



**St. Elizabeth Community Hospital**  
**Community Benefit Report FY2013**  
**Community Implementation Plan FY2014**

A message from Todd Smith, St. Elizabeth Community Hospital President and  
LeRoy Crye, Board Chair North State Service Area Community Board.

When we talk about health care today, the words *budget*, *cut*, and *restraint* get used a lot. It is impersonal and it is a way to look at health care by the numbers rather than by the patient. One word that has somehow lost its meaning is also the word we believe in most of all – the word *care*. At St. Elizabeth Community Hospital we strive to reintroduce humankindness to an industry focused on finance.

The Affordable Care Act created the National Prevention Council and called for the development of a National Prevention Strategy to realize the benefits of prevention for the health of all Americans. The overarching goals of the plan are to empower people, ensure healthy and safe community environments, promote clinical and community preventive services, and eliminate health disparities.

The Dignity Health system goals reflect those of health reform, namely expanding access, redesigning the delivery system, and utilizing limited resources in better, more coordinated ways so that quality can be continuously improved and patients and communities are healthier. These goals will be achieved through thoughtful *care*, whether it is demonstrated in the hospital or through the programs and services we offer in the community.

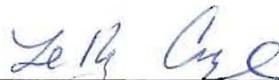
At St. Elizabeth Community Hospital we share a commitment to optimize the health of our community. In fiscal year 2013 St. Elizabeth Community Hospital provided \$6,453,465 in financial assistance, community benefit and unreimbursed patient care and \$13,056,563 including the uncompensated expense for Medicare. Because we care, how we contribute to the quality of life and the environment in our communities has always been and will continue to be a key measure of our success.

In accordance with policy, the North State Service Area Community Board has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 13, 2013 meeting.



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Todd Smith, President  
St. Elizabeth Community Hospital



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LeRoy Crye, Chairperson  
North State Service Area Community Board

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## EXECUTIVE SUMMARY

St. Elizabeth Community Hospital, (SECH) is located off of California Interstate 5 in Red Bluff. SECH serves a service area of 86,175 people who reside in Tehama County as well as a secondary service area that includes bordering communities in Glenn, Butte and Shasta Counties.

SECH is a not-for-profit, 76-bed licensed acute care hospital sponsored by the Sisters of Mercy of the Americas. SECH is a member of Dignity Health, a 40 hospital Catholic organization providing health care services in California, Nevada and Arizona. SECH has approximately 435 employees, 69 active volunteers and a medical staff of approximately 86 physicians.

St. Elizabeth Community Hospital, established in 1907, offers state-of-the-art medical technology and comprehensive care that provides the following services:

- 24- Hour Emergency Services (Level III Trauma)
- Inpatient Surgery
- Freestanding Outpatient Surgery Center
- Medical/Surgical Units
- Intensive Care Unit (8 beds)
- Maternal-child unit with a water birthing option and certified lactation consultation
- Full Service Outpatient/ Inpatient Imaging Services including MRI and PET/CT
- Respiratory Care Services
- Wound Services
- Social Services
- Spiritual Care Services
- Home Health & Hospice Services
- Physical Therapy & Occupational Therapy
- Laboratory Services & 2 Laboratory Draw Stations outside of the hospital
- Endoscope
- Pediatric Services
- Orthopedics, including minimally invasive and total joint replacement
- Sports Medicine Program
- Diabetic and Congestive Heart Failure (CHF) education and support program
- Pharmacy (Internal)

In addition, SECH donates meeting space for a variety of community service groups including diabetic support, childbirth education, cardiac care support, cancer support, head trauma support, fibromyalgia and lupus support.

A key component of rural health care services centers around successful physician recruitment. Primary Care is the linchpin of recruitment efforts as it is the most effective way to sustain community wellness. In FY2013 SECH introduced the local Dignity Health Medical Foundation which now offers specialist services including general surgery and orthopedics. Additionally, SECH entered into a leading edge agreement with Lassen Medical Group to provide Hospitalist services to our patient community. This program will be launched in early FY2014. Although Dignity Health sold the outpatient laboratory services to Quest Diagnostics in 2013, SECH continued to provide outreach laboratory draw services in Corning through our partnership with the Rolling Hills Health Clinic.

A great concern in rural communities is the need to recruit specialists to meet community need. To emphasize how difficult it can be to recruit specialists, Siskiyou, Shasta and Tehama counties have been trying to secure a urologist for the last 8 years. Due to the challenges facing rural communities in recruiting independent practitioners, the creation of a medical foundation is an important strategy for the North State. The Medical Foundation is now actively pursuing the recruitment of several specialties for Tehama County including a cardiologist, neurologist, an additional general surgeon and a urologist.

