



**Mercy Medical Center Mt. Shasta
Community Benefit Report 2014
Community Health Implementation Plan 2015**



A message from Ken Platou, President and CEO of Mercy Medical Center Mt. Shasta and LeRoy Crye, Chair of the Dignity Health North State 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.

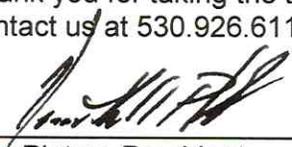
At Mercy Medical Center Mt. Shasta we share a commitment to improve the health of our community and have offered programs and services to achieve that goal. The 2014 Annual Report and 2015 Plan for Community Benefit fulfills section 501 (r) of the Patient Protection and Affordable Care Act, where each 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 13 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, including those 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 Medical Center Mt. Shasta provided \$7,763,517 in financial assistance, community benefit, and unreimbursed patient care. Including the unreimbursed cost of caring for patients covered by Medicare, the total expense was \$14,274,715.

Dignity Health's North State Service Area Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 9, 2014 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 530.926.6111.



Ken Platou, President
Mercy Medical Center Mt. Shasta



LeRoy Crye, Chairperson
North State Service Area Community Board

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EXECUTIVE SUMMARY

Mercy Medical Center Mt. Shasta (MMCMS) is a member facility of Dignity Health, a not-for-profit network of hospitals and health services providing an extensive continuum of care in California, Arizona and Nevada.

MMCMS is designated as a 25-bed Critical Access hospital and one of three medical centers comprising the Dignity Health North State Service Area, along with Mercy Medical Center Redding and St. Elizabeth Community Hospital in Red Bluff. The facility has 25 licensed beds and a campus that is 14 acres in size. MMCMS has a staff of 270, an active medical staff of 44 local professionals, and over 80 dedicated volunteers. In addition to our acute care hospital, MMCMS also operates three Rural Health Clinics, Mercy Mt. Shasta Community Clinic, Mercy Lake Shastina Community Clinic, and our newest addition, Dignity Health Pine Street Clinic.

MMCMS provides a full range of health care services and programs that contribute to the physical, psychological, social and spiritual well-being of area residents and visitors of Siskiyou County. By combining a strong sense of caring with sophisticated medical technology, MMCMS has earned a reputation as a quality health service institution, and consistently wins corporate, state and national awards for excellence in patient care services and satisfaction. Major programs include orthopedics, intensive care, diagnostic medicine, women's imaging, emergency medicine and a pulmonary rehabilitation program.

In response to identified unmet health-related needs in the 2011 community needs assessment, during FY2014 MMCMS focused on increasing access to health care for the broader and underserved disadvantaged members of the surrounding community. Major Community Benefit activities for FY2014 focused on increased programming, coalition building within our primary and secondary service area and health education for those with disproportionate unmet health related needs.

Health education was selected as a priority to address prevention of disease, to empower community *members* to assume responsibility for their health, and to educate people about various medical conditions and the ability they have to make wise choices. Presentation topics included COPD (Chronic Obstructive Pulmonary Disease) /pneumonia, nutrition and heart health, and orthopedic health. Health screenings including, spirometry, blood pressure, cholesterol, blood glucose checks and skin cancer were provided at several venues over the course of the year. Locations included: Senior Health Fairs, Siskiyou Golden Fair, Community College Health Fairs and our local Family Resource Centers.

MMCMS continues to focus efforts toward **Diabetes Prevention and Management**. The original goal for this program in 2012 was to demonstrate a 5% decrease in readmission of the participants in the hospital's preventive health intervention programs. This goal has been met and the hospital has continued the program by partnering with the McCloud Healthcare Clinic and the Mt. Shasta Family Resource Center. The McCloud Clinic program offers lectures that present ideas on lifestyle modification, such as diet and exercise, diabetes prevention activities (walking groups, yoga classes etc.) and education regarding managing diabetes. The Mt. Shasta Family Resource Center offers a diabetes support group that meets monthly offering participants the latest diabetes information, education and healthy cooking classes.

The **Childbirth Preparation Class** provided education to mothers and their partners regarding prenatal preparation, child birth and labor/ pain management education. We were fortunate to update the course curriculum and materials last fiscal year. Class participants have responded enthusiastically to the expanded course materials. Our new mothers also benefit from our lactation counseling services at the Mercy Mt. Shasta Community Clinic.

Mercy Mt. Shasta's Auxiliary continues to enhance access to care by providing free **Transportation Services** for residents of Siskiyou County who have absolutely no other means of getting to physician appointments (for physicians on our active medical staff), for cancer treatments, imaging tests, etc. In FY2014, 836 individuals were transported to their medical appointments, with a total of 31,144 miles traveled, and 1729 gallons of gas consumed. Through participation on the County's Sub-Committee on Aging and the Siskiyou Health Partnership, lack of transportation continuously emerges as a crucial issue in this rural county.

"Growing thru Grief" community program provides support to individuals who are dealing with the death or grave illness of a loved one. This 6-week program is provided as a free community service three times per year and is facilitated by a member of our Hospice team. The MMCMS sponsored, **"Circle of Healing"** weekend retreat focuses on providing support for those whose lives have been touched by cancer or chronic illness. A spring retreat was held this year with 21 participants attending the session.

MMCMS's FY2014 Community Benefit Report and FY2015 Implementation Plan document our commitment to the health and improved quality of life in our community.

