



Mercy General Hospital

Community Benefit Report 2014
Community Benefit Implementation Plan 2015



A Message From:

Edmundo Castañeda, President and CEO of Mercy General Hospital, and Sister Brenda O'Keeffe, Chair of the Dignity Health Sacramento Service Area 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.

Mercy General Hospital, a part of the Dignity Health Sacramento Service Area, shares a commitment to improve the health of our community and offers 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 for nearly 50 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 community benefit efforts and measurable objectives as well as plans for the coming year. Encouraged and mandated by its governing body, Dignity Health complies with both mandates at all of its facilities, including hospitals in Nevada and Arizona, 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, Mercy General Hospital provided \$42,229,440 in financial assistance, community benefit, and unreimbursed patient care. Including the unreimbursed cost of caring for patients covered by Medicare, total expense was \$58,561,487.

The Dignity Health Sacramento Service Area Community Board has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 23, 2014 meeting. Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 916 851-2731.



Edmundo Castañeda
President and Chief Executive Officer
Mercy General Hospital



Sister Brenda O'Keeffe
Chair, Dignity Health Sacramento Service Area
Community Board

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EXECUTIVE SUMMARY

For more than 85 years, Mercy General Hospital has been caring for residents in the heart of East Sacramento, CA. Founded by Sisters of Mercy in 1925, the hospital is located at 4001 J Street, and today has 2,200 employees, 342 licensed acute care beds, and 16 emergency department beds. Of all the hospitals in California, Mercy General Hospital ranks number one in cardiac surgery, and is in the top five percent nationwide. The new Alex G. Spanos Heart & Vascular Center that opened in the spring of 2014 raises the bar further. The Center adds room capacity, increases efficiency and provides better comfort for patients and families with features that include:

- Four state-of-the-art cardiac surgery operating rooms
- An innovative hybrid operating room
- A highly advanced 20-bed cardiac surgery ICU
- 71 private, family-friendly patient rooms
- Expanded 21-bed cardiac ambulatory procedure area
- State-of-the-art diagnostic cardiopulmonary care area
- Expanded cardiac and pulmonary rehabilitation center
- A new chapel and healing garden that is open to the public

Mercy General Hospital is Joint Commission-certified in stroke care, and is the first Sacramento-area hospital accredited as a Certified Chest Pain Center with percutaneous coronary intervention as the primary treatment for acute heart attacks. The hospital also houses the first acute rehabilitation unit in the region to be accredited by the Commission on Accreditation of Rehabilitation Facilities, and is well-respected for maternity care, orthopedics, spine care and oncology.

The hospital must continuously balance its responsibility caring for the acutely ill with the increasing role it serves as a safety net provider for the poor and vulnerable in a region where public and community capacity is severely limited. The region's safety net is challenged by a lack of access to both primary and mental health care, the absence of a care coordination system, and minimal health prevention and education options for underserved and at-risk populations. These challenges are reflected in alarming hospital utilization trends and through assessments of the community, and serve as the basis for community benefit planning and programming.

In FY 2014, the hospital further advanced a number of core community benefit programs in partnership with others in the community that respond to these priority health issues, and laid the groundwork for new initiatives in FY 2015. Enhancing capacity for primary care was a key area of focus. A new agreement was put in place with Sacramento County to improve efficiency at Mercy Clinic Loaves & Fishes and more effectively provide care to the region's homeless population. The hospital also began work to collaborate with one of the region's Federally Qualified Health Centers at Mercy Clinic Norwood in order to increase the capacity and scope of services offered. The hospital expects this transaction to be finalized in FY 2015. Other highlights in FY 2014 include:

CHAMP®

Mercy General Hospital takes the regional lead for CHAMP® (Congestive Heart Active Management Program), and engages all Dignity Health hospitals in Sacramento in the program, as well those in other surrounding counties. CHAMP® serves as a unique model of health intervention, providing support and assistance for patients who suffer from heart failure. The program responds to a priority health issue identified through the

Community Health Needs Assessment that indicates heart failure is a leading cause of hospitalization for the region's residents. The program keeps patients linked to the medical world once they leave the hospital through symptom and medication monitoring and education. With emphasis on underserved populations, CHAMP® continued to increase its number of participants in FY 2014, and consistently achieved an 80% or better reduction in hospital readmissions by those enrolled.

Patient Navigator Program

The Patient Navigator Program represents an innovative partnership between Mercy General Hospital and sister Dignity Health hospitals, Medi-Cal insurer, Health Net, community nonprofit, Sacramento Covered, and community clinics working together to increase access to care. The program engages navigators in the emergency department to directly assist patients admitting for non-urgent care. Navigators connect patients to a medical home, coordinate their care, follow their progress and offer other social support services, including transportation, when needed. Partners use health information exchange technology to share health data and to track patient outcomes. In the first year since launching the program in August 2013, the program achieved its intended goals to improve quality of health, reduce emergency department admissions for non-urgent care, and lower health care costs. Nearly 4,000 patients were assisted in FY 2014, with 80% receiving follow-up appointments with a primary care provider or clinic. Initial evaluation shows a significant reduction in emergency department readmissions - as much as 68%, by those patients assisted.

Healthier Living Chronic Disease Self-Management Program

Mercy General Hospital, also in partnership with sister Dignity Health hospitals, fills a major gap for health prevention and education services in the region through its Healthier Living program. It is the only Chronic Disease Self-Management Program available at the community level that responds to the extremely high prevalence of chronic disease among underserved populations in Sacramento County. Following the evidence-based model developed by Stanford University School of Medicine, Healthier Living offers general chronic disease and diabetes specific workshops in both English and Spanish. Workshops are held regularly at community clinics, low-income housing developments, food banks and other convenient locations for participants. In FY 2014, 21 workshops were conducted, and over 80% of all participants in these workshops increased their self-efficacy and were able to avoid hospitalization as a result of new skills and education gained.

The SPIRIT Project

The hospital serves as a champion for The SPIRIT Project, a partnership between area health systems, including other Dignity Health hospitals, Sacramento County and the Sierra Sacramento Valley Medical Society. The project fills a gap in the safety net for specialty care and surgery through the recruitment of volunteer physicians. Each year, hundreds of uninsured residents who otherwise would go without, receive the specialty care they need, as well as hernia and cataract surgeries. Most of the surgeries are performed at Mercy General Hospital.

ReferNet Intensive Outpatient Mental Health Partnership

The hospital expanded its partnership in FY 2014 with nonprofit mental health provider, El Hogar, to address a serious need in the community for mental health services. ReferNet enables the hospital to link patients who admit to the emergency department to El Hogar for immediate follow-up and long-term intensive outpatient mental health care.

Details on these programs, a number of new initiatives in development, and other community benefit investments by Mercy General Hospital are documented in more detail in this report. The total value of community benefit for FY 2014 is \$42,229,440, which excludes \$16,332,047 in unpaid Medicare costs.

MISSION STATEMENT

We share the mission of Dignity Health:

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

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

ORGANIZATIONAL COMMITMENT

A commitment to improving the health of the community has been an essential part of Mercy General Hospital's mission for over 85 years. The hospital is proud of its history of investing in community health programs and partnering with others to identify and address urgent health needs in the community it serves.

Every three years, the hospital conducts a Community Health Needs Assessment (CHNA) that brings administrative and clinical leadership together with public health experts, nonprofit providers, representatives of medically underserved populations and other stakeholders to understand community needs and resources. The hospital uses the assessment to guide the development of health improvement strategies and investments that are aligned with priority health issues.

Priorities for community health improvement efforts focus on four broad areas of need specifically for underserved populations:

- Access to health care, including primary and specialty care, and the need for care coordination and case management
- Access to mental health care
- Access to preventative health services and education
- Access to housing/basic shelter

Initiatives that respond to these priority needs are conducted in collaboration with community partners to leverage resources and areas of expertise for higher impact, create a community-wide system of care and foster long-term sustainable change. Such programs, like CHAMP®, Healthier Living, the Patient Navigator Program, Mercy Clinic Loaves & Fishes and Mercy Clinic Norwood, are incorporated into the hospital's strategic plan and tied to specific goals and measurable outcomes. Hospital leadership works with community benefit staff to plan, evaluate and budget for these initiatives each year.

Mercy General Hospital's commitment to the health of its community is reflected through other key programs. Offered each year since 1990, the Dignity Health Community Grants Program is a way for the hospital to support the work of other nonprofit organizations that share the same mission to improve the health and lives of underserved populations. The grants program maintains a focus on the four priority areas of need and further encourages collaboration by requiring organizations to partner on programs in order to provide a greater continuum of care. In the 2014 grants cycle, for example, three organizations joined forces to ensure at-risk individuals were linked to both primary and mental health care, as well as substance abuse treatment and supportive housing if needed. In addition, the Dignity Health Community Investment Program is helping build community capacity by providing loans at below-market rate interest to nonprofit organizations that are working to increase access to health care, create jobs, develop low-income housing, and enhance educational opportunities for underserved populations. This investment opportunity has enabled both WellSpace Health and Elica Health Centers to achieve their designation as Federally Qualified Health Centers, and grow their operations. Providing the means to allow these local health centers to thrive is critical to strengthening the Sacramento region's weak safety net.

