



Dignity Health™

Mercy Medical Center
Redding



Mercy Medical Center Redding

Community Benefit Report FY2014 Community Health Implementation Plan FY2015

A message from Mark Korth, President and CEO of Mercy Medical Center Redding 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 Redding 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 their 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 Redding provided \$30,436,780 in financial assistance, community benefit, and unreimbursed patient care. Including the unreimbursed cost of caring for patients covered by Medicare, the total expense was \$58,414,987.

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 530.225.6000.



Mark Korth, President
Mercy Medical Center Redding



LeRoy Crye, Chairperson
North State Service Area Community Board

Table of Contents

Executive Summary	4
Mission Statement	5
Dignity Health Mission Statement	
Organizational Commitment	5
Organizational Commitment	
Non-Quantifiable Benefits	
Community	7
Definition of Community	
Description of Community	
Community Demographics	
Community Benefit Planning Process	8
Community Health Needs Assessment Process	
Assets Assessment Process	
Developing the Hospital’s Implementation Plan (Community Benefit Report & Plan)	
Planning for the Uninsured/Underinsured Patient Population	
Plan Report and Update including Measurable Objective and Timeframe	11
Summary of Key Programs and Initiatives – FY2014	
Description of Key Programs and Initiatives (Program Digests)	
Community Benefit and Economic Value	17
Report - Classified Summary of Un-sponsored Community Benefit Expense	
Telling the Story	

EXECUTIVE SUMMARY

Mercy Medical Center Redding is a member hospital of Dignity Health. The Hospital is located at the tip of the Sacramento River Valley in Redding, California and serves as a regional referral center for far Northern California. The Hospital offers major medical services including a Level II Trauma Center with a dedicated Orthopedic Traumatologist, Level III Neonatal Intensive Care Unit, Cardiovascular Services, and Oncology Services. Mercy Medical Center Redding is also the sole provider of obstetrical services in its primary service area. Mercy Medical Center Redding is licensed for 267-beds and has approximately 1,679 employees. In addition to the key services listed above, Mercy Medical Center Redding also offers a wide array of specialty and surgical services including but not limited to:

- Pediatric Care
- Surgical Inpatient and Outpatient Care
- Center for Joint and Spine Health
- Joint Venture with 21st Century Oncology
- Mercy Regional Cancer Center in Redding
 - Ida C. Emerson Oncology Unit
 - Outpatient Chemotherapy Services
 - Floyd Morgan Family Cancer Resource Center & Medical Library
- Mercy Heart Center
- Mercy Stroke Center
- Mercy Home Health & Hospice Services
- Mercy Family Medicine Residency Program
- Mercy Family Health Center – A clinic associated with the Mercy Family Practice Residency Program. The clinic serves Medi-Cal and Medicare patients as well as un-/under-insured individuals, under the direction of the Mercy Family Practice Residency faculty.
- Mercy Maternity Clinic – This Clinic helps mothers and babies achieve a healthy start, by offering comprehensive prenatal care for low-income mothers and high-risk pregnancies.
- Wound Healing and Hyperbaric Medicine Center – This freestanding service cares for individuals with hard-to-heal wounds.
- An 11-room hospitality house for families of patients who reside outside of the greater Redding area and must travel to Mercy Medical Center Redding for trauma, cardiac or cancer care. These families are often unable to sustain this unforeseen financial burden and these rooms are provided at a low nightly rate or at no cost for those who cannot afford to pay.
- A dedicated campus for senior services. Named Mercy Oaks, this campus currently features a senior housing complex operated by Mercy Housing, a comprehensive senior nutrition and transportation program and a myriad of social services dedicated to seniors and people who have disabilities.

Listed below are a few highlights of major support for community benefit activities that were operated or substantially supported by Mercy Medical Center Redding during FY2014.

- Mercy is a founding partner of the Healthy Shasta Collaborative and continued to be a major annual supporter with financial and in-kind support in FY2014.
- Scholarships were awarded to graduating high school seniors majoring in a healthcare related field and other health professions education.
- Mercy continued to be a provider of the Every Women Counts State Program for early detection of breast cancer.

Mercy Medical Center Redding provided over \$30 million (excluding shortfall from Medicare) in serving the poor and broader community through June 30, 2014. This amount includes the hospital's reinvestment through community grants and other gifts/sponsorships to help improve community health.

MISSION STATEMENT

Dignity Health is 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

Mercy Medical Center Redding is part of Dignity Health, a system of 40 hospitals in Arizona, California and Nevada. As part of Dignity Health, Mercy Medical Center Redding plays a lead role in caring for the community and partnering with others to help make Redding and the surrounding areas a healthier place. In living out the mission, Mercy Redding is particularly attentive to the needs of the poor, disadvantaged and vulnerable.

Community benefit is integrated into the strategic planning process at Mercy Medical Center Redding and is demonstrated at multiple levels throughout the organization. The community benefit planning process is a joint effort that engages the Dignity Health North State Board, Mercy Redding's President and Leadership Team, and Mercy Redding's Advisory Council.

