



## Marian Regional Medical Center

- Marian Campus
- Arroyo Grande Campus

### ***Community Benefit Report 2014 And Implementation Plan 2015***





A message from Charles J. Cova, President & CEO of Marian Regional Medical Center; Senior Vice President, Operations, Dignity Health Central Coast, and Jacqueline Frederick, Esq., Chair of the Dignity Health Marian Regional Medical Center Community Board.

The Hello humankindness campaign launched by Dignity Health is a movement ignited and based on the proven idea that human connection, be it physical, verbal, or otherwise, leads to better health. At Dignity Health the comprehensive approach to community health improvement recognizes the multi-pronged effort needed to meet immediate and pressing needs, to partner with and support others in the community, and to invest in efforts that address the social determinants of health.

Marian Regional Medical Center and its Arroyo Grande campus share a commitment to improve the health of our community and have offered programs and services to achieve that goal. The 2014 Annual Report and 2015 Plan for Community Benefit fulfills section 501 (r) of the Patient Protection and Affordable Care Act, where each hospital must complete a community health needs assessment every three years and develop a community health implementation plan to document how it will address the significant health needs of the community. We are proud to provide this report as a continuation of the work we have done over the past 75 years to better the health of the communities we serve.

In addition, California State Senate Bill 697 requires not-for-profit hospitals to annually report its community benefit efforts and measurable objectives as well as its plans for the coming year. Encouraged and mandated by its governing body, Dignity Health hospitals comply with both mandates at each of its facilities and is proud of the outstanding programs and services that have been offered to improve the health of the communities we serve.

In fiscal year 2014, Marian Regional Medical Center provided \$40,059,344 in financial assistance, community benefit, and unreimbursed patient care. Including the unreimbursed cost of caring for patients covered by Medicare, the total expense was \$55,468,008. The Arroyo Grande campus provided \$5,787,882 in financial assistance, community benefit, and unreimbursed patient care. Including the unreimbursed cost of caring for patients covered by Medicare, the total expense was \$12,945,944.

The Community Board for Dignity Health's Marian Regional Medical Center has reviewed and approved the annual Community Benefit Report and Implementation Plan at its September 2014 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 805-739-3593.

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# Executive Summary

Marian Regional Medical Center, a member of Dignity Health, is a Judeo-Christian healthcare ministry founded by the Sisters of St. Francis in 1940. Marian has a 25-acre campus located in Santa Maria, CA with a fully integrated healthcare delivery system. Marian Regional Medical Center's second campus in Arroyo Grande, located approximately 15 miles north of Marian, has been serving the health care needs of the Five Cities area since 1961 and became a member of Dignity Health in 2004.

Marian Regional Medical Center is rated among the top 10% in the nation for cardiac care and its cancer program is distinguished as the only comprehensive Community Cancer Center on the Central Coast. The combination of a growing patient population, technology advancements and the desire to provide the highest level of care led Marian to open the doors to a new state-of-the-art, 191-bed facility in the May of 2012. Currently, Marian has over 1,500 employees, 315 physicians and approximately 450 volunteers. The new facility houses a 21-bed NICU, the largest and most comprehensive perinatology/neonatology service on the Central Coast. Marian also has a 99-bed Extended Care Center, Homecare/Hospice and Infusion Service, and sixteen outpatient health centers. Marian Regional Medical Center (Marian and Arroyo Grande campuses) and French Hospital Medical Center make up the Dignity Health Hospitals of the Central Coast. Dignity Health of the Central Coast is an integrated network of top quality hospitals, physicians from prestigious medical schools, and comprehensive outpatient services including primary care and specialty physician offices, ambulatory surgery centers, technologically-advanced laboratories and imaging centers; all recognized for quality, safety and service.

The Arroyo Grande campus, a 67-bed acute care facility is well known for providing top level medical-surgical, acute rehab and emergency care services. The Arroyo Grande campus has been recognized with a "Blue Distinction" award for their Knee and Hip Replacement Services by Blue Cross and Blue Shield and continues to be nationally ranked in the top 10% of all U.S. hospitals for Joint Replacement surgical services. The Arroyo Grande campus 20-bed Acute Rehabilitation unit serves patients who suffer functional loss from illnesses such as stroke, neurological and brain injury, spinal cord injury or other impairments requiring rehabilitation. This campus has the second busiest Emergency Department in the San Luis Obispo County, treating an average of 1,900 patients each month and consistently excels in patient satisfaction ratings. With an affiliation of approximately 213 active physicians, surgeons and other medical professionals and 357 employees, the Arroyo Grande campus continues to be highly regarded for excellent healthcare.

Major community benefit activities for fiscal year 2014 focused on improving access to health care. Pacific Central Coast Health Centers' Community Clinics in Santa Maria and Guadalupe offer high quality health care and health education to these communities with a focus on providing services to the uninsured, under-insured, working poor and vulnerable populations. Each clinic is located in a predominantly Hispanic, low-income area. The clinics provide primary care, pediatrics, OB/GYN and same day care services. Both clinics have bilingual staff. The Santa Maria Clinic also offers Saturday hours for working families that have children requiring CHDP (Child Health Disability Prevention) physicals and immunizations, as well as transportation resources to and from appointments for the OB patients. In concert with the goal of keeping our communities healthy and educated, the clinics also provide outreach and intervention for health issues such as diabetes, obesity, high blood pressure, as well as flu vaccination clinics.

Marian partners with the Santa Barbara County Public Health Department's Women's Health Clinic to serve expectant mothers speaking Mixteco. Marian provides DVD's in **Mixteco** to explain **Labor and Delivery** services which may seem culturally strange to the Mixteco mother. There are also certified Mixteco interpreters available to assist new mothers with cultural and language barriers helping them to feel more comfortable during the stay in the hospital.

**The Dignity Health Community Grants Program** provides 501(3)c “accountable care communities” the opportunity to apply for funds designed to meet the health priorities identified in the Community Health Needs Assessment (CHNA) and the hospitals program emphasis. Funded non-profit agencies serve populations identified in the CHNA by providing services, activities and events that aim to improve the quality of their life for participants.

Marian Regional Medical Center’s **Cancer Care Program** is accredited as a Comprehensive Community Cancer Center by the American College of Surgeons’ Commission on Cancer. Marian Cancer Care is located in the new Mission Hope Cancer Center and offers a full range of support services beyond clinical care that are free of charge. We have an extensive program of services to guide and help individuals from diagnosis, treatments and follow-up care. Our Breast Care Program offers the services of a certified breast cancer nurse navigator to help guide patients from diagnosis through treatment and beyond. The outpatient palliative care program helps people live better through their cancer treatment by managing side effects and pain. The Survivorship Program focuses on the unique needs of survivors. Patients have access to information and services on cancer prevention, cancer survivorship, psychosocial support, education, nutrition, spirituality, and mind/body approaches to healing and wellness such as yoga, acupuncture, meditation and energy balancing. Patients also have access to the free Mission Hope transport van for rides to and from appointments.

**Coastal Cancer Care Center’s** support services at the Arroyo Grande campus include a dedicated cancer nurse navigator. Navigators are the community “411” information points for cancer care, and can answer many questions regarding cancer screening, treatment, follow-up and resources available to patient and family members touched by a cancer diagnosis. The Arroyo Grande campus’ cancer awareness and support program offers extensive informative educational outreach efforts to the community about many types of cancer including but not limited to skin, prostate, lung, breast, and colon, particularly to those identified as poor, vulnerable, and underinsured. Outreach consists of on-sight screenings at health fairs and promotional events, mailers, newsletters and other informative tools to reach the poor and broader community on how to prevent cancer, treatment options if necessary and other resources available to the community.

**Health education** for Marian Regional Medical Center and Arroyo Grande campus is viewed as a priority as identified in the CHNA to address clinical conditions with a program emphasis on primary prevention. It is the intent to empower community members to assume responsibility for their health and increase their ability to make wise choices. Both campuses offer a chronic illness related program. Stanford University’s School of Medicine evidenced-based chronic disease self-management program, *Healthier Living: Your Life Take Care* empowers participants in the development of their own action plan for healthy living. Both campuses also offer Healthy for Life, a nutrition lecture series, providing an interactive program inclusive of nutrition education, food demonstrations and physical activity. While both programs are offered in English and Spanish the target population is the Spanish speaking. Both campuses also offer Spanish Diabetes Education. Yoga, Zumba and Zumbatomics (for children) are physical activities offered at local community centers, churches and the hospital, conducted with bilingual instructors.

Marian Regional Medical Center and Arroyo Grande campus offer a **Congestive Heart Failure Program** (CHF) which continues to bridge the medical and educational needs of patients living with heart failure through a collaborative effort between the acute care hospital, Home Health, community clinics, public health and the physicians’ offices at Marian and Arroyo Grande campuses. This program continues to be successful in minimizing readmission of patients and helps decrease the severity of the illness for most program participants. The CHF programs use of patient tele-monitors builds a support of remote health service delivery, based on reliable, easy-to-use, integrated technology that supports equitable access for patients and efficiency for clinicians. Patients show improved quality of life and clinical outcomes to include early detection, intervention and reductions in avoidable hospitalization. Tele-monitoring also improves physician engagement and patient satisfaction while improving patient compliance with medications, diet, weight-monitoring and symptom management.

The Marian Regional Medical Center and Arroyo Grande campus **Diabetes Education Center** continues to bridge the medical and educational needs of patients living with pre-diabetes and diabetes, along with multiple co-morbidities through a collaborative referral services with physician's offices, local clinics in the surrounding geographical area, Marian's Mission Hope Cancer Center and Congestive Heart Failure Program and the Santa Barbara County Public Health Department. The Diabetes Education Center provides a comprehensive evidence-based diabetes management program by meeting individually and in group settings with a registered dietitian/coordinator and a registered nurse, both certified diabetic educators. Enhancement to this program includes consultation and education to the Spanish speaking community with the addition of a bilingual nurse educator. The Diabetes Education Center's program continues to help patients improve self management practices, personal behavioral goals to meet positive measureable outcomes resulting in overall cost savings and a reduction in hospital and emergency room readmissions. Through this program, the Diabetes Education Center continues to strive to enhance and improve access and delivery of effective preventative healthcare services by providing the same benefit to those uninsured and underinsured as well as to the commercially insured.

With the acknowledged need to support the development of qualified healthcare professionals, Marian Regional Medical Center and the Arroyo Grande campus continue to identify and develop a projected priority recruitment plan for healthcare workers. Partnering with Allan Hancock College and Cuesta College, Marian contributes money annually to provide for instructors and other program support. These arrangements allow the hospital to provide clinical training experiences for students in a variety of health science fields of study, thereby providing the hospital with improved recruitment capacity. Both campuses, as a means to foster professional development and improve patient care, continue to expand hospital programs, including case management, post acute care coordinators and medical directorships to coordinate and monitor patient transitions across the continuum of care settings.

Marian Regional Medical Center and the Arroyo Grande Campus will continue to support the recruitment of primary care and specialty physicians to meet the needs of the community. Marian has also expanded the network of health centers beyond the original two primary care sites to sixteen locations of both primary care and specialty physicians. The focus continues to be increasing access to care for members of the community and creating a sustainable network that allows us to recruit and retain the highest level providers while the Arroyo Grande campus promotes expansion of existing community health care services, focusing on the needs of the poor.

The total dollars quantified for Community Benefits for these and numerous other community benefit programs offered by Marian Regional Medical Center in fiscal year 2014 are \$40,059,344, which excludes Medicare. Including the expenses incurred for the unreimbursed costs of Medicare, the total Community Benefit expense for the Marian campus was \$55,468,008.

The total dollars quantified for Community Benefits for these and numerous other community benefit programs offered by the Arroyo Grande campus in fiscal year 2014 are \$5,787,882 which excludes Medicare. Including the expenses incurred for the unreimbursed costs of Medicare, the total expense for the Arroyo Grande campus was \$12,945,944.

# Mission Statement

## I. Hospital's Mission

A. Marian Regional Medical Center and Arroyo Grande campus 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.

## B. Hello humankindness

As Dignity Health turns the page in our history, our core mission, vision, and values remain untouched, unwavering, and as true as ever. We step into our future with a strength that comes from our past. Today, we build on this foundation to give our name meaning in an ever-changing world. Our message comes from our values: Dignity, Collaboration, Justice, Stewardship and Excellence. Hello humankindness is a movement in the making. Dignity Health's commitment to healing through humankindness is what makes us different from other health care brands. But turning a belief into a movement will take every single employee, physician and volunteer. We truly believe that, together, our humanity and kindness create something that this profession—and the world at large—needs. Our shared humanity is what wakes us in the morning. Our shared kindness is what we give without hesitation, without thought or ever asking for in return. Humankindness isn't an ideal; it's our guiding light, it's the fire within

# Organizational Commitment

## II. Hospital's Organizational Commitment

A. The mission of Marian Regional Medical Center and the Arroyo Grande campus is built on our vision to serve those most in need.

