



# St. Elizabeth Community Hospital

Community Benefit Report 2014  
Community Health Implementation Plan 2015



A message from Todd Smith, President and CEO of St. Elizabeth Community Hospital 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 St. Elizabeth Community Hospital 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, St. Elizabeth Community Hospital provided \$10,198,811 in financial assistance, community benefit, and unreimbursed patient care. Including the unreimbursed cost of caring for patients covered by Medicare, the total expense was \$17,279,790.

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 530.529.8000.

  
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Todd Smith, President  
St. Elizabeth Community Hospital

  
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LeRoy Crye, Chairperson  
North State Service Area Community Board

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## EXECUTIVE SUMMARY

St. Elizabeth Community Hospital, (SECH) is located off of California Interstate 5 in Red Bluff. SECH serves a service area of 85,922 people who reside in Tehama County as well as a secondary service area that includes bordering communities in Glenn, Butte and Shasta Counties.

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

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

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

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

A key component of rural health care services centers around successful physician recruitment. Primary Care is the linchpin of recruitment efforts as it is the most effective way to sustain community wellness. In FY2013 SECH introduced the local Dignity Health Medical Foundation which now offers specialist services including general surgery and orthopedics. Additionally, SECH entered into a leading edge agreement with Lassen Medical Group to provide Hospitalist services to our patient community. This program has gained great momentum as patients experience an enhanced continuity of care with the time and attention that the hospitalists are able to provide through this program.

A great concern in rural communities is the need to recruit specialists to meet community need. To emphasize how difficult it can be to recruit specialists, Siskiyou, Shasta and Tehama counties have been trying to secure a urologist for the last 11 years. The creation of a medical foundation is an important strategy for the North State. During FY2014, the Dignity Health Medical Foundation – North State successfully added a cardiologist, Dr. Lee, to the full-time Red Bluff staff. During FY15 the Medical Foundation will proceed with additional specialist recruitment including obstetrics, orthopedics and oncology.

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

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

This report will describe how SECH serves the Tehama County community through our health care ministry support. During the fiscal year ending June 30, 2014, SECH provided approximately \$10 million (excluding shortfall from Medicare) in serving the poor and the broader community. This amount includes the hospital’s investment through community grants and other gifts/sponsorships made to serve the greater good of our community.

# MISSION STATEMENT

## Our Mission

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

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

## Our Vision

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

## Our Values

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

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

# ORGANIZATIONAL COMMITMENT

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

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

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

- A subgroup of the Council is involved in selecting applicants to receive Dignity Health Community Grant dollars.

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

Non-Quantifiable Benefits of the hospital include our contribution to various boards throughout the community. The Director of Mission Integration serves on the Northern Valley Catholic Social Services Board, the Tehama County Health Board, First Five Tehama Board and Tehama Together Community Board. Economic development is instrumental to Tehama County and surrounding areas. Therefore, the Manager of Marketing has served on the Red Bluff Tehama County Chamber of Commerce Board of Directors for five years and has presided in the capacity of Chamber Chair of the Board for two years. Additionally, the President of the Hospital serves on the Tehama County Economic Development Corporation Board. Several members of the leadership team are members of active community service clubs including Rotary and Soroptimists International.

SECH provides free grant writing skills trainings to non-profit Tehama County agencies to help ensure the organizations have the tools and information they need to aptly apply for the Dignity Health Community Grant Program. The Community Grants Program supports the continuum of care in the community offered by funding to local non-profit organizations who are working to improve the health status and quality of life of the communities we serve. This program is one way in which the Hospital realizes its mission and enhances the advocacy, social justice and healthier communities' efforts of our health care ministry.

SECH leads the effort of healthy lifestyle in the Tehama County region by participating in various health and wellness fairs throughout the county as well as providing nutrition and wellness presentations to larger employers such as the Walmart Distribution Center and local service clubs.

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

During FY14, SECH received the Healthgrades Patient Safety Award; the hospital ranked among the top 5% in the nation for patient safety during 2013.

