



Dominican Hospital

Community Benefit Report 2012  
Community Benefit Implementation Plan 2013

A message from President, Dominican Hospital and Board Chairperson

At Dominican Hospital we share a commitment to optimize the health of the community we are privileged to serve. Vital to this effort is the collaboration we enjoy with our community partners. How we contribute to the quality of life and the environment in our communities has always been a key measure of our success and it will continue to be so as we move forward.

In January 2012 Dignity Health, formerly Catholic Healthcare West, announced changes in our governance structure and name that will better position the system to welcome new partners in a changing health care landscape. The new name, Dignity Health, was chosen because dignity has been one of our core values since our founding. It is deeply embedded in our culture and clearly describes who we are and what we stand for. Our new governance structure more accurately reflects our current composition of both religiously sponsored and community sponsored hospitals.

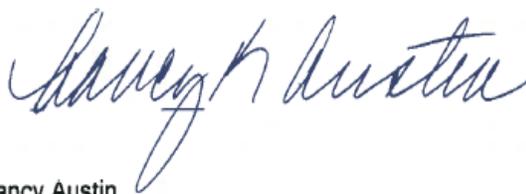
During fiscal year 2012 we, like the nation, were impacted by the continuing economic downturn and experienced both successes and challenges. Despite declining revenue from government sponsored patients, we provided \$65.4 million in charity care, community benefits, and unreimbursed patient care.

At Dominican Hospital we strive to manage our resources and advance our healing ministry in a manner that benefits the common good now and in the future. Despite today's challenges we see this as time of great hope and opportunity for the future of health care. We want to acknowledge and thank the women and men who have worked together in a spirit of collaboration to address the health priorities of our community through health and wellness programs and services.

In accordance with policy the Dominican Hospital Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their November 28, 2012 meeting.



Nanette Mickiewicz, MD  
Dominican Hospital President



Nancy Austin  
Chairperson, Dominican Hospital Board of Directors

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# Executive Summary

## I. Executive Summary

Dominican Hospital (DH), founded in 1941, is located at 1555 Soquel Drive, Santa Cruz, CA. It became a member of Dignity Health, formerly Catholic Healthcare West (CHW), in 1988. The facility is licensed for 288 beds and two campuses - the main campus being 15.11 acres and the Rehabilitation Services Campus being 4.51 acres. Dominican Hospital has a staff of approximately 1700 employees and professional relationships with more than 500 local physicians and allied health professionals.

The major service lines of the hospital, as defined by Medicare DRG codes are:

General Medicine	Rehabilitation	Neonatology
Cardiovascular	Pulmonary	Trauma
OB/GYN	Neurosciences	Cardiac/Thoracic/Vascular Surgery
Orthopedics	Normal Newborns	Emergency Services
General Surgery	Oncology	

In response to identified health-related needs in the Community Needs Assessment (CAP) we attempt to set forth our commitment to the care of the poor, to wellness promotion, disease prevention and to education. Major Community Benefit activities for 2012 focused on the reduction of services for ambulatory sensitive condition visits to the Emergency Department and admission to the Hospital, building community partnerships, promoting social justice, and acting as advocates for the disadvantaged and forgotten.

**Mobile Health Clinic** was selected as a priority to address prevention of disease, to empower community members to assume responsibility for their own health, and to decrease the number of Ambulatory Sensitive Condition visits to the Emergency Department and Hospital admissions. The clinic provides episodic care for immediate healthcare issues and makes referrals to Community clinics and physician offices in an effort to establish a health home for the patients.

**Dominican Pediatric Program** continues to respond to the healthcare needs of the underserved. In a “one stop shopping” model, children from newborn to 18 years of age receive primary health services, and access to a dietician, social worker, laboratory testing, and referral for specialty care. This year mental health assessment services and neurological consultation services by faculty from Lucile Salter Packard Children’s Hospital at Stanford were added.

**Prenatal and Centering Pregnancy Program** continues to provide well-woman/well-baby care in groups throughout the first year of life and beyond. A credentialed midwife provides well-baby care individually within the group session and also addresses pregnancy problems, concerns, and solutions. This model is one of empowerment for the woman and her partner to learn about pregnancy, childbirth, and parenting. This year the program added an exercise component – yoga in pregnancy.

**Dominican Interdisciplinary Child Development Program** is a new partnership of Dominican Pediatrics, First Five of Santa Cruz, Santa Cruz County Children and Family Services and Children’s Mental Health. This multidisciplinary program was designed to address a vast array of needs of children entering the foster care system. The child receives a comprehensive developmental, educational, behavioral, and cognitive assessment

with the biological and foster parents present. Recommended treatment plans and referrals for specialized care and therapy are followed up with a comprehensive case management system for foster care children who have endured trauma and loss and to assist in their healing.

**Katz Cancer Resource Center (KCRC)** continues to provide support and resources to residents of the DH service area. The KCRC, located on the main campus is an excellent resource center that addresses the medical, physical and emotional needs of cancer patients and their families. In 2010 the KCRC added the services of the Nurse Navigator assisting those families touched by cancer to better navigate the health care system and the special needs of the cancer patient. The KCRC Navigator service has had 105 patients and 830 personal encounters with cancer patients and their families. The Center has provided one-on-one counseling sessions, yoga, lectures, workshops, and referrals for 5543 patients. Services are provided in English and Spanish.

Dominican chose to address two of the chronic care needs in our community, Congestive Heart Failure and Diabetes as our Long Term Improvement Plan (LTIP) initiatives:

- **Survival Skills Program** is a supplemental inpatient program for patients diagnosed with diabetes. This program is a discharge consultation service for inpatient referrals from physicians or nurses. Prior to discharge from the hospital, a Certified Diabetic Educator (CDE) from Dominican's Outpatient Lifestyle Program visits high risk patients with a diagnosis of diabetes. Emphasis is on education for self- management and use of equipment for a successful community transition to diabetic outpatient systems and home support. Dominican Hospital has an outpatient diabetes education program that is certified by the American Diabetes Association. Diabetes was identified in the CAP as being on the rise in the Santa Cruz Community.
- **Heart Failure Program** is designed to build a sustainable patient-centered program that focuses on the reduction of Emergency Department and Hospital readmits. This is done by tracking readmissions concurrently, improve best practice above core measure standard, identify those persons who can participate in a support group out of the hospital, and reduce readmissions of this population. Currently the program is being evaluated for resources and the potential operations from the Cardiovascular Anticoagulation Clinic.

