



**St. Mary's
Medical Center™**
A Dignity Health Member



**St. Mary's Medical Center
San Francisco, California**

Community Benefit Report 2012
Community Benefit Implementation Plan 2013

A message from Anna Cheung, Chief Executive Officer, St. Mary's Medical Center and Junona Jonas, Board Chair:

At St. Mary's Medical Center 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 \$46 million in charity care, community benefits, and unreimbursed patient care.

At St. Mary's Medical Center 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, St. Mary's Medical Center Community Board reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 11, 2012 meeting.



Anna Cheung
Hospital President



Junona Jonas
Board Chair

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EXECUTIVE SUMMARY

St. Mary's Medical Center is sponsored by the Sisters of Mercy and has cared for the people of the San Francisco Bay Area since 1857. In 1986 it was one of the founding hospitals of Dignity Health, formerly Catholic Healthcare West (CHW)¹. A fully accredited teaching hospital in the heart of San Francisco, it has 403 licensed beds, 1119 employees, 583 physicians and credentialed staff, and 265 volunteers. For 155 years, St. Mary's has built a reputation for quality, personalized care, patient satisfaction, and exceptional clinical outcomes. Our Centers of Excellence include Total Joint Center, Spine Center, Oncology, Outpatient Therapies, Acute Physical Rehabilitation, and Cardiology. We offer a full range of diagnostic services and 24 hour Emergency Department. Surgical specialties include general, orthopedic, ophthalmology, podiatric, plastic, cardiovascular, and gynecologic surgery. St. Mary's was recertified as a Primary Stroke Center last year. We are one of only three San Francisco hospitals to earn designation as a Blue Distinction[®] Center from Blue Cross in Knee and Hip Replacement and Spine Surgery. We have the only Adolescent Psychiatric inpatient and day treatment units in our service area. Patients in need of financial assistance are cared for in every department, and our financial counselors help direct them to appropriate assistance including charity care.

At St. Mary's, Community Benefit Program planning is based on the citywide Community Health Needs Assessment, a collaborative process of government and private organizations.

The results of the 2010 Community Health Needs Assessment showed that there are ten areas of need for the City and County of San Francisco— now referred to as community vital signs.

1. Increase Access to Quality Medical Care*
2. Increase Physical Activity and Healthy Eating to Reduce Chronic Disease*
3. Stop the Spread of Infectious Disease*
4. Improve Behavioral Health
5. Prevent and Detect Cancer*
6. Raise Healthy Kids
7. Have a Safe Place to Live
8. Improve Health and Health Care Access for Persons with Disabilities
9. Promote Healthy Aging*
10. Eliminate Health Disparities*

* Indicates the priority vital signs selected by St. Mary's as a means to strategically target the needs of our community.

The following programs are integral to achieving our community benefit goals:

Sister Mary Philippa Health Center. The centerpiece of St. Mary's charitable mission, the Sister Mary Philippa Health Center, the largest private hospital-based medical clinic in San Francisco, serves 2,797 needy and underinsured patients. Of the 2,797 patients who call the clinic their medical home, 1,287 were members of Healthy San Francisco, 87% of whom have incomes that are below 200% of the federal poverty level. A vital part of the city's healthcare safety net, the clinic provided 37,381 outpatient services in FY 2012 including adult primary care and specialty care. Ancillary services include on-site interpreters, a pharmacy, and access to the hospital's diagnostic services. The clinic also serves as a significant opportunity for physicians in training to provide proctored primary care to a consistent caseload over the course of their residency. This component of their training not only allows them to follow up with patients but also nurtures their sense of social responsibility and desire to serve the greater community.

¹ For more information on the name change, please visit www.dignityhealth.org

Integrated HIV/ AIDS Service. The clinic also operates the largest HIV/AIDS clinic in San Francisco outside of the public health department and provided 9,506 outpatient services to those patients during the past fiscal year. The HIV/AIDS program provides adult primary care and specialty care. Specialty services include dermatology, psychiatry, case management, social work, treatment advocacy, gastroenterology, rheumatology, cardiology, oncology, endocrinology, diabetes care and education. Ancillary services include on-site interpreters, a pharmacy, and access to the hospital's diagnostic services.

Diabetes Services at St. Mary's is a Recognized Program by the American Diabetes Association for meeting high standards as an outpatient self-management education program. This year our program was recognized for the booklet *Diabetes: Do You Know* which is now a validated education tool used by several of Dignity Health hospitals. The group of diabetes educators is responsible for inpatient and outpatient diabetes education and serves a large group of private doctors who refer patients for education. As part of the community outreach program, Diabetes Services organizes public presentations to raise awareness of diabetes; some of these presentations also include diabetes screening. An ongoing series of classes on diabetes self management is held weekly and is open to the public at no charge. Our lead Diabetes Educator was recently honored by the San Francisco Business Times with its prestigious *Health Care Heroes Award* in the field of allied or non-acute care.

Dignity Health/ SMMC Community Grants Program is one way we give back to the community by partnering with other local organizations who share our vision and values. Grants are awarded to programs that espouse one or more of the priorities we are endeavoring to address in order to improve the health of the community. Organizations that receive grants from us are working to improve access to jobs, housing, food, education, exercise programs, legal assistance, and health care for people in low-income and minority communities.

Congestive Heart Failure (CHF) Transformational Care Team implemented a process to effectively and efficiently identify CHF patients upon admission to SMMC, provide them with education to manage their CHF, enroll them into a follow-up call program, and contact the patients at regular intervals post-discharge to validate teach-back, advise the patient when CHF symptoms arise and facilitate treatment/intervention to avoid readmission when appropriate. Beginning this year, some of the services are provided through CHAMP® (Congestive Heart Active Management Program) based at Mercy Heart and Vascular Institute in Sacramento which services a number of Dignity Health Hospitals.

During FY 2012 St. Mary's provided \$27,603,446 in community benefit. In addition, the unpaid cost of Medicare of \$16,237,165 brought the total community benefit to \$43,840,611. Equally important, in FY 2012, St. Mary's Medical Center spent a net \$6,005,469 to provide the medically needy with charity care of which \$1,649,074 was for general financial assistance and an additional \$4,356,395 covered the costs of means-tested programs such as *Healthy San Francisco*.

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

The mission of St. Mary's Medical Center, which is built upon our founding vision of serving those most in need, continues to be the underpinning and core of our Community Benefit work. The St. Mary's Community Board of Directors has nineteen members including religious sponsors, the hospital President, Chief of Staff, medical staff, and members of the San Francisco community. The Community Board of Directors has oversight for the Community Benefit Planning Committee and has adopted the guiding principles of the national demonstration: *Advancing the State of the Art in Community Benefit*.

