POMONA VALLEY HOSPITAL
MEDICAL CENTER
Expert care with a personal touch

2013
Community Benefit Plan

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Report for Fiscal Year 2012

Prepared in Compliance with
California's Community Benefit Law

100 ONE HUNDRED TOP HOSPITALS

PVHMC — A Recipient of HEALTHGRADES
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Executive Summary

Pomona Valley Hospital Medical Center (PVHMC) is a 453-bed, fully accredited, acute care hospital serving eastern Los Angeles and western San Bernardino counties.

A nationally recognized, not-for-profit facility, the Hospital's services include Centers of Excellence in oncology and cancer care, cardiac and vascular care, women's and children's services, and kidney stones. Specialized services include centers for breast health, sleep disorders, a Neonatal ICU, a Perinatal Center, physical therapy/sports medicine, a full-service Emergency Department which includes our Los Angeles County and San Bernardino County STEMI receiving center designation, robotic surgery, and the Family Medicine Residency Program affiliated with UCLA. Satellite Centers in Chino Hills, Claremont and Pomona provide a wide range of outpatient services including physical therapy, urgent care, radiology and occupational health. Additionally, we are Primary Stroke Center certified. The Joint Commission recently notified us that we have earned the Gold Seal of Approval™ for certification as a Primary Stroke Center for Los Angeles County, along with being named one of Thomson Reuter's 50 Top Cardio Hospitals in the nation demonstrates what we have been doing all along; providing quality care and services in the heart of our community.

As a community hospital, we continuously reflect upon our responsibility to provide high quality health care services, especially to our most vulnerable populations in need, and to renew our commitment while finding new ways to fulfill our charitable purpose. Part of that commitment is supporting advanced levels of technology, staffing, training, equipment, and facilities. PVHMC works vigorously to meet our role in maintaining a healthy community by identifying health-related problems and developing ways to address them.

In 2012, a Community Needs Assessment was completed. The assessment is intended to be a resource for PVHMC to measure and assist with the development of activities and programs that can help improve and enhance the health and well-being of the residents of Pomona Valley. The research objectives of the study looked at the demographic profile of the community, health insurance coverage, health access barriers, utilization of health care services for routine primary/preventative care, utilization of urgent care services, need for specialty health care and experience with PVHMC including classes and support groups.

Many of the activities and programs in PVHMC's Community Benefit Plan address the public health needs identified in our 2012 assessment. In response to the assessment's findings, the majority of our services are tied into providing information and education to the community regarding availability and accessibility to health and social services. By fostering greater communication, coordination, and collaboration among local service providers, we are able to offer comprehensive medical services and programs to a large community. Our commitment to these vital services is demonstrated through the concerted efforts of each department to ensure that essential

services continue to be provided to the community. Every activity and program is budgeted to manage the use of available resources. Our services show how the community's needs drive the conception and establishment of the services we provide and contribute to its growth and improvement.

PVHMC demonstrates its profound commitment to its local community and has welcomed this occasion to formalize, enhance and document the multitude of community benefit initiatives in which the hospital is immersed. Our community is central to us, and it is represented in all of the work we do. PVHMC has served the Pomona Valley for 110 years, and we value maintaining the health of our community by providing accessible, high quality medical care. Thank you for taking the time to allow us to share with you our community activities and programs for the most recent year.

California's Community Benefit Law

California's Community Benefit Law, referred to as Senate Bill 697 (SB 697) is found in the California Health and Safety Code, section 127340-127365. A detailed description of the Law may be found in the appendix. The law began in response to increasing interest from the community on contributions not-for-profit hospitals gave to their communities. The California Association of Catholic Hospitals and the California Healthcare Association co-sponsored SB 697 which was signed into law in September, 1994.

Senate Bill 697 requires private not-for-profit hospitals in California to describe and document the full range of community benefits they provide to their communities.

Hospitals are required to provide a written document describing the hospital's charitable activities to the community as a not-for-profit organization and submit this report annually. Every three years, hospitals conduct a community needs assessment and consequently develop a formal planning process addressing those issues. The goals and intent of SB 697 is that hospitals will collaborate with regional community partners to identify community needs and to work together in developing a plan to meet those needs.

About Pomona Valley Hospital Medical Center

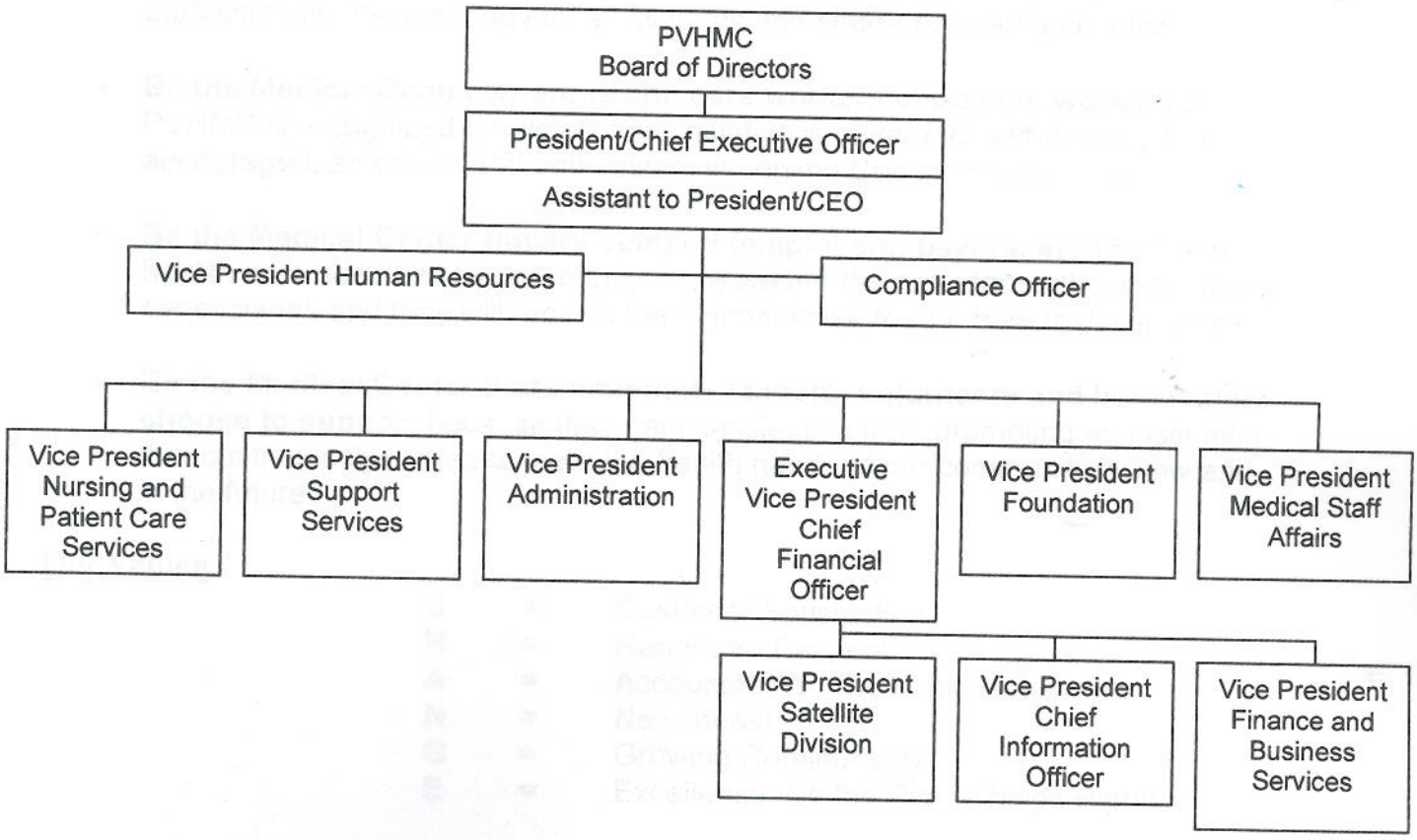
Identifying Information

Hospital Name and Address:	Pomona Valley Hospital Medical Center 1798 N. Garey Avenue Pomona, CA 91767
President/Chief Executive Officer:	Richard E. Yochum
Chairman, Board of Directors:	Jane Goodfellow
Community Benefit Plan Coordinator:	Leigh C. Cornell

Our Organizational Structure

PVHMC is governed by a Board of Directors whose members are representative of the community, hospital and medical staff leadership. The Board of Directors has been integrally involved from the earliest days of the Senate Bill 697 process. The President/CEO is charged with the day-to-day administrative leadership of the organization and is assisted by an executive team of vice presidents who oversee specific departments.

Figure 1. Organization Chart



Our Mission

Pomona Valley Hospital Medical Center (PVHMC) is a not-for-profit regional Medical Center dedicated to providing high quality, cost effective health care services to residents of the greater Pomona Valley. The Medical Center offers a full range of services from local primary acute care to highly specialized regional services. Selection of all services is based on community need, availability of financing and the organization's technical ability to provide high quality results. Basic to our mission is our commitment to strive continuously to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious and cultural community.

Our Vision

PVHMC's vision is to:

- **Be the region's most respected and recognized Medical Center and market leader** in the delivery of quality health care services;
- **Be the Medical Center of choice for patients and families** because they know they will receive the highest quality care and service available anywhere;
- **Be the Medical Center where physicians prefer to practice** because they are valued Customers and team members supported by expert health care professionals, the most advanced systems and state-of-the-art technology;
- **Be the Medical Center where health care workers choose to work** because PVHMC is recognized for excellence, initiative is rewarded, self-development is encouraged, and pride and enthusiasm in serving Customers abounds;
- **Be the Medical Center buyers demand (employers, payors, etc.) for their health care services** because they know we are the provider of choice for their beneficiaries and they will receive the highest value for the benefit dollar; and,
- **Be the Medical Center that community leaders, volunteers and benefactors choose to support** because they gain satisfaction from promoting an institution that continuously strives to meet the health needs of our communities, now and in the future.

Our Values

C	=	Customer Satisfaction
H	=	Honor and Respect
A	=	Accountability: The Buck Stops Here
N	=	New Ideas!
G	=	Growing Continuously
E	=	Excellence: Do the Right Things Right!

Our Services

Varied range of services provided by PVHMC to our community include:

- **Emergency Care Services** -

- **Adult Services** -

(General Medical and Surgical Services, Critical Care Services, Cardiac Catheterization and Surgery)

- **Pediatric Services** -

(General Pediatric Medical and Surgical Services, Level II Neonatal Intensive Care, Pediatric Outpatient Clinics)

- **Obstetric Services** -

(High Risk Obstetrics, High Risk Obstetric Transport Services, Perinatology)

- **Ambulatory Services** -

(Cancer Care Center, Regional Kidney Stone Center, Sleep Disorders Center, Family Health Center, Radiology and Physical Therapy)

- **Family Medicine Residency Program** -

(Affiliated with the David Geffen School of Medicine at UCLA)

Our Service Area

PVHMC's Primary Service Area consists of the cities of:

- Pomona
- Claremont
- Chino
- Chino Hills
- La Verne
- Montclair
- Ontario
- Rancho Cucamonga
- Alta Loma
- Upland
- San Dimas

Our Community

Figure 2. Illustrates the Hospital's Primary Service Area. To meet the health care demands of the growing populations within Los Angeles and San Bernardino Counties, PVHMC is dedicated to providing accessible, quality medical care with a range of vital services.

Figure 2. The Communities We Serve

Our Primary Service Area is defined as the cities of Pomona, Claremont, Chino, Chino Hills, La Verne, Montclair, Ontario, Rancho Cucamonga, Alta Loma, Upland, and San Dimas and make up a population of 840,789 in 2010. These statistics were obtained from the U.S. Census Bureau as presented in Table 1. with demographic information for 2010 as shown in Table 2.

Community Demographics

Table 1. City, Zip Codes, Counties, 2010

City	Zip Code(s)	County[1]	2010 Population
Pomona	91766, 91767, 91768	LA	**149,058**
Claremont	91711	LA	**34,926**
La Verne	91750	LA	**31,063**
Chino	91708, 91710	SB	**77,983**
Chino Hills	91709	SB	**74,799**
Ontario	91758, 91761, 91762, 91764	SB	**163,924**
Upland	91784, 91786	SB	**73,732**
Montclair	91763	SB	**36,664**
San Dimas	91773	LA	**33,371**
Rancho Cucamonga	91729, 91730	SB	**165,269**
Alta Loma[2]	91701, 91737	SB	**n/a**
TOTAL			**840,789**

Source: U.S. Census Bureau
1: LA is Los Angeles, SB is San Bernardino
2: Alta Loma data were not available separately (included with Rancho Cucamonga data)

Table 2. Ethnic Diversity of Our Community 2010.

	Ethnicity							
City	White	Hispanic or Latino	Black/ African-American	American Indian	Asian	Hawaiian/ Pacific Islander	Other	Two or More Races
Pomona	48.0%	70.5%	7.3%	1.2%	8.5%	0.2%	30.3%	4.5%
Claremont	70.6%	19.8%	4.7%	0.5%	13.1%	0.1%	5.8%	5.2%
La Verne	74.2%	31.0%	3.4%	0.9%	7.7%	0.2%	9.1%	4.5%
Chino	56.4%	53.8%	6.2%	1.0%	10.5%	0.2%	21.2%	4.6%
Chino Hills	50.8%	29.1%	4.6%	0.5%	30.3%	0.2%	8.7%	4.9%
Ontario	51.0%	69.0%	6.4%	1.0%	5.2%	0.3%	31.3%	4.7%
Upland	65.6%	38.0%	7.3%	0.7%	8.4%	0.2%	12.9%	4.8%
Montclair	52.7%	70.2%	5.2%	1.2%	9.3%	0.2%	27.0%	4.4%
San Dimas	72.0%	31.4%	3.2%	0.7%	10.5%	0.1%	8.5%	4.9%
Rancho Cucamonga	62.0%	34.9%	9.2%	0.7%	10.4%	0.3%	12.0%	5.4%
Alta Loma[1]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Source: U.S. Census Bureau
1: Alta Loma data were not available separately (included with Rancho Cucamonga data)

PVHMC Statistics

	2011	2012
Total Admissions	21,688	21,039
Percentage Direct Admit	51%	51%
Overall Hospital Length of Stay	4.5	4.4
Average Daily Census (Acute Only)	271	275
Average Daily Census (Adult Only)	266	266
ED visits (including LWBS and ED Admissions)	82,131	83,402
Hours on Diversion	780	599
Surgery		
Inpatient	3,678	3,750
Cardiac surgery	166	160
Specialty Lab	5,778	5,356
Cath Lab Procedures (Inpatient)	7,305	3,585
Cath Lab Procedures (Outpatient)	10,698	10,588
Dialysis Treatments	3,147	3,844
Radiation Oncology		
Units of Service - CCC	27,672	24,515
Deliveries	6,932	6,917
NICU Days	17,200	17,995
Ambulatory Visits	428,658	439,784
Sweet Success visits	7,341	8,803
Respiratory Procedures	198,018	216,394

Awards

- The Joint Commission Accreditation – 2012
- Medication Error Reduction Plan Survey - 2011
- American Association of Blood Banks (AABB) Accreditation – 2012 - 2014
- "Outstanding Patient Experience Award (OPEA)," HealthGrades for 2011 and 2012 (denotes top 5 percent in the state)
- Stroke Recertification – 2012
- Emergency Department Approved for Pediatrics - 2011
- American Heart Association Gold Plus designation for Heart Failure – 2011 & 2012
- American Heart Association Gold Plus designation for Stroke – 2011 & 2012

Community Needs Assessment

Introduction

Pomona Valley Hospital Medical Center (PVHMC) collaborated with the Institute of Applied Research (IAR) at California State University, San Bernardino to complete the 2012 Community Needs Assessment. The Co-Principal Investigators were Shel Bockman, PhD, Barbara Sirotnik, PhD, Christen Ruiz, MA, and the Project Coordinator was Lori Aldana, MBA. The assessment is intended to be a resource for PVHMC to become involved with developing and maintaining activities and programs that can help improve the health and well-being of the residents of Pomona Valley.