The Dignity Health North State Board has overall responsibility for community benefit activities for Mercy Medical Center Redding to ensure that the activities support the mission, policies and strategic plan of the organization, as well as, address the priority needs of the community. In addition to the involvement and oversight of the Dignity Health North State Board, Mercy Medical Center Redding developed a sub-committee of the Advisory Council to provide a community perspective to help prioritize the health opportunities for the organization. The 24-member Council represents a broad range of community organizations and needs. The individual responsible for the implementation and facilitation of the Community Benefit process reports to the Vice President of Business Development & Strategy for Dignity Health North State Service Area.

Membership on the Dignity Health North State Board and Advisory Council include community stakeholders, Sisters of Mercy, senior hospital leadership, physicians, and Mission Integration leadership (rosters for the Dignity Health North State Board and Mercy Redding's Advisory Council are listed in Appendix A). Responsibilities of the Board and the Advisory Council include:

- Review and approval of the annual community benefit report and plan to ensure it is aligned with Mercy Medical Center Redding's mission and strategy, is focused on the priority needs identified through the community health assessment and/or by hospital leadership, and fulfills responsibilities as a charitable organization.
- Provide oversight for the Dignity Health Grants Program, including the identification of grant funding priorities and selection of grant review committee members.
- Serve as advocates in the community that further Mercy Medical Center Redding's mission and help foster strategic partnerships to improve community health.

Non-Quantifiable Benefits

Mercy Redding gives to the community in many ways that are difficult to measure. Through leadership and advocacy efforts, the Hospital works collaboratively with many local organizations to enhance community-building activities and programs to help address the root causes of health problems. During FY2014, MMCR provided expertise and/or hospital resources to help strengthen community partnerships:

- American Cancer Society
- Good News Rescue Mission
- Leadership Redding
- Luis Miramontes Foundation
- Northern Valley Catholic Social Services
- Redding Chamber of Commerce
- Shasta County Public Health – Healthy Shasta Initiative
- Shingletown Medical Center
- Simpson University
- St. Joseph Parish School
- Turtle Bay Exploration Park
- YMCA

COMMUNITY

Mercy Medical Center Redding (MMCR) serves a primary service area comprised of zip codes in Redding and surrounding communities in Shasta, Tehama and Trinity County. Portions of Shasta County and all of Trinity County are federally designated as Medically Underserved Areas and Populations (full California map is included in Attachment C). Due to the recession there has been a growing need for services provided to the un/underinsured. Insurance coverage estimates for 2014 showed a total of 39% of individuals in Mercy Redding's PSA are either uninsured (17.3%) or have Medi-Cal (21.7%) coverage. People are often turning to the Emergency Department for basic non-acute medical services. To respond effectively to these needs requires collaborative problem solving. Nonprofit organizations need to work together to leverage resources and maximize health assets in innovative ways to enhance existing programs and ensure sustainable health programs and services are available over the long-term. Community-based collaboration will be a priority for Mercy Medical Center Redding and will help drive community benefit efforts in the future.

MMCR defined the community by using the primary service area definition that was provided by the Hospital's Business Development and Strategic Planning department. MMCR's primary service area demographics are listed below:

- Population: 209,900
- Diversity:
 - Caucasian 79.6%
 - Hispanic 11.0%
 - Asian & Pacific Islander 2.7%
 - African American 1.0%
 - American Indian/Alaska Native 2.1%

- 2+ Races 3.5%
- Other 0.1%
- Median Income: \$42,518
- Uninsured: 17.3%
- Unemployment: 10.9%
- No HS Diploma: 12.0%
- Renters: 33.6%
- CNI Median Score: 3.8
- Medi-Cal Patients: 21.7%
- Other Area Hospitals: Shasta Regional Medical Center

COMMUNITY NEED INDEX

The Community Need Index (CNI) is a tool used by Dignity Health facilities to measure community need in a specific geography by analyzing the degree to which a community has the following health care access barriers: Income Barriers, Educational Barriers, Cultural Barriers, Insurance Barriers, and Housing Barriers. By using statistical modeling, the combination of above barriers results in a score between 1 (less needy) and 5 (most needy). Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Communities ranked as scoring a “5” are more than twice as likely to need inpatient care for preventable conditions (ear infection, etc.) than communities with a score of “1”. The CNI map is listed in Appendix D and identifies areas in Redding and surrounding areas with associated CNI scores. It is apparent that most of the zip codes within Shasta County are in need the most and represent areas of opportunity for Mercy Medical Center Redding to consider for specific community benefit’s intervention strategies.

COMMUNITY BENEFIT PLANNING PROCESS

MMCR is committed to involving and informing the residents of Shasta County in a Community Needs Assessment Survey process. A community health needs assessment (CHNA) is a systematic process involving the community, to identify and analyze community health needs in order to prioritize, plan and act upon unmet community health needs. An assessment is conducted every three years, most recently in 2014, and identifies the health needs of residents by acknowledging ongoing health concerns within the community. Through surveys and the evaluation of existing health related data, community benefit staff compiled a report inventorying community health priorities and provided recommendations for areas of intervention.