Redding Critical Care currently provides medical directorship for Respiratory Services and the ICU. SECH continues to work with Lassen Medical Group to help recruit primary care physicians based on community need. Additionally, to promote safety and healthy lifestyles, St. Elizabeth provides a Sports Medicine Medical Directorship. Dr. Riico Dotson, Orthopedic Surgeon and Sports Medicine Medical Director exceeds the requirements of the position by providing on field youth athletic coverage as well as presenting injury prevention and healthy lifestyle community education.

Regionally the three North State Region hospitals, Mercy Medical Center Redding, Mercy Medical Center Mt. Shasta and SECH, are working together to leverage resources and examine best practices among the facilities. A main focus is on sharing and leveraging resources by presenting complementary community education seminars and collaboration on select patient education in a regional approach ultimately creating a value statement of trust under the umbrella of the Dignity Health branding initiative and the recent cultural movement and marketing campaign, "Hello humankindness." SECH and the Dignity Health Hospitals of the north state continue to identify additional opportunities for regionalization and partnership in our chronic disease management programs, diabetes education and smoking cessation course offerings.

This report will describe how SECH serves the Tehama County community through our health care ministry support. During the fiscal year ending June 30, 2013, SECH provided approximately \$6 million (excluding shortfall from Medicare) in serving the poor and the broader community. This amount includes the hospital's investment through community grants and other gifts/sponsorships made to serve the greater good of our community.

# MISSION STATEMENT

## Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

## Our Vision

A vibrant, national healthcare system known for service, chosen for clinical excellence, standing in partnership with patients, employees and physicians to improve the health of all communities served.

## Our Values

Dignity Health is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value:

- **Dignity** - Respecting the inherent value and worth of each person.
- **Collaboration** - Working together with people who support common values and vision to achieve shared goals.
- **Justice** - Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.
- **Stewardship** - Cultivating the resources entrusted to us to promote healing and wholeness.
- **Excellence** - Exceeding expectations through teamwork and innovation.

# ORGANIZATIONAL COMMITMENT

SECH is committed to providing quality health and wellness services that address the health-related needs of our primary and secondary service areas. In the spirit of the Scriptures and the Sisters of Mercy tradition, we dedicate ourselves to a Christian-oriented response that embraces physiological, psychological, and spiritual healing, as well as the promotion of health. Fundamental to this response is respect for the dignity for all persons, those serving as well as those served, and reverence for life at all ages.

It is incumbent to the SECH team to demonstrate a further commitment to develop excellent health care services in a financially responsible manner as we recognize our commitment as the area's acute care health facility for the indigent. Our health care community partners appreciate the wisdom of collaboration as we join in the effort to deliver the Community Benefit process in the following manner:

- Community Benefit efforts are regularly shared with Senior Management.
- Employees receive community benefit information in employee orientation and in the monthly employee newsletters.
- Annual employee forums presented by the Hospital President include a formal community benefit update to employees.
- The local Advisory Council receives community benefit strategy updates every other month.
- Community agencies and the Advisory Council participate in the Community Health Needs Assessment.

- Management and the Advisory Council receive a formal presentation of the Community Health Needs Assessment results; these results shape our Community Benefit strategy and plan.
- A subgroup of the Council is involved in selecting applicants to receive Dignity Health Community Grant dollars.

Additionally, SECH shares Community Benefit information with the Dignity Health North State Board. This Board of Directors represents the North State Service Area (NSSA) and has overall responsibility for community benefit activities. The NSSA Board also gives final approval of the annual community benefit plans for Mercy Medical Center Redding, Mercy Medical Center Mt. Shasta, and SECH. The NSSA Community Board roster is included in Appendix A.

Non-Quantifiable Benefits of the hospital include our contribution to various boards throughout the community. The Director of Mission Integration serves on the Northern Valley Catholic Social Services Board, the Tehama County Health Board, First Five Tehama Board and Tehama Together Community Board. Economic development is instrumental to Tehama County and surrounding areas. Therefore, the Manager of Marketing has served on the Red Bluff Tehama County Chamber of Commerce Board of Directors for five years and has presided in the capacity of Chamber Chair of the Board for two years. Additionally, the President of the Hospital serves on the Tehama County Economic Development Corporation Board. Several members of the leadership team are members of active community service clubs including Rotary and Soroptimists International. SECH has also provided free grant writing skills trainings to non-profit Tehama County agencies to help ensure the organizations have the tools and information they need to aptly apply for the Dignity Health Community Grant Program.

