

Mercy Medical Center

Community Benefit Report 2012
Community Benefit Implementation Plan 2013

October 25, 2012

**A Message from David Dunham, President, Mercy Medical Center Merced
And Benjamin Duran, Board Chair**

At Mercy Medical Center Merced 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 \$42,158,541 in charity care, community benefits, and unreimbursed patient care.

At Mercy Medical Center Merced 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 a time of great hope and opportunity for the future of health care. We want to acknowledge and thank the men and women 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 Mercy Medical Center Merced Community Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 25, 2012 meeting.



David S. Dunham, FACHE
President, MMC



Benjamin Duran
Board Chair

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Executive Summary

Mercy Medical Center (MMC) is a 186 bed acute care, religious-sponsored, not-for-profit hospital located in the city of Merced, California. MMC became a member of Dignity Health, formerly Catholic Healthcare West (CHW)¹ in 1996. On May 2, 2010 MMC moved into a brand new 262,000 square foot facility on Mercy Avenue. MMC has a staff of more than 1,300 and professional relationships with more than 250 local physicians.

Major programs and services include: one licensed acute care facility with a family birthing center, intensive care unit, emergency care and four floors covering telemetry and medical/surgical nursing units. Two outpatient facilities that combined services include outpatient home care, physical and cardiac rehabilitation, ambulatory surgery, wound care, laboratory, imaging and a “Medical Assistance Program” pharmacy. There are three rural health clinics; Family Practice (32% of patients are uninsured), General Medicine Clinic (specialist clinic) and Kids Care (92% of the pediatric patients are on MediCal) that combined see over 4,000 patients a month. The clinics are highlighted in the “Program Digest” section of this report.

In response to identified unmet health-related needs in the community health needs assessment, during FY 12 MMC focused on increasing access to health care for the broader and underserved disadvantaged members of the surrounding community. Major Community Benefit activities focused on increasing programming, Coalition Building and Health Education for those with disproportionate unmet health related needs (DUHN).

Central California Children’s Hospital located in Madera, California, operates an eight bed Neonatal Intensive Care Unit, Level II nursery within the Mercy Medical Center Family Birthing Center.

MMC’s Emergency Care maintains 24/7 emergency services and operates the base station for Merced County. Emergency care is provided to an average of 185 patients a day. Ambulance calls average 35 a day. Medical helicopter flights from the hospital average 25 a month, carrying patients primarily to Children’s Hospital or Doctor’s and Memorial hospitals in Modesto.

The Family Medicine Residency Program was established in 1974 as an affiliate of the University of California, Davis. It is a three year program with eight residents in each year, started because of the need for additional primary care physicians in Merced County. More than half of the active medical staff are involved in the resident training. The residents see inpatients (most do not have a medical home) and the patients at the Family Care Clinic. MMC invests more than \$3 million per year to run the residency program.

Language Interpretive Services are contracted with Healthy House, a local medical interpreting training non-profit organization. Healthy House provides a Spanish and Hmong interpreter at the hospital with regularly scheduled hours and a Spanish interpreter at the clinics. In addition to Spanish and Hmong interpreters are available for the following languages are available on an on-call basis: Hindi, Marathi, Mien, Lao, Chinese, Mandarin, Cantonese, Portuguese and Punjabi.

In addition to interpreters a Cyracom phone system provides interpretation for over 130 languages and is available in every patient room. Accommodation of services for the physically challenged and sight/hearing-impaired patients is on an on-call basis. MMC is negotiating a contract to include a Cyracom video phone.

Spiritual Care Services are available 24/7 for patients, families and staff. The department presents to the community an annual program, “Spiritual Care - Visiting the Sick”. The 18 hour course helps individuals understand the issues of crisis in illness, care of the dying and end of life decision making and grief and bereavement support. Classes were held in September 2011 and will be presented again in 2012.

Mercy Health Education is a community outreach program to address prevention of disease, to empower Community members to assume responsibility for their health, and to educate people about various medical conditions and the ability they have to make choices. Community education classes that are ongoing include education on asthma, chronic obstructive pulmonary disease, smoking cessation and heart saver CPR/first aid (this class was provided free to 120 ROP/Adult Merced Office of Education students).

Primary Stroke Center MMC is seeking advanced accreditation as a *Primary Stroke Center* from the Joint Commission, who are scheduled to survey in October 2012. 191 RN’s took 38 hours of continuing education in stroke and stroke care. The Telehealth Network telemedicine robot that has video screens and Webcams has been purchased and began service in the ED in January 2012. MMC is connected to a seven hospital network. The program hubs are Mercy General and Mercy San Juan, where stroke specialists are available 24/7.

Diabetes is one of the prevalent chronic diseases in the community and has been chosen for the Long Term Improvement Plan (LTIP). The goal of this program is to improve quality of life for participants by increasing their self-efficacy and avoiding admissions. In FY 13 the program, “Chronic Disease Self Management” will be added as the second LTIP.

Community Benefit Report FY 12 and Community Benefit Implementation Plan FY 13 documents our commitment to the health and improved quality of life in our community. The total community benefit dollars reported is \$28,983,812 which excludes the unpaid costs of Medicare \$13,174,729. The total community benefit dollars reported reflects a 12.2 percent of the organizations expenses and 11.0 percent of the revenues.

1 For more information about the name change, refer to www.DignityHealth.org

Mission Statement

Hospital's Mission

Mission Statement (Dignity Health Mission Statement)

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; and
- Partnering with others in the community to improve the quality of life.

Organizational Commitment

MMC provides a continuum of health care services ranging from preventive care to acute care, rehabilitation and health maintenance. MMC is actively engaged in promoting a holistic approach to healthful behavior, lifestyles, and well being in mind, body and spirit. It prides itself on community involvement, building community capacity through collaborations, as well as offering programs and services that benefit the residents of Merced County.

The hospital administration along with Community Board and the Community Advisory Committee exemplify a strong commitment to the process of identifying priority needs, planning, implementing and evaluating the Community Benefit programs.

The Mercy Community Board and the Community Advisory Committee reviews and approves the community benefit reports, oversees the Dignity Health Community Grant process and selections. The community health needs are targeted to directly address the needs of the community as identified in the community needs assessment and in accordance with policies and procedures of Dignity Health and incorporates Dignity Health System wide performance measures identified by the Dignity Health Board.

The Community Board reviews health initiatives and the health needs of the medically under-served and the multicultural populations of Merced County. They provide assistance to administration in developing the strategic direction of the hospital. The Board participates in the process of establishing priorities, plans and programs for the Healthy Communities Initiatives based on an assessment of community needs and assets and monitors progress toward identified goals. They provide advice and consultation concerning the annual operating and capital budgets for the hospital as part of the budget development process and receive periodic reports from management comparing actual operations to budget.

The Community Advisory Committee members assist and advise the community benefit planning process for MMC. The Chair of the committee is a member of MMC's Community Board. The advisory committee meets quarterly and exists to represent or reflect medical under-served communities in Merced County and to assist the Community Benefit planning process of MMC. Special meetings may be arranged as needed. This committee oversees the Dignity Health Community Grant program selection process.