MMCR conducted the 2014 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. MMCR 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) relating to a wide array of community health indicators. 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 Redding 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. The surveys were emailed to approximately 1,000 emails through a distribution list that the Hospital compiled and uses to disseminate health education materials. The Hospital distributed surveys to zip codes within the primary service area, including zip codes with disproportionate unmet health needs. There were 168 surveys completed for a return rate of approximately 16.8%. The following partners assisted the hospital in conducting the needs assessment:

- **Mercy Medical Center Redding 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 participating in the priority setting process once the data was compiled.
- **Shasta County Public Health** – In addition to providing assistance with the survey design, Public Health representatives distributed the surveys to their employees and clients.

Secondary data was used to validate the information obtained from the surveys and was provided through the free web-based platform 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 incurred by Hospitals. The data provided through CHNA.org has aggregated data available from 7,000 public data sources, including the Centers for Disease Control and Prevention and the National Center for Chronic Disease Prevention and Health promotion.

Once the primary and secondary data were collected and compiled, MMCR 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. The top areas of opportunity for the current assessment are listed below:

- ◆ **Health Concerns:** mental health problems, obesity, cancers, domestic violence, child abuse/neglect, aging problems, diabetes, heart disease and/or stroke.
- ◆ **Health Risk Behaviors:** drug abuse, being overweight, alcohol abuse, poor eating habits, tobacco use, and lack of exercise.

Asset Management:

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

Community Benefit Report and Implementation Plan:

An essential component of the CHNA is to prioritize the health opportunities that are identified through the assessment process. MMCR carefully considered how to prioritize various community benefit initiatives. After the health opportunities were identified, they were ranked by a small committee comprised of a representative from a local community health collaborative and a representative of Shasta County Public Health. The ranking tool contained seven criteria with which to rank each health opportunity. Each criterion was assigned a specific weighted value. Definitions of the criteria used are listed below:

- High Incidence or Prevalence - Is the local rate/percent higher than the state or national rate/percent? Consider absolute numbers directly affected by the problem, as well

as disproportionate rates among special populations (subgroups of age, sex, race/ethnicity, geographic region).

- Trending - What are the trends? Is the rate/percent increasing or decreasing over time?
- Severity of Problem/Consequences - Consider the degree to which the problem leads to death, disability or impairs one's quality of life. Also consider the risk of exacerbating the problem by not addressing at the earliest opportunity.
- Amenable to Intervention - Consider how likely it is that interventions will be successful in preventing or reducing the consequences of a problem. Keep in mind all types of interventions (e.g., community education, policy and/or organizational changes, etc.), the potential to reach populations at greatest risk, and the ability of the community at large to mobilize to support the intervention. *In other words ... can we make a difference?*
- Resources Available - Consider what programs are currently in place to address the problem, and consider the ability of organizations to reasonably impact the issue, given available resources.
- Costliness of Treatment of Problem/Consequences - Consider the financial costs of treating the problem; what costs might be saved by preventing or reducing the severity of the problem?
- Acceptability - Considering what the community feels is important, as it can mean greater community support later on.

After the participants ranked each of the areas of opportunity, the results were then calculated and further discussion ensued to select the areas that should be the focus for the next community benefit planning cycle (FY2015 – FY2018). As a result of the ranking and prioritization process by the ranking committee, and taking into account that the hospital has limited financial resources, the Mercy Medical Center Redding will be addressing the following health areas:

- ◆ Mental health
- ◆ Obesity
- ◆ Cancers
- ◆ Aging problems
- ◆ Diabetes
- ◆ Heart disease and/or stroke
- ◆ Poor eating habits
- ◆ Lack of exercise
- ◆ Substance Abuse
- ◆ Tobacco Use

The CDSMP is designed to educate participants and promote self-management of any chronic disease. After completion of a workshop series, participants are able to improve their understanding of their condition and be able to better self-manage symptoms of their disease. As a result of this evidence-based chronic disease self-management program, participants are empowered to better self-care; and as a result of partnerships established in support of a healthcare continuum, community residents have access to vital support services. In addition to the CDSMP program, the Hospital will also continue to provide other community health education programs including the tobacco cessation program and diabetes management classes.

While the health needs and risks of domestic violence and child abuse/neglect were also identified in the Community Health Assessment, the Hospital has limited resources and ability to effect sustainable

change. MMCR will support local non-profit organizations that address those needs through donations, sponsorships, and the community grants program as appropriate.