## COMMUNITY

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

SECH defined the community by using the core service area definition that was provided by the Hospital's business development and strategic planning department. SECH's core service area (CSA) demographics are listed below:

- Population: 85,922
- Diversity:
  - ◆ Caucasian 67.2%
  - ◆ Hispanic 25.9%
  - ◆ Asian & Pacific Islander 1.6%
  - ◆ African American 0.8%
  - ◆ American Indian/Alaska Native 1.8%
  - ◆ 2+ races 2.6%
  - ◆ Other 0.1%
- Median Income: \$41,783
- Uninsured: 15.6%
- Unemployment: 11.6%
- No HS Diploma: 19.9%
- Renters: 31.2%
- CNI Score: 4.5
- Medicaid Patients: 24.9%
- Other Area Hospitals: Enloe Medical Center

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

Using statistical modeling, the combination of the above barriers results in a score between 1 (less needy) and 5 (most needy). Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Communities with scores of "5" are more than **twice** as more likely to need inpatient care for preventable conditions than communities with a score of "1." The CNI map of the St. Elizabeth Community Hospital service area is included in the appendix, with the individual zip code scores. SECH is located in zip code 96080. The majority of the SECH service area communities are designated as Disproportionate Unmet Health Needs (DUHN) communities. Currently, Tehama County is not a federally designated Medically Underserved Area (MUA).

# COMMUNITY BENEFIT PLANNING PROCESS

## Community Needs Assessment Process

SECH is committed to involving and informing the residents of Tehama County in a Community Needs Assessment Survey process. The Community Health Needs Assessment (CHNA) is conducted every three years, most recently in 2014, and identifies the health needs of Tehama County residents by acknowledging ongoing health concerns within the community. SECH 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. SECH 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 St. Elizabeth Community Hospital 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 following partners assisted the hospital in conducting the needs assessment:

- **St. Elizabeth Community Hospital 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.
- **Tehama 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 a 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, St. Elizabeth Community Hospital's 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. Six of the nine health concerns were also top health concerns in previous assessments. The top areas for the current assessment are listed below:

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

**Health Concerns:** obesity, mental health problems, diabetes, aging problems (arthritis, hearing/vision loss, etc.), child abuse/neglect, dental problems, cancers, domestic violence, heart disease and/or stroke.

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

**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 Tehama County Public Health Services Agency.

**Community Benefit Report and Implementation Plan:**

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

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

SECH plans for the uninsured/underinsured patient population in accordance with the Dignity Health policy for persons in need of financial assistance for their care, and the SECH Admitting Department participates in the Dignity Health Cover the Uninsured initiative. Below is the Dignity Health policy which describes eligibility and notification of patients and the public regarding this policy.

Policy Overview:

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

Eligibility for Patient Payment Assistance:

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.

- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

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

Patient Payment Assistance Guidelines:

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

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

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

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

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

#### Budgeting and Reporting:

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

#### Relationship to Collection Policies:

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

#### Regulatory Requirements:

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

# PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

SECH operates or supports community health needs in a variety of ways. Due to the stability of the health needs of our community, most programs or partnerships run continuously year to year. However, evaluation of the programs and partnerships is conducted by senior management on a regular basis to ensure proper stewardship of our resources and those of partnering agencies. Below are the major initiatives and key community based programs operated or substantially supported by SECH. Programs were developed in response to the current Community Health Needs 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 problems.
- Seamless Continuum of Care - Emphasis on evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- Build Community Capacity - Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance - Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

## Initiative I: Improving Access to Healthcare

- Charity Care for uninsured/underinsured and low income residents
- Mammography assistance program
- Physician recruitment efforts
- Partnership with Rolling Hills Clinic, Federally Qualified Indian Health Clinic
- Cinco de Mayo and Bi National Health Fairs participation offering nutrition services consultation, glucose and cholesterol testing
- LIFT Homeless health services fair: Homeless and poor received free flu shots, glucose and cholesterol testing, and breast testing