Research Objectives:

- **Demographic profile (including self-reported health evaluation);**
- **Health insurance coverage:** insurance coverage, type of insurance, reason(s) for no coverage;
- **Barriers to receiving needed health services;**
- **Utilization of health care services for routine primary/preventative care:** how long since last physical, children's preventative care and immunizations; adult's routine health screening tests;
- **Utilization of urgent care services;**
- **Need for specialty health care:** chronic or ongoing health problems, adequate help dealing with disease, unmet needs; and,
- **Experience with and evaluation of PVHMC:** reasons for selecting PVHMC, health care services, classes, support groups, emergency room, improving the health of the community.

The Questionnaire

In order to make direct comparisons to the 2009 study, IAR used the same questionnaire for the current 2012 study. The initial questionnaire, after its approval by PVHMC staff, was then translated into Spanish, pretested (in both languages) and modified and revised where warranted. The questionnaire is attached in the appendices.

Sampling Methods

In order to generate the initial sampling frame (that is, the list of all residents within PVHMC's service area telephone numbers), all telephone prefixes for this service area were first identified and related to working blocks (groupings of 100 contiguous numbers which contain at least one listed phone number). Next, a random sampling procedure was used within working blocks to select the telephone numbers to appear in the sample. The numbers were then screened to eliminate business phones, fax machines, and non-working numbers. Finally, in order to ensure that some unlisted phone numbers were included in the sample, the original list was supplemented by

using the working number as a seed number from which others numbers were generated by adding a constant.

To the extent possible, therefore, each resident within PVHMC's service area **with a telephone** had an equal chance of being included in the survey. A total of 323 residents were surveyed from the eleven cities within PVHMC's service area, resulting in a 95 percent level of confidence and an accuracy of +/- 5.5%.

Telephone interviews were conducted by the IAR using computer assisted telephone interviewing (CATI) equipment and software. The surveys were conducted between March 4 and March 11, 2012. Surveys were conducted Monday through Friday from 9:00 a.m. to 9:00 p.m., and on weekends (Saturday 10:00 a.m. to 5:00 p.m. and Sunday 1:00 p.m. to 7:00 p.m.) in order to maximize the chances of finding respondents home to complete the survey. A total of 323 respondents completed the survey with 2.8% of them from Spanish-speaking households.

Findings

Following are highlights of the major findings from the 2012 PVHMC survey.

Demographic Profile of Respondents:

- 67.5% are female and 32.5% are male.
- 58.8% are married.
- 74.4% have either some college education or a college degree.
- Median household income category is $50,000 to $66,000.
- 57.7% are Caucasian and 26.1% are Hispanic.
- Average age of respondents is 55 years.
- Average length of time lived in their community is 22 years.
- Average number of people living in the household is 3.
- 57.2% have no children under the age of 18 living in the household with them. Of those who ***do*** have children living in the household, most have one child 42.5% or two children 37.2%.
- 69.8% said their general health is "excellent" or "very good". Only 4.5% said their health is "poor."
- One measure of health status is the amount of exercise a person gets. 28.2% said that they ***do not*** exercise or play sports on a weekly basis, 22.9% said they exercise 1-2 times per week, 31.9% said 3-4 times a week and 17.0% said they exercise or play sports 5 or more times a week.

Health Insurance Coverage

The majority of respondents (76.6%) said that ***all*** of the adults (age 18 and above) in the household are covered by insurance and only 8.4% of them said that ***none*** of the adults are covered by health insurance. IAR then asked how many children living in the household are covered by health insurance, and again, most (96.5%) said that ***all*** of their children are covered. Only 3.5% said that ***none*** of the children are covered.

Most of them have a private HMO (29.4%), Medicare (27.9%), or a private PPO (14.5%). Another 16.0% said they have private insurance but it is unknown if it is an HMO or a PPO. It is noteworthy that 6.5% of all respondents said they have ***no health insurance*** for their family. When asked why not, respondents either said they lost or changed jobs (81.3%) or they couldn't afford the premiums (18.8%).

Barriers to Receiving Needed Health Services

Respondents were asked if they or anyone in their family needed any health services within the past year that they could not get, and 10.2% said "yes" (33 respondents). When asked what kept them from getting these services, 39.4% (13 respondents) said they are worried about the cost of services and/or co-payments, and 15.2% (5 respondents) said they do not have insurance to pay for it. They were then asked what type of service they needed but couldn't get, and 15.2% (5 respondents) said they needed surgery. Other services mentioned include Dental, Ob/Gyn, CAT Scans/X-rays, prescriptions, general checkups, Optometry/Ophthalmology, mobility devices (such as wheelchairs, scooters, and walkers), and services for children.

Utilization of Health Care Services for Routine Primary / Preventative Care

Most respondents reported that they keep up with regular doctor visits and immunizations for their children. Specifically, 79.6% of them said they have visited their doctor for a general physical exam within the past year. Most of the respondents with children (85.6%) said their child(ren) had a preventative health care check-up within the past year. On the other hand, that means that 12.6% said their children did NOT have a health-care check-up within the past year. In addition, ***almost all*** of them (93.9%) said their child(ren) have received all of the immunizations the doctor has recommended.

Questions were then asked to determine whether or not the respondent or any member of his/her family has had certain health screenings recently. The following table shows the number who indicated that they or a member of their household had a particular health screening test:

Table 1. Percent of Respondents Who Said They or a Family Member Has Had a Health Screening

Health Screening Test	Percent of Respondents Who Said "Yes"
Prenatal care in the past year	6.5%
Pap smear in the past year	52.4%
Mammogram in the past year	56.1%
Blood test for cholesterol in the past year	78.4%
Screened for colon cancer in the past ***five*** years	50.6%

Utilization of Urgent Care Services

In addition to the above questions regarding routine primary/preventative care, respondents were asked if they or anyone in their family has visited an urgent care center within the past year, and 43.4% said they had. When asked if they had tried to see their doctor before visiting the urgent care center, almost two-thirds (62.3%) said they had ***not***. Among the 37.7% who did try to see their doctor, 98.1% of them said their doctor told them to go to urgent care.

Furthermore, in the 2012 findings, out of 138 responses, 99 (or 73.3%) of the patients who visited the Emergency Department (ED) said they ***did not*** try to see their doctor before going to the ED. The main reasons given for not trying to see their doctor first were because it was after hours (32 or 36%), it was an emergency situation (22 or 24.7%), or they were brought by ambulance (15 or 16.9%). More patients used the ED when it seemed appropriate as it related to the day and to the extent of the emergency compared to the 2008 Community Needs Assessment. We are doing a better job of informing our communities of the differences between emergent situations and what can wait for a visit with their primary care physician or the use of urgent care services. In addition, we can do more to make use of our primary care and urgent care services to meet the needs of our community and offload a large proportion of the pressure on our Emergency Department.

Need for Specialty Health Care

Respondents were then given a list of various chronic or ongoing health problems and asked if they or any member of their family have any of the conditions.

Table 2. Percent of Respondents Who Said They or a Family Member has a Chronic or Ongoing Health Condition

Chronic or Ongoing Health Condition	Percent of Respondents Who Said "Yes"
Cancer	14.5%
Diabetes	31.5%
Asthma	19.0%
High Blood Pressure	59.0%
Obesity	14.0%
Osteoporosis	14.0%
Chronic Heart Failure	5.5%
Other	16.0%

Most of these respondents (88.9%) said that they and/or their family member have received adequate help in managing the disease.

Experiences with and Evaluation of Pomona Valley Hospital Medical Center

In order to find out whether or not the respondents had personal experience with PVHMC and to measure their satisfaction with PVHMC, IAR asked a series of questions related specifically to PVHMC. The first question asked if they have ever gone to PVHMC for health care, and more than one-half (52.6%) said they had. When asked why they chose PVHMC, one-half of them (42.9%) said because it is close to their home, 17.9% said because of their insurance, and 18.5% were referred by their physician (the reader should note that multiple answers were allowed for this question).

IAR next asked respondents if they have ever attended any of the classes offered by PVHMC and only 10.9% said they had. When asked if there are any classes respondents would ***like*** PVHMC to offer, 15.0% said "yes." Some of the classes mentioned include both English and Spanish classes in prevention and good health (15 respondents).

Respondents were also asked if they or any member of their family have attended any health-related support group in the past year, and 13.1% said yes. All respondents were then asked "what kind of support groups would you or your family member be interested in?" and one-half of them (37.4%) said "none". Of those that were mentioned, Nutrition (8.7%) and Diabetes (7.3%) were at the top of the list followed by obesity and weight loss (6.4 %), high blood pressure and cancer (5.5% each).

Next, respondents were asked if they have ever been to PVHMC's emergency room and 43.5% said they have. Of those, most of them (73.3%) said they ***did not*** try to see their doctor before going to the emergency room. The main reasons given for not trying to see their doctor first were because it was after hours (36.0%), it was an emergency situation (24.7%), or they were brought by ambulance (16.9%).

One of the most interesting findings in this report relates to "Are there are any health related services that they need that are not being provided in your community?" Only 8.4 % of respondents said "yes." From IAR's point of view, this low figure is somewhat astonishing, and indicates that the hospital and other health service agencies appear to be meeting the health needs of the community. When the 25 people indicating that there were unmet needs were asked what they need that is not being provided, the most common response was "health care/ health insurance in general" (4 people) followed by "pain management, gym/exercise services, services for high blood pressure, and dental services" (2 people each).

Finally, respondents were asked what the hospital can do to improve the health and quality of life in the community, and most said they "don't know" (34.1%), "nothing" (7.1%), or they are "doing a good job" (9.9%). This confirms the finding above that PVHMC and other health agencies are meeting the health needs of the community.

A few specific respondent suggestions to help improve the health of the community include: "provide more affordable health care" (31 people), "see patients in a more timely fashion" (22 people), "provide more information, outreach and awareness of programs and services" (20 people), and "provide more classes, support groups, and events" (20 people).

Conclusion

When IAR takes a step back and looks at the data from the 2012 Community Needs Assessment, it would appear that PVHMC and other area health services agencies are doing a fine job meeting the needs of its service area.

For PVHMC, an area for improvement is making the community more aware of the classes and support groups offered by the hospital. The hospital currently provides many of the classes that residents stated they were interested in such as CPR classes, parenting classes, and preventative care classes. Some of the support groups that were mentioned by the survey respondents are offered at the hospital at this time including smoking cessation, nutrition and cancer support groups.

The Community Needs Assessment presents an opportunity for the hospital to have greater communication about the availability of these existing resources. The Community Needs Assessment identifies health concerns of individuals living in the area. It also provides valuable insight into our community's expectations on how we can

maintain and improve their health. Our hospital is dedicated to helping residents lead a healthy lifestyle and addressing their needs in the next few years.

For more information about the 2012 Community Needs Assessment, please contact Leigh Cornell, Vice President, Administration at Pomona Valley Hospital Medical Center at (909) 630-7785. Thank you.

Community Benefit Plan Focus Study – 2013 Update

As a non-profit organization, Pomona Valley Hospital Medical Center takes pride in our commitment to continuously strive to improve the status of health by reaching out and serving the needs of our community. Meeting the needs of our growing community has been, and continues to be, one of the top priorities of our organization. As our communities needs continue to increase and the demand for services rise, we look for alternative ways to address the influx.

Based on our 2012 needs assessment our community has stated that they want to be made aware of the classes and support groups offered by the hospital. Our community stated that they are interested in CPR classes, parenting classes, and preventative care classes. We offer these classes and many others, and our focus for 2013 and 2014 will be to find ways to better promote and encourage our community to participate. Conducting the survey allowed us the opportunity to learn about what is important to them.

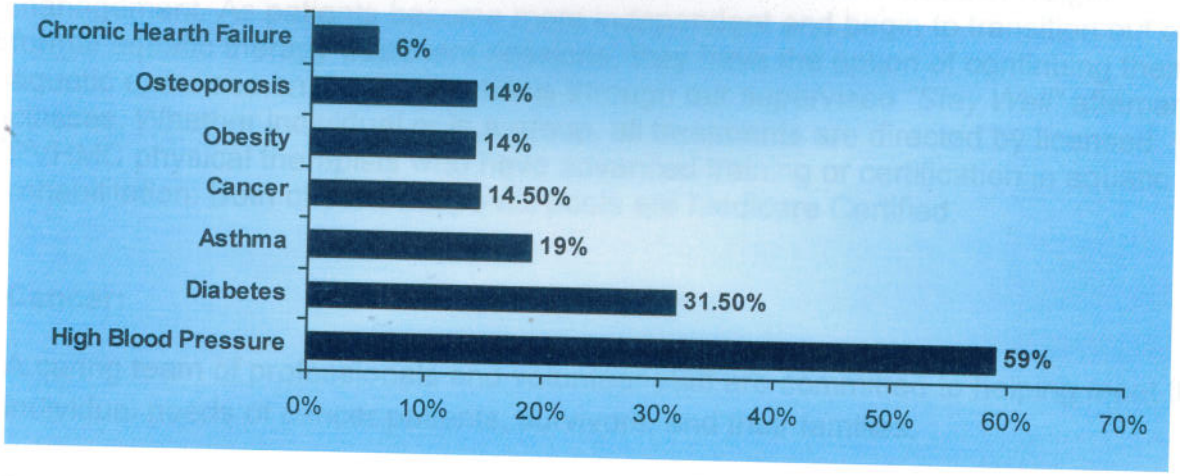
Pomona Valley Hospital's vast efforts to promote community health serves as an opportunity to assist our community with issues like high blood pressure, diabetes, asthma, cancer, obesity, osteoporosis and chronic heart failure. These are the issues our community needs assessment demonstrated as the biggest health concerns for our community. We address and allocate our resources to serve the need of our entire community, focusing on those that are at risk and have the least access to the necessary services and care needed.