In addition to the collaborative efforts of the hospital, SECH has engaged in a medical equipment procurement program under the leadership of the Surgery Director. To date, several shipping containers filled with expired equipment including an ambulance have been delivered to Liberia, Africa, to assist the Firestone Rubber Plant Medical Center. SECH leads the effort of healthy lifestyle in the Tehama County region by participating in various health and wellness fairs throughout the county as well as providing nutrition and wellness presentations to larger employers such as the Wal Mart Distribution Center and local service clubs.

On the ecology forefront, SECH has been awarded the Green Award at the Green Health Summit and continues to be a leader in waste management and reduction. SECH partners with Tehama County Waste Management to provide SHARPS containers and collection as well as endorse a recycling program at the local fairgrounds, partnering with the Poor and the Homeless to gather and recycle containers during events held at the property. The Ecology team has created a hazardous materials business plan and continues to focus on improving our environment while cutting costs.

Finally, SECH is honored to be the recipient of the Thomson Reuters National 100 Top Hospital award for the seventh consecutive year. As a region, all three of the Dignity Health Hospitals also achieved the Avatar International Exceeding Patient Expectations award in May 2012.

# COMMUNITY

SECH is located in Tehama County which consists of 2,951 square miles and is approximately midway between Sacramento and the Oregon border. The county is bordered by Glenn County to the south, Trinity and Mendocino counties to the west, Shasta County to the north, and Butte and Plumas counties to the east. The county is situated in the northern portion of the Sacramento Valley and is divided in half by the Sacramento River. Red Bluff, the county seat, was established in 1856 and is located on the Interstate 5 corridor.

The following demographics represent statistical data for SECH's core service area (CSA).

- Population: 86,175 which is less than 1% of California's total
- Diversity:
  - ◆ Caucasian 68.5%
  - ◆ Hispanic 25.1%
  - ◆ Asian & Pacific Islander 1.4%
  - ◆ African American 0.5%
  - ◆ American Indian/Alaska Native 1.9%
  - ◆ 2+ races 2.5%
  - ◆ Other 0.1%
- Average Income: \$52,798
- Uninsured: 22.7%
- Unemployment: 13.9%
- No HS Diploma: 19.8%
- Renters: 31.2%
- CNI Score: 4.5
- Medicaid Patients: 23.7%
- Other Area Hospitals: Enloe Medical Center

To complement the traditional methodology used to conduct community needs assessments, in May 2004 Dignity Health announced the development of a standardized measure of community need that provides an objective measure of access to health care. The Community Need Index (CNI) is a tool used to measure community need in a specific geography through analyzing the degree to which a community has the following health care access barriers: a) Income barriers, b) Educational/literacy barriers, c) Cultural /language barriers, d) Insurance barriers, and e) Housing barriers.

Using statistical modeling, the combination of the above barriers results in a score between 1 (less needy) and 5 (most needy). Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Communities with scores of "5" are more than **twice** as more likely to need inpatient care for preventable conditions than communities with a score of "1." The CNI map of the St. Elizabeth Community Hospital service area is included in the appendix, with the individual zip code scores. SECH is located in zip code 96080. The majority of the SECH service area communities are designated as Disproportionate Unmet Health Needs (DUHN) communities.

# COMMUNITY BENEFIT PLANNING PROCESS

## Community Needs Assessment Process

SECH is committed to involving and informing the residents of Tehama County in a Community Needs Assessment Survey process. *Professional Research Consultants (PRC)* has historically conducted the assessment process for the NSSA. PRC's health needs assessment has been a significant investment for SECH and was conducted every three years since 2000. Over the course of the survey cycles, little change occurred in the major health needs of the community. Additionally, the results have indicated a significant unidentified category of health needs and behaviors illustrated as the OTHER category. To clarify this OTHER category and reduce expenses, SECH decided to manage the 2011 community health needs assessment (CHNA) at the facility level. The CHNA process is about developing relationships and partnerships as much as it is uncovering gaps in service. The SECH Community Benefit team utilized the CHNA process through a partnership with the Simpson College Bachelors of Nursing ASPIRE students and California State University, Chico's Health Services Administration Program.

To ensure the best representation of the population surveyed, a mixed methodology was employed via paper surveys and identical web-based surveys via Survey Monkey.com. The sample design utilized for this effort consisted of a random sample of 450 individuals living in Tehama County aged 18 and older. The sample of 450 area residents is highly representative of the adult population and presents a maximum statistical error rate of +/-4% at the 95 percent level of confidence.