1. The Hospital Community Board has twenty members including religious sponsors, the hospital President and CEO, Chief of Staff, CFO, COO, VPMA, medical staff, Foundation Board members and senior leadership. Organizational commitment to the community benefit process begins with our Strategic and Operating Plan which focuses on enhancing the process through improved quality of data and accountability of results. Our commitment to identify opportunities and implement changes through collaboration with Dignity Health Central Coast entities continues to improve operational efficiency and performance. Two Hospital Board members and one Foundation Board member from each campus are active members of the Community Benefit Committee contributing community expertise while monitoring programs to ensure continuing program focus. The hospital community board reviews community outreach statistics to ensure that programs target the economically disadvantaged and underserved. Program Coordinators are accountable for meeting their program's community benefit goals and reporting the outcomes of their program to the Community Benefit Committee on a quarterly basis.

Both campuses commitment to Dignity Health's community grants program offer other not-for-profit community-based organizations an opportunity to support the community at large. This year Dignity Health seeks to collaborate with organizations that will come together to form "Accountable Care Communities" to address unmet health, clinical and community preventive services which empower people to make healthy lifestyle decisions and eliminate health disparities. The Community Benefit Committee works together to screen applications, giving consideration and priority to organizations and programs that are most aligned with the hospitals identified community health need priorities, program emphasis and existing outreach programs.

- a. There is a Dignity Healthy Community Investment Program in the Arroyo Grande service area with San Luis Obispo County Housing Trust Fund. Overall finances continue to be in great financial health with revenue exceeding expenses by \$616,116 during the first quarter of 2014. Two new loans were closed during the first quarter. Loan receivables continued to increase during the fourth quarter, which resulted in an income increase. There are currently 13 loan receivables with a combined balance of \$3,829,256.
  - b. The Hospital Community Board and senior leadership provide support for Community Benefit as indicated below:
    - Budgets are approved by senior leadership at both campuses
    - The Community Health Needs Assessment (CHNA), completed in May 2013, is utilized as the planning guide for prioritizing community health needs priorities with the Community Benefit Report and Implementation Plan
    - Program content is based on the priorities identified through the CHNA and the hospital's available resources, capabilities and partnerships
    - Program design is guided by resources available internally and our community partnerships utilizing evidence-based programs and ensuring programs have measurable outcomes
    - Targeted populations are identified by using the Community Needs Index
    - Each program is monitored through quarterly data collection and outcomes identified for each program. Data is reviewed at quarterly Community Benefit Committee meetings.
  - c. A roster of the Hospital Community Board and Community Benefit Committee members may be found in Appendix C and D pages 41 and 42 respectively.
- B. Non-Quantifiable Benefits**
1. There are many examples of non-quantifiable benefits related to the community contribution by Marian Regional Medical Center and Arroyo Grande campus. Working collaboratively with community partners, both campuses provide leadership and advocacy, assist with local capacity building, and participate in community wide health planning. Marian's Vice President of Post Acute-Care Services is a Board Member for the Adult and Aging Network and Community Partners in Caring in Santa Barbara County. Other Marian staff members participate in Santa Barbara County (SBC) First Five Strategic Planning Committee, THRIVE's Community Advisory Board and Executive Leadership Board and Five Cities Homeless Coalition. Involvement in these committee groups show support of Community Health Improvement Services for children in Santa Barbara County and the homeless in San Luis Obispo County. Marian is represented at the Guadalupe Family Resource Center Board, and Guadalupe Senior Advisory Board. Involvement in the Santa Barbara County Coalition to Support Promotoras and San Luis Obispo (SLO) County Promotora Coalition show the dedication of the hospital to promote health education and wellness by engaging community health workers known as a "promotora" to support programming through workshops and outreach events. These efforts demonstrate the hospital's commitment to building healthier communities and its leadership as a convener/capacity builder in the community.
  2. The following are some non-quantifiable services:
    - The Environmental Team at both campuses regularly uses non-toxic paints on maintenance projects, and regularly promotes reducing waste through a recycling program.
    - Marian generated 1,140,740 pounds of solid waste decreasing our poundage by 178,560 pounds when compared to last FY [1,319,300]. Additionally 23,985 pounds of medical waste have been diverted from the land fill. The Arroyo Grande campus also continue to recycle paper and cardboard generating a total of 66,000 pounds, all of these being diverted from the landfill.

- Marian Regional Medical Center, one of only a few hospitals in the nation to have a cogeneration plant that operates on methane gas, will save the hospital between \$200,000 and \$300,000 in energy costs each year. The 2,000 square foot facility uses waste methane gas from the landfill to produce as much as one megawatt of electricity. The cogeneration process significantly reduces methane emissions in the environment and offsets the use of non-renewable resources such as coal, natural gas and oil.
- The Arroyo Grande campus Transformational Care team worked with the Emergency Department to decrease the time from door to admit to doctor to discharge, and with the Inpatient Direct Care team to improve patient education, perception of care, home discharge needs and discharge time and improved identification of palliative care patients.
- The Marian Transformational Care team developed a Readmission Risk Assessment Tool (RRAT) and Concurrent Root Cause Review form (C-RCR) with expectations to change the course of patients readmitted to the hospital so the next transition is more successful for the patient. Analysis of this data will provide immediate feedback on how we can individualize the plan of care for these patients in an effort to more successfully transition them from the hospital.

## Community

### A. Definition of Community

1. Dignity Health hospitals of the Central Coast define the community's geographic area based on a percentage of hospital discharges and as identified by the Community Needs Index. Although both campuses contract with over 25 insurers that provide healthcare insurance to this community, an alarming percent of residents in the Santa Maria Valley have little or no health insurance. We rely heavily on our partners, Integrated Health Management Services (IHMS), to assist these patients with health coverage, including government and non government programs.
2. Marian Regional Medical Center is located in northern Santa Barbara County with the Santa Maria Valley as the largest region in its service area. The largest communities in Marian's primary service area include the City of Santa Maria and Guadalupe with the secondary service area being Nipomo, a community in southern San Luis Obispo (SLO) County. Throughout this report, comparisons are made to SLO County since Nipomo is located in SLO County and is part of Marian's secondary service area. More than 40% of the people in the Marian service area speak Spanish at home and a slight majority speaks English at home. It was revealed during the primary research that some segments of the Latino population do not, in fact, speak Spanish. They speak Mixteco or other languages from Mexico that is not tracked by the U.S. Census. Many Oaxaca immigrants speak enough Spanish to give the impression of understanding, but lack sufficient competency for more complex situations such as obtaining social or legal services. The poverty rate in the Marian service area is less than it is statewide, with about one in every five female heads of household with children are living in poverty. Hispanic and Oaxaca income is most likely overestimated because, while the official income is based on total household income, there are sometimes three or four laborer families living together in one house. If income earned by each separate family was calculated, their average income would most likely be significantly lower. Indigenous Mexicans reported a 43% average annual household income below \$10,000 per year.
3. The demographics of the Marian Regional Medical Center service area are more clearly defined below as identified in the 2010 Census data and which are reported on the Schedule H 990.
  - Population: 138,189
  - Diversity: Caucasian – 29.8%| Hispanic – 62.4%| Asian, Pacific Islander – 4.4%| African American – 1.2%| Other – 2.2%

- Average Income: \$68,848
- Uninsured: 15.4%
- Unemployment: 8%
- No HS Diploma: 28.8%
- Renters: 38.6%
- Medicaid Patients: 16.7%
- Other Area Hospitals: 0

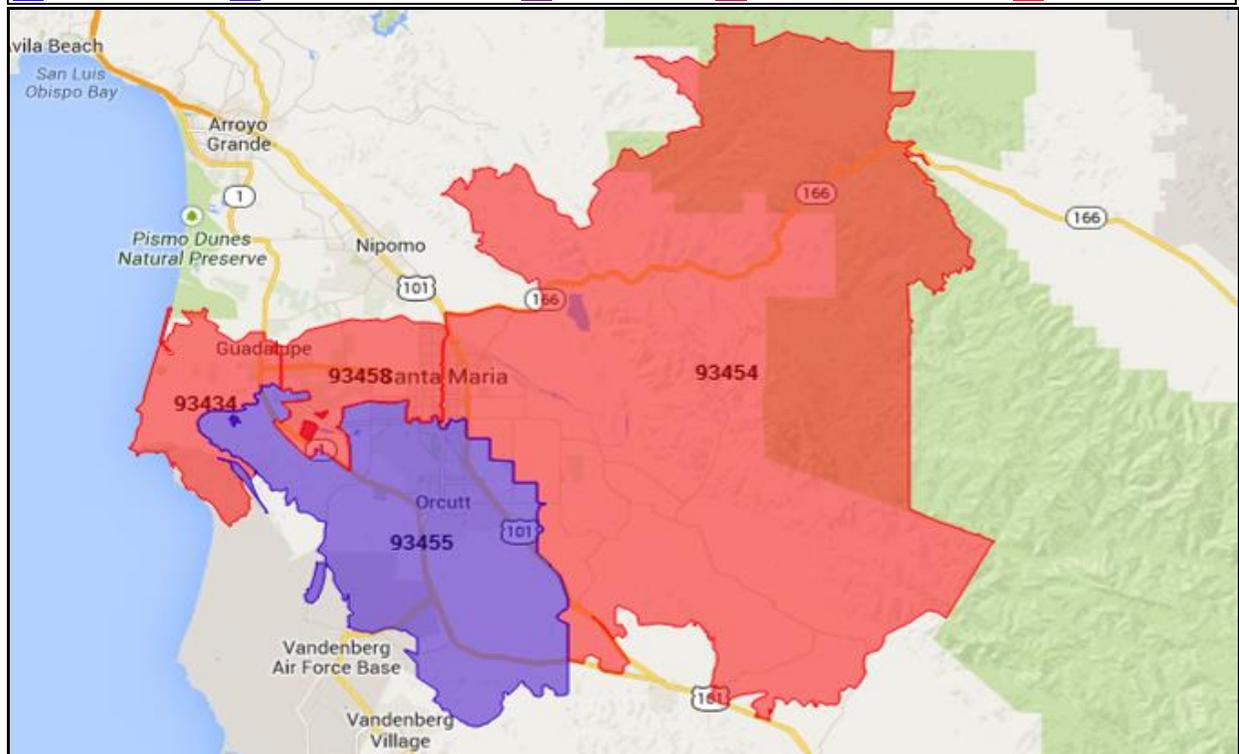
Using Dignity Health's Community Needs Index (CNI), zip code area of 93458, 93455, 93454 (Santa Maria) and Guadalupe 93434 are neighborhoods with Disproportionate Unmet Health Needs (DUHN). While the community residents who face multiple health problems might be primarily Latino/Oaxacan there are pockets of low income seniors who also have disproportionate unmet health needs.

## MARIAN CAMPUS: Community Needs Index (CNI)

Lowest Need

Highest Need

1 - 1.7 Lowest 1.8 - 2.5 2nd Lowest 2.6 - 3.3 Mid 3.4 - 4.1 2nd Highest 4.2 - 5 Highest



CNI Median Score: 4.5

Zip Code	CNI Score	Population	City	County	State
93434	4.8	6947	Guadalupe	Santa Barbara	California
93454	4.2	34668	Santa Maria	Santa Barbara	California
93455	2.4	40038	Orcutt	Santa Barbara	California
93458	5	52993	Santa Maria	Santa Barbara	California

The Arroyo Grande campus is located in south San Luis Obispo County. The cities in its service area are Arroyo Grande, Grover Beach, Nipomo, Oceano and Pismo Beach. Approximately 80% of the population in this service area speaks English at home, and about 18% speak Spanish as their home language. Poverty in the Arroyo Grande campus' service area indicates

impoverished socioeconomic levels. When the female is head of household living with children under the age of 18, the poverty level hovers at 40% in Oceano. It is also important to note approximately 6% of the population comprised of seniors age 65 and older live in poverty.

The demographics of these five cities are more clearly defined below as identified in the 2010 Census data and which are reported on the Schedule H 990.

- Population: 105,216
- Diversity: Caucasian – 69.6%| Hispanic – 23.4%| Asian, Pacific Islander – 3.2%| African American – 0.7%| Other – 3.1%
- Average Household Income: \$74,766
- Uninsured: 15.3%
- Unemployment: 8.1%
- No HS Diploma: 11.8%
- Renters: 37.1%
- Medicaid Patients: 11.0%
- Other Area Hospitals: 2

Using Dignity Health’s Community Needs Index (CNI), zip code area of 93420, 93433, 93444, 93445 and 93449 are neighborhoods with disproportionate unmet health needs (DUHN). While the community residents who face multiple health problems might be primarily Latino there are pockets of low income seniors who also have disproportionate unmet health needs.

## ARROYO GRANDE CAMPUS: Community Needs Index (CNI)



CNI Median Score: 3.5

Zip Code	CNI Score	Population	City	County	State
93420	3	28,603	Arroyo Grande	San Luis Obispo	California
93433	3.6	12,844	Grover Beach	San Luis Obispo	California
93444	3.4	18,894	Nipomo	San Luis Obispo	California
93445	4.8	7,441	Oceano	San Luis Obispo	California
93449	3	8,440	Pismo Beach	San Luis Obispo	California

Marian Regional Medical Center and the Arroyo Grande campus are part of the Dignity Health Central Coast network of hospitals which also includes French Hospital Medical Center in San Luis Obispo. Dignity Health hospitals and related programs serve the western United States and strives to be a spiritually-oriented and community-focused healthcare system with a passion for improving patient care and collaborating with others to create a just healthcare system.