MISSION STATEMENT

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

As a member of Dignity Health, Mercy Medical Center Mt. Shasta (MMCMS) is committed to providing quality services, which respond to the healthcare-related needs of the communities it serves. In the spirit of the Scriptures and the Sisters of Mercy tradition, we dedicate ourselves to a Christian-oriented response that embraces physiological, psychological, and spiritual healing, as well as promotion of health.

Mercy Mt. Shasta has a further commitment to develop excellent health care in a fiscally responsible manner, while recognizing our commitment as the area's acute care health facility for the financially indigent. Our health care community appreciates the wisdom of collaboration while reaching out to satisfy current health care needs.

As a non-profit health ministry, we reinvest any income in excess of expenses into our operations to support medical services that are needed in our community. We reinvest in the

medical center by acquiring new technology and by providing and supporting community endeavors with others who want to make the southern Siskiyou County area a healthier place to live and work.

The governing bodies of the North State Service Area in addition to our local Community Advisory Council and the MMCMS Senior Leadership Team are all directly involved in the community benefit planning and prioritization process. The Dignity Health North State Board of Directors is composed of individuals who represent Mercy Mt. Shasta, Mercy Medical Center Redding and St. Elizabeth Hospital in Red Bluff. This Board has overall responsibility for these three facilities' Community Benefit activities and gives final approval to their annual Community Benefit Report and Plan.

The Mercy Mt. Shasta's Community Advisory Council (CAC) is composed of local individuals who represent a cross-section of vocations and constituencies based in southern Siskiyou County. A roster of members is included in the Appendix of this report for reference. These individuals provide strong guidance in the prioritization of community benefit plans and activities/services, and their unique insights help ensure our effectiveness in meeting the needs of the community. CAC members are not involved in budgeting or determining the continuation or termination of Community Benefit initiatives; rather, their role is to provide input regarding the identification, implementation and effectiveness of Community Benefit initiatives.

CAC members openly share their feedback about their perceptions regarding MMCMS, its services and programs. Their interest in assisting MMCMS in better meeting the needs of the communities it serves is evident through the many vigorous discussions held during these meetings. Every three years, at the completion of the Community Needs Assessment the findings are presented to the CAC. These individuals then review the information and provide verbal and/or written ranking of key community benefit initiatives. Their input in establishing these key initiatives is highly valued; and when combined with the MMCMS six -member Senior Management Team input, final Community Benefit initiatives are determined. These initiatives are in turn interwoven into the strategic planning focus for MMCMS for the coming year(s).

Mercy Medical Center Mt. Shasta believes it is vitally important to work with other values-driven organizations to truly make a difference. By effectively using limited resources and linking together, Mercy Mt. Shasta can often offer healthy options and disease management strategies while also addressing the broader health needs of the community.

- Support College of the Siskiyous vocational nursing programs and community programs with in-kind contribution of both supplies and funding in addition to mentoring student nurses.
- CNE is an active board member of the Rural Health Sciences Institute at College of The Siskiyous.
- MMCMS Hospice – Light-Up a Life Christmas event which brings our community together to remember and honor those who have gone before us.
- Several employees of MMCMS are active members of the Mt. Shasta Rotary Club. We also provide speakers, sponsor programs via “donation in kind” publicity, participation in events.
- The MMCMS Lab sponsors a robust Blood Bank donor program.
- MMCMS sponsors the Mountain Runners Mt. Shasta's annual Fourth of July Run/Walk in which over 5,000 residents and visitors participate.

- Dignity Health North State in partnership with the Mt. Shasta Rotary Club held its second annual Castle Crags Century Bike Ride. With over 300 riders coming from all over the Pacific Northwest and over \$22,000 in profits, we consider this event a resounding success. Funds raised were distributed to the Mercy Auxiliary Transportation System and the Tooth Fairy project.
- Participate as members of the local Chamber of Commerce (Weed, McCloud, and Dunsmuir & Mt. Shasta) in events/programs for community enhancement.
- Participate in a regional on-line project “Healthgrades” that assists area residents/visitors in finding a physician who best meets their needs. This free service serves as a resource for community members and enhances access to healthcare services.
- Provided the broader community with various healthcare-related support groups, classes and programs, including:
 - Bereavement Support Groups
 - Community Health Lecture Series focused on Orthopedics
 - Childbirth classes throughout the year
 - Free Glucose/Cholesterol Screens in Primary Service Area Communities
 - Good Bye- Diabetes weekend lecture series

Non-Quantifiable Benefits

Mercy Mt. Shasta provides community benefits programs, services and activities that are difficult to measure. These “non-quantifiable” community benefits are provided to enhance the general health and well-being of the communities we serve. By working collaboratively with other area organizations, MMCMS provides leadership and advocacy, assists with local capacity building, and participates in community-wide health planning. Examples include (but are not limited to) the following:

Support of many environmental “green projects” including recycling aluminum, tin, glass, newspapers, batteries, plastic and cardboard. In FY14 we recycled approximately 47% of our total waste. With these efforts it is estimated that MMCMS has kept 61.7 tons of recyclable products out of the landfill. In FY14 alone, 61.7 tons of products were recycled.

Active Board member of the Siskiyou Health Partnership. The partnerships objective is to promote coordination among, and innovation in, activities that enhance the well - being of the people of Siskiyou County.

