

SONORA REGIONAL MEDICAL CENTER COMMUNITY BENEFIT REPORT

Sonora Regional Medical Center's mission is to share God's love by providing physical, mental and spiritual healing. This mission reinforces the mission-driven work of our employees, physicians and volunteers, and the vision to make the Medical Center an excellent place to receive care, an excellent place to practice medicine and an excellent place to work. As we embrace our mission and vision, we continue to address the needs of our community in our strategic planning and share our 2012 outreach efforts in this report.

Sonora Regional Medical Center
Adventist Health

1000 Greenley Road, Sonora, CA 95370 | 209.536.5000

2012

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Sonora Regional Medical Center is a not-for-profit organization consisting of 152 beds – 72 acute beds, 12 swing beds, and 68 skilled nursing beds – and a large network of primary care and specialty practices. Established in the early 1900s, Dr. Innis Bromley opened a small hospital in downtown Sonora. By 1910, the Bromley Sanitarium changed its name to Sonora Hospital and continued serving Tuolumne County. Forty-seven years later a new 42-bed facility was built and the name changed to Sonora Community Hospital.

In January 2004, the acute care hospital moved to a newly constructed 145,000 square foot facility. With this move, its name changed to Sonora Regional Medical Center to reflect the expanded services and regional presence. Since its early beginnings, the Medical Center has expanded to meet the health and wellness needs of the community.

In 2012, as part of its commitment to expand access to care, the Medical Center opened Angels Camp Physical Therapy to provide convenience and quality rehabilitative care for Calaveras County residents. The Medical Center also hired six allied health professionals and recruited 16 physicians, including internal medicine, neurology, oncology, orthopedics, and physiatry.

Demonstrating a strong commitment to patient safety and quality, the Medical Center was recognized as one of the nation's *Top Performers on Key Quality Measures* by The Joint Commission, earning a spot among the top 18 percent of hospitals in the nation.

Care to the community is provided by over 165 physicians, 1,263 employees and 178 volunteers. Sonora Regional Medical Center is owned and operated by Adventist Health of Roseville, California, and is the largest private employer in Tuolumne County. In addition, it is governed by a local board composed of Adventist Health executives, local business owners, community leaders and local physicians.

As a not-for-profit hospital, Sonora Regional Medical Center is subject to the provisions of the State of California's Senate Bill 697, Community Benefit legislation. Enacted in September 1994, the law requires that the Medical Center:

- Review and reaffirm its mission statement to ensure its policies integrate and reflect the public need.
- Complete or assist in the completion of a formal assessment of the community's health needs at least every three years.
- Develop a Community Benefit plan, based on the formal assessment of the community's health needs, on an annual basis.
- Develop and file with the Office of Statewide Health Planning and Development (OSHPD) a Community Benefit Report to document benefits provided by the hospital, within its mission and financial capacity, to address identified community health needs.

Sonora Regional Medical Center's mission is to share God's love by providing physical, mental and spiritual healing. This mission reinforces the mission-driven work of our employees, physicians and volunteers, and the vision to make the Medical Center an excellent place to receive care, an excellent place to practice medicine and an excellent place to work. As we embrace our mission and vision, we continue to address the needs of our community in our strategic planning and Community Benefit Program.

COMMUNITY BENEFIT PROGRAM

Sonora Regional Medical Center's Community Benefit Program has three components:

1. **Assessment:** In 2011, Sonora Regional Medical Center completed a seven-month project collecting and analyzing community health information from multiple data sources. The information was compiled in the 2011 Community Health Status Assessment and several health care needs were identified:
 - Focus on preventive health and lifestyle-related illness
 - Address obesity and overweight-related illness through nutrition and fitness
 - Improve community health and safety by addressing substance abuse and mental health issues
2. **Plan Development:** The *Community Benefit Plan* outlines specific strategies for addressing the identified needs.
3. **Performance Measurement:** The 2012 *Community Benefit Report* measures our progress towards meeting our mission-driven goal of meeting the health care needs of our community.

PROGRAM MANAGEMENT

Sonora Regional Medical Center assesses, plans, implements and measures the Community Benefit Program with support from the Medical Center's Governing Board, Civic Advisory Board, and senior leadership.