Governance

Oversight for community benefit at Mercy General Hospital is provided by the Dignity Health Sacramento Service Area Community Board. A dedicated Community Health Committee – a standing committee of the Board – helps guide the hospital's community benefit practices, ensuring that programs and services address

the unmet health needs of the community and promote the broader health of the region (see Appendix A for Dignity Health Sacramento Service Area Community Board and Community Health Committee Rosters). Specific roles and responsibilities of the Community Health Committee are to:

- Ensure services and programs align with the mission and values of Dignity Health and are in keeping with five core principles:
 - Focus on disproportionate unmet health and health-related needs
 - Emphasize prevention
 - Contribute to a seamless continuum of care
 - Build community capacity
 - Demonstrate collaborative governance
- Ensure the hospital follows uniform methods of accounting for community benefit activities and expenses
- Review and approve the Community Health Needs Assessment and ensure alignment of programs and services with priority health issues
- Evaluate and approve the community benefit budget
- Evaluate community benefit program design and content
- Monitor and evaluate program progress, and determine program continuation or termination

Non-Quantifiable Benefits

Recognizing that true health improvement requires shared ownership of strategies and goals, Mercy General Hospital makes it a responsibility to engage with the community in many ways that are hard to measure and go beyond financial and programmatic investments. Whether serving on coalitions, boards or committees, members of the hospital's leadership and management teams volunteer significant time and expertise to help develop and implement strategies for long-term positive change in the health, wellbeing and economic vitality of the region. Leadership in the community extends to multiple organizations; from Sacramento County's Medi-Cal Managed Care Advisory Committee, which is focused on improving access and quality of care for Medi-Cal beneficiaries, to Valley Vision, an organization tackling economic, environmental and social issues. Employees are active on organizational boards such as Elica Health, a Federally Qualified Health Center, the Association for California Nurse Leaders, and the East Sacramento Board of Commerce.

The hospital maintains its leadership role with the Sacramento Region Health Care Partnership, which was established prior to implementation of the Affordable Care Act by Congresswoman Doris Matsui and Sierra Health Foundation to focus on building safety net capacity. In FY 2014, the partnership launched its Learning Institute, aimed at facilitating an integrated health care delivery model among community clinics and fostering solutions that can improve administrative and service delivery systems. Also in FY 2014, Mercy General Hospital, along with other health systems, initiated monthly meetings with Sacramento County leadership to influence actions related to the region's alarming mental health crisis. These meetings have evolved into the Sacramento County/Regional Hospital Collaborative focused on the development of innovative new strategies for mental health services; some of which hopefully will materialize over the next year.

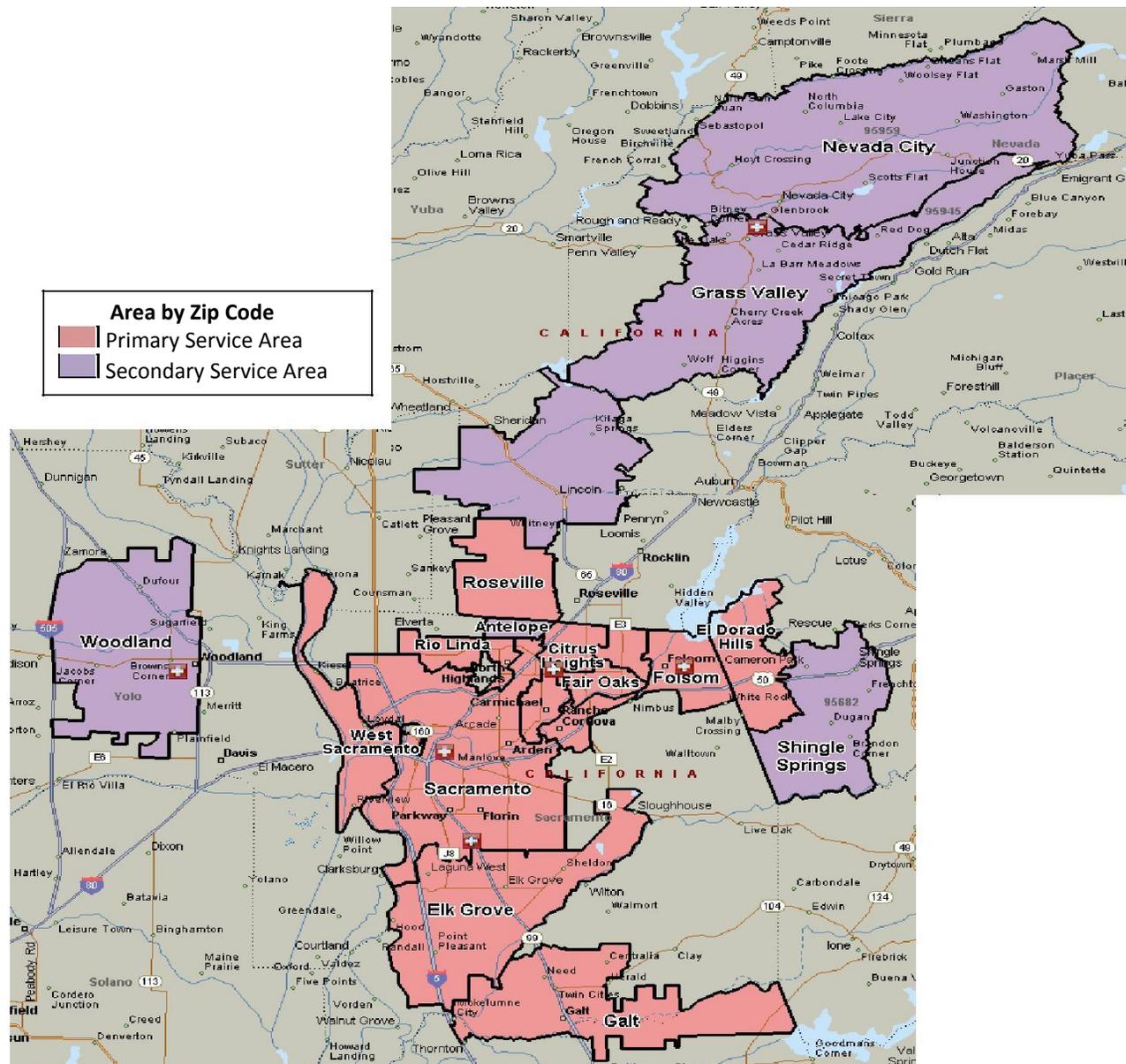
Internally, the hospital is increasingly focused on environmental stewardship, and through a variety of ecology initiatives has taken significant steps to reduce its overall environmental impact. In FY 2014, the hospital reduced waste from pallets, paper, reprocessed medical devices and cooking oil by nearly one million pounds.

COMMUNITY

Definition of Community

Mercy General Hospital's community, or primary service area, in Sacramento County is defined as the geographic area which it serves and determined by analyzing patient discharge data. As a tertiary care facility, the hospital serves residents from a broad geographic area. Its primary service area lies in the central downtown area within the City of Sacramento, and includes 40 zip codes, which are shown on the Community Needs Index map on page 10. Four zip codes within the hospital's primary services area (95814, 95815, 95660 and 95838) fall within designated Health Professional Shortage Areas.

Mercy General Hospital Service Area



Description of the Community

There are over 1.4 million residents living in Sacramento County. Nearly 20% of all residents live below the Federal Poverty Level. A large segment of this underserved population (337,000 residents) is eligible for Medi-Cal insurance under the Affordable Care Act, but unfortunately, having insurance does not equate to having access to care in Sacramento. The region’s safety net is ill-prepared to serve this population. There is no sign that government-funded services that were eliminated during the recession will be reinstated and efforts to build capacity at the community level are only now just beginning to take shape. Lack of capacity was clearly validated in the hospital’s Community Health Needs Assessment by numerous comments from residents who claimed clinics in the region do not take new patients.

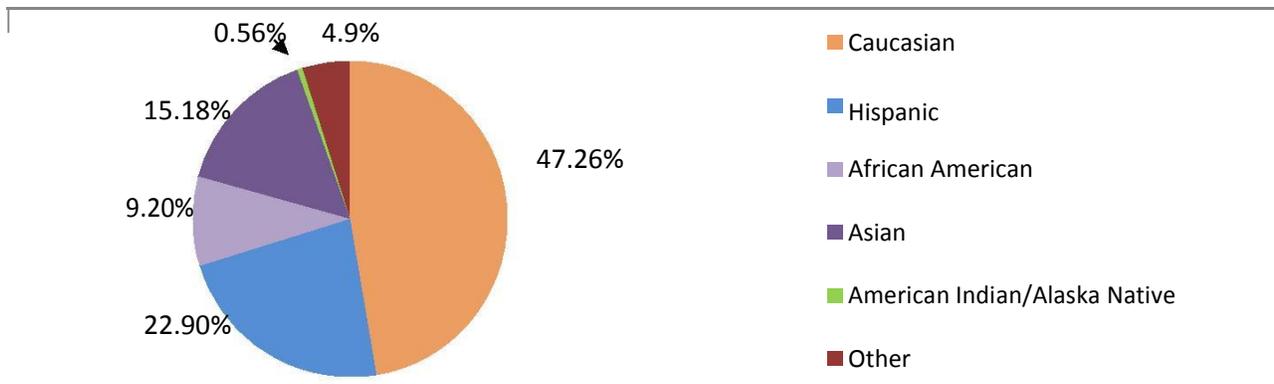
The region continues to be heavily dependent upon Mercy General Hospital to fill a monumental gap in needed safety net services. The hospital’s utilization trends show that the numbers of underserved individuals turning to emergency departments for basic primary care have tripled over the past five years. These trends align with Community Health Needs Assessment findings surrounding the lack of access to primary care in the community, and underscore the reason why the hospital has selected this issue as a priority area of focus.

Equally, or more concerning, is the serious lack of services and treatment options in the region for the mentally ill. Mercy General Hospital’s emergency department has become a refuge for individuals in mental crisis. Nearly 1,000 individuals were admitted to the hospital with mental illness in FY 2014; 50% of these admissions involve acute mental illnesses that required inpatient psychiatric care. It was necessary for the hospital to hold these patients in many cases as long as 10 days before treatment facilities could be located, and many residents had to be transferred out of the County in order to receive care. Mercy General Hospital has taken significant steps to ensure quality of care while patients are in the hospital, and is leading efforts to bring about the broader system change needed to ensure government and community-wide accountability for long term mental health solutions. Until those solutions are instituted, access to mental health care will continue to be a priority area of focus for the hospital.