The Dominican Hospital Community Benefit Report 2012 and Community Benefit Implementation Plan 2013 documents Dominican's ongoing process to reaffirm the hospital's Mission, to incorporate the community assessment results and shared community goals into the strategic planning process, to focus and prioritize development of programs/services based on needs identified by the broader community, and to establish the community benefit budget. The total value of Community Benefit for FY 12 is \$65,416,442 which includes the unpaid costs of Medicare \$23,056,996.

# Mission Statement

## II. Hospital's Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services
- Serving and advocating for our sisters and brothers who are poor and disenfranchised
- Partnering with others in the community to improve the quality of life

The commitment of the organization to improve the health of the community and address unmet health needs, particularly those of the poor, disadvantaged and underserved, ensures that the hospital's decisions and processes are guided by the Mission and the Vision and Values of the Adrian Dominican Sisters. Dominican has provided leadership in community improvement through the sponsorship of the Santa Cruz County Community Assessment Project, now in its 18th year. This collaborative project is designed to measure and improve the quality of life in Santa Cruz County. Community benefit programs addressing unmet community needs are targeted in Dominican's Strategic, Operational, and Financial Plan.

# Organizational Commitment

Dominican Hospital has a local Board of Directors accountable to the Dignity Health System Board. The President of Dominican heads the Hospital's leadership team, comprised of the Chief Operating Officer, Chief Financial Officer, Chief Medical Officer, Chief Nursing Officer, Chief Quality Officer, Vice President-Human Resources, Vice President-Sponsorship, a Director for Community Engagement, and a Senior Director of Business Development and Managed Care. Dominican's President and the Executive Team take an active role in managing the Community Benefit Process. The Board of Directors of the Hospital has appointed several members of the Board to serve on the Dominican Community Advisory Committee, known as the Dominican Community Advisors. These Board members and other appointed community members comprise the full complement of the Dominican Community Advisors which directly oversees the Community Benefit programs.

Dominican's leadership system is driven by the core values of Dignity Health: Justice, Collaboration, Dignity, Stewardship and Excellence. Dominican Hospital's Strategic Planning process establishes strategic initiatives that are aligned with the Corporate Vision for a growing, diversified health care ministry distinguished by excellent quality and committed to furthering efforts in community wellness and engagement. Dominican's Community Benefit Programs and initiatives align with the Dignity Health's Strategic Focus on Growth: Partnering in the community to increase public/private collaboration to address disproportionate unmet health needs.

The annual Hospital budget is created by Hospital staff and approved by the Hospital President and Executive Management Team. The Board of Directors of Dominican Hospital then approves the annual Community Benefit budget. Several of the Community Benefit programs are departments of the Hospital and those budgets have been thus examined in detail. New Community Benefit programs must be accepted as part of the Strategic Plan of the Hospital before they can be included in the Community Benefit process.

## Responsibilities of the Dominican Community Advisors

A gap analysis of the health needs in the community is done in the Fall to determine needs that the Advisors see arising because of their close contacts in the community. The Dominican Community Advisors are thereby able to suggest gaps in service in the County and recommend new programs that Dominican may consider developing as a Community Benefit program.

Dominican Hospital participates in the Dignity Health Community Grants program annually. Priorities of annual grant funding are determined based on specific needs that the Dominican Community Advisors have identified as they fall within the broader Dignity Health objectives. Requests for applications are solicited and then reviewed and awards determined by a sub group of the Advisors. Dominican awarded \$148,495 to local non-profits in 2012. The Dignity Health Community Grant Luncheon afforded each of the eight agencies to highlight their collaborative work with the hospital and the community.

Dominican Community Advisors (DCA) review the progress of former grantees through presentations at their quarterly meetings. The DCA recommends that a program continue or transition, based on information they gather and feedback from Dominican staff or the community. Members of the DCA also visit several of the Hospital's larger Community Benefit projects on location annually to see Community Benefit work in action.

## **Non-Quantifiable Benefits**

Dominican works collaboratively with many community partners, such as United Way, Santa Cruz County, Second Harvest Food Bank, the Homeless Services Center and Central California Alliance for Health in spearheading and developing innovative ways to serve the health needs of the Community. The hospital provides leadership and advocacy by providing resources to assist with local capacity building, and participates in community-wide health planning through sponsorship of community surveys to improve the well-being of the community. This year the hospital received the designation as a “Baby Friendly” facility.

Dominican sets an example for the community in many ways. Among them are having a smoke-free campus, holding a weekly Farmers’ Market and providing space for a community garden. The Hospital provides recycling bins, purchases fair trade coffee and sponsors workshops on growing your own food. Many employees voluntarily participate in fundraising events for non-profits in the community, especially health-related events.

# Community

## Definition of Community

The primary service area of Dominican Hospital, a Dignity Health Member, is Santa Cruz County. The Santa Cruz County community is further defined within the hospital's mission, which is to meet the health care needs of the people of Santa Cruz County with high quality, high value health care services, without distinguishing by race, creed, religion, or source of payment.

## Description of the Community

Santa Cruz County has a population of approximately 264,298 and covers 441 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county. The city of Santa Cruz, which is the county seat, has an estimated population of 61,955 as of January 2012. Santa Cruz is one of California's most popular seaside resorts with its historic Boardwalk, spectacular coastline, and accessible beaches. The City of Watsonville is the center of the county's agricultural activity, with major industries including food harvesting, canning, and freezing. As of January 2012, the City of Watsonville has an estimated population of 51,611. Other incorporated areas in the county include the cities of Scotts Valley and Capitola. Approximately 49% of the population lives in the unincorporated parts of the county, including the towns of Aptos, Davenport, Freedom, Soquel, Felton, Ben Lomond and Boulder Creek, and districts including the San Lorenzo Valley, Live Oak, and Pajaro.

## Community Demographics

The county is 59% White and 30% Latino with the remainder of the population comprised of Asian, African American and other ethnic backgrounds. The county has a relatively mature population with 52% of the residents' ages 35 or older. The senior population, those aged 65 and older, represent 18% of the population. While the county's largest ethnic group is White, the fastest growing ethnic group is Latino. Most Santa Cruz County residents have a high school degree (84%) in 2011.

Median family income was \$74,928 in Santa Cruz County in 2011, higher than in California (\$65,476) and the nation overall (\$61,455). The unemployment rate in Santa Cruz County and throughout the country has steadily declined since 2010, following a ten-year high. The unemployment rate was 10% for the county during the month of June 2012, lower than the state overall (11%). The City of Watsonville had the highest unemployment rate at 21% for June 2012. While the median sales price of homes in Santa Cruz County has decreased 24% since 2003, rent continues to increase in the county. Average rent for a one bedroom apartment was approximately \$1,200 in 2011 compared to about \$1,100 in 2005, an increase of over 12%.