PROGRAM RESOURCES

A few of the community outreach resources that assist in meeting identified community needs include:

- Cancer Patient Support Fund
- Chaplain's Fund
- Faith Community Nursing
- Hospice of the Sierra
- Live Well Be Well Center, providing wellness education
- OakPlus Senior Wellness Program
- Project HOPE Mobile Health Clinic
- Tuolumne County Health Fair

OUR MISSION

To share God's love by providing physical, mental and spiritual healing.

OUR VISION

Sonora Regional Medical Center will be an:

- Excellent Place to Receive Care
- Excellent Place to Practice Medicine
- Excellent Place to Work

OUR VALUES

Compassion: The compassionate, healing ministry of Jesus

Respect: Human dignity and individuality

Integrity: Absolute integrity in all relationships and dealings

Quality: Excellence in clinical and service quality

Stewardship: Responsible resource management in serving our communities

Wholeness: The health care heritage of the Seventh-day Adventist Church

Family: Each other as members of a caring family

The 2011 *Community Health Status Assessment* provides an overview of the state of health-related needs of Calaveras and Tuolumne counties and benchmarks from which to gauge progress. Quantitative and qualitative methods were used to collect information during the study conducted over seven months during 2011.

Quantitative data were collected from all applicable sources including government agencies and other public and private institutions. Thomson Reuter’s strategic planning and market intelligence solutions provided a powerful view of the local market and a majority of the data gathered within the primary service area. These data included demographic, economic and health status indicators and service capacity/availability. Local health indicators were measured against statewide averages and the *Healthy People 2020* national objectives.

To collect qualitative data, a questionnaire was developed for the general public that inquired about important health needs, ideas for responsive solutions, and habits used to maintain personal health. Certain questions that served as markers for access to services were also included. The survey was distributed in hard copy and also made available online. The survey data were cleaned, coded, and analyzed. Based on the data collected, priorities and recommendations were developed.

KEY FINDINGS

GEOGRAPHY

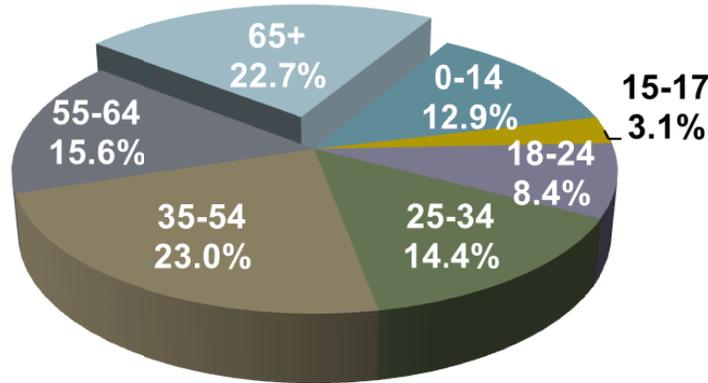
Sonora Regional Medical Center’s primary service area consists of all of Tuolumne County and the Highway 4 corridor in the southeastern half of Calaveras County. Tuolumne County is a rural county located along the western slope of California’s Sierra Nevada mountain range. The county occupies 2,234 square miles of foothill and mountain terrain, with 78 percent of the total acreage of the county in public land. Calaveras County has a total area of 1,037 square miles, boasting similar foothill and mountain terrain.



DEMOGRAPHICS

The primary service area has a population of approximately 78,000 with a projected growth rate of 3.7 percent from 2010 to 2015. Because the area is popular for retirees, this population has a significant proportion of residents over the age of 65.