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

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

Initiative III: Improving physical activity and dietary habits

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

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

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

# PROGRAM DIGEST

## CHF: Reduction of Congestive Heart Failure Readmissions

<b>Hospital CB Priority Areas</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Obesity</li> <li><input type="checkbox"/> Drug Abuse</li> <li><input type="checkbox"/> Cancer</li> <li><input checked="" type="checkbox"/> Heart Disease</li> <li><input type="checkbox"/> Poor Eating Habits</li> <li><input type="checkbox"/> Diabetes</li> </ul>
<b>Program Emphasis</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs</li> <li><input checked="" type="checkbox"/> Primary Prevention</li> <li><input checked="" type="checkbox"/> Seamless Continuum of Care</li> <li><input type="checkbox"/> Build Community Capacity</li> <li><input type="checkbox"/> Collaborative Governance</li> </ul>
<b>Link to Community Needs Assessment</b>	<p>Congestive Heart Failure (CHF) and heart disease are predominant among the community members and common for the Tehama County demographic. CHF can be directly linked to lifestyle and preventable diseases including poor eating habits, obesity and diabetes.</p>
<b>Program Description</b>	<p>Description of Program: Congestive Heart Failure (CHF) is a predominant health concern and risk in Tehama County. CHF can be directly linked to lifestyle and preventable diseases including poor eating habits, obesity and diabetes, as shown by evidence based research. Research also shows that chronic disease management programs can significantly reduce the number of readmissions of patients with chronic CHF.</p> <p>SECH CHF program consists of follow-up phone calls and discharge intervention to promote wellness, by a RN. Upon discharge our CHF patients receive a Self-care Handbook: Learning to Live with Heart Failure. Materials are also printed in Spanish. Patients with limited resources are offered a scale. The scale helps the patient to monitor and report any unusual weight gain that might be cause for intervention.</p>
<b>FY 2014</b>	
<b>Goal FY 2014</b>	<p>SECH will continue to reduce the number of readmissions of CHF patients to the ED and hospital through early intervention.</p>
<b>2014 Objective Measure/Indicator of Success Baseline</b>	<p>We will monitor patients participating in this program via chart review and RN assigned to the follow-up phone program.</p> <p>CHF continues to appear on our health needs assessment. This health need is confirmed by the local physicians. Although SECH does not have a specific cardiac program it is possible with this program to help CHF patients better manage their illness while at home thus reducing ED visits.</p>
<b>Intervention Strategy for Achieving Goal</b>	<p>SECH will continue to add components to this existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF inpatient is given a packet especially designed for the CHF patient, on how to manage his or her illness. Each patient is encouraged to enroll in our <i>Follow-up</i> phone program.</p>
<b>Result FY 2014</b>	<ul style="list-style-type: none"> <li>• Number of Persons served in FY 2014 – 56</li> <li>• # of Participants Admitted to the Hospital or ED within 90 days of</li> </ul>

	<p>Intervention – 5</p> <ul style="list-style-type: none"> <li>• %of Participants Admitted to the Hospital or ED within 90 days of the Intervention – <b>8.9%</b></li> </ul>
<b>Hospital’s Contribution / Program Expense</b>	Total Program Expense for FY 2014 - <b>\$16,875</b> This includes expense for scales and RN wage
<b>FY 2015</b>	
<b>Goal 2015</b>	SECH will continue to reduce the number of readmissions of CHF patients to the ED and hospital through early intervention.
<b>2015 Objective Measure/Indicator of Success</b>	SECH will continue to monitor patients participating in this program via chart review and RN assigned to the <i>chronic disease management follow-up phone program</i>
<b>Baseline</b>	<u>Baseline:</u> 8.9% (based on FY 2014 data) of patients with diagnosis of CHF enrolled in the <i>chronic disease management follow up program</i> , will not be readmitted within 90 days.
<b>Intervention Strategy for Achieving Goal</b>	<u>Goal:</u> Demonstrate a 5% decrease in readmissions of participants in the hospital’s <i>chronic disease management program</i> . SECH will continue to add components to this existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF inpatient is given a packet especially designed for the CHF patient, on how to manage his or her illness. Each patient is encouraged to enroll in our <i>Follow-up</i> phone program.
<b>Community Benefit Category</b>	A3 Healthcare Support Services

<b>Dignity Health Community Grants Program</b>	
<b>Hospital CB Priority Areas</b>	<ul style="list-style-type: none"> <li>✓ Obesity</li> <li>✓ Drug Abuse</li> <li>✓ Cancer</li> <li>✓ Heart Disease</li> <li>✓ Poor Eating Habits</li> <li>✓ Diabetes</li> </ul>
<b>Program Emphasis</b>	<ul style="list-style-type: none"> <li>✓ Disproportionate Unmet Health-Related Needs</li> <li>✓ Primary Prevention</li> <li>✓ Seamless Continuum of Care</li> <li>✓ Build Community Capacity</li> <li>✓ Collaborative Governance</li> </ul>
<b>Link to Community Needs Assessment</b>	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.
<b>Program Description</b>	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).
<b>FY 2014</b>	
<b>Goal FY 2014</b>	To build community capacity by identifying community organizations and funding programs that are in alignment with the needs identified in the most

<b>2014 Objective Measure/Indicator of Success</b>	recent CHNA. 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.
<b>Baseline</b>	To respond to the priority health needs in Tehama 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).
<b>Intervention Strategy for Achieving Goal</b>	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.
<b>Result FY 2014</b>	Three Community Grants were given, totaling \$38,184. Organizations receiving grants were: <ul style="list-style-type: none"> <li>• CareNet (Crisis Pregnancy Center of Northern California \$2,782</li> <li>• Northern California Child Development Inc \$20,402</li> <li>• Northern Valley Catholic Social Services \$15,000</li> </ul>
<b>Hospital's Contribution / Program Expense</b>	\$38,184