Other health care facilities and resource within the community that are able to respond to the health needs of the community in north Santa Barbara include Pacific Central Coast Health Center Community Clinics: one in Guadalupe and one in Santa Maria. Community Health Centers of the Central Coast (CHCCC) have twenty-four licensed community health clinics in San Luis Obispo and northern Santa Barbara Counties. One of the Santa Maria clinics is in fact a stand-alone dental clinic (CHC Broadway, 260 N. Main St). CHCCC's service area extends from Lompoc to San Miguel, and as far east as New Cuyama. The Santa Barbara County Public Health Department has two community clinic locations: Betteravia's Government Center including the Women's Health Care Center and the Good Samaritan Homeless Shelter. In San Luis Obispo County health care facilities and resources within the community that are able to respond are the SLO Noor Free Clinic and Planned Parenthood SBVSLO Inc., (Santa Barbara, Ventura, San Luis Obispo Counties).

4. Guadalupe, a small community in the Santa Maria Valley, has been designated as a Rural Health Clinic (RHC).

## **Community Benefit Planning Process**

### **A. Community Health Needs Assessment Process**

1. The Central Coast Service Area (Marian Regional Medical Center and Arroyo Grande Campus and French Hospital Medical Center) identified the primary service area which also link to the disproportionate unmet health-related needs for conducting this community health needs assessment. The Dignity Health Central Coast Service area thus engaged Massachusetts-based Helene Fuchs Associates and the California- based STRIDE program at Cal Poly. The research process began with Dignity Health staff working with Cal Poly's STRIDE program faculty and staff to design a qualitative study that would include focus groups with patients who use Dignity Health services, key informant interviews with representatives of area agencies and organization, and hospital providers. Helen Fuchs Associates completed a Community Health Needs Assessment for Marian Regional Medical Center and Arroyo Grande campus in 2012.
2. Dignity Health Central Coast Service area decided to use purposive expert sampling to identify key informants. Hospital staff members selected agency partners, key stakeholders, other healthcare providers, and staff colleagues such as case management as key informants who had special knowledge or expertise of the community. Throughout the process of conducting its needs assessment, Marian Regional Medical Center and Arroyo Grande campus conducted primary qualitative research by including the voices of the people who live in their service areas and who represent the organizations and agencies that serve the hospital's population.
3. Input for the needs assessment was obtained by interviewing twelve key informants in the Marian Regional Medical Center's service area and 26 people participated in the Marian campus focus groups. Two focus groups were conducted in Spanish with a total of 13 participants, and two focus groups were conducted in English with a total of 13 participants. Nine key informants were interviewed in the Arroyo Grande campus' service area and a total of 34 people participated in the Arroyo Grande campus focus groups. Two focus groups were conducted in Spanish with a total of 14 participants, and two focus groups were conducted in English with a total of 20 participants. Helene Fuchs (HF) Associates compiled, organized, and analyzed the primary and secondary data. The research associates were graduate students and alumni of Tufts University's Friedman School of

Nutrition Science and Policy, alumni and graduate students from the Tufts University Master of Public Health Program, and alumni of Simmons College Graduate School of Health Sciences and School of Management. California Health Interview Survey (CHIS) from 2009 provided secondary data and is identified throughout this report.

4. Below is a summary including primary and chronic disease needs, health issues of the uninsured persons, low-income and minority groups for both campuses. Several key findings fit into more than one category.
  - ◇ Access to Care
    - ✓ Language Barrier
    - ✓ Transportation
  - ◇ Emergency Department Utilization
  - ◇ Cultural Awareness
    - ✓ Time Barrier (Santa Maria campus)
  - ◇ Preventive Care
  - ◇ Awareness of Existing Services
  - ◇ Senior Issues (Arroyo Grande campus)
  - ◇ Clinical Conditions
    - ✓ Mental Health
5. This assessment summary is on the websites of Marian Regional Medical Center and Arroyo Grande campus respectfully. A copy can also be obtained by contacting the administrative offices of any of the three organizations ([frenchmedicalcenter.org](http://frenchmedicalcenter.org), [marianmedicalcenter.org](http://marianmedicalcenter.org) and [arroyograndehospital.org](http://arroyograndehospital.org)).

#### B. Assets Assessment Process

An inventory of community assets can be described below and are categorized by the hospital community benefit priority areas of Marian Regional Medical Center and Arroyo Grande campus:

1. Pacific Central Coast Health Centers have two community clinics: one in Guadalupe and one in Santa Maria. Community Health Centers of the Central Coast have twenty-four community health clinics (one is a dental clinic) throughout Santa Barbara and San Luis Obispo Counties. The Santa Barbara County Public Health Department has two community clinic locations: Betteravia's Government Center including the Women's Health Care Center and the Good Samaritan Homeless Shelter. Santa Maria-Bonita School District, local churches, the City of Santa Maria Recreation and Parks Department, Santa Barbara Coalition in Support of Promotora de Salud support outreach activities for health promotion and disease prevention. Alliance for Pharmaceutical Access, Marian Regional Medical Center's Congestive Heart Failure Program, Marian's Mission Hope Cancer Care Center and Diabetes Prevention and Management Programs support outreach and community needs regarding disease management. The relationships established in the Arroyo Grande campus service area continue to grow, offering the Arroyo Grande campus strong partnerships that can assist in program design and implementation of identified community needs and shared expense. Lucia Mar Unified School District, local churches and City of Arroyo Grande offer facility use for community health education and nutrition programs. In San Luis Obispo County health care facilities and resources within the community that are able to respond are the SLO Noor Free Clinic and Planned Parenthood SBVSLO Inc., (Santa Barbara, Ventura, San Luis Obispo Counties). A variety of organizations, including San Luis Obispo Public Health Department and Community Health Centers of the Central Coast (CHCCC) collaborate with the Arroyo Grande campus to offer health screenings at civic Health Fairs throughout the year. The Area Agency on Aging, Active Aging Task Force in SLO, Alzheimer's Association, and Arroyo Grande campus collaborate to provide health lectures for the senior citizen population.

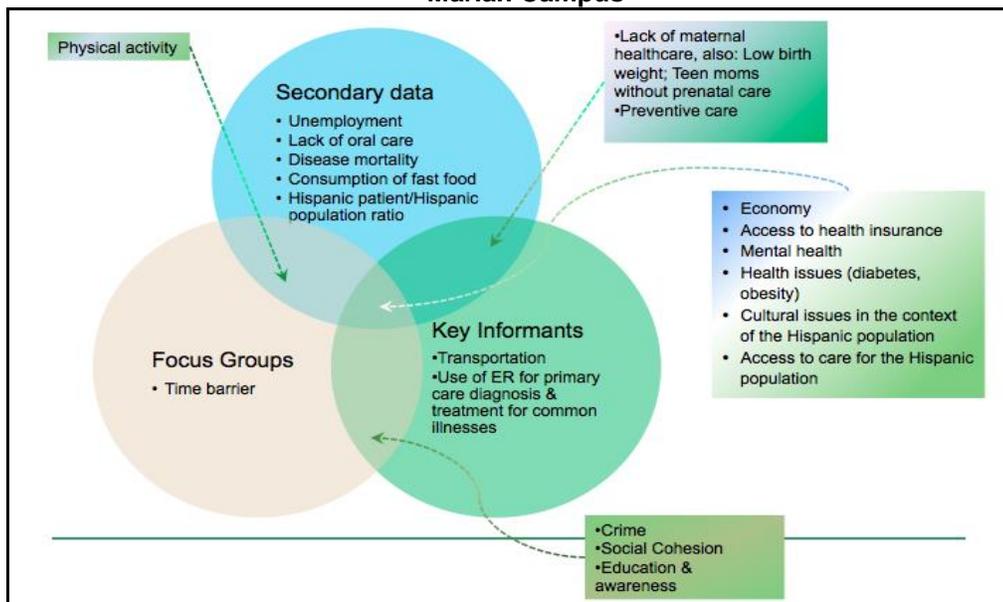
2. A number of community needs exists in the service areas of Dignity Health's three Central Coast hospitals. Marian Regional Medical Center and Arroyo Grande campus along with French Hospital Medical Center realize efficiencies by working together to address the following common unmet community needs:
  - a. Access to Healthcare
  - b. Emergency Room Utilization
  - c. Mental Health
  - d. Clinical Conditions
  - e. Oral Health
  - f. Transportation
  - g. Cultural Awareness

By working together to identify, adopt, and develop programs to address these common areas of need, each of the hospitals save valuable resources. However, it is important to be mindful of the population that each hospital serves and tailor programs to meet the needs of each hospital's unique population. This may mean modifying programs to suit cultural and/or language differences

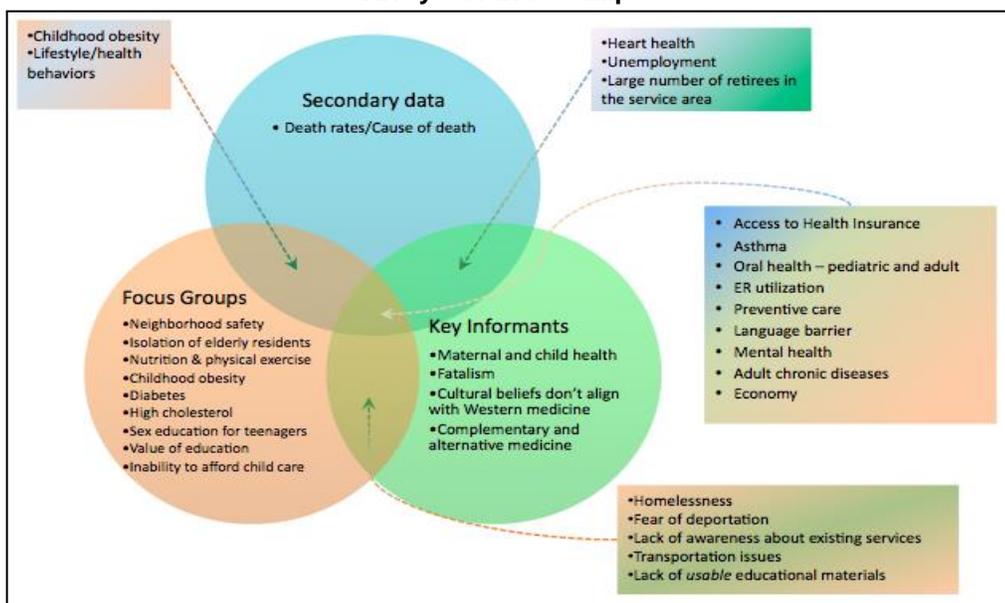
C. Developing the Hospital's Implementation Plan

1. After a roundtable discussion, the Community Health Needs Strategic Planning Committee reflected how unaware they were of the many services currently being offered in Santa Barbara and San Luis Obispo County. Committee members were given an opportunity to rank the top seven identified community health needs. The prioritization process identified four priority issues for the community:
  - a. Access to Healthcare
  - b. Emergency Room Utilization
  - c. Clinical Conditions
  - d. Mental Health
2. Factors considered in prioritizing the areas of opportunity identified by the needs assessment include the size of the target population and discovering that many residents in the Central Coast Service area do not know how to navigate the system for needed service. Community members are unaware of existing services and especially preventive care services. Venn diagrams were carefully reviewed which provided a visual representation of key findings from the data analysis. The diagram illustrates the community needs identified both by the primary research (focus group and key informant interviews) and secondary data. The core of the diagram shows where the secondary data supports the primary research. Other segments of the diagram show cases where overlap existed between two of the three data collection methods used. In the last five years, Marian has seen an increase in the number of uninsured residents and residents covered by Medi-Cal. This trend is driven by a variety of factors, including an increased demand for healthcare services to treat chronic conditions - conditions that if treated through primary care services in the community would likely not result in a hospitalization or need for emergency care. Many of this same target population have difficulty navigating the resources offered to them in the community.

### Marian Campus



### Arroyo Grande Campus



- Health issues will be addressed through analysis of the high utilization rate of the hospital's emergency room of those uninsured or underinsured and the severity of their health problems. The Venn diagrams and further analysis of the Community Needs Index will support development or enhancements to programs and services. The next step for Marian Regional Medical Center and Arroyo Grande campus along with sister hospital French Hospital Medical Center, community partners, and others is to determine which issues to address first.
- These services specifically address a vulnerable population identified by zip codes and disproportionate unmet health related needs. The zip codes areas with the most need

identified in Marian Regional Medical Center's service area are northeast (93454) and northwest (93458) of Highway 101 in Santa Maria; and Guadalupe (93434), eight miles west of Santa Maria, as indicated by the Community Needs Index. The two zip codes with the most need identified by Arroyo Grande campus are west and south of the City of Arroyo Grande; Oceano and Grover Beach, 93445 and 93433 respectively.