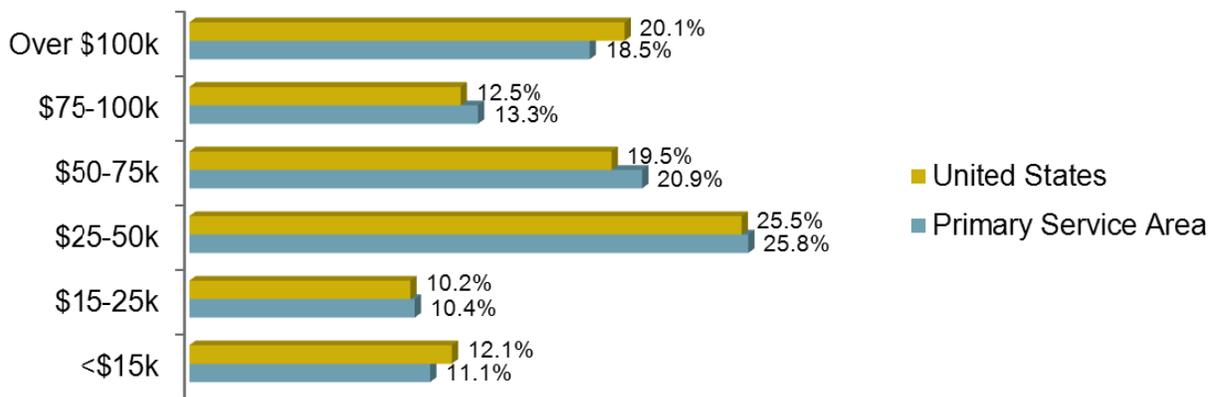
Age Distribution



ECONOMICS

There is considerable evidence that individuals with higher incomes have better health. Some of the ways in which poverty contributes to poor health are immediately obvious. Absolute deprivation leading to poor nutrition may lead to susceptibility to infection and chronic disease, and crowded housing may increase disease transmission. Higher incidences of unplanned or unwanted pregnancies, higher rates of low-birth-weight babies, infant deaths and low immunization rates are all associated with poverty.

The primary service area distribution of household income compared to the United States:



Although it is difficult to quantify the impact of work alone on personal identity, self-esteem and social contact and recognition, the ability to have employment and the workplace environment can have a significant impact on an individual’s wellbeing. The 2011 unemployment rate was estimated at 13.8 percent in Tuolumne County and 16.8 percent in Calaveras County compared to 8.9 percent in the United States.

HEALTH STATUS INDICATORS

1. Preventive Health and Lifestyle-Related Illness

Community survey responses identified many health related concerns, however one of the most frequently mentioned was a lack of preventative health care options that would address obesity, overweight, and lifestyle related diseases. Over one third of the respondents noted that there is a need for affordable health education classes that teach about healthy lifestyle options as well as access to affordable exercise equipment. The most commonly cited lifestyle issues were poor eating habits, smoking, drinking, use of illicit drugs, fast food, and an inactive lifestyle.

2. Obesity and Overweight-Related Illness

Community survey respondents frequently mentioned their desire and need to respond to the high rate of obesity and obesity-related diseases. Tuolumne and Calaveras Counties have a fast-growing population with a high propensity for cardiovascular disease. Behaviors such as inactivity and high fat diet and co-morbidities such as high cholesterol and high blood pressure put this population at high risk.

	Diabetes
Tuolumne County	15
Calaveras County	11
California Average	21
Healthy People 2010 National Objective	0
Age-Adjusted Death Rate	

In addition, Tuolumne and Calaveras Counties are far from meeting the national objective for deaths due to diabetes. Tuolumne County has the ranking order of 18 out of 58 counties and Calaveras County ranks fifth.

3. Mental Health and Substance Abuse Issues

Tuolumne County ranks poorly compared to other California counties for deaths due to chronic liver disease, drug-induced deaths, and suicide related deaths. Calaveras County also ranks poorly for suicide-related deaths.

	Chronic Liver Disease and Cirrhosis	Drug-Induced Deaths	Suicide-Related Deaths
Tuolumne County	14.1	21.3	19.1
Calaveras County	9.9	9.0	17.5
California Average	10.7	10.6	9.4
Healthy People 2010 National Objective	3.2	1.2	0
Age-Adjusted Death Rate			

Supporting this data, Community Survey participants reported several mental health needs including rehabilitation for substance abusers, resources for individuals with depression, and mental and emotional health resources and counseling.