There was a statistically significant difference between the percent of White (90%) and Latino (51%) Community Assessment Project (CAP) survey respondents who currently had health insurance in 2011. Overall, the county has seen a decrease in health coverage since 2007. Individuals without a dependable source of health care reported more difficulties obtaining needed care and receiving fewer preventative health services. Many seniors are reporting they are utilizing Medicaid as a dependable source of care. Fifteen percent of Santa Cruz County respondents, ages 65 and older, reported that they were covered by a form of Medicaid.

The U.S. Department of Health and Human Services (DHHS) defines Health Professional Shortage Areas and Medically Underserved Areas as having a need for medical services based on demographic data, including the ratio of providers to the population, the number of people living in poverty, uninsured births, low birth weight babies, access to prenatal care, infant mortality rates, and unemployment rates. According to the DHHS definition, there are two areas within Santa Cruz County that have been designated as Medically Underserved Area/Populations. These areas are within census tracts 1003.00 and 1101.00 and include the Felton/West Santa Cruz Service Area and the Monterey Service Area, respectively.

- Population: 61,955 (City of Santa Cruz); 51,611 (City of Watsonville) (Jan 2012)
- Diversity: Caucasian 59%| Hispanic 30%| Asian | African American | American Indian/Alaska Native 11%
- Average Income: \$74,928
- Percent of Uninsured Residents of Santa Cruz County 2011: Overall 20%; White 11%; Latino 49%
- Unemployment: 10% in Santa Cruz; 21% in the City of Watsonville (June 2012)
- No HS Diploma: 16% (2011 statistic)
- Renters: 44% (2011 statistic)
- CNI Score 2.8:
- Medicaid Patients:15%
- Other Area Hospitals: 2

## Community Benefit Planning Process

### III. Planning Process

#### A. Community Health Needs and Assessment Process

Over the past eighteen years, a consortium of public and private health, education, human service, and civic organizations, convened by the United Way of Santa Cruz County, have sponsored the Community Assessment Project of Santa Cruz County (CAP), a collaborative project to measure and improve the quality of life in Santa Cruz County by:

- raising public awareness of human needs, changing trends, emerging issues, community assets and challenges;
- providing accurate, credible and valid information on an ongoing basis to guide decision-making.
- setting community goals that will lead to positive healthy development for individuals, families, and communities; and
- supporting and assisting collaborative action plans to achieve the community goals.

Applied Survey Research (ASR), a not-for-profit social research firm, was originally contracted by the United Way to incorporate best practices from other assessment efforts across the nation into a community assessment model that would provide public and private interests with clear information about past trends and current realities. Under the guidance of the CAP Steering Committee, ASR continues to manage the project, collecting secondary (pre-existing) data and conducting a bi-annual community survey for primary data.

In the beginning, Dominican Hospital was a key partner in the establishment of the Community Assessment Project process, both with leadership involvement and financial support. Dominican continues to support with representation on the CAP Boards. Dominican has provided grant funding to the Go for Health Initiative and has partnered with the program at both the Pediatric and Prenatal Clinics. Dominican Hospital annually publishes *Focus on Health* which includes the Community Assessment Project report with circulation to more than 90,000 households in Santa Cruz County.

#### Model Summary

The CAP community assessment model, now implemented for its eighteenth year, provides a comprehensive view of the quality of life in Santa Cruz County. Measures of community progress depend upon consistent, reliable, and scientifically accurate sources of data. One of the types of data gathered for this project is primary data. The only primary data are from a telephone survey of a sample of Santa Cruz County residents. There is

much to be learned from people's perceptions of their community, especially when those perceptions contradict the empirical evidence about conditions.

In order to capture and understand the diverse perspectives of community members, Applied Survey Research conducts a telephone survey, in both English and Spanish, with over 700 randomly selected County residents. The intent of the survey is to measure the opinions, attitudes, desires, and needs of a demographically representative sample of the County's residents. Respondents are primarily asked questions with confined opinions in addition to open-ended questions. The survey was conducted annually between 1995 and 2005, and biennially since 2005.

In 2011, 722 surveys were completed with County residents. Telephone contacts were attempted with a random sample of residents 18 years or older in Santa Cruz County. Potential respondents were selected based on phone number prefixes, and quota sampling was employed to obtain the desired geographic distribution of respondents across North County, South County, and the San Lorenzo Valley. In order to address the increasing number of households without land-line telephone service, the sample included wireless/land-line random dial prefixes in Santa Cruz County. All cell phone lines were dialed manually (by hand) to comply with Telephone Consumer Protection Act (TCPA) rules. Respondents were screened for geography, as cell phones are not necessarily located where the number came from originally.

As previously mentioned, quotas were used with respect to respondents' location of residence. Sufficient samples were taken to allow generalization to the overall population within the three designated geographic regions.

Data from the CAP 18 survey were weighted along several demographic dimensions to data analysis. Data weighing is a procedure that adjusts discrepancies between demographic dimensions prior to data analysis within a sample and the population from which the sample was drawn.

The survey data for CAP 18 were simultaneously weighted along the following demographic characteristics: gender, ethnicity, and geographic location.

A sample size of 722 residents provides a 95% confidence that the opinions of survey respondents do not differ from those of the general population of Santa Cruz County by more than +/- ¼ %. The confidence intervals can be applied when examining the results of the geographic comparisons. Demographic breakdowns and comparisons on key indicator results (ethnicity, region, age, gender, and income) of this survey are available on the web at: [www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org) or [www.santacruzcountycap.org](http://www.santacruzcountycap.org).

A complete report of the Community Assessment Project (CAP 18) will not be available until late November. A summary of some of the CAP 18 outcomes can be found in the community section on page 8.

Annually Dominican Hospital publishes the report on the Community Assessment Project (CAP) and circulates it to greater than 93,000 households throughout Santa Cruz County. This publication also focuses with a story about the highlights of the report, including a photo of the community heroes.

## **B. Assets Assessment**

1. Resource Directories are available that identify the following community assets:

Community Center  
Education/Recreation

Legal/Consumer Services  
Medical Care

Equipment/Rentals	Senior centers
Food/Meal Programs	Support Services
Health Support Services	Transportation Services
Information/Referral	Volunteer Services

2. All of the services listed above have linkages to the outcomes of the Community Assessment Project.

### **C. Developing the Hospital's Implementation Plan (Community Benefit Report and Plan)**

1. One of the primary purposes of CAP is to encourage collaborative community action that will positively impact the Community Goals. The Technical Advisory Committee (TAC) Committee is pleased to note that community action has occurred at the individual organizational level as well as the community group level over an 18 year period.