The Board's Community Benefit Planning Committee has seven board members who represent a variety of ethnic communities and include nonprofit advocates from the areas of health, mental health, and social service perspective. The Board Committee is involved in two ways: through the development of the Strategic Plan (including Community benefit targets and goals) and in directing the selection of the priority areas of focus within the hospital itself. A roster of members of the St. Mary's Medical Center Community Board of Directors is included as Attachment A with Community Benefit Planning Committee Members indicated.

Staff support to this committee includes a Sponsor who is the Community Benefit Coordinator and a Sponsor who is Community Liaison; the Director of Community Health and hospital Vice President of Mission and Community Services.

Fulfilling Our Role in Addressing Community Needs

Since 1994, St. Mary's has actively participated in the local initiative *Building a Healthier San Francisco*, a citywide collaborative of non-profit hospitals, the San Francisco Department of Public Health, and a variety of community-based health organizations and philanthropic foundations. This cooperative effort conducts a Community Health Needs Assessment for San Francisco at least every three years. Based on the needs assessment, the collaborative has identified ten community vital signs which inform city-wide as well as institutional planning. These identified community needs inform the planning undertaken by St. Mary's.

The hospital staff develops the benefit report and plan through a collaborative process based on input from the Community Benefit Planning Committee and the hospital Community Board of Directors. Emphasis is placed on addressing needs, reviewing programming and setting priorities based on the Community Health Needs Assessment as well as available hospital resources and our mission. The report receives final approval from the Community Board of Directors. There is an institutional commitment to the Community Benefits process with staff time dedicated to these activities and managers attuned to supporting programs and accounting for the service we provide.

The Benefit Plan identifies priorities for decisions regarding Community Benefit Programs as well as for the Hospital Community Grants Program. Grants are given to agencies that advance the objectives and priorities of the hospital as delineated by our community vital signs list.

The Community Board of Directors' assures that the Community Benefit Planning and implementation efforts include:

- Approve budget using the five principles from national demonstration: *Advancing the State of the Art in Community Benefit* which was adopted by the Dignity Health Board of Directors as a guiding framework for community benefit programming.
- Utilize Health Matters in SF Community Vital Signs as the planning guide for the identification of priorities and goals within its Hospital Community benefit planning process.
- Determine program content based on the priorities within the Community Benefit Plan and the hospital's available resources, capabilities, and areas of strength.
- Design programs guided by evidence-based medicine, objectives grounded in identified need, with measurable outcomes in the areas of behavior and health improvement.
- Target programs guided by the use of the Community Needs Index, population specific data from our Health Matters in SF website <http://www.healthmattersinsf.org/>, available human and clinical resources and recognition of hospital areas of expertise. For example, to address the need to *Improve Access to Quality Medical Care*, the hospital operates a community based clinic which serves as a training site for internal medicine residents. The Clinic thus becomes a core expression of the response within the Community Benefit Plan to that need by being a place the community can access free or low cost quality medical care.
- Decisions on program continuation or termination are based on the decision making process that involves quality data, return (or evidence-based outcome) on our investment of care and education within the patient population, targeted group or community.
- Monitor programs through monthly data collection of outcomes related to program objectives. Data is submitted to the hospital quality committee and through medical executive committee to the hospital Community Board of Directors (see Appendix A).

Non-Quantifiable Benefits

The commitment by St. Mary's does not stop with a small group of individuals, but has been embraced throughout the organization. There are many examples of our hospital staff working collaboratively with community partners, providing leadership and advocacy, stewarding scarce resources, assisting with local capacity building, and participating in community-wide health planning. St. Mary's staff is involved in the African American Health Disparity Project in San Francisco and in the Assessment Committee of the SF Community Collaborative (which collects the data sets that are used by the hospitals for their Benefit Plans and by community non-profits who use this data to leverage local, state and federal grants to support their programs). Staff also participate in the San Francisco Charity Care Workgroup and the Quality Improvement Committee of Healthy San Francisco. They participate within the Local Initiative for Managed Medicaid and the commercial Managed Medicaid program as well.

Much of the aforementioned work is designed to reduce duplication, plan at a community level, and collaborate with other hospitals and smaller non-profit providers to ensure the best potential impact for all programs.

Examples of other initiatives include:

The "Women in Medicine" program carried out in partnership with Mercy High School, San Francisco, has a select group of students of multiple ethnicities learning about the health care professions through scheduled visits to St. Mary's Medical Center.

Environmental improvement - ecology initiatives include:

- Battery Collection Containers: Process still in place
- Successful Earth Day celebration with community involvement: April 2012-THEME "Treat the Earth with DIGNITY"
- Food waste segregation and composting initiated May, 2011: successful implementation
- Stericycle (Corporate) contract currently being implemented; this provides us with:

- Environmental scorecard – to provide a snapshot of our volumes, pounds of waste per adjusted patient day, goals, etc. This scorecard will complement our annual Dignity Health environmental report.
- Training resources – to re-educate staff, as needed
- Compliance & waste reduction surveys
 - to ensure proper disposal methods – WILL BE IMPLEMENTING NEW WASTE DISPOSAL GUIDELINES in August, 2012.
 - segregation – construction debris, bulk trash, landscape ‘green’ waste, etc
 - recycling – increase recycling volume to minimize land-filled waste, etc

Ecology initiatives this year also include the donation of supplies that are usable in other settings and the recycling of 15,000 lbs. of surgical blue wrap to be made into building materials. All of these items would otherwise have gone to a landfill.

Winter donations - our Emergency Department spearheaded employee collections of toys and warm coats for people in need. The toy drive was in conjunction with an annual drive organized by the Fire Department.

Individual volunteering - employees are involved with a variety of projects on their own time. People serve on boards, on medical missions, professional, civic, religious and political organizations and other local service projects.

COMMUNITY

Description of the Community

St. Mary’s Medical Center is an acute care hospital and ambulatory health care provider serving a geographic service area that includes San Francisco, South San Francisco, Daly City, Pacifica and Southern Marin County. For Community Benefit Activities we focus on the City and County of San Francisco. San Francisco is a cosmopolitan city that prides itself in its diversity yet suffers from a lack of affordability. Our location in the geographical center of the city and the unique fact that the city and county are one, surrounded by the Pacific Ocean and the Bay define both our demographics and political environment.

As the recession continues to deeply affect the population, families with young children are moving out of the city resulting in an increase in the median age. Despite areas of affluence, there are significant pockets of poverty (as evidenced in the Community Needs Index following) particularly in the African American and Hispanic/Latino communities. Because of our proximity to Golden Gate Park and the Haight-Ashbury neighborhood, our ED sees a large number of homeless people and others lacking access to primary care.