2012 STRATEGIES AND RESULTS

Focus: Preventive Health and Lifestyle-Related Illness

Objective: Encourage Tobacco Cessation

Strategy	Results
Increase access of tobacco cessation counseling to adults	Added an additional American Lung Association-trained tobacco cessation instructor. Offered a \$25 discount to class participants from the community and, as a part of the health benefit package, offered the class for free to Medical Center employees.
Enhance efforts to offer adolescents an anti-tobacco message or advice to quit	Worked with the YES Partnership, an organization that supports Tuolumne County youth and families. YES Partnership goals include delaying the onset and progression of alcohol, tobacco and other drug use among family, school and community.

Objective: Increase Awareness of Available Services

Strategy	Results
Expand efforts that will increase awareness of available services (eligibility, location, and hours of operation)	Continued developing new Medical Center website, adding comprehensive information about physician clinics and Medical Center service lines. Enhanced physician onboarding process, including introduction to available services and resources. Published nearly thirty articles, prepared by experts including physicians, nurses, dietitians and therapists, in the local newspaper's health advice column.

Objective: Provide Access to Affordable Care

Strategy	Results
Expand Capacity of the Project HOPE mobile health clinic, offering more sites and hours of operation	Continued availability with the health van staffed near Wal-Mart from 9 a.m. to 3 p.m. on Mondays and Fridays. Also provided one day per month at Interfaith, a local community service organization. Added Wednesday mobile health clinic service at Columbia College from 9 a.m. to 3 p.m.
Continue offering primary care, pediatric, specialty and dental services at the Forest Road Rural Health Clinic	Continued operating the Forest Road Health and Wellness Center, serving and caring for the community's Medi-Cal and County Medical Services Program (CMSP) clients, increasing clinic volume from 23,941 primary care visits in 2011 to 25,117 visits in 2012.

2012 STRATEGIES AND RESULTS

Focus: Obesity and Overweight-Related Illness

Objective: Encourage Tobacco Cessation

Strategy	Results
Provide maps of local walking trails and a summary of exercise opportunities offered throughout the community	Distributed maps for the Medical Center’s Walk-A-Mile route and held our annual Walk-A-Mile event with presentations by Cardiologist Eric Hemminger, MD, Cardiac Rehab Nurse, Julie Mena, RN, MSN, CSN, and a patient who survived a heart attack. Offered group walks every Friday. Distributed Live Well Be Well class fliers and provided class demonstrations at the Tuolumne County Health Fair.

Objective: Support Programs That Provide Access For Healthier Lifestyles

Strategy	Results
Support more programs that encourage exercise and nutrition as a valuable prevention and intervention method for many common diseases	<p>Added several classes at the Live Well Be Well Center. Geared towards our senior population:</p> <ul style="list-style-type: none"> ▪ Joint Replacement “Prehabilitation” exercise class ▪ Chair Aerobics ▪ Senior Center Fitness <p>For those who are already fit:</p> <ul style="list-style-type: none"> ▪ Kickboxing ▪ Total Fitness (cross training) <p>Classes for reducing stress and increasing flexibility:</p> <ul style="list-style-type: none"> ▪ Stretch & Relax ▪ Yoga <p>We also added Nutritional Therapy, covered by many health plans and offered at no cost to Medical Center employees.</p>
Invest in earlier intervention in schools	<p>Continued Family Fit program, bringing fun, participatory nutrition and exercise education to third grade classrooms in Tuolumne County.</p> <p>Sponsored several high school athletic programs.</p>

Objective: Promote Healthy Nutrition

Strategy	Results
Provide more and promote existing cooking classes that demonstrate healthy ways of eating familiar foods	Promoted Nutritional Therapy service for those looking to lose weight or control and prevent disease through healthy eating. Held our first annual Diabetes Day, a free community event for anyone interested in learning new ways to control or prevent diabetes.

2012 STRATEGIES AND RESULTS

Focus: Mental Health and Substance Abuse Issues

Objective: Support Efforts to Curb Alcohol and Substance Abuse

Strategy	Results
<p>Support more after-school programs and clubs for older teens</p>	<p>Supported many community agencies serving families and youth with educational, recreational and general support services including:</p> <ul style="list-style-type: none"> ▪ Amador Tuolumne Community Action Agency ▪ Center for a Non-Violent Community ▪ Youth Leadership Tuolumne County ▪ Mentoring Works ▪ Sierra HOPE ▪ Sierra Nonprofit Services ▪ Tuolumne County Girls Fast Pitch Softball ▪ Tuolumne County Youth Soccer ▪ Tuolumne County Recreation Department <p>Also provided support to several local schools including:</p> <ul style="list-style-type: none"> ▪ Calaveras Office of Education ▪ Jamestown Elementary School ▪ Mother Lode Junior Adventist Academy ▪ Sierra Waldorf School ▪ Sonora High School ▪ Summerville High School ▪ Summerville Parent Nursery School ▪ Tuolumne County Office of Education