Survey responses from the community were obtained in person by attending various health agency and committee meetings, health and education fairs and online through community email lists provided by the local chambers of commerce. Additionally, announcements regarding the survey were made in the local newspapers that included the electronic link address by which the survey was accessed. Once data was obtained, it was then analyzed by evaluating published reports from national sources such as Healthy People 2020 or the 2010 US Census to quantitatively compare data collected in the 2011 CHNA. Data was then compared qualitatively by quantifying statistics numerically and comparing against secondary data sources. The results revealed a list of top perceived health risks and behaviors as per the community's perspective, many of which overlap. The top areas are listed below:

**Health Behaviors:** Drug abuse, being overweight, alcohol, poor eating habits, lack of exercise, tobacco use, and not using birth control.

**Health Concerns:** Obesity, mental health, cancers, teenage pregnancy, aging problems, diabetes, and child abuse/neglect.

By conducting the CHNA at the facility level, SECH was able to gain a better insight into the needs of the community. Five of eight past top health concerns remained top priorities and only one new behavioral health risk was added when compared to earlier assessments.

The Community Health Needs Index zip codes were targeted in the distribution of the survey by ensuring personal delivery of the survey in paper form was made available in these zip codes; the greatest amount of surveys was collected from the 96080 zip code which has a CNI score of 4.4. Eight of the 10 CNI zip codes have been rated with a CNI of 4 or greater.

**Asset Management:**

A community asset assessment has not been conducted at this time and may be addressed in the future by the Tehama County Public Health Services Agency.

**Community Benefit Report and Implementation Plan:**

Upon completion of gathering the CHNA results, a ranking process was presented to the SECH Advisory Council who ranked the health concerns and behaviors in order of perceived importance based on the perceived seriousness of the health need and the potential impact of the hospital and known resources in the community. These rankings were compiled and priority topics were published to the SECH management team and Community Grants Selection Committee. The results were also presented to the community via a press release and the free grant writing workshop available to all non-profit agencies in the county. The results were not surprising as Obesity and related diseases were identified as the number one health concern. Analysis has indicated significant correlation between the CNI communities and preventable diseases and hospital admissions.

**Planning for the Uninsured/Underinsured Patient Population:**

SECH plans for the uninsured/underinsured patient population in accordance with the Dignity Health policy for persons in need of financial assistance for their care, and the SECH Admitting Department participates in the Dignity Health Cover the Uninsured initiative. Additionally, the hospital president, Jon Halfhide has presented the state of Health Care and Health Care Reform updates throughout the North State community to assist in the education of the general population on the importance of economic development, creation of commercially insured jobs and staying healthy and well. Below is the Dignity Health policy which describes eligibility and notification of patients and the public regarding this policy.

**Policy Overview:**

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

**Eligibility for Patient Payment Assistance:**

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

### Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
  - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
  - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
  - c. a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
  
- It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
  
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

### Patient Payment Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the termination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
  
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
  
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
  
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health facility.

Dignity Health's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as income for these purposes.

### Communication of the Payment Assistance Program to Patients and the Public:

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency

and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.

- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

#### Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

#### Relationship to Collection Policies:

- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

#### Regulatory Requirements:

In implementing this policy, dignity health management and dignity health facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

# PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

SECH operates or supports community health needs in a variety of ways. Due to the stability of the health needs of our community, most programs or partnerships run continuously year to year. However, evaluation of the programs and partnerships is conducted by senior management on a regular basis to ensure proper stewardship of our resources and those of partnering agencies. Below is a list of the health initiatives, all of which align with the five core principals of our 2011 Community Health Needs Assessment.

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

## Initiative I: Improving Access to Healthcare

- Charity Care for uninsured/underinsured and low income residents
- Mammography assistance program
- Physician recruitment efforts
- Partnership with Rolling Hills Clinic, Federally Qualified Indian Health Clinic
- Health Spree free health fair and screenings including flu shots, cholesterol, blood pressure, respiratory, EKG and glucose testing
- Cinco de Mayo and Bi National Health Fairs participation offering nutrition services consultation, glucose and cholesterol testing

## Initiative II: Preventing and/or Managing Chronic Health Conditions: Type II Diabetes and Congestive Heart Failure

- Conversion of SECH to a "Tobacco Free Campus"
- SECH Tobacco Cessation classes
- Congestive Heart Failure Readmission Initiative
- Palliative Care program
- SECH employee Well Call program
- Diabetes education program
- Diabetes support group program
- Health Scene direct mail newsletter addressing active lifestyle choices, disease prevention and treatment and healthy recipes
- Private Health News articles; free online health user customized monthly health newsletter

Initiative III: Improving physical activity and dietary habits

- Sports Medicine nutrition, injury prevention and treatment program(s)
- Discovering Women's Health series presented by board certified medical staff addressing health issues including bladder incontinence, skin cancer, breast cancer, stroke and heart disease
- Health Spree free health fair and screenings including flu shots, cholesterol, blood pressure, respiratory, E.K.G. and glucose testing
- Cinco de Mayo and Bi National Health Fairs participation offering nutrition services consultation, glucose and cholesterol testing
- Health Scene direct mail newsletter addressing active lifestyle choices, disease prevention and treatment and healthy recipes
- Private Health News articles; free online health user customized monthly health newsletter

The initiatives listed above are regularly monitored by the Senior Director of Mission Integration and senior management team. Additionally, regular updates are provided to the Advisory Council and shared with the managers during the monthly management team meetings.