San Francisco has historically been on the forefront in providing access to health services for its citizens. Since 2007, the Healthy San Francisco program has been in operation, funded by the city, employer contributions and participant fees as well as being subsidized by private hospitals including SMMC. In FY 2012 we provided \$4,356,395 in means-tested charity care to this program. Healthy San Francisco offers medical services to San Franciscans regardless of their income, employment or immigration status or pre-existing medical conditions.

Community Demographics

The core service area population served by SMMC is 1,072,443 and is projected to remain constant, having grown at an annual rate of .63% between 2010 and 2015. Demographics relating to the community served by SMMC are summarized below

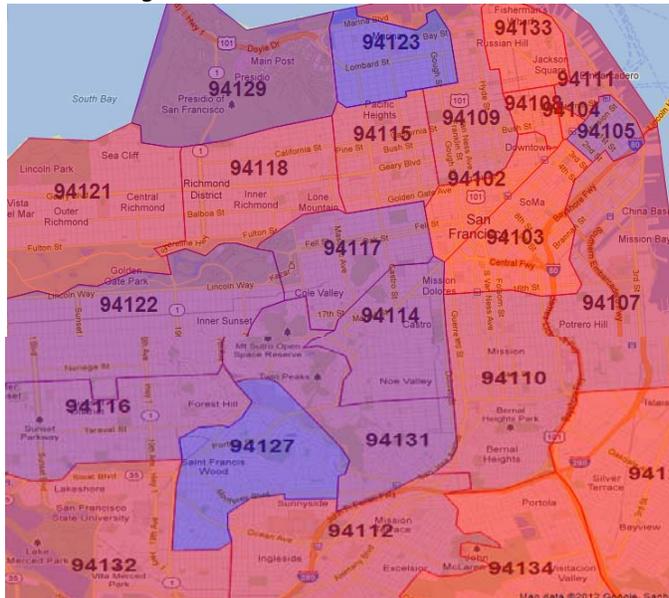
City and County of San Francisco 2012		
Population	809,518	
Ethnic Diversity	White Non-Hispanic	41.6%
	Black Non-Hispanic	5.5%
	Hispanic	15.3%
	Asian & Pacific Islander Non-Hispanic	33.8%
	All others	3.8%
Average Household Income	\$ 98,009	
% Uninsured	17%	
% Medicaid Patients	10%	
% Unemployment	5.8%	
% Lacking High School Diploma	8.2%	
% Renters	57.5%	
Community Needs Index score:	3.5	

Other facilities in the immediate area are Kaiser Permanente, which cares for its own members, and UCSF, which serves as a tertiary referral and research center as well as providing some general services to the local community. Saint Francis Memorial Hospital and California Pacific Medical Center are other facilities within a few miles. None of the other facilities named provide an on-site clinic exclusively for the underserved. The county hospital, San Francisco General, serves many people in the eastern portion of the city for primary care and is the regional trauma center.

Complementing the work of our Sister Mary Philippa Health Center are Community based outpatient services at Maxine Hall Health Center, Haight Ashbury Free Medical Clinic, Cole Street Youth Clinic, and Ocean Park Health Center

Currently no area of San Francisco is designated as Medically Underserved Area because of our high concentration of hospitals.

St. Mary's Medical Center Community Needs Index 2012



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

	<u>Zip Code</u>	<u>CNI Score</u>	<u>Population</u>	<u>City</u>	<u>County</u>	<u>State</u>
■	94102	4.6	31602	San Francisco	San Francisco	California
■	94103	4.4	28526	San Francisco	San Francisco	California
■	94104	5	351	San Francisco	San Francisco	California
■	94105	2.8	6399	San Francisco	San Francisco	California
■	94107	4	24332	San Francisco	San Francisco	California
■	94108	4.6	13748	San Francisco	San Francisco	California
■	94109	4	57862	San Francisco	San Francisco	California
■	94110	4	78562	San Francisco	San Francisco	California
■	94111	3.6	3568	San Francisco	San Francisco	California
■	94112	3.8	78572	San Francisco	San Francisco	California
■	94114	2.6	30083	San Francisco	San Francisco	California
■	94115	3.6	34797	San Francisco	San Francisco	California
■	94116	3	43812	San Francisco	San Francisco	California
■	94117	3	38464	San Francisco	San Francisco	California
■	94118	3.4	38499	San Francisco	San Francisco	California
■	94121	3.4	43380	San Francisco	San Francisco	California
■	94122	3.2	58326	San Francisco	San Francisco	California
■	94123	2.4	24979	San Francisco	San Francisco	California
■	94124	4.8	34517	San Francisco	San Francisco	California
■	94127	1.8	19189	San Francisco	San Francisco	California
■	94129	2.8	2538	San Francisco	San Francisco	California
■	94130	3.2	1882	San Francisco	San Francisco	California
■	94131	2.6	28300	San Francisco	San Francisco	California
■	94132	3.4	27886	San Francisco	San Francisco	California
■	94133	4.8	28399	San Francisco	San Francisco	California
■	94134	4.2	42489	San Francisco	San Francisco	California

CNI Score Median: 3.5

Community Benefit Planning Process

A. Community Needs Assessment Process & Community Benefit Planning Process

During 2010, a Community Health Needs Assessment (CNA) was conducted by St. Mary's Medical Center in conjunction with the other members of the Community Benefit Partnership for the residents of San Francisco, California. The coalition consists of the following partners:

- Anthem Blue Cross
- California Pacific Medical Center
- Chinese Hospital
- Hospital Council of Northern and Central California
- Kaiser Permanente Hospital
- McKesson Foundation
- Mount Zion Health Fund
- NICOS Chinese Health Coalition
- Saint Francis Memorial Hospital
- San Francisco Community Clinic Consortium
- San Francisco Department of Human Services
- San Francisco Department of Public Health
- San Francisco Foundation
- San Francisco Medical Society
- San Francisco Unified School District
- St. Mary's Medical Center
- UCSF Medical Center
- United Way of the Bay Area

Utilizing the results of the CNA, the St. Mary's Community Benefit Planning Committee (CBPC), the Community Board of Directors, and hospital leadership review and approve the priorities of the SMMC Community Benefit Plan. The Committee holds to the general principles of serving the neighborhoods by responding to their needs, building on assets in the community, and sustaining the management of resources (e.g., staff, technology, medical supplies, space). Specific actions are undertaken to:

- Emphasize coordination and collaboration with community organizations, especially Health Matters in San Francisco and the Building Healthy San Francisco workgroup where we house data that directs our SMMC Community Benefit Plan.
- Focus the Plan on several key program areas rather than dilute our efforts across numerous issues.
- Commit to projects for three years to generate an appreciable and measurable impact.
- Consider programs based on the extent and severity of the need, the number of people affected, and the potential for St. Mary's to make positive impact on the problem.
- Determine the capability and available resources of the hospital.
- Identify the financial viability of the initiative.
- Assure the consistency of the initiative with the hospital's Mission, Community Benefit priorities (as delineated by Health matters in SF's "Community Vital Signs") and the hospital's strategic plan.