Objective: Increase Access to Mental Health Screening and Counseling

Strategy	Results
<p>Create a comprehensive coalition of providers who will adopt guidelines for systematic change in response to substance abuse and mental health problems within the community</p>	<p>Teamed with the Tuolumne County Public Health Department, Tuolumne County Mental Health, and the Tuolumne County Sheriff's Office to address mental health issues within the community. Developed plans for multi-agency approach for providing services to mental health patients.</p>
<p>Support more community or hospital-based mental health/counseling services</p>	<p>Continued offering mental health services at the Forest Road Health and Wellness Center.</p> <p>Provided financial support to the National Alliance on Mental Illness.</p> <p>Participated in the Suicide Prevention Task Force and provided suicide prevention education for physician office staff.</p>

COMMUNITY BENEFIT

Non-Quantifiable

Total Documented Community Service Hours	Total Value of Donated Hours	Value of other in-kind goods and services donated from hospital resources	Goods and services donated by others	Net non-quantifiable community benefit
1,523	\$62,458	\$60,740	\$32,781	\$177,479

Employee Giving

Employees demonstrate their love for the community by direct contributions for various needs including:

- Providing 10,247 pounds of food to local families through the Food for Families program
- Donating 544 coats, blankets, sleeping bags and other warm items for families in need
- Assisting 134 families with over \$24,504 raised for the Chaplain’s Fund

Community Employment

Sonora Regional Medical Center paid over \$94.8 million in wages and benefits, making the Medical Center the largest private employer in the region, providing jobs for more than 1,260 employees.

The Medical Center is staffed by approximately 165 physicians plus 38 allied health professionals: Nurse Practitioners, Physician Assistants, Registered Nurse First Assist and Clinical Psychologists. Physicians range from Family Practice, Internal Medicine, Obstetrics, and Emergency Medicine to hospital-based specialists like Anesthesiology and Radiology to clinical specialists like Cardiology, Oncology, Orthopedics, Neurology, General Surgery, and Urology. The Medical Center added 16 physicians and six allied health professionals in 2012.

Medical Center and Clinic Services

The Medical Center had a total of 4,500 admissions, 528 deliveries, 22,994 emergency department visits, 288,542 outpatient visits and 37,225 home care visits.

Rural Health Clinic

Sonora Regional Medical Center’s rural health clinic provides quality health care for those who might otherwise be without access to services. Our primary purpose is to serve and care for the community’s Medi-Cal and County Medical Services Program (CMSP) clients. The clinic offers primary care as well as specialized services. In 2012, the clinic provided more than 25,100 outpatient visits and the Forest Road Dental Clinic provided \$27,000 worth of free dental care.

Project HOPE

Project HOPE (Health Outreach Education and Prevention) is one of our greatest community wellness outreach programs, serving more than 1,400 patients last year with free medical care. Staffed by an experienced and compassionate nurse practitioner, Project HOPE provides free medical care from the safety, convenience and privacy of our mobile health van every Monday, Wednesday and Friday.

Low-Cost Health Screening

Thousands of community members take advantage of multiple health fairs throughout the region where Sonora Regional Medical Center provides low-cost blood draws and free health screenings including blood pressure, clinical breast exam, anemia screening, and fall risk assessment, as well as nutritional counseling with registered dietitians and prescription counseling with licensed pharmacists. In 2012, the Medical Center administered over 3,900 low-cost blood draws as well as thousands of other free health screenings.

Sports Physicals

The Medical Center fosters healthy activities for area children by providing free sports physical clinics. Children are required to have a physical before participating in many organized sports, summer camps and other activities. This can be cost-prohibitive for many families if they lack health insurance or have high deductibles. By providing free physicals, the Medical Center enabled over 700 local children to gain the physical and social benefits of participating in sports and other activities.