We reach out and meet our community's health needs through:

- Providing free and partial payment hospital services for those without the ability to pay or limited financial resources
- Reaching out to our local schools and community groups on the importance of health living
- Providing medical services in underserved areas through free and community based clinics.
- Providing yearly vaccinations and screenings to children and the elderly.
- Training health professionals like Family Practice residents and nursing students in order to meet the needs of the future.

Throughout this document we demonstrate the specific ways we serve our community as our commitment to improving their health status.

Based on the responses from our 2012 needs assessment, the table below demonstrates the chronic and/or ongoing health conditions most affecting our community.



Chronic Heart Failure:

Across the nation, heart failure is the leading cause of readmission for Medicare recipients with a rate of 27% (New England Journal of Medicine, April 2009). Our heart failure case managers, working closely with our nursing teams have significantly impacted the care of heart failure patient at PVHMC. With steadfast intervention, education and follow-up our 2012 30-day readmissions rate was only 6.5% compared to the national benchmark of 27%. Care coordination and education are key component in assuring our patients are positioned for a safe discharge home with the best outcomes. Discharge instructions and medication reconciliation contribute significantly to these outcomes. Over the last year our nursing team has made a difference; improving compliance with heart failure discharge instruction by 21%. Our efforts have been recognized by the American Heart Association *"Get with the Guidelines"* with a Gold Plus Award, signifying excellence in best practice care of heart failure patients. We are proud of the efforts we have made and continue to make for our patients.

Osteoporosis:

Recognizing that a woman faces unique health issues throughout her life, the department of Physical Therapy and Rehabilitation at Pomona Valley Hospital Medical Center has treatment options available for women of all ages. Our specialized approaches to problems such as lymphedema, urinary incontinence, frozen shoulder, fibromyalgia, and osteoporosis are structured to fit each woman's individual needs. Keeping an eye on wellness, we also offer *"Stay Well"* programs.

Obesity:

PVHMC offers aquatic therapy program in a warm water pool at two indoor facilities, including on-site at our Physical Therapy & Rehabilitation clinic inside the Pomona

Valley Health Center at Chino Hills, and at Ability First in Claremont, this program is ideal for arthritic and chronic pain patients, as well as those in need of weight management. As patients become more independent and begin to transition out of formal aquatic therapy treatment sessions, they have the option of continuing their aquatic exercises on a cash-pay basis through our supervised *"Stay Well"* aftercare classes. Whether individual or in a group, all treatments are directed by licensed PVHMC physical therapists who have advanced training or certification in aquatic rehabilitation. Both of our therapeutic pools are Medicare Certified.

Cancer:

A caring team of professionals and volunteer staff are committed to helping meet the individual needs of cancer patients, survivors, and their families.

The Robert and Beverly Lewis Family Cancer Care Center offers a comprehensive program of services from education and screening for the prevention of cancer, to state-of-the-art medical and radiation cancer treatment, with emotional support offered through all aspects of treatment. We treat the "whole patient and family," not just the disease of cancer.

Our dedicated Patient Care Coordinator and Social Worker guide our patients and their families through the cancer journey. From coordinating appointments to providing financial resources and sincerely listening and caring for them, they can rest assured that they will not be alone in fighting cancer. Our wide variety of support groups and wellness programs also help the patient cope during a stressful time.

Asthma:

The highly qualified, licensed Respiratory Care Practitioners (RCP) at) Pomona Valley Hospital Medical Center help our patients understand and manage their asthma.

Asthma is a chronic inflammatory airway disease that affects nearly 15) million children and adults in the United States. The incidence of asthma is rising and accounts for 470,000 hospitalizations annually. These hospitalizations result in lost days at work and absences from school. The Respiratory Care Practitioners at Pomona Valley Hospital Medical Center offer a complete and comprehensive asthma education class. The class follows the newest recommendations issued by the National Heart, Lung and Blood Institute of the National Institutes of Health. During the asthma education class our patients meet one on one with one of our RCPs to learn about:

- pulmonary physiology
- recognizing asthma symptoms
- Identifying "asthma triggers" (those allergens and irritants that cause asthma)

- Controlling asthma triggers
- Asthma medications
- What is a peak flow meter and why it is important to monitor peak flows
- Using a spacer with metered dose inhaler
- New asthma medications
- Asthma prevention
- Action Plans

These classes are offered free of charge. Classes are available in English and Spanish and can be scheduled in the morning or afternoon hours.

Improving Care for Diabetic Patients:

For many years the challenge with timing of early morning blood glucose testing and the timing of insulin administration has existed. Some of the challenges surrounding timing are the multiple tasks that need to be completed at the same time (change of shift reporting, blood glucose testing, intake and output, medication administration and patient assessments). Both the out-going shift and the in-coming shift have many competing demands for their time, adding to the complexity of what might seem to be a simple process.

In response to the complex issue, a Glycemic Management performance improvement process mapping exercise was completed looking at systems and processed affecting the care of the diabetic patient. The multidisciplinary team further engaged in a "Lean Six Sigma" performance improvement project which identified that it took an average of 110 minutes from Blood Glucose Point of Care Testing (POCT) to meal tray delivery and insulin administration. The industry guideline is to be at an average of 15 minutes between insulin administration and the patient starting to eat for fast acting insulin. We sought to improve the timing around this complex series of events that need to occur to meet our goal of availability of breakfast within 15 minutes of insulin administration.

One of our Med/Surg units was selected as the pilot project nursing unit for the PDMAI (Plan-Design-Measure-Assess-Improve) to improve blood glucose POCT to meal tray delivery and insulin administration for our diabetic patients. The team which included Nursing, Pharmacy, Food and Nutrition Services and Medical Staff leadership embarked on a journey of practice change. The day and night shift nursing teams came together with a positive attitude and realigned duties to better serve the patient and provide the day shift with the needed time to do the new bundle duty of Blood Glucose POCT-Meal Tray Delivery & Insulin Administration. The bundle duty has been designed

by the team and is performed by day shift. Night shift has taken on other duties from day shift.

Our current blood glucose POCT-Meal Tray Delivery-Insulin Administration time is down to 17 minutes from the original time of 110 minutes. The next steps for improvement are to expand the pilot practice change to other nursing units. Weekly meetings are held with bedside staff and other disciplines to continue the journey of success house wide.

High Blood Pressure:

A key component to risk factor modification is education. At the Stead Heart and Vascular Center we offer a Cardiovascular Education Series. It is very important for all of our patients to attend our classes and support groups. Most of the classes and group meeting are free or offered for nominal participation fee.

Patients and community members wanting to learn more about heart health or talk with others in a welcoming setting are encouraged to attend. Here is a listing of our ongoing classes and groups.

- Exercise – Participants will be taught training principles, the components of an exercise program, how to improve each component and the benefits of regular exercise.
- Nutrition – Three classes are offered in the area of nutrition. Members will learn about heart healthy eating, how fat and cholesterol impact the heart and vessels, describing and planning a balanced meal, and what the major nutrients do for the body and why we should consume them.
- Heart Disease – Most of the classes explain the major risk factors for heart disease. Attendees will learn which risk factors are modifiable and will be given tips on how to decrease specific factors.
- Hypertension – This class will educate those with hypertension or those at risk for developing hypertension, about pathophysiology, diagnosis and treatment of high blood pressure. In addition, members will receive instruction regarding stroke - the causes, signs/symptoms, and the methods of diagnosis and treatment of a stroke.
- Stress Management - The importance of stress management in the primary and secondary prevention of coronary heart disease will be taught in this class. Participants will learn what stress does to the entire body, both physically and psychologically, the heart and vessels specifically and will be given numerous tips on how to decrease and manage stress.
- Weight Management – Attendees will learn the importance of consuming a variety of nutrients and how to lose weight safely. In addition, members will be instructed in behavior therapy and altering the environment in which they live.

- Cardiac Support Group - This class allows adults with cardiac disease, or those at risk of cardiac disease, to share their feelings, needs and concerns with other cardiac patients who may be experiencing the same events. This is a proven therapeutic model for coping and achieving a faster recovery.
- Open Forum with M.D. – Patients or those at risk of cardiac disease freely ask questions regarding heart disease pathophysiology, diagnosis, treatment, medications and cardiac rehabilitation.

Pomona Valley Hospital Medical Center considers it important for community partnerships working cohesively to create a healthy and active community. We offer a wide range of services and outreach initiatives to assist our population with health problem prevention and the importance of early detection. We are fortunate to have collaboration with many community groups including but not limited to:

- Pomona School District
- Los Angeles County of Public Health
- Large employers
- Youth organizations
- Kids Come First
- City of Pomona
- City of Chino
- City of Claremont
- City of Chino Hills
- SPA 3 Health Planning
- Community Centers, Community based organizations and churches

On the following pages we list additional classes and services offered by PVHMC in order to meet the needs of our community. Our ongoing commitment to the response from our needs assessment will include how we can improve upon the promotion of these many classes offered.

PVHMC ONGOING CLASSES *and programs*

Women's and Children's Services

Some classes are available at our Chino Hills and Claremont locations. Registration is required for most classes. Call 909.865.9858, e-mail ferc@pvhmc.org or register online at https://resources.pvhmc.org/ceii_web/class/default.asp.

FOR PREGNANT WOMEN

Maternity Orientations

- Every Wednesday and every other Monday at 6:30 pm and one Saturday at 8:30 am
- Orientaciones en español disponibles dos veces al mes
  (Por favor llame para más detalles)

Childbirth Preparation Classes

- Five-week series (Tuesdays, 6:30 – 9 pm)
- Weekend Express (one Saturday & Sunday or two consecutive Sundays, 9 am – 1 pm)
- One-day class (once a month: Thursday or Friday, 6 – 9 pm or Saturday, 1 – 4 pm)

Cesarean Birth Preparation (every other month, Friday, 6:30 – 8 pm)

Baby Express (basics of baby care)

- Two-evening class (two consecutive Thursdays, 6:30 – 9 pm)
- Saturday class (9 am – 3 pm)

Breastfeeding Class (one Thursday a month, 6:30 – 8:30 pm)

Breast Milk Expressions (one Tuesday a month, 6:30 – 8:30 pm)

FOR NEW MOTHERS

Mommy 'N Me Group (every Wednesday, 9 – 10 am for babies 9 – 18 months and 10 – 11 am for babies 0 – 9 months). No registration required.

FOR DADS OR DADS-TO-BE

Boot Camp for New Dads (one Saturday a month, 9 am – noon)

Dr. Dad (one Saturday each quarter, 9 am – 3 pm)

FOR CHILDREN

Big Brother Big Sister Class (one Saturday a month, 10 – 11:30 am)

Safe Sitter Class (two-day class). Call for date and time.

FOR PROSPECTIVE PARENTS/FAMILY/FRIENDS

CPR (one Saturday a month, 9 am – noon – this is a non-certified class)

FOR WOMEN

Every Woman's Journey (monthly, at Chino Hills and Claremont). This free program offers women timely topics on health and wellness. To be added to our mailing list, please call (909) 865-9858.

POMONA VALLEY HOSPITAL
MEDICAL CENTER
Expert care with a personal touch

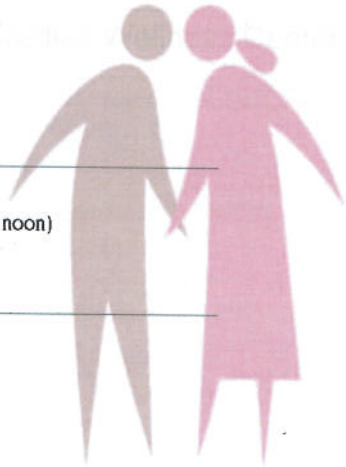
PVHMC ONGOING CLASSES *and programs*

The Robert and Beverly Lewis Family Cancer Care Center

All programs are free and registration is not required (except for Look Good...Feel Better and for a wig fitting). Call 909.865.9907 for questions and to confirm meeting day/time.

FOR WOMEN

Breast Cancer Support Group (fourth Monday of each month, 7 – 8:30 pm)
Breast Prosthesis Display (fourth Monday of each month, noon – 1:30 pm)
Look Good...Feel Better in conjunction with the American Cancer Society (fourth Monday of each month, 10 am – noon). Pre-Registration is REQUIRED. Call 800.227.2345.
Women with Cancer Support Group (second Monday of each month, 7 – 8:30 pm)
Wig Program (for women undergoing cancer therapy. Call 909.865.9907 to schedule an appointment)



FOR THOSE WITH CANCER AND THEIR LOVED ONES

Leukemia/Lymphoma/Myeloma Support Group (first Wednesday of each month at noon)
Pomona Valley Ostomy Association (fourth Monday of each month, 7 – 8:30 pm)
When Cancer Enters Your Life (first Thursday of each month, 6 – 7:30 pm)

FOR ANYONE

Bereavement/Loss Support Group (every Tuesday and Wednesday, 7 – 8:30 pm)
Creative Imagery & Deep Relaxation (every Tuesday, 10 – 11:30 am)
Integrated Wellness Arts (every Wednesday, 9:30 – 11 am)
Meditation for Everyone (second Tuesday of each month, 2 – 3:30 pm)
Stretch & Yoga (every Monday at 3 pm, Wednesday at 11 am and Thursday at 5 pm, except the first Thursday of each month)
Patient/Community Library (open Monday – Friday, 8 am – 5 pm)

The Stead Heart and Vascular Center

Educational topics focus on reducing the risk of having or repeating a cardiac event. Held in conjunction with the Physical Therapy and Rehabilitation department. Reservations are required. Call 909.865.9500 (x2032) for questions, reservations and to confirm meeting day/time.

FOR ANYONE

Risk Reduction Class (every Tuesday, 11:30 am – 12:30 pm. Lunch provided)

POMONA VALLEY HOSPITAL
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Master Plan 2013- 2015

In addition to the programs currently being offered, years of planning will culminate in expanded facilities to care for the changing healthcare needs of the community. For the next three years, Pomona Valley Hospital Medical Center will embark on the first phase of an expansive master plan to add beds, increase services and improve the patient and visitor experience. This transformation will increase capacity and ensure quality healthcare for generations to come.