FY 2012 Community Needs Assessment Process

Since 2010 the St. Mary's Community Benefit plan has focused on the selection of relevant Vital Signs identified at the community level. The Vital Signs are a dynamic portal to San Francisco's priority health issues and associated community resources.

St. Mary's Medical Center collaborates with other non-profit hospitals in San Francisco and the Department of Public Health and other community agencies to complete a Community Health Needs Assessment which has resulted in developing these Vital Signs. This is achieved through a collaborative process of data collection, collaborative and strategic partnerships, data exchange and sharing. At monthly Community Stakeholder meetings held in 2012, members of the City-wide collaboration hosted participants representing a cross-section of expertise in health and human services. These community stakeholders confirmed the relevance of the health goals and started twenty-four affinity groups comprised of subject matter experts for

each of the health goals. The affinity groups developed through the needs assessment process consistently inform the process and the accuracy of the assessment. There are over 147 active non-profit partners and over three hospital systems and one public health department involved in this shared assessment process.

Input and data is acquired through quantitative secondary data and qualitative affinity workgroups. The health goals and Vital Signs developed during this process inform and guide the SMMC 2012 Community Benefit Report, and the 2013 Community Benefit Plan.

Additionally, SMMC makes full use of the Community Needs Index (CNI), which assigns a numerical value to those areas of greatest to lowest needs. The CNI quantifies according to the level of assessed deficits (i.e., income, insurance, employment, language/culture, and housing percentages) within a given neighborhood or community to allow further focus of our community benefit intervention for maximum impact.

SMMC – along with all other hospitals in San Francisco – hosts the assessment online within a website entitled healthmattersinsf.org, which is accessible to all members of the community and enables other community based non-profits to use our collected data and identified stratified communities/populations of need to leverage local, state, or federal grants to address these areas of need. In essence, the website has become its own resource center and enables collaboratives and partnerships to form naturally by area of focus or need.

B. Assets Assessment

The Community Benefit Partnership held meetings with community non-profits and respected community members to complete an asset assessment – which is posted on the health matters website.

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

Having identified seven priority areas through a community ranking process, each then was screened to assess whether or not existing data sources enable such measurement of change. Those priority needs without a measure in place were dropped.

After review by members of the Community Benefit Planning Committee of the SMMC Community Board of Directors, it was decided that SMMC would focus its efforts on six of the ten identified vital signs. It was also recommended that internal data elements that directly related to each of the six vital signs chosen be tracked and followed for any measurable improvement. This process has ensured a direct link from assessment, through vital sign identification, through defined response, and ultimately to measured outcomes.

Many of the services or programs directly address the needs of vulnerable populations in our community with Disproportionate Unmet Health Needs (DUHN). Communities with DUHN are defined as having a high prevalence or severity of a particular health concern to be addressed by a program activity, or community residents who face multiple health problems and who have limited access to timely, high quality health care. Our community benefit plan services that address DUHNs include the Sister Mary Philippa Health Center, the Diabetes Program, Senior Services Program, HIV/AIDS Program, and the Community Grants Program.

At SMMC, some of our prominent Community Benefit programs serve to efficiently steward community health care costs. One example of this is the Sister Mary Philippa Health Center, which, by providing a medical home and appropriate access to health care, strives to prevent disease progression.

Community Vital signs which St. Mary's chose not to address this year were:

- Improve Health and Healthcare Access for persons with Disabilities
- Have a safe and Healthy place to Live
- Raise Healthy Kids
- Improve Behavioral Health

We did not select these needs because they are beyond the scope of the services we offer and they are already being addressed by other organizations in the community.

D. Planning for the Uninsured/Underinsured Patient Population

It is Dignity Health's belief that fear of a hospital bill should not prevent someone from seeking needed care at one of their hospitals. St. Mary's Medical Center adheres to the Patient Payment Assistance Policy (included in the Appendix) established by Dignity Health and makes available free or discounted care to uninsured individuals with incomes up to 500% of the federal poverty level.

Processes implemented at our facility to ensure patients/families are aware of the assistance available to them include the public posting of the availability of payment assistance in all threshold languages at all registration and admitting areas. Processes to make sure the public is aware of our policy include the posting of available services within the FreePrintShop.org website, and the city's 311 information system.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Programs were developed in response to the current Community Health Needs Assessment and are guided by the following five core principles as established by the St. Mary's Community Benefits Committee and affirmed by the Board:

- Disproportionate Unmet Health-Related Needs: Programs that focus on vulnerable populations who lack access to health care because of financial, language/culture, legal or transportation barriers, and/or who possess physical or mental disabilities.
- Primary Prevention: Address the underlying causes of persistent health problems.
- Seamless Continuum of Care: Linkages between clinical services and community health improvement activities.
- Build Community Capacity: Enhance the effectiveness and viability of community based organizations, reduce duplication of effort, and provide the basis for shared advocacy and joint action to address the structural problems in a community.
- Collaborative Governance: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

These goals along with the community-based Vital Signs prioritized for St. Mary's provide the framework for our planning. The major initiatives and key community-based programs operated or substantially supported by St. Mary's in FY2012 sorted by the five priority vital signs they support are listed below. Programs not intended to be operating in 2013 are noted by an asterisk (*) although grant recipients can reapply. It should be noted that we consider a sixth Vital Sign, "**Eliminate Health Disparities**", to be overarching and inherent in all our Community Benefit programming:

Increase Access to Quality Medical Care

- Enrollment assistance for government programs and charity care
- Sr. Mary Philippa Health Center: serves as Medical Home to low income patients
- Graduate Medical Education: residents in medicine, orthopedics, podiatry
- Internships: Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Dietician, Marriage Family Therapy, Nursing Assistants, Clinical Pastoral Education
- African American Health Disparities Project
- Community Grant to Clinic by the Bay, a health clinic that provides free, comprehensive, high quality primary and preventive health services to low-income families in an underserved area*
- Transportation Services for patients
- Fundraising expenses for charity care

Increase Physical Activity and Healthy Eating to Reduce Chronic Disease

- Food Runners program to distribute leftover food to those in need
- Low cost meals for seniors in the hospital cafeteria
- Chronic Disease Self Management Program
- Diabetes Education Program with long term improvement plan
- Congestive Heart Failure Patient Follow Up with long term improvement plan
- Health Fair screenings and education
- Community Grant to St. Paul of the Shipwreck After School Program which coaches primarily African American children to develop a holistic and healthy lifestyle including exercise, nutrition, homework assistance, music and arts.*
- Community Grant to Most Holy Redeemer AIDS Support Group which provides support services to people struggling with debilitating disease*
- Community Grant to Mercy Housing for Resident Services Coordinators who provide on-site health and wellness services at 32 San Francisco affordable housing properties*