Our successful Financial Peace University had another stellar year. This program which was developed by Dave Ramsey and facilitated by Mercy staff member Pastor Ray Horst, teaches participants how to communicate with their spouse about money, put together a spending plan, and completely eliminate debt as well as understanding investments and insurance. In FY2014 alone, the 23 individuals completing the program paid off \$71,457 of debt and saved over \$18,605 in just nine weeks. In the six years since the inception of the program over \$1,000,000 of debt has been paid off by the participants.

COMMUNITY

Dignity Health hospitals define the community as the geographic area served by the hospital, considered its core service area. This is based on a percentage of hospital discharges and is also used in various other departments of the system and hospital, including strategy and planning.

Mercy Medical Center Mt. Shasta (MMCMS) serves a core service area (CSA) comprised mostly of zip codes in Southern Siskiyou County. Portions of Siskiyou County are federally designated Medically Underserved Areas (MUA). The following data represents the MMCMS primary service area.

- Population: 17,168
- Diversity:
 - Caucasian 80.2%
 - Hispanic 10.2%
 - Asian & Pacific Islander 2.5%
 - African American 2.5%
 - American Indian/Alaska Native 1.2%
 - 2+ Races 3.3%
 - Other 0.1%
- Median Income: \$41,742
- Uninsured: 19.3%
- Unemployment: 13.0%
- No HS Diploma: 8.1%
- Renters: 27.8%
- CNI Median Score: 3.8
- Medicaid Patients: 20.4%
- Other Area Hospitals: Fairchild Medical Center

All of the communities in our primary service area are considered to have disproportionate unmet health care needs. In fact, the median CNI score for our primary service area is 3.8 indicating a high level of need. The most current CNI map can be found in the appendix of this report. This is a major challenge for us as we plan and implement our community benefit programs and services. It is imperative that we provide a leadership role in building local capacity with our community partners in our efforts to create healthy communities. Portion of the Siskiyou County are federally designated as Medically Underserved Areas and Populations (full California map is located at the end of this report).

We are fortunate to have strong partnerships with other organizations that respond to the health needs of our community. Community-based collaborations were a priority for MMCMS in 2012, and will continue to drive community benefit efforts in the future. Major partners include Siskiyou Health Partnership, College of The Siskiyous, Siskiyou County Public Health, Family Resource Centers, McCloud Healthcare Clinic, Mercy Mt. Shasta and Lake Shastina Community Clinics, and Fairchild Medical Center in Yreka.

COMMUNITY BENEFIT PLANNING PROCESS

Community Health Needs Assessment Process

Mercy Medical Center Mt. Shasta is committed to involving and informing the residents of Siskiyou County in a Community Needs Assessment Survey process. The Community Health Needs Assessment (CHNA) is conducted every three years, most recently in 2014, and identifies the health needs of Siskiyou County residents by acknowledging ongoing health concerns within the community. Mercy Medical Center Mt. Shasta conducted the 2014 community health needs assessment (CHNA) at the facility level using community benefit staff to oversee the process. By conducting the CHNA at the facility level, the Hospital was able to gain a better insight into the needs of the community. Mercy Medical Center Mt. Shasta took into consideration available internal and external resources and partnered with outside individuals and organizations as appropriate throughout the CHNA process. Based on this assessment, issues of greatest concern were identified and the Hospital determined the areas to commit resources to, thereby focusing outreach efforts to continually improve the health status of the community we serve.

The CHNA process incorporated data from primary sources (survey) and secondary data research (vital statistics and other existing health-related data). Primary data was collected by using paper surveys and an identical web-based survey via Survey Monkey.com. We looked to our community partners to represent their respective communities in the survey process. The final survey instrument was developed by Mercy Medical Center Mt. Shasta and Public Health and is similar to the previous surveys used in the region. The surveys were used to collect information from community members, stakeholders and providers for the purpose of understanding community perception of needs. In addition to providing assistance with the survey design, Public Health representatives distributed the surveys to their employees and clients. The Hospital distributed surveys to zip codes within the primary service area, including zip codes with disproportionate unmet health needs. The following partners assisted the hospital in conducting the needs assessment:

- **Mercy Medical Center Community Advisory Council** - This group of active community members represent all of the communities in our primary service area. They completed the survey in addition to identifying priorities once the data was compiled.
- **Siskiyou County Rural Health Clinics** – As our local RHC’s focus on the most in need in our communities we secured assistance from them in survey completion of their patients.
- **Siskiyou County Community Resource Centers** – Assisted in gathering completed surveys from their clients in the various Resource Centers located in the communities that make up our primary service area.

The secondary data was provided through a free web-based platform through CHNA.org. This web-based tool was designed to assist hospitals in completing the CHNA at the local level in order to help reduce the costs often incurred by Hospitals. Once the primary and secondary data were collected and compiled, Mercy Medical Center Mt. Shasta community benefit staff analyzed the data and compared it to prior assessments to determine which information from

the previous assessments would be useful in building upon for the health of the community. The results revealed a list of top perceived health risks and behaviors from the community's perspective, many of which overlap.

Mercy Medical Center Mt. Shasta carefully considered how to identify and prioritize various community benefit initiatives. Once the unmet health needs were identified (through the CHNA), they were presented to a ranking committee made up of Hospital Advisory Council members. A discussion then ensued to select the priorities that should be the Community Benefit focus for the next three fiscal years.

Based on input from its Advisory Council ranking committee over the next three fiscal years Mercy Mt Shasta will:

- Develop interventions to address increasing physical activity to optimize fitness; improve nutrition and help local community members from becoming overweight;
- Increase preventative health screenings (including cancer screenings);
- Use the following areas as criteria to accept submissions for funding from the Dignity Health community grant program: Childhood Obesity Programs & Classes, Heart Health Program; Diabetes Programs, Cancer Programs & Classes.
- Consider funding requests from its community benefit donation program that align with the identified health priorities established in the 2014 Community Health Assessment.