Planning for the Uninsured/Underinsured Patient Population

Mercy Medical Center Redding is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured. Currently, 17.3% of Mercy Redding's primary service area population is uninsured, followed by 20.9% who are enrolled in the Medicare program and 21.7% enrolled in Medi-Cal. During FY2014, the Hospital saw a significant increase in expenses and reimbursement for government sponsored insurance coverage, as reflected in the classified summary on page 19, largely due to the Affordable Care Act enabling more lives to be insured. In addition to a significant portion of the population being covered by government sponsored insurance products Shasta County does not currently have formal accountable care organizations in place. The Hospital will continue to work with local Federally Qualified Health Center's to assist those in need of medical homes, however, due to the limited number of FQHC's available in the area, they are at or near capacity making placement difficult at times. Mercy Medical Center Redding continues to plan for the uninsured or under-insured population is in accordance with the Dignity Health payment assistance/charity care policy (see Appendix B). Every patient who goes through the admission process at Mercy Redding is provided with a brief overview of the payment assistance policy and a brochure that goes into additional detail. Additionally, the general public has access to the policy as well as payment assistance applications on the Hospital's web site.

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 five 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 - Emphasis on evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- Build Community Capacity - Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance - Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Listed below are key areas of support for community benefit programs that were operated or substantially supported by Mercy Medical Center Redding during FY2014.

Physical Activity & Fitness and Nutrition & Overweight

- Mercy is a founding partner of Healthy Shasta and continues to be a major annual supporter with financial and in-kind support.
- Several local gyms offer discounted memberships to Mercy Medical Center Redding employees and families.

Scholarships for Health Professions Education

- Shasta College - Sponsor Scholarship opportunities for the Advanced Nursing.
- Simpson University - Sponsor Scholarship opportunities for the RN to BSN program.
- Mercy Medical Center Redding also offers scholarships to graduating high school seniors that are pursuing a healthcare-related major.

Cardiovascular Disease

- Partnered with national screening company to sponsor vascular screenings within market to help identify disease at earliest stage.

Cancer Deaths/Skin Cancers/Prostate Exams

- Continued free tobacco cessation classes – “Quit for Good”.
- Provider of Every Women Counts State Program.

Chronic Disease

- Offered two, six-week sessions of the Stanford Based Chronic Disease Self-Management Program (CDSMP) titled Healthier Living, as well as trained community members to become workshop leaders.
- Continued offering diabetes classes every other month throughout FY2014.

PROGRAM DIGEST

Healthier Living – Chronic Disease Self-Management Program	
Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Mental Health ✓ Obesity ✓ Cancers ✓ Aging problems ✓ Diabetes ✓ Heart disease and/or stroke ✓ Poor eating habits, ✓ Lack of exercise
Program Emphasis	<ul style="list-style-type: none"> <input type="checkbox"/> Disproportionate Unmet Health-Related Needs ✓ Primary Prevention <input type="checkbox"/> Seamless Continuum of Care ✓ Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Responding to the needs of the community as identified in the Community Health Needs Assessment.
Program Description	<p>The Healthier Living workshop is for adults who have a chronic health condition or who live with someone with a chronic health condition. Healthier Living workshop participants learn how to manage stress, fight fatigue and pain, learn how to communicate with their doctor and family members and set goals and learn problem solving techniques.</p>
FY 2014	
Goal FY 2014	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with chronic disease, enhancing quality of life by preventing or reducing unnecessary admissions to the Hospital.
2014 Objective Measure/Indicator of Success	Monitor participants in Dignity Health programs, screenings and events for improvement in self-management of health condition.
Baseline	PRC community health assessment indicates that a high number of individuals suffer with chronic pain. The reported prevalence of arthritis alone in Shasta County is 26.3% which is higher than the California prevalence of 20.3%
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Continue to host diabetes classes every other month. 2. Conduct three Healthier Living workshops during the next fiscal year.
Result FY 2014	<ol style="list-style-type: none"> 1. Two Healthier Living Workshops were conducted by Hospital staff. The first one began in February, 2014 and the second workshop began in April, 2014. A total of 15 participants completed the workshops and 0 self-reported and ED visit or hospital admission 3-months post-intervention. 2. The Wound and Hyperbaric Medicine Center at Mercy Medical Center Redding hosted diabetes education classes, every other month, throughout FY2014.
Hospital's Contribution /	\$4,800

Program Expense	
FY 2015	
Goal 2015	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with chronic disease, enhancing quality of life by preventing or reducing unnecessary admissions to the Hospital.
2015 Objective Measure/Indicator of Success	Monitor program participants and demonstrate a decrease in or avoidance of admission 90 days post intervention among participants of the program through self-reported utilization.
Baseline	Primary and secondary data from the community health assessment indicated a need for interventions that address the following conditions: Mental health, Obesity, Cancers, Aging problems, Diabetes, Heart disease and/or stroke, Poor eating habits, Lack of exercise
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Conduct two Healthier Living workshops during the next fiscal year. 2. Explore the ability to offer more specialized areas of this program e.g. diabetes, mental health and pain management. 3. Host a leader trainer during FY15 to train more leaders for community programs.
Community Benefit Category	A – Community Health Improvement Services