Committee Responsibility

- Support and implement Dignity Health's mission and core values related to health services
- Serve as a resource for MMC by bringing forward information relative to unmet needs of the medically under-served communities in Merced County
- Offer recommendations regarding health services needs of Merced County's medically underserved populations
- Serve as a link between MMC's Board of Directors and the Community Health Benefit planning process, coordinating and overseeing the development of the annual Health Benefit Plan

- Provide leadership for community benefit planning
- Oversee the process and selection of the Dignity Health Community Grant Program

Non-Quantifiable Benefits

MMC works collaboratively with community partners. The hospital provided leadership and advocacy, stewardship of resources, assisted with local capacity building, and participated in community-wide health planning.

In addition to quantifiable benefits, Mercy Medical Center also provides non-quantifiable benefits which are related to the community contribution of the hospital's organizational capacity and consulting resources. These are benefits that are difficult or impossible to measure but are important contributions to the community.

Such as:

- MMC staff raised funds to walk in the American Heart Association's "Heart Walk", Cancer Society's "Relay for Life", National Multiple Sclerosis walk, the March of Dimes walk and the "Angel Babies" walk.
- In December hospital departments participate in the Spiritual Services "Christmas Sharing Project" by adopting needy families and providing non-profit agencies needed resources.
- Participated in the Samaritan's Purse, "Operation Christmas Child" project by donating 85 shoeboxes filled with items and sent to children living in poverty stricken areas around the world.
- Mercy Cancer Center was a major contributor to the Cancer Society's "Relay for Life" event.
- The St. Mary's Orthodox Church uses the hospital chapel for their weekly worship services and uses the education annex for weekly parish gatherings.
- Mercy has donated to local physicians many pieces of medical equipment and supplies to be taken to third world countries.
- Mercy staff represents Mercy Medical Center by being members of the American Heart Association, Merced/Mariposa Cancer Society, Multiple Sclerosis Association, Merced Rotary, Merced Kiwanis, Merced Greater Chamber of Commerce, Tobacco Coalition, Asthma Coalition, the BiNational Committee, Building Healthy Communities, Central CA Health Alliance, and the Hinds Hospice "Angel Babies" committee.
- Mercy Emergency Cardiac Care Committee partners with the American Heart Association to involve the Merced/Fresno Area Task Force and Western Territory Region ECC Committee so that goals that impact health-care BLS, ACLS and PALS courses and the chain of survival initiatives are met.
- Mercy is a member of the Asthma Coalition helping to control asthma through awareness and education.
- Mercy is part of the Merced County Health Care Consortium steering committee initiating the Children's Health Initiative to create Healthy Kids health coverage.

Community

Merced County is located in the heart of the San Joaquin Valley and spans from the coastal ranges to the foothills of Yosemite National Park. The total area is approximately 2,020 square miles with a population of approximately 250,000.

The city of Merced is the County seat and is the largest of the six incorporated cities. County and City municipalities are a major source of employment along with agricultural related industries, retailing, manufacturing, food processing and tourism.

Mercy Medical Center services the communities of Merced, Atwater, Winton and Livingston. There is only one other hospital in the county, Memorial Los Banos, a Sutter Health Affiliate, a 48 bed facility with a basic emergency services. Fulfilling the health care needs of Merced County is an extremely challenging opportunity.

Population/Race/Ethnicity - The population of the primary service area is 145,616. County population is 245,321 (2009) with an annual growth projection of 1.60% per year. Long-term growth projection for Merced County is 393,328 by 2025. There is a very diverse ethnic population 51.5% Hispanic, 31.6% White, 9.6% Asian/Pacific Islander, 4.7% Black, 2.7% Multi-Racial, 0.51% American Indian & Alaska Native and 0.15% Other. The percentage of the population that speaks a language besides English when at home is 52.4%.

Educational Level - The population 25 years and older that have a college bachelor's degree or greater is one of the states lowest at 13.8% compared to a 27.8% for the USA. Person's with some college/associate degree is 33.2%, high school degree 22.5%, some high school 13.0% and less than high school is 17.6%.

Household Income Distribution - Merced County has been identified as 49th poverty stricken counties in California. Data gathering and reporting has shown poverty to be a chronic and pervasive reality affecting all aspects of healthy living. Merced County's poverty rate is significantly higher for persons under the age of 18. It is 25.8 per 100 population under age 18 this is 49.1% higher than the rate for the State of California which is 317.3 per 100. The PSA median household income of \$40,148 is lower than the Merced County median of \$42,660 and California median of \$61,731. Household incomes under \$25K is 30.6%, \$25-\$50K is 30.8%, \$50-\$75K is 18.4%, \$75-\$100K is 9.5%, and over \$100K is 10.6%.

Economic Environment - The unemployment rate is one of the state's highest ranking between 18% - 20%. There was a slight decline in 2012 to 17.3%. Job growth projected to improve significantly in 2013 and beyond, helping the unemployment rate to fall to 12.8% by 2016. Median home prices dropped from \$245,750 in December 2007 to \$110,400 in December 2011. As of April 2012, 1 in 258 houses in the City of Merced were in foreclosure.

Insurance - Commercially insured residents reflects a 29.7%, Medi-Cal beneficiaries are at a 29.62%, Medicare and Medicare/Medi-Cal beneficiaries 10.2% and 30.36% are uninsured or covered by another government program. MMC's payer mix is skewed towards public payers with

an inpatient mix of Medicare and Medi-Cal of over 74%. Anthem Blue Cross is the largest commercial payers with 54% of the commercial lives (54,000 HMO and PPO lives), followed by Blue Shield with 15% of commercial lives (15,000 PPO lives, and Kaiser with 6% of commercial lives (6,000 HMO lives) in Merced County.