The following pages include Program Digests for the programs that address one or more of the Initiatives listed above.

# PROGRAM DIGEST

<b>Diabetes: Reduction of Type II Diabetes Readmissions</b>	
<b>Hospital CB Priority Areas</b>	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here <ul style="list-style-type: none"> <li>✓ Obesity</li> <li>Drug Abuse</li> <li>✓ Poor Eating Habits</li> <li>✓ Diabetes</li> <li>Cancer</li> </ul>
<b>Program Emphasis</b>	Please select the emphasis of this program from the options below: <ul style="list-style-type: none"> <li>✓ Disproportionate Unmet Health-Related Needs</li> <li>✓ Primary Prevention</li> <li>✓ Seamless Continuum of Care</li> <li>Build Community Capacity</li> <li>Collaborative Governance</li> </ul>
<b>Link to Community Needs Assessment</b>	Diabetes is a dominant disease in our community. Additionally, contributing conditions including obesity and poor eating habits are directly related to diabetes.
<b>Program Description</b>	Beginning in 2008, all patients admitted to SECH with a primary diagnosis of diabetes receive diabetic and nutrition counseling and education prior to discharge. These patients are encouraged to attend our community diabetes education class and support group. Additionally, if desired, each patient receives a follow up phone call for a minimum of 6 months and is provided medical nutrition therapy outpatient services by a registered dietician.
<b>FY 2013</b>	
<b>Goal 2013</b>	Demonstrate a 5% decrease in readmissions of participants in the hospital's preventative health intervention program. We anticipate the program will better educate the targeted population resulting in better patient management of his/her primary or secondary diagnosis of diabetes.
<b>2013 Objective Measure/Indicator of Success</b>	SECH will monitor patients participating in the program via chart review and RN in charge of the follow-up phone program.
<b>Baseline</b>	Diabetes continues to be the number one health risk as shown in the 2011 Community Health Needs Assessment. Prior to launching our diabetic program in 2007 our baseline of readmissions for Type II insulin dependent and Type 1 was 25%.
<b>Intervention Strategy for Achieving Goal</b>	SECH designed and implemented a diabetic teaching program to teach clinical providers how to better identify, instruct and follow-up with high risk patients, especially women and women of childbearing age. The goal is to move this education to encompass a broader audience, by hosting a diabetic health fair in the fall of FY 2012-2013.
<b>Result FY 2013</b>	In FY13 there were a total of 325 patients monitored. There were 14 patients (4.3%) admitted to the Hospital or ED within six months of the intervention. Due to limited and competing resources a diabetes specific health fair was not hosted, however a glucose screening was offered at the annual health spree event in October, 2013. In addition the hospital offered a one day seminar, "Diabetes in the 21 <sup>st</sup> Century" by Beverly Dyck Thomassian, RN, BC-ADM, MPH, CDE. This seminar was for nurses and clinicians and the goal of

	seminar was to teach nurses and clinicians management goals & medications, oral medications and insulin, and diabetes essentials and survival skills.
<b>Hospital's Contribution / Program Expense</b>	\$15,770
<b>FY 2014</b>	
<b>Goal 2014</b>	SECH will continue to reduce the number of readmissions of diabetic patients to the ED and hospital through early intervention.
<b>2014 Objective Measure/Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. All in patients with primary or secondary diagnosis of diabetes will be offered to participate in a Follow up Program with a RN.</li> <li>2. Bi-monthly diabetic education classes will be offered to patients and the broader community.</li> <li>3. Upon discharge each patient will receive a packet of materials describing how to manage diabetes.</li> <li>4. Patients and the broader community will have an opportunity to attend 3-monthly diabetic support groups.</li> </ol>
<b>Baseline</b>	Diabetes continues to show up on our health needs assessment. This health need is confirmed by the local physicians as well as the Tehama County Department of Education, school nurses.
<b>Intervention Strategy for Achieving Goal</b>	SECH will design and implement a diabetic teaching program that will teach clinical providers how to better identify, instruct and follow-up with high risk patients, especially women and women of childbearing age. The goal is to move this education to encompass a broader audience, by hosting a diabetic health fair in the fall of FY 2012-2013

