Community Medical Centers (Community), the largest provider of healthcare services in Central California, is pleased to submit the following report for our three acute-care hospitals – Clovis Community Medical Center, Community Regional Medical Center and Fresno Heart & Surgical Hospital – while also including information about ancillary clinical services.

This report follows guidelines in Senate Bill 697, which became law in 1994.

Community was established more than 100 years ago. It is a locally owned, not-for-profit, public benefit corporation. Its chief executive officer is Tim A. Joslin. The chairman of Community’s 15-member Board of Trustees is Susan Abundis.

Community had annual operating expenses (2011/12) of approximately $1.1 billion. Net uncompensated community benefits for that fiscal year were more than $139 million, compared with nearly $134 million in fiscal year 2010/11.

Community and other California hospitals serving large numbers of Medi-Cal patients have been benefitting from a temporary “provider fee” that pulls in supplemental federal reimbursement. For Community, the provider-fee benefit was $64 million in fiscal year 2011/12 and $51 million in fiscal year 2010/2011. That fee was not designed by lawmakers as a long-term source of reimbursement for hospitals and is expected to end in December 2013.

Community has historically spent more on uncompensated community benefits than all other Fresno-area hospitals combined. And, some years, nearly double their combined total.

Community has more than 6,000 full-time employees, more than 1,300 affiliated physicians and more than 900 volunteers.

Community is headquartered in Fresno, providing the Central Valley with acute care, outpatient centers, clinics, home care, community education, physician groups and a physician residency program in conjunction with the University of California, San Francisco (UCSF).

Community has a 15,000-square-mile primary service area, which includes Fresno, Madera, Kings, Tulare and Mariposa counties. It also operates the only combined burn and Level 1 trauma units between Los Angeles and Sacramento, providing critical care and other specialty services to patients from well outside the primary service region. Community Regional Medical Center (Community Regional) operates one of the busiest hospital emergency departments in the nation.
In October 1996, Community entered a 30-year contract with Fresno County to assume responsibility for caring for the indigent, inmates and many of the county’s so-called working poor. Community also assumed management of the former county hospital, which Community renamed University Medical Center (UMC). Community pledged to build new burn and Level 1 trauma centers, replacing services at UMC.

A new trauma and critical care building on the 58-acre Community Regional campus began opening in stages in 2004. UMC’s inpatient acute-care services were successfully relocated to Community Regional in April 2007, and UMC ceased serving as an acute care hospital. In fiscal year 2008/09, Community relocated nearly all remaining inpatient acute care services from the UMC campus on Cedar Avenue.

In March 2010, the Deran Koligian Ambulatory Care Center moved to a new 79,534-square-foot facility just north of Community Regional. The building features 104 exam rooms, an X-ray room and three lab drawing stations. The clinics include dental, eye, women and children services, internal medicine, family and adult practice, HIV/AIDS care and oral maxillofacial surgery. Some clinical services remain on the Cedar campus, most of which has been returned to Fresno County.

Community is governed by a volunteer board of trustees comprised of local civic leaders and physicians. The trustees provide vision and policy direction. This process includes an annual review of the prior fiscal year and a community-needs evaluation to prioritize operational issues and provide direction.

The corporate board is also actively involved in approving fiscal appropriations for community benefits programs, outreach services and education, as well as traditional charity care and unpaid costs of public programs for the medically underserved. Corporate board members, physicians and Community’s leadership team have helped identify and fund community benefits programs.

Community continues to seek the views of healthcare, social justice, business, education and political leaders through meetings with the system’s chief executive officer and senior leadership.
Mission

Community’s stated mission is:

“To improve the health status of the community. To promote medical education.”

Safety Net

When Community contracted with Fresno County to provide for certain health care needs, Community committed to serve as the county’s safety-net provider. When reviewing Community’s economic commitment to charity care, it can be shown that Community continues to provide medical services for these individuals and families, regardless of payer source.

In February 2010 and again in December 2010, Fresno County expanded the eligibility ranges for those seeking to enroll in the Medically Indigent Services Program (MISP), partly in response to legal action. As a result, Community has experienced significant increases in the numbers of MISP patients coming for treatment and additional costs for providing care, without any additional recompense from the county.

Last fiscal year, Community provided care to 17,100 MISP, jail inmates and juvenile offenders. Community’s estimated (unaudited) cost for providing this care last year was more than $83 million, which included about $2.5 million in care for jail inmates and juvenile offenders. The county’s payment to Community was $20.7 million. Thus, Community’s estimated shortfall for caring for the county MISP, inmates and juvenile offenders was $62.3 million last year.

Another way to measure MISP volume is in adjusted patient days. Last fiscal year that figure was 25,779—a 26% increase from the previous fiscal year and a 67% increase from a decade earlier, in 2002.

Community received $43,024,000 in disproportionate share hospital supplemental (DSH) funding, a reduction of more than $3 million over the prior year. Last fiscal year, Community also received the so-called “provider fee,” a short-term federal program providing supplemental money to hospitals like Community that service sizable numbers of needy patients. These funding sources make up for some, but not all, of Community’s shortfall for care of needy patients.

Unpaid services provided by Community to the medically underserved and as a benefit to the community for FY 2011/12 ending Aug. 31, 2012, are as follows:

<table>
<thead>
<tr>
<th>Unpaid Services</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional charity care at unpaid costs</td>
<td>$ (9,879,000)</td>
</tr>
<tr>
<td>Net unpaid costs of public programs for the medically underserved</td>
<td>(179,915,000)</td>
</tr>
<tr>
<td>Disproportionate share funding</td>
<td>43,024,000</td>
</tr>
<tr>
<td>Prop. 99/tobacco tax funding</td>
<td>267,000</td>
</tr>
<tr>
<td>Provider Fee, net</td>
<td>64,106,000</td>
</tr>
<tr>
<td><strong>Total net benefits for the poor</strong></td>
<td><strong>(82,397,000)</strong></td>
</tr>
<tr>
<td>Net unpaid costs of medical education</td>
<td>(56,137,000)</td>
</tr>
<tr>
<td>Other community benefits</td>
<td>(721,000)</td>
</tr>
<tr>
<td><strong>Net community benefits</strong></td>
<td><strong>$ (139,255,000)</strong></td>
</tr>
</tbody>
</table>
Definitions:

- **Traditional charity care** covers services provided to persons who meet certain criteria and cannot afford to pay. Costs of charity are the estimated costs of services provided to such patients.
- **Unpaid costs of public programs** for the medically underserved are the costs in excess of reimbursement for treating patients covered by the state’s Medi-Cal and MISP programs.
- **Education and community benefits** include the cost of training health professionals and educating the community through seminars and classes, net of government and other reimbursement for such activities.

*(Please see the submitted charity care policy)*

**Community’s Partnerships and Programs**

**Medical Education**

Community maintains the region’s largest medical staff made up of private and academic physicians. It is closely affiliated with Santé Community Physicians, Central California’s largest independent physicians' organization. Physicians are involved in decision-making at every level, including as members of our governing Board of Trustees.

Community promotes medical education through its collaboration with the University of California at San Francisco medical education program in Fresno, and the Central California Faculty Medical Group (CCFMG).

There were a total of 320 active research studies conducted at Community campuses. Of those, 231 are being conducted by UCSF Fresno faculty, fellows and residents, utilizing Community Regional patients and/or patient data; 37 of these studies are funded by outside organizations.

Studies include:


- Fresno Heart & Surgical – Cardiac stenting, angioplasty, dual anti-platelet therapies, cardiac resynchronization therapy and bariatric procedures.

- Clovis Community – Examining the use of bariatric surgery in eliminating co-morbid conditions such as diabetes, gall bladder removal in young patients and percutaneous coronary intervention.
- Community Regional – Use of CyberKnife technology to treat prostate and lung cancer, artificial lenses in ophthalmology, treatment of acute upper GI bleeding, laparoscopic gastric bypass, and the use of blood transfusions in burn patients.

- California Cancer Center – Using chemotherapy and/or radiation in the treatment of blood, breast, colon, esophageal, lung, pancreatic, prostate and gynecological cancers, and reduction of blood transfusions in cancer patients.

Activities, Awards and Honors Involving UCSF Fresno

<table>
<thead>
<tr>
<th>Faculty Activity</th>
<th>Name</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dominic Dizon, MD</td>
<td>Community Service Project: Resident volunteers at Poverello House</td>
</tr>
<tr>
<td></td>
<td>Nisco, M.</td>
<td>Bioethics Workshop. Lead Presenter, National Hospice and Palliative Care Organization Clinical Conference, October, 2011.</td>
</tr>
<tr>
<td></td>
<td>Nisco, M.</td>
<td>Communications Regarding Code Status. UCSF School of Medicine, Emergency Medicine Fellowship, November, 2011.</td>
</tr>
<tr>
<td></td>
<td>Hughes, S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hughes, S.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Imanzahrai, A.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mortimer RB, Wharton DR.</td>
<td>Reply to Suspension Trauma and Rhabdomyolysis [Letter to the Editor]. Wilderness and Environmental Medicine, 2011; 22(3):287-288.</td>
</tr>
<tr>
<td></td>
<td>Blossom, HJ.</td>
<td>Primary Care Health Professions in the Inland Empire. Panel member for Community Clinic Association of San Bernardino County, mini-conference, panel member, 2012.</td>
</tr>
<tr>
<td></td>
<td>Blossom, HJ.</td>
<td>Highlights of the California AHEC Program, AHEC/Community Health Centers (CHC) collaboration. AHEC Branch webinar, 2012.</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
<td>Event</td>
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<tr>
<td></td>
<td>presented at the UCSF Fresno Advanced Life Support Obstetrics course,</td>
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<tr>
<td></td>
<td>Lacerations. Workshops presented at the UCSF Fresno Advanced Life</td>
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<tr>
<td></td>
<td>Support Obstetrics course,</td>
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<tr>
<td></td>
<td>Life Support Obstetrics course,</td>
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<tr>
<td></td>
<td>Program for HIV. Presentation at HIV Prevention and Treatment</td>
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<tr>
<td></td>
<td>Ask the Doctors Panel. Gender Spectrum Conference, July 14-15, 2012,</td>
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<tr>
<td></td>
<td>Berkeley, CA.</td>
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<tr>
<td></td>
<td>Treatment for GID and Dx and Tx of GID- Ask the Doctors. Talk at</td>
<td></td>
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<tr>
<td></td>
<td>Gender Spectrum Conference,</td>
<td></td>
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<tr>
<td>Burnett, J.</td>
<td>Harm Reduction Model for Treatment of M to-F Transsexuals - Four-</td>
<td>September 27, 2011, Atlanta.</td>
</tr>
<tr>
<td></td>
<td>Year Follow-up. Lecture at World Professional Assoc. for Transgender</td>
<td></td>
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<td></td>
<td>Health, 22nd International Symposium,</td>
<td></td>
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<tr>
<td></td>
<td>Religious Leaders Summit 2011,</td>
<td></td>
</tr>
<tr>
<td>Moir, A.</td>
<td>Care of the Medically Indigent in Fresno County. Lecture to Reedley</td>
<td>2011, Reedley, CA.</td>
</tr>
<tr>
<td></td>
<td>Community College students,</td>
<td></td>
</tr>
<tr>
<td>Moir, A.</td>
<td>Universal Health Care and Care of the Medically Indigent. Lecture to</td>
<td>2011, Sanger, CA.</td>
</tr>
<tr>
<td></td>
<td>Sanger High School AP Government students,</td>
<td></td>
</tr>
<tr>
<td>Moir, A.</td>
<td>Barriers to Breastfeeding. Lecture to Obstetric Nursing Department,</td>
<td>2011, Selma, CA.</td>
</tr>
<tr>
<td></td>
<td>Adventist Medical Center,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Regional Medical Center Hospice and Palliative Medicine Group,</td>
<td></td>
</tr>
<tr>
<td>Mortimer, R.</td>
<td>Suspension Trauma Revisited, PMI Webinars, March 6, 2012. Available at: <a href="http://www.pmirope.com/rescue-tv/webinars/">http://www.pmirope.com/rescue-tv/webinars/</a></td>
<td></td>
</tr>
<tr>
<td>Burnett, J.</td>
<td>Safe and Efficacious Protocol for Treatment of Male-to-Female Transsexuals. Poster presented at the 8th Annual UCSF FCM Colloquium,</td>
<td></td>
</tr>
</tbody>
</table>

6
<table>
<thead>
<tr>
<th>Name</th>
<th>Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serena Yang, MD</td>
<td>Appointed to the Haile T. Debas Academy of Medical Educators</td>
</tr>
<tr>
<td>Renee Kinman, MD</td>
<td>Appointed to the Haile T. Debas Academy of Medical Educators</td>
</tr>
<tr>
<td>Kathy Flores, MD</td>
<td>2011 AMAE – El Dia Del Maestro Special Recognition</td>
</tr>
</tbody>
</table>


Gomez, I. Why We Are Here: Preventing Pediatric HIV. Lecture presented at The Perinatal HIV Summit Conference, October 26, 2011, Fresno.


Padilla, A. Preparing for Teaching Health Center Residency Programs: Migrant and Farm Worker Fourth-year Transition Elective. Family Medicine, Vol 44; Sup 4; June 2012. Available at: [http://www.stfm.org/fmsup/fmconferencesupplement.cfm?confid=177](http://www.stfm.org/fmsup/fmconferencesupplement.cfm?confid=177)


Kathy Flores, MD  2011 UCD Humanitarian Award
Kathy Flores, MD  2012 Santé Community Health "Pay for Performance" award
Mahin Bayatpour, MD  2011 Primary Care (Pediatrics) physician of the year
Michael Haight, MD  2011 Subspecialist (Pediatrics) physician of the year
Richard Geller, MD  2011 Scientific Award from the Children's Hospital Central California Board of Trustees. The award was given for their toxicology study which also had resident participation.
Robert Kezirian, MD  2011 Scientific Award from the Children's Hospital Central California Board of Trustees. The award was given for their toxicology study which also had resident participation.
Roger Mortimer, MD  Received “Best of Show” presentation at the 2011 International Technical Rescue Symposium, November 2011, Fort Collins, CO.
Stacy Sawtelle, MD and Lori Weichenthal, MD  Chosen for the 2012 Excellence in Teaching Award by the Academy of Medical Educators.
Drs. Kenny Banh, Greg Hendey  Acceptance into the Haile T. Debas Academy of Medical Educators. The academy is dedicated to creating an environment that enhances the quality of teaching and the status of medical educators at UCSF, the academy’s guiding principles are to innovate and improve education, provide service to the school and fellow educators, and honor teaching excellence.
Hugh Yang, DO  Received a Certificate of Teaching Excellence with the UCSF Fresno LIFE Medical Education Program, December 2011.
Robert Tevendale, MD  Nominated for the 2012 UCSF Fresno Kaiser Teaching Award.
Eyad Almasri, MD  Nominated for the 2012 UCSF Fresno Kaiser Teaching Award.
Bryan Morgan, MD  Nominated for the 2012 UCSF Fresno Kaiser Teaching Award.
Carlos Sueldo, MD  Nominated for the 2012 UCSF Fresno Kaiser Teaching Award.
Serena Yang, MD  Nominated for the 2012 UCSF Fresno Kaiser Teaching Award.
Robert Julian, MD, DDS  Nominated for the 2012 UCSF Fresno Kaiser Teaching Award.
Alex Sherriffs, MD  Named to the governing board of the San Joaquin Valley Air Pollution Control District, November 2011.
Alex Sherriffs, MD  Appointed to the California Environmental Protection Agency Air Resources Board, November 2011.
John Blossom, MD  Became a Life Member of the American Academy of Family Physicians, 2011.
Ivan Gomez, MD  Named in the Best of Fresno Doctors in Family Medicine, Fresno Magazine, October 2011 edition.
Ye Min, MD  Received the “Best Faculty Teacher” award from the Class of 2012 FCM residents, June 2012.