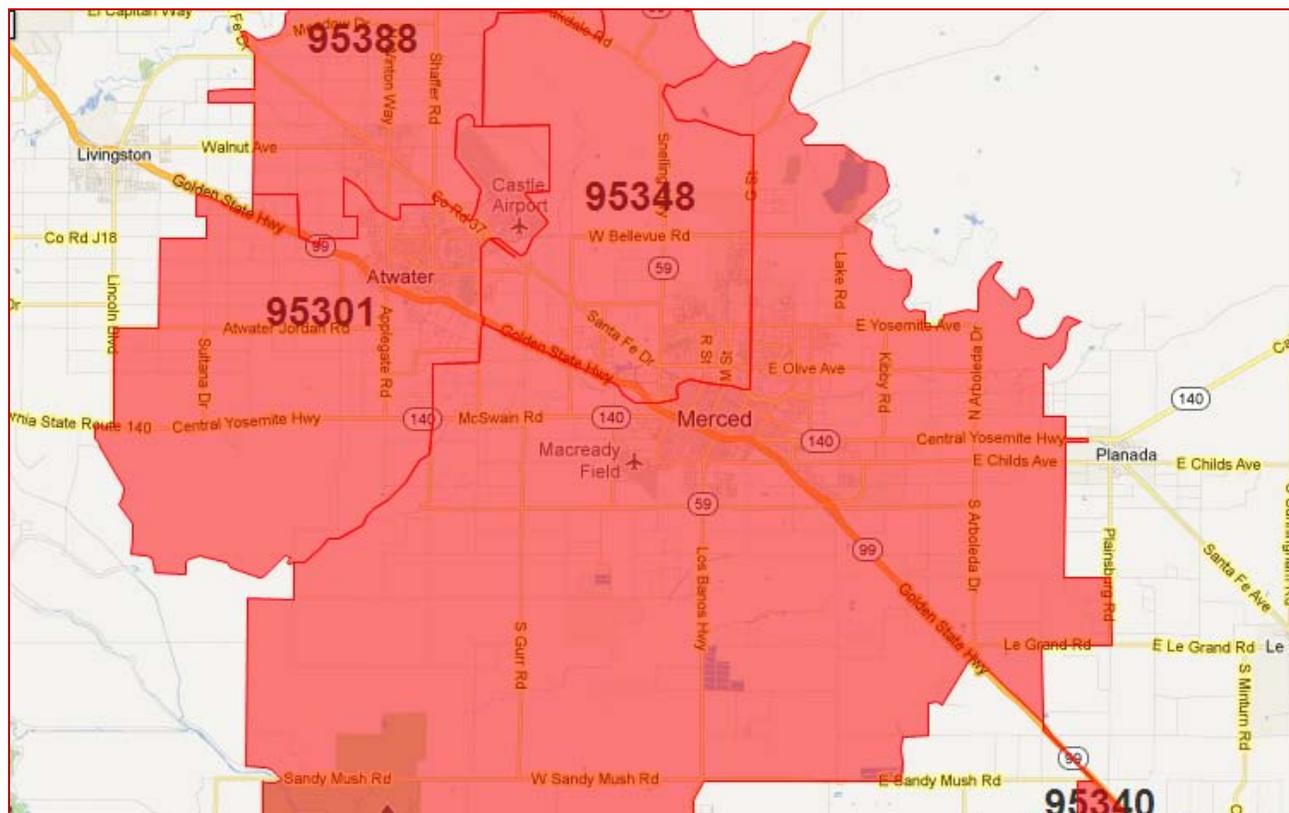
- Population: 152,275
- Diversity: 31.6% Caucasian, 51.5% Hispanic, 9.6% Asian, 4.7% African American, 2.7% Other
- Average Income: \$52,455
- Uninsured: 29.69%
- Unemployment: 9.2%
- No High School Diploma: 30.60%
- Renters: 46.9%
- CNI Score: 4.8
- Medicaid Patients: 31.77%
- Other Area Hospital(s): 1

Merced County is designated as a *medically underserved area*. This designation is based on an index of four variables – the ratio of primary care physicians per 1,000 populations, the infant mortality rate, the percent of the population with incomes below the poverty level and the percent of the population age 65 and over.

Merced County has moved to a *County Organized Medi-Cal Health Plan*. The program is designed to improve access to health care for Medi-Cal managed care members, as well as provide a broader scope of services to members. There have been program and funding cuts in the state Medi-Cal budget and future changes in Medi-Cal and the disproportionate share hospitals (DSH) program may continue to negatively impact revenue and available services in the hospital and clinic system.

In 2010, the California Endowment launched “*Building Healthy Communities*”, a 10 year strategic plan designed to improve health systems and the physical, social, economic and service structures that support healthy living and healthy behaviors in California. The California Endowment conducted several years of research within all of California’s 58 counties to determine which counties were of the highest need. Out of the 58 counties fourteen were chosen to participate in Building Healthy Community program. Merced County is one of the fourteen with three areas being identified for funding; South Merced, Beachwood/Franklin, and Planada/Le Grand. MMC is a participant in the BHC’s Hub Steering Committee.

Mercy Medical Center Merced



Lowest Need

1 - 1.7 Lowest

1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

Highest Need

4.2 - 5 Highest

	<u>Zip Code</u>	<u>CNI Score</u>	<u>Population</u>	<u>City</u>	<u>County</u>	<u>State</u>
■	95301	4.8	34689	Merced	Merced	California
■	95340	4.8	36029	Merced	Merced	California
■	95348	4.6	29618	Merced	Merced	California
■	95388	5	11287	Winton	Merced	California

Median CNI Score: 4.8

Using statistical modeling, the combination of above barriers results in a score between 1 (less needy) and 5 (most needy). Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Communities with scores of “5” are more than twice as likely to need inpatient care for preventable conditions (ear infection, etc.) than communities with a score of “1”. The data clearly shows that Merced County with a 4.9 CNI ranking is a “most needy” area.

Community Benefit Planning Process

Planning Process: Community Needs Assessment Process

The Community Health Needs Assessment was conducted on behalf of MMC by **Professional Research Consultants, Inc.** (PRC) and completed in April 2012. PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994. MMC's primary service areas are Merced, Atwater, and Winton zip codes. The majority of the assessment surveys were conducted in these areas.

The Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by PRC and Mercy Medical Center, thus to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities. Once the interviews of 400 randomly selected individuals age 18 and older in Merced County were completed, they were weighted in proportion to the actual population distribution so as to appropriately represent Merced County as a whole. To help validate the phone interview findings, two focus groups were conducted and there was the evaluation of existing health related data.

The following "health priorities" represent the top eleven recommended areas of intervention, based on the information gathered by the PRC Community Health Assessment and the guidelines set forth in Healthy People 2020.

- **Access to health services** lack of healthcare coverage, insurance instability, barriers to healthcare access and rating of local healthcare services.
- **Cancer** female breast cancer deaths.

- **Diabetes** diabetes mellitus deaths.
- **Family planning** teen births.
- **Heart disease & stroke** heart disease deaths, stroke deaths, blood pressure screenings and blood cholesterol screenings,
- **Injury & violence prevention** unintentional injury deaths (including motor vehicle crashes), homicide rate and violent crime rate.
- **Mental health & mental disorders** fair/poor mental health and symptoms of chronic depression.
- **Nutrition, physical activity & weight status** obesity and screen time (children).
- **Oral health** recent dental care (adults) and dental insurance coverage.
- **Respiratory diseases** chronic lower respiratory disease deaths and asthma prevalence (adults).
- **Vision** blindness/trouble seeing and recent eye exams.

MMC has programs and health services to address all of the top eleven identified health priorities except for the following four priorities.

- **Family planning** – Services are being provided in the community by other entities.
- **Injury & violence prevention** – Services are being provided in the community by other entities and hospital does not have expertise in this area.
- **Oral health** – Services are being provided in the community by other entities
- **Vision** – Services are being provided in the community by other entities

Developing the Community Benefit Implementation Report and Plan

A series of meetings were held to develop this plan. It was a collaborative process involving the hospital community board, the community advisory committee, the administrative staff and the Dignity Health corporate staff. At each of the meetings the members reviewed the Community Need Index along with the community health needs assessment conducted on behalf of MMC by Professional Research Consultants, Inc. (PRC).

Based on this information, each of the identified health issues was considered. These discussions help determine the overall community benefit program and the specific community health classes offered through the Mercy Health Education department, that are related to the community need. Many of these classes were already offered but we did make some adjustments to ensure that relevant areas of the community were a focus of the outreach efforts. In addition to community classes Mercy Education Department offered health screenings, attended community health fairs and partnered with other health educators in the community. All the health education programs address a priority health issue identified in the community health needs assessment; diabetes, cancer, heart disease and stroke, nutrition, physical activity and weight status, respiratory diseases and prenatal care.