Faith Community Nursing

The mission of Adventist Health is to share God's love by providing physical, mental and spiritual healing. By partnering with area churches, our mission is enhanced. In 2012, the Faith Community Nursing program provided 7,100 volunteer hours for services including home, church and hospital visits; phone calls for health advice, counseling and support; and blood pressure clinics.

Spiritual Support

The Medical Center's chaplains provided 3,536 patient visits, pastoral counseling and support for 1,320 community members, 740 hours of employee counseling, and conducted 24 memorial services and four weddings. The chaplains also provided support groups, participated in the Suicide Prevention Task Force, provided suicide prevention education for physician office staff, and gave two service club presentations. In addition, the chaplains also coordinated the Chaplain's Fund, used to assist patients, employees and their families during times of need. In 2012, the chaplains were able to assist 134 families with over \$24,500 raised for the Chaplain's Fund.

OakPlus Wellness Program for Older Adults

OakPlus Senior Wellness Program members are invited to free monthly seminars where they can learn from physicians and other health experts about various topics like arthritis, nutrition, and heart health. The program also provides generous prescription discounts at both Community Pharmacy locations and many local businesses.

Seminar Topic	Presenter	Seniors in Attendance
“Understanding Cancer Risks and Treatments”	Catherine Jones, MD, Oncologist	55
“Stay Dry No Matter the Season”	Timothy Moreno, MD, Urologist	20
“Macular Degeneration and Other Diseases of the Eye”	Gerard Ardron, MD, Ophthalmologist	75
“Chronic Low Back Pain: Causes and Treatments”	Garth Troy Greenwell, DO, Physiatrist	80
“Relieving Joint Pain”	John Nelligan, MD, Orthopedist	60
“Aging with Grace”	Matthew Personius, MD, Family Practice	75
“Healthy Nutrition for Seniors”	Cherie Dale, Registered Dietitian	33
“Why Does My Leg Hurt?”	John Nelligan, MD, Orthopedist	37
“Safe at Home – Be Red Cross Safe”	Carole Mutzner, Red Cross Regional Mgr.	25

Health Education and Support Programs

The many support groups and health education classes conducted in 2012 include:

- Adult Diabetes Support Group
- Cancer Support Group
- Cardiac Rehabilitation
- Celiac Support Group
- Chair Aerobics
- Coronary Health Improvement Project (CHIP)
- Diabetes Management
- Family Fit Program
- First Aid / CPR
- Grief Support Group
- Joint Replacement Prehabilitation
- Kickboxing
- Lamaze / Breastfeeding
- Mended Hearts Group
- Neurological Support Group
- Nutritional Therapy
- Pulmonary Rehabilitation
- Quit for Life / Tobacco Cessation
- Safe Sitter
- Senior Center Fitness
- Stretch and Relax
- Support Group for Parents of Children with Type I Diabetes
- The Marvelous Mind
- Total Fitness
- Whole Life Fitness
- Yoga

Healthy Living, a quarterly newsletter reaching nearly 20,000 households in the Mother Lode, is a community service of the Medical Center. This journal of health and wellness features articles to promote healthy lifestyles.

Ask A Health Care Provider, a health column with two local newspapers providing valuable health information from experts such as physicians, nurses, dietitians, physical therapists, and social workers.

Community Events

- Diabetes Day – full day of demonstrations, exhibits and seminars, free healthy lunch provided
- Don Pedro Health Fair – free health screenings
- Groveland Family Wellness Fair – free health screenings
- Home and Garden Show – first aid station
- iWalk – breast health awareness event and walk
- Joint Pain Seminars – free seminars hosted by orthopedic surgeons
- Mother Lode Round Up Parade – health awareness parade float and free bottled water for spectators
- Senior Expo – healthy living exhibit and free health screenings
- Sonora Gran Fondo – Medical Center sponsored bike ride promoting Live Well Be Well Center
- Tuolumne County Health Fair – low-cost full blood panels, free health screenings, healthy living exhibits
- Tuolumne County Mother Lode Fair – first aid station
- Walk-A-Mile – heart health awareness event and walk