Demographics of the Community

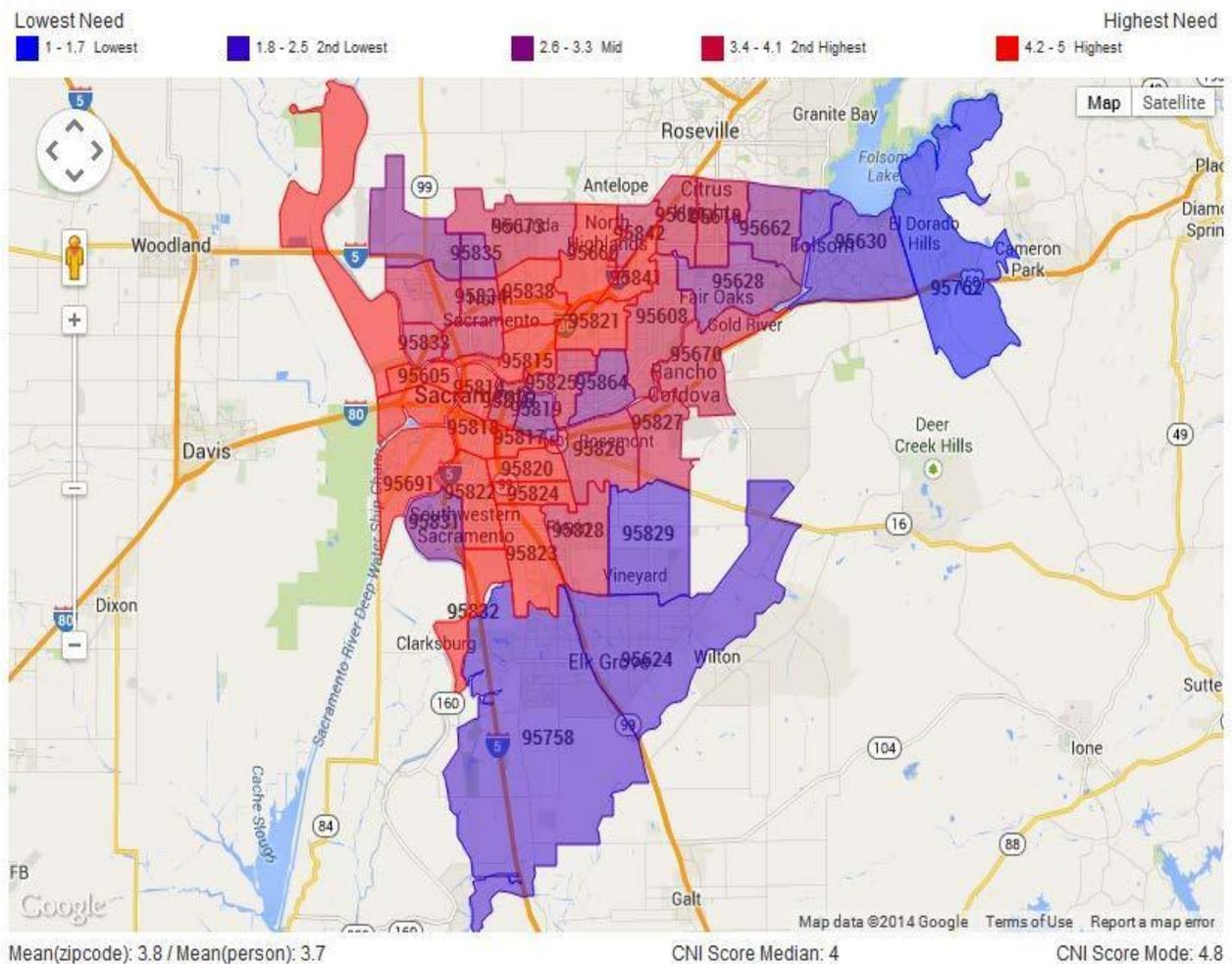
As a tertiary care facility, Mercy General Hospital serves residents from a broad geographic area. Its primary service area lies in the central downtown area within the City of Sacramento, and includes 40 zip codes, which are shown on the Community Needs Index Map on pages 11 and 12. There are 1,521,777 residents living within the hospital’s primary service area. Other demographics include:

Diversity



- **Median Income:** \$51,214
- **Uninsured:** 14.1%
- **Unemployment:** 10.6%
- **No High School Diploma:** 15%
- **Renters:** 39.3%
- **Community Needs Index (CNI) Score:** 4.0
- **Medicaid Patients:** 20.3%
- **Other Area Hospitals:**
 - Sutter Health Sacramento Sierra Region
 - UC Davis Medical Center
 - Kaiser Permanente
 - Woodland Healthcare
 - Methodist Hospital of Sacramento
 - Mercy San Juan Medical Center
 - Mercy hospital of Folsom
- **Health Professional Shortage Areas:** Four zip codes within the hospital’s primary services area (95814, 95815, 95660 and 95838) fall within designated Health Professional Shortage Areas.

Mercy General Hospital Community Needs Index (CNI) Map: Median CNI Score: 4.0



Zip Code	CNI Score	Population	City	County	State
95605	5	14815	West Sacramento	Yolo	California
95608	3.4	58717	Carmichael	Sacramento	California
95610	3.4	44535	Citrus Heights	Sacramento	California
95621	3.4	38925	Citrus Heights	Sacramento	California
95624	2.2	58643	Elk Grove	Sacramento	California
95628	2.8	40353	Fair Oaks	Sacramento	California
95630	2.4	69123	Folsom	Sacramento	California
95660	4.8	30135	North Highlands	Sacramento	California
95662	3	29835	Orangevale	Sacramento	California
95670	4	55795	Rancho Cordova	Sacramento	California
95673	3.8	14426	Rio Linda	Sacramento	California
95691	4.4	35443	West Sacramento	Yolo	California
95758	2.2	63578	Laguna	Sacramento	California
95762	1.6	35305	El Dorado Hills	El Dorado	California
95814	4.8	9611	Sacramento	Sacramento	California
95815	5	25665	Sacramento	Sacramento	California
95816	3.8	15940	Sacramento	Sacramento	California
95817	5	14995	Sacramento	Sacramento	California
95818	4.4	20452	Sacramento	Sacramento	California
95819	2.6	15308	Sacramento	Sacramento	California
95820	4.8	37210	Sacramento	Sacramento	California
95821	4.4	34737	Arden-Arcade	Sacramento	California
95822	4.8	45093	Sacramento	Sacramento	California
95823	4.8	76683	Sacramento	Sacramento	California
95824	5	32406	Sacramento	Sacramento	California
95825	4	31566	Sacramento	Sacramento	California
95826	3.8	37846	Rosemont	Sacramento	California
95827	3.8	21602	Rancho Cordova	Sacramento	California
95828	4	59311	Florin	Sacramento	California
95829	2	22426	Vineyard	Sacramento	California
95831	3	44317	Sacramento	Sacramento	California
95832	5	11218	Sacramento County	Sacramento	California
95833	4	36237	Sacramento County	Sacramento	California
95834	3.4	21239	Sacramento County	Sacramento	California
95835	3	36175	Sacramento	Sacramento	California
95838	4.8	38250	Sacramento	Sacramento	California
95841	4.2	19992	North Highlands	Sacramento	California
95842	3.8	31801	Foothill Farms	Sacramento	California
95864	2.6	21978	Arden-Arcade	Sacramento	California

COMMUNITY BENEFIT PLANNING PROCESS

Community Health Needs Assessment Process

Mercy General Hospital completed its most recent Community Health Needs Assessment in spring of 2013, in partnership with nonprofit research organization, Valley Vision, regional health systems, public health experts, Sierra Health Foundation, and California State University, Sacramento. The process engaged multiple community stakeholders over a nine-month period, that in addition to residents, included school district officials, physicians, leaders of community health and social service organizations, and the 70-member Healthy Sacramento Coalition.

Study area for the assessment included the hospital's primary service area. Zip code boundaries were selected as the unit-of-analysis for most indicators to allow for closer examination of health outcomes at the community level, which are often hidden when viewed at the county level. Some indicators (demographic, behavioral, and environmental in nature) were included in the assessment at the census tract, census block, or point prevalence level, which again, allowed for deeper community level examination. A specific objective was to identify within the hospital's primary service area, those communities experiencing disparities related to chronic disease and mental health.

The assessment used a mixed methods research approach. Primary qualitative data was obtained from interviews with hospital clinical and community benefit staff members and 37 key informants (area health and community experts). Ten focus groups were conducted with area residents, and phone interviews and website analyses were conducted to assess community health assets. Secondary quantitative data was collected on health, demographic, behavioral, and environmental factors. County, state, and Healthy People 2020 targets (when available) were used as benchmarks to determine severity of health issues. Secondary data collected included information on the specific factors shown in Tables 1 and 2.