The results of the 2014 Community Needs Assessment were very similar to the results found in the 2011 assessment. This finding further supports our work in relation to community health and the fact that it takes concerted effort and time to change the behaviors of a community.

The following health priorities represent recommended areas of intervention through our 2014` Community Needs Assessment process and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist; however, focus on one or more of these issues is subject to the discretion of the facility as to "actionability" and priority.

The top seven individual health concerns identified in the survey include

- Heart Disease and Stroke
- Diabetes
- Obesity(lack of exercise and poor eating habits)
- Substance Abuse
- Tobacco Use
- Cancer
- Dental Issues

The perceived top seven behavioral health risks in our primary service area include

- Drug Abuse
- Alcohol Abuse
- Being Overweight
- Poor Eating Habits
- Lack of Exercise
- Tobacco Use

- All of the above

In addition to the identified chronic disease issues found in the assessment results, healthcare access continues to be an issue most especially for the low-income residents of Siskiyou County.

While the health needs and risks of substance abuse, tobacco use and dental issues were also identified in the Community Health Assessment, they were determined to be beyond the scope of our Critical Access hospital and we lacked the ability and resources to effect sustainable change.

A formal community asset assessment has not been conducted at this time; however it may be addressed in the future within the parameters of our collaboration with the Siskiyou Health Partnership. MMCMS remains committed to developing programs and services not only based on the outcomes from the Community Health Assessment but also focused on the most vulnerable populations in our primary service area. The intent of our community clinic strategy and community benefit initiatives is to bring affordable low/no cost health care to the rural communities of Southern Siskiyou County. With this combination we hope to have a sustainable impact on controlling the growth of community health care costs.

Planning for the Uninsured/Underinsured Patient Population

Mercy Medical Center Mt. Shasta is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured. Currently, 19.3% of our CSA is uninsured, followed by 20.4% that are enrolled in Medi-Cal. MMCMS ensures that any planning for the uninsured or under-insured population is in accordance with the Dignity Health financial assistance/charity care policy (attached in appendix of this report). We have seen 10.5% drop in the uninsured population due to the implementation of the Affordable Care Act and Health Exchange enrollments

Information about patient financial assistance is available from Dignity Health, including a toll free contact number. Information is also 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 within the facility. Information is also accessible on the hospital website.

Plan Report and Update Including Measurable Objectives and Timeframes

Community Benefit Programs are developed in response to the current Community Health Assessment and are guided by the following core principles.

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

Listed below are key areas for community benefit programs that were operated or substantially supported by Mercy Medical Center Mt. Shasta in FY2014.

Initiative 1: Cancer Prevention, and Education, and Support

- Siskiyou Golden Fair Skin Cancer Screens
- Circles of Healing Retreat
- Local advertising for cancer prevention & education
- Focused *Be Well* regional magazine on women's health

Initiative 2: Diabetes Prevention and Management

- Partner with McCloud Healthcare Clinic Diabetes Prevention/Management Program
- Nurse Diabetic Educator in MMCMS Community Clinic
- Individualized Nutritional Counseling Program with MMCMS Registered Dietitian
- Senior Health Fair (north Siskiyou county)
- Community Glucose Screen Events
- Partner with Seventh Day Adventist Church to provide three day educational event

Initiative 3: Heart Disease Awareness/CHF Readmission Reduction

- Heart Check Program
- Sponsorship of two Life Line screening events
- Expansion of CHF education program to our rural health clinics

Initiative 4: Childhood Obesity & Healthy Living

- Sponsorship of Youth Healthy Cooking Class
- MMCMS Staff presentations in local schools
- Weed Family Resource Center Summer Day Camp
- Community Grant dollars to Great Northern Corporation in support of their *Fun Approach to Portion Control* children's project.

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Committee, Executive Leadership, the Community Board and Dignity Health receive quarterly updates on program performance and news.

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

PROGRAM DIGESTS

Cancer Programs

Hospital CB Priority Areas	Aging problems (Arthritis, vision & hearing problems, lack of mobility) ✓ Cancer Mental Health Diabetes Heart Disease/Stroke Dental Problems Obesity
Program Emphasis	Disproportionate Unmet Health-Related Needs Primary Prevention Seamless Continuum of Care Build Community Capacity Collaborative Governance
Link to Community Needs Assessment	Increase awareness and educational opportunities related to cancer prevention, screenings and treatment options. Cancer is identified as the second highest health concern in our 2011 Community Health Needs Assessment.
Program Description	Provide comprehensive education and screening programs to increase awareness to identify cancer at its earliest stage for successful treatment regarding skin, breast, and colon cancer as well as invest resources in increasing awareness of signs of listed cancer conditions.