### FY 2015

<b>Goal 2015</b>	To build community capacity by identifying community organizations and funding programs that are in alignment with the needs identified in the most recent CHNA.
<b>2015 Objective Measure/Indicator of Success</b>	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).
<b>Baseline</b>	To respond to the priority health needs in Tehama 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).
<b>Intervention Strategy for Achieving Goal</b>	Prioritize grant applications that address the target areas.
<b>Community Benefit Category</b>	E2a

### Healthier Living – Chronic Disease Self-Management Program

<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Obesity <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Heart Disease <input checked="" type="checkbox"/> Poor Eating Habits
<b>Program Emphasis</b>	<input type="checkbox"/> Diabetes <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity

<p><b>Link to Community Needs Assessment</b></p> <p><b>Program Description</b></p>	<p>✓ Collaborative Governance</p> <p>Chronic disease is prominent among the community members and common for the Tehama County demographic. Chronic disease can be directly linked to lifestyle and preventable diseases including poor eating habits, obesity and diabetes.</p> <p>The <b>Healthier Living</b> workshop is for adults who have a chronic health condition or who live with someone with a chronic health condition. <b>Healthier Living</b> 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>
<p><b>FY 2015</b></p>	
<p><b>Goal 2015</b></p> <p><b>2015 Objective Measure/Indicator of Success</b></p> <p><b>Baseline</b></p> <p><b>Intervention Strategy for Achieving Goal</b></p> <p><b>Community Benefit Category</b></p>	<p>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.</p> <p>Monitor participants in Dignity Health programs, screenings and events for improvement in self-management of health condition.</p> <p><u>Baseline:</u> 8.9% (based on FY 2014 data) of patients with diagnosis of CHF enrolled in the <i>chronic disease management follow up program</i>, will not be readmitted within 90 days.</p> <p>Conduct two Healthier Living workshops during the next fiscal year.</p> <p>A Community Health Improvement Services</p>

# COMMUNITY BENEFIT AND ECONOMIC VALUE

## **Economic Value:**

Economic value of community benefit is defined as the reporting responsibilities associated with providing charity care, unpaid costs of Medicaid, Medicare, and indigent programs, education and research, non-billed services, cash and in-kind donations. Using a cost accounting methodology, St. Elizabeth Community Hospital provided more than \$10 million in unsponsored care and programs for the benefit of the community in FY2014. 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 following page is the fiscal year 2014 Community Benefit Inventory for Social Accountability (CBISA) classified summary.

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

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

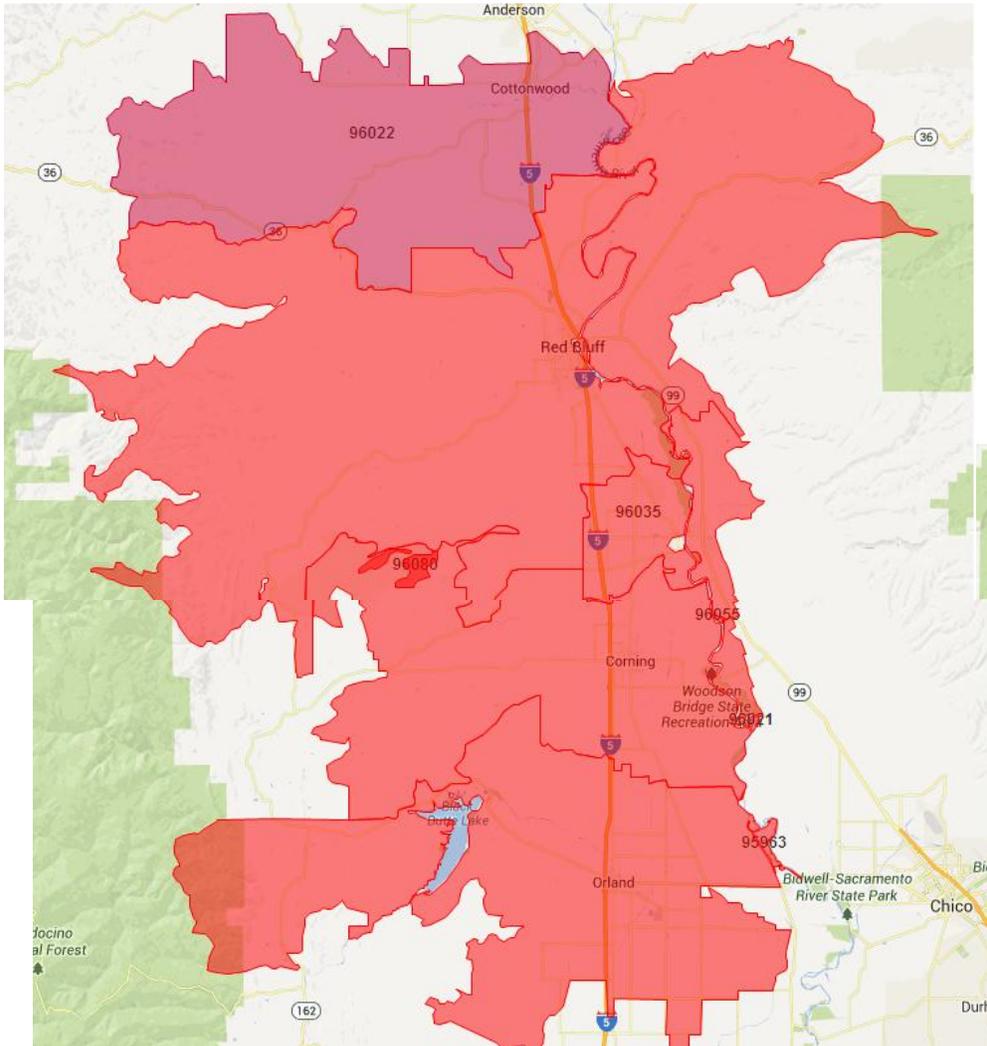
**St. Elizabeth Community Hospital**  
**Classified Summary Including Non Community Benefit (Medicare)**  
**7/1/2013 through 6/30/2014**