### Resident Activity

<table>
<thead>
<tr>
<th>Name</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Khan, K.</td>
<td>Adverse Events in Chronic Pain Patients. Lecture presented to UCSF Fresno Family Medicine Research Committee and HPM faculty, October 21, 2011, Fresno.</td>
</tr>
<tr>
<td>Vang, K, Yang, H, Mortimer, R, Hughes, S.</td>
<td>Hmong Preferences Regarding Their Doctor. Poster presented at the 45th Society of Teachers of Family Medicine Annual Spring Conference, April 27, 2012,</td>
</tr>
<tr>
<td>Name</td>
<td>Event Description</td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Raul Ayala</td>
<td>Washington Union High School - Volunteer to perform sports physical exams for WUHS football team with Dr. Ruvalcaba. (2011 Grads - Ignacio Guzman &amp; Ron Domínguez also participated.)</td>
</tr>
<tr>
<td>Shila Shafii Noori</td>
<td>Fresno-Madera Medical Society nominated &amp; elected her as CMA Alternate-Delegate for 2 year term 1/1/12 – 12/31/13.</td>
</tr>
<tr>
<td>Nidia Payan &amp; Raul Ayala</td>
<td>“Medical Spanish for Residents” ongoing classes offered to all UCSF Fresno residents at the request of resident council. Nidia &amp; Raul volunteered to teach classes.</td>
</tr>
<tr>
<td>Raul Ayala (spoke twice)</td>
<td>“Conversations with a Health Professional” at Selma &amp; Caruthers high schools – speak to &amp; motivate UCSF Doctor’s Academy Students to seek future as Health Professionals.</td>
</tr>
<tr>
<td>Muhammad Riaz</td>
<td>FCM residents &amp; faculty community support project: collected non perishable food items for Community Food Bank &amp; children’s coats for Boys &amp; Girls Clubs of Fresno.</td>
</tr>
<tr>
<td>Mohammad Espindola</td>
<td>Initiated collection for needy elderly patient (family). Anonymously delivered envelope with $400 collected along with bag of sweaters (by Dr. Basurco’s father).</td>
</tr>
<tr>
<td>Danielle Basurco</td>
<td>Presentation to 9th &amp; 10th grade Doctor’s Academy students at Caruthers High School. Topic presented: Pathway to Medicine.</td>
</tr>
<tr>
<td>Frank Truong</td>
<td>Raul Ayala (resident Co-chief) appointed new 2012-13 Co-chair of California Academy of Family Physician (CAFP) Resident Council and member of CAFP Board of Directors.</td>
</tr>
<tr>
<td>Mario Espindola Shazia Mughal</td>
<td>Washington Union High School - Volunteer to perform sports physical exams for WUHS football team.</td>
</tr>
<tr>
<td>Medical Student Activity</td>
<td>Activity</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>(Jason Castillo MS3):</td>
<td>Bobcat Buddies’ health education curriculum for 2nd graders at Red Bank Elementary in Clovis, CA. The project consisted of 5 lesson plans, each a separate visit to the school: lesson 1 nutrition, lesson 2 avoiding the spread of germs, lesson 3 exercise, lesson 4 stretching, and lesson 5 health jeopardy &amp; review. Lessons 1, 2, and 5 were presented to one 2nd grade classroom (n = 25). Lessons 3 and 4 were presented to all 2nd graders at the school (n = 101). All lessons were about an hour long, interactive, and included games and prizes.</td>
</tr>
<tr>
<td>(Amarinder Singh MS3):</td>
<td>Diabetes health education materials for the Punjabi-speaking community. He partnered with Gurdwara Nanak Prakash, a large Sikh temple in Fresno. Because diabetes is a major risk factor for cardiovascular disease and the temple had no Punjabi-language education materials, his project was well received by temple leadership. Amarinder based his Punjabi-language handout on the Yale Diabetes Center’s Diabetes Facts &amp; Guidelines handout. On three different weekends (for 3–4 hours each time) he set up a diabetes education table in the temple, offering his handout, free finger-stick and blood glucose testing. He screened more than 100 people.</td>
</tr>
<tr>
<td>(Trinidad Solis MS3 &amp; Lauren Gong MS3)</td>
<td>Getting into Medical School binder &amp; workshops: They worked with students in the Health Careers Opportunity Program (HCOP) at California State University, Fresno. Lauren and Trini worked with HCOP for 2 months; in this time they conducted a general premedical workshop, offered 2 one-on-one Q&amp;A sessions at a coffee shop near campus, and created a comprehensive manual titled <em>Getting Into Medical School</em>.</td>
</tr>
<tr>
<td>(Robert Diaz MS3 &amp; JoJo Yang MS3)</td>
<td>Nutrition and exercise education for 5th graders: They created a one-hour diet and exercise presentation for 5th grade students at Yokomi Elementary, a magnet school in Fresno. The class of 30 was divided into two groups; one group stayed in the classroom for nutrition education and the other half went outside for exercise education. After 30 minutes, the groups switched places. The exercise portion out on the school field. Students learned how to check their pulse before and after doing jumping jacks, why exercise is important and how much exercise students should get each day. In the nutrition portion students played interactive games like identifying vegetables and fruits for each color of the rainbow.</td>
</tr>
<tr>
<td>(Meng Chen MS3 &amp; FangFang Xing MS3)</td>
<td>Healthier eating to 5th grade students: They taught 30 5th grade students at Yokomi Elementary School, a magnet school in Fresno. They devised a 1-hour educational module that incorporated diverse learning modalities. Students selected snacks and discussed healthy choices as a group, used dance to act out the steps of whole grain food processing, completed a worksheet about nutrition labels and used drawing to learn about plate and portion size.</td>
</tr>
<tr>
<td>(Feng-Yen Li MS3):</td>
<td>HCAP brochures. She worked with Fresno Healthy Communities Access Partners (FHCAP) and created three patient-oriented educational pamphlets. The first pamphlet provided information on free and low-cost health resources (clinics, hospitals, and health insurance). The second pamphlet identified resources for transportation to medical appointments. The third pamphlet provided information on free and low-cost phone and internet services. The pamphlets were translated</td>
</tr>
</tbody>
</table>
**Nutrition/exercise to 5th grade students:** She developed a one-hour interactive educational session on exercise and musculoskeletal injury. She presented the information to 32 5th grade students at Yokomi Elementary School, a magnet school in Fresno. The emphasis of her session was how to exercise safely and avoid common childhood injuries. She used a video on the mechanism of traumatic brain injuries to educate about concussions. She introduced the RICE acronym (Rest, Ice, Compression, Elevation) and had students practice using an ACE wrap to combat an ankle sprain.

**Diabetes knowledge survey to clinic patients:** He surveyed diabetic patients about their disease knowledge in order to identify areas for improved patient education. He used an anonymous modified version of the diabetes knowledge questionnaire created by the Starr County Diabetes Education Project in Texas because it is short and validated in both English and Spanish. Dana surveyed adult patients at Clinica Sierra Vista – Elm Community Health Center. Most commonly missed questions related to disease pathology, the cause of diabetes and the role of kidneys. Trends suggest a relationship between decreased diabetes management and decreased diabetes knowledge.

**Disability program education** She identified public assistance for those with disabilities as an area for increased education. Kaitlin created a presentation on disability and delivered it during UCSF Fresno Family Medicine Educational ½ Day on Aug. 9, 2012 with residents and faculty in attendance. She provided definitions for disability and gave an overview of the most utilized public assistance programs available: Social Security Disability Insurance, Supplemental Security Income, California State Disability Insurance, Paid Family Leave and Worker’s Comp. Kaitlin created an email and resource list for residents that includes local addresses and phone numbers and articles for further reading. She also created a hand out for patients interested in applying for disability that is available at the Adventist Community Care – Selma clinic.

**Doctor’s Academy students:** spent the afternoon on Jan. 25, 2012 at UCSF Fresno for their Clinical Simulation Skills Day. There were approximately 30 students from Caruthers and Selma high schools in attendance. Lydia Herrera-Mata, MD, volunteered her afternoon to work with the students; she gave an overview of standardized patient training for medical students and resident and led the group through video reviews. Danielle Basurco, MD, (PGY2 at the time) volunteered to serve on a small panel speaking to students about her background and personal path to medicine.

**Missed appointments in primary care:** They identified patients who had missed an appointment within the last two months and had at least one other missed appointment within the past twelve months. Participants came from two clinics: Clinica Sierra Vista in Fresno and Adventist Community Care in Selma. Roger and his peer called a total of 94 patients and were able to administer a 6-item telephone survey to 51 patients. They learned most patients missed their appointment because of transportation issues (25.5%) and forgetting (17.6%). Twenty percent of patients didn’t know purpose of their most recent appointment.

**Resident Awards**

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<thead>
<tr>
<th>Name</th>
<th>Award</th>
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<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Name</td>
<td>Award Description</td>
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<tr>
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</tr>
<tr>
<td>Laura Ivy</td>
<td>(UCSF Fresno Medallion) Outstanding first year resident award 2011-2012 Sponsored by CMC</td>
</tr>
<tr>
<td>Farhad Rafii</td>
<td>(UCSF Fresno Medallion) Outstanding resident teacher award 2011-2012 Sponsored by CMC</td>
</tr>
<tr>
<td>Carolina Sueldo</td>
<td>UCSF Fresno Medallion) Resident of the year award 2011-2012 Sponsored by Leon S. Peters Foundation Selected by the UCSF Fresno Resident Council</td>
</tr>
<tr>
<td>Swapna Busa, IM</td>
<td>Excellence in Physician Values Award</td>
</tr>
<tr>
<td>Teal Warthen, Pediatrics</td>
<td>UCSF Fresno Community Service Award</td>
</tr>
<tr>
<td>Shana Ballow - SCC</td>
<td>Borba Housestaff Research Award</td>
</tr>
<tr>
<td>Grace Huang - Card</td>
<td>Borba Housestaff Research Award</td>
</tr>
<tr>
<td>David Hakkarinen - EM</td>
<td>Borba Housestaff Research Award</td>
</tr>
</tbody>
</table>

**Residency Information**

UCSF Fresno currently has more than 250 residents studying in nine specialties and more than 30 fellows studying in 11 sub-specialties. There are approximately 200 third- and fourth-year medical students on a rotational basis.

Existing fellowships include cardiology, gastroenterology, infectious diseases, minimally invasive surgery, psychosomatic medicine, pulmonary critical care, surgical critical care, wilderness medicine, hospice and palliative care, acute care surgery and ultrasound medicine.

UCSF Fresno has eight medical residency programs: emergency medicine, family practice, general surgery, internal medicine, obstetrics/gynecology, orthopedics, pediatrics and psychiatry and one dental program, oral maxillofacial surgery.

UCSF Fresno received a Health Resources and Services Administration (HRSA)grant in the amount of $1.92 million to expand the pediatric residency by two residents per year for five years, beginning in 2011.

About 35% of graduating residents in 2011 indicated they planned to practice medicine in the Valley.
**Program Information**

The UCSF-Fresno based California AHEC Program in conjunction with the San Joaquin Valley AHEC Center (Hosted by Fresno Healthy Community Access Partners) applied for a HRSA-funded Teaching Health Center to be based at Clinica Sierra Vista, which was approved. The program will accept four new family medicine residents in the summer of 2013 for a total of 12 new family medicine residents over the next three years to help alleviate the Valley’s primary care physician shortage.

**Culturally Appropriate Care**

Community serves a culturally and linguistically diverse community in which more than 100 languages are spoken.

The Center for Multicultural Competence in Healthcare Organizations defines cultural competency in healthcare as “the enhancement of clinical care and customer service delivery, which is based upon a higher level of understanding, appreciation and responsiveness to the unique characteristics that patients, family members, physicians, employees, volunteers and guests bring into the hospital environment.”

Understanding that cultural competency is a key to delivering patient-centered care, Community Regional’s Cultural Competency Steering Committee is implementing an action plan to drive cultural competency into all aspects of the facility. Priority activities accomplished over the past year include:

**Language Access**

A patient’s ability to understand and to be understood is one of the most important patient rights. Consequently, the provision of quality interpreter services continues to be the highest priority of the steering committee. Interpreting service staff has increased to include 5 full-time Spanish interpreters, 3 per-diem Spanish interpreters, 1 per-diem Hmong interpreter and 1 per-diem Hindi/Punjabi interpreter. Community Regional also participates in the Health Care Interpreter Network (HCIN) which enables access to quality interpreter services by telephone or computer when an on-site interpreter is not available.

Community is not reimbursed for providing language-access services.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>CRMC Total Interactions</th>
<th>Interpreter</th>
<th>CRMC Total Interpreter Services Cost</th>
</tr>
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<tr>
<td>2009</td>
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<td>2010</td>
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<tr>
<td>2012</td>
<td>48,879</td>
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</table>

Monthly rounding by interpreter services staff is done to ensure that staff members understand the policies and procedures related to requesting an interpreter. A Community Regional intranet site was developed which provides information about when an interpreter is required and how to access one. Community’s policies and procedures on interpreting were updated to improve readability and comprehension. Four new video units to provide HCIN interpreting services at the bedside were purchased to improve connection time and clarity.
**Regulatory Compliance**

Work continued on incorporating all elements of the new Joint Commission standards outlined in the roadmap “Advancing Effective Communication, Cultural Competence, and Patient and Family Centered Care” into our services. Most of these efforts focused on workflows and documentation in Epic, Community’s electronic health records system. Next steps include using the checklist provided in the roadmap to evaluate compliance with the related Joint Commission standards and to ensure the Cultural and Linguistically Appropriate Standards (CLAS) are met. Clovis Community also has added HCIN services for its patients.