FY 2014

Goal FY 2014	Enhance proactive community benefit programming targeted to populations at-risk for cancers of the breast, skin, and colon while enhancing the quality of life by indentifying cancer at its earliest stages.
2014 Objective Measure/Indicator of Success Baseline	Monitor and increase participation in the free cancer screening programs provided by MMCMS. Screenings include skin cancer, mammography, breast ultrasound and diagnostic MRI. Cancer continues to be one of the top eight health concerns in Siskiyou County. Specifically access to local care and support group activities remain high on the list of health care needs as identified in our most recent Health Needs Assessment.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Additional screening events in DUHN communities, work collaboratively with local Family Resource Centers to provide educational opportunities to those most in need. • Promote cancer awareness with local Health Tip section in local print media, continue partnership with Mercy Foundation North and local donors to provide free mammograms for women in need. • Continue sponsorship of Circles of Healing weekend retreat. Continue active participation on the Siskiyou County Health Partnership.
Result FY 2014	Newspaper, radio, and print advertising regarding programs and services. Provided free skin cancer screens and distributed educational materials at annual Siskiyou Golden Fair.

<p>Hospital's Contribution / Program Expense</p>	<p>Provided 15 screening and diagnostic mammograms, 6 breast ultrasounds, and three breast MRIs for low income women. All services were at no cost to the patient. Funds came from Mercy Foundation North.</p> <p>Sponsored local climber in the Breast Cancer Fund Mt. Shasta climb event which raised over \$10,000 for free breast services in Siskiyou County.</p> <p>Developed promotional materials focused on free mammography services provided through Mercy Foundation North.</p> <p>Sponsored Circles of Healing weekend retreat for cancer patients and caregivers (21 participants attended the spring retreat).</p> <p>Hosted two six-week "Growing thru Grief" support group sessions (average attendance 8 participants).</p> <p>\$ 9,677 Total</p> <p>\$ 2,500 Circles of Healing</p> <p>\$ 1,000 Breast Cancer Fund</p> <p>\$ 1,000 Relay for Life sponsorship</p> <p>\$ 1,000 Skin Cancer Screenings</p> <p>\$ 4,177 Advertising</p> <p>MFN Contribution: \$6,199 (free mammogram program)</p>
FY 2015	
<p>Goal 2015</p> <p>2015 Objective</p> <p>Measure/Indicator of Success</p> <p>Baseline</p> <p>Intervention Strategy for Achieving Goal</p> <p>Community Benefit Category</p>	<p>Enhance proactive community benefit programming targeted to populations at-risk for cancers of the breast, skin, and colon while enhancing the quality of life by identifying cancer at its earliest stages.</p> <p>Monitor and increase participation in the free cancer screening programs provided by MMCMS. Screenings include skin cancer, mammography, breast ultrasound and diagnostic MRI.</p> <p>Cancer continues to be one of the top seven health concerns in Siskiyou County. Specifically access to local care and support group activities remain high on the list of health care needs as identified in our most recent Health Needs Assessment.</p> <ul style="list-style-type: none"> • Additional screening events in DUHN communities, work collaboratively with local Family Resource Centers to provide educational opportunities to those most in need. • Promote cancer awareness and early intervention strategies in local print media, continue partnership with Mercy Foundation North and local donors to provide free mammograms for women in need. • Continue sponsorship of Circles of Healing weekend retreat. Continue active participation on the Siskiyou County Health Partnership. <p>Category A – Health Improvement Services</p>

Diabetes Programs and Services

Hospital CB Priority Areas	Aging problems (Arthritis, vision & hearing problems, lack of mobility) Cancer Mental Health ✓ Diabetes Heart Disease/Stroke Dental Problems Obesity
Program Emphasis	Disproportionate Unmet Health-Related Needs Primary Prevention Seamless Continuum of Care Build Community Capacity Collaborative Governance
Link to Community Needs Assessment	The MMCMS 2014 Community Health Needs Assessment rates diabetes, heart disease and stroke as three of the top ten health related concerns in our primary service area.
Program Description	<p>MMCMS seeks to address issues of Diabetes (pre-Diabetes, adult-onset Diabetes, childhood, and Type 1 and 2 Diabetes) through a variety of efforts.</p> <p>Newspaper/ radio/area TV educational info regarding Diabetes, including symptoms, treatment, management, etc.</p> <p>Provide free glucose screenings and educational information at various venues throughout the year (annual County Fair, College of the Siskiyou Health Day, etc.)</p> <p>Provide nutrition therapy outpatient services by our Registered Dietitian</p> <p>Continue our collaborative approach with Siskiyou County Community Resource Centers to offer glucose/cholesterol screenings/educational information on a periodic basis</p> <p>Two area programs received Community Grant Funds for Diabetes-related programs (McCloud/Mt. Shasta). MMCMS assists these programs as much as possible to help ensure successful implementation of their respective projects.</p>
FY 2014	
Goal FY 2014	MMCMS will continue to reduce the number of readmission of diabetic patients to the ED and hospital by early intervention and education.
2014 Objective Measure/Indicator of Success Baseline	We will monitor patients participating in the program via chart review, personal interactions and follow-up phone contacts.
Intervention Strategy for Achieving Goal	<p>The most recent Community Health Assessment indicates that Siskiyou County residents suffer from diabetes related conditions nearly three times more than the national average.</p> <ul style="list-style-type: none"> Continue to provide grant funding to area nonprofit organizations (assumes viable community programs and approval by our grant