Cancer Programs	
Hospital CB Priority Areas	<ul style="list-style-type: none"> <input type="checkbox"/> Mental Health <input type="checkbox"/> Obesity <input checked="" type="checkbox"/> Cancers <input type="checkbox"/> Aging problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease and/or stroke <input type="checkbox"/> Poor eating habits, <input type="checkbox"/> Lack of exercise
Program Emphasis	<ul style="list-style-type: none"> <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Responding to the needs of the community as identified in the Community Health Needs Assessment.
Program Description	Provide services/programs that respond to the identified community need listed above to help improve community health.
FY 2014	
Goal FY 2014	Enhance proactive community benefit programming targeted to expand the continuum of care for patients and enhance quality of life by reducing unnecessary readmissions to the hospital.
2014 Objective Measure/Indicator of Success	Monitor quit rate of participants in Quit for Good tobacco cessation classes as well as monitor participants in the Healthier Living Workshops to identify improvement in self-management of their chronic conditions.
Baseline	PRC community health assessment indicates that COPD death rates are

Intervention Strategy for Achieving Goal	worse than both the California and US averages; and the prevalence of lung cancer disease is increasing in Shasta County. Tobacco use rates are statistically unchanged in Shasta County since 2007 and this contributes to both COPD and Lung Cancer.
Result FY 2014	<ol style="list-style-type: none"> 1. Continue to offer and promote the Quit for Good tobacco cessation classes throughout FY2014. 2. Refer community members to the Healthier Living Workshops as appropriate to help community members self-manage their condition (i.e. COPD). <ol style="list-style-type: none"> 1. Tobacco cessation classes were continued and offered throughout FY14. The correlation between tobacco use, lung cancer and COPD is covered in the curriculum. In addition to the Quit for Good classes and Mercy Redding also supported Right Road Recovery with a \$15,840 community grant to help the organization provide a tobacco cessation program for teens aged 13-21. 2. Community members were referred to the Healthier Living workshop as appropriate.
Hospital's Contribution / Program Expense	\$16,840
FY 2015	
Goal 2015	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with chronic disease, enhancing quality of life by preventing or reducing unnecessary admissions to the Hospital.
2015 Objective Measure/Indicator of Success Baseline	<p>Monitor program participants and demonstrate a decrease in or avoidance of admission 90 days post intervention among participants of the program through self-reported utilization.</p> <p>Primary and secondary data from the community health assessment indicated a need for interventions that address the following conditions: Mental health, Obesity, Cancers, Aging problems, Diabetes, Heart disease and/or stroke, Poor eating habits, Lack of exercise</p>
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 4. Continue to offer and promote the Quit for Good tobacco cessation classes throughout FY2014. 5. Refer community members to the Healthier Living Workshops as appropriate to help community members self-manage their condition (i.e. COPD).
Community Benefit Category	A – Community Health Improvement Services

Chronic Pain, Substance Abuse, and Mental Health Programs

Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Mental Health ✓ Obesity ✓ Cancers ✓ Aging problems ✓ Diabetes ✓ Heart disease and/or stroke ✓ Poor eating habits,
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Program Emphasis	<ul style="list-style-type: none"> ✓ Lack of exercise ❑ 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 as identified in the Community Health Needs Assessment.
Program Description	Develop and implement an educational campaign and support investments to increase awareness and early identification of risk factors that can contribute to unhealthy behaviors.

FY 2014

Goal FY 2014	Enhance proactive community benefit programming targeted to expand the continuum of care for patients living with chronic disease, enhancing quality of life and reducing unnecessary readmissions to the hospital.
2014 Objective Measure/Indicator of Success	Monitor participants in the Healthier Living Workshops to identify improvement in self-management of their chronic conditions.
Baseline	PRC community health assessment indicates that chronic pain and substance abuse death rates are worse than the California average.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. The Healthier Living workshops are considered best practice in affecting change in regards to chronic disease, substance abuse (as a coping method) and depression. In addition to referring community members to the Healthier Living workshops as appropriate, community benefit staff will work with the Administration of the Mercy Family Health Center to identify patients that would benefit from these workshops and conduct at least one workshop for that specific population in FY2014.
Result FY 2014	<ol style="list-style-type: none"> 1. Two Healthier Living Workshops were conducted by Hospital staff. The first one began in February, 2014 and the second workshop began in April, 2014. A total of 15 participants completed the workshops and 0 self-reported and ED visit or hospital admission 3-months post-intervention. 2. Community members were referred to the Healthier Living workshop as appropriate. 3. Due to some issues with the newly implemented electronic medical records, community benefit staff was not able to conduct a workshop at the clinic. However, community benefit staff is still working with the Mercy Family Health Clinic to find solutions that would provide a seamless way to identify potential patients for the workshops.
Hospital's Contribution / Program Expense	\$2,800

FY 2015

Goal 2015	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with chronic disease, enhancing quality of life by preventing or reducing unnecessary admissions to the Hospital.
2015 Objective	Monitor program participants and demonstrate a decrease in or avoidance

Measure/Indicator of Success	of admission 90 days post intervention among participants of the program through self-reported utilization.
Baseline	Primary and secondary data from the community health assessment indicated a need for interventions that address the following conditions: Mental health, Obesity, Cancers, Aging problems, Diabetes, Heart disease and/or stroke, Poor eating habits, Lack of exercise
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Explore the ability to offer a more specialized area of this program e.g. mental health and pain management. 2. Refer community members to the Healthier Living Workshops as appropriate to help community members self-manage their condition
Community Benefit Category	A – Community Health Improvement Services