**Leadership Development**

The steering committee is currently evaluating an e-learning module which will help Community Regional leadership deepen their understanding of cultural competence. The module presents the benefits that diversity brings to an organization and highlights the following topics:

- Dimensions of diversity – the business case
- Race, religion, and other differences
- Stereotype, bias, and privilege
- Sex, gender, disability and personality
- Height, weight and other emerging types of diversity

The education plan is to accompany the e-learning module with opportunities for small group sessions at the department/unit level to discuss application of the learning to workplace situations.

**Community Connections**

Community continues to seek creative solutions and partnerships that offer health benefits to the Valley’s unique and growing needs. Community has increasingly focused on patients who lack access to primary care physicians and, as a result, repeatedly use the emergency department for their care.

In September 2009, Community Regional established the Community Connections program. In 2012 Community Connections received a Humana Foundation grant which provided additional staffing. A dedicated nurse practitioner, a social worker with a master’s degree and an outreach specialist were hired to create a Diabetes Medical Home, operating out of the Deran Koligian Ambulatory Care Center.

The clinic opened in March 2012 providing a comprehensive, team-based, multidisciplinary approach for patients with diabetes and psychosocial concerns. The program offers:

- Comprehensive assessment and case management for high-risk patients
- Depression/anxiety screenings
- Patient navigation
- Health promotion and disease self-management education
- Diabetes support groups
- Home visits for patient monitoring and support
- Linkages to community and social services
Clinical interventions

Preliminary results of the Diabetes Medical Home indicate the following outcomes for patients in the program for six months:

- 74% reduction in emergency department visits
- 64% reduction in inpatient admissions
- 55% reduction in length of stay for those admitted

In addition to these results, patient outcomes have seen a dramatic reduction in diabetic test ranges as well as some patient ranges decreasing to non-diabetes. Thanks to the success of the Diabetes Medical Home, two social workers and three outreach specialists have been added to Community Connections as part of the start-up of new medical homes targeting patients with heart failure and chronic lung disease.

Other achievements:

- Received a donation from the California HealthCare Foundation
- Collaborated with the Tulare Workforce Investment Board in developing and implementing a Community Health Worker Curriculum and internship program

Medical Respite Center

Community, in partnership with other providers, opened the Fresno Medical Respite Center in July 2011. The center currently provides eight beds for men at the Fresno Rescue Mission in downtown Fresno.

“This provides a bridge of care for those who no longer need acute medical attention as hospital inpatients,” said Stephen R. Walter, Community’s corporate chief financial officer.

The center model has been successfully implemented elsewhere in California. Its goals include providing intermediate care in a more homelike atmosphere. The Hospital Council of Northern and Central California facilitated the creation of the respite center.

This program is expected to save money and also free up hospital beds. Homeless people tend to stay in hospitals 4.5 days longer than patients who have other options for recuperative care.

In addition to Community, which has provided funding and other support, partners include: Clinica Sierra Vista, which evaluates clients before admission and provides follow-up; the Hospital Council; the Marjaree Mason Center; St. Agnes Medical Center; and Kaiser Permanente, which provided an initial planning grant for the program. The program also works collaboratively with Fresno Mayor Ashley Swearengin’s Fresno First Steps Home project.

Patient care will be coordinated through Clinica Sierra Vista social workers, who will help identify housing options through the Fresno-Madera Continuum of Care.
Community’s inpatient Case Management Department works closely with the Medical Respite/Clinica staff to identify potential candidates for the program, and with Clinica to determine admission eligibility.

**Chaplaincy**

Among the achievements this year was the establishment of the Clinical Pastoral Education Program of Central California, a multicultural organization of local religious leaders to help develop a hospital chaplaincy training program – for the Valley to “grow its own” chaplains. Community has provided seed funding over two years for this program. Community Chaplain Grimaldo Enriquez serves as the hospital’s representative on the program’s board of directors.

Two interns from the program were placed at Community Regional Medical Center for clinical experience. They provided the hospital with more than 600 hours of free pastoral care as part of their educational commitment.

Last year, chaplaincy services donated:

- About 600 rosaries, about 50 copies of a quick guide on how to pray the rosary for Catholic patients, 500 copies of Our Daily Bread daily devotional booklets and about 1,200 copies of a Catholic daily devotional booklet in Spanish and in English.
- About 200 copies of the Guidepost magazine and 100 copies of other devotional literature, about 10 copies of the Quran and 10 copies of the Book of Mormon.

Among other activities:

- Two chaplains have officiated free of charge at two funerals for patients who died while hospitalized and whose families had no connections to churches or clergy in the community.

- A chaplain made a presentation to students at the Mennonite Brethren Biblical Seminary on the role of the hospital chaplain and the Community Regional internship program with the seminary. The same chaplain also donated her time to lead a “Green Team” effort within the hospital to build awareness about recycling, helping to establish a hospital recycling program. She also helped establish a community garden on hospital grounds.

- A Community chaplain participated in an inter-hospital conference at St. Agnes Medical Center dealing with ethical issues on the theme “Just because we can, should we?” It dealt with questions about using advancements in medical technology to prolong life in questionable circumstances and to enhance human functionality at an exorbitant cost. Chaplains also participated in an end-of-life teleconference dealing with questions of medical costs to treat one person when these costs jeopardize services to other patients and the solvency of a hospital.

- Offering help with workplace stress, chaplains have provided in-service education to hospital social workers, nursing staff and others.

- Chaplains provided the opening blessing at Community’s employee recognition dinner.

- In June 2012, chaplain services made a presentation to the new medical residents on the scope and nature of chaplain services that are available for patients and staff.
Throughout the year, chaplains have assessed the needs of Hmong patients for the services of a Hmong shaman. The department obtained the services of a Hmong shaman for families who did not have a clan shaman but still wanted shamanic services.

Lastly, electronic services were activated allowing volunteer chaplains to document their patient visits.

**Asthma Education/Chronic Lung Disease Program**

Children with asthma visited the Children’s Health Center for treatment more than 900 times last fiscal year. They benefited from having a certified asthma educator on site to help them understand their condition and employ best practices for treatment. Additionally, about 225 children were seen in the Asthma Specialty Clinic and the Allergy Specialty Clinic for extensive testing and specialized care that also included a certified asthma educator.

Community’s Asthma Education and Management Program continues to educate those with chronic lung disease as well as their families. More than 180 patients were served at the Cedar Campus location.

The asthma program continues to celebrate success with First 5 Fresno County’s Early Childhood Asthma Program, originally funded for two years and extended as a “Health Initiative” by the First 5 commissioners. Last year, 235 families were served by a certified asthma educator and a community health worker who provided environmental assessments in family homes of these families as well as resources and education.

Asthma educators at Community Regional continue to actively assist in the education of medical residents on National Institutes of Health guidelines for the care of asthmatics. Also, educators hold “Train the Trainer in Asthma Education” for respiratory care practitioners pursuing career advancement. The asthma education department also participated in a competency fair held at the Deran Koligian Ambulatory Care Center. The fair is required for all of the center’s nursing staff.

Asthma educators continue to participate in programs designed to identify and assist patients who rely heavily on the emergency department for their care. This intervention helps reduce rates of readmission and the costs of care. Those working on the chronic lung disease program identified and interviewed 170 very fragile and highly complex patients for the program. Their follow-up has helped patients receive better access to primary care, specialized testing and diagnostics, and medications.

Workshops were held for a variety of audiences, including:

11/17/2011 Asthma Workshop- ECAP Grant  Clovis Family Literacy Pinedale Strong Families
11/29/2011 Asthma Workshop- ECAP Grant  Raisin City Ready by Five Program (ECE)
1/24/2012 ACC competency training  Deran Koligian Ambulatory Care Center
1/27/2012 ACC competency training  Deran Koligian Ambulatory Care Center
4/19/2012 Pediatric Asthma Family Practice  UCSF
4/28/2012 Sunshine Day Health Fair  Community Event - Children’s Services Network
5/5/2012 Fulton Mall- Asthma Awareness  Community Event- Asthma Coalition
5/25/2012 EOC Asthma Education for staff  Train the trainer
5/31/2012 Train the Trainer  CRMC Respiratory Care Providers
Community’s asthma program continued to collaborate with the Central Valley Chronic Disease Partnership, the Central California Asthma Collaborative and the Fresno Madera Asthma Coalition, whose members include the American Lung Association of California, UCSF – Fresno, the Fresno County Department of Public Health, the San Joaquin Valley Air District, Fresno and Clovis Unified School Districts, Anthem Blue Cross, HealthNet and private business owners.

Community’s asthma program also was honored with a Certification of Distinction for Disease Specific Management of Asthma from the Joint Commission.

**Pulmonary Rehabilitation**

The Pulmonary Rehabilitation program continues to serve individuals with moderate to severe chronic pulmonary disease. In April 2012, the program received a Certificate of Distinction from the Joint Commission based on a review of compliance with national standards, clinical guidelines and outcomes.

The pulmonary rehab program provides patients with education about managing their pulmonary disease along with physical training and exercise to improve their functional impairment and maximize their quality of life. Education is provided by respiratory care practitioners, social workers and/or dietitians. There is no reimbursement to the hospital for the education portion of the program. Upon completion of the initial program, patients are eligible to participate in the exercise wellness program, for which the hospital also receives no reimbursement. Last year, both programs had a total of 1,425 patient visits.

The program continues to hold monthly support group meetings, which provide on-going patient education, follow-up and support for patients, their families and caregivers. Attendance is typically 25 to 30 people. Meetings included:

**Huffers and Puffers 2011-2012 Luncheon/Support Group Calendar**

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<thead>
<tr>
<th>Date</th>
<th>Speaker</th>
<th>Topic</th>
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<tbody>
<tr>
<td>Sept. 21, 2011</td>
<td>Melanie Ruvalcaba</td>
<td>Smoke-free casinos Facts on smoking</td>
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<tr>
<td></td>
<td>American Lung Association</td>
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<tr>
<td>Nov. 16, 2011</td>
<td>Sue Blomquist, RN</td>
<td>Pulmonary hypertension facts</td>
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<tr>
<td></td>
<td>Clinical Nurse Specialist - CRMC</td>
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<tr>
<td>Dec. 14, 2011</td>
<td>Christmas Party</td>
<td>Catering by Dave’s Deli</td>
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<tr>
<td>Jan. 18, 2012</td>
<td>Leah Wargolet, RD</td>
<td>Best diet for pulmonary disease</td>
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<tr>
<td>Feb. 15, 2012</td>
<td>Naomi Isaak, RN</td>
<td>Heart Facts – How does it work with the lungs?</td>
</tr>
<tr>
<td>March 21, 2012</td>
<td>Karl Van Gundy, MD</td>
<td>Healthcare Costs</td>
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<tr>
<td>April 18, 2012</td>
<td>Toni Tyner, PT</td>
<td>How is your balance? Dealing with balance issues and how to overcome them</td>
</tr>
<tr>
<td>May 16, 2012</td>
<td>Life Care Solutions</td>
<td>Understanding the different oxygen delivery systems</td>
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A monthly newsletter is mailed to about 300 people recapping what was presented at the support group meeting and providing other educational material.

There is also a monthly meeting of a pulmonary hypertension support group for patients and their families, attended by more than 50 people. It is a joint project of Community Regional's pulmonary hypertension program and UCSF Fresno. There is a similar support group for patients who’ve had a ventricular assist device implanted.

**Diabetes**

The Community Diabetes Care Center (CDCC) served more than 1,700 patients last year – 1,100 were pregnant patients with diabetes -- for a total of more than 8,600 office visits. That’s an increase of 70 patients and 674 office visits over the prior year.

The CDCC serves clients from Fresno and five nearby counties at two locations: the Sierra Community Outpatient Health Center and the Cedar campus. The staff includes five diabetes educators, three medical office assistants and one medical assistant who provide care for patients at both sites. The center also works with the new Diabetes Medical Home, which is part of the Community Connections program.

The CDCC cares for a high percentage of patients who would not be able to receive diabetes education in the community -- 70% of the center’s clients have Medi-Cal, managed-care Medi-Cal Blue Cross, managed-care Medi-Cal HealthNet (Cal Viva), or MISP as their payor source. The center is the only American Diabetes Association (ADA) recognized education program in Fresno County. Medi-Cal does not reimburse for diabetes education or nutrition education by a registered nurse or dietitian/certified diabetes educator.

The CDCC operates the Valley’s only high-risk diabetes in pregnancy program in the valley and is the only Sweet Success Affiliate in Fresno County with registered nurses, registered dieticians and certified diabetes educators. Many of the center’s clients are pregnant women who have restricted Medi-Cal with limited visits -- 84% of the pregnant women have Medi-Cal as their primary insurance. The staff educates women and their families on healthy eating habits for life and controlling diabetes during pregnancy.

To ease hospital readmissions and frequent emergency room visits, the center began seeing high-risk individuals with diabetes at their homes a few years ago. Last year, the center provided 17 home visits to diabetes patients for no charge. The patients were seen by either a registered nurse, registered dietitian or a diabetes health educator.

The center:

- Trained/mentored California State University, Fresno students in nursing, social work and outreach programs, providing direct diabetes education experience.
- Mentored four dietetic interns from United Health Centers, Reedley.
- Mentored four high school students in medical office assistant experience.
- Gave a diabetes presentation to 80 Fresno County Comprehensive Perinatal Services Program workers.
• Participated in the Sweet Success Affiliate Training Seminar providing up-to-date information in diabetes care in October 2011 for 85 health professionals.
• Oriented six new Fresno County Public Health Nurses to current diabetes care in April 2012.
• Presented the Diabetes Mellitus Standards of Care to 100 UCSF Fresno Medical Education students, family health and internal medicine interns, residents and faculty.
• Provided continuing nursing education to 64 Community registered nurses in July 2012, and 10 Fresno Heart & Surgical nurses in October 2011.
• Provided inservices to 100 medical social workers and registered nurses in case management at Community Regional in September 2011.
• Participated in health fair booths at employee benefits fairs this past year for Community employees – 900 people attended; Table Mountain Rancheria -- 100 attended; Fresno County Employees – 1,000 attended; and R-N Market – 45 attended. The center provided information on diabetes, nutrition education and use of glucose meters.
• Sponsored two Diabetes Alert Days – informational tables open to the public in the Community Regional cafeteria. Diabetes risk factors quizzes were given out. Educational materials were available in English and Spanish. These programs were advertised in the Fresno Bee. More than 600 people attended in November 2011 and another 500 in March 2012.
• Participated in the Fresno Area Stroke Task Force healthy cooking demonstration for 15 people in December 2011. They were shown healthy cooking techniques for diabetes and heart disease.