Result FY 2014	<p>review committee)</p> <ul style="list-style-type: none"> • Continue to provide glucose screenings and educational information to the community • Continue collaborating with Family Resource Center to provide educational community programs and support. • Collaborate with the Mercy Mt. Shasta Community Clinic in providing a Nurse Diabetic Educator to work with individuals struggling with Diabetes management issues. Develop focused marketing effort with local physicians to enhance the referral base. <p>Support McCloud Health Care Clinic's (FQHC) expansion into the Dunsmuir market by providing educational and screening events for local residents.</p> <p>Provided \$13,889 in Community Grant funding to local non-profit organization that provides diabetes education, management and tracking programs in the community of McCloud.</p> <p>Articles focused on Diabetes, healthy eating habits, wound healing etc. in our regional health magazine <i>Be Well</i> which is mailed to 50,000 homes in our service area.</p> <p>Provided free glucose and cholesterol screening educational events. Venues included Community Resource Centers, Siskiyou Golden Fair, and the Senior Health Fair in Yreka.</p> <p>Nurse Diabetic Educator in the MMCMS Community Clinic continues to provide individualized diabetic education. In FY2014, 241 patients participated in the program,</p> <p>MMCMS Registered Dietitian continues to meet with patients referred by their primary care physician providing nutritional consults, monthly contacts and tracking of progress. 64 patients benefited from this program in FY2014.</p> <p>Provided support and resources to the Mt. Shasta Community Resource Center in facilitating their monthly diabetes support group activities. Provided advertising support for the Chronic Diseases Management Series hosted by the Mt. Shasta Resource Center.</p> <p>Co-sponsored the Good-Bye Diabetes weekend educational event with the Seventh Day Adventist Church. Over 80 local community members attended the three-day event.</p>								
Hospital's Contribution / Program Expense	<table border="0"> <tr> <td style="padding-right: 20px;">\$17,322</td> <td>Total</td> </tr> <tr> <td>\$ 2,933</td> <td>Advertising</td> </tr> <tr> <td>\$ 500</td> <td>Screenings</td> </tr> <tr> <td>\$13,889</td> <td>Community Grant Funds</td> </tr> </table>	\$17,322	Total	\$ 2,933	Advertising	\$ 500	Screenings	\$13,889	Community Grant Funds
\$17,322	Total								
\$ 2,933	Advertising								
\$ 500	Screenings								
\$13,889	Community Grant Funds								
FY 2015									
Goal 2015	MMCMS will continue to reduce the number of readmission of diabetic patients to the ED and hospital by early intervention and education.								
2015 Objective	We will monitor patients participating in the program via chart review,								

Measure/Indicator of Success	personal interactions and follow-up phone contacts.
Baseline	The most recent Community Health Assessment indicates that Siskiyou County residents suffer from diabetes related conditions nearly three times more than the national average.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Continue to provide grant funding to area nonprofit organizations (assumes viable community programs and approval by our grant review committee) • Continue to provide glucose screenings and educational information to the community • Continue collaborating with Family Resource Center to provide educational community programs and support. • Collaborate with the Mercy Mt. Shasta Community Clinic in providing a Nurse Diabetic Educator to work with individuals struggling with Diabetes management issues.
Community Benefit Category	Category A - Health Improvement Services

Heart Disease Awareness/CHF Patient Readmission Reduction

Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Heart Disease Awareness/CHF Readmission Reduction Aging problems (Arthritis, vision & hearing problems, lack of mobility) Cancer Mental Health Diabetes Heart Disease/Stroke Dental Problems Obesity
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 Community Needs Assessment	The 2011 Community Needs Assessment again ranks heart disease, stroke, and obesity in the top eight identified health concerns and behaviors.
Program Description	MMCMS seeks to provide education and support to the CHF patient allowing them to achieve and maintain the highest quality of life.

FY 2014

Goal FY 2014	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with heart disease and other related diseases. Enhance quality of life by preventing or reducing unnecessary admissions to the hospital.
2014 Objective	MMCMS provides educational materials, tools and resources to all patients including charity care patients. Documentation of program success include: chart review, follow-up phone calls and reduction of readmission of the CHF patient.
Measure/Indicator of Success	
Baseline	Our most recent Community Health Assessment identifies Heart

<p>Intervention Strategy for Achieving Goal</p>	<p>Disease/Stroke as one of the top eight health concerns in our county. Poor eating habits, obesity, and lack of exercise are listed as three of the top behavioral health concerns which are indicative of an increased risk for heart disease.</p> <ul style="list-style-type: none"> • MMCMS will continue to add components to this existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF patient is given a packet especially designed for them on how to manage his or her illness. • In 2014, MMCMS seeks to expand this program to our Rural Health Clinic patients. This early intervention strategy will assist them to better manage their illness while at home thus reducing ED and hospital visits.
<p>Result FY 2014</p>	<p>MMCMS continued successful CHF program providing educational materials, tools, and resources to support their path to better health. The program includes follow up phone calls from RN to check on weight, diet, and nutrition. Program is available to all patients regardless of their ability to pay and was expanded all three of our Rural Health Clinics. This early intervention strategy helps serve patients in the clinic setting.</p> <p>Provided free cholesterol screenings and American Heart Association information provided at no cost to the broader community at various venues including County Fair and Senior Health Fair in Yreka.</p> <p>Major event sponsor of the 34rd annual 4th of July Fun Run where over 5,000 attendees participated in heart healthy activities.</p>
<p>Hospital's Contribution / Program Expense</p>	<p>Total: \$ 6,500 \$5,000 Fun Run \$1,000 CHF Program Materials \$ 500 Screening materials Advertising dollars already reflected in Diabetes Programs & Services</p>
<p>FY 2015</p>	
<p>Goal 2015</p>	<p>Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with heart disease and other related diseases. Enhance quality of life by preventing or reducing unnecessary admissions to the hospital.</p>
<p>2015 Objective Measure/Indicator of Success</p>	<p>MMCMS provides educational materials, tools and resources to all patients including charity care patients. Documentation of program success include: chart review, follow-up phone calls and reduction of readmission of the CHF patient.</p>
<p>Baseline</p>	<p>Our most recent Community Health Assessment identifies Heart Disease/Stroke as one of the top seven health concerns in our county. Poor eating habits, obesity, and lack of exercise are listed as three of the top behavioral health concerns which are indicative of an increased risk for heart disease.</p>
<p>Intervention Strategy for Achieving Goal</p>	<ul style="list-style-type: none"> • MMCMS will continue to add components to this existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF patient is given a

Community Benefit Category

packet especially designed for them on how to manage his or her illness.