Dignity Health Community Grants Program	
Hospital CB Priority Areas	<ul style="list-style-type: none"> ✓ Access to Healthcare ✓ Cancer ✓ Disability & Chronic Pain ✓ Heart Disease & Stroke ✓ Injury & Violence ✓ Mental Health & Mental Disorders ✓ Nutrition, Physical Activity & Overweight ✓ Respiratory Disease ✓ Substance Abuse ✓ Tobacco Use
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 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	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.
Measure/Indicator of Success	To respond to the priority health needs in Shasta County and provide grant
Baseline	

Intervention Strategy for Achieving Goal	funds that are to be used to provide services to underserved populations (economically poor; women & children; mentally or physically disabled; or other disenfranchised populations).
Result FY 2014	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	<p>Three Community Grants were given, totaling \$225,707. Organizations receiving grants were:</p> <ul style="list-style-type: none"> • Empire Recovery Center received \$25,000 for their Detox Program. The funds will be used to provide food, shelter, clothing and counseling for homeless/indigent addicts. • Good News Rescue Mission received \$57,000 for their Stepping Up program. Stepping Up is an early intervention program that will increase the identification of individuals who are addicted or have mental illness and assist them with being diagnosed and entered into an effective treatment program leading to recovery. • Mountain Communities Healthcare Foundation was provided \$12,867 for their Certified Nurse’s Assistant Training (CNA) Program. The CNA program will help build capacity, access to care, and develop a seamless continuum of care for Trinity Hospital. • Northern California Center for Family Awareness received \$30,000 for their Kids’ Turn Workshop series. The workshops aim to improve interpersonal, family communication and conflict resolution skills for families that are separated or divorced. • One Safe Place was provided \$35,000 for Camp HOPE. The funds will be used to provide outreach and education for youth that have been exposed to family violence through a camping experience. • Right Road Recovery received \$15,840 for their Right Road Recovery Program. The program provides classroom based curriculum for Toward No Drugs to youth aged 13-21. • Shasta Community Health Center was provided \$50,000 for their Chronic Disease Self-Management Program (CDSMP). Funds will be used to expand the capacity of the program to help patients understand the pain cycle, improve vitality, decrease pain, decrease dependence on others and improve coping skills
Hospital’s Contribution / Program Expense	\$225,707

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 Measure/Indicator of Success Baseline	<p>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).</p> <p>To respond to the priority health needs in Siskiyou County and provide</p>

**Intervention Strategy for
Achieving Goal
Community Benefit
Category**

grant funds are to be used to provide services to underserved populations (economically poor; women & children; mentally or physically disabled; or other disenfranchised populations).

Prioritize grant applications that address the target areas.

E2a

COMMUNITY BENEFIT AND ECONOMIC VALUE

Economic Value:

Economic value of community benefit is defined as the reporting responsibilities associated with providing charity care, unpaid costs of Medicaid, Medicare and indigent programs, education and research, non-billed services, cash and in-kind donations. Using a cost accounting methodology, Mercy Medical Center Redding provided more than \$58 million in unsponsored care and programs for the benefit of the community in fiscal year 2014. Unsponsored care includes cost of care for persons who are poor, the costs associated with caring for Medicare, Medicaid and other government program beneficiaries and costs for services the hospital subsidizes because the services are not offered anywhere else in the community. Listed on the next page is the fiscal year 2014 Community Benefit Inventory for Social Accountability (CBISA) classified summary.

Mercy Medical Center Redding
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	2,311	2,086,572	0	2,086,572	0.6	0.6
Medicaid	46,199	87,322,407	69,948,842	17,373,565	4.7	4.7
Means-Tested Programs	2,356	8,516,819	3,393,588	5,123,231	1.4	1.4
Community Services:						
Comm. Benefit Operations	0	49,767	0	49,767	0.0	0.0
Comm. Health Improvement Svcs.	1,346	122,019	0	122,019	0.0	0.0
Financial and In-Kind Contributions	2,775	709,115	35,677	673,438	0.2	0.2
Totals for Community Services	4,121	880,901	35,677	845,224	0.2	0.2
Totals for Living in Poverty	54,987	98,806,699	73,378,107	25,428,592	6.9	6.9
<u>Benefits for Broader Community</u>						
Community Services:						
Community Building Activities	5	13,750	0	13,750	0.0	0.0
Comm. Health Improvement Svcs.	1,159	40,133	0	40,133	0.0	0.0
Financial and In-Kind Contributions	788	985,450	0	985,450	0.3	0.3
Health Professions Education	76	4,000,870	44,225	3,956,645	1.1	1.1
Subsidized Health Services	185	12,210	0	12,210	0.0	0.0
Totals for Community Services	2,213	5,052,413	44,225	5,008,188	1.4	1.3
Totals for Broader Community	2,213	5,052,413	44,225	5,008,188	1.4	1.3
Totals for Community Benefit	57,200	103,859,112	73,422,332	30,436,780	8.3	8.2
Medicare	39,653	161,028,873	133,050,666	27,978,207	7.6	7.5
Totals with Medicare	96,853	264,887,985	206,472,998	58,414,987	15.9	15.7

Telling the Community Benefit Story:

Mercy Medical Center Redding 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 Foundation North Board; Mercy Medical Center Redding Advisory Council; elected City and County officials; Union leadership; employees, guild members and Medical Staff leadership. The report will also be available in Dignity Health approved format on the Hospital's web site at www.redding.mercy.org and also on the Dignity Health website at www.DignityHealth.org.