The CAP has nurtured and encouraged a community focus by establishing Community Goals for improvement. There are several goals for each of the six areas - Economy, Education, Health, Public Safety, Social Environment, and Natural Environment. The Community Goals for the year 2010-2015 were created with more than 1,000 community members, advocates, stakeholder groups, community volunteers, and organizations – all of whom are experts in the respective areas under review. Groups and organizations are asked to become champions to help achieve the Community Goals. The following groups led the community goal-setting process: The Workforce Investment Board, The Volunteer Center, Ecology Action, The Health Improvement Partnership Council, the County Probation Department, and representatives of Cabrillo College.

2. Annually the Hospital receives a copy of the most current CAP report. The report is reviewed by several groups and links to existing programs and is evaluated as to how they may/may not meet the needs of the identified areas in the CAP report. Based on information received and availability of resources, Dominican Hospital determines what actions it might take to improve or enhance existing programs, add new services, or partner with existing community organizations with similar missions to meet the needs identified in the CAP report. Given that the complete CAP report will not be available until late November, this process for the Hospital will occur early in 2013.

All new programs must be pre-approved prior to implementation and are designed to meet the needs of the CAP target population, hospital needs, or simply an opportunity to partner. New programs are presented to the Community Advisory Committee and also the Hospital Board for approval.

Current year healthcare goals are identified in Section VI, Plan, Report and Update.

The Community Needs Index is another indicator that we use. It rates the likely need of a zip code by identifying socio-economic barriers, including employment, education, insurance, housing and culture/language barriers. The CNI attempts to isolate the neediest areas of the County by zip code. The findings confirm what has been demonstrated by the CAP report in locating the neediest areas of our county. Please see the CNI map in Appendix B.

### **D. Planning for the Uninsured/Underinsured Patient Population**

1. The Hospital's Financial Assistance and Charity Care Policy follow the Dignity Health Corporate policy. Please see Appendix C.
2. Dominican Hospital is committed to making all patients and visitors to the hospital aware of the financial assistance available to them and has worked hard to implement this practice. To meet our patient's

needs, Dominican Hospital has six Financial Specialists. They are available to help uninsured patients apply for Medi-Cal, Healthy Families, Healthy Kids, Medicruz or Medicruz Advantage. Other representatives are located in the Emergency Department and patient care areas. We have established the following techniques to make all patients aware of the financial assistance and help available to them:

- Our uninsured and collection vendors have been trained with our policy and offer payment assistance.
  - We are actively seeking out people who have been patients but have not sought assistance. For people who don't respond to our initial requests, we are doing an automated screening that identifies people who qualify for 100% charity (PARO). We have expanded our payment to the underinsured in the community.
3. Posters in both English and Spanish are placed in registration areas, the Emergency Department and in other high profile areas. Brochures are available in English and Spanish at all registration and patient accounting areas. The visibility of our Patient Assistance representatives has increased. The business cards of the Financial Specialists, stating "Payment Assistance" are distributed to any patient requesting assistance.

# Plan Report and Update including Measurable Objectives and Timeframes

## Summary of Key Programs and Initiatives – FY 2012

The Dominican Strategic Plan indicates that Access to Care initiatives are strong and we continue to explore partnerships throughout the Santa Cruz service area.

Healthcare goals identified by the 2010 CAP Report indicates what Dominican will continue to work on over the next 5 years:

- Goal 1:** By the year 2015, access to primary care will improve as measured by:
  - o 95% of Santa Cruz County residents will report having a regular source of health care;
  - o Less than 10% will report the Emergency Department as one of their regular sources of health care
  - o No significant difference between the percent of Caucasian and Latino residents reporting a regular source of health care.
- Goal 2:** By the year 2015, 98% of Santa Cruz County children 0 to 17 will have comprehensive health care coverage as measured by the CAP Survey.
- Goal 3:** By the year 2015, the prevalence of childhood obesity in Santa Cruz County will decrease as measured by:
  - o % of children under 5 years who are overweight or obese will decrease from 15% to 12%,
  - o % of children 5 to 19 years who are overweight or obese will decrease from 26% to 21%

The following are the five core guiding principles of the Dignity Health community benefit program objectives:

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

Our Community Benefit program efforts continue to reflect the Hospital strategic goals, the CAP community goals and the Dignity Health Objectives. Many of these programs were developed several years ago in response to earlier CAP surveys and are still relevant and needed today. Several are new this year as we respond to the needs of the community.

Below are the major initiatives and key community-based programs operated or substantially supported by Dominican Hospital in 2012. Programs intended to be operating in 2012-13 are noted by an asterisk\*.

**Initiative I Improving Access to Healthcare**

- Dominican Pediatric Clinic - Primary Health and Dental Care; mental health assessment
- Dominican Subspecialty Program for Pediatrics- Early Infant Development, GI, Pulmonary
- Wellness Health Clinic – Mobile Unit \*
- RotaCare evening clinic sponsored with Rotary \*
- KidSmart in Schools \* Sept-Oct 2012
- Community Social Service Consultation and Referral \*
- Community Grant – Healthy Kids\*
- Community Grant – RotaCare \*
- Oral Surgery Program
- SANE/SART in cooperation with the County for victims of domestic violence\*

**Initiative II Preventing and/or Managing Chronic Health Conditions**

- Lifestyle Management – physical, neuro, diabetes, cardio \*
- Annual Crisis Intervention Symposium \*
- *Community Grant – Hospice of Santa Cruz County\**
- *Well Checks at Community Health Fairs (several community sponsors)\**
- Cardiac LTIP (includes Stroke Program)\*
- Diabetes LTIP\*
- PEP Classes to Prevent Health Problems\*

**Initiative III Improving Physical Activity and Nutritional Health**

- First Aid at Community Events\*
- Athletic Training Program with high schools
- Second Harvest – Food distribution and Nutritional Education\*
- Sweet Success (Lifestyle Management for Children)
- Community Grant – Second Harvest Food Bank\*
- Community Grant – United Way 5210 Initiative\*
- Community Grant – Community Bridges\*