Projects

- Outpatient Pavilion
- Emergency Department Expansion
- Main Entrance and Lobby Renovation
- Neonatal Intensive Care Unit (NICU) Expansion
- New, larger Physical Therapy Department and Stead Cardiac Wellness Center

Highlights

- 5 Additional Operating Rooms
- 20 Pre & Post-Surgical Bays
- 24 Additional Medical/Surgical Beds
- Additional Telemetry Beds
- New Pre-Operative Testing Center
- 23 Additional Emergency Beds
- 12 Additional Intensive Care Beds
- Additional NICU Beds
- Increase Private Rooms
- Increase Emergency Department Parking

PVHMC – **Outpatient Pavilion**

1/24/2013

Community Benefit Activities and Programs

Measuring outcomes of community benefit activities and programs may not always tell the true story of community benefits; doing something that makes a difference in the lives of the people in our community. We have organized our hospital's community benefit activities and programs into five different areas:

- Emergency Care Services
- Women's and Children's Services
- Ambulatory Services
- Ancillary Services
- Outreach Services

Within each of these areas, the following major categories were used based on the new Schedule H of the Internal Revenue Service (IRS) Form 990:

1. **Community Health Improvement Services:** community health education, community based clinical services, health care support services;
2. **Health Training (Education) Programs**: physicians/medical students, nurses/nursing students, other health professions education,
3. **Scholarships/funding for professional education**;
4. **Subsidized Health Services**: emergency services, subsidized continuing care;
5. **Research**;
6. **Financial and In-Kind Contributions**; and,
7. **Community Building Activities**: community support, environmental improvements, coalition building, and workforce development.

The examples you will find in this report will serve to highlight what we feel are our true successes, whether they affected hundreds of community residents or impacted only one; whether they required thousands of dollars, or were free of cost – they are insights into an organization and a community actively involved in improving the health status of residents living in the Pomona Valley.

Emergency Care Services

The following activities are some of the community benefits within Emergency Care Services:

SUBSIDIZED HEALTH SERVICES

Emergency Department

Full Service ED Back-Up Call Panel

PVHMC provides physician coverage in the Emergency Department in the following specialties: Adult Medicine; Cardiology; Ear, Nose, and Throat (ENT); General Surgery; Neonatal Intensive Care Unit-Ophthalmology; Neurosurgery; Ophthalmology; Orthopedic Surgery; Urology; and, Vascular Surgery.

ED Paramedic Base Station

As a part of the PVHMC Emergency Services mission to provide quality comprehensive care to our community, we operate one of the 20 remaining **Paramedic Base Stations** in Los Angeles County. The PVHMC Base Station operates under the regulatory control of the Los Angeles County Emergency Medical Services Agency. We provide services to our surrounding communities including: Pomona, Claremont, La Verne, San Dimas, Diamond Bar and parts of Walnut. PVHMC has been a base station since July, 1979.

The Base Station is manned by specially trained nurses, Mobile Intensive Care Nurses, certified by Los Angeles County. This vital component of patient care provides emergency care givers in the field (Paramedics and Emergency Medical Technicians) with a direct link to the ED, allowing direct contact with the Mobile Intensive Care Nurse, and if necessary the ED Physician. The ED staff is better prepared for the imminent arrival of a critically ill or injured patient, recognizing potential problems early or redirecting the paramedics if necessary to another more appropriate facility such as a Trauma Center or other specialty center.

Case Management

Ambulance Transports

Provided appropriate level of ambulance service to home, to another acute care facility or skilled nursing facility to meet the indigent or underinsured patient's continuing medical needs. About 140 persons served.

COMMUNITY BUILDING ACTIVITIES

Every 15 Minutes

This program educates high school students of the dangers of drunk driving. It involves local fire and police departments, ambulances, schools, students, families and Pomona Valley Hospital Medical Center. A drunk-driving accident is simulated outside of a high school's premises with a teenager driver and students acting injured and killed. The Grim reaper enters the classroom every 15 minutes and escorts a student out. This symbolizes the fact that every 15 minutes someone is killed by a drunk driver. About 1,000 students served.

Emergency Department

Disaster Resource Centers (DRC)

Pomona Valley Hospital Medical Center is a one of thirteen (13) designated **Disaster Resource Centers (DRC)** in Los Angeles County as part of the National Bioterrorism Hospital Preparedness Program (NBHPP). As the DRC for the region, PVHMC is responsible for eight (8) to ten (10) 'umbrella hospitals'. PVHMC has coordinated drills, training, and sharing of plans to bring together the community and our resources for disaster preparedness.

Emergency Department Approved for Pediatrics (EDAP)

Our Emergency Department has been designated by Los Angeles County as an ED Approved for Pediatrics (EDAP). The EDAP rating recognizes that PVHMC provides specialized emergency care that can greatly improve outcomes for young patients. Our Pediatric Transport Unit stands ready 24-hours-a-day to transport critically ill or injured children to PVHMC for care in our ED or in our Pediatric Intensive Care Unit.

Safe Surrender

The Safe Surrender program began in August, 1996 by a woman named Debi Faris who obtained permission to take custody of the remains of abandoned and unwanted newborns by giving them a name and a dignified burial. This place became known as the "Garden of Angels" and to date, 46 markers symbolize the work of Ms. Faris. From this beginning, Ms. Faris realized there was a crisis in our society that deserved immediate attention. Senator James Brulte was approached and immediately the Senator created a bill, Senate Bill 1368, which became known as the Newborn Abandonment Prevention Law. This law became effective in California on January 1, 2001. The law states that a parent of a newborn less than 72 hours of age can relinquish their baby anonymously and without the fear of criminal prosecution, to an employee at any hospital emergency department within the state of California.

Safe Surrender started as a dream and became a reality for Pomona Valley Hospital Medical Center when two Emergency Department nurses began the task of creating the

concept, presenting it for approval and building what now stands as a symbol of life today. It was recommended that a separate receptacle be created in order to ease the fears of a parent in relinquishing their baby in front of many others in a crowded ED. The receptacle is 60" high by 40" wide by 24" deep and is mounted on the south-facing exterior wall of the ED. When a newborn is placed in the bassinet and the door is closed, and an alarm sounds alerting a nurse to retrieve the newborn. To ensure there are no mechanical issues with the system, a check is performed throughout the day to ensure an infant has not been placed inside. To date, Pomona Valley Hospital Medical Center has had three (3) newborns surrendered and we continue to prepare ourselves for future opportunities to save a life, which is basic to our mission and vision. The program has been shared with local schools and community programs; however, the need to increase awareness is crucial to the ongoing success of the program.

Women's and Children's Services

PVHMC values the medical care provided to women and children. In 2012, **PVHMC was ranked 3rd in California, 2nd in Southern California, and 1st in Los Angeles County** for our number of deliveries, 6,917, according to the most recent data from the Office of Statewide Health Planning and Development (OSHPD).

The Women's Center, which opened in 1992, offers single rooms for mothers giving birth, and classes in demand including infant/child CPR in both English and Spanish. The Family Education and Resource Center offers Physician Referral Services to anyone in the community seeking referrals to primary care physicians and specialists at no cost to them.

PVHMC is proud to be a pioneer in the state of California, celebrating 18 years of Maternal-Fetal transports, one of six in the state. Neonatal transport services have been serving our region since 1978, offering 34 years of dedication. Our emergency transport services are available 24-hours-a-day to transport high-risk pregnant women and critically ill newborns. Transport teams (physician specialists, registered nurses and respiratory therapists) are trained to quickly assess and stabilize the patient's condition for transport, and our specially designed and equipped vehicles ensure patients receive the best care possible.

The following activities are some of the community benefits within Women's and Children's services:

SUBSIDIZED HEALTH SERVICES

24/7 Inhouse Obstetrics (OB) Services

An invaluable service to the community and supporting our community Obstetrics/Gynecology physicians, our hospital has 6 participating Laborists (hospital-based OB/GYN physicians) with 24/7 coverage for deliveries.

COMMUNITY HEALTH IMPROVEMENT SERVICES

Women's and Children's Services at Pomona offers extensive and continuously expanding education programs tailored to meet a variety of special needs. Classes are open to all expectant parents, regardless of where they plan to deliver their baby.

Family Education and Resource Center

Childbirth Preparation Class

Information on physical and emotional aspects of the labor process. Offered in a 5 week series or a one-day course. This class is designed to prepare the parent with hands on learning, comfort and breathing techniques, parenting, CPR, and the role of the support person. 638 persons were served.

Baby Express

Designed to help parents get ready for the new baby experience. Education includes baby care, health, safety, and the "Happiest Baby" class which aims to teach new parents techniques to calm and soothe a baby. 139 persons were served.

Boot Camp for Dads

A unique workshop designed to provide education to new dads. Boot camp veterans return with their 2-3 months old infant and give soon-to-be dads tips and support to head in the right direction with their new family. 87 persons were served.

Mommy n' Me

Education and activities for moms with infants, birth to 6 months of age. Participants join other mothers to share and compare ideas, experiences, and information. 310 persons served.

Breastfeeding Class

Expectant parents receive current information about breastfeeding. 258 persons were served.

Breastfeeding Clinic

Our free 4 day-a-week clinic is open to breastfeeding mothers and provides education, emotional support, pump rentals, and problem-solving techniques for successful breastfeeding. A lactation consultant is on hand to assist with their needs. 611 persons were served.

Your Cesarean Class

Question and answer sessions provide information to prepare families for what to expect during their special delivery. 42 persons were served.

Infant/Child CPR

This class provides infant/child Cardiopulmonary Resuscitation (CPR) skills for parents, grandparents and babysitters. Additional education provided on choking prevention how to handle other emergencies; also available in Spanish. 267 persons were served.

Every Woman's Journey

Women's education lecture series with topics appropriately changing monthly to encourage a healthy lifestyle. 152 persons were served.

Maternity Orientation

A tour and orientation expectant parents to help them get acquainted with our labor, delivery, recovery, and postpartum units. Tours are also offered in Spanish. 1,763 persons served.

Big Brother/Big Sister

Children, three to six years of age, are prepared for their first meeting with the new baby in the hospital and learn to help care for him/her at home. 70 persons served.

SafeSitter

Babysitting class to teach adolescents safe babysitting techniques. Students receive hands on practice in basic lifesaving techniques and education is provided on child development and age-appropriate activities. 106 persons served.

Having a Healthy Baby

Support and education offered for the uninsured pregnant population. Services designed with the goal of getting pregnant women enrolled in presumptive eligibility, Medi-cal, and entry into early prenatal care. Additional services are provided for nutrition, health, emotional support, and psychosocial interventions for women and their families through every stage of their lives.

▫ ***Support for NICU Parents*** ▫

The Caring Connection

A support network for parents and families while their babies are in the Neonatal Intensive Care Unit (NICU), and even after they have gone home. Trained nurses and social workers offer parents emotional support, guidance, information and community resource referrals. This group is also offered in Spanish.

▫ ***Support for Bereaved Parents*** ▫

Helping Hands

A support network that helps families touched by grief following the loss of an infant or child. Trained counselors and parents who have been through the same experience provide information, guidance and emotional support.

Walk to Remember

Each October during National Perinatal Bereavement Month, Helping Hands invites families who have experienced the loss of an infant or child to participate in a "Walk to Remember". The evening includes an inspirational program of sharing, a memorial service and a candlelight walk. 250 persons served.

Memorial Wall and Garden

Those families who lose an infant or child often feel the need to do something special in their memory. The Memorial Wall offers a way to give lasting tribute by having a child's name permanently etched on one of the wall's granite tiles. A garden, with colorful flowers and a fountain, provides a quiet spot for meditation.
There is no charge to the community to participate in the Women's and Children's Services support groups. A small fee is charged for engraving a child's name on the Memorial Wall.

HEALTH PROFESSIONS EDUCATION

Family Education and Resource Center

Perinatal Symposium

Labor and Delivery and Neonatal education for the medical community (physicians and nurses). Education topics include management of various clinical situations that arise in practice with emphasis on optimizing the outcome for mother and infant. About 629 persons served.

Ambulatory Services

Our Ambulatory Services include:

- The Robert and Beverly Lewis Family Cancer Care Center
- Pomona Valley Health Center - Chino Hills
- Pomona Valley Health Center – Crossroads
- Pomona Valley Health Center - Claremont
- Regional Kidney Stone Center
- Sleep Disorders Center
- Stead Heart and Vascular Center
- Family Health Center

Activities and programs offered by PVHMC's Ambulatory Services to the community include:

COMMUNITY HEALTH IMPROVEMENT SERVICES

The Robert and Beverly Lewis Family Cancer Care Center

The Robert and Beverly Lewis Family Cancer Care Center, a part of PVHMC, has been helping our community battle cancer since 1993. Located in a quiet, residential neighborhood a few blocks from the main hospital campus, the Center provides a variety of outpatient services, including community education classes, diagnostic tests and screenings, chemotherapy, radiation oncology, wellness programs, counseling and other cancer-related programs.

The Center is staffed by cancer specialists, trained to provide the most sophisticated, technologically advanced cancer care available, in a non-threatening, homelike atmosphere. Each person's individual situation is discussed at a weekly pre-treatment and planning conference. This allows the knowledge of several specialists to come together for a unique, collective and individualized approach towards the care of our patients.

We make every effort to keep our patients fully informed so that they are involved every step of the way. We never forget that we are dealing with people – not just a disease.

Living Well After Cancer

An exercise program for cancer survivors that involves the staff of the Cancer Care Center, PVHMC's Physical Therapy department, and the Claremont Club, and supported by the Oak Tree Charitable Foundation in Arcadia, California. This program is targeted to aid in the rehabilitation after cancer treatment and to improve fitness levels to live a better quality of life. 50 persons served.

Health and Wellness Fairs, Forums and Events, Speaking Engagements, and Celebrations (e.g. Survivor's Day)

About 2,268 persons served.

Patient Workshops

Education to help with nutrition, side-effect management, and ways to heal during cancer treatment. Help is designed to improve the quality of life during treatment, through workshops like Laughter Yoga, Non-Hodgkin's Lymphoma Update and Peaceful Practices. About 14 persons served.

Patient and Community Library

Books, periodicals, pamphlets, and videos/DVD's/CD's on cancer-related topics are available to patients and family members at this library, as well as internet access.

Publications

About 250 persons utilize the cancer care publications:

▫ *Quarterly Newsletter* ▫

Quarterly newsletter provides information and education to the public regarding availability and access to social and health services.

▫ *Annual Report* ▫

An annual report provides updates on diagnosis and treatments. Statistics comparing PVHMC to the Nation Cancer Database are shown along with survival data.

Support Groups

Multiple support groups and wellness programs are offered to meet the needs of the community and to aid them through their diagnosis, treatment, and recovery. 4,393 total persons served through the following cancer care support:

▫ *Individual Support* ▫

The following support persons are available: Breast Health Program Nurse for any concerns regarding a breast cancer diagnosis, Lung and GI Patient Care Coordinator for any concerns regarding a lung or colorectal cancer diagnosis, and Social Worker for general counseling.

▫ *Women's Support* ▫

Breast Prosthesis Display

For women seeking information on breast prostheses, bras and lingerie, this activity is made available with the support of the American Cancer Society.

Breast Cancer Support Group

This group meets to discuss all issues related to breast cancer, and is led by a Breast Health Program Nurse.