<b>CHF: Reduction of Congestive Heart Failure Readmissions</b>	
<b>Hospital CB Priority Areas</b>	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here <ul style="list-style-type: none"> <li>✓ Obesity</li> <li>Drug Abuse</li> <li>✓ Poor Eating Habits</li> <li>✓ Diabetes</li> <li>Cancer</li> </ul>
<b>Program Emphasis</b>	Please select the emphasis of this program from the options below: <ul style="list-style-type: none"> <li>✓ Disproportionate Unmet Health-Related Needs</li> <li>✓ Primary Prevention</li> <li>✓ Seamless Continuum of Care</li> <li>Build Community Capacity</li> <li>Collaborative Governance</li> </ul>
<b>Link to Community Needs Assessment</b>	Congestive Heart Failure (CHF) and heart disease are predominant among the community members and common for the Tehama County demographic. CHF can be directly linked to lifestyle and preventable diseases including poor eating habits, obesity and diabetes.
<b>Program Description</b>	Program consists of follow-up phone calls and discharge intervention to promote wellness, by a RN. Upon discharge our CHF patients receive a Self-care Handbook: Learning to Live with Heart Failure. Also available for charity

	care patients, scales to weigh themselves for unexpected rapid weight gain which indicates build-up of fluids.
<b>FY 2013</b>	
<b>Goal 2013</b>	SECH will continue to reduce the number of readmission of CHF patients to the ED and hospital through early intervention.
<b>2013 Objective Measure/Indicator of Success</b>	We will monitor patients participating in this program via chart review and RN assigned to the follow-up phone program.
<b>Baseline</b>	CHF continues to appear on our health needs assessment. This health need is confirmed by the local physicians. Although SECH does not have a specific cardiac program it is possible with this program to help CHF patients better manage their illness while at home thus reducing ED visits.
<b>Intervention Strategy for Achieving Goal</b>	SECH will continue to add components to this existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF inpatient is given a packet especially designed for the CHF patient, on how to manage his or her illness. Each patient is encouraged to enroll in our <i>Follow-up</i> phone program.
<b>Result FY 2013</b>	In FY13 there were a total of 117 patients monitored. There were 7 patients (6.0%) admitted to the Hospital or ED within six months of the intervention.
<b>Hospital's Contribution / Program Expense</b>	\$12,170
<b>FY 2014</b>	
<b>Goal 2014</b>	SECH will continue to reduce the number of readmissions of CHF patients to the ED and hospital through early intervention.
<b>2014 Objective Measure/Indicator of Success</b>	We will monitor patients participating in this program via chart review and RN assigned to the follow-up phone program.
<b>Baseline</b>	CHF continues to appear on our health needs assessment. This health need is confirmed by the local physicians. Although SECH does not have a specific cardiac program it is possible with this program to help CHF patients better manage their illness while at home thus reducing ED visits.
<b>Intervention Strategy for Achieving Goal</b>	SECH will continue to add components to this existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF inpatient is given a packet especially designed for the CHF patient, on how to manage his or her illness. Each patient is encouraged to enroll in our <i>Follow-up</i> phone program.

# COMMUNITY BENEFIT AND ECONOMIC VALUE

## **Economic Value:**

Economic value of community benefit is defined as the reporting responsibilities associated with providing charity care, unpaid costs of Medicaid, Medicare, and indigent programs, education and research, non-billed services, cash and in-kind donations. Using a cost accounting methodology, St. Elizabeth Community Hospital provided more than \$6 million in unsponsored care and programs for the benefit of the community in FY2013. Unsponsored care includes cost of care for persons who are poor, the costs associated with caring for Medicare, Medicaid and other government program beneficiaries and costs for services the hospital subsidizes because the services are not offered anywhere else in the community. Listed below is the fiscal year 2013 Community Benefit Inventory for Social Accountability (CBISA) classified summary.