Stop the Spread of Infectious Disease

- HIV Services:
 - Education
 - Drug Assistance Program
 - Subsidized specialized HIV Testing
 - Vouchers distributed for food, clothing and basic supplies
- Clean linen provided to community shelters
- Flu Vaccines provided to Seniors
- Community Grant to Shanti Project for HIV Case Management*

Prevent and Detect Cancer

- PSA Screening at designated Health Fairs*
- Clinic Mammography project
- Skin Cancer Screenings
- Colon Cancer Screenings
- Breast Cancer Second Opinion Panel
- Breast Cancer Support Group

Promote Healthy Aging

- Menopause Support Group*
- Senior Mall Walkers
- Senior Yoga
- Senior Movies
- Palliative Care Services
- Community Grant to Bayview Hunters Point Senior Center*

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Advisory Group, Executive Leadership, the Community Benefit Planning Committee of the Board and Dignity Health receive updates on program performance and news.

The following pages include Program Digests for selected key programs describing one or more of the Initiatives listed above:

PROGRAM DIGESTS:

SISTER MARY PHILIPPA HEALTH CENTER	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Increase access to Quality Medical Care <input checked="" type="checkbox"/> Increase Physical Activity and Healthy Eating to reduce Chronic Disease <input checked="" type="checkbox"/> Stop the Spread of Infectious Disease <input checked="" type="checkbox"/> Prevent and Detect Cancer <input checked="" type="checkbox"/> Promote Healthy Aging <input checked="" type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" 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
Link to Community Needs Assessment	The Sister Mary Philippa Clinic serves as a medical home to more than 2,400 underinsured and uninsured patients. Those without access to routine care, underinsured or uninsured patients often delay treatment resulting in more severe illness, increased and inappropriate use of the emergency room, and higher costs.
Program Description	The Clinic offers adult primary care and specialty care including surgery, cardiology, ophthalmology, optometry, gynecology, podiatry, dermatology, rheumatology, and psychiatry. Additional ancillary services include on-site translators, a pharmacy, and hospital laboratory and radiology services. The clinic provided 37,381 outpatient services to patients in FY 2012.
FY 2012	
Goal FY 2012	To provide 1,150 enrollment slots to Healthy San Francisco Patients as Medical Home
2012 Objective Measure/Indicator of Success	The objective was measured using bi-weekly monitoring of enrolled HSF membership in Clinic medical home.
Baseline	At the beginning of FY12 the clinic had enrolled 1183 Healthy San Francisco patients within our medical home. This program plays a critical role in the city's safety net for those who are uninsured or underinsured.
Intervention Strategy for Achieving Goal	Every two weeks the clinic monitored the enrollment rates and adjusted open/close status accordingly. Clinic PFS staff actively continued to enroll eligible Healthy SF members even when clinic was closed to new enrollees.
Result FY 2012	The Sister Mary Philippa Health Center provided Medical Home services to 1,287 patients for primary care, specialty and ancillary services. In addition, the Center also provided over 840 underinsured Med-Cal patients a medical home in our clinic.
Hospital's Contribution / Program Expense	The hospital subsidized \$4,356,395 for means tested charity care for inpatient and outpatient services in FY12. Additional unpaid costs of SMPHC (clinic) Medicare and Medicaid services are in those respective line items on the classified summary attached.
FY 2013	
Goal 2013	To provide 1,150 enrollment slots to Healthy San Francisco Patients as Medical Home
2013 Objective Measure/Indicator of Success	The objective will be measured using bi-weekly monitoring of enrolled Healthy San Francisco membership in Clinic medical home.
Baseline	The San Francisco County identified Access to Medical Care as the top need in its annual revalidation of the County Health Assessment and priorities.
Intervention Strategy for Achieving Goal	Health fair advertising and placement of "clinic-open-status" through Healthy San Francisco clinics, through the network of enrollment assisters, through 311 Program (resource hotline), and through the Free Print Shop Website which lists local resources.
Community Benefit Category	Financial Assistance, Medicaid, Means-Tested Programs

HIV/ AIDS RPR (RAPID PLASMA REAGIN TEST FOR SYPHILIS) INTERVENTION	
Hospital CB Priority Areas	<input checked="" type="checkbox"/> Increase access to Quality Medical Care <input checked="" type="checkbox"/> Increase Physical Activity and Healthy Eating to reduce Chronic Disease <input checked="" type="checkbox"/> Stop the Spread of Infectious Disease <input type="checkbox"/> Prevent and Detect Cancer <input checked="" type="checkbox"/> Promote Healthy Aging <input checked="" type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Despite the number of excellent HIV/AIDS programs, several segments of the population continue to suffer from this disease. The HIV program at St. Mary's is the largest free HIV/AIDS clinic outside those of the Public Health Department in San Francisco. The HIV clinic works in conjunction with the San Francisco Department of Public Health to assist in tracking those clients who have been diagnosed with a positive RPR test. In addition to tracking, the SFDPH assists St. Mary's in anonymous partner notification and disclosure as well as prevention education.
Program Description	The HIV integrated Program at St. Mary's provides outpatient primary care for approximately 390 HIV positive patients annually. The HIV program has made a committed effort to decrease the number of patients presenting with syphilis infection; attempting to ensure that all patients at a minimum are tested within a twelve month period. This data is tracked by quarterly chart audits completed by identified clinical staff.
FY 2012	
Goal FY 2012	Within the HIV program the Community Standard of Care Goal is to ensure that each HIV patient receives an initial RPR (syphilis screen) and a subsequent RPR annually.
2012 Objective Measure/Indicator of Success	The 2012 objective measure is to reduce the number of syphilis infections through the maintenance of testing effort. The community goal, or indicator of success, is reaching the benchmark that 85% of patients enrolled have had an initial RPR test annually.
Baseline	RPR rate for FY 11 was 76%.
Intervention Strategy for Achieving Goal	During FY12, in preparing charts, staff assess whether patients are due for their annual screening. If the patient is due, a tickler is placed on the patient record for their provider to discuss and order the RPR test as indicated. Additionally, providers screen patients for risk and/or sexual practices and order test as needed. The HIV program multidisciplinary team continues to educate patients on the importance of safe sex practices, prevention, and appropriate referrals as needed.
Result FY 2012	The Rate for screening using RPR was 89.75%
Hospital's Contribution / Program Expense	The clinic quality committee as well as the St. Mary's quality council has contributed constructive feedback on better methods and strategies for achieving these goals. Additionally, incorporating the cost of such testing is included in the overall community benefit contribution by the clinic.
FY 2013	
Goal 2013	To ensure that 85% of all clinic-registered HIV patients have an RPR test completed in a twelve month period. Continue with patient prevention education, risk assessments and referrals.
2013 Objective Measure/Indicator of Success	The 2013 objective measure is to reduce the number of syphilis infections. The community goal or indicator of success is reaching the benchmark that >85% of patients enrolled have had an initial RPR test annually.
Baseline	RPR is 89.75%
Intervention Strategy for Achieving Goal	Intervention Strategy includes chart audits, provider weekly feedback, quality review and monthly RPR reconciliation with a member of the clinic team and the lab supervisor.
Community Benefit Category	Community based clinical service: Immunizations/screenings