**Dialysis**

In cooperation with the National Kidney Foundation (NKF) serving northern California, northern Nevada, Oregon, Washington and Alaska, volunteers from the Clovis Community Dialysis Center, Fresno Outpatient Dialysis Center and other organizations helped coordinate the sixth annual Kidney Early Evaluation Program (KEEP) in Fresno on April 28, 2012.

It is designed to raise awareness about kidney disease among high-risk individuals and provide free testing and education so that kidney disease and its complications can be prevented or delayed.

Details:

• 89 people attended the screening (one did not meet inclusion criteria and four had incomplete screening information).
• Of the 84 who met the criteria and completed the screening, one had Stage 5 chronic kidney disease (CKD), one Stage 4 CKD, five Stage 3 CKD, 0 Stage 2 CKD, one Stage 1 CKD and 75 no CKD.
• Of those who were screened: four learned they may have hypertension, six learned they may have kidney disease and 16 learned they may have high cholesterol.

Forty volunteers operated the screening. Seven volunteers were Community employees. Volunteers also included nephrology specialists, Dr. Joseph Duflot, medical director of Fresno and Clovis Dialysis Centers; Carol Ross, nurse practitioner; and Adela Ayala, nurse practitioner. One of Community’s registered dietitians coordinated the event with the NKF Division Program Director.
Stroke

The Community Regional Stroke Center of Excellence continues its strong outreach to improve the outcomes of stroke patients in the Valley. During the past year, 1,193 stroke and transient ischemic attack patients were treated in our 20-bed neurovascular unit, step-down and critical care units.

Outreach is focused on prevention and rapid recognition of stroke. In the United States, a stroke occurs every 47 seconds; it is the 4th leading cause of death and the No. 1 cause of adult disability. Yet most people cannot identify the signs and symptoms of stroke.

Community awareness is promoted with the national stroke acronym of FAST, to help people to remember that “Time is Brain” and that stroke is a medical emergency. FAST stands for:

- F=Face -- Ask the person to smile. If one side of the face appears crooked or drooping, the person may be having a stroke.
- A=Arms -- Ask the person to lift both arms -- if he has difficulty with one arm, this might be a sign that a stroke is occurring.
- S=Speech -- Ask the person to speak. If words are slurred or they are unable to speak, they might be having a stroke.
- T=T is for time -- If any of the above symptoms are present, call 911 immediately to ensure a person reaches the hospital FAST.

Fresno outreach included:

- PG&E employee health and safety fair: Attended by 300 employees who received stroke prevention and treatment education.
- Table Mountain Rancheria employee health fair: Attended by 400 employees who had blood pressure checks and were given stroke education.
- Chordsmen gospel concert: Attended by 1,300 who received stroke prevention information and FAST stroke recognition magnets.
- AHA/ASA Heart Walk: Attendees received stroke FAST reusable bags, magnets and prevention information.
- The Big Fresno Fair: About 600 people visited the center’s booth. Blood pressure checks were provided, along with stroke prevention and treatment education. Visitors received FAST reusable bags and Community Regional stroke magnets.

Community Regional collaborates with outlying hospitals, including Hanford, Madera, the Veteran’s Administration and Selma, to accept stroke patients who might benefit from receiving a clot-busting drug, t-PA (Tissue Plasminogen Activator). Dr. Tanya Warwick, stroke center medical director, and Kathy Barger, stroke center coordinator, educate emergency department physicians and nurses on acute stroke protocols. With this training, outlying hospital physicians can “drip and ship” by starting an intravenous drip with t-PA and transporting the patient to Community Regional for direct admission to intensive care.

In 2010, the stroke center received the gold seal of approval from the Joint Commission and was recertified in June 2012. The stroke center was awarded the American Heart Association/American Stroke Association Bronze Award for excellence in patient care in April 2012.
Special Services

Activities and outreach of the Community Special Services program included:

- Serving as co-Chair and member of Community Action Council. The council was created to provide effective and community-centered services to those in Fresno County at-risk, infected and/or directly affected by HIV/AIDS through coordinated service delivery.
- Serving as partner/liaison with Fresno County Housing Authorities Shelter Plus Care Program, funded by the Stewart B. McKinney Homeless Assistance Act. The program provides tenant-based rental assistance to disabled, homeless individuals/families based on serious mental disorders, chronic alcohol and drug problems and/or AIDS or related diseases.
- Participating as a member of the California Planning Group which works with the U.S. Centers for Disease Control, the California Department of Public Health and the Office of AIDS to develop a comprehensive HIV/AIDS surveillance, prevention and care plan for California.
- Participating for the third year as a site for the California Medical Monitoring Project, conducted by the U.S. Centers for Disease Control and Prevention to collect information on needs/services involving HIV patients.
- Serving as a clinical trial site for a new HIV medication.
- Participation by our Consumer Advisory Board in the lesbian, gay, bisexual, transgender health fair at Fresno State.
- Networking with First 5 Fresno on community resources for HIV/AIDS pregnant women and HIV exposed children.
- Participating in Spanish education series sponsored by Gilead on HIV/AIDS medication adherence, health and wellness.
- We CARE sent a consumer advocate to speak to at-risk young women at Proteus in Visalia.
- Participating in the planning of the World AIDS day event, scheduled for Dec. 1, 2012 at the Tower Theatre.
- Providing the Fresno County Department of Public Health with volunteers who performed rapid HIV testing both at their agency and at special events.
- Providing volunteers to work with AIDS Alliance at the national level.
- Collaborating with United Student Pride at Fresno State.
- Participating in a “local men who have sex with men (MSM) task force” on how to reach out to a specific population on protection and education.
- Holding an educational series both in Spanish and English using a new online patient access -- “My Chart.”
- Collaborating with other area hospitals to link patients to care.
- We CARE sponsored the “Reel Pride” film festival and provided outreach and education at the event.
- Participating in the Fresno AIDS Walk benefiting “The Living Room,” a drop-in center for supportive services for people living with HIV/AIDS.
- Participating in Camp Care, an educational and relationship-building event for families affected by HIV/AIDS, sponsored by All About Care.
- Participating in a health fair with Gay Fresno Central Valley.
- Providing an HIV 101 presentation to a community foster care agency.
- Serving a holiday lunch at The Living Room-WestCare.

**Trauma**

Trauma program staff members are actively involved with trauma system planning on local, regional and statewide levels. For example, Community Regional’s trauma staff:

1. Continued to participate in Safe Kids Central Valley, a multiagency organization started by Community’s trauma staff to promote injury prevention for children. Activities of this group included:
   a. Participated in three car-seat fitting stations.
   b. Safe Kids Grant for environmental changes to improve signage, enhance crosswalks, create traffic calming measures, etc., at some school crossing zones. The goal is to improve pedestrian safety around elementary schools.
2. Produced four safety videos for the general public, featuring
   a. Motorcycle safety
   b. Child passenger safety – new booster seat law
   c. Pedestrian safety
   d. Distracted driving
3. Violence prevention/intervention program
   a. Partners included emergency department nurses and physicians, trauma department and surgeons and social workers at Community Regional.
   b. Target audiences are those who appear to be involved in violent/risky behavior, primarily young people.
   c. Developing a screening tool and referral pattern to try to prevent and reduce violence recidivism.
4. Participating in a SAFE Central Valley (an adult fall prevention program):
   a. Audience includes seniors in Fresno and surrounding counties.
   b. Lead agency is Fresno State Department of Physical Therapy.
   c. Involves senior group presentations (twice a month) on how to prevent and reduce falls, gait and balance screenings, senior exercise classes, health fairs and community awareness campaigns.
5. Trauma education
   a. Advanced trauma life-support courses
      i. Participants included physicians from the Central Valley as well as the Sacramento area.
      ii. One course done specifically for military physicians.
   b. Three advanced trauma care courses for nurses
      i. Participants included nurses from Fresno and Visalia.
   c. Fresno County paramedic class
      i. Community Regional’s trauma program director taught the trauma systems class.
      ii. Community Regional’s research coordinator taught the injury prevention class.
d. Trauma core
   i. Participants included Community Regional registered nurses and other staff.
   ii. Two-day course required for all Community Regional nurses so that they are able to provide specialty trauma care.

e. Hosted Leadership Fresno for the group’s healthcare day, including a lecture describing trauma systems and trauma centers.

Sexual Assault Forensics

Community Regional’s Emergency Department operates the Sexual Assault Forensic Examiners (SAFE) program, whose services include collection, preservation and security of evidence that is obtained from adult and pediatric victims and suspects. Program services also include immediate counseling services in conjunction with Resource Counseling Services, courtroom testimony, and on-site post-coital contraception and antibiotics for the prevention of sexually transmitted diseases.

Community Regional’s SAFE program works with the Children’s Health Center located on the hospital’s campus to provide comprehensive follow-up evaluations for children who are victims of sexual abuse. The program also provides education to law enforcement, local colleges, patient advocates, UCSF residents, medical staff, nurses and social services.

The program sees about 20-30 patients per month. Twelve California-certified SAFE nurses provide 24/7 coverage, along with Medical Director, Dr. James Andrews, for victims of sexual assault who come to Community Regional, Clovis Community and the Veterans Administration hospital.

Table Mountain Rancheria Trauma Center and Leon S. Peters Burn Center

The contract with Fresno County requires Community to maintain burn and Level 1 trauma services and an acute care facility in downtown Fresno. Community Regional operates the Table Mountain Rancheria Trauma Center and Leon S. Peters Burn Center, the only combined burn and Level 1 trauma center between Los Angeles and Sacramento.

With a service area of 15,000 square miles, the burn center covers the largest service area of all burn centers in California. It provides a total spectrum of care for both children and adults who have suffered severe burns, including acute wound care, hyperbaric oxygen therapy, rehabilitation, outpatient services, plastic and reconstructive surgery and comprehensive social services, including survivor support.

Last year, 2,663 people were admitted to Community Regional for treatment of traumatic injuries, and 701 people were treated for burn injuries.

Mother’s Resource Center

The Mother’s Resource Center (MRC) continues to offer breastfeeding education and support to new parents. The center operates as a one-of-a-kind service and receives referrals from many outlying areas.
The lactation team encourages exclusive breastfeeding by initiating breastfeeding as soon as possible following birth. Studies show skin-to-skin contact increases rates of bonding and adequate milk supply.

Center specialists are available for in-patients on our Mother-Baby Unit seven days a week, 9 a.m. -3 p.m., with a new evening shift, Monday through Friday, 8-11 p.m.

Community Regional has registered with Baby Friendly USA, an agency overseen by UNICEF/WHO that developed guidelines and criteria to enable hospitals to provide evidence-based maternity care, with an emphasis on optimal infant feeding. Community Regional has completed the first of the four phases and is continuing to work toward complete certification.

New education and teaching has begun on the ante-partum, high-risk unit. As patients in this unit await childbirth, they are taught the importance of breast milk and early breast pumping.

The Mother’s Resource Center also receives calls for assistance from patients following discharge. These calls for additional breastfeeding help are answered within the day they are received, and outpatient appointments are scheduled within 24 hours if needed. During breastfeeding consultations, a specialized plan of care is established and follow-up visits as needed. The Edinburgh Postnatal Depression Scale screening tool also is offered during the consultation.

Among other activities:

- The center provides three educational classes: “Breastfeeding ABC’s,” “Breastfeeding and Going Back to Work” and “Breastfeeding in Special Circumstances.”
- The 3M Club (Mommies Making Milk) is a club that meets weekly to encourage and support our mothers with babies in the neonatal intensive care unit.
- The Mama’s Café Club meets weekly and offers general support for breastfeeding mothers.
- The center has a breast-pump rental station and a store with breastfeeding products for purchase.
- The center works with the Center for Breastfeeding Medicine, which offers best medical practices using physicians who specialize in diagnosing, treating and managing complicated breastfeeding problems and takes referrals from throughout the state.

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<tr>
<th>MATERNAL/CHILD SERVICES</th>
<th>DESCRIPTION OF BENEFIT/ACTIVITY</th>
<th>NEED ADDRESSED &amp; BENEFITED GROUP</th>
<th>GOAL ACCOMPLISHED</th>
<th>COMMUNITY PARTNERS</th>
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<td>* 3M CLUB (Mommies Making Milk)</td>
<td>Breastfeeding education/support</td>
<td>Breastfeeding support mothers of NICU babies</td>
<td>Increased kangaroo care. Increased milk supply</td>
<td>Medela, Inc. WIC</td>
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<tr>
<td>*MAMA’S CAFÉ CLUB</td>
<td>Breastfeeding support</td>
<td>Group for mothers of NICU babies</td>
<td>Increased successful latch before discharge</td>
<td></td>
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<tr>
<td><em>BREASTFEEDING ABC'S</em></td>
<td>Breastfeeding class</td>
<td>Class for first-time</td>
<td>Increased use of mothers' own milk/donor milk</td>
<td></td>
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<tr>
<td><em>BREASTFEEDING AND</em></td>
<td>Interactive class</td>
<td>Class for moms going back to work</td>
<td>Less stress associated with returning to work</td>
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<tr>
<td><strong>GOING BACK TO WORK</strong></td>
<td>Breastfeeding class</td>
<td>back to work</td>
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<tr>
<td><em>BREASTFEEDING IN</em></td>
<td>Individualized class for parents with special needs or situations</td>
<td>Support during stressful situations</td>
<td></td>
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<td><strong>SPECIAL CIRCUMSTANCES</strong></td>
<td>Breastfeeding class</td>
<td>special needs or situations</td>
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<tr>
<td><strong>INPATIENT</strong></td>
<td>Bedside care</td>
<td>Low breastfeeding rates; all breastfeeding rates</td>
<td>Increased breastfeeding rates; all breastfeeding rates</td>
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<td><strong>LACTATION</strong></td>
<td>Breastfeeding education &amp; hands-on assistance</td>
<td>Community Regional-9,264</td>
<td>Increased skin-to-skin contact</td>
<td></td>
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<tr>
<td><strong>EDUCATION</strong></td>
<td>Education &amp; hands-on assistance</td>
<td>Clovis Community-6,387</td>
<td>Increased patient satisfaction</td>
<td></td>
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<tr>
<td><strong>OUTPATIENT</strong></td>
<td>Breastfeeding follow-up for breastfeeding &amp; support</td>
<td>Increased breastfeeding rates</td>
<td>Babies First</td>
<td></td>
</tr>
<tr>
<td><strong>LACTATION</strong></td>
<td>Assistance and help to encourage new breastfeeding rates</td>
<td>First Five</td>
<td></td>
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<tr>
<td><strong>EDUCATION</strong></td>
<td>Education for mothers</td>
<td>Medela, Inc.</td>
<td></td>
<td></td>
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<tr>
<td><strong>MOTHER'S</strong></td>
<td>Revenue for lactation services &amp; breastfeeding products</td>
<td>Increased sales and availability of Medela, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>RESOURCE</strong></td>
<td>Lactation services &amp; products available</td>
<td>Zenoff</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CENTER STORE</strong></td>
<td>Availability of breastfeeding products to mothers and babies</td>
<td>WIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CENTER FOR</strong></td>
<td>Diagnose, treat &amp; Mother-infant pairs who resolved breastfeeding</td>
<td>Babies First</td>
<td></td>
<td></td>
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<tr>
<td><strong>BREASTFEEDING</strong></td>
<td>manage complicated</td>
<td>have medical issues</td>
<td>problems</td>
<td>CCFMG MEDICINE</td>
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<tr>
<td>-------------------</td>
<td>--------------------</td>
<td>---------------------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>(Physician Staffed)</td>
<td>problems</td>
<td>118 mother/baby dyads</td>
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</table>

**Cardiac Response Project**

The Community Cardiac Response Project (CCRP) began in the early 1990s with the goal of placing Automated External Defibrillators (AEDs) in churches, schools, businesses, homes and event centers throughout the Central Valley. These life-saving machines have been crucial in assisting lay people in performing successful cardiopulmonary resuscitation. The program has grown to include providing American Heart Association classes to employees, organizations, families and high school students.