- In 2015, MMCMS plans continued expansion of this program tin our Rural Health Clinic patients. This early intervention strategy will assist patients to better manage their illness while at home thus reducing ED and hospital visits.

Category A – Community Health Improvement

Dignity Health Community Grants Program	
Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Aging problems (Arthritis, vision & hearing problems, lack of mobility) ✓ Cancer ✓ Mental Health ✓ Diabetes ✓ Heart Disease/Stroke ✓ Dental Problems ✓ Obesity
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 Community Needs Assessment	Responding to the needs of the community and leveraging the expertise of community partners, as identified in the assets assessment of the Community Health Needs Assessment.
Program Description	Providing funding to support community based organizations who will provide services to underserved populations to improve the quality of life. The objective of the Community Grants Program is to award grants to organizations whose proposals respond to the priorities identified in the most recent Community Health Needs Assessment (CHNA).
FY 2014	
Goal FY 2014	To build community capacity by identifying community organizations and funding programs that are in alignment with the needs identified in the most recent CHNA.
2014 Objective Measure/Indicator of Success	Funding will be awarded to organizations whose programs respond to a need identified in the most recent CHNA and align with at least one of the five core principles (listed in the Program Emphasis above). Grantees will report on these accomplishments twice during the grant period.
Baseline	To respond to the priority health needs in Siskiyou County and provide grant funds are to be used to provide services to underserved populations (economically poor; women & children; mentally or physically disabled; or other disenfranchised populations).
Intervention Strategy for Achieving Goal	Once Letters of Intent have been reviewed, select organizations are invited to submit full proposals. Full proposals are reviewed by the Local Review Committee (LRC) and determination is made as to which ones should be recommended for funding.
Result FY 2014	Two Community Grants were given, totaling \$22,154. Organizations receiving grants were: <ul style="list-style-type: none"> • Great Northern Corporation \$8,265

Hospital's Contribution / Program Expense	<ul style="list-style-type: none"> McCloud Health Care Clinic \$13,889 \$22,154
FY 2015	
Goal 2015	To build community capacity by identifying community organizations and funding programs that are in alignment with the needs identified in the most recent CHNA.
2015 Objective	Funding will be awarded to organizations whose programs respond to a need identified in the most recent CHNA and align with at least one of the five core principles (listed in the Program Emphasis above).
Measure/Indicator of Success	To respond to the priority health needs in Siskiyou County and provide grant funds are to be used to provide services to underserved populations (economically poor; women & children; mentally or physically disabled; or other disenfranchised populations).
Baseline	
Intervention Strategy for Achieving Goal	Prioritize grant applications that address the target areas.
Community Benefit Category	E2a

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 next three years ending, December 31, 2017, 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

Mercy Medical Center Mt. Shasta
Classified Summary Including Non Community Benefit (Medicare)
7/1/2013 through 6/30/2014

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization	
					Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Financial Assistance	1,426	647,602	0	647,602	1.3	1.4
Medicaid	13,747	11,288,007	5,100,874	6,187,133	12.0	13.0
Means-Tested Programs	1,376	1,066,233	291,461	774,772	1.5	1.6
Community Services:						
Comm. Benefit Operations	0	21,314	0	21,314	0.0	0.0
Financial and In-Kind Contributions	150	73,606	0	73,606	0.1	0.2
Totals for Community Services	150	94,920	0	94,920	0.2	0.2
Totals for Living in Poverty	16,699	13,096,762	5,392,335	7,704,427	14.9	16.2
<u>Benefits for Broader Community</u>						
Community Services:						
Community Building Activities	3	6,227	0	6,227	0.0	0.0
Comm. Health Improvement Svcs.	355	37,294	0	37,294	0.1	0.1
Financial and In-Kind Contributions	12	15,569	0	15,569	0.0	0.0
Totals for Community Services	370	59,090	0	59,090	0.1	0.1
Totals for Broader Community	370	59,090	0	59,090	0.1	0.1
Totals for Community Benefit	17,069	13,155,852	5,392,335	7,763,517	15.0	16.4
Medicare	25,268	22,108,160	15,596,962	6,511,198	12.6	13.7
Totals with Medicare	42,337	35,264,012	20,989,297	14,274,715	27.6	30.1

Telling the Community Benefit Story

Mercy Medical Center Mt. Shasta will be using this report to help create a higher level of awareness of its community benefit activity. The report will be distributed to key internal and external stakeholders, including but not limited to: Dignity Health North State Board; Mercy Medical Center Mt. Shasta Advisory Council; employees, auxiliary members, and Medical Staff leadership. This report along with the most recent Community Health Needs Assessment will also be available in Dignity Health approved format on the hospitals web site at www.mercymtshasta.org and on the Dignity Health website at www.Dignityhealth.org in the Who We Are section.