In the section of this report, “Description of Key Programs and Initiatives” the Mercy Health Education department classes “Live Well with Diabetes”, “Labor of Love” along with the three rural

health clinics, Dignity Health Community Grant Program, and the new “Primary Stroke Center” program have been highlighted. Each community program addresses vulnerable populations, improves the health status of the community, and supplies one or more services that are not provided by any other health care organization in Merced County.

Planning for the Uninsured/Underinsured Patient Population

In planning for the uninsured/underinsured patient population of Merced County the hospital has enacted a corporate wide Financial Assistance/Charity Care policy. This financial assistance information is given to our patients by the Financial Counselors who visit the patients before discharge. The policy and application is also available on the Mercy Medical Center website (mercymercedcares.org).

There is signage throughout the registration departments about the payment assistance program. The brochures are distributed through the registration department as they explain the program. Staff provides information in person to the patients at every opportunity to do so. The information is also included in the patient admission packet. A revised summary is included at the end of this document as “Attachment B.”

Plan Report and Update including Measurable Objectives and Timeframes ***Summary of Key Programs and Initiatives – FY12***

Mercy Medical Center has adopted the five core principles to guide the selection and prioritization of Community Benefit program activities.

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

Below are the major initiatives and key community based programs operated or substantially supported by MMC in 2012. The key programs and initiatives that have been a major focus of MMC are:

Initiative I: Improving Access to Healthcare

- Financial Assistance for uninsured/underinsured and low income residents
- Family Practice Clinic
- General Medicine Clinic
- Kids Care Clinic
- Merced County Health Care Consortium
- Healthy Communities Access Program
- Family Practice Residency Program
- Dignity Health Community Grant Program – Merced County Health Care Consortium

Initiative II: Improving Community Health; Education, Prevention and Treatment of Chronic Diseases

- Asthma Coalition
- Community Health Screenings
- Experience Strength and Hope (Cancer)
- Heart Saver CPR/First Aid Training
- MS Challengers (Multiple Sclerosis)
- Smoking Cessation Program
- Diabetes Community Program
- COPD Support Group
- Mercy Emergency Cardiac Care Committee
- Flu Clinic
- South East Asian Community Out Reach

- Dignity Health Community Grant Program – Boys & Girls Club, Cerebral Palsy Association of Merced County, Atwater Police Activities League, Central California Regional Obesity Prevention Program (CCROPP) and Girl Scouts Heart of California

Initiative III: Improving Birth Outcomes and Infant Care

- Labor of Love (prenatal care & birthing education)
- Lactation Classes
- Women Infant and Children (WIC) nutrition program

Initiative IV: Improving Physical Activity and Dietary Habits

- Mercy Yoga Classes
- Mercy Zumba Classes
- Mercy Dietary Heart Healthy Meals added to menu

Initiative V: Improving Community Capacity (Mercy’s partnerships with)

- Building Healthy Communities – The California Endowment
- Merced County Bi-National
- Merced County Office of Education ROP/Adult (Mercy Respiratory had 60 students)
- Healthy House
- American Heart Association
- Merced/Mariposa Cancer Society
- Merced Lao Family Community Inc.
- Multiple Sclerosis Association
- Central CA Health Alliance
- Hinds Hospice “Angel Babies”
- Merced/Fresno Area Task Force (emergency preparedness)
- Merced County Medical Reserve Corp
- Merced College
- UC Merced

PROGRAM DIGEST

[These implementation strategies specify 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.

Primary Stroke Center	
Hospital CB Priority Areas	Priority Areas identified in the Community Health Needs Assessment <input checked="" type="checkbox"/> Heart Disease & Stroke <input checked="" type="checkbox"/> Access to Health Services <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Family Planning <input type="checkbox"/> Injury & Violence Prevention <input type="checkbox"/> Mental Health & Health Disorders <input type="checkbox"/> Nutrition, Physical Activity & Weight Status <input type="checkbox"/> Oral Health <input type="checkbox"/> Respiratory Diseases <input type="checkbox"/> Vision
Program Emphasis	Please select the emphasis of this program from the options below: <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
Link to Community Health Needs Assessment	<ul style="list-style-type: none"> Heart disease and stroke; heart disease deaths, stroke deaths, blood pressure screenings, blood cholesterol screenings. Access to Health Services; addresses rating of healthcare services, lack of healthcare coverage and barriers to healthcare access.
Program Description	"Primary Stroke Center" will ensure that patients with stroke symptoms are treated immediately upon arrival at the Emergency Department. By implementing a special code called a "Stroke Alert" the stroke team quickly gets into position for treatment. Part of the program will be to educate the community to the "Act FAST" signs of a stroke from the National Stroke Association.
FY 2012	
Goal FY 2012	<ul style="list-style-type: none"> Goal is to certify nurses through a 38 hour course in stroke and stroke care. To purchase the Telehealth Network telemedicine robot and connect to the program hub at Mercy General and Mercy San Juan. To be certified as a "Primary Stroke Center" by the Joint Commission. To educate the community about stroke and the "Act FAST" signs of stroke.
2012 Objective Measure/Indicator of Success	The community will be educated to know the signs of a stroke and will call 911 immediately. Patients coming to the ED that are identified as "Stroke Alert" patients will be evaluated by a within 10 minutes, within 25 minutes the patient has a CT of their head, within 45 minutes the CT is read to determine course of treatment – treat within 3 hours. EMS will alert hospital of possible stroke patient while in route to the hospital.
Baseline	Together cardiovascular disease (heart disease and stroke) and cancers accounted for more than one-half of all 2008 deaths in Merced County. Merced County rates fail to satisfy the Healthy People 2020 objectives, Merced for heart disease 207.5 vs. Healthy People 2020 152.7. Based on 2006 – 2008 deaths per 100,000. Currently there is not a "Primary Stroke Center" in Merced County.

Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • 191RN's were certified in the stroke and stroke care training. • The Telehealth Network telemedicine robot was purchased and has joined the programs network of seven partner hospitals. Stroke specialists are available 24/7. • Advanced accreditation by Joint Commission is still pending. • Community education included a MMC annual "Family Health Festival" with a booth featuring the robot and stroke educational materials; MMC sponsored a 5K "Stroke Awareness" run (152 participants), MMC community newsletter featured a four page article titled, "All About Stroke", sent to 30,000 households and produced 500 stroke risk cards to be distributed at health fairs. • MMC community educators visited service clubs, community health fairs and
Result FY 2012	Over 32,000 outpatient community members were presented stroke information by MMC. In the six month period January 2012 to June 2012 every month data was collected on "Stroke Alert" patients to monitor the patients receiving treatment.
Hospital's Contribution / Program Expense	Cost for the service line = \$226,000 Price includes educational materials, 191 RN's completing stroke training and lease of the Telemedicine Robot.
FY 2013	
Goal 2013	To receive the Joint Commission advance accreditation as a "Primary Stroke Center". Continue training staff with annual stroke and stroke care competencies.
2013 Objective Measure/Indicator of Success	Patient data is collected on each patient entering in as a "Stroke Alert" patient. Data collected meets the standards set by the American Stroke Association and the Brain Attack Center.
Baseline	Currently there is no other "Primary Stroke Center" in Merced County. MMC will be the only ED available for the community to receive the fastest stroke treatment within the critical 3 hour time period.
Intervention Strategy for Achieving Goal	MMC will continue with community education and prepare for the Joint Commission survey to become certified.
Community Benefit Category	A1 Community Health Education C1 Special Services