CCRP has now placed more than 700 AEDs. The new AED available this year is smaller and lighter than its precursors -- 8.7 inches tall and 5.3 inches wide, weighing 3 pounds and 8 ounces – making it easier for responders to use and to carry with other equipment.

**Organ Donation**

Community continues its collaboration with the California Transplant Donor Network. Our mission is to ensure that families have the information they need about organ, eye and tissue donation to help them make an informed decision for their loved ones. The United Network of Organ Sharing has a national waiting list of more than 114,000 people, including 1,000 in Fresno County.

Community also recognizes the 36% of Valley residents who signed up with the state’s Donor registry: [www.donatelIFEcalifornia.org](http://www.donatelIFEcalifornia.org). In calendar year 2011, Community and the California Transplant Donor Network facilitated 37 organ donors and 73 tissue/corneal donors. Thanks to the generosity of Community’s donor families, 131 patients received a transplant.

**Workforce and Education**

Among other activities:

- Community is a member of the Partnership for Health Professions Education of the UCSF Fresno Latino Center for Medical Education and Research, which advances development of health professionals at the junior high, high school and college levels.
- Community provided clinical experience for 1,696 student nurses.
- Community awarded $80,000 in nursing scholarships to staff members who were either studying to become nurses or were nursing leaders advancing their education.
- Community’s post-graduate year one (PGY1) pharmacy residency program continues to help address the shortage of pharmacists in the Central Valley. In addition, the program continues to further enhance the academic teaching model to promote evidence based pharmacotherapy to our patients.
  - The program has continued to be accredited by the American Society of Health System Pharmacists (ASHP), the national accrediting organization for pharmacy residency programs.
Community’s residency program allows residents to learn and expand their clinical knowledge base by working with the most experienced people in a multi-disciplinary health care system. Our pharmacists also serve as preceptors to help develop the residents’ skills and knowledge base, mentor them with various projects that benefit patient care, and give positive exposure for Community’s reputation nationally. This is accomplished by showcasing Community at pharmacy residency events, research poster sessions and presentations.

Our program encourages residents to participate in research projects that directly impact patient care, provide cost savings to Community or work on performance improvements within pharmacy services. Residents are required to present these findings at a national conference poster presentation each December, as a final summation of the project at a regional conference towards the end of the residency year as well as a “plan, do, study, act” project for pharmacy services. Current research project titles are: “Expansion of pharmacy-managed intravenous (IV)-to-oral (PO) conversion to include antiepileptic drugs (AEDs),” “Appropriate Antibiotic Therapy for Ventilator Associated Pneumonia (VAP) in the Intensive Care Units of a Level I Trauma Center” and “Development and implementation of antimicrobial order set for febrile neutropenia at Community Regional.”

To enhance patient care and satisfaction, the “Med Check” Program continues. Pharmacy residents help educate hospitalized patients about side effects on selected medications. The residents gain experience in counseling patients, and patients better understand the medications they receive in the hospital. Last year, more than 700 “Med Checks” were conducted.

A total of 23 residents have successfully completed the residency program. Community has hired 11 of them for a residency employment rate of 48%.


Residents and clinical pharmacists also precept and mentor students from various colleges with which Community is affiliated, including University of California, San Francisco (UCSF) and Thomas J. Long, University of Pacific.

Residents are afforded the opportunity to give a lecture which provides continuing education credits for pharmacists, in conjunction with the UCSF School of Pharmacy.

Residents are also part of the multi-disciplinary model at Community Regional, rounding with physician teams.

Awards and honors received during the last year by our clinical pharmacists/preceptors:

Apple for Excellence in Teaching Awards (listed in alphabetical order):

- Julius Chang, PharmD, BCPS, Community Regional
- Ogochukwu Molokwu, PharmD, MScMed, Community Regional – Adult Internal Medicine Clinic
- Jennifer Trytten, PharmD, BCPS, Clovis Community

The Apple for Excellence in Teaching Award is a school-sponsored teaching award, reflecting excellence in precepting.

Community Regional and UCSF Medication Management Services (UCSF-MMS) have collaborated to add a pharmacist to the multi-disciplinary team that supports Better Outcomes for Older Adults through
Safe Transitions (BOOST), as a pilot project for a Transition of Care (TOC) pharmacist. BOOST focuses on providing transition of care services for patients upon discharge from the hospital. The TOC pharmacist pilot project will focus on decreasing 30-day readmissions for Community Regional’s Telemetry Unit by having a pharmacist oversee interventions that include: providing education if admission was medication related; discharge counseling; and telephone follow-up.

Many Community pharmacists have taken the initiative to become “Board Certified Pharmacotherapy Specialist.” Community currently has more than 12 pharmacists with that certification.

Finally, the Community pharmacy program and staffs have been recognized in the media, including:

- Publications: George Lien in Pharmacy Practice News.
- Community Regional was mentioned as one of a handful of hospitals nationwide that employ emergency department pharmacists. A video is at: http://www.pharmacytimes.com/web-exclusives/Reducing-Errors-in-Overcrowded-EDs

**Volunteer Services**

Clovis Community Medical Center’s volunteer department partners with many local schools and programs, enabling students to receive practical experience in their areas of interest and study. Examples include:

- Fresno County Office of Education -- ROP students from Clovis East and Clovis North high schools
- Fresno City College -- radiology tech and pharmacy tech students
- California State University Fresno -- dietary and nutrition students
- “HandsOn Central California” -- a Valley agency for the leadership of volunteer programs, networking with other local agencies
- Southern San Joaquin Valley Area Council -- member and host
- Northern California Directors of Volunteer Services -- member
- Loma Linda University
- San Joaquin Valley College -- surgical tech students
- Institute of Technology

Other volunteers include hospital Guild members, adult and student walk-ins, unemployed individuals and professionals. As a result of their volunteer service, Clovis Community hired 13 volunteers into the workforce. Volunteering provides departments with an opportunity to see how an individual performs and can lead to employment.

Guild volunteers served 10,019 hours at a cost savings of $218,318 per national value and $242,264 per California value to the hospital. For this period, a total of 30,744 hours of service were donated by volunteers with a savings of $669,912 per national value and $743,390 per California value to the hospital.

The Guild also provides tray favors for the patients on all major holidays. Guild members have donated handmade items to dialysis and family birth patients. These have included afghans, baby blankets and hats. Many members have also participated in “Operation Gratitude,” providing hats for the military.
At Community Regional, 767 adult, chaplains and young people provided 52,174 hours of service as volunteers. The areas in which they worked and the services they provided included:

- Unit-based volunteers (2C/E Med Surg, Admitting, Burn Center, Case Management, ICU Step Down, NICU).
- Shuttle service for visitors and staff on-campus.
- Taking patients after discharge from their rooms to their vehicles.
- Assisting departments with filing, answering phones and special projects.
- Delivering flowers to patient rooms from the front desk.
- Delivering patient mail.
- Picking up and delivering to the laboratory and returning reports.
- Helping the guest ambassadors at the front desk.
- Sitting at information desks to help answer questions for family members.

**Other Examples of Community’s Service**

**Fresno Heart & Surgical Hospital**

In mid-2006, Community became the sole owner of what is now the Fresno Heart & Surgical Hospital, a non-profit facility focusing on cardiac, bariatric, minimally invasive and general surgery. Education programs and outreach efforts provided by Fresno Heart & Surgical last fiscal year included:

- September 2011: Central California Women’s Conference, American Heart Association “Heart Walk,” Healing Hearts Golf Tournament
- October 2011: Valley Teen Ranch Fashion Show Luncheon, Bob Martin Memorial Golf Tournament
- February 2012: National Wear Red Day, American Heart Association “Go Red Luncheon and Fashion Show”
- March 2012: Camp Taylor “Festival of Hearts”
- May 2012: Amgen Tour, American Heart Association “Heart Ball,” “Pedaling for a Cure” family bike event, Valley Teen Ranch “25th Anniversary Celebration”
- August 2012: Boys2Men-Girls2Women Bowl-a-Thon, Children’s Hospital Central California “Evening Under the Stars”
- Members of the management team volunteered their time to serve on local not-for-profit boards and committees including the American Heart Association, Women’s Initiative, Craig School of Business Advisory Council, “Every Neighborhood Partnership” program
- Fresno Heart donated approximately $96,000 of outdated linens and materials to Medical Ministries International for overseas medical missions
- Fresno Heart & Surgical Hospital donated a total of $28,635 to charities

20 education programs:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Class</th>
<th>Presenter</th>
<th>Attendance</th>
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<tr>
<td>9/07/2011</td>
<td>Women &amp; Heart Disease</td>
<td>Shamsuddin Khwaja, MD</td>
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<tr>
<td>9/15/2011</td>
<td>Staying Mentally Sharp</td>
<td>Rick Adams, PhD</td>
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<td>9/21/2011</td>
<td>Cardiology Forum: Get Your Questions Answered</td>
<td>Kevin Boran, MD</td>
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<td>Title</td>
<td>Speaker</td>
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<td>9/28/2011</td>
<td>To Valve or Not to Valve: Let Us Talk About Heart Valves</td>
<td>Ashraf Osman, MD</td>
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<td>10/05/2011</td>
<td>Hot Topics in Caring for Your Heart</td>
<td>Michael Krueger, MD</td>
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<td>10/13/2011</td>
<td>Blood Pressure – Know Your Numbers</td>
<td>Gloria Jimenez, MD</td>
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<td>10/19/2011</td>
<td>See and Hear About the Benefits of Our New CT Scanner</td>
<td>Kurt Hildebrandt, MD</td>
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<td>10/26/2011</td>
<td>Burn, Burn, Burn: The Truth About Acid Reflux Disease</td>
<td>Keith Boone, MD</td>
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<td>11/02/2011</td>
<td>What You Should Know About Anesthesia</td>
<td>David Weeks, MD</td>
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<td>11/09/2011</td>
<td>What’s New in Heart Healthy Eating</td>
<td>Kerry Johnson, RD</td>
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<td>11/16/2011</td>
<td>Balance, Dizziness, Vertigo &amp; Falls Prevention</td>
<td>Mary Jo Jacobson, PT</td>
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<td>3/07/2012</td>
<td>The Right Ways to Diagnose and Treat Varicose Veins</td>
<td>Sheikh Latif, DO</td>
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<td>3/15/2012</td>
<td>Myths &amp; Truths About Thyroid Disease</td>
<td>Christina Maser, MD</td>
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<td>3/21/2012</td>
<td>Our Heart Failure Program: Is It For You?</td>
<td>Diane Ray, RN</td>
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<td>3/28/2012</td>
<td>The Illness Trajectory &amp; End Stage Issues in Alzheimer’s Dementia</td>
<td>Dineshi Liyanage, MD</td>
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<td>4/04/2012</td>
<td>Cholesterols and Your Heart</td>
<td>Joseph Tannous, MD</td>
<td>56</td>
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<td>4/18/2012</td>
<td>Diabetic and Geriatric Foot Care</td>
<td>Kathryne Rupley, DPM</td>
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<td>4/25/2012</td>
<td>The Impact of Bowel Health on Diverticular Disease</td>
<td>Saber Ghiassi, MD</td>
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<td>5/02/2012</td>
<td>Back Pain Management</td>
<td>Gopi Kasturi, MD</td>
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</table>

**Clovis Community Medical Center**

Clovis Community’s community outreach in FY 2011/2012 focused on several public educational events, student and education mentoring programs as well as supporting worthy organizations.

**Student Education/Mentoring programs**

**Pharmacy**

During 2011-2012, Clovis Community served as a clinical training site for six University of the Pacific and UCSF Fresno pharmacy students. These fourth-year pharmacy students were precepted by Clovis Community pharmacists during six-week clinical rotations. The quality of the training provided was reflected in the clinical coordinator being recognized with the UCSF Excellence in Teaching Award. Additionally, Clovis Community pharmacists participated in a health careers outreach event to approximately 30 Sunnyside High School Doctors Academy students. Annually, UCSF hosts an event to allow college students from the Central Valley to learn about pharmacy as a future profession; one Clovis Community pharmacist served on this panel. In addition to annual educational lectures given to the 12 local UCSF pharmacy students, Clovis Community also provided a lecture for the CSUF Dieticians. The Clovis Community pharmacy department also served as a training site for five pharmacy technician students in the final phase of their training.
Physical Therapy

The Clovis Community physical therapy department also participates in a mentoring program to high school students, providing physical therapy volunteer hours and job shadowing to undergraduate students who need the experience so they can apply to a physical therapy school. Clovis Community also partners with local colleges, providing students with experience in patient management including treatment techniques, documentation standards, resource utilization, regulations/compliance and reimbursement.

Educational Events

Central California Women’s Conference

In the fall of 2011, Clovis Community/Marjorie E. Radin Breast Care Center was a sponsor of the annual Central California Women’s Conference held at the Fresno Convention Center, which drew 3,000 Valley women. This event offers a day of personal and professional development for the community. For attendees who visited the Clovis Community booth, we provided educational information about the Marjorie E. Radin Breast Care Center and the importance of breast health and screening mammograms.

Susan G. Komen Race for the Cure

Clovis Community/Marjorie E. Radin Breast Care Center participated in the annual Susan G. Komen Breast Cancer Foundation’s Race for the Cure held each year at CSU Fresno. The 2011 Race for the Cure drew more than 7,500 men and women. The focus of the booth at this event was to provide education about general breast health and the importance of screening mammograms. Clovis Community and Radin Breast Care Center staff formed a walking team and made a donation in addition to our sponsorship.