DIGNITY HEALTH/ SMMC COMMUNITY GRANTS

Hospital CB Priority Areas	<input checked="" type="checkbox"/> Increase access to Quality Medical Care <input checked="" type="checkbox"/> Increase Physical Activity and Healthy Eating to reduce Chronic Disease <input checked="" type="checkbox"/> Stop the Spread of Infectious Disease <input checked="" type="checkbox"/> Prevent and Detect Cancer <input checked="" type="checkbox"/> Promote Healthy Aging <input checked="" type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" 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
Link to Community Needs Assessment	St. Mary's prioritizes issues and organizations that either address and/or work with St. Mary's on priority areas, such as addressing issues of medical disenfranchisement, diabetes, hunger, etc
Program Description	St. Mary's Medical Center conducts a community health assessment every three years, and updates it annually. St. Mary's Medical Center then identifies strategic priorities based on this assessment. A parallel objective of Dignity Health's Community Grants Program is to award grants to nonprofit organizations whose proposals respond to the priorities identified within St. Mary's Health Assessments and also respond to the St. Mary's Medical Center Community Benefit Plan.
FY 2012	
Goal FY 2012	To provide Community Grants to Non-Profit Services who enhance, support or otherwise extend the impact and effectiveness of our Hospital Community Benefit Plan.
2012 Objective Measure/Indicator of Success	Focus on disproportionate unmet health-related needs; emphasize primary prevention and address underlying causes of health problems; contribute to a seamless continuum of care; build community capacity; and emphasize collaborative governance.
Baseline	San Francisco has cut community programs by over 14% in the last two contract years, leaving many community based agencies desperate for other sources of support to carry out their vital services in the community. A majority of San Francisco non-profit agencies reported donations down in the fiscal year 2012.
Intervention Strategy for Achieving Goal	The annual Dignity Health Community Grants Program is a grant pool of hospital dollars that allows St. Mary's to administer a grant program to local community groups.
Result FY 2012	<p>SMMC awarded \$108,500 in Community Grants to 6 organizations:</p> <p>Most Holy Redeemer AIDS Support Group \$10,000 The program provides diverse practical, emotional and spiritual support services to persons struggling with debilitating HIV/AIDS regardless of religious belief, age, race, gender, sexual orientation or disability</p> <p>Bayview Hunters Point Senior Center \$20,000 To support the continuation of nursing and personal care for seniors and disabled persons in the greatest need of help to prevent unnecessary institutionalization and promote maximum health.</p> <p>Shanti Project \$20,000 Shanti's primary goal is to establish and maintain a continuity of care for those HIV positive populations who have had the greatest difficulty in accessing and routinely participating in treatment and care.</p> <p>Mercy Housing California \$18,500 Supports Resident Services Coordinators providing on-site health and wellness services at 32 San Francisco affordable housing properties.</p> <p>Clinic by the Bay \$20,000 Clinic by the Bay is a volunteer-powered health clinic that provides free, comprehensive, high quality primary and preventive health services to low-income families in an underserved area.</p> <p>St Paul of the Shipwreck After School Program \$20,000 The Youth Center/After-School program promotes Dignity Health values by teaching, coaching and mentoring children to develop a holistic and healthy lifestyle; teaching and providing an opportunity for children to exercise, eat healthy food, do homework with onsite tutors, learn music and arts, thus discovering and developing their God given talents.</p>
Hospital's Contribution / Program Expense	The entire grant program cost is completely underwritten by St. Mary's Medical Center including administering the selection process. Total expense: \$115,255
FY 2013	
Goal 2013	SMMC will completely align their Community Grants Program to the priorities and vital signs selected by the Community Benefit Planning Committee of the SMMC Community Board of Directors. Grants will be given through a competitive application process to agencies that address goals of the prioritized areas.
2013 Objective Measure/Indicator of Success	Success shall be measured by the completion of the competitive awards process and awarding of grants to agencies that support and enhance our institutional community benefit plan.
Baseline	San Francisco non-profit agencies continue to report a reduction in private donations and reduced public funding availability.
Intervention Strategy for Achieving Goal	St. Mary's has awarded these grants with the intention of supporting other not-for-profit agencies in the community who are addressing unmet health priorities. Each agency will go about this in its own unique manner – as described in their grant application.
Community Benefit Category	Cash and in-kind donations