5. Community Benefit programs can help to contain the growth of community health care costs by working with hospital services that can provide a link to outreach programs. Chronic disease self-management programs are available throughout the hospitals service area. Cerner has capability to connect patients to these programs. Partnering with the Patient Care Coordinator's seems to be the ideal way to begin the process of making referrals.
  - a. To effectively impact the increase in charity care and Medi-Cal expense, Marian Regional Medical Center and Arroyo Grande campus have established a plan to address these issues internally while providing quality healthcare service to this population. The plan is as follows: a) Partner with physicians and share ambulatory care sensitive condition admission/readmission data; b) Collaborate on improved healthcare education and referral plan addressing those patients within our control; c) Collaborate with Pacific Central Coast Health Center clinics in Santa Maria and Guadalupe to take referrals from the ER; d) Identify physician/staff champion within service area to promote disease management initiative; and e) Identify the availability of community partners that will collaborate with us in providing disease prevention education programs that target cost-effective prevention.
  - b. A community health navigator program can assist those community members who are in need of services. Many underserved/underinsured and uninsured community members are unaware of existing services especially preventive care services. Many of this same target population have difficulty navigating the resources offered to them in their community. A community health navigator can provide assistance that is culturally and linguistically appropriate to the peoples' needs.
  - c. In response to the identified need for more access to healthcare, Marian has opened a Family Practice clinic. Marian's Performance Excellence Committee has been instrumental in moving the Access to Healthcare priority forward. Marian's Volunteer Services and Patient Care Coordinators contact the patient's doctor on readmission and arrange appointments before discharge or help them find a medical home in the community to ensure continuity of care. The Readmission Risk Assessment Tool (RRAT) and the Concurrent Root Cause Review form (C-RCR) were developed to change the course of patients readmitted to the hospital so the next transition is more successful for the patient. Analysis of this data will provide immediate feedback on where these patients are falling through in the system so we can individualize the plan of care for a more successful transition from the hospital.
  - d. The Alliance for Pharmaceutical Access (APA) is a non-profit organization dedicated to helping improve patient accessibility to prescription medications. APA is a separate business entity from Marian Regional Medical Center and Arroyo Grande campus. Referral to the program requires patients' written permission by providing information on the APA referral form. By signing this form, the patients are giving authorization to APA to contact them directly regarding improved accessibility to medication. An APA advocate will then call the referred individual and review the referral form for program eligibility and medication availability each medication and program availability at that time. The APA advocate will let the individual know what medications are accessible through a patient assistance program and what documentation will be needed to apply. Eligibility is not guaranteed and is based on several criteria, including financial.
  - e. A Marian Regional Medical Center Patient Workbook has been developed in English to assist patients in how to navigate the healthcare system as an inpatient and upon discharge. The Patient Workbook will be translated into Spanish to address low literacy and pictures have been incorporated to assist in getting the message and information across for those who speak other languages of Oaxaca. Awareness of existing services is an underlying need related to the four priorities identified and the Patient workbook

lists many resources to aid in medication management, and provides name and addresses of local pharmacies and the services they offer such as weekend hours, or home delivery.

- f. TIGR is an education software module that plays on the patient television offering health education in English and Spanish to address the language barrier priorities. Cerner also offers patient education which can be accessed by nurses on the Cerner task bar. Patients in Labor and Delivery who speak other languages from Oaxaca, Mexico, such as Mixteco have access to a DVD developed for mothers in labor.
- g. Upon discharge if patients do not have access to transportation, Marian offers free taxi vouchers and a list of transportation opportunities. There is also a bus stop located around the corner from the main entrance of Marian's campus.

Marian Regional Medical Center and Arroyo Grande campus will focus on building community capacity by strengthening our partnerships among community based organizations. By working together to identify, adopt, and develop programs to address these common areas of need, each of the hospitals may save valuable resources. However, it is important to be mindful of the population that each hospital serves and tailor programs to meet the needs of each hospital's unique population. This may mean modifying programs to suit cultural and/or language differences.

- 6. Based on the comparison of assessment reports, Marian Regional Medical Center cannot directly affect the following two community health needs but provides support through partnership and collaboration.
  - a. Mental health is a large unmet need in both hospital service areas. While there are many services being offered by local partners in the community, more mental health services are needed. Marian provides a monthly donation to the County of Santa Barbara Mental Health, CARES program to offset the monthly rent cost. Marian is collaborating with the County of Santa Barbara and a third party mental health management company to develop a Behavioral Health inpatient facility in Santa Maria. Patients often wait in our ER for hours and days or are sent to Ventura where the closest beds are. This 24 bed Psych Unit will be housed in the old Marian West building. This facility would include geropsychiatric care. Marian will incur most of the cost and the County will pay fees to us to compensate us for our cost once the unit is open and patients are accepted. The building will require \$10M in tenant improvements to be operational, to get to that point Santa Maria have to pay the monthly rent on the building and architectural drawings that we are incurring out of our pocket. The County agreed to pay \$150,000 of the \$300,000 cost for the drawings and to fund the daily patient rate once the unit is built. The Dignity Health Community Grants program includes local community agencies that work with mental health issues. The Community Benefit Department also provides assistance with community based organizations dealing with mental health issues with use of hospital facilities; in kind printing for workshop promotion and/or brochures.
  - b. Dental care for the Central Coast is supported by Community Health Centers of the Central Coast as one of the lead agencies. Community Action Commission holds a yearly children's screening and Marian recruits dentists, dental assistants and provides medical supplies for this event. SLO Noor Clinic in San Luis Obispo served underserved community members throughout both counties. Medi-Cal covers dental services in both counties which include extractions, as well as bi-annual check-ups, fluoride varnish treatments and cleanings.

#### D. Planning for the Uninsured/Underinsured Patient Population

- 1. The provision of Charity Care for those in need is a high priority for Dignity Health. Both campuses follow the Dignity Health Charity Care/Financial Assistance Policy and Procedures (Attachment A).

2. Marian Regional Medical Center and Arroyo Grande campus train and educate all staff regarding the Patient Payment Assistance Policy. The PFS/HIM Manager ensures that staff is qualified to determine when it is appropriate to give payment assistance information and applications to patients.
3. Marian Regional Medical Center and Arroyo Grande campus keep the public informed about the hospital's Financial Assistance/Charity Care policy by providing signage and two types of informative brochures. Patient Financial Services and Admitting/Registration staff are provided training and scripting information about payment assistance and the various programs that may be linked to services they need during the patients' registration process. Letters are sent to all self-pay patients informing them of the program. Nursing units and lobby areas have brochures and information accessible to patients as well. A Financial Counselor is available to work with patients and to link them to various financial assistance programs including government funded insurance programs for which they may be eligible.

## Plan Report and Update including Measurable Objectives and Timeframes

- A. Programs were developed in response to the Community Health Needs Assessment, related data in the Community Need Index and hospital utilization data and guided by the following five core principles:
- **Disproportionate Unmet Health-Related Needs:** Seeks to accommodate the needs of communities with disproportionate unmet health-related needs.
  - **Primary Prevention:** Addresses the underlying causes of a persistent health problem.
  - **Seamless Continuum of Care:** Emphasizes evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
  - **Build Community Capacity:** Targets charitable resources to mobilize and build the capacity of existing community assets to reduce duplication of effort.
  - **Collaborative Governance:** Engages diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.
- B. Below are major initiatives and key community based programs operated or substantially supported by Marian Regional Medical Center in 2014. Programs intended to be operating in 2015 are noted by \*. Programs were developed in response to the current Community Health Needs Assessment to address the four priority areas.

### Priority Area 1: Access to Healthcare Services

- Charity Care for uninsured/underinsured and low income residents\*
- Clinical experience for medical professional students\*
- Transportation vouchers for discharged patients\*
- CenCal qualify discharge ER patients for Medi-Cal\*
- Referrals to Alliance for Pharmaceutical Access as a certified enrollment entity\*
- Central Coast Service Area of Dignity Health linking to Health Home with primary care provider\*

### Priority Area 2: Emergency Room Utilization

- Operation of Pacific Central Coast Health Center's community clinics in Guadalupe and Santa Maria\*
- Alliance for Pharmaceutical Access\*

### Priority Area 3: Clinical Conditions

- Healthy for Life Nutrition Lecture Workshop\*
- Physical Activity \*
- Maternal Outreach\*
- Screenings: Community Blood Pressure Checks and Memory Screenings\*

Grief and Stroke Support Groups\*  
Oaxacan Advocacy\*  
Marian Regional Medical Center Santa Maria campus designated as a "Tobacco Free Campus"\*  
Congestive Heart Failure Program\*  
Diabetes Prevention and Management\*  
Mission Hope Cancer Care Services\*  
Osteoporosis Program\*  
Home Care/Hospice Services\*  
Healthier Living: Your Life Take Care\*  
Outpatient Palliative Care\*

Priority Area 4: Mental Health

Financial support to Santa Barbara County Mental Health, CARES program\*  
Developing a Behavioral Health inpatient facility in Santa Maria\*  
Dignity Health Community Grants process invites community agencies that support clients with mental health issues to submit Letters of Inquiry (LOI).\*  
Work with community based organizations who provide mental health services by providing facility use, in kind printing for workshop and/or brochures\*

- C. The following pages include Program Digests/Implementation Plans for key programs that address one or more of the priority areas listed above.
- Pacific Central Coast Health Centers' Community Clinics
  - Dignity Health Community Grants Program - Marian and Arroyo Grande Campus
  - Diabetes Prevention and Management - Marian and Arroyo Grande Campus
  - Chronic Disease Self-Management Program - Marian and Arroyo Grande Campus
  - Community Health Education - Arroyo Grande Campus
  - Cancer Care Program - Marian Campus
  - Cancer Awareness - Arroyo Grande Campus
  - Heart Failure - Marian and Arroyo Grande Campus

<b>Pacific Central Coast Health Centers' Community Clinics</b>	
<b>Hospital CB Priority Areas</b>	<ul style="list-style-type: none"> <li>X Priority Area 1 - Access to Healthcare</li> <li>X Priority Area 2 – Emergency Room Utilization</li> <li>X Priority Area 3 – Clinical Conditions</li> <li><input type="checkbox"/> Priority Area 4 – Mental Health</li> </ul>
<b>Program Emphasis</b>	<ul style="list-style-type: none"> <li>X Disproportionate Unmet Health-Related Needs</li> <li>X Primary Prevention</li> <li>X Seamless Continuum of Care</li> <li><input type="checkbox"/> Build Community Capacity</li> <li><input type="checkbox"/> Collaborative Governance</li> </ul>
<b>Link to Community Needs Assessment</b>	Access to Healthcare Services; Emergency Room Utilization, Clinical Conditions
<b>Program Description</b>	The Santa Maria and Guadalupe Clinics assures access to quality primary health care for the residents of North West Santa Maria and rural Guadalupe, focusing on the underserved, uninsured/underinsured. The Community Clinics in Santa Maria and Guadalupe address health disparities, with a focus on patients who are homeless.
<b>FY 2014</b>	
<b>Goal FY 2014</b>	Increase access to healthcare for those with disproportionate unmet health related needs by providing preventive services, obstetrics and gynecological exams, children's physicals and immunizations. Patient education and resources for diabetes is also a focus for this population. Implement a practice management system.
<b>2014 Objective Measure/Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. Increase available clinic hours at Guadalupe and Santa Maria to include evening hours during the week</li> <li>2. Refer to Santa Maria Diabetes (ADA certified) Program 25 new diabetes patients to the program (uninsured, insured, underinsured).</li> <li>3. Recruit and train two promotoras to conduct Homeless survey in a culturally sensitive manner.</li> <li>4. Recruit and train two promotoras to conduct culturally sensitive health education informational sessions one day each week in the clinic waiting room regarding diabetes, nutrition, promotion of community classes (Chronic Disease Self-Management Program, Healthy for Life, Zumba, Yoga) and provide a continuum of services available in the community.</li> </ol>
<b>Baseline</b>	Community Outreach – 1,048 people served for screening events. 19,813 people served for Bunny and Guadalupe location (a decrease of 13% from fiscal year 2012)
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Search for a safer location to accommodate the Pacific Central Coast Health Center's Community Clinic in Santa Maria</li> <li>2. Work with Santa Barbara County Coalition to support promotoras.</li> </ol>
<b>Result FY 2014</b>	<ol style="list-style-type: none"> <li>1. A location on North Broadway, Santa Maria has been identified as a possible site for the Santa Maria Clinic. A feasibility study is underway.</li> <li>2. Referrals to the Santa Maria Diabetes Program were made, but not tracked successfully. To successfully track referrals for next year, a referral book will be used to refer and keep track of diabetic patients sent over to the Santa Maria Diabetes Program.</li> <li>3. The Community Education Department (or staff of Community Education) will be supporting the clinic efforts to recruit and train a promotora for the Santa Maria clinic site.</li> <li>4. There was limited patient education provided in the lobby of the clinic during this fiscal year and therefore not measurable.</li> </ol>
<b>Hospital's Contribution / Program Expense</b>	\$670,724
<b>FY 2015</b>	
<b>Goal 2015</b>	Provide access to healthcare for those underserved, uninsured and underinsured by providing, preventive services, medical care for adults, children's well visits and immunizations.
<b>2015 Objective Measure/Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. Develop and implement a protocol for assisting patients with renewing their annual health insurance/coverage by Jan 1, 2015.</li> <li>2. Update the referral process to the Santa Maria CDSMP (Healthier Living: Your Life Take Care) and Healthy for Life Nutrition Workshops and train staff at the monthly meeting in Nov 2015.</li> <li>3. Develop and implement a protocol to transfer Santa Maria Women's Health Services patients to the clinics to create a continuum of care focusing on uninsured and Medi-Cal moms by Jan 2015.</li> <li>4. Hold monthly health resource/education classes at the Santa Maria and Guadalupe clinics effective Sept 2015.</li> <li>5. Dr. Lopez will participate in 2 Guadalupe Senior Center meetings and clinical screenings by June 2015</li> <li>6. EHR will be fully implemented by June 2015.</li> </ol>
<b>Baseline</b>	<ol style="list-style-type: none"> <li>1. 250 new Covered CA applicants sent to Santa Maria case worker including Medi-Cal and 75 annual renewals</li> <li>2. 65 new Medi-Cal Moms obtained PCP services in Santa Maria and Guadalupe clinics</li> </ol>