Family Care Clinic	
Hospital CB Priority Areas	Priority Areas identified in the Community Needs Assessment <input checked="" type="checkbox"/> Heart Disease & Stroke <input checked="" type="checkbox"/> Access to Health Services <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Family Planning <input type="checkbox"/> Injury & Violence Prevention <input type="checkbox"/> Mental Health & Health Disorders <input type="checkbox"/> Nutrition, Physical Activity & Weight Status <input type="checkbox"/> Oral Health <input type="checkbox"/> Respiratory Diseases
Program Emphasis	Please select the emphasis of this program from the options below: <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
Link to Community Needs Assessment	Poor, underinsured and working poor individuals who would not otherwise have access to health care, treatment and prevention.
Program Description	Family Care is a rural primary health care provider. Is a training clinic for the Family Practice residency program in affiliation with UC Davis.
FY 2012	
Goal 2012	<ul style="list-style-type: none"> • Complete drug and alcohol counseling program for patients. • Develop a "Women's Service Line" to provide neonatal stress test (NST) and biophysical profiles for OB patients instead of referring patients to the hospital for testing. This service will physically be located at Kids Care for this fiscal year, possibly duplicate at FC FY13 • Expand the ability to provide CPSP services to mothers who seek care at Kids Care that are covered by Medical, CCA or cash paying to have services rendered at FC • CHDP & VFC improve vaccination compliance and tracking of childhood immunizations • Join the statewide program RIDE/CAIR. The data base will allow our minor patients who receive vaccines to have information shared throughout the state. This will help prevent missed or duplication of vaccines • Formulate a team to begin the creation of an electronic medical record
Measure/Indicator of Success	<ul style="list-style-type: none"> • "Women's Service Line" to have 25 patients for FY12. • Increase volume of mothers enrolled in CPSP; expect 50 patients by end FY12 • Childhood vaccines to be 80% compliant
Baseline	32% uninsured. Clinic sees an average of 2500 patients a month

Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Establish a schedule for Merced County Mental Health to be onsite and work with the residents and patients identified as needing addiction counseling and support. • Team approach to accomplish “Women’s Service Line” services • Apply and gain permission from state to expand services to include Kids Care mothers • Implement the RIDE/CAIR program to support the VFC program and provide accurate tracking of immunizations
Result FY 2012	<ul style="list-style-type: none"> • A counselor for Merced County Mental Health is on site eight (8) hours a week. • (Partially Met) A room was created to perform NST at KC. An ultrasound machine is in the room as well. • KC received approval to provide CPSP service at FPC. CPSP services continue to be provided at FPC and grew by 165%. CPSP is a state contract and can’t be relocated without their approval. • KC received approval to provide CPSP service at FPC. CPSP services continue to be provided at FPC and grew by 165%. CPSP is a state contract and can’t be relocated without their approval. • The clinics successfully joined the RIDE/CAIR program. This doesn’t change any reimbursement but is a safer way to track migrant children’s vaccines • An electronic medical record (EMR) has been chosen that will work for all three clinics
Hospital’s Contribution / Program Expense	<ul style="list-style-type: none"> • The County Mental Health worker is free of charge to the Clinic, the clinic provides the worker with a room • CPSP training for two staff members was approximately \$5,000. The cost includes salaries, travel, hotel and the course itself. • RIDE/CAIR program training was approximately \$1,500 in staff salaries • An electronic medical record (EMR) has been chosen that will work for all three clinics. Approximate salary costs for time the team reviewed products and site visit \$8,600.
FY 2013	
Goal 2013	<ul style="list-style-type: none"> • Planning with providers on how and who would perform the tests if they aren’t available. • Implement electronic medical record (EMR) to improve safety when caring for the clients; currently they can have three separate charts
Measure/Indicator of Success	<ul style="list-style-type: none"> • “Women’s Service Line” to have 25 patients for FY13. • Training to have begun for implementation of EMR
Baseline	<ul style="list-style-type: none"> • Patient payer breakdown: <ul style="list-style-type: none"> ✓ 48% of the patients are on Medical/Manage medical. ✓ 4% of the patients are on a sliding fee ✓ 10% are self pay ✓ 32% uninsured. • Clinic sees an average of 2,448 patients a month; which 107 monthly are OB patients
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Training to have begun for implementation of EMR • Team approach to accomplish “Women’s Service Line” services <ul style="list-style-type: none"> ✓ Protocols ✓ Appropriate billing and documentation ✓ Staff training ✓ Who to perform test RN or NP
Community Benefit Category	<p>B1 Physicians/Medical Students C Subsidized Health Services</p>

Kid's Care Clinic	
Hospital CB Priority Areas	Priority Areas identified in the Community Needs Assessment <input checked="" type="checkbox"/> Heart Disease & Stroke <input checked="" type="checkbox"/> Access to Health Services <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Family Planning <input type="checkbox"/> Injury & Violence Prevention <input type="checkbox"/> Mental Health & Health Disorders <input type="checkbox"/> Nutrition, Physical Activity & Weight Status <input type="checkbox"/> Oral Health <input type="checkbox"/> Respiratory Diseases
Program Emphasis	Please select the emphasis of this program from the options below: <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
Link to Community Needs Assessment	Poor, underinsured and working poor individuals who would not otherwise have access to health care, treatment and prevention.
Program Description	Pediatric and obstetrics clinic in collaboration with Merced Faculty Associates.
FY 2012	
Goal 2012	<ul style="list-style-type: none"> • Develop a "Women's Service Line" to provide neonatal stress test and biophysical profiles for OB patients instead of referring patients to the hospital for testing. • Expand the ability to provide CPSP services to mothers who seek care at Kids Care that are covered by Medical, CCA or cash paying • CHDP & VFC improve vaccination compliance and tracking of childhood immunizations • Join the statewide program RIDE/CAIR. The data base will allow our minor patients who receive vaccines to have information shared throughout the state. This will help prevent missed or duplication of vaccines.
2012 Objective Measure/Indicator of Success	<ul style="list-style-type: none"> • "Women's Service Line" to have 25 patients for FY12. • Increase volume of mothers enrolled in CPSP; expect 50 patients by end FY12 • Childhood vaccines to be 80% compliant
Baseline	1.7% of the pediatric patients are self pay, 92% are covered by Medical
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Team approach to accomplish "Women's Service Line" services <ul style="list-style-type: none"> ✓ Room for testing procedures ✓ Protocols ✓ Appropriate billing and documentation ✓ Staff training ✓ Possible hire PD NP to perform test when LIP not on campus • Apply and gain permission from state to expand services to include Kids Care mothers <ul style="list-style-type: none"> ✓ Offer services to mother at Family care until application for Kids Care is accepted; this has been approved by PHD and state • Implement the RIDE/CAIR program to support the VFC program and provide accurate tracking of immunizations
Result FY 2012	<ul style="list-style-type: none"> • (Partially Met) A room was created to perform NST at KC. An ultrasound machine is in the room as well. • KC received approval to provide CPSP service at FPC. CPSP services continue to be provided at FPC and grew by 165%. CPSP is a state contract and can't be relocated without their approval. • The clinics successfully joined the RIDE/CAIR program. This doesn't change any reimbursement but is a safer way to track migrant children's vaccines; 90% entered into the system • There was a 6% increase in CHDP visits in FY 12 from FY 11