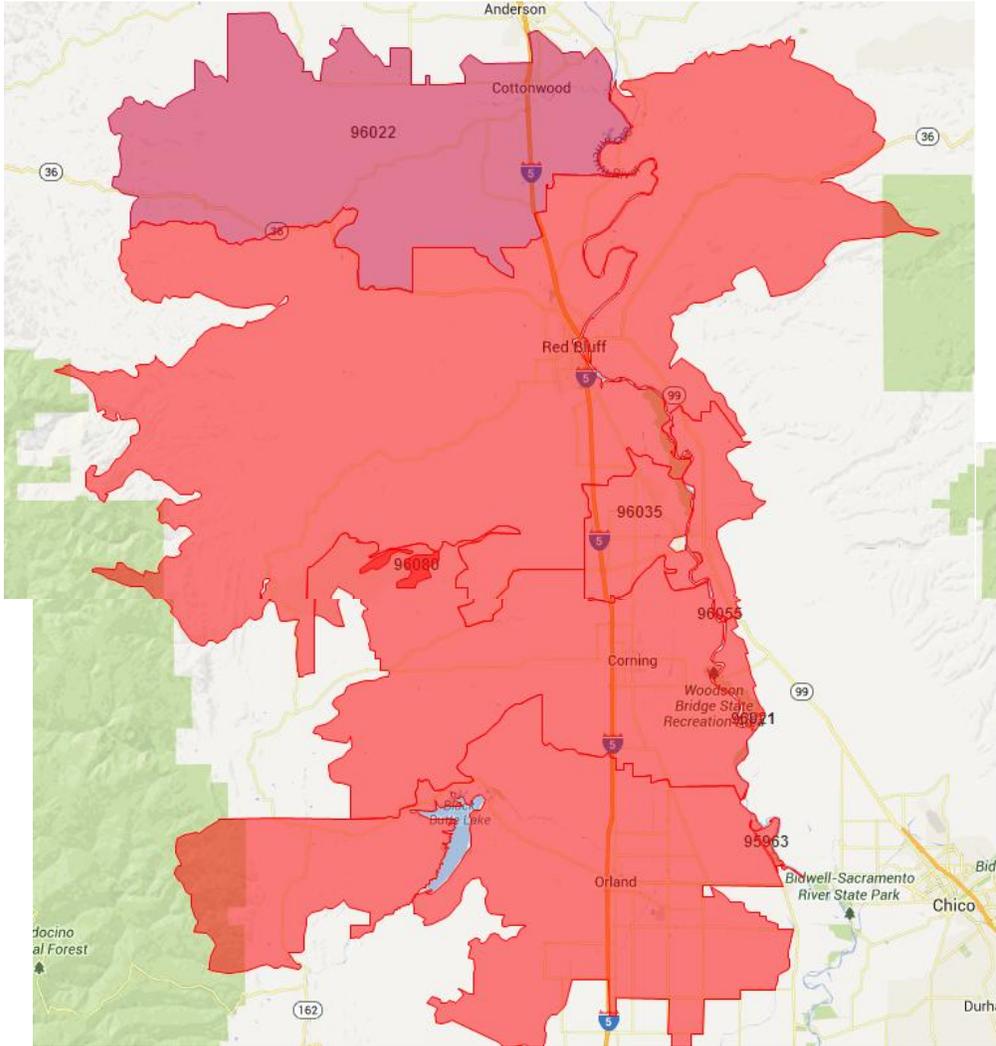
SECH shares the community benefit story in a variety of venues. Primarily, details of the community benefit programs are shared every other month with the Advisory Council during a designated community benefit update agenda item. Additionally, the Senior Director of Mission Integration provides detailed updates to the health community at large during the Tehama County Health Board meetings. Community benefit plans, projects and milestones are also shared within the region during the North State Service Area Community Board meetings. Physicians are regularly updated on the community benefit investments once a year during a general medical staff meeting and the medical executive team is updated monthly. The community at large can learn about the community benefit activities of SECH through the following items:

- Mandatory Heritage Training provided to all employees, volunteers and physicians
- Presentations to local community service groups
- Advisory Council Meetings (every other month)
- Dignity Health North State Service Area Meetings
- Health Scene Newsletter (3 times a year)
- Private Health Online Newsletter (monthly)
- Local media attention
- Annual Employee Forums (annually)
- Various E-mail updates to employees
- Medical staff meetings (monthly)
- Employee Newsletter quarterly
- Updated bulletin boards throughout facility
- Director/Managers meetings (monthly)
- New Employee Orientation (monthly)
- Facility and system websites
- Community calendar publications

**St. Elizabeth Community Hospital**  
**Classified Summary Including Non Community Benefit (Medicare)**  
**For period from 7/1/2012 through 6/30/2013**