	<ol style="list-style-type: none"> <li>3. Two education classes were held</li> <li>4. 250 new patients were seen last year (increase new patient new visits by 5% for each clinic location.)</li> </ol>
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Contract with the State through Covered CA to become a Certified Enrollment Entity</li> <li>2. Train staff in Santa Maria and Guadalupe to become Certified Enrollment Counselors</li> <li>3. Identify and refer appropriate patients to health education classes</li> <li>4. Invite Community Education staff to provide an in-service to clinic staff about outreach education services</li> <li>5. Enroll eligible individuals in health insurance/coverage and develop system to maintain the coverage.</li> <li>6. Participate in the local affordable pharmaceutical program.</li> <li>7. Implement the EHR in the Santa Maria and Guadalupe clinics (FQHC and RHC)</li> </ol>
<b>Community Benefit Category</b>	C-3 Hospital Outpatient Services

## Dignity Health Community Grants Program - Marian and Arroyo Grande Campus

<b>Hospital CB Priority Areas</b>	<ul style="list-style-type: none"> <li>X Access to Health Care</li> <li>X Emergency Room Utilization</li> <li>X Clinical Conditions</li> <li>X Mental Health</li> </ul>																						
<b>Program Emphasis</b>	<ul style="list-style-type: none"> <li>X Disproportionate Unmet Health-Related Needs</li> <li>X Primary Prevention</li> <li>X Seamless Continuum of Care</li> <li>x Build Community Capacity</li> <li><input type="checkbox"/> Collaborative Governance</li> </ul>																						
<b>Link to Community Needs Assessment</b>	Access to Healthcare Services; Emergency Room Utilization, Clinical Conditions, Mental Health																						
<b>Program Description</b>	This program provides 501(3)c "accountable care communities" the opportunity to apply for funds designed to meet the hospitals health priorities identified in the Community Health Needs Assessment and align with the hospitals program emphasis. Non-profit agencies will serve target populations identified in the CHNA.providing services, activities and events to improve quality of life.																						
<b>FY 2014</b>																							
<b>Goal FY 2014</b>	Grant funds will be awarded to organizations in both hospital service areas to agencies meeting the "Accountable Care Community" grant requirements and align with the hospitals Community Health Needs Assessment and programs emphasis.																						
<b>2014 Objective Measure/Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. 100% of proposals address one or more of the community health needs.</li> <li>2. Grantees will submit a quarterly sustainability report.</li> </ol>																						
<b>Baseline</b>	The Central Coast Service Area has assessed the needs of the community. Non-profits applying for funding will need to meet the criteria addressed on the Dignity Health Community Grants website. Dignity Health cannot operate in a silo to address all the needs of the community, we partner with other non-profits for assistance.																						
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Dignity Health Community Grantees will provide a quarterly Sustainability Report on the status of their program.</li> <li>2. Community Benefit Committee reviews quarterly sustainability reports for adherence to funded proposal and funding</li> </ol>																						
<b>Result FY 2014</b>	<ol style="list-style-type: none"> <li>1. Thirteen Letters of Intent were reviewed by Marian and 10 reviewed by Arroyo Grande</li> <li>2. Ten recommendations were sent to the Dignity Health System Office for approval from Marian and 5 from Arroyo Grande</li> <li>3. Ten agencies from Marian service area and 5 awarded from Arroyo Grande in January 2014</li> </ol> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><b><u>Marian</u></b></td> <td style="text-align: center;"><b><u>Arroyo Grande</u></b></td> </tr> <tr> <td>FoodBank of Santa Barbara County \$20,000</td> <td>Transitions Mental Health Association \$4,000</td> </tr> <tr> <td>Alliance for Pharmaceutical Access \$7,500</td> <td>Alliance for Pharmaceutical Access \$5,000</td> </tr> <tr> <td>Alzheimer's Association - \$5,000</td> <td>Five Cities Meals on Wheels \$5,000\</td> </tr> <tr> <td>Central Coast Commission for Seniors \$10,000</td> <td>SLO County AIDS Support Network \$3,943</td> </tr> <tr> <td>Transitions –Mental Health Association \$5,000</td> <td>SLO Noor Foundation - \$10,000</td> </tr> <tr> <td>Eric Okerblom Memorial Clinic \$10,000</td> <td>Women's Shelter Program -= \$2,000</td> </tr> <tr> <td>Good Samaritan Shelter Inc. \$15,000</td> <td></td> </tr> <tr> <td>Santa Barbara County Catholic Charities \$20,000</td> <td></td> </tr> <tr> <td>Santa Maria Meals on Wheels \$9,992</td> <td></td> </tr> <tr> <td>Santa Maria Valley Youth and Family \$15,000</td> <td></td> </tr> </table>	<b><u>Marian</u></b>	<b><u>Arroyo Grande</u></b>	FoodBank of Santa Barbara County \$20,000	Transitions Mental Health Association \$4,000	Alliance for Pharmaceutical Access \$7,500	Alliance for Pharmaceutical Access \$5,000	Alzheimer's Association - \$5,000	Five Cities Meals on Wheels \$5,000\	Central Coast Commission for Seniors \$10,000	SLO County AIDS Support Network \$3,943	Transitions –Mental Health Association \$5,000	SLO Noor Foundation - \$10,000	Eric Okerblom Memorial Clinic \$10,000	Women's Shelter Program -= \$2,000	Good Samaritan Shelter Inc. \$15,000		Santa Barbara County Catholic Charities \$20,000		Santa Maria Meals on Wheels \$9,992		Santa Maria Valley Youth and Family \$15,000	
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<b>Hospital's Contribution / Program Expense</b>	\$117,501 Santa Maria and \$32,263 Arroyo Grande=\$149,764 Total																						
<b>FY 2015</b>																							
<b>Goal 2015</b>	Grant funds will be awarded to organizations in both hospital service area to agencies meeting the "Accountable Care Community" grant requirements and align with the hospitals Community Health Needs Assessment and programs emphasis.																						
<b>2015 Objective Measure/Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. 100% of proposals address one or more of the community health needs.</li> <li>2. Provide community workshop for potential grantee focusing on CHNA, hospital's program emphasis, sustainability reporting.</li> <li>3. Central Coast Service Area will make recommendations and support building of local agencies relationships to form "accountable care communities."</li> <li>4. Provide "accountable care community" suggestions and feedback for improvement of RFP proposal content.</li> <li>5. "Accountable care community" will submit more viable quarterly sustainability report.</li> </ol>																						

<b>Baseline</b>	Strong community collaborative can better effect healthy outcomes in the service area of both Dignity Health hospital service areas
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Offer a Dignity Health Community Grants Workshop providing new strategies for the application process in a location conducive for the Central Coast Service Area hospitals.</li> <li>2. Dignity Health Community Grantees will provide a quarterly Sustainability Report on status of their program.</li> <li>3. Support development of "accountable care community."</li> <li>4. Community Benefit Committee reviews quarterly sustainability reports for adherence to funded proposal and funding.</li> <li>5. Provide feedback to funded agencies from the Community Benefit Committee.</li> </ol>
<b>Community Benefit Category</b>	E 2-Financial and In Kind Donations – Grants

## Diabetes Prevention and Management – Marian and Arroyo Grande Campus

<b>Hospital Community Benefit Priority Area</b>	<input type="checkbox"/> Priority Area 1 – Access to Healthcare <input checked="" type="checkbox"/> Priority Area 2 – Emergency Room Utilization <input checked="" type="checkbox"/> Priority Area 3 – Clinical Conditions <input type="checkbox"/> Priority Area 4 – Mental Health
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Emergency Room Utilization, Clinical Conditions
<b>Program Description:</b>	Provide a comprehensive evidence-based diabetes management program providing education with registered dietitian and nurse specializing in diabetes management. The program will improve behavior and self management practices of diabetic patients; enhance and improve the access and delivery of effective preventive health care services.
<b>FY 2014</b>	
<b>Goal FY 2014</b>	Avoid Emergency Room visits for uncontrolled hyperglycemia among the targeted populations by incorporating health navigation, concise diabetes self-management skills and, health related education.
<b>2014 Objective Measures/ Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. Identify 25 high risk patients for glycemic control issues that frequent the ER (focusing on uninsured patients) using monthly Meditech reports and determine the best process for following these patients after ER visit.</li> <li>2. Identify 25 Pacific Central Coast Health Center's Community Clinics uninsured high risk patients for glycemic control and enroll them in the ADA program.</li> <li>3. Identify culturally appropriate messaging for Spanish diabetic patients, (use of medical interpreter, flyers and brochures that are culturally sensitive for education).</li> <li>4. Establish diabetes support for English and Spanish speaking individuals.</li> </ol>
<b>Baseline</b>	491 insured and underinsured participant visits
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Engage and educate Pacific Central Coast Health Center's Community Clinics, Home Health, Emergency Dept, CHF program, Palliative Care, Marian inpatient, Family Medicine Center and Physician's Groups regarding best processes for patient enrollment/referrals.</li> <li>2. Collaborate with Dignity Health staff to study and improve process to refer and obtain signed Diabetic Education Center order forms for high risk diabetic patients after ED visits and/or hospitalizations that does not have primary care physicians to sign order forms, in order to enroll them in the Diabetes Education Program.</li> <li>3. Identify and train promotoras to facilitate Spanish/English diabetes group classes</li> <li>4. Recruit additional candidates for Dignity Health certified medical interpreters.</li> <li>5. Research availability of part time Spanish speaking Registered Dietician to help meet needs of increasing number of Spanish speaking patient referrals.</li> <li>6. Develop Diabetes Self-Management Training group classes in Spanish (ADA guidelines)</li> <li>7. Collaborate with CERNER build team with the Electronic Health Record Alliance methods – flow – tracking development.</li> <li>8. Work with Dignity Health/IT staff to improve database to meet needs of program productivity and shared reports.</li> </ol>

<p><b>Results for FY 2014</b></p>	<ol style="list-style-type: none"> <li>89 patients at high risk for glycemic control issues frequenting the ER (focusing on uninsured patients) were identified using monthly Meditech reports and enrolled in the ADA accredited program (20 were Spanish speaking).</li> <li>55 uninsured high risk patients for glycemic control were referred to our program from Pacific Health Center of the Central Coast Community Clinics, Community Health Center of the Central Coast and Catholic Clinic Works to enroll them in the ADA accredited program.</li> <li>For fiscal year 2013/14 313 patients were enrolled in the program from 525 referrals totaling 593 visits.</li> <li>89 referrals made to the program were Spanish speaking and 2 were Mixteco; 26 were identified without insurance.</li> <li>Spanish interpreters were utilized through Cencal Health and Select Staffing.</li> <li>While a diabetes support group for English and Spanish was not formulated in this fiscal year, the Community Education Department at Marian provided three Spanish diabetes education lectures serving 191 Spanish speaking community members. Spanish Diabetes Self-Management Classes started in this fiscal year.</li> </ol>																									
<p><b>Arroyo Grande Campus Diabetes Prevention and Management 3 months in arrears</b></p>																										
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<p><b>Hospital Contribution/ Program Expense</b></p>	<p>\$7105 for Arroyo Grande and \$275,972 Marian = \$283,077</p>																									
<p><b>FY 2015</b></p>																										
<p><b>Goal 2015</b></p>	<p>Increase diabetes self-management skills in the targeted population</p>																									
<p><b>2015 Objective Measure / Indicator of Success</b></p>	<ol style="list-style-type: none"> <li>Increase annual patient enrollment in program by 10% from referred patient base.</li> <li>90% of participants that complete Diabetes Self-Management Training will maintain program standard by decreasing A1c 0.5% or maintain 7% or below.</li> </ol>																									
<p><b>Baseline</b></p>	<p>313 patients enrolled from 525 patient referrals / 593 patient visits.</p>																									
<p><b>Implementation Strategy for Achieving Goal</b></p>	<ol style="list-style-type: none"> <li>Educate physicians' groups regarding best processes for patient enrollment/ referrals.</li> <li>Collaborate with Dignity Health PCCHC Community Clinics to develop additional strategies to best meet their population's health care barriers.</li> <li>Recruit Spanish speaking Registered Dietitian.</li> <li>Improve data base and, intake methods to best meet the Diabetes Education Center program productivity.</li> <li>Send monthly Diabetes Education Center client orders to Community Education</li> </ol>																									