Hospital's Contribution / Program Expense	<ul style="list-style-type: none"> • CPSP training for two staff members is reflected in the FPC benefit report. • RIDE/CAIR program training was approximately \$240 in staff salaries for super users • A grand total of 5,446 vaccines were provided under the VFC program; which are free to the patient.
FY 2013	
Goal 2013	<ul style="list-style-type: none"> • Planning with providers on how and who would perform the tests if they aren't available. • Implement electronic medical record (EMR) to improve safety when caring for the clients; currently they can have three separate charts
Measure/Indicator of Success	<ul style="list-style-type: none"> • "Women's Service Line" to have 25 patients for FY13. • Training to have begun for implementation of EMR.
Baseline	<ul style="list-style-type: none"> • 2 % of the pediatric patients are self pay, 93% are covered by Medical or Managed Medical. • KC sees an average of 1,287 patients a month; of which 215 monthly are OB patients
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Training to have begun for implementation of EMR • Team approach to accomplish "Women's Service Line" services <ul style="list-style-type: none"> ✓ Protocols ✓ Appropriate billing and documentation ✓ Staff training ✓ Who to perform test RN or NP
Community Benefit Category	<p>B1 Physicians/Medical Students C Subsidized Health Services</p>

General Medicine Clinic	
Hospital CB Priority Areas	Priority Areas identified in the Community Needs Assessment X Heart Disease & Stroke X Access to Health Services <input type="checkbox"/> Cancer X Diabetes <input type="checkbox"/> Family Planning <input type="checkbox"/> Injury & Violence Prevention <input type="checkbox"/> Mental Health & Health Disorders <input type="checkbox"/> Nutrition, Physical Activity & Weight Status <input type="checkbox"/> Oral Health X Respiratory Diseases
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity
Link to Community Needs Assessment	Poor, underinsured and working poor individuals who would not otherwise have access to health care, treatment and prevention.
Program Description	To provide specialty clinics to cover services that are not available to the poor, underinsured and working poor individuals in the community. Specialty physicians rotate through the clinic to provide orthopedic, podiatry, neurology nephrology, cardiology, urology, gastroenterology, pulmonary and surgery.
FY 2012	
Goal 2012	Add a specialist for the following services <input checked="" type="checkbox"/> Pulmonologist <input checked="" type="checkbox"/> Podiatrist <input checked="" type="checkbox"/> Rheumatologist <input checked="" type="checkbox"/> Nephrologists
Measure/Indicator of Success	8% increase in patients served at GMC.
Baseline	An average of 1157 are seen monthly at GMC
Intervention Strategy for Achieving Goal	Market to new physicians to increase our various specialties to support our patients in the community.
Result FY 2012	Rheumatologist, surgeon, cardiologist and two GI physicians have been added.
Hospital's Contribution / Program Expense	Contracted cost of specialist is subsidized by the hospital. The additional 8% resulted in an additional \$54,395 in payments to those specialist for FY 12
FY 2013	
Goal FY 2013	Increase patient access to health services and increase knowledge of self health care, decrease inappropriate ED use.
Measure/Indicator of Success	Volume of new and returning patients.
Baseline	Merced County is a very cultural diverse community. 26% of the GMC service area population is uninsured. Specialty physicians are not available in the community for this population.
Intervention Strategy for Achieving Goal	Market to new specialist coming into the community; specifically spine surgeon and ENT.
Community Benefit Category	B1 Physicians/Medical Students C Subsidized Health Services

Dignity Health Community Grants Program	
Hospital CB Priority Areas	<p>Priority Areas identified in the Community Needs Assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heart Disease & Stroke <input checked="" type="checkbox"/> Access to Health Services <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Family Planning <input checked="" type="checkbox"/> Injury & Violence Prevention <input type="checkbox"/> Mental Health & Health Disorders <input checked="" type="checkbox"/> Nutrition, Physical Activity & Weight Status <input type="checkbox"/> Oral Health <input type="checkbox"/> Respiratory Diseases
Program Emphasis	<p>Please select the emphasis of this program from the options below:</p> <ul style="list-style-type: none"> <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 Collaborative Governance
Link to Community Needs Assessment	Addressing the needs of individuals identified as poor or disenfranchised and in need of health related services to improve their quality of life.
Program Description	This is a grant program designed to give needed funds to community organizations or agencies that are a 501 (c) 3 and that are providing services to underserved populations to improve the quality of their lives. Focus of the grant is identified by the needs described in the community needs assessment.
FY 2012	
Goal FY 2012	To distribute \$94,519 in grants to organizations or agencies meeting the grant requirements and whose proposal is approved by the Community Advisory Committee and the CHW Investment Committee.
Measure/Indicator of Success	Community Advisory Committee members carefully reviewed 10 letters of intents, requested funds totaled over \$300,000. Six organizations were invited to complete a full proposal. Proposals were reviewed by the CAC committee and then recommendations were sent to Dignity Health for final approval. Programs awarded will be evaluated by CHW in 18 months.
Baseline	<p>There are many 501 (c) 3 organizations that fulfill a community health-related need effectively and/or efficiently when partnered with the hospital. Monies awarded through the grants program helps to sustain health related programs in the community and/or provide funding for start up programs focusing on health related issues that are not currently being addressed.</p> <p>Homeless health issues, obesity and children's health needs access are three areas that were identified in the Merced County Health Department's report as being high health concerns for Merced County</p>
Intervention Strategy for Achieving Goal	Once the Community Advisory Committee identified the three focus areas for the grant, notification was distributed through out Merced County. PSA's ran in the local newspapers and announcements were distributed to Merced County non-profit agencies. A feature story was written for the local newspaper by the paper reporter. Agencies were invited to submit a "Letter of Intent (LOI)". A total of ten LOI's were received, totaling over \$300,000 in requested funds. The Community Advisory Committee met, reviewed the LOI's and voted on six of the agencies to submit a full proposal. Once the proposals were received the Community Advisory Committee met again, reviewed the proposals and voted on all six agencies to receive a grant award, only one proposal's grant request was slightly adjusted.