**Initiative IV Improving Women’s Health and Birth Outcomes**

- Dominican Prenatal Program\*
- Sweet Success (Diabetic Education for Pregnant Women)\*
- Centering Pregnancy Program\*
- Lactation Consultation \*
- Cancer Detection Program \*
- Katz Cancer Program \*
- Low Cost Mammograms \*
- Early Infant Development Program collaborative with Stanford\*

**Initiative V Improving Life in the Community**

- Community Garden and Farmers’ Market\*
- Tattoo Removal \*
- Low-cost apartments \*
- Educational Opportunities through internships and partnership with local institutions
- Personal Assistance Programs to patients \*
- Community Grant – Homeless Services Center \*

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending December 31, 2015, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

New Programs added this year include the following:

1. **PEP Classes to Prevent Healthcare Problems** – provides appropriate preventative services to improve the health and welfare of individuals with disabilities. This is in response to the aging of the population and an increase of disabilities in that age group. Basic data for the program was based on quality of life information in the 2011 CAP report and correlates with the Dominican Mission and disproportionate unmet health needs (DUHN).
2. **Dominican Interdisciplinary Child Development Program** – Assessment and treatment Program for children ages 6 months to 5 years in the foster care system.

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Dominican Community Advisors, Executive Leadership, Dominican Board of Directors and Dignity Health receive quarterly updates on program performance.

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

# PROGRAM DIGEST

<b>Dominican Pediatric Clinic</b>	
<b>Hospital CB Priority Areas</b>	<ul style="list-style-type: none"> <li>X Improving Access to Healthcare</li> <li>X Preventing and/or Managing Chronic Health Conditions</li> <li>X Improving Physical Activity and Nutritional Health</li> <li><input type="checkbox"/> Improving Women's Health and Birth Outcomes</li> <li><input type="checkbox"/> Improving Life in the Community</li> </ul>
<b>Program Emphasis</b>	<ul style="list-style-type: none"> <li>X Disproportionate Unmet Health-Related Needs</li> <li>X Primary Prevention</li> <li>X Seamless Continuum of Care</li> <li>X Build Community Capacity</li> <li>X Collaborative Governance</li> </ul>
<b>Link to Community Needs Assessment</b>	This program is targeted primarily to the poor and underserved but also reaches the broader community. It serves foster children and children of incarcerated parents as well as children of single parent and dual parent families. High risk children with multiple diagnoses are often identified in this population.
<b>Program Description</b>	The program provides primary health services on a routine basis for low-income children living in Santa Cruz County. Services include those of pediatricians, mid-level providers, a registered dietician and a social worker.
<b>FY 2012</b>	
<b>Goal FY 2012</b>	Continue to support the Dominican Pediatric Clinic and determine methods to decrease the number of children with a diagnosis of obesity. Develop an interdisciplinary Child Development Clinic for foster children < 5 years old and services of a mental health liaison worker to assess children in our Pediatric Clinic to be able to access services within the County.
<b>2012 Objective Measure/Indicator of Success</b>	To increase access to primary care to the poor and underserved pediatric patients. To develop the interdisciplinary child development program.
<b>Baseline</b>	This clinic is the only one in the county that addresses the health needs of the low income with multiple medical diagnoses as well as social issues, .i.e, foster care, parent incarcerated, on drugs, etc.
<b>Intervention Strategy for Achieving Goal</b>	Through collaboration with Santa Cruz County Mental Health, First Five, Childrens' Mental Health, and Lucile Salter Packard Hospital for children, the Neuro Development Program will ensure assessment, treatment and follow up for children ages 6 months – 5 years identified with potential neuro development conditions. Children identified with obesity in the Dominican Pediatric Clinic are referred to Sweet Success for nutritional education for healthy lifestyle changes.
<b>Result FY 2012</b>	53 patients received services in the Neuro development clinic since Oct. 2011. 1650 patients were seen in the Dominican Pediatric Clinic. 122 children received nutritional counseling for a change in their lifestyle, making better food choices and exercising.
<b>Hospital's Contribution / Program Expense</b>	Expenses of \$1,214,698 partially covered by Revenues of \$158,234, with a net Community Benefit of \$1,056,464. Supported by 5.0 FTE's.
<b>FY 2013</b>	
<b>Goal 2013</b>	Continue to support the Dominican Pediatric Clinic and measure the impact of the new Open Access Program, which allows for drop in appointments, and the resulting effect on Emergency Room visits.
<b>2013 Objective Measure/Indicator of Success</b>	To increase access to primary care to the poor and underserved pediatric patients by partnering with a local FQHC funded organization in an effort to prepare for the Affordable Care Act.
<b>Baseline</b>	7,102 children received health services in 2011.
<b>Intervention Strategy for Achieving Goal</b>	Ensuring access to healthcare for children with multiple diagnoses and associate issues.

<b>RotaCare Free Health Clinic</b>	
<b>Hospital CB Priority Areas</b>	<input checked="" type="checkbox"/> Improving Access to Healthcare <input type="checkbox"/> Preventing and/or Managing Chronic Health Conditions <input type="checkbox"/> Improving Physical Activity and Nutritional Health <input type="checkbox"/> Improving Women's Health and Birth Outcomes <input type="checkbox"/> Improving Life for the Community
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Located in the unincorporated area of the County, this program is targeted primarily to the poor and underserved. It reaches the working poor with no insurance and the Latino population.
<b>Program Description</b>	In collaboration with local Rotary clubs, RotaCare provides access for episodic medical services at no cost and assists patients in establishing a health home.
<b>FY 2012</b>	
<b>Goal FY 2012</b>	To increase the number of persons accessing episodic health care at the clinic in an effort to decrease the number of inappropriate visits to the Emergency Room and potential admissions to Dominican Hospital.
<b>2012 Objective Measure/Indicator of Success</b>	Continue to provide health related services, medications, education for diabetes, eye exams/glasses, and diagnostic testing to uninsured/underinsured populations at no cost to the patient in the clinic or in the hospital. Dominican Hospital provides pharmaceuticals, other medical supplies and in/outpatient services at no cost to the patient.
<b>Baseline</b>	Need to provide access to primary healthcare for under / uninsured residents residing in poor sections of Santa Cruz County.
<b>Intervention Strategy for Achieving Goal</b>	Clinic provides healthcare at no cost to the patient. All staff are volunteers.
<b>Result FY 2012</b>	Approximately 203 persons received outpatient services at Dominican Hospital. Estimated 1500 episodic care visits per year. As a result of the economic crisis, visits to Rotacare continued to increase.
<b>Hospital's Contribution / Program Expense</b>	\$25,948 Hospital Expenses, plus an additional \$25,473 included in Charity Care and \$25,000 as part of the Dignity Health Community Grant. Total Benefit is \$76,421.
<b>FY 2013</b>	
<b>Goal 2013</b>	Continue to support the RotaCare Free Health Clinic and provide self management information for patients with diabetes.
<b>2013 Objective Measure/Indicator of Success</b>	Continue to provide health related services, medications, education for diabetes, eye exams/glasses, and diagnostic testing to uninsured/underinsured populations at no cost to the patient in the clinic or in the hospital. Dominican Hospital provides pharmaceuticals, other medical supplies and in/outpatient services at no cost to the patient.
<b>Baseline</b>	203 patients were seen in the hospital in 2012 for health services.
<b>Intervention Strategy for Achieving Goal</b>	The RotaCare Free Health Clinic will continue operations weekly at the local senior center.