Tough Enough to Wear Pink/Clovis Rodeo

The Radin Breast Care Center was a sponsor of the Tough Enough to Wear Pink event held at the Annual Clovis Rodeo in April 2012 in support of breast cancer awareness. The Radin Breast Care Center was also the recipient of a portion of the proceeds from event ticket sales, approximately $2,500.

Community Education

The Marjorie E. Radin Breast Care Center hosted several educational booths at local health fairs. Staff provided demonstrations about the proper way to do a self breast exam as well as education and information about mammography and breast cancer statistics for the following audiences:

- Manchester Mall African American Health Fair – February 2012
- Hmong Cancer Coalition Health Fair – April 2012
- Clovis Relay for Life – April 2012
- Girls Night Out for Sisterhood of Survivors – April 2012
- Fresno Relay for Life – May 2012

Amgen Race/Breakaway from Cancer Walk

Clovis Community was a sponsor of the Amgen Race of California – Stage 4 finish line located in downtown Clovis. Amgen is America’s most successful cycling race and one of the nation’s largest and most recognized annual sports events. This event promotes overall health and fitness with a focus on
awareness education. Amgen now partners with Breakaway from Cancer Walk, which focuses on providing support groups for those with cancer.

In addition, the Radin Breast Care Center sponsored the Breakaway from Cancer Walk, which coincided with the Amgen Race Stage 4 finish in downtown Clovis. Local walking teams supported the riders and honored local cancer survivors from the Fresno and Clovis communities. Radin staff provided educational material regarding the importance of breast health to the local community.

**Monthly Educational Seminars**

Clovis Community offered on-site monthly educational seminars throughout the year to the general public on various topics such as weight-loss/bariatric surgery, weight-loss related procedures, weight-loss support groups, Diabetes, GERD procedures and fertility. Information was provided by physician speakers, and educational materials were distributed.

**Memberships/Sponsorships**

Clovis Community also was a sponsor of:

- Clovis Unified School District athletic programs
- Clovis Community Foundation for Clovis Schools
- Clovis Centennial Celebration – City of Clovis 100th birthday
- Clovis Rodeo Association
- Clovis Annual Mayor’s Breakfast
- American Heart Association – Go Red Luncheon
- Hinds Hospice -- Angel Babies Walk
- March of Dimes – March for Babies Walk
- Valley Performing Arts/Nutcracker Ballet

**Physician Continuing Medical Education**

Clovis Community offered Continuing Medical Education to physicians and other licensed clinical professionals. Events included:

- **January 2012**
  - Dr. Praveen Buddiga
    - Asthma Update 2012

- **February 2012**
  - Dr. Sandeep Sekhon
    - Clovis GI Conference – Endoscopic Ultrasound (EUS) – The New Pancreatic Diagnostic Tool

- **April 2012**
  - Dr. Ajit Arora
    - Managing Ascites

- **August 2012**
  - Dr. Douglas Pleskow
    - Advances in Gastroenterology for Comprehensive Patient Care
California Cancer Center

Skin Cancer Screening held May 12, 2012, at the California Cancer Center

- The goals were to:
  - Educate the Fresno community, particularly vulnerable populations, about the risk of skin cancer, types of skin cancer, what it looks like, populations affected, prevention methods, and treatment options.
  - Identify those who participated in the screening and had abnormal appearing areas and refer them for follow-up care.
  - Reduce the late stage cancers in the participants and help prevent skin cancer through education and resources for help.
  - Encourage participants to share with their friends and families the information provided and thereby reach a much larger segment of the community.

- The results:
  - Fifty-seven people were screened by doctors and a nurse practitioner.
  - Some were referred for follow-up to dermatologists, family doctors or Community clinics.

American Cancer Society’s Relay for Life held May 5 and 6, 2012:

The California Cancer Center was a sponsor of the event.

- The goals were to:
  - Support the American Cancer Society’s programs that assist patients with multiple needs.
  - Assist in educating attendees using written materials and one-on-one contact.
  - Support and celebrate survivorship.
  - Raise funds for the society through sponsorship and activities at the event; $5,032 was raised.

Other Events

- Man-to-Man Prostate Cancer Support Group (3rd Wednesday of each month)

The group focuses on education about prostate cancer, treatment options, side effects, coping, support and survivorship. The group invites the spouses and significant others to attend the initial educational hour. They divide into separate groups for the second hour. The group invites speakers from the medical professions and others with expertise in areas of interest to patients.

- Coping with Cancer Support Group (Every Wednesday 9-10 a.m.) Resource Library in Lobby

A support group open to all patients and loved ones, regardless of where they are in the cancer process. Focus of group is to share experiences and ways to cope with all aspects of cancer.

- Look Good/ Feel Better Support Group (1st Monday of each month) 2nd Floor Conference Room

The program is part of a free, nationwide support group provided locally to help women cancer patients improve their appearance and self-image by teaching them beauty techniques. Wigs and make-up kits are provided for free. A licensed esthetician facilitates the group.
The California Cancer Center:

- Maintains a patient library with books and resources for patients, families and the community.
- Provides a therapy dog on site once a week for patient and staff support.

**Stewardship**

Last fiscal year, Community Medical Foundation’s donor-investors once again responded generously, giving more than $6 million in gifts and in-kind services on behalf of Community programs and services.

Gifts included the Lairds’ Gift to bring world-class neurological care to Community Regional’s Central California Neuroscience Institute. A family dealing with Lou Gehrig’s disease partnered with friends to start a fund to ensure others with neurological diseases won’t have to leave the Valley for care.

More than $4.1 million in donations came from community members such as Pete Peters and the Leon S. Peters Foundation, the Borba families, the Radin Foundation, and David and Marylin Britz. Companies such as Pathology Associates and Forward Advantage helped add the new Health & Education Conference Center to Clovis Community’s five-year, $300 million expansion. The center will help provide health education and accommodate the educational needs of physicians, employees, patients and families.

Also, donors such as Jerry Cook and the Cook family helped established a leadership development program at Community.

In support of the Clovis Community expansion, a $500,000 “matching challenge” to Central Valley farmers and families was issued by donors Greg and Karen Musson through their family agricultural business, Gar Tootelian, Inc. The Borba family and others quickly raised funds to match the gift and created more than $1 million in support.

Community Regional’s Community Connections, which helps patients to avoid unnecessary visits to the emergency department, received significant grants from the Humana Foundation and California HealthCare Foundation. The program has received national media attention as a “best practice.”

Another significant partnership with donor-investors is Terry’s House, a key charitable project to assist the families of hospital patients. It opened in January 2011. Terry’s House is a 17,000-square-foot, two-story home providing lodging for families whose loved ones are receiving critical care across the street at Community Regional.

Made possible by a lead gift from Tom Richards, CEO of the Penstar Group, Terry’s House was named in recognition of his brother Terry Richards, who experienced a serious trauma at age 5 when he was severely injured in a car accident. For months, his mother traveled 80 miles a day to see her son while he was recovering.

The home’s amenities include:

- 20 private guest rooms (including one pet-friendly guest room)
- A common kitchen
- A great room with library and fireplace
- A laundry facility
- A children’s play room
- A reflection room
- A computer resource room
- An outdoor healing garden

Last fiscal year, Terry’s House served 614 families. Many of these families were return guests during their family member’s course of treatment at Community Regional. This equates to approximately 1,900 guests who stayed there. The guests have come from 37 states and 14 foreign countries.

Activities from the last year included:

- Formation of the La Maison Guild (meaning “the home” in French). The group will help with outreach and fundraising.
- An average of two meals cooked each week for the residents by outside groups/volunteers as well as by Community staff. There is also a monthly cookie baking group from Central California Faculty Medical Group and a bi-weekly fellowship group from the Well Community Church.
- The Ladies of Mathews Harley-Davidson continue to decorate Terry’s House monthly to provide a festive and warm environment.
- Building relationships, including with UPS, multiple Rotary Clubs and Lions Clubs in the Valley, East Fresno Kiwanis Club, Junior League and Fresno’s Leading Young Professionals.
- Being recipients of gifts from the annual United Way California State Employees Charitable Campaign, following a presentation on Terry’s House before multiple state agencies.

Terry’s House depends on private gifts and contributions to sustain it. It is staffed with support from Community, but to help keep operational costs low, volunteers perform many of the home’s daily functions.

Last year, benefit activities and philanthropic gifts totaled $498,058, including a major gift from The Leon S. Peters Foundation that established the “Leon S. Peters Family Host Program” to assist families who cannot afford the nominal nightly fee to stay at Terry’s House.

Other support for Terry’s House came from:

- Actagro
- Ms. Yrma Rico
- Erin Ormonde, attorney at law
- John R. Lawson Rock & Oil
- Mr. & Mrs. Meryl Wamhoff
- Angelica Textile Services
- Mrs. Jean R. Bouty
- Rock 'n JK Farms
- Saladino Family Foundation
- Belmont Country Club’s Ladies Golf Tournament
- G. L. Bruno Family Foundation Annual Golf Tournament
- The Elbow Room Golf Tournament
Political and Other Advocacy

Community’s leadership team continues to provide campus tours, participate in forums and provide issues briefings involving local, state and federal elected and appointed officials.

Members of the leadership team traveled to Sacramento and Washington, D.C., to advocate for the Valley’s health needs. Community is a member of the Maddy Institute at California State University, Fresno, which fosters civic engagement, leadership training and policy analysis in the Valley.

Last fiscal year Community continued its multi-year partnership with the Hospital Council of Northern and Central California, area hospitals, emergency services and county staff to address the growing public-health crisis brought on by cutbacks in Fresno County’s behavioral health services, including the so-called “5150” patients. The coalition and its members held multiple individual and community meetings and also made presentations to the Fresno County Board of Supervisors. The board, acknowledging that mistakes were made in reduction of behavioral services, promised in January 2011 to fast-track the reopening of a crisis intervention center. Subsequently, the county contracted with a private vendor and, in May 2012, the Exodus Recovery Crisis Center opened on the campus of the former University Medical Center.

As part of this hospital collaboration, Community helped publish a community needs report in July 2011, which assessed various health problems throughout the region drawing on data research by Fresno State’s Center for Health Policy Research. Community has published the report on its Internet site. The findings of such reports help health institutions to prioritize their responses and assist community organizations in pursuing grants and other funding toward solutions. Community continues its multi-hospital collaboration in developing a joint health needs assessment and strategies to address the needs identified as part complying with mandates of the Affordable Care Act.

Community also advocated for the Valley’s health needs through its membership and leadership positions in the California Hospital Association, Private Essential Access Community Hospitals Inc., and the Fresno Economic Development Corporation. Community has been a leading public advocate for efforts by the University of California, Merced, to establish a Valley medical school.

Community also continues to provide strategic leadership via the Fresno Healthy Communities Access Partners, a nonprofit organization consisting of 11 health and community organizations working together to improve access to healthcare for medically underserved communities in Fresno and the Valley.

Community is proud of its accomplishments to date, but also mindful of unmet challenges. Community staff and physicians contribute thousands of hours as volunteers for civic, cultural, social justice, religious and health groups, often serving in leadership positions and as mentors.

These organizations and activities include: United Way of Fresno, Fresno Rescue Mission, Poverello House, National Alliance for the Mentally Ill, Valley Caregivers Resource Center, Survivors of Suicide Loss, Fresno Chorale, Knights of Columbus, Fresno State Project Management Institute, Central California Korean Historical Society, Catholic Daughters, Camp Sunshine Dreams, First 5 Fresno, Christians in Action, Central California Chapter of the Project Management Institute, Advisory Committee of the CSU Fresno School of Business, Fresno County Sheriff’s Air Squadron and Fresno Rotary clubs.

Among other things, Community has provided:
• $60,000 to the Hospital Council of Northern and Central California in support of medical respite homes for medically needy, formerly hospitalized homeless people.
• $25,000 to Fresno First Steps Home, a nonprofit group seeking to provide housing for Fresno’s homeless.
• $5,000 for the Healing Hearts Golf Tournament in support of the Fresno Rescue Mission.
• Assistance/sponsorships for the Boy Scouts of America – Fresno Distinguished Citizen Dinner; Champions of Justice event sponsored by the Central California Legal Services, Inc.; Fresno’s 82nd annual Downtown Christmas Parade; the Clinical Pastoral Education Program; and the La Feliz Guild’s Derby Down.

Media Outreach

Besides working actively with local media to bring important health and medical news to the public, Community continues to produce its health care advocacy website www.medwatchtoday.com. The site, launched in 2007, is updated regularly with health news, videos, feature stories and leadership blogs.

Community’s YouTube channel now holds 240 videos and has tallied about 483,310 views. Community’s corporate Facebook account has had more than 1,700 people “like” our page. Over the course of a month, more than 2,600 Facebook users saw an item from Community.

Here is a sampling of other noteworthy efforts as published on www.medwatchtoday.com:

First 5 renews commitment to Community’s asthma program

First 5 Fresno County renewed its commitment to Valley asthma sufferers by giving more than $110,000 to Community Regional Medical Center’s asthma program. This is the fourth consecutive year First 5 will fund the hospital’s Early Childhood Asthma Program.

Community Regional’s program screens, diagnoses and treats asthma in children five years old and younger. It also provides asthma education to families, physicians and groups working with young children. Each year it serves about 200 children and parents and about 40 professionals.

Asthma rates of children living in Fresno County are among the highest in the nation according to the National Institutes of Health. Children are most susceptible to the disease, which can be triggered by air pollution, because their organs and immune systems are not fully developed.

“We see that health is one of the most important things children have,” said Zoua Vang, communications director for First 5. “Health is one of the cornerstone pieces to ensure that they have (for them) to be successful.”
In 2010, Fresno County children younger than 5 visited the emergency room 1,835 times because of their asthma, according to Office of Statewide Health Planning and Development. However, Community Regional's program is working to decrease the number of asthma-related emergency room visits.

“We’ve seen wonderful outcome data,” said Vang. “The goal is to decrease asthma deaths, lessen asthma attacks, lessen emergency room visits. And the information and data shows we’ve been able to.”

First 5 Fresno County continues to support Community Regional’s efforts because of program’s success, said Vang. Since 2009, First 5 Fresno County has given more than $434,864 to the hospital’s efforts to educate families and help children with asthma.

Created in 1998, First 5 Fresno County is a public organization that helps improve the lives of children in the county through programs and services. The organization aims to help create a network of services that ensure all children ages zero- to five-years-old are born healthy and grow healthy.

Nicole Germano reported this story. She can be reached at MedWatchToday@CommunityMedical.org.