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization	
					Expenses	Revenues
<b><u>Benefits for Living in Poverty</u></b>						
<b>Financial Assistance</b>	<b>740</b>	<b>1,737,126</b>	<b>0</b>	<b>1,737,126</b>	<b>2.4</b>	<b>2.2</b>
<b>Medicaid</b>	<b>20,671</b>	<b>18,065,492</b>	<b>15,922,270</b>	<b>2,143,222</b>	<b>2.9</b>	<b>2.7</b>
<b>Means-Tested Programs</b>	<b>3,052</b>	<b>2,822,296</b>	<b>1,022,399</b>	<b>1,799,897</b>	<b>2.5</b>	<b>2.3</b>
<b>Community Services:</b>						
Comm. Benefit Operations	0	62,772	0	62,772	0.1	0.1
Comm. Health Improvement Svcs.	475	35,863	0	35,863	0.0	0.0
Financial and In-Kind Contributions	29	499,926	0	499,926	0.7	0.6
<b>Totals for Community Services</b>	<b>504</b>	<b>598,561</b>	<b>0</b>	<b>598,561</b>	<b>0.8</b>	<b>0.8</b>
<b>Totals for Living in Poverty</b>	<b>24,967</b>	<b>23,223,475</b>	<b>16,944,669</b>	<b>6,278,806</b>	<b>8.5</b>	<b>7.9</b>
<b><u>Benefits for Broader Community</u></b>						
<b>Community Services:</b>						
Comm. Health Improvement Svcs.	374	63,680	0	63,680	0.1	0.1
Financial and In-Kind Contributions	85	78,231	0	78,231	0.1	0.1
Health Professions Education	4	32,748	0	32,748	0.0	0.0
<b>Totals for Community Services</b>	<b>463</b>	<b>174,659</b>	<b>0</b>	<b>174,659</b>	<b>0.2</b>	<b>0.2</b>
<b>Totals for Broader Community</b>	<b>463</b>	<b>174,659</b>	<b>0</b>	<b>174,659</b>	<b>0.2</b>	<b>0.2</b>
<b>Totals for Community Benefit</b>	<b>25,430</b>	<b>23,398,134</b>	<b>16,944,669</b>	<b>6,453,465</b>	<b>8.8</b>	<b>8.1</b>
Medicare	25,470	31,819,778	25,216,680	6,603,098	9.0	8.3
<b>Totals with Medicare</b>	<b>50,900</b>	<b>55,217,912</b>	<b>42,161,349</b>	<b>13,056,563</b>	<b>17.8</b>	<b>16.5</b>

# St. Elizabeth Community Hospital Community Needs Index (CNI) Map



### Lowest Need



	Zip Code	CNI Score	Population	City	County	State
	95963	4.6	16423	Orland	Glenn	California
	96021	4.8	15483	Corning	Tehama	California
	96022	3.4	16279	Cottonwood	Tehama	California
	96035	5	3969	Gerber	Tehama	California
	96055	4.2	3847	Los Molinos	Tehama	California
	96080	4.4	27912	Red Bluff	Tehama	California

**CNI Score Median: 4.5**

**FY 2014**  
**DIGNITY HEALTH NORTH STATE SERVICE AREA**  
**COMMUNITY BOARD MEMBERS**

LeRoy Crye, Chairperson

Douglas Hatter, M.D., Secretary

Mark Korth, North State Service Area President

Fernando Alvarez, M.D.

Diane Brickell

Jim Cross

Sister Nora Mary Curtin

Sandra Dole

Sutton N. Menezes, M.D.

Any communications to Board Members should be made in writing and directed to:

Lynn Strack, Executive Assistant  
Dignity Health North State  
P. O. Box 496009  
Redding, CA 96049-6009  
(530) 225-6103 phone  
(530) 225-6118 fax

8/1/13

**FY 2014  
ST. ELIZABETH COMMUNITY HOSPITAL  
LOCAL ADVISORY COUNCIL MEMBERS**

**Community Members**

C. Jerome Crow, Chair (Aide to Assemblyman Jim Nielsen)  
Valerie Lucero, Co-chair (Director of Tehama Public Health)  
Jolene Kemen, Secretary (Community Member)

Gregg Cohen, District Attorney for Tehama County  
LeRoy Crye, Community Member  
Art Dowell, Community Member  
Doug Fairey, Owner Dutch Bros  
Jane Flynn, Sun Pacific Farms  
Sr. Gloria Heese, Sister of Mercy  
Steven Jenson, Director Rolling Hills Clinic  
Darwyn Jones, District Manager for Walmart Distribution Center  
Jolene Kemen, Red Bluff Roundup Association Director  
Scott Malan, MD  
Jon Pascarella, DDS  
Shan Patterson, Community Member  
Kendall Pierson, General Manager Sierra Pacific Industries  
Charlene Reid, Director Tehama Co Social Services  
Jessie Shields, Community Member

**St. Elizabeth Community Hospital Staff**

Todd Smith, President  
Sue Ampf, Development Officer, Mercy Foundation North  
Kristen Behrens, Marketing Manager  
Joanne Heffner, VP Patient Care/CNE  
Denise Little, Director Human Resources  
Sr. Pat Manoli, Senior Director Mission Integration  
Linda Ezzart Auxiliary President