<b>Tattoo Removal Program</b>	
<b>Hospital CB Priority Areas</b>	<input checked="" type="checkbox"/> Improving Access to Healthcare <input type="checkbox"/> Preventing and/or Managing Chronic Health Conditions <input type="checkbox"/> Improving Physical Activity and Nutritional Health <input type="checkbox"/> Improving Women's Health and Birth Outcomes <input checked="" type="checkbox"/> Improving Life of the Community (Reduction in Juvenile Crime)
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	This program is particularly targeted to members of gangs and other youth with visible tattoos. It is available to both the Broader community and the Poor and underserved.
<b>Program Description</b>	In cooperation with local plastic surgeons, the program provides tattoo removal, medical care and counseling services to high-risk youth and young adult population.
<b>FY 2012</b>	
<b>Goal FY 2012</b>	To continue to support the Tattoo Removal Program and to enable program participants to obtain gainful employment or enrollment in educational programs.
<b>2012 Objective Measure/Indicator of Success</b>	Increase number of participants in this Program with special focus on teens and pregnant teens.
<b>Baseline</b>	This program provides laser treatment for the removal of gang related tattoos to enable patients to leave gang involvement.
<b>Intervention Strategy for Achieving Goal</b>	This program distributes fliers at local health fairs. Word of mouth is the best advertisement for the program. Dominican is the only program in our county and the only one that accepts patients over 25 years of age.
<b>Result FY 2012</b>	818 patient visits with use of the laser. We counted patients who received a visit for tattoo removal. We have specific codes in our patient accounting system to capture visits and write offs.
<b>Hospital's Contribution / Program Expense</b>	\$59,879 for space for the clinic and supplies, .4 FTE to schedule visits.
<b>FY 2013</b>	
<b>Goal 2013</b>	To continue to support the Dominican Tattoo Removal Program and monitor completion of process outcomes. To secure additional grant funds this year and increase physician participation.
<b>2013 Objective Measure/Indicator of Success</b>	Partner with another Tattoo Removal Program in an effort to increase number of participants in this program with special focus on teens and pregnant teens.
<b>Baseline</b>	285 patients were served in FY2012. 92 were new patients.
<b>Intervention Strategy for Achieving Goal</b>	Meet with potential partners to discuss future operations of this program.

<b>KidSmart in Schools – Screening Clinic</b>	
<b>Hospital CB Priority Areas</b>	<input checked="" type="checkbox"/> Improving Access to Healthcare <input checked="" type="checkbox"/> Preventing and/or Managing Chronic Health Conditions <input type="checkbox"/> Improving Physical Activity and Nutritional Health <input type="checkbox"/> Improving Women’s Health and Birth Outcomes <input type="checkbox"/> Improving Life In the Community
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Broader Community, Poor, Homeless, Uninsured/Underinsured
<b>Program Description</b>	Provides vision, hearing, and scoliosis screenings to school aged children at no cost to the schools with intervention when necessary for newly identified problems – glasses, lens correction, hearing aids, and physician referral for scoliosis.
<b>FY 2012</b>	
<b>Goal FY 2012</b>	Continue to collaborate with both public and private schools in Santa Cruz County to meet the State mandates of providing preventive screenings of vision, hearing, and scoliosis and follow-up (when indicated) for school-aged children.
<b>2012 Objective Measure/Indicator of Success</b>	To increase the number of children screened to identify early on problems with vision, hearing, or scoliosis.
<b>Baseline</b>	In order to meet the State mandates and due to a lack of school nurses, Dominican Hospital provides vision and hearing screenings in 44 schools – public and private – and scoliosis screenings in 7 schools.
<b>Intervention Strategy for Achieving Goal</b>	In collaboration with local schools, services will be scheduled and provided with follow up as needed.
<b>Result FY 2012</b>	5,719 school-aged children were screened in 44 schools (30 public and 14 private) in 6 school districts of Santa Cruz County. 8,120 Screenings were performed. 265 students needed recheck exams for visual correction and 78 students needed recheck exams for possible hearing loss. Students identified with scoliosis already have a medical provider. There were 44 follow up visits with a doctor reported.
<b>Hospital’s Contribution / Program Expense</b>	Dominican Hospital contributed \$111,762 in Community Benefits Expense in 2012.
<b>FY 2013</b>	
<b>Goal 2013</b>	Continue to collaborate with the school districts and provide vision, hearing screenings for school aged children with follow-up treatment as indicated.
<b>2013 Objective Measure/Indicator of Success</b>	Refer to above
<b>Baseline</b>	8,120 children were screened in 2011/2012.
<b>Intervention Strategy for Achieving Goal</b>	Program will be transitioned back to the school districts in October 2012 in an effort to reduce costs and to encourage shared accountability.