Table 1: Emergency Department Visits, Hospitalization, Mortality

Emergency Department and Hospitalization		Mortality	
Accidents	Hypertension*	All-Cause Mortality*	Infant Mortality
Asthma	Mental Health	Alzheimer's Disease	Injuries
Assault	Substance Abuse	Cancer	Life Expectancy
Cancer	Stroke*	Chronic Lower Respiratory Disease	Liver Disease
Chronic Obstructive Pulmonary Disease	Unintentional Injuries	Diabetes	Renal Disease
Diabetes*	Self-inflicted injury	Heart Disease	Stroke
Heart Disease*		Hypertension	Suicide

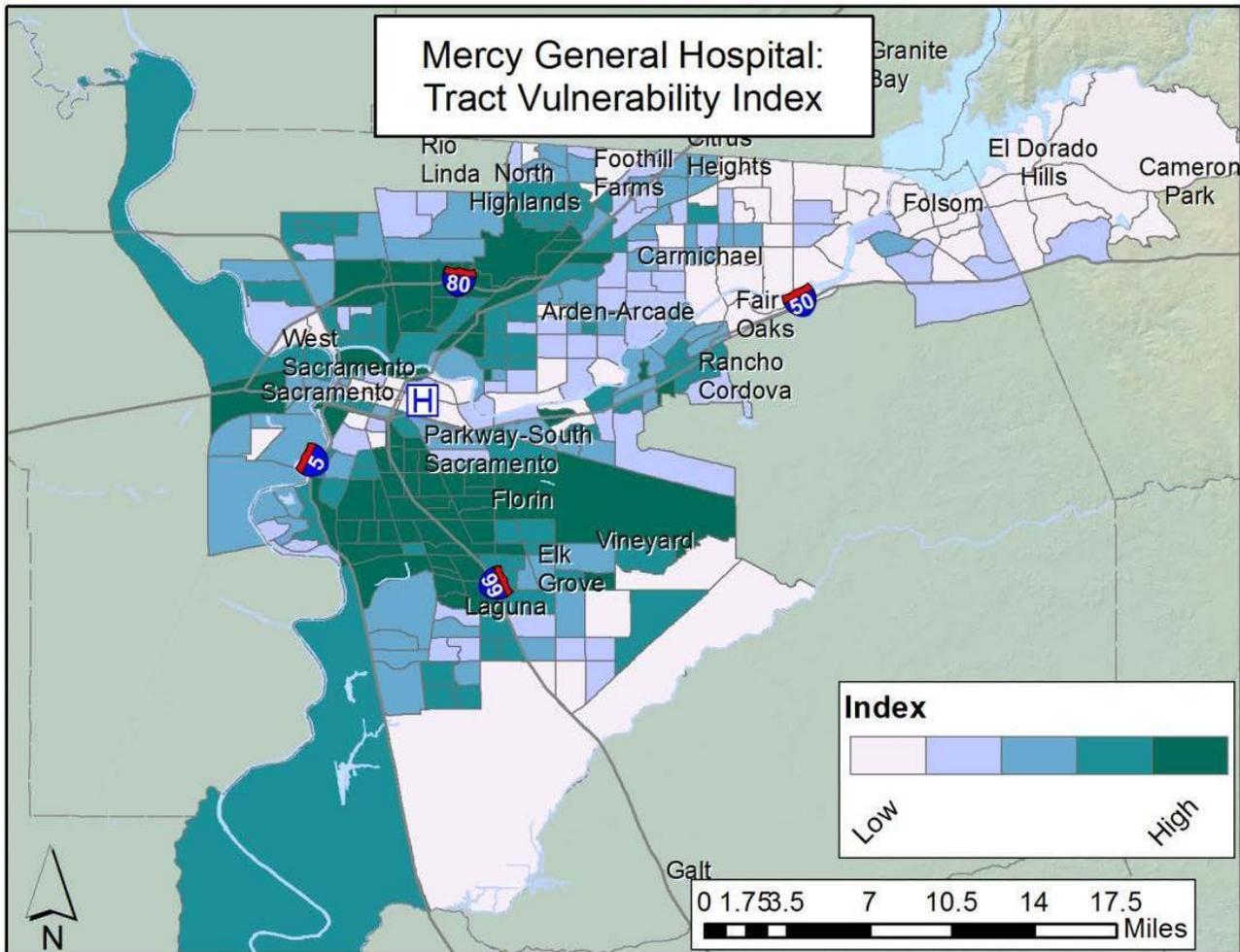
*Age adjusted by 2010 California standard population

Table 2: Socio-Demographic, Behavioral, and Environmental

Socio-Demographic		Behavioral and Environment	
Total Population	Limited English Proficiency	Major Crime	Percent Obese/Overweight
Family Make-up	Percent Uninsured	Assault	Fruit/Vegetable Consumption
Poverty Level	Percent over 25 No High School	Unintentional Injury	Farmers Markets
Age	Percent Unemployed	Fatal Traffic Accidents	Food Deserts
Race/Ethnicity	Percent Renting	Park Access	Retail Food
		Physical Wellbeing Profile	
		Age-Adjusted Mortality	Life Expectancy
		Infant Mortality	Health Care Professional Shortage
		Health Assets	

Identifying Vulnerable Communities

Socio-demographics were examined to identify neighborhoods in the hospital's service area with high vulnerability to chronic disease and mental health. Race/ethnicity, household make-up, income, and age variables were combined into a vulnerability index that described the level of vulnerability within each census tract. This index was then mapped for the entire service area. A tract was considered more vulnerable, or more likely to have poor health outcomes than others, if it had a higher: 1) percent Hispanic or non-White population; 2) percent single parent headed households; 3) percent below 125% of the poverty level; 4) percent under five years old; and 5) percent of individuals 65 years of age or older. This information helped identify areas that required a greater level of examination and discussion with key informants. The vulnerability index for the hospital's service area is shown below.



Focus Group Selection

Areas selected for focus groups were determined from key informant feedback and through the analysis of health outcome indicators (emergency department visits, hospitalization, and mortality rates). Key informants were asked to identify populations that were most at risk for health disparities and mental health issues. In addition, an analysis of health outcome indicators by zip code, race and ethnicity, age, and sex revealed communities with high rates that exceeded state and county benchmarks and Healthy People 2020 targets.

Communities of Concern

To identify communities of concern, primary data from key informant interviews, and detailed analysis of secondary data, health outcome indicators, and socio-demographics were examined, as well as rates within zip codes that exceeded county, state, or Healthy People 2020 benchmarks for emergency department utilization, hospitalization, or mortality.

Analysis of data revealed ten communities of concern, including North Highlands (95660); Downtown Sacramento (95814); North Sacramento (95815); Oak Park (95817); Fruitridge (95823); Parkway (95824); Arden (95825); Lower Meadowview (95832); Del Paso Heights (95838); and Foothill Farms (95841). These ten areas of concern are densely populated and home to more than 282,000 residents who are highly diverse, have high rates of poverty, low educational attainment, high levels of unemployment, and rent versus own their homes. There are more single female-headed households and elderly residents 65 years of age or older living in poverty in most of these areas than the national average.

Priority Health Needs

The assessment identified a significant number of priority health issues across the hospital's primary service area. These health issues were seen in greater magnitude within the communities of concern:

- Lack of access to primary care
- Lack of access to preventative health services
- Lack of coordination of care among providers; no case management services
- Lack of health literacy
- Limited mental health services; lack of access to mental health services
- Safety as a health issue/inability to exercise and be active
- Lack of access to specialty care
- Lack of dental care
- Need for housing/basic shelter
- Limited cultural competence in health and related systems

In particular, heart disease, stroke, diabetes and hypertension, and lack of access to care for these conditions were consistently mentioned in the qualitative phase of the assessment as conditions affecting many area residents. Area experts and community members repeatedly reported the immense struggle residents had in accessing treatment for mental health.

Communicating the Results

Results of the assessment have been widely disseminated. Forums to examine the findings were conducted within the hospital, and copies of the assessment were made available to local government officials and nonprofit community-based organizations across the region. The assessment is posted on the Dignity Health Website, [www .DignityHealth.org](http://www.DignityHealth.org) (see Attachment 1 for the full report), and also available on the Healthy Living Website (www.healthylivingmap.com), a site developed and provided to the public by Mercy General Hospital and other health system partners.

Assets Assessment

With the hospital's emphasis on collaborating with partners for more impactful health improvement efforts, gaining a more in-depth understanding of the available resources in the community was an important consideration in the assessment process. There were 40 community resources identified and evaluated. The

hospital is currently working with a number of these resources; several others are now being targeted for future partnership initiatives.

Through financial support and partnership programs like the Patient Navigator Program and the Dignity Health Community Grants, the hospital has established strong relationships with local Federally Qualified Health Centers that include WellSpace Health, Elica Health Centers, HALO, Cares Community Health and Health for All. The hospital also works closely with numerous health providers and social service agencies such as El Hogar, Sacramento Covered, Salvation Army, Mercy Housing and others on initiatives that address mental health, homelessness, enrollment and health education. New relationships and partnership initiatives are currently being forged with organizations identified through the assets assessment. Mercy General Hospital is developing a FY 2015 partnership with Federally Qualified Health Center, Peach Tree Health, and will pilot several other new programs; among them an innovative housing first model for homeless individuals in partnership with Lutheran Social Services, a homeless outreach program with Sacramento Steps Forward, and a creative mental health navigation program with Turning Point for individuals in mental crisis. A complete listing of community assets within Mercy General Hospital's primary service area can be found in the Community Health Needs Assessment in Attachment 1.

Implementation Plan Development

In participation with assessment partners, stakeholders and the Dignity Health Community Health Committee, Mercy General Hospital used the following criteria to evaluate and prioritize community health issues:

1. Magnitude/scale of the problem. The health need emerged consistently through the assessment process as significant and important to a large diverse group of community stakeholders.
2. Severity of the problem. The health need leads to serious effects (co-morbid conditions, mortality and/or economic burden for those affected and the community).
3. Problem linked to high utilization rates. The health need is evidenced by high emergency department and inpatient admissions that could be prevented if adequate resources were available in the community.
4. Internal assets. Mercy General Hospital has the ability to make a meaningful contribution to respond to the problem through clinical expertise and/or financial resources.
5. Disproportionate impact. The problem disproportionately impacts the health of underserved and vulnerable populations.
6. Evidence-based approaches. There are demonstrated evidence-based practices available that can be applied to effectively address the problem.
7. Assessment trends. The problem consistently emerges as a priority in past assessments.
8. Leveraging resources. There is consensus among stakeholders that the problem is a priority, and there is opportunity to collaborate with others to address the problem.

