Care Policy and is attempting in good faith to settle an outstanding bill by negotiating a reasonable payment plan or by making regular partial payments of a reasonable amount (unless any collection agency to which such patient's bill has been forwarded has agreed to comply with the provisions of Article 3 of Chapter 2 of Part 2 of Division 107 of the California Health and Safety Code, commencing with Section 127400).

The completed Financial Assistance Approval Form will be filed in Business Services.

The amount of charity care provided will be reported separately in the monthly financial statements.

APPROVED BY:

Name/Title/Date

Name/Title/Date

Name/Title/Date

2010 Community Benefits Survey

Please indicate your age group: Under 30 31-40 41-50 51-60 61+

Are you: Male Female What is your zip code: _____

Have you or a family member needed respiratory services? Yes No
If yes, was it Inpatient Outpatient

Please describe what kind of respiratory services you need:

Where do you or your family with respiratory/breathing problems go for care?

Please select: Primary Physician Urgent Care Emergency Room Dial 911

Have you ever been hospitalized within past years for respiratory problems? Yes No
If so how many times? _____

Have you been vaccinated against pneumonia? Yes No

Have you been vaccinated against Influenza? Yes No

Do you need health services for any of the following?

Allergy	<input type="checkbox"/>	Tuberculosis screening	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>
COPD	<input type="checkbox"/>	Sleep problems/breathing	<input type="checkbox"/>	Cough	<input type="checkbox"/>
Pulmonary rehabilitation	<input type="checkbox"/>	Other lung problems	<input type="checkbox"/>	Influenza Vaccine	<input type="checkbox"/>
Pneumonia	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	Pneumococcal Vaccine	<input type="checkbox"/>

Do you need education for any of the following?

Smoking Cessation	<input type="checkbox"/>	Breathing Techniques due to shortness of breath	<input type="checkbox"/>
Healthy lungs	<input type="checkbox"/>	General Information	<input type="checkbox"/>
Nutritional health	<input type="checkbox"/>	Air quality & impact upon lung or breathing	<input type="checkbox"/>

Other respiratory/breathing problems (please describe on reverse):

Do you access health care information online? Yes No

If you would like information on services provided by Barlow Respiratory Hospital, please fill in your name and address:

Name: _____

Address/City/State/Zip: _____