<b>PEP Classes for Individuals with Disabilities</b>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Improving Access to Healthcare <input checked="" type="checkbox"/> Preventing and/or Managing Chronic Health Conditions <input checked="" type="checkbox"/> Improving Physical Activity and Nutritional Health <input checked="" type="checkbox"/> Improving Women's Health and Birth Outcomes <input checked="" type="checkbox"/> Improving Life in the Community
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	<p>Improving Life in the Community, Preventing and Managing Health Conditions.</p> <ul style="list-style-type: none"> <li>▪ According the 2009 Santa Cruz County Community Assessment             <ul style="list-style-type: none"> <li>○ The number of households with individuals who have been diagnosed with a disability significantly increased from 16.7% (in 2007) to 21.6%</li> <li>○ The percentage of people with disabilities who are able to participate in community life at the levels he or she desires fell from 63.1% (2007) to 55.1%.</li> <li>○ The largest growth in diagnosed disabilities was in the 55 to 74 year old group at 13.1% change from 2007 to 2009</li> </ul> </li> </ul> <p>Disabilities include impaired mobility &amp; balance; sensory loss; functional skills including self care &amp; going outside the home.</p>
<b>Program Description</b>	The Personal Enrichment Program (PEP) provides preventative educational services designed to improve the health and welfare of individuals in the Santa Cruz community particularly the elderly and disabled.
<b>FY 2012</b>	
<b>Goal FY 2012</b>	To provide Dominican PEP Programs for seniors addressing priority areas by offering them at little or no cost in an effort to reduce unnecessary visits to the Emergency Room.
<b>2012 Objective Measure/Indicator of Success</b>	Increase registrations or registrations related to prevention or management of health by 5%
<b>Baseline</b>	<ul style="list-style-type: none"> <li>▪ The programs annually service approximately:             <ul style="list-style-type: none"> <li>○ Upper-Body Functional Recovery for People with Stroke &amp; Traumatic Brain Injury – 93</li> <li>○ Strength Building for People with Neurological Impairment – 364</li> </ul> </li> <li>▪ Many of the individuals who register for these classes are on a fixed income and struggle to pay the minimal fees. The sessions normally are 1 hour in length.</li> <li>▪</li> </ul>
<b>Intervention Strategy for Achieving Goal</b>	Programs are designed as need indicates.
<b>Result FY 2012</b>	2,987 people participated in PEP classes.
<b>Hospital's Contribution / Program Expense</b>	Dominican provided \$284,533 in support, offset by \$49,760 in revenue, for Un-sponsored Benefit of \$234,773.
<b>FY 2013</b>	
<b>Goal 2013</b>	We envision this as one step toward a Healthier Community
<b>2013 Objective Measure/Indicator of Success</b>	Not Available
<b>Baseline</b>	2,775 people in FY12
<b>Intervention Strategy for Achieving Goal</b>	Additional classes will be added as community needs require, i.e., exercise and fitness, child birth and parenting and lifestyle management.

## Community Benefit and Economic Value

Please see attached a copy of the Classified Summary of Un-sponsored Community Benefit Expense.

Costs for Charity, Medicare, Medi-Cal and Indigent Programs (Medicruz, a Santa Cruz County program for the working poor) were calculated using data from the Dominican Cost Accounting system. Program cost is actual data tracked and recorded through the payroll system and the general ledger system and ultimately entered into CBISA, a database for tracking community benefits by program. Indirect costs are applied based on data obtained through the cost accounting system.

### Telling the Story

Annually, Dominican Hospital publishes the Summary of Un-sponsored Community Benefit as part of the Fall issue of *Focus on Health*. Also included in the issue is a summary of the CAP report to the community for the current year. Santa Cruz County, in keeping with its leadership in community assessment, evaluation and reporting, is the only place in the United States that can be identified wherein a community assessment piece arrives in the mail to over 93,000 households. The entire CAP report may be seen at Santa Cruz County CAP Report 18.

In addition, the annual report and implementation plan are posted on both the Dominican Hospital and the Dignity Health websites.

11/8/2012  
 253 Dominican Santa Cruz Hospital  
 Complete Summary - Classified Including Non Community Benefit  
 For period from 7/1/2011 through 6/30/2012

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
<b><u>Benefits for Living in Poverty</u></b>						
<b>Financial Assistance</b>	<b>5,438</b>	<b>6,725,618</b>	<b>0</b>	<b>6,725,618</b>	<b>2.2</b>	<b>1.8</b>
<b>Medicaid</b>	<b>20,959</b>	<b>57,112,465</b>	<b>31,508,497</b>	<b>25,603,968</b>	<b>8.2</b>	<b>6.9</b>
<b>Means-Tested Programs</b>	<b>3,132</b>	<b>9,743,866</b>	<b>6,223,877</b>	<b>3,519,989</b>	<b>1.1</b>	<b>0.9</b>
<b>Community Services</b>						
Community Benefit Operations	0	276,732	0	276,732	0.1	0.1
Community Building Activities	52	2,082,210	1,337,749	744,461	0.2	0.2
Community Health Improvement Services	1,969	1,573,430	0	1,573,430	0.5	0.4
Financial and In-Kind Contributions	7	198,195	0	198,195	0.1	0.1
Subsidized Health Services	12,256	1,899,238	302,113	1,597,125	0.5	0.4
<b>Totals for Community Services</b>	<b>14,284</b>	<b>6,029,805</b>	<b>1,639,862</b>	<b>4,389,943</b>	<b>1.4</b>	<b>1.2</b>
	<b>43,813</b>					
<b>Totals for Living in Poverty</b>		<b>79,611,754</b>	<b>39,372,236</b>	<b>40,239,518</b>	<b>12.9</b>	<b>10.8</b>
<b><u>Benefits for Broader Community</u></b>						
<b>Community Services</b>						
Community Benefit Operations	0	126,933	22,931	104,002	0.0	0.0
Community Building Activities	0	45,459	6,886	38,573	0.0	0.0
Community Health Improvement Services	10,344	1,452,433	57,621	1,394,812	0.4	0.4
Financial and In-Kind Contributions	134,194	229,808	3,690	226,118	0.1	0.1
Health Professions Education	0	15,289	0	15,289	0.0	0.0
Subsidized Health Services	1,134	341,134	0	341,134	0.1	0.1
<b>Totals for Community Services</b>	<b>145,672</b>	<b>2,211,056</b>	<b>91,128</b>	<b>2,119,928</b>	<b>0.7</b>	<b>0.6</b>
	<b>145,672</b>					
<b>Totals for Broader Community</b>		<b>2,211,056</b>	<b>91,128</b>	<b>2,119,928</b>	<b>0.7</b>	<b>0.6</b>
<b>Totals - Community Benefit</b>	<b>189,485</b>	<b>81,822,810</b>	<b>39,463,364</b>	<b>42,359,446</b>	<b>13.6</b>	<b>11.4</b>
<b>Unpaid Cost of Medicare</b>	<b>58,553</b>	<b>116,646,569</b>	<b>93,589,573</b>	<b>23,056,996</b>	<b>7.4</b>	<b>6.2</b>
<b>Totals with Medicare</b>	<b>248,038</b>	<b>198,469,379</b>	<b>133,052,937</b>	<b>65,416,442</b>	<b>21.0</b>	<b>17.6</b>
<b>Grand Totals</b>	<b>248,038</b>	<b>198,469,379</b>	<b>133,052,937</b>	<b>65,416,442</b>	<b>21.0</b>	<b>17.6</b>