Through this process of evaluation, four priority health issues were selected from the broader list of priorities identified in the Community Health Needs Assessment as specific areas of focus for the hospital. These include: 1) access to health care, including primary and specialty care, and the need for care coordination and case management; 2) access to mental health care; 3) access to preventative health services and education and; 4) access to housing/basic shelter. Initiatives that address these priorities will target vulnerable and at-risk populations, with emphasis on identified communities of concern and collaboration with other Dignity Health hospitals and community partners to maximize efforts and have a greater region-wide impact. Initiatives will also require methodologies be developed to measure and demonstrate health improvement outcomes. Mercy General Hospital will continue to work with its partners to refine goals and strategies over time to ensure they effectively address the needs identified.

Implementation Strategies/Actions

1. Access to Health Care (including primary and specialty care, and the need for care coordination and case management)

The Community Health Needs Assessment found there were significant barriers that contribute to poor access to health care. While capacity remains a major concern, equally troublesome is the fragmentation that exists within the region's safety net and the lack of attention paid by providers to outreach, education, care coordination, case management and cultural competency. Confusion about Medi-Cal eligibility, long waits to see a doctor (weeks and often months), and a poor public transportation system present additional barriers to care. Initiatives by the hospital to address the need for increased access to care take these barriers, which are also identified as priority health needs, into consideration. A few of these initiatives are highlighted below.

Mercy Clinic Norwood

Mercy General Hospital completed an operational assessment of Mercy Clinic Norwood in FY 2014, and began transitional work to partner with a Federally Qualified Health Center. Such a partnership will increase capacity at the clinic, significantly expand the scope of services beyond primary care to include prenatal, behavioral health, and other specialty care needed to provide a continuum of care to patients who utilize Mercy Clinic Norwood as their medical home. It will also strengthen the network of community health centers in the region. The transition is expected to be complete in FY 2015. In the interim, Mercy Clinic Norwood continues to respond to the health care needs of vulnerable residents in the Del Paso Heights area who cannot afford, or access care. Del Paso Heights falls within the zip code of 95638, which was identified as one of the communities of concern in the Community Health Needs Assessment. Mercy Clinic Norwood provided care to nearly 11,000 patients in FY 2014.

Mercy Clinic Loaves & Fishes

Mercy Clinic Loaves & Fishes is the only clinic in the region that is designed specifically to provide health care to homeless individuals, families and children. Nearly 3,000 individuals received treatment in FY 2014. The hospital and its partner, Sacramento County, established a new agreement during the year that will increase efficiency at the clinic, and enhance services by adding case management and enrollment assistance for government funded programs.

Patient Navigator Program

Patient navigators play a key role connecting patients seen and treated at the hospital to medical homes at community clinics and provider offices throughout the region. The Patient Navigator Program represents a unique collaboration between Mercy General Hospital and other Dignity Health hospitals in Sacramento, Health Net, a Medi-Cal Managed Care insurance plan, Sacramento Covered, a community-based nonprofit organization, and Federally Qualified Health Centers in the region. The program targets the uninsured and Medi-Cal -insured who admit to the emergency department for non-urgent (primary care) needs, and aims to increase access to timely, appropriate care in the community, decrease reliance on emergency departments for non-urgent care, and lower cost. In addition to increasing access to care, the program addresses the priority needs for care coordination and case management.

Under the program model, Sacramento Covered navigators are directly stationed in the emergency department and assist patients in a variety of ways that include:

- Scheduling timely follow-up appointments with providers and clinics
- Making connections to social support services

- Providing education on current health plan coverage and/or scheduling for enrollment assistance
- Making referrals into the hospital's chronic disease prevention programs
- Making appointment reminder calls and arranging for transportation if needed
- Following up after appointments to assess satisfaction

Navigators from Sacramento Covered bring special skills to the program, including experience working with the target population, knowledge of the region's clinics and social service agencies, an understanding of the complex Managed Medi-Cal system, and cultural competency. They are also trained to use multiple systems at the hospital, including Mobile MD, a health information exchange system that enables them to communicate in real time with providers and clinics and securely exchange health data.

FY 2014 marked the first full year of operation for the Patient Navigator Program. In this time, 4,000 patients were assisted with a high level of success. Detail on outcomes can be found in the "Description of Key Programs and Initiatives - Program Digests" section of this report.

Cancer Nurse Navigator

The Cancer Nurse Navigator program was also introduced by the hospital in FY 2014, to increase access to care for patients with breast cancer. The program is designed to help patients navigate the maze of options related to breast cancer and to complement and enhance services provided by physicians. Nurses provide information, resources and referrals for follow-up biopsies and other treatments that low-income patients otherwise would not be able to access. They provide education, and support both patients and families in dealing with the stresses of being diagnosed with cancer. Nurse navigators also coordinate a peer support volunteer program.

The SPIRIT Project

Responding to the need to increase access to specialty care through the recruitment of volunteer physicians and services, the SPIRIT Project has provided over \$8.7 million in specialty care, including 700 surgeries, to over 40,000 uninsured residents since inception. Mercy General Hospital plays a leading role in this collaboration between the Sierra Sacramento Valley Medical Society, sister Dignity Health hospitals, Sacramento County and other health systems in the region. The hospital performs the majority of surgeries, and its physicians donate nearly 100 hours annually to provide a variety of specialty care.

Dignity Health Community Grants Program

Conducted each year by the hospital, the Dignity Health Community Grants Program provides financial support to nonprofit community-based organizations that are focused on increasing access to care, and working collaboratively to provide a continuum of care to vulnerable individuals, families and children.

2. Access to Mental Health Care

Mental illness is perhaps the most pronounced health care problem in the region. Overall care for people with mental illness in the region, rather than improve, has grown worse over the last half decade. Mercy General Hospital, affiliate Dignity Health hospitals, and other health systems are working together to develop strategies and drive the system change that is needed to address this region's mental health crisis. Partners began meeting monthly with Sacramento County leadership in FY 2014 to better understand County mental health care obligations, share utilization trends and play a role in shaping plans for future services that are considered critical to addressing the issue. The hospital also continues its leadership role on the Community Mental Health Partnership, convened by the Hospital Council of Northern & Central California, and continues to evaluate new internal initiatives and external partnerships to improve quality of care for the mentally ill.

ReferNet Intensive Outpatient Mental Health Partnership

ReferNet is a highly promising mental health initiative being conducted in partnership with community-based nonprofit mental health provider El Hogar. The program provides a seamless way for individuals admitting to the hospital's emergency department with mental illness to receive immediate and ongoing intensive outpatient treatment and other social services they need for a continuum of care when they leave the hospital. Emphasis is on the underserved who otherwise would not have access to mental health care. There were 243 individuals successfully linked to care through this partnership in FY 2014.

Navigation to Wellness Program

Starting in FY 2015, clinicians and peer support specialists from Turning Point will be working side by side with emergency department staff at Mercy General Hospital to link mentally ill patients to appropriate public and community behavioral health services needed for wellness. The program targets underserved individuals who may be unaware of available services. Turning Point has provided a path to mental health for residents in the region since 1976, and can share with the hospital its best practice approaches to mental health care. Emergency department staff will be trained to better identify individuals who are in need of additional community support services, and to identify which services are most suitable for specific individuals.

Mental Health Consultations and Conservatorship Services

The hospital continues to provide psychiatric consultations at no cost for all patients who require evaluations while hospitalized, as well as patient conservatorship services to those who lack capacity or family help to make decisions. These services were provided to nearly 1,000 individuals in FY 2014.

3. Access to Preventative Health Services and Education

Chronic disease was consistently mentioned in the 2013 Community Health Needs Assessment as a condition affecting a large number of residents, and has been identified as such in all past assessments. Assessment participants described the lack of available education and support services as major barriers to staying healthy, leading normal lives, and keeping their costs for health care in check. An inability for individuals to manage their chronic disease is also a cause for high emergency department readmission rates. Mercy General Hospital continues to expand efforts to respond to this priority need, and in partnership with other Sacramento area Dignity Health hospitals, offers the only community-based chronic disease specific health prevention and education programs available.

CHAMP®

CHAMP® (Congestive Heart Active Management Program) provides support and assistance to hundreds each year who suffer from heart disease, and is conducted by a team of experts from the hospital's Mercy Heart & Vascular Institute. The program keeps individuals linked to the medical world once they leave the hospital through symptom and medication monitoring and education. Consistently, the program achieves an 80% or better reduction in hospital readmissions by participants each year. Complementing CHAMP® is a no-cost cardiac condition program that connects uninsured patients to resources and provides educational course offerings and materials. The hospital's CHAMP® team works at the community level as well, partnering with Mercy Housing, community clinics and other organizations to provide a variety of health screenings and education to low-income residents.

Healthier Living

Mercy General Hospital continues to expand its Chronic Disease Self-Management and Diabetes Self-Management Program, Healthier Living, which follows the evidence-based Stanford University School of Medicine model. The program is taught in both English and Spanish and is designed to provide participants who have chronic diseases with the knowledge, tools and motivation needed to become proactive in their

health. Healthier Living workshops target the underserved and are offered in both clinical and community settings, like low-income housing developments in partnership with Mercy Housing, at community clinics, food banks and other locations that provide easy access for participants. Consistently, more than 80% of all who complete the workshops are able to successfully increase their self-efficacy and avoid hospitalization.

1. Access to Housing/Basic Shelter

Sacramento has been referred to as ground zero for California's homeless crisis ¹. Although the size of its homeless population does not compare to larger cities in the State, its high foreclosure rates during the recession led hundreds of people to the streets or to live in their cars. In 2009, government officials revealed a long-term strategy to end homelessness involving new pathways to permanent housing, case management, job training and transitional safety net services. Since then, however, the numbers of homeless women and children has only increased. Today, the estimated number of homeless individuals in the region approaches 3,000, up by several hundred just since 2011 ². With an estimated 150 hospitalizations annually by homeless individuals who most often have acute medical needs, no family, shelter or means of support, Mercy General Hospital experiences the urgency of this problem first hand. The hospital is working with community leaders and homeless advocates to build capacity in the community to ensure this population has access to resources and services. The hospital also began work on two homeless initiatives in FY 2014 that will be launched in FY 2015.