Result FY 2012	<p>\$94,519 in grant money awarded to the community for the purpose of improving the quality of life of the residents of Merced County. Agencies receiving grant funds were;</p> <ul style="list-style-type: none"> • Cerebral Palsy Association of Merced County - \$8,000 This program facilitates access to health/therapeutic care for children with severe orthopedic impairments. • Boys & Girls Clubs of Merced County - \$17,000 Seed money to begin the nationally recognized fitness and wellness program for elementary children called "Triple Play". • Merced County Health Care Consortium - \$24,519 Money for the Children's Health Initiative to provide health care access to children in low income homes. • Atwater Police Activities League - \$10,000 A physically active program teaching at risk youth good nutrition/education to fight obesity and to become good role models. • Central California Regional Obesity Prevention Program (CCROPP), fiscal agent United Way - \$25,000 After school fitness program to address childhood obesity and other health related issues among at risk teens. • Girl Scouts Heart of California – \$10,000 To fund the Girl Scouts "Get Fit Day Camp 2012" for girls in Merced County. Emphasize prevention of obesity through health education and physical activities.
Hospital's Contribution / Program Expense	Distributed grant brochures, ran an ad in the local newspapers. Provided PSA's to local media sources. Community Advisory Committee reviewed LOI's, reviewed full proposals and made recommendations to Dignity Health. Awarded grant money to local agencies, totaled \$94,519 + MMC's cost for operational expenses.
FY 2013	
Goal FY 2013	Grant program awardees to submit program accountability report to Dignity Health mid 2012. The 2013 Dignity Health Community Grant awards will be awarded January 2013 at the CAC meeting. Total grant money available is \$118,764.
Measure/Indicator of Success	Individual grantees will monitor their programs and Dignity Health/MMC will review progress and determine if proposal goals have been met.
Baseline	Continue to provide Dignity Health Community Grant money to nonprofit organizations that share our values and work to improve the health status and quality of life in our community. Focus of the grant proposals will meet the requirements of the Community Needs Assessment.
Intervention Strategy for Achieving Goal	Community Advisory Committee will meet to determined the focus for the FY 2013 grant; grant reports will be in the FY13 CB report. Continue with distribution of announcement letters and brochures and media advertisement. Community Advisory Committee members will review the proposals in October 2012.
Community Benefit Category	E1 Cash Donations

Labor of Love	
Hospital CB Priority Areas	Priority Areas identified in the Community Needs Assessment <input type="checkbox"/> Heart Disease & Stroke <input checked="" type="checkbox"/> Access to Health Services <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Family Planning <input type="checkbox"/> Injury & Violence Prevention <input type="checkbox"/> Mental Health & Health Disorders <input checked="" type="checkbox"/> Nutrition, Physical Activity & Weight Status <input type="checkbox"/> Oral Health <input type="checkbox"/> Respiratory Diseases
Program Emphasis	Please select the emphasis of this program from the options below: <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
Link to Community Needs Assessment	Between 2007 and 2009, 7.0% of all Merced County births received late (starting in the third trimester) or no prenatal care. This is more than twice the California proportion. A total of 13.2% of 2007 to 2009 Merced County births were to teenage mothers. This is higher than the California and national proportion. Low birth weight babies, weighing less than 5 pounds, 8 ounces at birth, are much more prone to illness and neonatal death than are babies of normal birth weight.
Program Description	This program prepares expectant mothers for the childbirth experience, including the stages of labor, what to expect during pregnancy and delivery, covers the importance of prenatal care, breastfeeding and infant health care.
FY 2012	
Goal FY 2012	To increase the program's capability to enroll more expectant mothers, to encourage breastfeeding and prenatal care. Outreach to more teenage mothers and women of low income and/or uninsured.
Measure/Indicator of Success	Increase enrollment – achieve by getting more physician referrals. Collaborate with other organizations that have lost their funding for childbirth classes. Expand the distribution of educational materials in the community. To add a new breast feeding class to the program.
Baseline	Currently there are no other child birth classes offered in Merced County due to a lack of funding.
Intervention Strategy for Achieving Goal	Outreach measures to other organizations to provide needed information and materials. Increase the enrollment by communicating course information to Family Practice Clinic and Golden Valley Health Clinics and community OB GYN physicians. Listing of class schedules available at clinics and in the hospital community newsletter. MMC Community newsletter is sent to 30,000 households. Information was also included in the Merced College newsletter.
Result FY 2011	In FY2011 enrollment increased to 168 and in FY2012 it increased to 193. An increase in physician referrals and more women entering the classes during their first trimester rather than waiting until the third trimester.
Hospital's Contribution / Program Expense	Hospital provided space, refreshments, educational materials and instructors. Cost \$112,648.
FY 2013	
Goal 2013	Increase enrollment by more community outreach especially to pregnant teenagers. Achieve the objectives indicated and to follow up with the women who have completed the course in order to access their birthing experience and to encourage enrollment in the breastfeeding class.

Measure/Indicator of Success	<ul style="list-style-type: none"> • Expand program's accessibility to women in the community • by collaborating with Castle Family Health Centers, • Livingston Medical Group and Golden Valley Health Centers. • Increase accessibility to non-English speaking women in the community by offering the program in Spanish • Enrollment will reach its capacity of annual attendees of 200. • Collaborate with "First Five" and the "Before and After Baby" class • instructors to provide more childcare education.
Baseline	Currently there are no other child birth classes offered in Merced County due to a lack of funding.
Intervention Strategy for Achieving Goal	Enhance current practices to improve the continuum of care with hospital departments, community clinics and collaborative community partners. Partner with Family Care and the public health indigent care program (MAP) to improve awareness and access to programs.
Community Benefit Category	A1 Community Health Education

Live Well With Diabetes	
Hospital CB Priority Areas	Priority Areas identified in the Community Needs Assessment <input type="checkbox"/> Heart Disease & Stroke <input checked="" type="checkbox"/> Access to Health Services <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Family Planning <input type="checkbox"/> Injury & Violence Prevention <input type="checkbox"/> Mental Health & Health Disorders <input checked="" type="checkbox"/> Nutrition, Physical Activity & Weight Status <input type="checkbox"/> Oral Health <input type="checkbox"/> Respiratory Diseases
Program Emphasis	Please select the emphasis of this program from the options below: <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 Collaborative Governance
Link to Community Needs Assessment	Between 2006 – 2008, there was an annual average age-adjusted diabetes mortality rate of 25.8 deaths per 100,000 populations in Merced County. <ul style="list-style-type: none"> • Less Favorable than that found statewide. • Less favorable than the national rates. • Fails to satisfy the Healthy People 2020 target (19.6 or lower). Merced County diabetes mortality rate is higher among Hispanics than Whites. <ul style="list-style-type: none"> • Non-Hispanic White deaths per 100,000 22.4 • Hispanic deaths per 100,000 30.1 Among adults with diabetes, most (81.9%) are currently taking insulin or some type of medication to manage their condition.
Program Description	This is a weekly program that teaches strategies for understanding, managing and living with diabetes. It's a multi-purpose support program that features medical professional guest speakers, interactive educational experiences and develops personal actions plans. Program is offered in English and Spanish.
FY 2012	
Goal FY 2012	To help prevent health complications of diabetes and help diabetic patients to manage their diabetes. Increase attendance in classes and offer the program in a third language, Hmong.
Measure/Indicator of Success	Offer the program in Spanish. In 2010 there were 192 contacts through the program in 2011 it increased to 363. Contacts increased by implementing a referral process from inpatient areas to the Mercy Health Education department.
Baseline	There are no other ongoing community (free of charge) educational diabetes classes in Merced County that offer both English and Spanish instructions. This program provides a diabetes support group.
Intervention Strategy for Achieving Goal	Community health educators provide follow-up contacts with participants and track their progress.
Result FY 2012	346 persons living with diabetes were provided education and free
Hospital's Contribution / Program Expense	Hospital's contribution was \$15,132.
FY 2013	
Goal 2013	To help prevent health complications of diabetes and help diabetes patients to manage their diabetes. To strengthen program by offering more professional speakers in English, Spanish and Hmong.