Appendix A

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 REDDING
ADVISORY COUNCIL MEMBERS
2014**

MEMBER

Jeff Avery (State Farm Insurance)
Doreen Bradshaw (Shasta Consortium)
Roger Janis (Retired from Butte Community Bank)
Dave Jones (Mountain Valleys Health Centers)
Jason Parker, *Vice Chairperson* (Morgan Stanley Financial)
Mike Mangas (KRCR Channel 7)
Marion Nebergall (Community Member)
Janice Cunningham, *Chairperson* (Cox Real Estate)
Janet Applegarth (Anderson Chamber of Commerce)
Tracey Moore, *Secretary* (Sierra Pacific Industries)
Robert Paoletti (Redding Police Department)
Jim Cloney (Shasta Unified School District)
Donnell Ewert (Shasta County Public Health)
Stacey Carman (Redding Rancheria)
Jean King (One SAFE Place)
Scott Putnam (Apex Technology Management Inc.)
Laura Redwine (City of Shasta Lake)
Joe Wyse (Shasta College)

Appendix B

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:

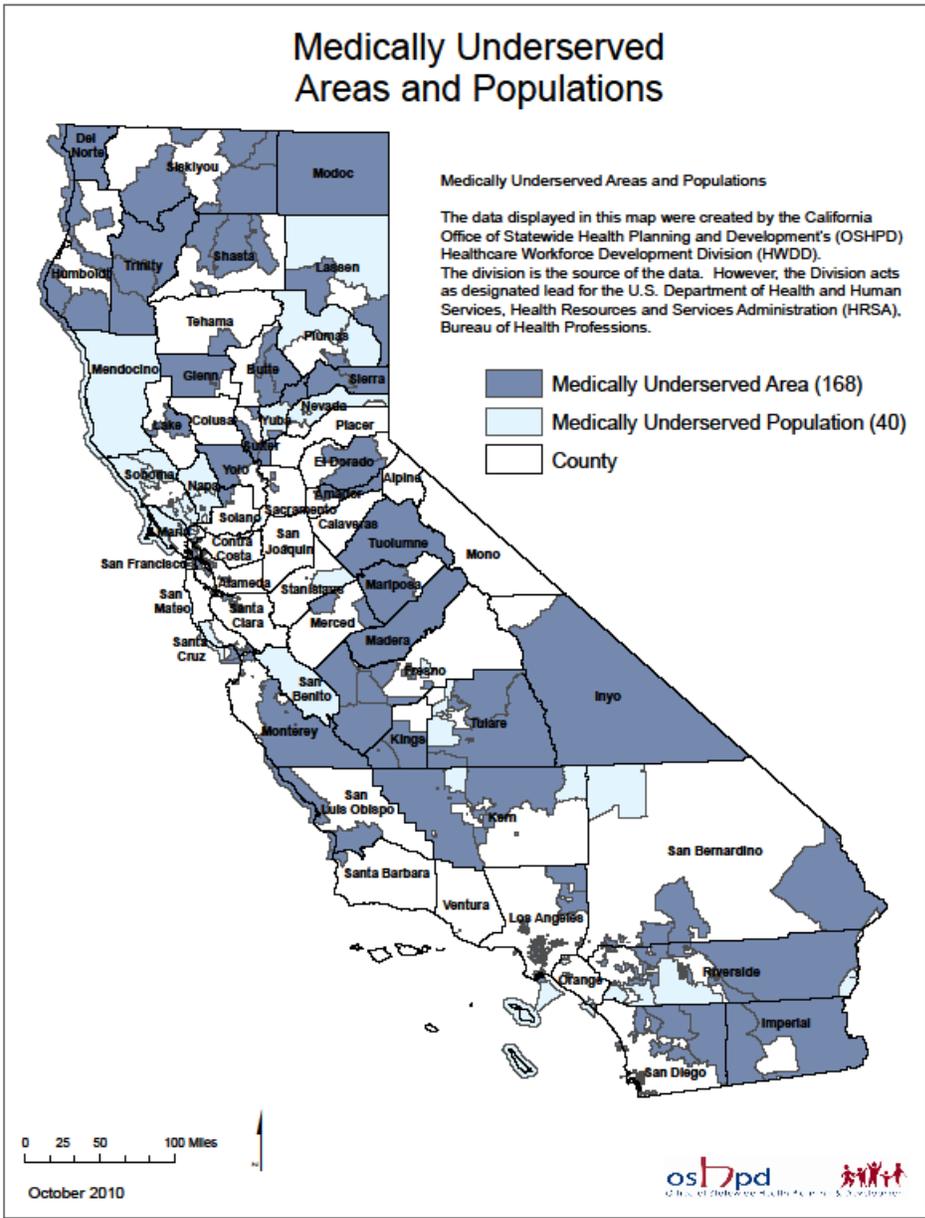
- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program 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.