Appendix

Dignity Health
Summary of Patient 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.

FY 2015
DIGNITY HEALTH NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS

LeRoy Crye, Chairperson

Douglas Hatter, M.D., Secretary

Mark Korth, North State Service Area President

Fernando Alvarez, M.D.

Diane Brickell

Jim Cross

Sister Nora Mary Curtin

Sister Clare Marie Dalton

Ryan Denham

Sandra Dole

Alan Foley

Todd Guthrie, M.D.

Patrick Quintal, M.D.

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

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

7/1/14

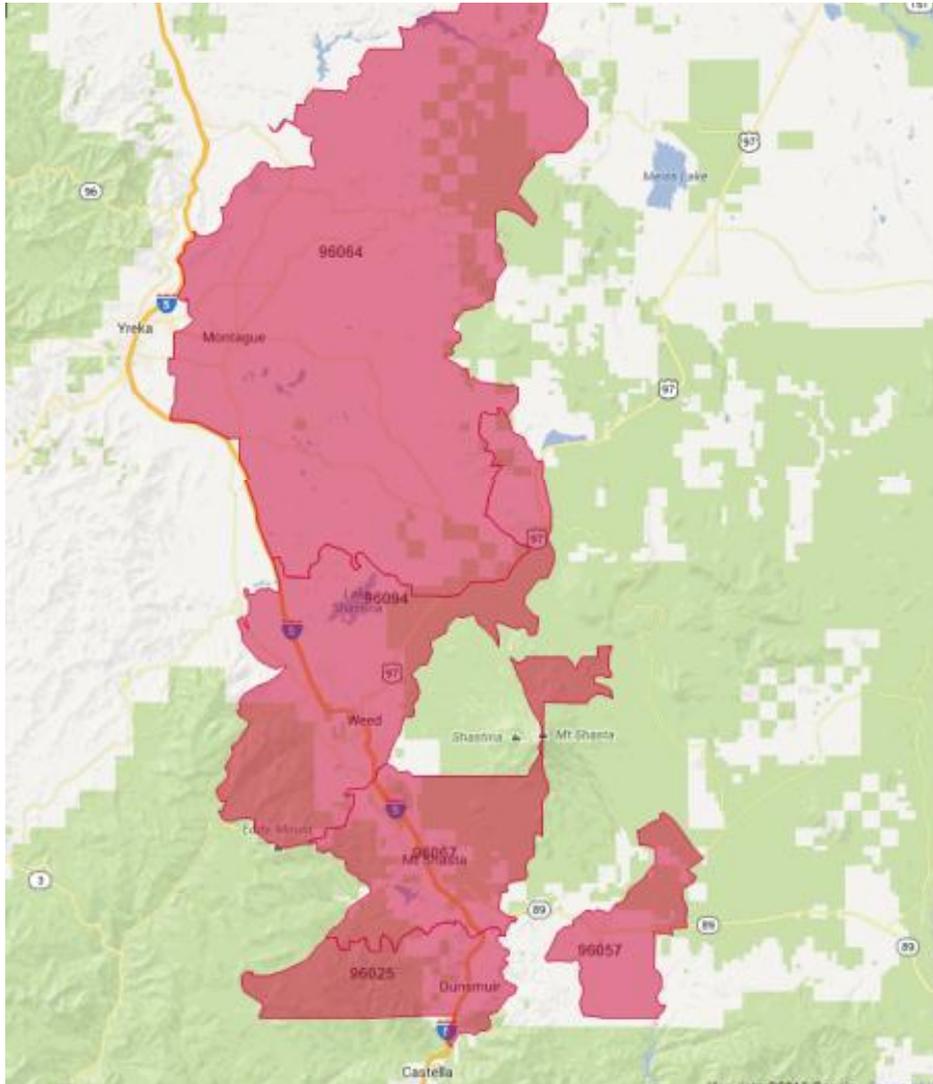
Mercy Medical Center Mt. Shasta COMMUNITY ADVISORY COUNCIL – FY2014

- Kenneth E.S. Platou, President, Mercy Medical Center Mt. Shasta
- Bob Boston, Attorney-at-Law
- Diane Brickell, McCloud, Health Clinic Board member
- Keith Cool, Business Owner
- Jim Cross, Mercy Foundation North Board member and large business owner
- Lori Harch, School Board member
- Ray Horst, area Pastor
- Roger Kosel, Retired Judge
- James Langford, retired teacher
- Will Newman, Community member
- Russ Porterfield, Business Owner
- Mike Rodriguez, Mt. Shasta City Parks & Recreation Director
- Sr. Elaine Stahl, Director of Mission Services MMCMS
- Norma Stone, McCloud area representative, retired Mercy employee
- Karen Teuscher, Dignity Health North State Service Area Board member

Other Participants:

- Sherie Ambrose, CNE
- Daniel Purtzer, Pathologist, MMCMS Chief of Staff
- Joyce Zwanziger, MMCMS Marketing/Community Relations/Volunteer Services Manager

Mercy Medical Center Mt. Shasta



	Zip Code	CNI Score	Population	City	County	State
■	96025	3.8	2,357	Dunsmuir	Siskiyou	California
■	96057	4	1,418	McCloud	Siskiyou	California
■	96064	3.6	4,694	Montague	Siskiyou	California
■	96067	3.6	7,404	Mt. Shasta	Siskiyou	California
■	96094	4	6,579	Weed	Siskiyou	California

CNI MEDIAN SCORE: 3.8