HORIZON 2020: DIABETES LONG-TERM IMPROVEMENT PLAN

Hospital CB Priority Areas	<input checked="" type="checkbox"/> Increase access to Quality Medical Care <input checked="" type="checkbox"/> Increase Physical Activity and Healthy Eating to reduce Chronic Disease <input type="checkbox"/> Stop the Spread of Infectious Disease <input type="checkbox"/> Prevent and Detect Cancer <input checked="" type="checkbox"/> Promote Healthy Aging <input checked="" type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input 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	Community Vital Sign: Increase Physical Activity and Healthy Eating to Reduce Chronic Disease The prevalence of diagnosed type 2 diabetes increased six-fold in the latter half of the last century according to the CDC. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. The CDC estimates the direct economic cost of diabetes in the United States to be about \$100 billion per year.
Program Description	Diabetes Services at St. Mary's is a certified diabetes self-management education program recognized by the American Diabetes Association. We offer group classes and individual, private appointments to meet the needs of all people with diabetes as well as regular screenings to identify people at risk.
FY 2012	
Goal FY 2012	Continue with our original mission to demonstrate a decrease in ED/hospital re-admissions of participants in the hospital's diabetes-focused preventive health intervention. Achieve TJC Advanced Diabetes Care Certification
2012 Objective Measure/Indicator of Success	1. Decrease # of diabetes related ED admission and hospital readmission rates for those patients referred to diabetes services. (Hyper and hypoglycemia, new diagnosis, DKA) 2. Increase # of diabetes referrals from ED and hospital to outpatient Diabetes Services. (Increase access to information and resources) This project will result in healthier diabetic patients that are statistically much less likely to use the ED for uncontrolled diabetes admissions.
Baseline	In San Francisco County, 8.43 hospitalizations per 1000 hospitalizations are related to diabetes that is either unknown or poorly managed.
Intervention Strategy for Achieving Goal	All RN's were reminded of the referral process during a mandatory training session during October 2011; All new nursing hires are instructed during orientation how to refer for inpatient diabetes education.
Result FY 2012	<p>Diabetes: Do You Know booklet is now a validated education tool used by several of Dignity Health hospitals.</p> 1. Decrease # of diabetes related ED admission and readmission rates for those patients referred 6 months post referral. (Hyper and hypoglycemia, new diagnosis, DKA) QTR 1 FY 12 Jul-Sep 2011.....37 referrals 2 admit 5% QTR 2 FY 12 Oct-Dec 2011... ..44 referrals 3 admits 7% QTR 3 FY 12 Jan-Mar 2012 71 referrals 4 so far QTR 4 FY12 Apr-Jun 2012 45 referrals 1 so far 2. Increase # of diabetes referrals from the ED and the hospital to outpatient Diabetes Services (Increase access to information and resources) Qtr 1 FY 12 Jul- Sep 2011..... 37 referrals Qtr 2 FY 12 Oct-Dec 2011 44 referrals Qtr 3 FY 12 Jan- Mar 2012 71 referrals Qtr 4 FY 12 Apr-Jun 2012 45 referrals
Hospital's Contribution / Program Expense	\$32,992 Includes costs of individual and group educational sessions.
FY 2013	
Goal 2013	Advanced Diabetes Care Certification
2013 Objective Measure/Indicator of Success	Number of readmissions due to uncontrolled diabetes will continue to decline and participation in educational programs will increase.
Baseline	People continue to be identified as having diabetes with inadequate control of blood sugar.
Intervention Strategy for Achieving Goal	Continue individual referrals, education classes for the community, and blood sugar screenings.
Community Benefit Category	Community Health Education

**HORIZON 2020: CONGESTIVE HEART FAILURE (CHF)
LONG-TERM IMPROVEMENT PLAN**

Hospital CB Priority Areas	<input checked="" type="checkbox"/> Increase access to Quality Medical Care <input checked="" type="checkbox"/> Increase Physical Activity and Healthy Eating to reduce Chronic Disease <input type="checkbox"/> Stop the Spread of Infectious Disease <input type="checkbox"/> Prevent and Detect Cancer <input checked="" type="checkbox"/> Promote Healthy Aging <input checked="" type="checkbox"/> Eliminate Health Disparities																																				
Program Emphasis	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance																																				
Link to Community Needs Assessment	This program provides tools for self care to prevent exacerbations of symptoms and decrease use of inpatient and emergency services.																																				
Program Description	The CHF Transformational Care Team implemented a process to effectively and efficiently identify CHF patients upon admission to SMMC, provide them with education to manage CHF, enroll them into a follow-up call program, and contact the patients at regular intervals post-discharge to validate teach-back, advise the patient when CHF symptoms arise and facilitate treatment/intervention to avoid readmission when appropriate.																																				
FY 2012																																					
Goal FY 2012	Demonstrate a decrease in readmissions of patients with CHF																																				
2012 Objective Measure/Indicator of Success	-Effectively Identify CHF Patients to the CHF Team upon admission -Reduce the percentage of readmission of CHF patients for all causes within 30 days to 13.4% or below.																																				
Baseline	Baseline data was gathered for CY 2009. Readmission rate within 30 days: 17.7% Source is MOR/HBI criteria: age >64, acute care inpatient, Medicare Fee for Service only – CHF, AMI and PNU combined																																				
Intervention Strategy for Achieving Goal	<input type="checkbox"/> Established a method for tracking CHF Patients and interventions post discharge. <input type="checkbox"/> Identified and trained unit level CHF Champions – Purpose: facilitate identification and enrollment of CHF patients to the CHF Team <input type="checkbox"/> Staff the CHF follow-up team office with 1 RN FTE (i.e. M-F 40 hours) to perform follow-up calls and patient education visits at the bedside.																																				
Result FY 2012	<p>CHF all-cause readmissions are trending down favorably. The team has implemented the following measures in the last quarter:</p> <ol style="list-style-type: none"> 1. Real-time huddling on readmitted patients: Case manager, quality, bedside nurse, physician and the CHF follow-up nurse meet within 24 hours of the patient being admitted to discuss plan of care. 2. Concurrent patient chart audits: Conducted within 48 hours of discharge to ensure CHF education is completed, medication list is accurate and discharge instructions have been provided to patient 3. Partnering with Congestive Heart Active Management Program (CHAMP): This program has been highly successful in the Sacramento area, improving patient outcomes and reducing the need for repeated hospitalizations. The CHF follow-up nurses at SMMC refer the patient to CHAMP once the first call within 24 to 48 hours of discharge has been completed. 4. CHF follow-up coordinator: A CHF follow-up nurse has been appointed as the coordinator of the program to manage and expand on the quality of care and services provided to CHF patients. Currently 468 patients are enrolled to be followed-up by the CHF nurses. <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2"></th> <th colspan="3" style="background-color: #800040; color: white;">CHF</th> </tr> <tr> <th colspan="2"></th> <th>Readmissions</th> <th>Admissions</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="background-color: #cccccc;">FY 11</td> <td>Q 3 '11</td> <td align="center">10</td> <td align="center">88</td> <td align="center">11.4%</td> </tr> <tr> <td>Q 4 '11</td> <td align="center">15</td> <td align="center">127</td> <td align="center">11.8%</td> </tr> <tr> <td rowspan="4" style="background-color: #cccccc;">FY 12</td> <td>Q 1 '12</td> <td align="center">6</td> <td align="center">24</td> <td align="center">25.0%</td> </tr> <tr> <td>Q 2 '12</td> <td align="center">15</td> <td align="center">50</td> <td align="center">30.0%</td> </tr> <tr> <td>Q 3 '12</td> <td align="center">18</td> <td align="center">78</td> <td align="center">23.1%</td> </tr> <tr> <td>Q 4 '12 (May, June pending)</td> <td align="center">18</td> <td align="center">85</td> <td align="center">21.2%</td> </tr> </tbody> </table>			CHF					Readmissions	Admissions	Rate	FY 11	Q 3 '11	10	88	11.4%	Q 4 '11	15	127	11.8%	FY 12	Q 1 '12	6	24	25.0%	Q 2 '12	15	50	30.0%	Q 3 '12	18	78	23.1%	Q 4 '12 (May, June pending)	18	85	21.2%
		CHF																																			
		Readmissions	Admissions	Rate																																	
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	Q 4 '12 (May, June pending)	18	85	21.2%																																	
Hospital's Contribution / Program Expense	1 RN FTE = \$187,200 per annum																																				

FY 2013	
Goal 2013	The goal for 2013 is to improve the transition of care for the patients from hospital to home or another setting and improved discharge process and post-discharge follow-up.
2013 Objective Measure/Indicator of Success	In addition to continuing to measure the readmission rate for CHF, the patient satisfaction scores will be an indicator for success.
Baseline	There is an aging population in the community. Chronic disease management is important to promote a better quality of life.
Intervention Strategy for Achieving Goal	We will partner with St. Mary's clinic and community outpatient services, such as home care agencies, assisted living and nursing homes. Within the hospital we will work with physicians, dietary, pharmacy, case managers and social workers to better plan for discharge.
Community Benefit Category	Community Health Education

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.