Housing First Homeless Program

In partnership with Lutheran Social Services, Mercy General Hospital will pilot a Housing First Homeless Program in FY 2015 that aims to assist homeless individuals with severe chronic health and mental health issues in obtaining and retaining housing, care and services designed to achieve stability in their lives. Hospital case managers will work directly with Lutheran social services staff to identify participants who will be housed in supportive living apartments and receive intensive case management and supportive services. Ongoing health care for these participants will be provided by the Mercy Family Health Center and Mercy Home Care, with the goal of transitioning participants into permanent housing. Lutheran Social Services has a strong track record of success in serving those that are hardest to serve because of the length of time that many individuals have been homeless and the severity of their disabilities. A hospital core team and Lutheran Social Services will meet quarterly and work together to monitor and track the progress of participants.

Homeless Outreach Project

Development also began in FY 2014 for a new Homeless Outreach project in partnership with Sacramento Steps Forward, Sacramento Loaves & Fishes, and the Downtown Sacramento Foundation. A network of navigators from the Downtown Sacramento Partnership will outreach to the most vulnerable chronically homeless individuals on the street or in the emergency department with the intent to connect them to supportive services, mental health care and appropriate housing placement options. The collaboration will pioneer the use of an integrated coordinated assessment tool and central intake center. The hospital emergency department will be linked to navigators as well as the central intake center.

Interim Care Program (ICP)

Mercy General Hospital continues to support and take an active role in the Interim Care Program (ICP). This collaborative engages other Dignity Health hospitals and health systems in the region, the Salvation Army,

¹ Baram, M. (2/9/2013). *California Crisis Grows as State is Reluctant to Use Powerful Law*. Huffington Post.

² Sacramento Steps Forward (2013). Sacramento County Homeless Count Report

Sacramento County and WellSpace Health, and provides a respite care shelter for homeless patients who are ready to be discharged from the hospital but have no family or means of support. In addition to safe shelter, the ICP offers follow-up physical health care, mental health care and substance abuse treatment, enrollment services for public programs, and case management services.

Needs Not Prioritized

Mercy General Hospital responds to the health needs of its community in many ways, and in times that are critical for those in crisis. In addition to providing financial assistance, indigent care, and un-funded Medi-Cal care, a significant investment is being made to address the four priority health needs outlined in this report. While Mercy General Hospital has focused on these priority areas, this report is not exhaustive of everything the hospital does to enhance the health of its community. However, the needs in Sacramento County are monumental and Mercy General Hospital does not have the available resources to develop and/or duplicate efforts to meet them all. The hospital is not directly addressing dental care, or the need for healthy foods. First 5 Sacramento Commission, WellSpace Health, Health and Life Organization, and the Sacramento District Dental Society are providing dental care. Kaiser Permanente is addressing the need for healthy foods through its Healthy Eating Active Living (HEAL) Program. Mercy General Hospital has, and will continue, to provide support to enhance these efforts. The hospital will also continue to seek collaboration opportunities that address needs that have not been selected where it can appropriately contribute to addressing those needs.

Planning for the Uninsured/Underinsured Patient Population

Mercy General Hospital strives to ensure that the needs of the uninsured and underinsured patient population are addressed. No one should go without health care and the hospital is committed to treating patients who have financial needs with the same dignity, compassion and respect that is extended to all patients. The hospital considers each patient's ability to pay for his or her medical care, and follows the Dignity Health Patient Payment Assistance Policy, which makes free or discounted care available to uninsured individuals with incomes up to 500% of the federal poverty level (see Appendix B for a summary of the Dignity Health Patient Payment Assistance Policy).

Continued education to stay current on the Financial Assistance Policy is required for hospital leadership and employees at all levels of the organization. Employees working in Admitting and Patient Financial Services are fully versed in the policy and dedicated to assisting patients that are in need of support. Any employee or member of the medical staff can refer patients for financial assistance. Family members, friends or associates of a patient may also make a request for financial assistance.

To ensure all patients are aware of the policy, financial assistance information is distributed in a number of ways. Notices in the primary languages spoken by the populations the hospital serves are posted in the emergency department, in admitting and registration areas, and in the business and financial services office. Notices are also placed in all patient bills and include a toll-free contact number.

In addition to financial assistance, the hospital further supports the specific needs of uninsured and underinsured patient populations by providing prescription medications, transportation, mental health consultations and conservatorship services at no cost. For years, Mercy General Hospital has provided enrollment assistance for the underserved. These efforts were enhanced to support implementation of the Affordable Care Act in FY 2014. The hospital hosted numerous enrollment fairs in the community in partnership with community -based nonprofit Sacramento Covered to provide assistance during open enrollment to those seeking coverage through the Health Benefit Exchange and Medicaid expansion.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Summary of Key Programs and Initiatives

Key community benefit initiatives and community-based programs directly provided, or substantially supported, by Mercy General Hospital in FY 2014 are summarized below. These initiatives and programs are mapped to align with the four priority health areas identified in the Community Health Needs Assessment and are guided by five core principles:

1. Focus on disproportionate unmet health-related needs
2. Emphasize prevention
3. Contribute to a seamless continuum of care
4. Build community capacity
5. Demonstrate collaborative governance

Initiative I: Access to Health Care (including primary and specialty care, and the need for care coordination and case management)

- Financial assistance
- Mercy Clinic Norwood
- Mercy Clinic Loaves & Fishes
- Patient Navigator Program
- Cancer Nurse Navigator
- SPIRIT Specialty Referral Program
- Dignity Health Community Grants Program
- Dignity Health Community Investment Program
- School Health Nurse Program
- Charity prescriptions
- Community health screenings
- Transportation
- Healthy Kids Day
- Participation in Sacramento Region Health Care Partnership
- Participation in Sacramento County Medi-Cal Managed Care Advisory Committee

Initiative II: Access to Mental Health Care

- ReferNet Intensive Outpatient Mental Health Partnership
- Navigate to Wellness (currently developing this new partnership program with Turning Point for implementation in FY 2015)
- Mental health consultations and conservatorship services
- Financial support to private psychiatric treatment facilities to cover cost of uninsured patients
- Mobile Crisis Team
- Participation in the Sacramento County/ Regional Hospital Collaborative
- Participation in Community Mental Health Partnership

Initiative III: Access to Preventative Health Services and Education

- Healthier Living (Chronic Disease Self-Management/Diabetes Self-Management Programs)
- CHAMP® (Congestive Heart Active Management Program)
- Participation in American Diabetes Association

- Mercy Faith and Health Partnership

Initiative IV: Access to Housing/ Basic Shelter

- Interim Care Program (ICP)
- Homeless Housing First Program (completed development in FY 2014 for start-up in FY 2015 in partnership with Lutheran Social Services)
- Homeless Outreach Project (development began in FY 2014; program will launch in FY 2015 in partnership with Sacramento Steps Forward, Sacramento Loaves & Fishes, and the Downtown Sacramento Foundation)
- Transitional housing and lodging

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Dignity Health Sacramento Service Area Community Board and Community Health Committee, hospital leadership, and Dignity Health receive updates on program activities and outcomes. The following pages include Program Digests for key programs that address one or more of the initiatives listed above.

DESCRIPTION OF KEY PROGRAMS AND INITIATIVES - PROGRAM DIGESTS

MERCY CLINIC NORWOOD

Hospital Priority Areas	<ul style="list-style-type: none"> ✓ Access to Health Care ☐ Access to Mental Health Care ☐ Access to Preventative Health Services and Education ☐ Access to Housing/Basic Shelter
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ☐ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to CHNA Vulnerable Population	Access to primary care for the underserved is identified as a priority issue in the Community Health Needs Assessment and is also evident by high utilization rates in the emergency department for non-urgent care.
Program Description	Mercy Clinic Norwood provides access to free and low-cost primary care and treatment to vulnerable at-risk residents living in the economically depressed area of Del Paso Heights.

FY 2014

Goal FY 2014	Provide a health care safety net for uninsured and underinsured residents in an area of the region that has been identified as having high-need.
2014 Objective Measure/Indicator of Success	Maintain existing level of service while determining ways to increase capacity and expand the scope of services.
Baseline	Access to care is an identified priority health issue for underserved populations and the Medi-Cal expansion under the ACA further exacerbates issue due to limited primary care capacity. This is evident in the high utilization rates for non-urgent care in the hospital's emergency department.
Intervention Strategy for Achieving Goal	Develop a partnership strategy with a Federally Qualified Health Center to improve operational structure and efficiency and increase the level and scope of services.
Result FY 2014	10,967 persons served.
Hospital's Contribution / Program Expense	\$2,180,862

FY 2015

Goal 2015	Provide a health care safety net for uninsured and underinsured residents in an area of the region that has been identified as having high-need.
2015 Objective Measure/Indicator of Success	Complete transition agreement with Federally Qualified Health Center for increased capacity and scope of service, including integration between partners for navigating and coordinating the care of patients.
Baseline	Access to care is an identified priority health issue for underserved populations and the Medi-Cal expansion under the ACA further exacerbates issue due to limited primary care capacity. This is evident in the high utilization rates for non-urgent care in the hospital's emergency department.
Intervention Strategy for Achieving Goal	Core team designated to ensure timely and effective partnership agreement is completed with Federally Qualified Health Center partner.
Community Benefit Category	C3 – Hospital Outpatient Services.