Community Support

Sonora Regional Medical Center donated over \$46,400 to 56 community service organizations including:

- | | |
|--|---|
| ▪ ADRA International | ▪ Mother Lode Junior Adventist Academy |
| ▪ Africa Mission Services USA | ▪ Mountain Springs Men’s Club |
| ▪ Amador Tuolumne Community Action Agency | ▪ Murphys Senior Center |
| ▪ American Cancer Society | ▪ National Alliance on Mental Illness |
| ▪ American Red Cross | ▪ Omega Nu |
| ▪ Avon Walk for Breast Cancer | ▪ Sierra HOPE |
| ▪ Black Hat Foundation | ▪ Sierra Nonprofit Services |
| ▪ Calaveras County Chamber of Commerce | ▪ Sierra Senior Providers |
| ▪ Calaveras County Fair and Jumping Frog Jubilee | ▪ Sierra Waldorf School |
| ▪ Calaveras County Office of Education | ▪ Sonora 49’r Rotary Club |
| ▪ Calaveras County Visitor’s Bureau | ▪ Sonora Chamber of Commerce |
| ▪ Canvasback Missions | ▪ Sonora High School |
| ▪ Center for a Non-Violent Community | ▪ Sonora Lions Club |
| ▪ Christian Heights Church | ▪ Soroptimist of Twain Harte |
| ▪ Delta Blood Bank | ▪ Southside Seniors |
| ▪ Distinguished Young Women | ▪ Summerville High School |
| ▪ Ebbetts Pass Moose Lodge | ▪ Summerville Parent Nursery School |
| ▪ Economic Prosperity Council of Tuolumne County | ▪ Susan G. Komen Foundation |
| ▪ Foothill Pregnancy center | ▪ TuCare |
| ▪ Friends of the Animal Community | ▪ Tuolumne County Breastfeeding Coalition |
| ▪ Groveland Area Involved Neighbors | ▪ Tuolumne County Business Council |
| ▪ Habitat for Humanity | ▪ Tuolumne County Chamber of Commerce |
| ▪ Jamestown Elementary School | ▪ Tuolumne County Girls Fast Pitch Softball |
| ▪ La Leche League | ▪ Tuolumne County Office of Education |
| ▪ Leadership Tuolumne County | ▪ Tuolumne County Recreation Department |
| ▪ Mentoring Works | ▪ Tuolumne County Visitor’s Bureau |
| ▪ Modesto Junior College Nursing Program | ▪ Tuolumne County Youth Soccer |
| ▪ Mother Lode Art Association | ▪ Vietnam Veterans of America Chapter 391 |



Facility

System-wide Corporate Policy

Standard Policy

Model Policy

Policy No.

AD-04-002-S

Page

1 of 1

Department:

Administrative Services

Category/Section:

Planning

Manual:

Policy/Procedure Manual

POLICY: COMMUNITY BENEFIT COORDINATION

POLICY SUMMARY/INTENT:

The following community benefit coordination plan was approved by the Adventist Health Corporate President's Council on November 1, 1996, to clarify community benefit management roles, to standardize planning and reporting procedures, and to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals.

POLICY: COMPLIANCE – KEY ELEMENTS

1. The Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines* will be the standard for community needs assessment and community benefit plans in all Adventist Health hospitals.
2. Adventist Health hospitals in California will comply with OSHPD requirements in their community benefit planning and reporting. Other Adventist Health hospitals will provide the same data by engaging in the process identified in the *Adventist Health OSHPD Community Benefit Planning & Reporting Guidelines*.
3. The Adventist Health Government Relations Department will monitor hospital progress on community needs assessment, community benefit plan development, and community benefit reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The Adventist Health Budget & Reimbursement Department will monitor community benefit data gathering and reporting in Adventist Health hospitals.
5. California Adventist Health hospitals' finalized community benefit reports will be consolidated and sent to OSHPD by the Government Relations Department.
6. The corporate office will be a resource to provide needed help to the hospitals in meeting both the corporate and California OSHPD requirements relating to community benefit planning and reporting.