Women With Cancer

A support group for all women with all types of cancer meets to address their needs.

Look Good...Feel Better

The focus is on the personal appearance of women who have experienced radiation or chemotherapy. Skin care and makeup techniques are presented along with a free makeup kit. Sponsored by The American Cancer Society.

▫ *Emotional Support* ▫

Pomona Valley Ostomy Association

Education and mutual support for "ostomates."

Leukemia/Lymphoma Support Group

Support and education for people with leukemia, Hodgkin's disease, lymphoma and multiple myeloma.

Bereavement/Loss Support Group

This support group is for anyone who suffered the loss of a loved one or who experienced the grieving process, and is open to family members and friends.

When Cancer Enters Your Life

A sharing support group for everyone; a cancer patient, a relative, friend, loved one, or co-worker affected by someone with cancer.

▫ *Wellness Programs* ▫

Creative Relaxation and Guided Imagery

Focused on learning the basics of progressive relaxation and guided imagery. These skills can be important in the healing journey throughout the cancer experience.

Integrated Wellness Arts

Each meeting focuses on the creative arts to aid in healing (Journaling, T'ai Chi, Art).

Stretch and Yoga

This wellness program, opened to the community, and for all fitness levels to become more flexible, to gain strength and to improve circulation. It is great for improving fitness level, especially with patients going through cancer treatment.

Pomona Valley Health Center – Chino Hills

In order to maintain the health of the rapidly growing cities of the Chino Valley, two primary health care center locations offer nationally recognized medical services to this neighborhood. Our **Pomona Valley Health Center at Chino Hills** (PVHC-CH) and **Pomona Valley Health Center at the Crossroads** (PVHC-CR) are both affiliated with Pomona Valley Hospital Medical Center (PVHMC) and provide patients with access to the top medical services in the region.

Equipped with state-of-the-art medical equipment and staffed by highly experienced, compassionate physicians, nurses and other caregivers, Pomona Valley Health Centers are the region's leading centers of patient care, enhancing the quality of life in the thriving Chino Valley for years to come. The separately licensed Urgent Care Center and Family Practice is just one more example of our continuing commitment to providing health care to its surrounding communities.

Health and Wellness Fairs

Community based health and wellness fairs to educate and promote the accessibility and availability of medical services.

Sleep Center

As an Accredited Member of the American Academy of sleep Medicine (AASM) for more than twenty years, our sleep center located in the Pomona Valley Health Center at Claremont is a multi-disciplinary specialty clinic that provides diagnosis and treatment for people of all ages experiencing problems with poor sleep. We take a comprehensive approach to treating all sleep problems, including: snoring, sleep apnea, insomnia, restless legs, narcolepsy, fatigue, excessive daytime sleepiness, sleep behaviors such as sleep walking and adjustment to shift work. The Center provides both in-lab and at-

home sleep study services for the diagnosis and monitoring of sleep-related disorders. An in-lab sleep study involves an overnight stay in one of our comfortable, specially equipped patient rooms. In addition to comprehensive diagnostic services, PVHMC's Sleep Disorders Centers offer the most advanced treatment modalities available. Treatment for sleep disorders may include: Continuous Positive Airway Pressure (CPAP), drug therapy, the use of dental prostheses and testing of oral appliance efficacy with the use of specialized mandibular advancement titration test, and surgical referrals among other procedures and therapies. We also have sleep disorder support groups that provide ongoing emotional support and educational services for patients and their families.

Awake Meeting

Education to the community on new CPAP (Continuous Positive Airway Pressure) masks, machines and accessories. Current CPAP users are offered help and information about proper usage. About 105 persons served.

Family Health Center-Pomona

Family Practice Residency Program

Provides help with resident's performance and operational efficiency in order to increase access to primary care services for the underserved, Medi-cal population. Operations include Portable Wellness Clinic visits. 11,897 persons served through this program.

Stead Heart and Vascular Center (SHVC)

Pomona Valley Hospital Medical Center is a **STEMI Receiving Center** in both Los Angeles and San Bernardino Counties. PVHMC became the first hospital in the region with dual county designation. An acute heart attack caused by blood clots is called an ST-Elevated Myocardial Infarction, or STEMI. Without rapid angioplasty, heart muscle is permanently damaged. In order to qualify for this designation, hospitals are required to provide angioplasty treatment in less than 90 minutes. Currently, PVHMC averages 50-minute door-to-balloon times, ranking in the top 5 percent nationally.

Community Health Education

Chronic lifestyle disease education in the community including heart disease, vascular disease, diabetes, exercise, weight management, stress management and healthy lifestyles.

Diabetes Education

Diet education, medicine education, disease management are provided. About 200 persons served.

Stead Heart for Women

Education, support, and resources for women's health, especially regarding heart disease and stroke prevention. 100 persons served.

LA County Office of Women's Health Planning

To provide disease statistics and community outreach, SVHC coordinates with ABC 7 to publish "Women's Health" Brochures. Brochures provide vital information and access to screenings and education on high risk diseases and symptoms for stroke, heart disease, diabetes, menopause, cancer, pregnancy, osteoporosis, and others in order to bring awareness and disease prevention in the female population of Los Angeles and surrounding counties. About 850 persons served.

Community Health Fairs

Blood pressure, education, diabetes awareness, and consultations are provided to attendees. Information, literature, and non-invasive health screenings are also provided. SVHC offers follow-up by phone and mail to attendees with additional questions. The health fairs provide information to the local community about what SVHC offers, and in return SVHC is able to receive first-hand information about what the local community may need but are not yet offered. About 470 persons served.

Cardiovascular Education Series

A key component to risk factor modification is education. It is very important for all of our patients to attend our classes and support groups. Patients and community members wanting to learn more about heart health or talk with others in a welcoming setting are encouraged to attend. Classes are offered weekly. Education is focused on the following:

EXERCISE – Participants are taught training principles, the components of an exercise program, how to improve each component and the benefits of regular exercise.

NUTRITION – Members learn about heart healthy eating, how fat and cholesterol impact the heart and vessels, describing and planning a balanced meal, and what the major nutrients do for the body and why they should consume them.

HEART DISEASE – Most of the classes explain the major risk factors for heart disease, which risk factors are modifiable and tips are given on how to decrease specific factors.

HYPERTENSION – This class educates those with hypertension and at risk for developing hypertension, about pathophysiology, diagnosis and treatment of high blood pressure. In addition, members receive instruction regarding stroke - the causes, signs/symptoms, and the methods of diagnosis and treatment of a stroke.

STRESS MANAGEMENT – The importance of stress management in the primary and secondary prevention of coronary heart disease is taught in this class. Participants learn what stress does to the entire body, both physically and psychologically, the heart and vessels specifically and are given numerous tips on how to decrease and manage stress.

WEIGHT MANAGEMENT – Attendees learn the importance of consuming a variety of nutrients, how to lose weight safely, and are instructed in behavior therapy and altering the environment in which they live.

CARDIAC SUPPORT GROUP – This class allows adults with cardiac disease, and at risk of cardiac disease, to share their feelings, needs and concerns with other cardiac patients who experienced the same events. This is a proven therapeutic model for coping and achieving a faster recovery.

OPEN FORUM WITH PHYSICIAN – Patients at risk of cardiac disease are able to freely ask questions regarding heart disease pathophysiology, diagnosis, treatment, medications and cardiac rehabilitation.

Heart Failure Education and Awareness

A series of free Heart Failure Education and Awareness classes are offered to help people recognize risk factors, signs and symptoms of heart failure.

Each monthly class covers a different topic ranging from medications, diet and exercise, mental wellness, advanced care and family support. Participants are encouraged to attend each of the classes in the series. About 1,100 persons were served.

HEALTH PROFESSIONS EDUCATION

The Robert and Beverly Lewis Family Cancer Care Center

Professional Training

These seminars include explanation and updates from our Lung and GI (Gastrointestinal) Cancer teams. About 34 professionals were served.

Stead Heart and Vascular Center (SHVC)

Parish Nurse Program

Education and training for clinical and non-clinical support staff.

RESEARCH

The Robert and Beverly Lewis Family Cancer Care Center

The Robert and Beverly Lewis Family Cancer Center advances medical science while offering the community cutting-edge therapy. Clinical trials are currently in progress in the areas of:

- Breast Cancer
- Gastrointestinal Cancers
- Head and Neck Cancers
- Lung Cancer
- Symptom Management
- Prostate Cancer

The center's physicians are able to offer patients the most current treatment available through their participation in various types of clinical research studies. New trials are constantly opening and closing enrollment.

For more information regarding oncology clinical trials, please ask your physician or contact the Clinical Trials Coordinator at (909) 865-9555 extension 287

CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS

The Robert and Beverly Lewis Family Cancer Care Center

Wig – Program

Wigs are available, free of charge, for women who have lost their hair as a result of cancer therapy. 148 persons were served.

COMMUNITY BUILDING ACTIVITIES

Stead Heart and Vascular Center (SHVC)

Community Senior Services Board

Meetings directed at addressing and better understanding the needs of our senior community, including risk factors.

Ancillary Services

Pomona Valley Hospital Medical Center's Ancillary Services include:

- Case Management, Social Services, and Chaplain Services
- Education
- Epidemiology and Infection Control
- Administration
- Marketing & Public Relations
- Patient Relations & Risk Management
- Pharmacy
- Food and Nutrition Services
- Physical Therapy
- Respiratory
- Medical Library
- Volunteers

COMMUNITY HEALTH IMPROVEMENT SERVICES

Case Management

Social Work Services

Discharge planning and community resources for underinsured and uninsured persons beyond routine discharge planning; indigent/medical patients evaluated by psychiatrist for treatment and diagnosis; and clothing provided to homeless patients.

Education Department

Hands Only CPR

The Hands Only CPR program is a one-day event that provides basic hands-on CPR training to individuals in the community. Using the American Heart Association's Family & Friends CPR Anytime kit; which includes a demonstration manikin and training video, PVHMC Education and Emergency Department staff spent one day at various locations in the community teaching the layperson life-saving cardiopulmonary resuscitation.

Epidemiology and Infection Control

Community Education

Information on infection control awareness, flu season and cough etiquette to the fire and police departments in the community. Information to the community on Methicillin-resistant Staphylococcus aureus (MRSA), hand hygiene and demonstration, and home cleanliness.

Food and Nutrition Services

Community Nutrition Programs

Support for community through nutrition programs such as Senior Nutrition, prostate cancer forum, diabetes workshop, healthy eating, and ostomy support. 241 persons served.

Marketing and Public Relations

Community Health Fairs and Events

Provides health information to the community via local health fairs and events, and proactively brings "PVHMC to the community".

American Health Journal

A televised educational series featuring health lectures from specialty physicians in the community. Approximately 50,000 viewers during 201

Hospital Information

To keep our community informed about PVHMC, current and essential hospital information is displayed for every visitor of PVHMC. Information displayed includes patient rights, hospital regulations, where to address concerns, facility maintenance, and upcoming community event

Hospital Website

PVHMC's website is designed to inform the public of all services, programs, classes and special events that take place at PVHMC. With this tool the local community can access information 24/7, and provides a place to submit requests for additional information. Requests are linked directly to PVHMC staff. The website hosted approximately 10,000 viewers in 2012.

Hospital Tours

PVHMC provides tours to community residents interested in learning more about the hospital and the health services available to them.

Speakers Bureau

A free community service whereby the Hospital provides speakers to community groups (i.e., Rotary, Kiwanis, The Ostomy Group) and employer-based audiences on a variety of health-related topics. Speakers include clinicians, dietitians, administrators, and health exercise physiologists. 2,132 persons were served.

Food Drive

An annual hospital wide food drive to benefit the local homeless shelters and food pantries

Patient Relations

Transportation Services

Provide taxi vouchers to needy patients/families to assist with transportation to home and/or other facilities. 791 persons served.

Pharmacy

Medications for those unable to pay

A transition supply of medications for patients who cannot pay or are uninsured, particularly children and the homeless in the Emergency Department and those appropriate for hospital discharge. 901 persons served.

Community Presentations

Presentations on the safe use of OTC (Over the Counter) non-prescription medications.

Physical Therapy

Sports Medicine Series

This program provides Support, Education, and Services to local schools through the utilization of the Sports Medicine Clinic (SMC) resources.

1. SUPPORT of local athletic trainers who need additional assistance with event coverage are provided through the SMC's network of Certified Athletic Trainers.

2. EDUCATION for athletes, coaches, and athletic trainers, including guest lecturers who speak on different topics from training, psychology and nutrition to injury identification, treatment and management. This long running lecture series, co-sponsored with the PVHMC Physical Therapy Department and California State Polytechnic University, Pomona (CPP), is able to provide needed NATA (National Athletic Trainers' Association) Continuing Education Units to Certified Athletic Trainers.

3. SERVICE to the local athletic community is provided through sports clinics on performance enhancement and injury prevention for athletes. Pre-participation Sports Physicals are provided to student athletes at local schools (Bonita High School, Charter Oak High School, Chino Hills High School, Claremont High School, Damien High School, San Dimas High School, Walnut High School). *Long-time partners with Cal Poly Pomona Athletics, the SMC provides athletes with injury assessment and rehabilitation, and advice to the athletic training staff. In addition, the SMC physicians serve as team doctors for CPP Athletics, as well as for several local high schools.*

Cancer Support

Living Well After Cancer program which includes screenings and recommendations for gym conditioning program. 60 persons served.

High School/College Pre-participation Sports Physicals

Provides physicals to student athletes. 644 persons served.

Community Balance

PowerPoint lectures with Question & Answer sessions that introduce balance and vestibular problems to senior citizen residents. 217 persons served.

Respiratory Services

Asthma Education

Our highly qualified, licensed Respiratory Care Practitioners (RCP) offer a complete and comprehensive asthma education class. The class follows the newest recommendations issued by the National Heart, Lung and Blood Institute of the National Institutes of Health. During the asthma education class, patients meet one-on-one with one of the RCPs to learn about:

- *Pulmonary physiology*
- *Recognizing your asthma symptoms*
- *Identifying "asthma triggers" (those allergens and irritants that cause asthma)*
- *Controlling asthma triggers*
- *Asthma medications*
- *What is a peak flow meter and why it is important to monitor your peak flows*
- *Using a spacer with your metered dose inhaler*
- *New asthma medications*
- *Asthma prevention*
- *Action Plans*

These classes are offered free of charge. Classes are available in both English and Spanish.

Smoking Cessation Program

Support for patients who wish to be "smoke-free". Provides education, support, and strategies for patients who are trying to quit smoking, as well as follow-up support for patients who are previously enrolled in the program.

Community Health Fairs

Los Angeles County Fairplex, local community health fairs, and pulmonary screening (forced exhalation into spirometer to calculate lung volumes) to provide lung volumes to the community. 35 persons were served.