Trustees approve state-of-the-art education center at Clovis Community

The Clovis Community Medical Center expansion is continuing, with approval from Community Medical Centers’ Board of Trustees for the construction of a Health & Education Conference Center. The center will help provide health education – part of Community Medical Centers’ mission – and accommodate the educational needs of physicians, employees, patients and families.

“The Health & Education Conference Center is a great addition to our expansion project for our physicians, staff and patients. It aligns with our mission to promote medical education and improve the health status of our Valley,” said Clovis Community CEO Craig Castro. “I’m extremely proud our generous donors made this Center possible with ‘gifts from the heart’ and continue to support our expansion in so many ways.”

Community’s donor-investors who have supported the Health & Education Conference Center are:

- Dave & Barbara Archer
- Michael & Barbara Berberian
- The Borba Families
- David & Marilyn Britz
- Craig & Alexandria Castro
- Jerry Cook/Grundfos Manufacturing Corporation
- Dave & Susie Henderson/Henderson Architectural Group Inc.
- Tracy A. Kiritani
- Pathology Associates
- Leon S. Peters Foundation
- Pete P. Peters Foundation
- Radin Foundation
- The Roggenstein Family/Forward Advantage Inc.
- Dick & Pat Wetnight
The Board’s decision adds this project to the work already underway on the Clovis Community campus. Scheduled to be completed in late 2013, the entire $300 million expansion and renovation will nearly double the hospital’s capacity to 204 private rooms, making Clovis Community the first full-service hospital in the area with all-private rooms. Not originally planned as part of the expansion project, the education conference center was made possible by more than $4.2 million in philanthropic gifts.

The center will be located near the hospital’s main entrance. Features include an auditorium with more than 200 seats, a 100-seat foyer with monitors displaying screen presentations from the auditorium, a 50-seat conference room and two smaller conference rooms, two computer training rooms, technology that allows for streaming audio and video from the hospital’s inpatient surgery suites for ‘live from the OR’ presentations, a food service area for catering needs and administrative space.

Seminars at the center will cover topics including mother/baby classes, diabetes management, weight-loss and other Clovis Community services. It will also be used for staff education and training, medical staff meetings and a wide range of clinical educational conferences including those with nationally recognized lecturers.

Jennifer Avila-Allen and Nicole Germano reported this story.

Nursing care beyond the basics

Registered nurse Reza Beheshti said he just couldn’t sign the discharge papers allowing a patient to walk away from Community Regional Medical Center’s emergency department – and risk possible paralysis. Reza was compelled to offer more than medical care when he heard the man’s dilemma.

Hipolito — who did not want his last name used — had to make the toughest of choices — to have the medical procedure he needed or feed his family. His spinal injury was very severe and painful, but Hipolito said he had to continue working or he wouldn’t be able to pay his bills, leaving his family without food and a place to live.

When Beheshti and Hipolito’s physicians explained he could become paralyzed without the procedure, Hipolito still could not put himself before his family’s welfare. They also explained that with the surgery he had a 90% chance of a good recovery. “If you leave, (paralysis) could happen any time,” Beheshti warned Hipolito again after the surgeon had a long conversation with the patient. “But Hipolito told me in Spanish, ‘How can I think about myself when my family will have nothing?’”

Beheshti said he couldn’t listen any longer: “I thought, I can’t do this – I can’t discharge him – a man who would risk all just to take care of his family. So I took him aside and asked a very important question because I didn’t want to influence him on a medical decision.”

Beheshti asked Hipolito if he didn’t have bills for rent, utilities or food to worry about, would he have the surgery. Hipolito stated that he would because it would help him get better. But the patient said he had no other option or resources to call on so he had to keep working regardless of his medical condition.

Then Beheshti offered to pay Hipolito’s rent, food and bills for the time he would need off. “If a man is willing to lose so much to feed his family – I couldn’t let him go home,” Beheshti said.

After talking it over with his wife, Hipolito decided surgery was the right thing for him and took Beheshti’s offer.

“He is the angel who came to my rescue,” Hipolito said through a translator. “He put me at ease and reassured me one way or another, my bills would be paid.”
Hipolito said Beheshti is a fine, honest person whom he would remember for his good deed.

“I’m very grateful to him because no one has ever done anything so generous for my family as he did,” Hipolito said. “I want to thank him and all the staff who cared for me. They were all so wonderful.”

A week after the successful surgery, Beheshti called Hipolito to make sure he had enough funds. Hipolito assured Beheshti he did and they talked for a bit going over some of the post operative instructions for care. Beheshti reminded Hipolito to follow the doctor’s orders and to come back in for his follow-up appointment.

Hipolito said he would and that his life was on the right track – thanks to one special nurse.

Mary Lisa Russell reported this story.

Three Community nurses honored as ‘RN of the Year’

Karen Buckley, Community Regional Medical Center’s chief nursing officer, was named RN of the Year for Administration/Leadership by the Nursing Leadership Coalition of the Central San Joaquin Valley at an awards ceremony May 3. Two other Community nurses shared the top honor for clinical practice: Julia Bay, RN, in surgical services at Community Regional, and Renee Tarasen, ASN RN, of Community’s Home Health Services.

“It is so exciting to have three of our nurses from Community win,” said Mary Contreras, chief nursing officer for the Community Medical Centers network. “I think one of the things that was special, was that, in the clinical practice category, which Julia and Renee won, they couldn’t select just one person. The committee thought they had to recognize both of them. I think that’s a testament to the quality of care and the caring they do.”

The three winners were among eight nurses nominated for the award among 13 total nominations accepted. Community’s nominees included: Ashley Pinheiro, MSN RN CNS, at Community Regional; Krystal Pombo, MSN RN CNS, Cindy Vasquez, BSN RN, Amanda Villamizar, RN, and Jeff Zwiefel, BSN RN, all nurses at Clovis Community Medical Center.

Buckley was chosen by the Leadership Coalition for her exemplary leadership in working with nurses and contributing to the success of the hospital’s neonatal intensive care unit (NICU) expansion, implementation of care coordination rounds and the goal of discharging all patients by 11 a.m.

Contreras said the award was well deserved, “I know how committed Karen is to patients and safety and nurses and making sure we have the kind of environment where nurses can thrive.”

Bay, a longtime member of Community Regional’s daVinci® robotics surgery team, came to the U.S. from Honduras at age 21 with little knowledge of English. She worked her way up from LVN to become a nurse leader. She also volunteers in developing countries to provide surgery services.

Tarasen is seen as a role model to staff in Home Health Care for her expert intravenous (IV) management and assembling a team to find ways to manage the care of a fragile hemophiliac patient. She’s the kind of nurse that’s known to rush to a patient’s home even in the middle of dinner with her family. When she found out about her nomination, she responded, “Why nominate me for doing my job?! My job is my reward.”

Such a response is typical, said Contreras. “I think all of our nurses who were nominated, if you ask them, none think they do anything special. This is just what they do. Nursing is really a calling for them. Every single one of our nurses is wonderful and doing great things so it’s especially wonderful when some are recognized in this way.”

Erin Kennedy reported this story.
New spiritual ‘basic training’ for hospital chaplains

Dave DiPalma, chaplain intern for Community Medical Centers isn’t afraid of silence.

“Sometimes the most meaningful things happen when I say something, and then the patient says something, and I’m just kind of waiting to see what they want to talk about next.”

This is just one of the skills he’s learning thanks to his enrollment in Clinical Pastoral Education classes.

DiPalma is among the next generation of Valley chaplains being trained in Fresno through Clinical Pastoral Education of Central California (CPECC) – an accredited non-profit training center for central California started by Community and partner hospitals and faith groups.

It serves the spiritual ministry training needs for those working in hospitals, churches, prisons, public service agencies, jails and schools. The course is a satellite program through Stanford University and is accredited by the Association of Professional Chaplains.

“The course is intense,” DiPalma said. “I typically spend three days a week at Community visiting patients, then about eight hours a week with the other chaplains.”

Previously, chaplains from the Valley seeking clinical pastoral education had to travel to Los Angeles or the Bay area to receive this type of graduate level education and training. CPECCs goal is for every hospital and service agency in central California to have qualified and accredited spiritual counselors and chaplains.

Rev. Grimaldo Enriquez, chaplain services supervisor for Community Medical Centers said, “It’s a unique program in the sense that we are a collaborative of organizations and hospitals that sought to establish the program here in the Valley.”

The classes began in February with a full class of six students selected from partner hospitals. Rev. Enriquez said it’s the basic training a person would need to be a competent chaplain – combining the theoretical knowledge of seminary with the clinical experience that applies to the human experience of suffering. The course runs 18 to 24 months depending upon whether a student is full or part-time. Students receive four units for the course, each unit consisting of 400 hours, 300 hours of clinical experience, plus 100 hours of instruction and group work.

“It’s going to benefit the community tremendously to have people who are trained to provide spiritual care in a multicultural setting – open minded, nonjudgmental, and focused on the spiritual needs of the person to whom they are ministering,” Rev. Enriquez said.

DiPalma said the teaching model is based on taking action and reflection. “It’s always about the patient. It’s never about the chaplain. What we learn is don’t assume anything. Let the patient tell you what this condition or illness means to them and then we try to support them.”

He feels that Community is an excellent place to learn because of the diversity of patients, the various needs he sees as a chaplain and because of the nursing and medical staff.

According to DiPalma, chaplains are very, very fortunate: “We get to be with people at extreme times in their lives – in extreme joy like childbirth or extreme sorrow like death. There’s something about sharing those moments with the patient that makes it all worthwhile.”
Humana gift helps Community Connections reduce emergency visits

Kasey Kure, 33, used to visit Community Regional Medical Center’s emergency department about once a week because of seizures and other medical problems. He lived occasionally on friends’ couches, but mostly on the street or in a shelter and he didn’t have a regular doctor or money to pay for medication – until he met Xochitl Valenzuela, an outreach specialist with the hospital’s Community Connections program.

Now he has an apartment, a primary care doctor at Community Regional’s clinic, a church support group, he’s reconnected with family and he’s got a lead on a maintenance job. But best of all it’s been months since he’s had to go to the hospital. “If it wasn’t for Xochitl, I don’t know where I’d be,” says Kure.

Community Connections’ staff connects frequent emergency room visitors like Kure to resources to help get them off the street and to help them stabilize and manage their medical problems. In the first 20 months, Community Connections reduced emergency room visits by 52% and reduced the days those clients had to spend in the hospital by 77%.

The program is being expanded thanks to help from Humana Foundation which made a gift of $200,000 to add a nurse practitioner and physician services. The clinical staff will help provide transitional care after discharge until patients can be linked to medical specialists and primary care out in the community.

When the program first started in July 2009, the staff pulled a list of all the patients who had been to the hospital more than nine times in the previous year. There were 600 people on the list, said Caine Christensen, project manager for Community Connections. They first reached out to those with the most visits.

“One guy didn’t trust us so we kept meeting him at the library. One day I brought him fried chicken to eat and he finally said, ‘Yes I do need help.’” Christensen says. “This is real Seventies social work. It’s going out to the streets.”

Community Connections’ outreach specialists and social workers spend their days on the phone or combing homeless shelters, street corners and alleys looking to reconnect with patients. They celebrate little wins: when someone makes it to a follow up visit with a specialist on time, or shows up at the Social Security office, or buys a weekly pill organizer and uses it for their many medications.

“Our job is to grab people by the hand and pull them along until they can walk beside us and then walk ahead by themselves,” Christensen describes the work. “When our clients get discharged from the hospital with a piece of paper and instructions, they aren’t going to follow up. Then they’ll be back. We’re working to make sure that doesn’t happen.”

Outreach specialist Marlene Rodriguez says the work is challenging but worth it. “This is so much more rewarding going out into the community and meeting our clients where they are.”

Rodriguez shrugs when friends ask if she isn’t worried hanging out where Fresno’s homeless congregate. “I feel safer out here than going to the store at night alone,” she insists. “People here know we’re from the hospital and we’re here to help.”
Once she gains a patient’s trust and finds out their challenges with housing, addictions, mental health, chronic medical conditions and/or coordinating their maintenance medications, Rodriguez gets on the phone to find a support network. Connecting patients to resources often means filling out mountains of paperwork, waiting on hold for government agencies to answer the phone, and going with clients for their initial meeting at social service agencies or with a landlord.

Mark Cowardin is one of Rodriguez’s success stories. In the two years before he met her, Cowardin had been to the emergency room 40 times, much of it stemming from unmanaged high blood pressure, heart problems and injuries suffered after he was mugged leaving his Reno casino job. A broken back left him unable to work and eventually he became homeless. Now his health is stable and he lives in a subsidized apartment.

When Rodriguez visited recently, Cowardin showed off the furniture he had scavenged for his apartment and how he had organized his kitchen. “I feel like I’m in a Hilton in Beverly Hills now,” he said. And when he heard about the Humana gift that will keep the Community Connections Program going Cowardin said, “Thanks Humana! Can we bake them a cake to say thanks?”

Erin Kennedy reported this story.

NICU babies benefit from Fansler Foundation gift

Thanks to a $100,000 gift from the Fansler Foundation, babies in Community Regional Medical Center’s Level III neonatal intensive care unit (NICU) have a little more elbow room to help their healing.

The NICU expanded in 2011 – from 65- to 84-beds – making it one of the largest in California. Work completed on the expanded unit includes updated countertops, painting, flooring and equipment.

Community Regional serves as the high-risk pregnancy and birthing center for a five-county region. The NICU, which opened in 2008, also has the most advanced technology for the most fragile newborns and babies with special needs.

The Fansler Foundation is a not-for-profit, public benefit corporation established in 1984, by its founder civic leader D. Paul Fansler. It focuses its charitable giving primarily on meeting the needs of children.

Jennifer Avila-Allen reported this story.

A family challenges others to support hospital expansion

During the holiday season, Clovis Community Medical Center got a huge surprise gift under its tree from Greg and Karen Musson, Linda Salwasser and local agriculture company – Gar Tootelian, Inc.

If there was a card attached, it might have read, “Here’s a challenge to double donations – from Gar Tootelian, Inc. – a family business.”
The big surprise? A $500,000 “matching challenge” to local farmers and families to support the Clovis Community expansion. The generous pledge of support is part of honoring Karen and Linda’s parents, Gar and Esther Tootelian, through Gar Tootelian Inc., the business their father started in 1949, which still carries his name.

Clovis Community – like Gar Tootelian Inc. – is locally owned and centered on serving the greater San Joaquin Valley with the highest quality of care.

“We’ve done this before,” said Karen. “Most people want to help and this matching gift either motivates them or gives them a way to do it.”

Karen said donors who know their gift means double the impact are more inclined to give.

“I like to see others participate … they’re usually very generous, especially when they have a reason like this.”

Greg agreed. The ability to join forces – especially those in agriculture – is a great idea and bigger than one person, he said.