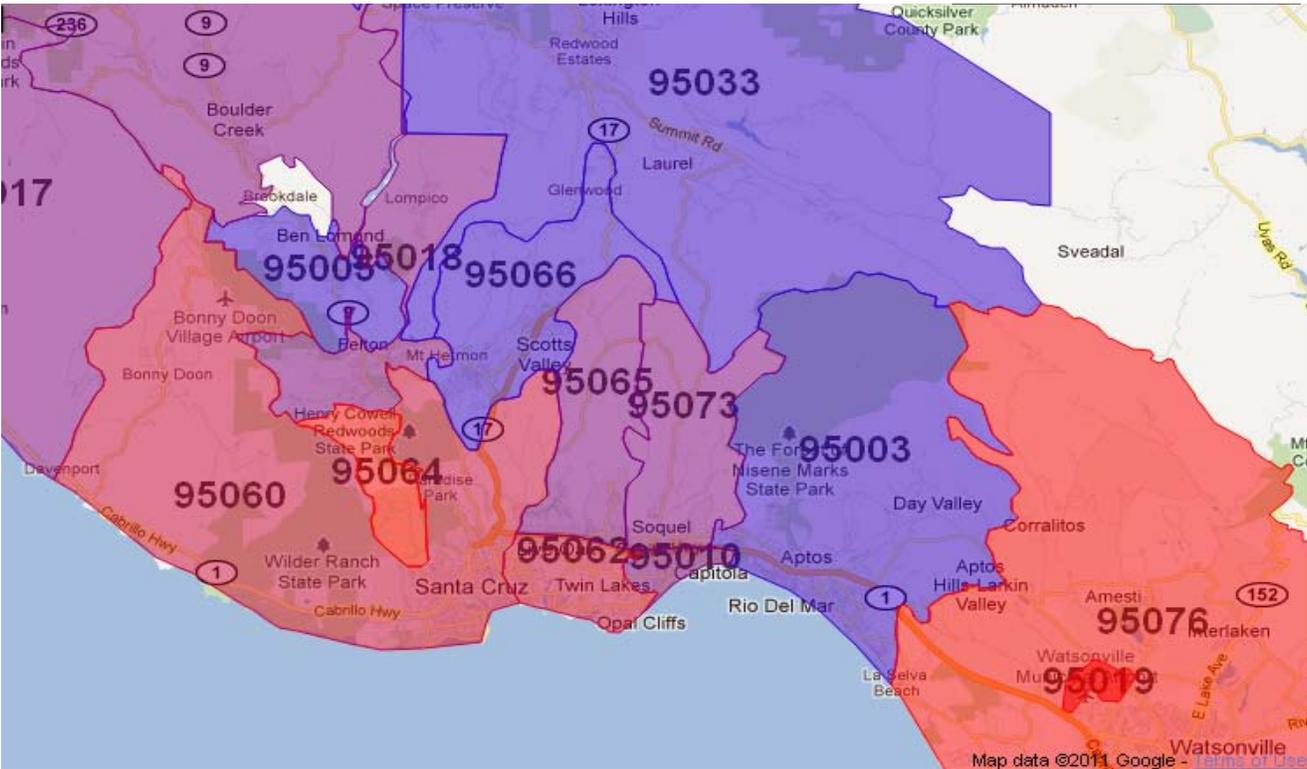
### Dominican Hospital Community Board of Directors

Carlos Arcangeli, MD	Community Member
Nancy Austin	Community Member
Diana Bader, OP	Community Member
Edison Jensen	Community Member
Gabrielle Marie Jones, RSM	Community Member
Dean Kashino, MD	Community Member
Brian King, Ed.D., J.D.	Community Member
M. Grace Laurencin, MD, MPH (served through 6/30/12)	Community Member
Marsha Muir, MD, FACOG	Community Member
Ana Ventura Phares	Community Member
Jorge Sanchez	Community Member
Pamela Santacroce	Community Member
Lois Silva, OP	Community Member
Claire Sommargren, RN, Ph.D.	Community Member
Sharon Tapper, MD	(Ex-officio Chief of Staff)
Chuck Maffia	(Ex-officio)
Nanette Mickiewicz, MD	(Ex-officio)

### Dominican Community Advisors

Susan Brutschy	Community Member
Mary Lou Goeke	Community Member
Dan Haifley	Community Member
Deidre Hamilton	Community Member
Mary Hammer	Community Member
Rabbi Rick Litvak	Community Member
Carole Mulford	Community Member
Ana Ventura Phares	Community Member
Poki Namkung, MD	Community Member
Paul O'Brien	Community Member
Larry Pearson	Community Member
Jorge Sanchez	Member, Board of Directors
Pam Santacroce	Member, Board of Directors

# COMMUNITY NEEDS INDEX MAP



Lowest Need

Highest Need

■ 1 - 1.7 Lowest 
 ■ 1.8 - 2.5 2nd Lowest 
 ■ 2.6 - 3.3 Mid 
 ■ 3.4 - 4.1 2nd Highest 
 ■ 4.2 - 5 Highest

Zip Code	CNI Score	Population	City	County	State
95003	2.4	22792	Aptos	Santa Cruz	California
95005	2.2	7709	Ben Lomond	Santa Cruz	California
95006	2.6	9145	Boulder Creek	Santa Cruz	California
95010	3	8845	Capitola	Santa Cruz	California
95017	2.6	431	Santa Cruz	Santa Cruz	California
95018	2.6	8709	Felton	Santa Cruz	California
95019	4.8	7054	Watsonville	Santa Cruz	California
95033	2	9090	Santa Cruz Mountains	Santa Cruz	California
95060	3.4	44511	Santa Cruz	Santa Cruz	California
95062	3.4	35986	Santa Cruz/Live Oak	Santa Cruz	California
95064	4.2	4651	UC Santa Cruz	Santa Cruz	California
95065	3	7715	Santa Cruz	Santa Cruz	California
95066	2.4	14647	Scotts Valley	Santa Cruz	California
95073	2.8	10033	Soquel	Santa Cruz	California
95076	4.4	83175	Watsonville	Santa Cruz	California

**DIGNITY HEALTH**  
SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY  
(June 2012)

Policy Overview:

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

Eligibility for Patient Payment Assistance:

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

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
  - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
  - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
  - c. a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Payment Assistance Guidelines:

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

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;

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

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

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

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

Budgeting and Reporting:

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

Relationship to Collection Policies:

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

Regulatory Requirements:

In implementing this policy, dignity health management and dignity health facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.