Pulmonary Outpatient Program

This free program involves a moderate level of exercise that requires patients to have an order from their physician. Patients attend two 2-hour lectures given by a licensed Respiratory Care Practitioner (RCP). Topics included: Lung anatomy and physiology, self-management concepts, medications, spirometry values and preserving lung capacity, oxygen therapy, exercise and nutrition, breathing control and coughing techniques, and dealing with a chronic illness. 16 persons served.

Breathing Buddies Support Group

PVHMC offers, at no charge to the Senior population in Claremont, help and support for chronic lung disease with the latest health information, by reviewing their medications, and providing instruction (for example, on how to travel with oxygen). The group meets to discuss issues that affect their daily lives.

Volunteer Services

Volunteers at PVHMC help make a real difference in the lives of our patients and their families. We had a total of **968** volunteers (adults, college and high school students) in 2012 for a total of **95,595** hours of service. This translates to an estimated value of $2.5 million for the hospital based on a California rate (Source: Independent Sector). We are proud of our volunteers and the invaluable service they provide to our community.

Drive-Thru Senior Flu Clinic

Free flu shots are given to Senior citizens in a drive-thru setting so they do not need to get out and walk. Nurses who participate are from various departments of the hospital. 726 persons served

HEALTH PROFESSIONS EDUCATION

Education Department

Nursing Students Preceptorship

Senior nursing students work clinically with staff nurses in Medical/Surgical and Telemetry units. Approximately 100 students were served.

Clinical Experience for Nursing Students

The Education Department offers clinical experience for Nursing students from community colleges, and universities (public and private). Instructors from the Education Department are oriented on how to competently supervise in clinical areas and assist in orienting these Nursing students.

Family Medicine Residency Program

The FMRP is a three-year residency program training 6 physicians in each year of residency. The program also provides the following training:

Nurse Practitioner Training

Training at the Family Health Center to Nurse Practitioner students from Western University of Health Sciences and other colleges.

Medical Student Clerkships

Inpatient clerkships for medical students from Western University of Health Sciences and Family Health Center clerkships for medical students from the David Geffen School of Medicine at the University of California, Los Angeles (UCLA).

Food and Nutrition Services

Dietetic Internships

Clinical and management site for Dietetic intern rotations to students from Cal Poly Pomona.

Dietetic Internship for Women, Infants, and Children (WIC)

Clinical, food production, administration/management training for ROP students.

Laboratory

Clinical Experience for Chaffey College Phlebotomy Students

Phlebotomy externships for students from Chaffey College

Medical Library

Medical Library Resources

All types of library services available to the community and to students in health-related programs. Print and online resources, reference and research assistance, guidance and instruction on research skills and evaluating information. Also, use of computers, copier, and meeting rooms are available. About 500 persons utilized this service.

Medical Staff Office

Continuing Medical Education (CME)

CME is provided in various scenarios at PVHMC to increase knowledge, performance, and competence of our physicians, residents, and associates. The most frequently attended is the Tuesday Noon Conference (3 of the 4 Tuesdays each month) at which medical staff members, hospital staff and physicians in the community are welcome to attend.
We also have Tumor Board conferences on Thursdays available to physicians at no cost to them.

Physical Therapy

Nursing Skills Fair

Instruction to nurses on proper and safe transfer and gait training.

Clinical Experience for Rehab (PT, OT, SP) Students

Provides orientation and training for Physical Therapy, Occupational Therapy, and Speech-Language Pathology Students in clinical areas. 14 persons served.
Family Practice Residency Training

Orientation of resident physician to physical therapy services and how to order appropriately. Residents also receive musculoskeletal assessment training and/or wound care observation. 15 persons served.

Physician Billing

Physician Billing Externship for Everest College Students

Adult students from Everest College complete their externship requirements at PVHMC.

Radiology

Chaffey College

Training facility for Radiologic Technology students.

Loma Linda University

Training facility for Ultrasound students and Nuclear Medicine students

Respiratory Services

Mount San Antonio College Students

PVHMC is a hospital-based training location for Respiratory Adult Intensive Care Unit (ICU) enrolled in the Respiratory Program at Mount San Antonio College.

San Joaquin Valley College Students

PVHMC is a clinic site for respiratory and nursing students from San Joaquin Valley College.

NICU Student Rotation

Rotation providing Respiratory Therapy students with clinical education relating to the diagnosis, assessment, and treatment of respiratory diseases in the neonatal population.

Volunteer Services

Chaplain Training

Clinical chaplain training and clinical chaplain experience for community ministers.

SUBSIDIZED HEALTH SERVICES

Case Management

Home Medication

Provide oral or parenteral medications as prescribed by the physician for home. This service ensures the continuing health care needs of the indigent or underinsured patient are met post discharge.

Durable Medical Equipment

Provide equipment such as walkers, wheelchairs, oxygen, glucometers, apnea monitors, beds, wound VACs (Vacuum Assisted Closure) or other durable medical equipment ordered by the physician. This benefit assists in the indigent or underinsured patient's recovery course at home.

Home Health Visits

Provide a visiting nurse to the indigent or underinsured patient's home to administer a service ordered by the physician. This service would provide treatment, medication or assessment of the patient's physical condition, and allows patients to continue their treatment at home, especially when their illness prevents them from getting care outside of that environment.

CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS

Administration

Donations

Donations to various local community service organizations such as the House of Ruth (provides services and assistance to victims of domestic violence), Project Sister (sexual assault crisis and prevention services), YMCA, Inland Hospice Association, Leroy Haynes Center for Children and Family Services (treatment and specialized services for emotionally troubled or abused children), and the Boys & Girls Club of Pomona Valley.

Human Resources

ROP Student Scholarships

Scholarships provided to ROP students for continuing education. 2 students received a scholarship.

Facilities

Donations

Providing the City of Pomona Homeless Charities with donations including furniture and computers.

Food and Nutrition Services

Meals on Wheels

Meals are provided to homebound members of our community. 10,396 persons served.

Marketing and Public Relations

Community Donations

Cash donations to local not-for-profit organizations such as the American Red Cross.

Annual Tree Lighting and Photos with Santa

During the December holidays, PVHMC hosts an event to light an outdoor Christmas tree for the community and provide free photos with Santa.

L.A County Half-Marathon

A community event whereby PVHMC was the provider of medical support and first aid during and after the races. Health information was also provided during the two-day health exposition. Approximately 4,500 persons served.

Volunteer Services

Children's Services

Provide comfort items to children (patients, visitors, siblings) including blankets, plush toys, games, pediatric toy box items, crayons, and coloring books. Donations are given to community agencies such as local Adopt-A-Family programs, Santa Claus Incorporated, and to local churches for holiday toy drives with items from Children's Services. 1,346 persons served.

Adopt-a-Family

Families that are either homeless, living in group housing, or are transitioning to permanent housing were adopted by PVHMC Associates through Inland Valley Hope

Partners to provide gifts of clothing, toys, homemaking products, and gift cards during the winter holidays. 18 families served.

Scholarships

The Auxiliary of PVHMC grants scholarships to high school and college volunteers that are pursing careers in the medical field. 13 students received a scholarship.

Infant Layette Sets

Infant layette sets are given to families in need for their new baby including clothing and blankets.

Car Seats

A safety rated infant car seat is provided to low income families with a newborn infant. 60 persons served.

COMMUNITY BUILDING ACTIVITIES

Administration

Coalition Building

Participation in community health groups such Los Angeles County Service Planning Area (SPA) 3 Health Planning Group Steering Committee and Specialty Care Coalition.

Physician Assistance Program

This program provides loans to new physicians in specialties identified as a need, to help them with starting their practices in our community. These physicians provide needed medical care to many of our Medi-Cal and indigent patients.

Education

Community Colleges and University Nursing Advisory Committees

The Education Department serves on the advisory boards as advisors to local schools (e.g., Chaffey College, Western University of Health Sciences, Mount San Antonio College, Citrus College) to assist in meeting requirements for their Nursing programs.

Human Resources

Pomona Unified School District Career Day

Speak to high school students about careers in health care.

Marketing and Public Relations

Sponsorship Ads for Community Non-Profit Agencies

PVHMC supports in the economic development of the community by allowing local not-for-profit organizations to participate in creating a sponsorship ad for their organization in our hospital's program books for community events.

Physical Therapy

High School Career Day

Provide lecture and education for four classes of 35 students regarding a career in Physical Therapy.

Outreach Services

A part of PVHMC's mission is our dedication to "continuously strive to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious and cultural community." Initiatives like the Pomona Clinic Coalition and the Portable Wellness Clinic allow the Hospital to reach out to the medically underserved local community.

COMMUNITY HEALTH IMPROVEMENT SERVICES

Pomona Community Health Center

Pomona Community Health Center is a comprehensive medical center facility providing primary healthcare to adults and children. Quality care is offered for free or at a reduced cost.

Mission: To provide preventive and primary care services to needy in the community.

History: Initially founded by Pomona Valley Hospital Medical Center in August, 1995 as a response to the high volume of emergency care services sought by the underserved and whose medical condition would be better served by a primary care provider. In March, 2007 Pomona Community Health Center, under the leadership of Jamie Garcia M.D., incorporated and became a separate 501(c)(3) non-profit organization. Today

there are two locations situated in the City of Pomona to better serve the needs of the Pomona and San Bernardino residents.

Programs and Services

- Primary health care including diagnosis, treatment, medications, and laboratory tests
- Pediatric care such as well child visits, immunizations, and WIC health screenings
- Prenatal care
- Reproductive health care for men and women including contraceptive services, screening and treatment of sexually transmitted infections, and cancer detection Teen services
- Homeless health care and case management
- Chronic disease management for diabetes, asthma, and other illnesses
- Medi-Cal and Healthy Way LA Enrollment assistance

Collaborators: The mission of Pomona Community Health Center depends on the generous support of a number of foundations, corporations, and caring individuals.

- LA Care Health Plan
- Kaiser Permanente
- Pomona Valley Hospital Medical Center
- The Ahmanson Foundation
- The Rose Hills Foundation
- Valley Academies Foundation

Locations & Hours:
PCHC- Village
1450 E. Holt Ave. Pomona, CA 91767 Hours: Mon - Fri 8:00 AM to 5:00 PM
PCHC - Park
750 S. Park Ave. # 101 Pomona, CA 91766 Hours: Mon – Wed 12:45 PM to 5:00 PM
Thurs 12:45 PM to 7:00 PM

Valuation of Community Benefit Programs

For 2012, PVHMC's total value of community benefits came to **$82,184,828** (Schedule H (Form 990) Part I.7.k.). The amounts for charity care and means-tested government programs and other benefits are shown.

Table 3. Valuation of Community Benefit Programs in 2012.

Charity Care and Means-Tested Government Programs	
Charity Care	$11,938,979
Medi-Cal Inpatient[1]	$27,623,930
Medi-Cal Outpatient[2]	$22,958,623
Medicare Outpatient[2]	$10,601,780
Other Means Tested Government Programs	$1,936,380
Total Charity Care and Means-Tested Government Programs	$75,059,692
Other Benefits	
Community Health Improvement Services and Community Benefit Operations	$1,718,307
Health Professions Education	$2,919,927
Subsidized Health Services	$2,316,909
Research	$52,433
Cash and In-kind Contributions to Community Groups	$117,560
Total Other Benefits	$7,125,136
Total Community Benefits for 2012[3]	**$82,184,828**

1: Medi-Cal Inpatient is the net unreimbursed cost (equivalent to Unreimbursed Cost less the Disproportionate Share Payment)
2: Unreimbursed cost
3: The value of Community Building Activities is an additional $18,246.

The process for determining the economic value of the documented community benefits was as follows:

- Uncompensated care was valued in the same manner that such services were reported in the Hospital's annual report to OSHPD.
- Charity care was valued by computing the difference between charges and actual revenue received (including charity care donations).
- Other services were valued by estimating the costs of providing the services and subtracting any revenues received for such services. Costs were determined by estimating staff and supervision hours involved in providing the services. Other direct costs such as supplies and professional services were also estimated. Any offsets, such as corporate sponsorship, attendance fees, or other income contributed or generated were subtracted from the costs reported.

Plans for 2013/2014 Public Review

As we proceed with 2013 and move into 2014, PVHMC plans to continue supporting its varied community benefit activities and programs currently in place as described in this report, and develop new programs to meet the needs of the community as identified in the 2012 Community Needs Assessment.

The Community Benefit Plan will be made available to all interested members within our community. The cost of production and distribution of the plan will be absorbed by the Hospital. In addition, the following methods will be utilized to reach members of the community with this information.

- Distribution through our local community collaboratives
- Distribution to city councils within our defined community
- Copies supplied to libraries and community centers within our community
- Copies provided to any agency or business within our community upon request
- Copies supplied to individual members of our community upon request
- Distributed to Hospital managers and staff upon request, with review of goals and objectives

Additional Resources

For more information, please visit the following websites:

Pomona Valley Hospital Medical Center
www.pvhmc.org

Office of Statewide Health Planning and Development Health care Information Division – Hospital Community Benefit Plan
http://www.oshpd.ca.gov/HID/hospital/hcpb/faqshcbp.htm

Hospital Annual Financial Data
http://www.oshpd.state.ca.us/HQAD/Hospital/financial/hospAF.htm

Internal Revenue Service on Section 501(c)(3) Organizations
http://www.irs.gov/publications/p557/ch03.html

Institute of Applied Research
http://iar.csusb.edu/index.htm

Appendices

Appendix A. 2012 Community Needs Assessment – Questionnaire

Appendix B. California Health and Safety Codes Section 127340-127365

Appendix C. Patient Financial Assistance Program Policy; Full Charity Care and Discount Partial Charity Care Policies

Appendix A

2012 Community Needs Assessment – Questionnaire

Q1. First, what city do you live in?

a. Alta Loma
b. Chino
c. Chino Hills
d. Claremont
e. La Verne
f. Montclair
g. Ontario
h. Pomona
i. Rancho Cucamonga
j. San Dimas
k. Upland
l. Other (specify)_____

Q2. What is your zip code?_____

Q3. Including yourself, how many people live in your household? _____

Q4. How many children age 0 – 17 years old live in your household?_____

Q5. How many persons in your household ages 18 and above are covered by medical insurance? _____

Q6. How many children in your household age 0 - 17 years are covered by medical insurance?_____

Q7. What type of health insurance do you have?

a. Have insurance, but don't know what type
b. Private insurance – HMO
c. Private insurance – PPO (can go to any doctor we want)
d. Medi-Cal
e. Medicare
f. WIC (Women, Infant, and Children) Program
g. CHIP (Children's Health Insurance Program)

h. Veterans (VA)
i. Other Government Plans
j. Healthy Families
k. Healthy Kids
l. Other (specify) _____
m. Not Covered (no insurance at all)
n. Don't Know
o. Refused

Q7(a). What is the main reason you don't have insurance?