	Department identifying Spanish speakers, and “no shows” on orders so clients can be referred to CDSMP.
<b>Community Benefit Category</b>	A1c – Community Health Education – Individual Health Education for uninsured/under insured

<b>Chronic Disease Self-Management Program - Marian and Arroyo Grande Campus</b>	
<b>Hospital Community Benefit Priority Area</b>	<input type="checkbox"/> Priority Area 1 – Access to Healthcare <input type="checkbox"/> Priority Area 2 – Emergency Room Utilization <input checked="" type="checkbox"/> Priority Area 3 – Clinical Conditions <input type="checkbox"/> Priority Area 4 – Mental Health
<b>Program Emphasis</b>	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Clinical Conditions
<b>Program Description:</b>	Provide health education in collaboration with other community based organizations to the people in the Santa Maria Valley addressing health needs as identified through the community health needs assessment.
<b>FY 2014</b>	
<b>Goal FY 2014</b>	Increase attendance of chronic disease / nutrition related education and physical activity to those with disproportionate unmet health related needs in the Santa Maria Valley.
<b>2014 Objective Measure/ Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. Increase Zumba participation by 20%</li> <li>2. Increase participants for tracking BMI's</li> <li>3. Increase Zumbatomics for children by adding one location and increase attendance at both locations by 30%.</li> <li>4. Increase Spanish HFL attendance by 20%</li> <li>5. Provide 4 Spanish diabetes lectures in service area.</li> <li>6. Provide 4 CDSMP Spanish workshops</li> <li>7. Provide 2 CDSMP English workshops</li> <li>8. Train two bilingual Dove Self-Esteem instructors to conduct two classes per year.</li> </ol>
<b>Baseline</b>	1660 nutrition education (Healthy for Life Workshop) 17,211 participants for Zumba, Zumbatomics and Yoga
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Develop protocol for consistency in attendance at Zumba classes that will results in more consistent BMI results of participants</li> <li>2. Establish a continuum of care between clinics, case management, emergency department and other hospital programs to support increased attendance for HFL and CDSMP workshop attendance.</li> <li>3. Streamline data collection for HFL</li> <li>4. Develop promotion and marketing strategies for CDSMP/HFL workshops.</li> </ol>
<b>Results FY 2014</b>	<ol style="list-style-type: none"> <li>1. Exercise participation decreased by 6% over fiscal year 2012/2013 due to a turnover in staff and the need for bilingual instructors.</li> <li>2. Those participating in Zumba exercise decreased or maintained their BMI's by 14.16% and 14.41% increased their BMI. BMI are taken every month.</li> <li>3. There was no addition of Zumbatomic classes for children.</li> <li>4. Spanish HFL attendance increased by 63%; nutrition education and food demos were provided to 3079 poor and vulnerable Spanish speaking community members as health promotion. <u>Outcomes:</u> 482 registered participants/181 people completed the series (41%), 99.62% reported increasing consumption of fruits and vegetable after 3 months, 87% reported they exercise 3 or more days per week.</li> <li>5. Provided 3 of 4 planned Spanish Diabetes Lectures serving 191 community members</li> <li>6. Provided 2 of 4 planned CDSMP Spanish workshops with an average attendance per workshop of 5/15 respectively. 12 People attended 5 or more classes in the September 2013 workshop; 2 people were admitted through the ER as inpatients within 3 months of class. 5 people attended 5 or more classes in the April 2014 workshop. No one was readmitted within 3 months of workshop.</li> <li>7. No English CDSMP workshops were held in this service area; only 3 instructors for the central coast service area.</li> <li>8. One Bilingual instructor was trained for Dove Self-Esteem workshops and two classes are scheduled for Jul/Aug 2014.</li> </ol>
<b>Hospital's Contribution / Program Expense</b>	\$81,885 offset by a Kohl's grant for Health for Life Nutrition for \$26,600 = Total \$55,285
<b>FY 2015</b>	
<b>Goal 2015</b>	Create partnerships between our health systems staff and communities in the Arroyo Grande and Marian service area to enhance the CDSMP Program and reduce ER/hospital admissions among participants.
<b>2015 Objective Measure / Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. 80% number of participants complete the program</li> <li>2. Provide 8 programs in Spanish and 3 programs in English</li> <li>3. Train 10 lay leaders for Spanish program, train 6 additional lay leaders for English program</li> <li>4. Reduce admissions and ER visits for those attending the class</li> </ol>

<b>Baseline</b>	Zero English CDSMP workshops Three Spanish CDSMP workshops
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Schedule English/Spanish CDSMP workshops in Marian and Arroyo Grande service area at locations that are conducive to those being served.</li> <li>2. Provide in-service to staff to refer appropriate patients to CDSMP through Cerner</li> <li>3. Improve participant self-management skills by encouraging support groups</li> <li>4. Hire a .5 FTE CDSMP Coordinator</li> </ol>
<b>Community Benefit Category</b>	Community Health Improvement Services (Lectures/Workshops) A1a

<b>Community Health Education – Arroyo Grande Campus</b>	
<b>Hospital Community Benefit Priority Area</b>	<input type="checkbox"/> Priority Area 1 – Access to Healthcare <input type="checkbox"/> Priority Area 2 – Emergency Room Utilization <input checked="" type="checkbox"/> Priority Area 3 – Clinical Conditions <input type="checkbox"/> Priority Area 4 – Mental Health
<b>Program Emphasis</b>	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Clinical Conditions
<b>Program Description</b>	Provide south San Luis Obispo county with health-related programming that will empower community members to become proactive and assume responsibility for their health and to educate people to prevent and manage chronic disease conditions.
<b>FY 2014</b>	
<b>Goal FY 2014</b>	Increase attendance of chronic disease / nutrition education and physical activity to those with disproportionate unmet health related needs in the Arroyo Grande service area.
<b>2014 Objective Measure/Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. Increase Zumba participation for tracking BMI outcomes</li> <li>2. Add two locations for Zumbatomics; one in Nipomo and one in Oceano</li> <li>3. Increase Spanish HFL attendance by 20%</li> <li>4. Provide 3 Spanish diabetes lectures in service area.</li> <li>5. Provide 2 CDSMP Spanish workshops</li> <li>6. Provide two English senior nutrition workshops</li> </ol>
<b>Baseline</b>	3907 Zumba participants 1601 nutrition and food demo for children 495 adults participants HFL 29 English broader community health lectures
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Promote BMI's at Zumba/Zumbatomic classes</li> <li>2. Train 4 more Spanish instructors for HFL.</li> <li>3. Train promotores to promote HFL, CDSMP and Diabetes lectures for awareness of chronic illness.</li> <li>4. Develop promotion and marketing strategies for CDSMP/HFL workshops</li> </ol>
<b>Results FY 2014</b>	<ol style="list-style-type: none"> <li>1. Zumba attendance decreased 9% this fiscal year in Nipomo, Oceano and Grover Beach. There was a high turnover of instructors and lack of Spanish speaking instructors. Those participating in Zumba exercise, 14% decreased or maintained their BMI's and 13.1% increased their BMI. BMI are taken every month.</li> <li>2. There have been no added children's Zumbatomics classes.</li> <li>3. Spanish HFL attendance increased by 52% over last fiscal year. Outcomes: Nutrition education and food demonstrations were provided to 2112 community members: 1214 children and the Boys and Girls Club in Oceano during the summer and 898 adults with families that attended the four sessions of Healthy for Life Nutrition lecture series. 111 registered participants/69 completing the series (62%). 100% reported increasing consumption of fruits and vegetables after 3 months and 99% reported they exercise 3 or more days per week.</li> <li>4. There were no Spanish diabetes lectures held</li> <li>5. Healthier Living: Your Life Take Care (CDSMP) served 120 Spanish speaking community members.</li> <li>6. One English nutrition workshop was held with very poor attendance.serving 12 people over a 3 class series.</li> </ol>
<b>Hospital's Contribution / Program Expense</b>	\$26,811 – Kohl's grant \$17,732 = \$9079
<b>FY 2015</b>	
<b>Goal 2015</b>	The Chronic Disease Self-Management Program, "Healthier Living: Your Life Take Care" for the Santa Maria and the Arroyo Grande campuses have the same goal, objective measurements and strategies. Please refer to Community Health Education – Marian and Arroyo Grande program digest for program details.
<b>2015 Objective Measure/Indicator of Success</b>	Please refer to Page 25 and 26.
<b>Baseline</b>	
<b>Implementation Strategy for Achieving Goal</b>	
<b>Community Benefit Category</b>	Community Health Improvement Services (Lectures/Workshops) A1a

<b>Cancer Care Program – Marian Campus</b>	
<b>Hospital Community Benefit Priority Area</b>	<input checked="" type="checkbox"/> Priority Area 1 – Access to Healthcare <input type="checkbox"/> Priority Area 2 – Emergency Room Utilization <input checked="" type="checkbox"/> Priority Area 3 – Clinical Conditions <input checked="" type="checkbox"/> Priority Area 4 – Mental Health
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Clinical Conditions, Mental Health
<b>Program Description:</b>	The Cancer Care Program` addresses medical, physical, social, financial, spiritual and emotional needs of cancer patients and their families. The Center provides expert care while advancing the understanding of early diagnosis, treatment, and prevention of cancer. Social and rehabilitative support services are provided for cancer patients, their families and loved ones that include consultations with oncology nurse, social workers and registered dietitian.
<b>FY 2014</b>	
<b>Goals FY 2014</b>	Improve health and well-being of Marian's primary and secondary service area by providing health education, cancer screenings, and educational seminars, support services to the poor and vulnerable, elderly and underinsured community, to provide earlier detection of cancer in an effort to reduce preventable cancer-related deaths.
<b>2014 Objective Measure/ Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. Educate the physicians, nurses, health professionals and medical office staff on genetic testing and colon cancer screening.</li> <li>2. Educate the community on colon cancer, prevention, screenings and genetic testing.</li> <li>3. Increase number of participants in bone marrow drives, prostate and skin cancer screening by 10%.</li> <li>4. Increase by 10% the number of Patient and Palliative Assessment Forms (Wellness Forms).</li> <li>5. Increase community education on cancer and stress prevention.</li> </ol>
<b>Baseline</b>	FY11/12 total is: 20,862; Support Groups: 528; Educational/Lectures: 1,118 (13,350 received educational articles in the newsletter); Self-Help: 2,239; Spanish Group: 183; Information & Referral: 16,174 and Spanish Calls: 620
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Provide a presentation on genetic testing.</li> <li>2. Provide a presentation and work with the Promotoras in identifying the underserved, uninsured being referred to cancer screenings, expanding to senior centers and focus marketing on Hispanic communities.</li> <li>3. Utilize the media, Marian's Santa Maria campus Cancer Care Newsletter, Santa Maria Times Newspaper, mailers and radio spots in promoting upcoming drives.</li> <li>4. Initiate use of wellness forms in Mission Hope Infusion Center to reach patients in need of support.</li> <li>5. Educate the general community with an Educational Forum</li> </ol>
<b>Results FY 2014</b>	<ol style="list-style-type: none"> <li>1. Understanding Genetic Testing for Breast and Ovarian Cancer Risks presented on August 22<sup>nd</sup> and 29<sup>th</sup>. Recruiting Oncology Genetic Testing Counselor; conference call February 28<sup>th</sup>, meeting April 10<sup>th</sup> at both hospital campuses. An In-depth Review of Colorectal Cancer Booklet distributed to all physicians, nurses, health professionals and medical office staff on colon cancer screening.</li> <li>2. Public Service Announcement/Segment on local radio stations (KSBY, KCOY and KIOI) and Santa Maria Times Weekly "Your Cancer Answers" provided education to the community on colon cancer, prevention, screenings and genetic testing. Steering Committee also met for implementing a community education and screening campaign. Demystifying the Screening Colonoscopy presented on March 27<sup>th</sup>. 50,000 Annual Reports on "An In-depth Review of Colorectal Cancer" mailed out to the community in March 2014. Postcards and flyers mailed to the community on colon cancer, prevention and screenings; discussed at our May 17<sup>th</sup> Your Cutting Edge Cancer Prevention Plan Community Event. Promotoras were instrumental in communicating to those Spanish speaking community members interested in the colonoscopy campaign reaching 47 people.</li> <li>3. Prostate Cancer Screening: 18 participants (10 normal (55%), 9 abnormal (45%), 100% poor and vulnerable, 74% decrease in participation over last year. Skin Cancer Screening, 76 participants, 56 patients normal/no referral, (73% of total screened), 11 patients required biopsies, 9 patients had referral (26% of total screened), (12% ↑ YTD; 76 versus 68) Bone Marrow Drive – 24 participants (71% ↑ YTD; 24 versus 14)</li> <li>4. Patient and Palliative Assessment Forms completed (to reach patients in need of</li> </ol>