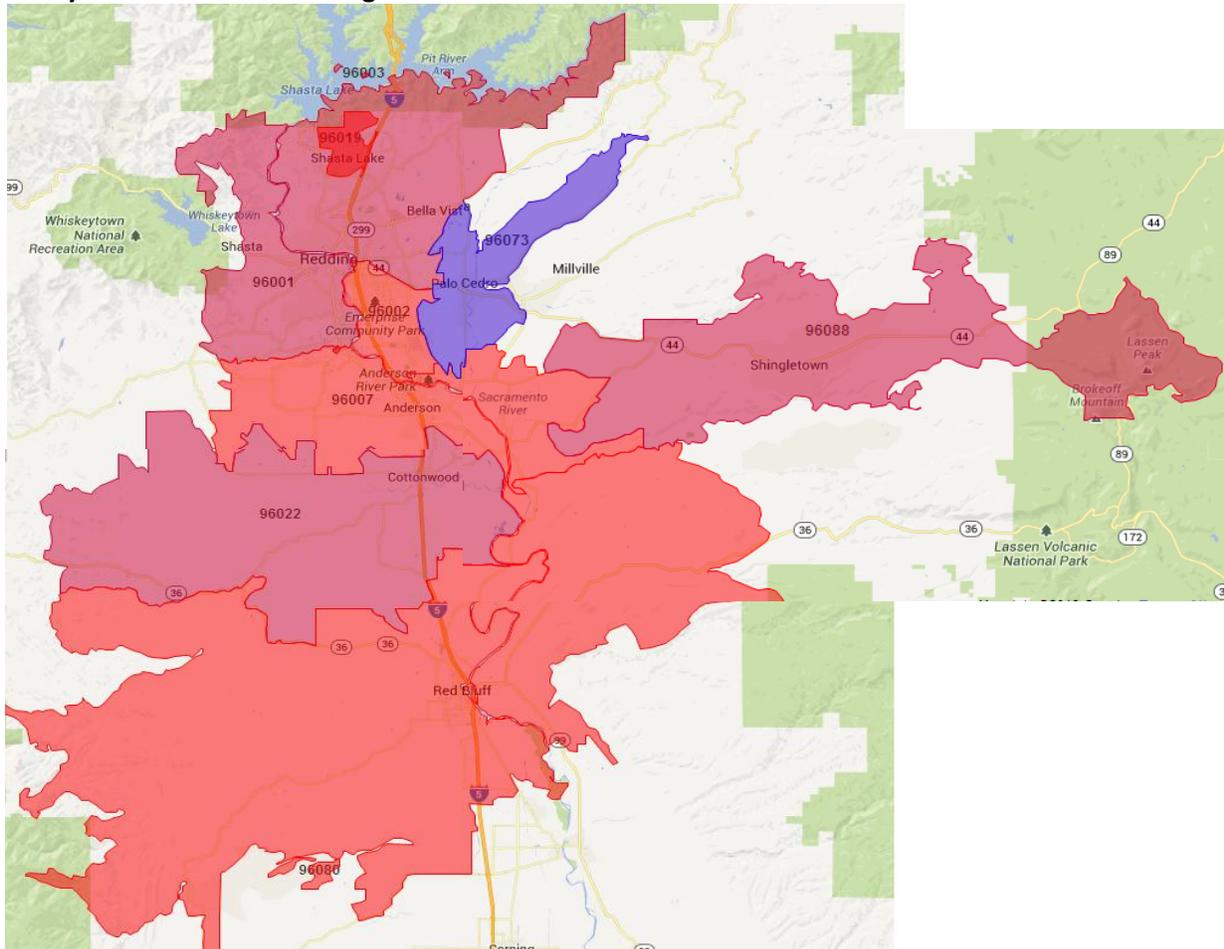
Appendix C

Medically Underserved Areas and Populations



Appendix D

Mercy Medical Center Redding



	Zip Code	CNI Score	Population	City	County	State
	96001	4	34,342	Redding	Shasta	California
	96002	4.2	32,992	Redding	Shasta	California
	96003	3.6	45,650	Redding	Shasta	California
	96007	4.4	23,666	Anderson	Shasta	California
	96013	4.4	4,851	Burney	Shasta	California
	96019	4.6	10,135	Shasta Lake	Shasta	California
	96022	3.4	16,279	Cottonwood	Tehama	California
	96073	2.4	3,932	Palo Cedro	Shasta	California
	96080	4.4	27,912	Red Bluff	Tehama	California
	96088	3.4	4,989	Shingletown	Shasta	California
	96093	3.6	3,654	Weaverville	Trinity	California

CNI MEDIAN SCORE: 3.8