a. I am healthy
b. I don't need insurance.
c. Did not understand plans well enough to buy insurance.
d. Lost job or changed job
e. Person with primary policy (e.g., spouse or parent) lost or changed jobs
f. Divorce or separation
g. Person with policy died
h. Became ineligible because of age or left school
i. Employer doesn't offer or stopped offering coverage
j. Cut back to part-time or became temp employee
k. Couldn't afford premiums
l. Insurance company refused coverage (e.g., due to a pre-existing medical condition)
m. Lost Medicaid or medical assistance eligibility
n. Other (Specify) _____
o. Don't Know
p. Refused

Q8. In the past year, have you or any members of your household needed any health services that you could not get?

a. Yes
b. No
c. Don't Know
d. Refused

Q8a. What kept you from getting the health services you needed?

a. Worried about cost of service/co-payments
b. Worried about cost of prescription
c. Lacked transportation
d. Lacked child care/baby sitter
e. Had problems with the English language
f. Hours were not convenient
g. Difficulty scheduling
h. Needed services weren't available
i. Didn't know where to find the services
j. Pomona Valley Hosp Med Ctr. didn't have the services needed
k. Didn't like the programs or services
l. Provider wouldn't accept insurance
m. Technology wasn't available in the area
n. Other (Specify)_____
o. Don't Know
p. Refused

Q8b. What services couldn't you get?_____

Q9. About how long has it been since you visited a doctor for a general physical exam, as opposed to an exam for a specific injury, illness, or condition.

a. Within past year (1- 12 months ago)
b. Within past 2 years (1- 2 years ago)
c. Within past 5 years (2- 5 years ago)
d. 5 or more years ago
e. Never
f. Don't Know
g. Refused

Q10. Has your child had a preventative health care check-up within the past year?

a. Yes
b. No
c. Some of the children have
d. Don't Know
e. Refused

Q10a. Has your child received all of the immunizations the doctor recommended?

a. Yes
b. No – not all vaccinations given
c. Some (not all) kids have gotten all vaccinations
d. Don't Know
e. Refused

Q11. About how many times a WEEK do you exercise or play sports hard enough to make you breathe hard and make your heart beat faster for 20 minutes or more?

a. 0 times
b. 1 to 2 times a week
c. 3 to 4 times a week
d. 5 or more times a week
e. Refused

Q12a. In the past year, have you or any members of your household had Prenatal Care?

a. Yes
b. No
c. Don't Know
d. Refused

Q12b. Has any member of your household had a Pap Smear in the past year?

a. Yes
b. No
c. Don't Know
d. Refused

Q12c. How about a mammogram?

a. Yes
b. No
c. Don't Know
d. Refused

Q12d. Has anyone had a blood test for cholesterol in the past year?

a. Yes
b. No
c. Don't Know
d. Refused

Q12e. Has anyone in your household had a screening test for colon cancer in the past five years?

a. Yes
b. No
c. Don't Know
d. Refused

Q13. Do you or any member of your family have any of the following chronic or ongoing health problems: cancer, diabetes, asthma, high blood pressure, obesity, osteoporosis or chronic heart failure?

a. Cancer
b. Diabetes
c. Asthma
d. High Blood Pressure
e. Obesity
f. Osteoporosis
g. Chronic Heart Failure
h. Are there any other chronic conditions? (Specify)_____
i. Refused

Q14. Do you feel you and your family have received adequate help managing the disease?

a. Yes
b. No
c. Only for some of the illnesses
d. Don't Know
e. Refused

Q14a. What help did you need that you didn't get?_____

Q15. Have you or a member of your family visited any urgent care center during the past year?

a. Yes
b. No
c. Don't Know
d. Refused

Q16. Did you try to see your doctor before you visited the urgent care center?

a. Yes
b. No
c. Don't Know
d. Refused

Q17. Did your doctor tell you to go to the urgent care center?

a. Yes
b. No
c. Don't Know
d. Refused

Q18. Have you ever gone to Pomona Valley Hospital Medical Center for health care?

a. Yes
b. No
c. Don't Know
d. Refused

Q18a. Why did you choose PVHMC?

a. Close to home (convenience/location)
b. Insurance
c. Referred by my physician
d. Services offered
e. Quality/reputation
f. Word of mouth (friend, neighbor, family, co-worker)
g. Looked in the phone book
h. Internet
i. Newspaper
j. Radio
k. Television
l. Work site
m. Community presentation
n. Other (specify)_____
o. Don't Know
p. Refused

Q19. Have you attended any classes offered by Pomona Valley Hospital Medical Center?

a. Yes
b. No
c. Don't Know
d. Refused

Q20. Are there classes you'd like them to offer?

a. Yes
b. No
c. Don't Know
d. Refused

Q20a. What type of classes?_____

Q21. Have you or any member of your family attended any health-related support groups in the past year?

a. Yes
b. No
c. Don't Know
d. Refused

Q22. What kind of support groups would you or someone else in your family be interested in?

a. Not interested at all
b. Smoking cessation
c. Diabetes
d. High Blood Pressure
e. Cancer
f. Nutrition
g. Pregnancy/New Moms/New Dads
h. Heart Disease
i. Asthma
j. Arthritis
k. Stroke
l. Grief and Bereavement
m. Sleep Apnea/Sleep Disorders
n. Living with a Disability
o. Obesity and Weight Problems
p. Caregivers
q. Homelessness
r. Child/Elder Abuse
s. Other (specify)_____

Q23. Have you been to Pomona's emergency room?

a. Yes
b. No
c. Don't Know
d. Refused

Q24. Did you try to see your doctor before you went to the Emergency Room?

a. Yes
b. No
c. Don't Know
d. Refused

Q24a. May I ask why not?

a. Don't have a regular doctor
b. After office hours
c. Brought by ambulance
d. Doctor too busy to fit me in
e. Other (specify)_____
f. Refused

Q25. Would you say that in general your health is excellent, very good, fair, or poor?

a. Excellent
b. Very Good
c. Fair
d. Poor
e. Don't Know
f. Refused

Q26. Are there any health related services that you need that are not being provided in your community?

a. Yes
b. No
c. Don't Know
d. Refused

Q26a. What services do you need?

Q27. What can the hospital do to improve the health and quality of life in the community?

Appendix B

SB 697 (Chapter 812, Statutes of 1994)

Health and Safety Code Sections 127340-127365

Article 2. Hospitals: Community Benefits

127340. The Legislature finds and declares all of the following:

(a) Private not-for-profit hospitals meet certain needs of their communities through the provision of essential health care and other services. Public recognition of their unique status has led to favorable tax treatment by the government. In exchange, nonprofit hospitals assume a social obligation to provide community benefits in the public interest.

(b) Hospitals and the environment in which they operate have undergone dramatic changes. The pace of change will accelerate in response to health care reform. In light of this, significant public benefit would be derived if private not-for-profit hospitals reviewed and reaffirmed periodically their commitment to assist in meeting their communities' health care needs by identifying and documenting benefits provided to the communities which they serve.

(c) California's private not-for-profit hospitals provide a wide range of benefits to their communities in addition to those reflected in the financial data reported to the state.

(d) Unreported community benefits that are often provided but not otherwise reported include, but are not limited to, all of the following:

(1) Community-oriented wellness and health promotion.
(2) Prevention services, including, but not limited to, health screening, immunizations, school examinations, and disease counseling and education.
(3) Adult day care.
(4) Child care.
(5) Medical research.
(6) Medical education.
(7) Nursing and other professional training.
(8) Home-delivered meals to the homebound.
(9) Sponsorship of free food, shelter, and clothing to the homeless.
(10) Outreach clinics in socioeconomically depressed areas.

(e) Direct provision of goods and services, as well as preventive programs, should be emphasized by hospitals in the development of community benefit plans.

127345. As used in this article, the following terms have the following meanings:

(a) "Community benefits plan" means the written document prepared for annual submission to the Office of Statewide Health Planning and Development that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community.

(b) "Community" means the service areas or patient populations for which the hospital provides health care services.

(c) Solely for the planning and reporting purposes of this article, "community benefit" means a hospital's activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status, including, but not limited to, any of the following:

(1) Health care services, rendered to vulnerable populations, including, but not limited to, charity care and the unreimbursed cost of providing services to the uninsured, underinsured, and those eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.
(2) The unreimbursed cost of services included in subdivision (d) of Section 127340.
(3) Financial or in-kind support of public health programs.
(4) Donation of funds, property, or other resources that contribute to a community priority.
(5) Health care cost containment.
(6) Enhancement of access to health care or related services that contribute to a healthier community.
(7) Services offered without regard to financial return because they meet a community need in the service area of the hospital, and other services including health promotion, health education, prevention, and social services.
(8) Food, shelter, clothing, education, transportation, and other goods or services that help maintain a person's health.

(d) "Community needs assessment" means the process by which the hospital identifies, for its primary service area as determined by the hospital, unmet community needs.

(e) "Community needs" means those requisites for improvement or maintenance of health status in the community.

(f) "Hospital" means a private not-for-profit acute hospital licensed under subdivision (a), (b), or (f) of Section 1250 and is owned by a corporation that has been determined to be exempt from taxation under the United States Internal Revenue Code. "Hospital" does not mean any of the following:

(1) Hospitals that are dedicated to serving children and that do not receive direct payment for services to any patient.
(2) Small and rural hospitals as defined in Section 124840.

(g) "Mission statement" means a hospital's primary objectives for operation as adopted by its governing body.

(h) "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.

127350. Each hospital shall do all of the following:

(a) By July 1, 1995, reaffirm its mission statement that requires its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization.

(b) By January 1, 1996, complete, either alone, in conjunction with other health care providers, or through other organizational arrangements, a community needs assessment evaluating the health needs of the community serviced by the hospital, that includes, but is not limited to, a process for consulting with community groups and local government officials in the identification and prioritization of community needs that the hospital can address directly, in collaboration with others, or through other organizational arrangement. The community needs assessment shall be updated at least once every three years.

(c) By April 1, 1996, and annually thereafter adopt and update a community benefits plan for providing community benefits either alone, in conjunction with other health care providers, or through other organizational arrangements.

(d) Annually submit its community benefits plan, including, but not limited to, the activities that the hospital has undertaken in order to address community needs within its mission and financial capacity to the Office of Statewide Health Planning and Development. The hospital shall, to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan. Effective with hospital fiscal years, beginning on or after January 1, 1996, each hospital shall file a copy of the plan with the office not later than 150 days after the hospital's fiscal year ends. The reports filed by the hospitals shall be made available to the public by the office. Hospitals under the common control of a single corporation or another entity may file a consolidated report.

127355. The hospital shall include all of the following elements in its community benefits plan:

(a) Mechanisms to evaluate the plan's effectiveness including, but not limited to, a method for soliciting the views of the community served by the hospital and identification of community groups and local government officials consulted during the development of the plan.

(b) Measurable objectives to be achieved within specified timeframes.

(c) Community benefits categorized into the following framework:
(1) Medical care services.
(2) Other benefits for vulnerable populations.
(3) Other benefits for the broader community.
(4) Health research, education, and training programs.
(5) Non-quantifiable benefits.

127360. Nothing in this article shall be construed to authorize or require specific formats for hospital needs assessments, community benefit plans, or reports until recommendations pursuant to Section 127365 are considered and enacted by the Legislature.

Nothing in this article shall be used to justify the tax-exempt status of a hospital under state law. Nothing in this article shall preclude the office from requiring hospitals to directly report their charity activities.

127365. The Office of Statewide Health Planning and Development shall prepare and submit a report to the Legislature by October 1, 1997, including all of the following:

(a) The identification of all hospitals that did not file plans on a timely basis.

(b) A statement regarding the most prevalent characteristics of plans in terms of identifying and emphasizing community needs.

(c) Recommendations for standardization of plan formats, and recommendations regarding community benefits and community priorities that should be emphasized. These recommendations shall be developed after consultation with representatives of the hospitals, local governments, and communities.

http://www.leginfo.ca.gov/bilinfo.html

Appendix C

POMONA VALLEY HOSPITAL
MEDICAL CENTER

HOSPITAL WIDE POLICY
Policy #:
Page#: 1 of 10
Origination Date: 12/31/2007
Revision Date: 11/15/2010
Approved: Vicky Acencio

SUBJECT: Patient Financial Assistance Program Policy
Full Charity Care and Discount Partial Charity Care Policies

Purpose:

Pomona Valley Hospital Medical Center (PVHMC) serves all persons in the Pomona Valley and greater Inland Empire community. As a community hospital provider, Pomona Valley Hospital Medical Center strives to provide healthcare services within a high quality and customer service oriented environment. Providing patients with opportunities for financial assistance coverage for healthcare services is an essential element of fulfilling the Pomona Valley Hospital Medical Center mission. This policy defines the PVHMC Financial Assistance Program; its criteria, systems, and methods.

California acute care hospitals must comply with Health & Safety Code requirements for written policies providing discounts and charity care to financially qualified patients. This policy is intended to exceed such legal obligations and provides for both charity care and discounts to patients who financially qualify under the terms and conditions of the Pomona Valley Hospital Medical Center Financial Assistance Program.

The finance department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing, recording and accounting treatment of transactions at PVHMC. This includes the handling of patient accounting transactions in a manner that supports the mission and operational goals of Pomona Valley Hospital Medical Center.

Policy:

This policy pertains to financial assistance provided by Pomona Valley Hospital Medical Center. All requests for financial assistance from patients, patient families, physicians or hospital staff shall be addressed in accordance with this policy.

Introduction

Pomona Valley Hospital Medical Center strives to meet the health care needs of all patients who seek inpatient, outpatient and emergency services. PVHMC is committed to providing access to financial assistance programs when patients are uninsured or underinsured and may need help in paying their hospital bill. These programs include government sponsored coverage programs, charity care and discount partial charity care as defined herein.

Full Charity Care and Discount Partial Charity Care Defined Full

Charity Care is defined as any necessary[1] inpatient or outpatient hospital service provided to a patient who is unable to pay for care and who has established qualification in accordance with requirements contained in the PVHMC Financial Assistance Policy.

Discount Partial Charity Care is defined as any necessary inpatient or outpatient hospital service provided to a patient who is uninsured or underinsured and 1) desires assistance with paying their hospital bill; 2) has an income at or below 500% of the federal poverty level; and 3) who has established qualification in accordance with requirements contained in the PVHMC Financial Assistance Policy.

Depending upon individual patient eligibility, financial assistance may be granted for full charity care or discount partial charity care. Financial assistance may be denied when the patient or other responsible family representative does not meet the PVHMC Financial Assistance Policy requirements.