	support); 33% increase YTD (424 versus 319) 5. Provided educational forums – Cancer and Stress Prevention serving 973 participants.
<b>MMC Contribution/ Program Expense</b>	\$1,511,744
<b>FY 2015</b>	
<b>Goal 2015</b>	Decrease occurrences of cancer and improve quality of life of those who already have cancer in the primary and secondary service area of the Santa Maria campus.
<b>Objective Measure/ Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. Increase screenings for colorectal, lung, skin and prostate cancers among target population</li> <li>2. Increase education about hazards of smoking cigarettes, e-cigarettes, chewing tobacco and herbal products due to increase of tobacco products used by youths in our community.</li> <li>3. Initiate a genetic counseling and testing program.</li> <li>4. Provide transportation access to cancer patients for treatments and support services.</li> <li>5. Nurse navigator, social workers will identify those patients needing help with basic needs outside their medical care due to cancer treatment.</li> <li>6. Improve quality of life for cancer survivors as measured by pre and post cancer rehab assessment tool</li> </ol>
<b>Baseline</b>	<ol style="list-style-type: none"> <li>1. 16 participants Colon Cancer Seminar and zero screening</li> <li>2. Zero Lung Seminars/Educational Reports and Screening;</li> <li>3. 18 participants Prostate Screening and Zero Seminars;</li> <li>4. 76 Skin Cancer Screening</li> <li>5. Zero education related to tobacco use.</li> <li>6. Zero patients referred to counseling and zero patients genetically tested.</li> <li>7. 2144 patients transported and zero gas cards provided</li> <li>8. Zero number of patients assisted with basic needs</li> <li>9. Zero number of patients in cancer rehab and 102 patients with survivorship plans</li> </ol>
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Provide teaching seminars and educational reports on colorectal, lung, prostate and skin cancers among target population that will connect them to screening appointments</li> <li>2. Develop and distribute education tool kit for classroom educators to discuss about hazards of smoking cigarettes, e-cigarettes, chewing tobacco and herbal products due to increase of tobacco products used by youths in our community.</li> <li>3. Identify patients working with Tumor Board, Oncologist and Surgeons that are at high risk for the potential of genetic markers related to cancer; provide counseling, testing and if positive develop cancer prevention plan</li> <li>4. Nurse navigator, social workers will identify those patients needing transportation assistance.</li> <li>5. Identify patients with specific unmet need, link to appropriate coverage.</li> <li>6. Start a Cancer Rehab Program and Survivorship Program which will improve the quality of life for cancer survivors.</li> </ol>
<b>Community Benefit Category</b>	Community Health Improvement Services (Lectures/Workshops; Support Groups, Self-help; Information and Referral) A1a, A1d, A1e, A3e, E1b

<b>Cancer Awareness – Arroyo Grande Campus</b>	
<b>Hospital Community Benefit Priority Area</b>	<input checked="" type="checkbox"/> Priority Area 1 – Access to Healthcare <input type="checkbox"/> Priority Area 2 – Emergency Room Utilization <input checked="" type="checkbox"/> Priority Area 3 – Clinical Conditions <input checked="" type="checkbox"/> Priority Area 4 – Mental Health
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Clinical Conditions, Mental Health
<b>Program Description</b>	Arroyo Grande campus and Coastal Cancer Center will partner to provide education, support groups, screenings and health information to encourage prevention, early detection and disease and disability management for cancer patients. The Coastal Cancer Center provides resources for patients and their families in the Arroyo Grande campus service area and referrals to the Hearst Cancer Resource Center and Marian's Cancer Program and other community partners.
<b>FY 2014</b>	
<b>Goal 2014</b>	Improve health and well-being by providing health education, cancer screenings, educational seminars and support services to the poor and vulnerable, elderly and underinsured community, to provide earlier detection of cancer in an effort to reduce preventable cancer-related deaths.
<b>2014 Objective Measure/Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. Increase the number of participants seeing the nurse navigator.</li> <li>2. Provide 10% increase in skin and breast cancer screenings to facilitate early detection focusing on the poor, vulnerable and Hispanic community. Provide follow-up care and/or referrals.</li> <li>3. Increase the number of Patient Assessment Forms (Wellness Forms).</li> </ol>
<b>Baseline</b>	FY11/12 total is: 20,862; Support Groups: 528; Educational/Lectures: 1,118 (13,350 received educational articles in the newsletter); Self-Help: 2,239; Spanish Group: 183; Information & Referral: 16,174 and Spanish Calls: 620
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Work with Breast Imaging to coordinate care of all newly diagnosis breast cancer patients. Provide in-service to Internal Medicine, Family and Primary Physicians and healthcare personnel treating new or returning patients to refer to the Nurse Navigator.</li> <li>2. Work with promotoras in targeted community to provide cancer screenings, expanding to senior centers and focus marketing on Hispanic communities.</li> <li>3. Initiate use of wellness forms to identify needs and assist.</li> </ol>
<b>Result FY 2014</b>	<ol style="list-style-type: none"> <li>1. Number of patients and family members seeing the nurse navigator increased 15% YTD; (1596 versus 1391).</li> <li>2. Mammogram Clinic Screening; 22 participants (two clients notified of additional imaging; one negative; one pending; 100% poor and vulnerable; 29% increase. Skin Cancer Screening; 31 participants; 21 negative; 10 referrals; 14% decrease (31 versus 36)</li> <li>3. Patient Assessment Forms completed (to reach patients in need of support); 45% increase YTD (87 versus 60).</li> </ol>
<b>Hospital's Contribution / Program Expense</b>	\$93,182
<b>FY 2015</b>	
<b>Goal 2015</b>	Decrease occurrences of cancer and improve quality of life of those who already have cancer in the primary and secondary service area of the Arroyo Grande campus.
<b>2015 Objective Measure/Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. Increase screenings for colorectal, breast, lung, and skin cancer among target population.</li> <li>2. Increase education about hazards of smoking cigarettes, e-cigarettes, chewing tobacco and herbal products due to increase of tobacco products used by youths in our community.</li> <li>3. Initiate a genetic counseling and testing program.</li> </ol>
<b>Baseline</b>	<ol style="list-style-type: none"> <li>1. Zero Colorectal Seminars/Educational Reports</li> <li>2. 22 Breast Screenings</li> <li>3. Zero Lung Screenings/Educational Reports</li> <li>4. 36 Skin Cancer Screenings</li> <li>5. Zero education related to tobacco use</li> <li>6. Zero patients referred to counseling and zero patients genetically tested.</li> </ol>

<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Provide teaching seminars and educational reports on colorectal, breast and lung cancer among target population that will connect them to screening appointments.</li> <li>2. Develop and distribute education tool kit for classroom educators to discuss about hazards of smoking cigarettes, e-cigarettes, chewing tobacco and herbal products due to increase of tobacco products used by youths in our community.</li> <li>3. Identify patients working with Tumor Board, Oncologist and Surgeons that are at high risk for the potential of genetic markers related to cancer; provide counseling, testing and if positive develop cancer prevention plan.</li> </ol>
<b>Community Benefit Category</b>	Community Health Improvement Services (Lectures/Workshops; Support Groups, Self-help; Information and Referral) A1a, A1d, A1e, A3e, E1b

<b>Heart Failure – Marian and Arroyo Grande Campus</b>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Priority Area 1 – Access to Healthcare <input checked="" type="checkbox"/> Priority Area 2 – Emergency Room Utilization <input checked="" type="checkbox"/> Priority Area 3 – Clinical Conditions <input type="checkbox"/> Priority Area 4 – Mental Health
<b>Program Emphasis</b>	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Emergency Room Utilization; Clinical Conditions
<b>Program Description</b>	The Heart Failure program provides consistent telephonic patient follow-up and education thereby decreasing the number of participant admissions to the hospital.
<b>FY 2014</b>	
<b>Goal FY 2014</b>	Avoid hospital and emergency department admissions for all persons with heart failure enrolled in the program.
<b>2014 Objective Measure/Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. Identify 100% of patients hospitalized at Marian Regional Medical Center and Arroyo Grande campus with a diagnosis of CHF and at risk for readmissions.</li> <li>2. Provide evidence-based health education to 100% of participants enrolled in the CHF program.</li> <li>3. Maintain Philips telemonitoring program for 50 patients in the Central Coast Service area.</li> <li>4. Returned satisfaction surveys on the questions "your overall evaluation of program" will be "very good" or "excellent".</li> <li>5. Avoid hospital and emergency department admissions for 3 months among 80% of the enrolled participants in the CHF program.</li> </ol>
<b>Baseline</b>	867 patients with a CHF diagnosis at high risk for readmission were identified and enrolled in the CHF program at Marian's campus. 406 patients with a CHF diagnosis at high risk for readmission were identified and enrolled in the CHF program at the Arroyo Grande campus.
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Offer the CHF program to all inpatients with a diagnosis of CHF</li> <li>2. Implement telephonic assessment utilizing the newly constructed dignity health data-base with the ultimate goal of integrating it into Cerner.</li> <li>3. Track data-base and Midas reports for both the telemonitored and telephonic participants for outcomes and make program adjustments based on data derived.</li> <li>4. Collaborate with Dignity Health Facilities, Community Health Center, CDMSP, local skilled nursing facilities and cardiologist's offices.</li> <li>5. Partner with Dignity Health Home Health for referrals to the CHF program and collaborate on treatment plans with home health case managers.</li> <li>6. Refer underserved patients who cannot afford their medication to the Alliance for Pharmaceutical 'Access and other identified community partners.</li> </ol>
<b>Result FY 2014</b>	<ol style="list-style-type: none"> <li>1. The Marian CHF program served 398 patients this fiscal year, 253 new patients were identified and enrolled, of these 36 patients participated in the telemonitoring program. The Arroyo Grande campus CHF program served 173 patients this fiscal year, 102 new patients were identified and enrolled, of these 17 participated in the telemonitoring program.</li> <li>2. The Marian CHF program provided evidenced based health education to 398 enrolled patients; Arroyo campus CHF program provided 173 enrolled patients evidenced based health education.</li> <li>3. The Marian CHF program maintained Philips telemonitoring service to 36 patients; Arroyo Grande campus CHF program maintained Philips tele-monitoring service for 34 patients.</li> <li>4. 93% of Santa Maria Patient Satisfaction surveys returned rated the CHF program as very good or excellent. Arroyo Grande campus did not participate in mailing surveys.</li> <li>5. In the Marian CHF Program from the 398 patients enrolled 23 patients were readmitted for an average of 3%. The Arroyo Grande campus CHF Program from the 173 patients enrolled; 4 patients were readmitted, average for readmission 1.24%.</li> </ol>
<b>Hospital's Contribution / Program Expense</b>	Arroyo Grande campus - \$93,154; Marian campus - \$262,579
<b>FY 2015</b>	
<b>Goal 2015</b>	Avoid hospital and emergency department admissions for all participants with heart failure enrolled in the program for fiscal year 2015
<b>2015 Objective Measure/Indicator of Success</b>	<ol style="list-style-type: none"> <li>1. 80% of participants enrolled in the program will verbalize they take their heart failure medications as prescribed.</li> <li>2. 80% of participants enrolled in the program will self-report that they conduct daily weigh in 7 days a week.</li> <li>3. Participants identified for telemonitoring will be placed on a Philips monitor within 4 days.</li> </ol>
<b>Baseline</b>	4 <sup>th</sup> quarter 2013 (January – March 2013 there were 198 participants in the CHF Program with a 3% readmission rate.
<b>Implementation Strategy for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. All patients will be queried regarding med compliance at each patient encounter</li> <li>2. All patients will be queried regarding daily weight at each patient encounter</li> <li>3. Provide evidence-based health education to 100% of participants enrolled in the CHF program.</li> </ol>

	<ul style="list-style-type: none"> <li>4. Work with Case Management design team to design tool to capture patient response regarding weight and medications</li> <li>5. Utilize redesigned standard telemonitor protocol orders to communicate to patient's medical provider that their patient has been provided with scale, BP machine and pulse oximeter.</li> </ul>
<b>Community Benefit Category</b>	Health Care Support Services – A3e

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may be more pronounced and require enhancements to the described strategic initiatives. During the three years ending December 31, 2015, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

# Community Benefit and Economic Value

- A. Classified Summary of Quantifiable Community Benefit Costs  
 The Classified Summary of Quantifiable Community Benefit Costs is calculated using cost accounting methodology

9/12/2014  
 364 Marian Medical Center  
 Complete Summary - Classified Including Non Community Benefit (Medicare)  
 For period from 7/1/2013 through 6/30/2014