“This expansion will drive jobs to the Valley and attract research to the area,” he said. “It will also bring the brightest minds to work here.”

The $500,000 matching gift has encouraged other donors to participate in the challenge including:

- Aon Risk Services
- Mrs. Susan Abundis & Mr. Glen Burgess
- The Borba Families
- Central Valley Farmers & Families
- Donna & Paul Duckworth, Duckworth Family Trust
- Mr. Benjamin Esteve
- Ms. Linda Ewy
- Fresno Equipment Company
- Gar & Esther Tootelian Family Foundation
- Dave & Susie Henderson, Henderson Architectural Group Inc.
- Mr. John P. Larson
- Schrack Drilling
- Barbara & Carl Ueland, Actagro
- Dick & Pat Wetnight

Salwasser and both Mussons said they appreciated the opportunity to be part of Clovis Community’s $300 million expansion to double in size and better serve the region.

“It’s a big commitment but we feel very fortunate to be a part of this … we love giving back,” Greg said.

To be a part of the challenge, go to http://www.communitymedical.org/make-gift/clovis-expansion.

Mary Lisa Russell reported this story.

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**Occupational safety team saves $2.5M on Clovis Community expansion**

Two women in pink hardhats with eagle eyes, strict safety regulations in hand and a willingness to scale tall scaffolding are saving Community Medical Centers millions. Registered Nurse Peggy McGinnis and Cathie Kirk make surprise inspections, sometimes at night, administer drug tests and scold seasoned construction workers into wearing hard hats and safety glasses at all times on the Clovis Community Medical Center’s expansion job site.
McGinnis, Community’s construction occupation safety nurse, and Kirk, a medical/office assistant for construction, got a hearty thanks and an award from Community’s Chief Financial Officer on Nov. 18. “Because of their efforts and how diligent they are with safety regulations we’ve saved $2.5 million; we’re on track to save $5 million all together,” said Senior Vice President and Corporate CFO Steve Walter. “That’s money we can turn around and invest back into technology and equipment for this expansion.”

Walter explained that Community has an Owner Controlled Insurance Program that picks up all the workmen’s compensation insurance for contractors working on the $300 million hospital expansion. Community provides the general liability, excess liability, builder’s risk and pollution and workers’ compensation insurance for all of the contractors and sub contractors who work on projects for the hospital while using only one insurance company to handle all claims. When claims are minimal, Community saves and costs for insurance go down and having a larger group of people in the insurance pool lowers costs too.

“For every $1 of construction costs, it usually costs our contractors 13 cents for insurance,” said Walter. “We’re providing that insurance for 3 to 4 cents instead. You can imagine what we’re saving on a $300 million project.”

McGinnis and Kirk work in the far northeast corner of the Clovis hospital construction site in a single-wide trailer set up to triage injuries, do drug and alcohol testing and treat general illnesses. Outside their door flies a faded flag with a pink Band-Aid on it and the word NURSE. Many times workers visit them for cold medicine or general health concerns. “We’re saving the workers health care costs and time away from work,” McGinnis said.

Most days the occupational safety team starts early with drug testing of any new worker on the site. Then they head out to make their rounds. Sometimes, they work into the night. “During the midnight concrete pours on the parking garage, we were out wiping off glasses that were starting to fog up on the guys,” Kirk described.

Kirk and McGinnis said they love being able to wear jeans, climb ladders and steel cross beams and keep people safe.

“I’d rather do a good job on safety and prevention, than deal with injuries afterwards,” said McGinnis, adding that Community goes beyond the regulations of Cal/OSHA, California’s program to protect workers and the public from safety hazards. “It’s great for the contractors because we keep down incidents that would get put on their record for three years and cost them in higher insurance costs later.”

Walter says putting the occupational safety team on the job is about more than saving money: “Not only do we take care of patients in the community; we’re taking care of the people who are building our hospital. It’s part of our health care mission.”

Erin Kennedy reported this story.

**Bariatric revision experts share research at Fresno Heart**

Surgeons specializing in bariatric procedures shared the latest research on revision surgery, debated what makes the biggest difference in helping patients who regain weight and experience complications, and reviewed new techniques during a conference at Fresno Heart & Surgical Hospital on Oct. 21.

For a third year in a row, more than 30 surgeons from around the nation and from overseas came to Fresno Heart & Surgical to learn the latest techniques in bariatric revision surgery from pioneers in bariatric and metabolic surgery. Since the surgical technique has been around several decades, more and more patients with more historical surgeries are considering resurgery.
“I think we’ll see half a million of these patients walking around in the U.S. – and that’s a lot,” said Dr. Michel Gagner, predicting a rise in the need for bariatric revision surgery. Gagner, one of the conference lecturers, was the inventor of the sleeve gastrectomy in which 85% of the stomach is permanently removed but intestines are left unaltered.

The two-day seminar at Fresno Heart & Surgical included lectures, demonstration of the latest in laparoscopic equipment, a simulation tissue lab and observation of a gastric bypass revision surgery done by Dr. Kelvin Higa, medical director of the hospital’s Metabolic & Bariatric Surgery Program. Dr. Higa and Dr. Gagner were joined by guest lecturers Dr. Daniel Swartz, bariatric surgeon at Clovis Community Medical Center; Dr. Jaime Ponce, principal investigator for five FDA clinical studies in lap bands; and Dr. Eric DeMaria, a pioneer of the gastric banding procedure.

This year much of the discussion at the conference was about how to help patients who fall back into poor eating habits and stretch their stomachs to original size. Surgeons shared their results with various revision techniques.

“I find the worse the anatomy, it seems like the better the results,” said Dr. Higa, showing how patients who started out with larger stomach pouches had more favorable weight loss and additional weight loss the second time around.

“There’s debate about whether it’s satiety or absorption that’s the issue in revisions,” he added, asking others if they found better results with reducing the stomach size or in reducing the intestine which reduces the amount of food that’s then absorbed into the body.

Surgeons in attendance said they saw differences in extraordinarily obese patients and those who had just crept up again over the 35 BMI, or body mass index, threshold for bariatric surgery.

“On patients with a BMI of more than 50, many surgeons do a sleeve gastrectomy rather than a gastric bypass,” said Dr. Gagner, “because that’s all insurance will pay for and that’s terrible. Many will end up with another duodenal switch eventually,” he added, referring to the procedure that bypasses a long section of the small intestine. A gastric bypass reduces the size of the stomach and also bypasses the top part of the intestine.

Many times discussion after lectures wasn’t about what techniques or methods to use, but whether additional surgery was even warranted when patients’ impulses around food weren’t well controlled.

“When someone has cancer or they’re smoking we don’t withdraw medical therapy from them because the cancer surgery doesn’t work the first time or because people can’t stop smoking,” Dr. Higa said.

During breaks in the lectures, Ethicon Endo-Surgery representatives demonstrated some of the company’s newest equipment for minimally invasive surgeries with laparoscopic instruments. Vendor representatives said there had been a waiting list to get into the conference because of Fresno Heart & Surgical Hospital’s program, the reputation of its surgeons and its ability to gather so many pioneers and world-renowned experts to participate in the bariatric conference.

Fresno Heart & Surgical is accredited as a Bariatric Center of Excellence by the American Society of Metabolic and Bariatric Surgeons and for three years in row has received HealthGrades® top 5-star rating for bariatric surgery. It also has received HealthGrades’ Outstanding Patient Experience Award for the past four years.

Erin Kennedy reported this story.

Patient travels from Mexico to have bariatric revision

Librado Heredia Villegar has a complicated bariatric history – too complicated for his local surgeon in Ensenada, Mexico, who recommended Dr. Kelvin Higa at Fresno Heart & Surgical Hospital.

Dr. Higa is known internationally for his expertise in challenging bariatric revisions and the hospital has been rated 5-
stars by HealthGrades® for the weight loss procedure for the past three years. Villegar had his first bariatric procedure in 1995 when he was 18 years old, and lap bands were still considered experimental. He was the 202nd person to undergo the surgery where a band is used to restrict the stomach’s capacity to hold food.

Villegar was 365 lbs then and unable to get a permanent pilot’s license in Mexico because of his size. Villegar had a revision done more than a decade later to replace the early technology, and because he had regained some weight, he said. But he had complications that required another surgery and a 13-day hospital stay.

Villegar was pleased with his results in Fresno and with the difference in surgical experience at Fresno Heart & Surgical.

Erin Kennedy reported this story.

Community affiliates sweep Heroes in Healthcare Awards

Since 2006, Business Street Media Group Heroes in Healthcare Awards have recognized extraordinary individuals in the Valley health care community who have made personal sacrifices to help so many others in the region.

This year four of the seven award recipients are affiliated with Community Medical Centers and were honored at the annual Heroes in Healthcare Awards Ceremony at the Bankers Ballroom in Fresno.

Healthcare Professional recipient - Dr. Peter Simonian – Simonian Sports Medicine Clinic

Board certified in orthopaedic surgery, Dr. Peter Simonian is a Healthgrades® recognized physician. Growing up in the Valley, Dr. Simonian did not make the decision to become a doctor until his college days. Trained in some of the finest educational institutions across the nation, Dr. Simonian completed an orthopaedic surgery residency at the University of Washington School of Medicine in Seattle, WA., as well as a sports medicine fellowship at the Hospital for Special Surgery, Cornell University, New York, NY., where he was an associate professor in sports medicine after his training.

Dr. Simonian’s approach to treating patients at the Simonian Sports Medicine Clinic is to provide the finest possible medical care to injured athletes of all ages and all levels from the recreational to the elite. His clinic also offers the same caliber of care for nearly every knee and shoulder injury or degenerative condition resulting from an accident or work-related event. Dr. Simonian’s primary expertise of his practice is minimally invasive arthroscopic surgery, knee and shoulder reconstruction and treatment for all sports related fractures and trauma. The Simonian Sports Medicine Clinic is an environment that allows the study and integration of the latest research and technology in patient care.
Physician recipient – Dr. Robert Libke – University Medical Specialty Center – CCFMG

A resident of Fresno since 1974, Dr. Robert Libke joined the UCSF faculty in 1978 working for the Central California Faculty Medical Group. At one time, Dr. Libke was the infectious disease expert for the entire region of central California and has seen patients at most the hospitals in the area. He successfully led the development of the first infectious disease fellowship in Fresno in 2008 which attracted more infectious disease specialists to train in the Valley. Dr. Libke is the long-term chairman of the Institutional Review Board Committee, which oversees patient safety in research and is board certified in internal medicine and infectious disease.

Before joining CCFMG, Dr. Libke was a flight surgeon with the United States Air Force and a clinical instructor at UCLA. His numerous awards include the Kaiser Teaching Award (1990) and Faculty of the Year (2000-2001). He is well known for his research on Valley fever and is highly sought after for consultation with patients suspected of contracting this often misdiagnosed disease.

Volunteer Recipient – Dr. Kenneth O’Brien – Community Regional Medical Center

A wealth of knowledge sits behind the information desk at Community Regional Medical Center in downtown Fresno. At 92 years of age, Dr. Kenneth O’Brien is often seen at his post in the hospital helping patients and visitors with all their informational needs. For more than a decade, Dr. O’Brien has volunteered to help others in need at the hospital. Prior to his post as volunteer, Dr. O’Brien practiced for 56 years in the Fresno area.

He was recently honored as one of Community Medical Centers 2011 “Ultimate People” for his years of dedication and service. During his time as a physician, Dr. O’Brien served on the original Sequoia Hospital and Community boards for 43 years before being awarded emeritus status. Dr. O’Brien was born on a ranch north of Fowler and attended Lone Star Grammar School and Fowler High School. He later graduated from Fresno State and UC Irvine College of Medicine. Besides his volunteer work at Community Regional, Dr. O’Brien attends the Church of Christ two mornings a week.

Innovation recipient – HeartMate II – Cardiovascular Services – Community Regional Medical Center

The day after Thanksgiving 2010, cardiac surgeon Pervaiz Chaudhry and his team at Community Regional Medical Center installed the Valley’s first portable heart pump – a device that gives new hope for those waiting for heart transplants. The hospital is the only one between Sacramento and Los Angeles with the expertise, technology and approval for the HeartMate II LVAD pump, according to the pump manufacturer. And it is one of a dozen or so in the nation approved to use the pump without a heart transplant program.

The HeartMate II is a continuous-flow pump that takes over the work for the heart’s left ventricle, the main pumping chamber. The small, lightweight device includes a pump implanted inside the body and batteries and a controller worn outside the body and carried in a pouch at the waist or in a vest that allows the patient to be active and mobile. The pump allows the patient time in waiting for a new heart and has at times been called a “bridge” to a heart transplant. A representative at the pump’s manufacturer said that for some patients the HeartMate is the destination treatment and considered a permanent fix.
Historic moment as Community switches to e-records

Community Medical Centers implemented a state-of-the-art electronic medical record system starting Sept. 28, which is designed to enhance care and service to patients. Now there is one record for each patient in one electronic location, usable by all of those who provide medical care within the Community network.

Community replaced the paper medical charts with a new, computerized medical record system in all of its inpatient care centers, outpatient clinics, labs, imaging centers and at two of its hospitals, Community Regional Medical Center and Clovis Community Medical Center.

Fresno Heart & Surgical Hospital, which has been using computerized patient charting for some time, will be making the transition to the new system in 2012. The clinical information system has been in use at the Deran Koligian Care Center clinic on the Community Regional campus since January 2011.

Patients in the hospital may notice a computer on wheels in their room and nurses typing on a keyboard rather than writing on paper in a clipboard as they record heart rate, blood pressure and medication information.

For Community’s patients, the change means:

- All patient information will be stored in one electronic place.
- Once patients provide information on their past medical history and medications, they won’t have to give that information again, only verify the information at return visits or during follow ups in the clinic.
- Immediate access to vital information on allergies, medications, test results and X-rays is available with just a few clicks on the computer.
- Increased efficiency helps reduce needless testing and gives caregivers more time to focus on expediting treatment.
- Privacy is enhanced by limiting access to patient records and password protecting the access.

Community is ahead of the curve nationally in implementing what will soon be mandated by federal health reforms. Hospitals here in Fresno and Clovis are joining the ranks of prestigious hospitals like Stanford University Medical Center and Cleveland Clinic, which have installed a similar system and have already used it to reduce the time patients spend in the hospital and enhance patient safety.

Investing in Valley’s Future

Community is more than 100 years old. We are locally owned. We reinvest whatever we earn into bettering the health of this community. We don’t send it to Wall Street or to a remote corporate headquarters. Community has a long history of growth, of doing more for the Valley’s well-being than any other area healthcare institution and of having a vision for the future.

The 2011/2012 Community Benefits Report was prepared by John G. Taylor, director of public affairs, Community Medical Centers, Fresno, CA