MERCY CLINIC LOAVES & FISHES

Hospital Priority Areas	<ul style="list-style-type: none"> ✓ Access to Health Care ☐ Access to Mental Health Care ☐ Access to Preventative Health Services and Education ☐ Access to Housing/Basic Shelter
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to CHNA Vulnerable Population	Access to primary care is an identified priority health issue. This is the only clinic in the region that provides access to care specifically for at-risk homeless individuals who otherwise would go without care.
Program Description	Mercy Clinic Loaves & Fishes is an urgent and primary health care center for homeless individuals, who are able to walk in and receive immediate service. The clinic is a partnership with Sacramento County and is centrally located downtown next to Sacramento Loaves & Fishes, the major homeless shelter and service agency, so that it is easily accessible to a large homeless population.

FY 2014

Goal FY 2014	Provide a health care safety net for the homeless and immediate access to care.
2014 Objective Measure/Indicator of Success	Improve the operational structure and efficiency of the clinic working with Sacramento County and incorporate case management and government program enrollment assistance services.
Baseline	The numbers of homeless individuals, families and children have grown in the past several years and are now estimated to be approaching 3,000. The homeless population would not have access to care without Mercy Clinic Loaves & Fishes.
Intervention Strategy for Achieving Goal	A core hospital/Sacramento County team met regularly to determine better ways to structure and improve services and develop a new partnership agreement.
Result FY 2014	2,529 individuals served.
Hospital's Contribution / Program Expense	\$265,544

FY 2015

Goal 2015	Provide a health care safety net for the homeless and immediate access to care.
2015 Objective Measure/Indicator of Success	Monitor clinic outcomes to ensure enhanced level of services are being offered as a result of restructure.
Baseline	The numbers of homeless individuals, families and children have grown in the past several years and are now estimated to be approaching 3,000. The homeless population would not have access to care without Mercy Clinic Loaves & Fishes.
Intervention Strategy for Achieving Goal	Develop outcomes tracking and reporting process.
Community Benefit Category	C3 – Hospital Outpatient Services.

PATIENT NAVIGATOR PROGRAM

Hospital Priority Areas	<ul style="list-style-type: none"> ✓ Access to Health Care ☐ Access to Mental Health Care ✓ Access to Preventative Health Services and Education ✓ Access to Housing/Basic Shelter
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ☐ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to CHNA Vulnerable Population	Access to primary care and the difficulty in navigating the safety net system are priority issues. The need for patient navigation and assistance is evident in the high Emergency Department (ED) utilization rates by Medi-Cal-insured and uninsured patients for non-urgent care (30% of all visits). This trend is increasing with ACA expansion.
Program Description	The program is a collaborative initiative between the hospital, Health Net, Sacramento Covered and community health centers. It uses health information technology (MobileMD) and shared case management support to assist patients who rely on EDs for non-urgent needs because they are unable to navigate a fragmented safety net by connecting them to a medical home in an appropriate setting.

FY 2014

Goal FY 2014	Assist underserved patients admitting to the EDs for primary care in finding medical homes in an appropriate community clinic setting or reconnecting them with their assigned Primary Care Provider (PCP) and other social support services to reduce their reliance on EDs, improve their health and lower cost.
2014 Objective Measure/Indicator of Success	Over 50% of all ED visits are for primary care and could be avoided if care was received in a physician's office or clinic. The program is measured by improved access for patients, reduced ED primary care visits, and reduced cost.
Baseline	Access to primary care is a priority CHNA health issue resulting in high utilization of the ED for basic care.
Intervention Strategy for Achieving Goal	Weekly/monthly meetings to trouble shoot, track progress, etc. with navigators, partners and ED program teams.
Result FY 2014	Assisted 931 patients (scheduling follow up appointments at PCP for over 80%). Reduction of non-urgent usage by 52% and urgent care by 47% across all hospitals for population served.
Hospital's Contribution / Program Expense	\$127,128

FY 2015

Goal 2015	Assist underserved patients admitting to the EDs for primary care in finding medical homes in an appropriate community clinic setting or reconnecting them with their assigned PCP and other social support services to reduce their reliance on EDs, improve their health and lower cost.
2015 Objective Measure/Indicator of Success	Over 50% of all ED visits are for primary care and could be avoided if care were received in a physician's office or clinic. Program will be measured by improved access for patients; reduced ED primary care visits; and reduced cost.
Baseline	Access to primary care is a priority CHNA health issue resulting in high utilization of the ED for basic care.
Intervention Strategy for Achieving Goal	Weekly/monthly meetings to trouble shoot, track progress, etc. with navigators, partners and ED program teams.
Community Benefit Category	A3-e Health Care Support Services – Information & Referral.

CHAMP® (CONGESTIVE HEART ACTIVE MANAGEMENT PROGRAM)

Hospital Priority Areas	<ul style="list-style-type: none"> ✓ Access to Health Care ☐ Access to Mental Health Care ✓ Access to Preventative Health Services and Education ☐ Access to Housing/Basic Shelter
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate unmet health-related needs ✓ Primary prevention ✓ Seamless continuum of care ✓ Build community capacity ✓ Collaborative governance
Link to CHNA Vulnerable Population	The regional program responds to a priority health need identified in the CHNA. Heart failure is a leading cause of hospitalization for residents throughout the broader Sacramento region. It is the fifth highest reason for emergency department visits, and the number one cause of death.
Program Description	<p>CHAMP[®] establishes a care relationship with patients that have heart disease after discharge from the hospital through:</p> <ul style="list-style-type: none"> - Regular phone interaction; support and education to help manage this disease. - Monitoring of symptoms or complications and recommendations for diet changes medicine modifications or physician visits.

FY 2014

Goal FY 2014	Improve the health and quality of life of those who suffer from heart disease, enabling them to better manage their disease and reducing their need to be admitted or readmitted to the hospital.
2014 Objective Measure/Indicator of Success	Continue to increase enrollment of underserved through outreach and community collaboration, and maintain reduction in number of hospitals admissions and readmissions for enrolled participants.
Baseline	Heart failure is a priority health issue for the region, identified in past and current CHNAs. The program continues to demonstrate improvements in the health of participants suffering from this chronic disease.
Intervention Strategy for Achieving Goal	Regular meetings with CHAMP [®] Teams at hospitals; continued partnership building with FQHCs.
Result FY 2014	4,488 patients served across the four Dignity Health hospitals in Sacramento and less than 2% of the patients served returned to the Emergency Department three months post intervention.
Hospital's Contribution / Program Expense	\$417,098 which is a shared expense by Dignity Health Sacramento County Hospitals.

FY 2015

Goal 2015	Improve the health and quality of life of those who suffer from heart disease, enabling them to better manage their disease and reducing their need to be admitted or readmitted to the hospital.
2015 Objective Measure/Indicator of Success	Continue to increase enrollment by the underserved through outreach and community collaboration, and maintain reduction in number of hospital admissions and readmissions for participants. Strengthen collaboration between CHAMP [®] and Patient Navigator Program and the hospital's Readmission Committees to increase referrals.
Baseline	Heart failure is a priority health issue for the region, identified in past and current CHNAs. The program continues to demonstrate improvements in the health of participants suffering from this chronic disease.
Intervention Strategy for Achieving Goal	Regular meetings with CHAMP [®] Teams at hospitals; continued partnership building with FQHCs connecting heart failure patients to a medical home.
Community Benefit Category	A2-e community based clinical services – ancillary/other clinical services.

HEALTHIER LIVING CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP)

Hospital Priority Areas	<input type="checkbox"/> Access to Health Care <input type="checkbox"/> Access to Mental Health Care <input checked="" type="checkbox"/> Access to Preventative Health Services and Education <input type="checkbox"/> Access to Housing/Basic Shelter
Program Emphasis	<input checked="" 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 checked="" type="checkbox"/> Collaborative Governance
Link to CHNA Vulnerable Population	Chronic disease is identified as a priority health issue in the current and past CHNAs. The program specifically targets underserved residents who otherwise lack access to health prevention and education.
Program Description	Following the Stanford evidence-based model, Healthier Living provides chronic diseases (emphasis on Diabetes) education, tools and the motivation residents need to become proactive with their health.

FY 2014

Goal FY 2014	Provide education and skills to help those with chronic disease manage their symptoms and lead healthier lives; thus reducing their need to admit to the hospital. Specifically, achieve maximum target metric goal or better – 70% of all participants avoid admission three months post intervention.
2014 Objective Measure/Indicator of Success	Continue to meet/exceed metric goal. Develop new lay leaders and community partners in order to expand workshop offerings and participants. Seek further collaboration to expand program throughout the community.
Baseline	Chronic disease, including, heart disease, diabetes, stroke, asthma and cancer plagues the region and accounts for high ED and inpatient admissions. Chronic disease is identified as a priority CHNA health issue.
Intervention Strategy for Achieving Goal	Outreach to the community clinics and other nonprofits. Continue to build community partnerships for expansions of workshops. Continue to identify community lay leaders. Develop partnerships for growth.
Result FY 2014	19 CDSMP and Diabetes workshops were conducted in both English and Spanish with a total of 191 participants completing the program. Less than 12% of the completers readmitted to the hospital within 3 months of completing the workshop. There are now 20 active lay leaders, 4 of whom are Spanish speaking. 18 new Master Trainers were trained.
Hospital's Contribution / Program Expense	\$16,639

FY 2015

Goal 2015	Provide education and skills management to help those with chronic disease manage their symptoms and lead healthier and more productive lives; thus reducing their need to admit to the Hospital. Specifically, achieve maximum target metric goal or better – 70% of all participants avoid admission three months post program intervention.
2015 Objective Measure/Indicator of Success	Continue to meet/exceed metric goal. Develop new lay leaders and community partners to expand workshop offerings at community clinics and other agencies; increase the number of participants.
Baseline	Chronic disease is identified as a priority health issue in the current and past CHNAs.
Intervention Strategy for Achieving Goal	Outreach to the community clinics and other nonprofits. Continue to build community partnerships for expansions of workshops. Continue to identify community lay leaders and partnerships for growth.
Community Benefit Category	A1-a Community Health Education – Lectures/Workshops.