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
<b><u>Benefits for Poor</u></b>						
<b>Financial Assistance</b>	7,747	3,839,458	0	3,839,458	1.2	1.2
<b>Medicaid</b>	54,489	74,149,843	45,259,605	28,890,238	8.8	9.0
<b>MIA</b>	718	2,170,910	543,516	1,627,394	0.5	0.5
<b><u>Community Services</u></b>						
Community Benefit Operations	0	152,597	0	152,597	0.0	0.0
Community Building Activities	47	2,495	0	2,495	0.0	0.0
Community Health Improvement Services	65,676	1,971,847	26,600	1,945,247	0.6	0.6
Financial and In-Kind Contributions	215	632,140	160,875	471,265	0.1	0.1
Subsidized Health Services	18,545	803,500	0	803,500	0.2	0.3
<b>Totals for Community Services</b>	<b>84,483</b>	<b>3,562,579</b>	<b>187,475</b>	<b>3,375,104</b>	<b>1.0</b>	<b>1.1</b>
<b>Totals for Poor</b>	<b>147,437</b>	<b>83,722,790</b>	<b>45,990,596</b>	<b>37,732,194</b>	<b>11.6</b>	<b>11.7</b>
<b><u>Benefits for Broader Community</u></b>						
<b><u>Community Services</u></b>						
Community Benefit Operations	0	22,097	0	22,097	0.0	0.0
Community Health Improvement Services	14,005	700,994	0	700,994	0.2	0.2
Health Professions Education	147	1,944,729	340,670	1,604,059	0.5	0.5
<b>Totals for Community Services</b>	<b>14,152</b>	<b>2,667,820</b>	<b>340,670</b>	<b>2,327,150</b>	<b>0.7</b>	<b>0.7</b>
<b>Totals for Broader Community</b>	<b>14,152</b>	<b>2,667,820</b>	<b>340,670</b>	<b>2,327,150</b>	<b>0.7</b>	<b>0.7</b>
<b>Totals - Community Benefit</b>	<b>161,589</b>	<b>86,390,610</b>	<b>46,331,266</b>	<b>40,059,344</b>	<b>12.3</b>	<b>12.5</b>
<b>Medicare</b>	<b>53,986</b>	<b>85,616,626</b>	<b>70,207,962</b>	<b>15,408,664</b>	<b>4.7</b>	<b>4.8</b>
<b>Totals with Medicare</b>	<b>215,575</b>	<b>172,007,236</b>	<b>116,539,228</b>	<b>55,468,008</b>	<b>17.0</b>	<b>17.3</b>

  
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 Sue Andersen  
 Chief Financial Officer  
 Dignity Health Central Coast Service Area

Note: Calculations were derived using a cost accounting system.

9/12/2014  
**365 Arroyo Grande Community Hospital**  
**Complete Summary - Classified Including Non Community Benefit (Medicare)**  
**For period from 7/1/2013 through 6/30/2014**

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
<b><u>Benefits for Poor</u></b>						
Financial Assistance	1,404	490,403	0	490,403	0.7	0.7
Medicaid	8,989	7,563,620	3,410,513	4,153,107	6.1	5.9
Means-Tested Programs	471	901,056	220,913	680,143	1.0	1.0
<b>Community Services</b>						
Community Benefit Operations	1	24,126	0	24,126	0.0	0.0
Community Health Improvement Services	14,260	185,444	17,732	167,712	0.2	0.2
Financial and In-Kind Contributions	85	57,261	0	57,261	0.1	0.1
<b>Totals for Community Services</b>	<b>14,346</b>	<b>266,831</b>	<b>17,732</b>	<b>249,099</b>	<b>0.4</b>	<b>0.4</b>
<b>Totals for Poor</b>	<b>25,210</b>	<b>9,221,910</b>	<b>3,649,158</b>	<b>5,572,752</b>	<b>8.2</b>	<b>7.9</b>
<b><u>Benefits for Broader Community</u></b>						
<b>Community Services</b>						
Community Benefit Operations	0	4,327	0	4,327	0.0	0.0
Community Health Improvement Services	1,689	91,992	0	91,992	0.1	0.1
Financial and In-Kind Contributions	0	1,495	0	1,495	0.0	0.0
Health Professions Education	32	117,316	0	117,316	0.2	0.2
<b>Totals for Community Services</b>	<b>1,721</b>	<b>215,130</b>	<b>0</b>	<b>215,130</b>	<b>0.3</b>	<b>0.3</b>
<b>Totals for Broader Community</b>	<b>1,721</b>	<b>215,130</b>	<b>0</b>	<b>215,130</b>	<b>0.3</b>	<b>0.3</b>
<b>Totals - Community Benefit</b>	<b>26,931</b>	<b>9,437,040</b>	<b>3,649,158</b>	<b>5,787,882</b>	<b>8.5</b>	<b>8.2</b>
<b>Medicare</b>	<b>20,285</b>	<b>34,074,251</b>	<b>26,916,189</b>	<b>7,158,062</b>	<b>10.5</b>	<b>10.2</b>
<b>Totals with Medicare</b>	<b>47,216</b>	<b>43,511,291</b>	<b>30,565,347</b>	<b>12,945,944</b>	<b>19.0</b>	<b>18.4</b>

  
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 Sue Andersen  
 Chief Financial Officer  
 Dignity Health Central Coast Service Area

Note: Calculations were derived using a cost accounting system.

## B. Telling the Story

As a member of Dignity Health, Marian Regional Medical Center and Arroyo Grande campus, are committed to serving the health needs of our community with particular attention to the needs of the economically disadvantaged members of our community. Each year a report of progress is posted to the Marian Regional Medical Center website. This report is available to our local community, provides information on the uncompensated care and programs for the benefit of the community. It includes costs for persons who are economically disadvantaged and cost associated with Medi-Cal and other government program beneficiaries and costs for services our hospital subsidizes because they are not offered anywhere else in the community. Other community benefit expenses may also include clinic services, health promotion and disease prevention programs, donations of cash or services to other non-profit organizations supporting our efforts to address the identified needs of the community.

Consensus building and community benefit work continues to take place with the help of strong partners in the Marian Regional Medical Center and Arroyo Grande campus service areas. Both campuses support the outreach and education with the rolling out of the Affordable Care Act.

The Community Benefit Report and Implementation Plan is submitted to the State of California OSHPD.

The Dignity Health Community Grant program offered through Marian Regional Medical Center and Arroyo Grande campus derives direction from the Community Benefit Report and Implementation Plan requiring community partners to address their letter of inquiry to one of the identified priorities.

Postcards are available for distribution key community partners and elected officials with website "links" to our online Community Benefit Report.

Please find the following attachments at the end of this report: Dignity Health Reporting Sheet for Community Need Index (Attachment A) Summary of Patient Financial Assistance Policy (Attachment B) Hospital Community Board Membership Roster (Attachment C), Community Benefit Committee Roster (Attachment D).

## Community Needs Index

### Marian Campus

Zip Code	City	County	2011 Population	2011 CNI	2010 CNI	% Households in poverty, Head of Household 65+	% families w/kids <18 in poverty	% families single mother w/kids <18 in poverty	Income Quintile	% age > 5 w/no English	% pop. minority	Cultural Quintile	% pop. > 25 w/no High School diploma	Education Quintile	% population in labor force unemployed	% population No health insurance	Insurance Quintile	% Households renting	Housing Quintile	Income Barrier	Cultural Barrier	Education Barrier	Insurance Barrier	Housing Barrier
93455	Santa Maria	SB County	40,038	2.4	2.4	5.6%	6.7%	18.6%	2	3.2%	33.7%	4	11.0%	2	6.1%	11.2%	2	19.6%	2	20.5%	33.9%	11.0%	12.6%	19.6%
93454	Santa Maria	SB County	34,668	4.2	4.2	6.2%	16.6%	35.2%	3	8.2%	60.2%	5	21.6%	4	7.2%	20.0%	4	42.9%	5	39.2%	60.7%	21.6%	21.2%	42.9%
93458	Santa Maria	SB County	52,993	5	5	9.6%	25.8%	50.2%	5	31.1%	88.0%	5	54.5%	5	11.7%	24.6%	5	51.8%	5	57.0%	90.8%	54.5%	27.0%	51.8%
93434	Guadalupe	SB County	6,947	4.8	5	21%	27%	42.9%	5	29%	92%	5	57%	5	9.7%	26%	5	48.9%	5	53.3%	94.8%	57.5%	28.1%	46.9%

### Arroyo Grande Campus

93420	Arroyo Grande	San Luis Obispo	28,603	3	3	5.4%	6.8%	18.7%	2	1.3%	19.0%	4	10.6%	2	5.6%	14.3%	3	28.7%	4	20.5%	19.0%	10.6%	15.3%	28.7%
93433	Grover Beach	San Luis Obispo	12,844	3.6	3.6	9.3%	10.5%	19.7%	2	4.8%	33.9%	4	15.6%	3	7.2%	19.0%	4	50.6%	5	23.7%	34.2%	15.6%	20.3%	50.6%
93444	Nipomo	Santa Barbara	18,894	3.4	3.2	5.9%	7.7%	24.3%	2	6.7%	40.4%	5	18.7%	4	7.8%	11.4%	3	24.2%	3	26.1%	40.9%	18.7%	13.2%	24.2%
93445	Oceano	San Luis Obispo	7,441	4.8	4.6	3.4%	18.5%	40.6%	4	14.0%	59.5%	5	30.3%	5	12.7%	22.0%	5	48.6%	5	44.2%	60.6%	30.3%	24.8%	48.6%
93449	Pismo Beach	San Luis Obispo	8,440	3	3	5.6%	9.0%	16.7%	2	1.3%	15.6%	3	7.0%	1	6.8%	18.8%	4	38.6%	5	19.6%	15.6%	7.0%	20.0%	38.6%

Attachment A

## DIGNITY HEALTH SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY (June 2012)

### **Policy Overview:**

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

### **Eligibility for Patient Payment Assistance:**

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

### **Determination of Financial Need:**

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

### **Patient Payment Assistance Guidelines:**

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

- Services eligible under the policy will be made 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.

## Hospital Community Board Roster for Fiscal Year 2014

### Board of Directors

Rebecca Alarcio  
Community Educator

Vincent Martinez, Esq.  
Attorney

Lupe Alvarez  
Businessman

Mike McNulty  
Board Chair – Businessman

Todd D. Bailey, Jr., M.D.  
Physician / Emergency Medicine

Juan Reynoso, M.D.  
Physician / Emergency Medicine

Sister Amy Bayley, RSM  
Religious Sponsor / Housing Advocate

Sister Barbara Staats, OSF  
Religious Sponsor / Retired Dietician

Peggy Blough  
Real Estate

Albert W. Schultz, M.D.  
Marian Foundation Board Chair  
Physician / Emergency Medicine

Kathy Castello  
Business Finance / Communications

Kathy Tompkins  
Arroyo Grande Foundation Board Chair  
Community Leader

Terry Fibich,  
Board Secretary, Retired Fire Chief

John F. Will  
Immediate Past Board Chair  
Businessman / Construction

Steve Flood, D.D.S.  
Dentist

### Hospital Representatives

Jacqueline Frederick, Esq.  
Board Vice Chair, Attorney / Community Leader

Sue Andersen  
Vice President & Chief Financial Officer

Angelica Gutierrez  
Finance / Banking

Kevin Ferguson, M.D.  
Physician / Pathologist, Chief of Staff

Michael S. Hardy, Esq  
Attorney

Charles J. Cova  
Hospital President & CEO  
Senior VP, Operations  
Dignity Health Central Coast

Ernest Jones, M.D.  
Physician / Family Practice

Sister Sheral Marshall, OSF  
Religious Sponsor / Advocate

Kenneth Dalebout  
Administrator  
Arroyo Grande Campus

Larry Foreman, D.O.  
Vice President, Medical Affairs  
Arroyo Grande Campus

Chuck Merrill, M.D., FACEP  
Vice President, Medical Affairs  
Marian Campus

Jonathan Fow, M.D  
President, Medical Staff

Kathleen Sullivan, Ph.D., RN  
Vice President, Post Acute Care Services

Villa Infanto, RN  
Vice President, Patient Care Services, CNE  
Arroyo Grande Campus

**Sponsor Representative**

Sister Patricia Rayburn, OSF  
Sisters of St. Francis  
Chair, Sponsorship Council, Dignity Health

Kerin Mase, MBA, RN  
Chief Operating Officer / Chief Nurse  
Executive

**Dignity Health Corporate Representative**

Marvin O'Quinn  
Executive Vice President / COO  
Dignity Health

## Community Benefits Committee Roster 2014

Kathy Castello Community Board Member	Jana Pruitt Arroyo Grande Foundation Board Member
Sister Pius Fahlstrom, OSF Marian Community Benefit Committee	Mary Oates, M.D. Osteoporosis Program Director, Dignity Health Central Coast Service Area
Terry Fibich Community Board Member	Al Schultz, M.D. Chair, Marian Foundation Board
Bill Finley Controller	Heidi Summers, MN, RN Senior Director Education and Mission Services
Katherine Guthrie Cancer Center Regional Director, Dignity Health Central Coast Service Area	Kathleen Sullivan, Ph.D., RN Vice President, Post Acute Care Services
Joan McKenna Case Management Director/Social Worker	Elizabeth Snyder, MHA Vice President, Pacific Central Coast Health Centers Clinic Operations
	Sandy Underwood Senior Community Education Coordinator