COMMUNITY BENEFIT AND ECONOMIC VALUE

226 St. Mary's Medical Center
 Complete Summary - Classified Including Non Community Benefit (Medicare)
 For period from 7/1/2011 through 6/30/2012

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenue
<u>Benefits for Living in Poverty</u>						
Financial Assistance	1,445	1,649,074	0	1,649,074	0.7	0.7
Medicaid	8,687	27,875,243	15,362,442	12,512,801	5.6	5.4
Means-Tested Programs	1,400	4,356,395	0	4,356,395	2.0	1.9
Community Services						
Community Benefit Operations	0	544,044	0	544,044	0.2	0.2
Community Building Activities	0	1,261	0	1,261	0.0	0.0
Community Health Improvement Services	4,551	551,182	0	551,182	0.2	0.2
Financial and In-Kind Contributions	27,295	576,910	88,207	488,703	0.2	0.2
Subsidized Health Services	502	76,551	0	76,551	0.0	0.0
Totals for Community Services	32,348	1,749,948	88,207	1,661,741	0.7	0.7
Totals for Living in Poverty	43,880	35,630,660	15,450,649	20,180,011	9.1	8.8
<u>Benefits for Broader Community</u>						
Community Services						
Community Building Activities	58	10,347	0	10,347	0.0	0.0
Community Health Improvement Services	10,862	451,582	0	451,582	0.2	0.2
Financial and In-Kind Contributions	53	19,793	0	19,793	0.0	0.0
Health Professions Education	18,991	9,611,338	2,669,625	6,941,713	3.1	3.0
Totals for Community Services	29,964	10,093,060	2,669,625	7,423,435	3.3	3.2
Totals for Broader Community	29,964	10,093,060	2,669,625	7,423,435	3.3	3.2
Totals - Community Benefit	73,844	45,723,720	18,120,274	27,603,446	12.4	12.0
Unpaid Cost of Medicare	33,030	89,166,913	72,929,748	16,237,165	7.3	7.1
Totals with Medicare	106,874	134,890,633	91,050,022	43,840,611	19.7	19.0

The Hospital uses a cost to charge ratio to report charity care costs in our local jurisdiction reports for City and County of SF. The hospital uses a cost accounting methodology that allocates all indirect cost across all patients seen.

Telling the Story

St. Mary's Medical Center is committed to soliciting feedback from the community to help develop goals for its plan. St. Mary's Medical Center collaborated with all private hospitals and the Department of Public Health to develop, evaluate, and publicize our Community Benefit and Charity Care activities in the following ways:

- ❑ St. Mary's Medical Center participated in the Building a Healthy San Francisco Assessment Committee which is charged with accumulating data that informs and directs the selection of key areas of focus in each hospital benefit plan.
- ❑ St. Mary's used the data from the website as the basis for their assessment this cycle.
- ❑ St. Mary's Medical Center participates annually in the public presentation to the San Francisco Health Commission of our Charity Care and Community Benefit Reports.
- ❑ St. Mary's Medical Center has also been a sponsor and steering committee participant for the African American Health Disparity Project and has provided comprehensive information about our hospital benefit plan to the community through advertorials, committee meetings, and shared work groups.
- ❑ St. Mary's Grants Program derives its direction from the community benefit plan and also requires all community partners to address their applications directly to one of the institutional priorities.
- ❑ The Corporate Office of Dignity Health posts the Community Benefit Report and will post the new 2013 Community Health Needs Assessment online.
- ❑ The Community Benefit Plan is also submitted to the State of California OSHPD.
- ❑ St. Mary's Medical Center will post the entire Community Benefit Plan and the newly required Community Health Needs Assessment on the HealthMattersinSF.org website, the official repository of the most recent shared County Health Assessment

For more information about Health Matters in San Francisco initiatives and Health Needs Assessment:
<http://www.healthmattersinsf.org/>

To view the Community Benefit Report from St. Mary's online:
http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/196207.pdf

Appendix A

St. Mary's Medical Center
San Francisco, California
Community Board 2011-2012

Anna Cheung*	President and CEO	St. Mary's Medical Center
Miguel Bustos	Senior Program Manager, Americas	Levi Strauss Foundation
Anni Chung*	President and CEO	Self Help for the Elderly
Pat Coleman *	Executive Director	Arthur Coleman Foundation
Sr. Mary Lois Corporandy RSM	Sponsor	St. Mary's Medical Center
Sr. Catherine DeBack OP	Sponsor	St. Rose Corporation
Sandra Dratler DrPH*	Retired Professor	University of California School of Public Health
Sr. M. Ellene Egan RSM Ed.D*	Sponsor	Faculty University of San Francisco School of Nursing
Heather Fong	Retired Chief	San Francisco Police Department
Valerie O. Fong	Director	City of Palo Alto Utilities Department
Thomas G. Hennessey	President/CEO	Saint Francis Memorial Hospital
Jim Illig*	Chair, Community Benefits Committee	
Junona A. Jonas *	Chair	
Judith F. Karshner Ph.D	Dean and Professor	University of San Francisco School of Nursing
Kevin M. Man M.D.	Medical Staff	St. Mary's Medical Center
E. Ann Myers M.D.	Medical Staff	St. Mary's Medical Center
John Umekebo M.D.	Medical Staff	St. Mary's Medical Center
Richard Welch M.D.	Medical Staff	St. Mary's Medical Center
Francis Charlton M.D.	Chief of Medical Staff	St. Mary's Medical Center

Other Invited Guests

Eric Brettner	Vice President Chief Financial Officer	St. Mary's Medical Center
Brother George Cherrie*	Vice President, Mission & Community Services	St. Mary's Medical Center
Barbara Eusebio, R.N., J.D.	Vice President Nursing, Chief Nurse Executive	St. Mary's Medical Center
Debbie Kolhede	Vice President, Chief Operating Officer	St. Mary's Medical Center
Milton Louie, M.D.	Vice President, Medical Affairs	St. Mary's Medical Center

* Member, Community Benefits Committee of the Board

Appendix B

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.