THE SPIRIT PROJECT

Hospital Priority Areas	<ul style="list-style-type: none"> ✓ Access to Health Care ☐ Access to Mental Health Care ☐ Access to Preventative Health Services and Education ☐ Access to Housing/Basic Shelter
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to CHNA Vulnerable Population	Access to specialty care is an identified priority health issue for underserved populations.
Program Description	The SPIRIT program meets the needs of the uninsured by recruiting physicians to provide specialty care and working with hospitals for needed surgeries residents cannot afford.

FY 2014

Goal FY 2014	Increase access to specialty care and surgery for vulnerable uninsured populations who would otherwise go without.
2014 Objective Measure/Indicator of Success	Increase the number of surgeries provided and improve collaboration with community clinics to ensure volunteer physicians can be identified quickly. Work with partnering health systems to ensure target population is being referred to services.
Baseline	Access to specialty care is an identified priority health issue for underserved populations.
Intervention Strategy for Achieving Goal	Improve outcomes reporting to measure effectiveness of the referral process.
Result FY 2014	26 patients received surgeries at Mercy General Hospital and over 87 hours were donated by Dignity Health physicians.
Hospital's Contribution / Program Expense	\$15,000 in financial support; \$102,800 recognized as hospital cost for surgeries.

FY 2015

Goal 2015	Increase access to specialty care and surgery for vulnerable uninsured populations who would otherwise go without.
2015 Objective Measure/Indicator of Success	Continue to work on improving collaboration with community clinics, and work with program partners to assess changing environment under the Affordable Care Act.
Baseline	Access to specialty care is an identified priority health issue for underserved populations.
Intervention Strategy for Achieving Goal	Monitor outcomes to evaluate changes occurring in population served as a result of Medi-Cal expansion under the Affordable Care Act. Changes may require the development of new strategies for the program.
Community Benefit Category	E1-a Financial Donations - General contributions to nonprofit organizations/Community Groups

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 become more pronounced and require enhancements to the described strategic initiatives. During the years ending December 31, 2015, other organizations in the community may decide to address certain needs, indicating that the hospital should then refocus its limited resources to best serve the community.

COMMUNITY BENEFIT AND ECONOMIC VALUE

The following FY 2014 (for period from 7/1/2013 through 6/30/2014) Classified Summary of Un-sponsored Community Benefit Expense for Mercy General Hospital was calculated using a cost accounting methodology.

Benefits for Those Living In Poverty	Persons Served	Total Expenses	Offsetting Revenue	Net Benefit	% of Organization Expenses	% of Organization Revenues
Financial Assistance	1,985	3,873,772	0	3,873,772	0.8	0.8
Medicaid	26,537	101,255,747	72,793,290	28,462,457	6.1	5.7
Means-Tested Programs	437	3,286,265	1,636,074	1,650,191	0.4	0.3
Community Services						
Community Benefit Operations	0	120,295	0	120,295	0	0
Community Building Activities	11	11,772	0	11,772	0	0
Community Health Improvement Services	5,990	815,757	0	815,757	0.2	0.2
Financial and In-Kind Contributions	253	802,001	0	802,001	0.2	0.2
Subsidized Health Services	14,591	4,320,556	820,690	3,499,866	0.7	0.7
Totals for Community Services	20,845	6,070,381	820,690	5,249,691	1.1	1
Totals for Those Living In Poverty	49,804	114,486,165	75,250,054	39,236,111	8.4	7.8
Benefits for the Broader Community						
Benefits for the Broader Community	Persons Served	Total Expenses	Offsetting Revenue	Net Benefit	% of Organization	% of Organization
Community Services						
Community Building Activities	16	15,670	0	15,670	0	0
Community Health Improvement Services	30,047	1,895,659	550	1,895,109	0.4	0.4
Financial and In-Kind Contributions	5	809,045	0	809,045	0.2	0.2
Health Professions Education	294	65,543	0	65,543	0	0
Research	22	207,962	0	207,962	0	0
Totals for Community Services	30,384	2,993,879	550	2,993,329	0.6	0.6
Totals for the Broader Community	30,384	2,993,879	550	2,993,329	0.6	0.6
Totals - Community Benefit	80,188	117,480,044	75,250,604	42,229,440	9	8.4
Unpaid Cost of Medicare	17,917	137,323,964	120,991,917	16,332,047	3.5	3.3
Totals with Medicare	98,105	254,804,008	196,242,521	58,561,487	12.5	11.7
Grand Totals	98,105	254,804,008	196,242,521	58,561,487	12.5	11.7

Mercy General Hospital

Community Benefit Report FY 2014 – Community Benefit Implementation Plan FY 2015

TELLING THE STORY

Effectively telling the community benefit story is essential to creating an environment of awareness, understanding and interest in the priority health issues challenging the region and importantly, to inform the public about the ways in which these issues are being addressed by Mercy General Hospital. The 2014 Community Benefit Report and 2015 Community Benefit Implementation Plan will be distributed to hospital leadership, members of the Community Board and Community Health Committee, and widely to management and employees of the hospital. It serves as a valuable tool for ongoing community benefit awareness and training.

The document will also be broadly distributed externally to Community Health Needs Assessment partners, community leaders, government and public health officials, program partners and other agencies and businesses throughout the region. It can be found, along with the 2013 Community Health Needs Assessment, under “Community Health” in the “Who We Are” section on Dignity Health’s Website: www.DignityHealth.org., and will be posted on the www.healthylivingmap.com Website, which was developed by Mercy General Hospital for the public, in partnership with other health systems in the region.

APPENDIX A

Dignity Health Sacramento Service Area Community Board Roster

Sister Brenda O’Keeffe, Chair Vice President, Mission Integration Mercy Medical Center Redding	Sister Patricia Simpson, O.P.
Glennah Trochet, MD, Vice Chair Retired Sacramento County Public Health Officer Community Representative	Nancy Appelblatt, MD Chief of Staff Mercy General Hospital
Brian King, Secretary Los Rios College District Chancellor	Jeff Anderson, MD Chief of Staff Mercy Hospital of Folsom
Gil Albiani Real Estate Community Representative	Robert Kahle, MD Chief of Staff Mercy San Juan Medical Center
Julius Cherry Attorney Community Representative	Robert Kozel, MD Chief of Staff Methodist Hospital of Sacramento
Patrice Coyle Retired HR & Education Community Representative	Sister Gabrielle Marie Jones Vice President, Mission Integration Mercy San Juan Medical Center
Sister Patricia Manoli, RSM Director, Mission Integration St. Elizabeth Community Hospital	Linda Ubaldi Director, Risk Management Dignity Health Sacramento Service Area
Roger Neillo Sacramento Chamber of Commerce President; Former California State Assemblyman	Gena Koeberlein Director, Quality Mercy General Hospital
Margaret Thompson Director, Quality Mercy Hospital of Folsom	Wayne Soo Hoo Director, Quality Mercy San Juan Medical Center
Chasity Ware Sr. Director, Quality Methodist	Laurie Harting Sr. Vice President, Operations Dignity Health Sacramento Service Area
Thiru Rajagopal, MD Vice Chief of Staff Mercy General Hospital	Dwight (Brad) Stalker, MD Vice Chief of Staff Mercy Hospital of Folsom
Steven Polansky, MD Vice Chief of Staff Mercy San Juan Medical Center	Timothy Takagi, MD Vice Chief of Staff Methodist
Rae Lynn Stafford Board Coordinator Dignity Health Sacramento Service Area	Rod Winegarner Chief Financial Officer Dignity Health
Martina Evans-Harrison Chief Nurse Executive Methodist Hospital	Joshua Freilich Chief Nurse Executive Mercy Hospital of Folsom

Belva Snyder Chief Nurse Executive Mercy San Juan Medical Center	Mary Carol Todd Chief Nurse Executive Mercy General Hospital
Phyllis Baltz Chief Operating Officer Mercy San Juan Medical Center	Jill Dryer Vice President, Communications Dignity Health Sacramento Service Area
Ian Boase Legal Counsel, Dignity Health	Kelley Evans Legal Counsel, Dignity Health
Gene Bassett President, Methodist Hospital of Sacramento	Edmundo Castaneda President, Mercy General Hospital
Brian Ivie President, Mercy San Juan Medical Center	Michael Ricks President, Mercy Hospital of Folsom
Sister Bridget McCarthy Vice President, Mission Integration Dignity Health Sacramento Service Area	Michael Cox Vice President, Mission Integration Methodist Hospital of Sacramento
Sister Clare Marie Dalton Vice President, Mission Integration Mercy General Hospital	Sister Cornelius O'Conner Vice President, Mission Integration Mercy Hospital of Folsom

Dignity Health Sacramento Service Area Community Board Community Health Committee Roster

Sister Bridget McCarthy
Vice President, Mission Integration
Dignity Health Sacramento Service Area

Jill Dryer
Vice President, Communications
Dignity Health Sacramento Service Area

Sister Clare Marie Dalton
Vice President, Mission Integration
Mercy General Hospital

Patrice Coyle
Retired HR & Education
Community Representative

Sister Cornelius O'Conner
Vice President, Mission Integration
Mercy Hospital of Folsom

Kevin Duggan
President, Mercy Foundation

Sister Gabrielle Marie Jones, Chair
Vice President, Mission Integration
Mercy San Juan Medical Center

Marge Ginsburg
Executive Director
Center for Healthcare Decisions
Community Representative

Michael Cox
Vice President, Mission Integration
Methodist Hospital of Sacramento

Rosemary Younts
Director, Community Benefit
Dignity Health Sacramento Service Area

Ashley Brand
Manager, Community Benefit
Dignity Health Sacramento Service Area

Josh Clapper
Community Benefit Coordinator
Dignity Health Sacramento Service Area

APPENDIX B

Dignity Health Summary of Patient Payment Assistance Policy

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:

- 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.