AUTHOR: Administration
 APPROVED: AH Board, SLT
 EFFECTIVE DATE: 6-12-95
 DISTRIBUTION: AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors
 REVISION: 3-27-01, 2-21-08
 REVIEWED: 9-6-01; 7-8-03

COMMUNITY BENEFIT REPORT FORM – 2012

*Please return by Thursday, February 28, 2013,
to Karen O'Brien in Marketing
obrienkm@ah.org, 536-5021*

Hospital _____ Date _____

Service/Program _____ Target Population _____

The service is provided primarily for The Poor Special Needs Group Broader Community

Coordinating Department _____

Contact Person _____ Phone/Ext _____

Brief Description of Service/Program _____

Caseload _____ Persons Served or _____ Encounters

<i>Names of Hospital Staff Involved</i>	<i>Hospital Paid Hours</i>	<i>Unpaid Hours</i>	<i>Total Hours</i>
Total Hours			

1. Total value of donated hours (multiply total hours above by \$41.76) _____
 2. Other direct costs _____
 - Supplies _____
 - Travel Expense _____
 - Other _____
 - Hospital Facilities Used _____ hours @ \$ _____ /hour _____
 3. Value of other in-kind goods and services donated from hospital resources _____
 - Goods and services donated by the facility (describe): _____
 4. Goods and services donated by others (describe): _____
 5. Indirect costs (hospital average allocation _____%) _____
- Total Value of All Costs** (add items in 1-5) _____
6. Funding Sources _____
 - Fundraising/Foundations _____
 - Governmental Support _____
- Total Funding Sources** (add items in 6) (_____)
- Net Quantifiable Community Benefit**
(subtract "Total Funding Sources" from "Total Value of All Costs") _____

PLEASE USE OTHER SIDE TO REPORT NON-QUANTIFIABLE COMMUNITY BENEFITS AND HUMAN INTEREST STORIES

NON-QUANTIFIABLE COMMUNITY BENEFIT AND HUMAN INTEREST STORIES

Please fill in the date and complete the lines above the table on other side of worksheet

Who: _____

What: _____

When: _____

Where: _____

How: _____

Additional information may be obtained by contacting: _____

Phone: _____ Fax: _____ Email: _____

PLEASE USE OTHER SIDE TO REPORT QUANTIFIABLE COMMUNITY BENEFITS

**Sonora Regional Medical Center
Community Benefit Summary
Year Ending December 31, 2012**

	CASELOAD				TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	NUMBER OF PROGRAMS	PERSONS SERVED	UNITS OF SERVICE		TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
			NUMBER	MEASURE					
*BENEFITS FOR THE POOR									
Traditional charity care	1				3,272,607	1.81%	(0)	3,272,607	1.81%
Public programs - Medicaid	1				6,896,682	3.81%	3,745,070	3,151,612	1.74%
Other means-tested government programs (Indigent care)						0.00%		-	0.00%
Community health improvement services (1)						0.00%	-	-	0.00%
***Non-billed and subsidized health services (3)					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)					-	0.00%	-	-	0.00%
Community building activities (6)					-	0.00%	-	-	0.00%
TOTAL BENEFITS FOR THE POOR					10,169,289	5.62%	3,745,070	6,424,220	3.55%
**BENEFITS FOR THE BROADER COMMUNITY									
Medicare	1			Pt. Days / Visits	91,798,274	50.70%	71,203,833	20,594,441	11.37%
Community health improvement services (1)						0.00%	-	-	0.00%
Health professions education (2)					-	0.00%	-	-	0.00%
***Non-billed and subsidized health services (3)	19	27450	137197	visits	1,098,690	0.61%	-	1,098,690	0.61%
Generalizable Research (4)					-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)	32	500		persons served	23,039	0.01%	-	23,039	0.01%
Community building activities (6)					-	0.00%	-	-	0.00%
All other community benefits (7)	10	11342		persons served	173,059	0.10%	-	173,059	0.10%
TOTAL BENEFITS FOR THE BROADER COMMUNITY					93,093,062	51.42%	71,203,833	21,889,229	12.09%
TOTAL COMMUNITY BENEFIT					103,262,352	57.04%	74,948,903	28,313,449	15.64%

*Persons living in poverty per hospital's charity eligibility guidelines

**Community at large - available to anyone

***AKA low or negative margin services