Full Charity Care and Discount Partial Charity Care Reporting

PVHMC will report actual Charity Care provided in accordance with regulatory requirements of the Office of Statewide Health Planning and Development (OSHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with regulation, the hospital will maintain written documentation regarding its Charity Care criteria, and for individual patients, the hospital will maintain written documentation regarding all Charity Care determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

PVHMC will provide OSHPD with a copy of this Financial Assistance Policy which includes the full charity care and discount partial charity care policies within a single document. The Financial Assistance Policy also contains: 1) all eligibility and patient qualification procedures; 2) the unified application for full charity care and discount partial charity care; and 3) the review process for both full charity care and discount partial charity care. These documents shall be supplied to OSHPD every two years or whenever a significant change is made.

Full and Discount Eligibility: General Process and Responsibilities

Eligibility is defined for any patient whose family[2] income is less than 500% of the current federal poverty level, if not covered by third party insurance or if covered by third party insurance and unable to pay the patient liability amount owed after insurance has paid its portion of the account.

The PVHMC Financial Assistance Program utilizes a single, unified patient application for both Full Charity Care and Discount Partial Charity Care. The process is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify. The financial assistance application provides patient information necessary for determining patient qualification by the hospital and such information will be used to qualify the patient or family representative for maximum coverage under the PVHMC Financial Assistance Program.

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[1] Necessary services are defined as any entity inpatient, outpatient, or emergency medical care that is not entirely elective for patient comfort and/or convenience.

[2] A patient's family is defined as: 1) For persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and 2) For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent of caretaker relative.

Eligible patients may qualify for the PVHMC Financial Assistance Program by following application instructions and making every reasonable effort to provide the hospital with documentation and health benefits coverage information such that the hospital may make a determination of the patient's qualification for coverage under the program. Eligibility alone is not an entitlement to coverage under the PVHMC Financial Assistance Program. PVHMC must complete a process of applicant evaluation and determine coverage before full charity care or discount partial charity care may be granted.

The PVHMC Financial Assistance Program relies upon the cooperation of individual patients who may be eligible for full or partial assistance. To facilitate receipt of accurate and timely patient financial information, PVHMC will use a financial assistance application. All patients unable to demonstrate financial coverage by third party insurers will be offered an opportunity to complete the financial assistance application. Uninsured patients will also be offered information, assistance and referral to government sponsored programs for which they may be eligible. Insured patients who are unable to pay patient liabilities after their insurance has paid, or those who experience high medical costs may also be eligible for financial assistance. Any patient who requests financial assistance will be asked to complete a financial assistance application.

The financial assistance application should be completed as soon as there is an indication the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged. Completion of a financial assistance application provides:

- Information necessary for the hospital to determine if the patient has income sufficient to pay for services;

- Documentation useful in determining qualification for financial assistance; and

- An audit trail documenting the hospital's commitment to providing financial assistance.

However, a completed financial assistance application is not required if PVHMC determines it has sufficient patient financial information from which to make a financial assistance qualification decision.

PROCEDURES

Qualification: Full Charity Care and Discount Partial Charity Care

Qualification for full or discount partial financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

The patient and/or patient family representative who requests assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide information necessary for the hospital to make a financial assistance qualification determination. The hospital will provide guidance and/or direct assistance to patients or their family representative as necessary to facilitate completion of program applications. Completion of the financial assistance application and

submission of any or all required supplemental information may be required for establishing qualification for the Financial Assistance Program.

Financial Assistance Program qualification is determined after the patient and/or patient family representative establishes eligibility according to criteria contained in this policy. While financial assistance shall not be provided on a discriminatory or arbitrary basis, the hospital retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.

Patients or their family representative may complete an application for the Financial Assistance Program. The application and required supplemental documents are submitted to the Patient Financial Services department at PVHMC. This office shall be clearly identified on the application instructions.

PVHMC will provide personnel who have been trained to review financial assistance applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response.

A financial assistance determination will be made only by approved hospital personnel according to the eligibility criteria specific to the patient and the amount of financial assistance requested.

Patients that are documented as homeless, registered with PVHMC's address because the patient's primary address is unknown, parent/guarantor information is unknown, patient resides at a shelter or if patient submits proof of general relief eligibility, request for financial assistance will be approved by the following levels of authority:

Supervisor of Credit & Collections: Accounts less than $15,000
Director of Patient Financial Services: Accounts less than $100,000
Executive Director of Finance: Accounts greater than $100,000

Due to the potential complexities of a patient's financial situation, all other requests will be prepared by staff, reviewed by the Supervisor of Credit & Collections, approved by the Director of Financial Services with final approval by the Executive Director of Finance.

Factors considered when determining whether an individual is qualified for financial assistance pursuant to this policy may include:

- No insurance under any government coverage program or other third party insurer;
- Family income based upon tax returns or recent pay stubs
- Family size
- Monetary Assets

Qualification criteria are used in making each individual case determination for coverage under the PVHMC Financial Assistance Program. Financial assistance will be granted based upon each individual determination of financial need in accordance with the Financial Assistance Program eligibility criteria contained in this policy.

Financial Assistance Program qualification may be granted for full charity care (100% free services) or discount partial charity care (charity care of less than 100%), depending upon the patient or family representative's level of eligibility as defined in the criteria of this Financial Assistance Program Policy.

Once determined, Financial Assistance Program qualification will apply to the specific services and service dates for which application has been made by the patient and/or patient family representative. In cases of continuing care relating to a patient diagnosis which requires on-going, related services, the hospital, at its sole discretion, may treat continuing care as a single case for which qualification applies to all related on-going services provided by the hospital. Other pre-existing patient account balances outstanding at the time of qualification determination by the hospital most likely will be included as eligible for write-off but will be reviewed by management to validate qualification.

Patient obligations for Medi-Cal/Medicaid share of cost payments will not be waived under any circumstance. However, after collection of the patient share of cost portion, any other unpaid balance (i.e., days denied by the State) relating to a Medi-Cal/Medicaid share of cost patient may be considered for Charity Care.

Patients at or below 400% of the FPL will not pay more than Medicare would typically pay for a similar episode of service. Patients at 400% but below 500% of the FPL will not pay more than 200% of Medicare would typically pay. This shall apply to all necessary hospital inpatient, outpatient and emergency services provided by PVHMC.

Full and Discount Partial Charity Care Income Qualification Levels

1. If the patient's family income is 200% or less of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the entire (100%) patient liability portion of the bill for services will be written off.

2. If the patient's family income is between 201% and 500% of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the following will apply:

- Patient's care is not covered by a payer. If the services are not covered by any third party payer so that the patient ordinarily would be responsible for the full-billed charges, the patient's payment obligation will be based upon a sliding scale discount after considering family income and family size relative to the Federal Poverty Limits, service classification (Inpatient versus Outpatient) AND the existing cash prices established by the Hospital.. (See Exhibit A for income levels and discount rates and Exhibit B for the current cash prices.)
- Patient's care is covered by a payer. If the services are covered by a third party payer and the patient qualifies for full or partial charity, the patient's obligation will be limited to the amount expected after applying the applicable charity discount less the total payments received from the third party payer. If the payment from the third party payer exceeds the

amount expected after applying the applicable charity discount, the hospital will consider the account paid in full and the patient will not be required to pay any amount.

- The discounted rate is subject to the lesser of the rate determined above or the current cash price.
- For patients covered under the Medicare program, refer to the "Special Circumstances" section within this policy for additional qualifications.

3. If the patient's family income is greater than 500% of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the patient will qualify for the following policy discount (See the Discounted Pricing Program Policy)

[3] The average HMO/PPO rate will be determined annually by PVHMC on July 1, of each calendar year. The average HMO/PPO rate will be calculated by computing a weighted average rate based upon all HMO/PPO contracts to which PVHMC is a party on July 1.

- Patient's care is not covered by a payer. If the services are not covered by any third party payer so that the patient ordinarily would be responsible for the full-billed charges, for outpatient services, the total patient payment obligation will be the hospital specific total gross amount that would be paid for the services under the average HMO/PPO payment rate[3], if the patient were an HMO/PPO beneficiary. For inpatient services, the total patient payment obligation will be the inpatient Medicare DRG amount. This discount is contingent upon the Hospital receiving payment in full within 30 days from the date of service.
- The discounted rate is subject to the lesser of the average HMO/PPO rate for outpatient services and the Medicare DRG amount for inpatient services, or the current cash price.

Full Charity Monetary Assets Qualification

Monetary Assets shall be considered in qualifying a patient for full charity care. Monetary assets shall include assets that are readily convertible to cash, such as bank accounts and publicly traded stock. It does not include assets which are not liquid such as real property.

The following assets shall not be included in the determination of monetary assets:

- Retirement funds and accounts
- Deferred compensation plans qualified under the Internal Revenue Code
- Nonqualified deferred compensation plans
- The first $10,000 of qualified monetary assets
- 50% of monetary assets after the first $10,000

Qualified monetary assets will be considered when evaluating a patient's ability to pay in addition to family income.

The Hospital may require waivers of releases from the patient or the patient's family authorizing the hospital to obtain account information from financial or commercial institutions or other entities including but not limited to credit reporting entities that hold or maintain the monetary assets in an attempt to verify information the patient has provided on the charity care application.

Information obtained pursuant to this paragraph regarding assets of the patient or the patient's family shall not be used for collection activities.

Payment Plans

When a determination of discount partial charity has been made by the hospital, the patient shall have the option to pay any or all outstanding amount due in one lump sum payment, or through a scheduled term payment plan.

The hospital will discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be arranged based upon the patient's ability to effectively meet the payment terms. As a general guideline, payment plans will be structured to last no longer than 12 months. The hospital shall negotiate in good faith with the patient; however there is no obligation to accept the payment terms offered by the patient. No interest will be charged to the patient for the duration of any payment plan arranged under the provisions of the Financial Assistance Policy.

Special Circumstances

Any evaluation for financial assistance relating to patients covered by the Medicare Program must include a reasonable analysis of all patient assets, liabilities, income and expenses, prior to eligibility qualification for the Financial Assistance Program. Such financial assistance evaluations must be made prior to service completion by PVHMC.

If the patient is determined to be homeless he/she will be deemed eligible for the Financial Assistance Program.

Patients seen in the emergency department, for whom the hospital is unable to issue a billing statement, may have the account charges written off as Charity Care. All such circumstances shall be identified on the patient's account notes as an essential part of the documentation process.

Other Eligible Circumstances

PVHMC deems those patients that are eligible for government sponsored low-income assistance program (e.g. Medi-Cal/Medicaid, Healthy Families, California Children's Services and any other applicable state or local low-income program) to be indigent. Therefore such patients are eligible under the Financial Assistance Policy when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients (e.g. CHDP, Healthy Families, and CCS) where the program does not make payment for all services or days during a hospital stay, are eligible for Financial Assistance Program coverage. Under the hospital's Financial Assistance Policy, these types of non-reimbursed patient account balances are eligible for full write-off as Charity Care. Specifically included as Charity Care

are charges related to denied stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care.

The portion of Medicare patient accounts (a) for which the patient is financially responsible (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payer including Medi-Cal/Medicaid, and (c) which is not reimbursed by Medicare as a bad debt, may be classified as charity care if:

1. **The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low-income patients; or**

2. **The patient otherwise qualifies for financial assistance under this policy and then only to the extent of the write-off provided for under this policy.**

Any patient whose income exceeds 500% and experiences a catastrophic medical event may be deemed eligible for financial assistance. Such patients, who have high incomes do not qualify for routine full charity care or discount partial charity care. However, consideration as a catastrophic medical event may be made on a case-by-case basis. The determination of a catastrophic medical event shall be based upon the amount of the patient liability at billed charges, and consideration of the individual's income and assets as reported at the time of occurrence. Management shall use reasonable discretion in making a determination based upon a catastrophic medical event. As a general guideline, any account with a patient liability for services rendered that exceeds $75,000 may be considered for eligibility as a catastrophic medical event.

Any account returned to the hospital from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care. Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation file.

Criteria for Re-Assignment from Bad Debt to Charity Care

All outside collection agencies contracted with PVHMC to perform account follow-up and/or bad debt collection will utilize the following criteria to identify a status change from bad debt to charity care:

- Patient accounts must have no applicable insurance (including governmental coverage programs or other third party payers); and

- The patient or family representative has not made a payment within 150 days of assignment to the collection agency;

- The patient's credit & behavior score is within the lowest 25th percentile (As of November 2007, PVHMC's secondary agency has determined the credit and behavior score representing the lowest 25th percentile is 547 or lower as reported by TransUnion.

- The collection agency has determined that the patient/family representative is unable to pay; and/or

- The patient or family representative does not have a valid Social Security Number and/or an accurately stated residence address in order to determine a credit score

All accounts returned from a collection agency for re-assignment from Bad Debt to Charity Care will be evaluated by hospital personnel prior to any re-classification within the hospital accounting system and records.

Dispute Resolution

In the event that a dispute arises regarding qualification, the patient may file a written appeal for reconsideration with the hospital. The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any or all additional relevant documentation to support the patient's claim should be attached to the written appeal.

Any or all appeals will be reviewed by the hospital director of patient financial services. The director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the director shall provide the patient with a written explanation of findings and determination.

In the event that the patient believes a dispute remains after consideration of the appeal by the director of patient financial services, the patient may request in writing, a review by the hospital executive director of finance. The executive director of finance shall review the patient's written appeal and documentation, as well as the findings of the director of patient financial services. The Vice President of finance shall make a determination and provide a written explanation of findings to the patient. All determinations by the executive director of finance shall be final. There are no further appeals.

Public Notice

PVHMC shall post notices informing the public of the Financial Assistance Program. Such notices shall be posted in high volume inpatient, and outpatient service areas of the hospital, including but not limited to the emergency department, inpatient admission and outpatient registration areas or other common patient waiting areas of the hospital. Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance. These notices shall be posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. The notice states the following:

Pomona Valley Hospital Medical Center provides financial assistance to our patients who qualify. Contact our Business Office at (909) 865-9100 to speak with a representative to obtain more information.

A copy of this Financial Assistance Policy will be made available to the public on a reasonable basis.

Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values.

Good Faith Requirements

PVHMC makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate.

Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient or family representative. In addition, PVHMC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order to qualify for the PVHMC Financial Assistance Program.

OSHPD Policy Submission

In compliance with OSHPD adopted regulations approved by the Office of Administrative Law on August 8, 2007 (Title 22, Sections 96040-96050), PVHMC will submit an electronic copy of its discount payment and charity care policies, eligibility procedures and review process (as defined and documented in one, comprehensive Financial Assistance Program Policy) and its application form to OSHPD at least every other year by January 1 beginning January 1, 2008, or whenever a significant change is made.

Facts and Figures

Year PVHMC Established: 1903
Number of Licensed Beds: 453
Average Number of Associates: 3,042
Number of Volunteers: 968
Number of Hours of Services: 95,595
Annual Emergency Department Visits: 83,402
Number of Pediatric Emergency Department Visits: 24,178
Number of Physicians on Medical Staff: 654

Sources: PVHMC Decision Support Services, Human Resources, Medical Staff, Volunteer Services for 2012

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