2013 Objective Measure/Indicator of Success	To provide different and more ways of reaching people living with diabetes and to help prevent diabetes through education to specific. Increase the attendance by better communication with diabetes patients admitted to the hospital and through other cultural agencies.
Baseline	Continues to be the only free of charge, ongoing community educational diabetes program available in Merced County. Healthy House (a cultural outreach program) has reported an increase of diabetes in the Hmong population.
Intervention Strategy for Achieving Goal	<p>MMC to sponsor a diabetes class to the Hmong Shaman and then discuss what other ways to reach the Hmong diabetes patients.</p> <p>Change the structure of the diabetes weekly classes to a four part series offered three times a year.</p> <p>Current weekly diabetes class will be modeled to be more of a diabetes support group.</p> <p>Examine the possibility of offering an annual diabetes health fair.</p>
Community Benefit Category	A1 Community Health Services

Community Benefit and Economic Value

The classified summary of Quantifiable Benefits is divided into two sections:

- Benefits that were for the Disadvantaged Population
- Benefits for the Broader Community

Benefits for poor include Financial Assistance, Unpaid Costs of Medical, Non-Billed Services, Subsidized health Services and Cash/In-Kind Donations.

Benefits for the Broader Community include Unpaid Costs of Medicare, Non-Billed Services, Medical Education, Subsidized health Services, Community Building Activities, and Cash/In-Kind Donations.

Mercy Medical Center uses the cost accounting methodology to determine the net benefit for Medicare, MediCal, traditional charity and means tested programs.

The following page is a copy of the “Classified Summary” of “Un-sponsored Community Benefit Expense” from CIBSA.

10/9/2012
 211 Mercy Medical Center Merced
 Complete Summary - Classified
 For period from 7/1/2011 through 6/30/2012

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Financial Assistance	4,845	5,976,447	175,897	5,800,550	2.4	2.2
Medicaid	82,229	83,158,261	70,709,413	12,448,848	5.2	4.7
Means-Tested Programs	17,681	8,719,536	1,548,749	7,170,787	3.0	2.7
Community Services						
Community Benefit Operations	2	22,009	0	22,009	0.0	0.0
Financial and In-Kind Contributions	0	1,080,522	0	1,080,522	0.5	0.4
Totals for Community Services	2	1,102,531	0	1,102,531	0.5	0.4
Totals for Living in Poverty	104,757	98,956,775	72,434,059	26,522,716	11.2	10.0
<u>Benefits for Broader Community</u>						
Community Services						
Community Benefit Operations	0	357,477	0	357,477	0.2	0.1
Community Building Activities	188	20,292	300	19,992	0.0	0.0
Community Health Improvement Services	21,463	723,175	0	723,175	0.3	0.3
Financial and In-Kind Contributions	2,317	12,664	0	12,664	0.0	0.0
Health Professions Education	6,946	4,410,678	3,062,890	1,347,788	0.6	0.5
Totals for Community Services	30,914	5,524,286	3,063,190	2,461,096	1.0	0.9
Totals for Broader Community	30,914	5,524,286	3,063,190	2,461,096	1.0	0.9
Totals - Community Benefit	135,671	104,481,061	75,497,249	28,983,812	12.2	11.0
Unpaid Cost of Medicare	33,333	82,569,131	69,394,402	13,174,729	5.5	5.0
Totals with Medicare	169,004	187,050,192	144,891,651	42,158,541	17.7	15.9

Telling the Story

MMC report community benefit to be accountable to our staff, physicians, donors, boards and most of all to our community. Our mission and values guide our goals and activities. Reporting community benefit demonstrates to our community that “we walk the talk.”

Reporting community benefit is necessary to fulfill government requirements, but it also answers a number of other needs. The most important reasons to report community benefit are:

- Social accountability
- Legal requirements
- Strengthening constituent relationships
- Fostering dialogue on health care policy

We use several methods to communicate our programs and community benefit to the public.

- MMC services and educational classes are published in the two local newspapers; deliver to 30,000 homes a quarterly community newsletter which features class listings and health related articles.
- Local media – including Spanish – print feature stories and run regular press releases. Paid advertisement is used to promote our current and new classes, health services and community partnerships
- To reach the South East Asian population we have partnered with local agencies, Healthy House and Merced Lao Family, to disperse information.
- Mercy sponsors a health education meeting for the local Hmong Shaman every other month. Attendance ranges between 30 – 40 for each meeting which provides a different health focus and hospital service.
- The hospital lobby electronic media board continuously provides information on community benefit. This information is provided in partnership with Mercy Foundation, Mission Integration and Marketing. By having this partnership/committee all of our community and internal outreach focuses on our Mission, Vision and Values.
- A MMC quarterly physician newsletter is published and distributed to over 250 physicians.
- Monthly presentations are given to various county service organizations/clubs.
- The Community Benefit Report and Implementation Plan are posted on the Dignity Health website.

Attachment A

Mercy Administration Community Board & Community Advisory Committee Rosters

Hospital Administration

A five-member senior management team operates the hospital administration.

- David Dunham, President
- Chuck Kassis, VP Operations
- Mike Strasser, CFO/VP Finance
- Charm Patton, VP Human Resources
- Gregory Rouleau, VP Nursing Services/CNE
- Robert Streeter, M.D., VP Medical Affairs

Community Board

A fourteen-member board supports the vision, mission, values, charitable and philanthropic goals of the hospital and CHW. Members are regarded in their community as respected and knowledgeable in their field, are contributing citizens in their community and are knowledgeable about or willing to become educated about hospital and healthcare matters.

- Walter Adams, III – Branch Manager/Crop Consultant
- John Aleman, M.D. – Family Practice
- Benjamin Duran – Supt/President, Merced College, Board Vice Chair
- Marc Garcia – Superior Court Judge
- Brian Moore M.D. – Chief of Staff
- Paul C. Lo, ESQ. – Attorney at Law
- Barry McAuley – Auto Dealership Owner, Board Chair
- Sr. Abby Newton, OP – VP/Mission Integration
- John Raggio – Retired
- Atulkumar Roy, M.D. – Nephrology/Internal Medicine
- Cynthia Temple – Accounting Firm, Board Secretary
- Janet Young – Associate Chancellor and COS, UC Merced
- David S. Dunham – Hospital President (Ex-Officio)

Community Advisory Committee

Members support the mission, vision, and values, of Mercy Medical Center and are knowledgeable and understand the medical needs of Merced County. They have been residents of the county for five or more years and at least seven members represent the medically under-served.

- Cora Gonzales – Livingston Medical
- John Aleman, M.D. – Family Practice
- Marilyn Mochel – MATCH Coalition
- Tammy Moss-Chandler – Merced County Health Department
- Lee Lor – Merced County Superintendent of Schools
- Gilbert Olquin – Central California Legal Services
- Mae Pierini – Retired
- John Raggio – Retired
- Penny Sawyer – WestMed College
- Tony Slaton – Boys & Girls Club
- Michael Sullivan – Golden Valley Health Center
- Cherpau Vang – Merced Lao Family Community, Inc.
- Hub Walsh – Merced County Board of Supervisors
- Ernestine Woods - Retired

Attachment B

Financial Assistance/Charity Care Policy

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.

Attachment C

Community Health Needs Assessment