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization	
					Expenses	Revenues
<b><u>Benefits for Living in Poverty</u></b>						
Financial Assistance	1,474	761,252	0	761,252	1.0	1.0
Medicaid	20,863	21,856,852	13,861,398	7,995,454	10.2	10.3
Means-Tested Programs	1,586	1,685,645	639,827	1,045,818	1.3	1.3
<b>Community Services:</b>						
Comm. Benefit Operations	0	91,990	0	91,990	0.1	0.1
Comm. Health Improvement Svcs.	67	27,414	0	27,414	0.0	0.0
Financial and In-Kind Contributions	2	234,800	0	234,800	0.3	0.3
Subsidized Health Services	1	2,170	0	2,170	0.0	0.0
<b>Totals for Community Services</b>	<b>70</b>	<b>356,374</b>	<b>0</b>	<b>356,374</b>	<b>0.5</b>	<b>0.5</b>
<b>Totals for Living in Poverty</b>	<b>23,993</b>	<b>24,660,123</b>	<b>14,501,225</b>	<b>10,158,898</b>	<b>13.0</b>	<b>13.0</b>
<b><u>Benefits for Broader Community</u></b>						
<b>Community Services:</b>						
Community Building Activities	39	9,147	0	9,147	0.0	0.0
Comm. Health Improvement Svcs.	116	5,363	0	5,363	0.0	0.0
Financial and In-Kind Contributions	18	25,403	0	25,403	0.0	0.0
<b>Totals for Community Services</b>	<b>173</b>	<b>39,913</b>	<b>0</b>	<b>39,913</b>	<b>0.1</b>	<b>0.1</b>
<b>Totals for Broader Community</b>	<b>173</b>	<b>39,913</b>	<b>0</b>	<b>39,913</b>	<b>0.1</b>	<b>0.1</b>
<b>Totals for Community Benefit</b>	<b>24,116</b>	<b>24,700,036</b>	<b>14,501,225</b>	<b>10,198,811</b>	<b>13.1</b>	<b>13.1</b>
Medicare	22,729	32,494,289	25,413,310	7,080,979	9.1	9.1
<b>Totals with Medicare</b>	<b>46,895</b>	<b>57,194,325</b>	<b>39,914,535</b>	<b>17,279,790</b>	<b>22.1</b>	<b>22.2</b>

**Telling the Community Benefit Story**

St. Elizabeth Community Hospital will be using this report to help create a higher level of awareness for 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; St. Elizabeth Community Hospital 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.redbluff.mercy.org](http://www.redbluff.mercy.org) and on the Dignity Health website at [www.Dignityhealth.org](http://www.Dignityhealth.org) in the Who We Are section.

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



## Lowest Need



	Zip Code	CNI Score	Population	City	County	State
<span style="color: red;">■</span>	95963	4.6	16423	Orland	Glenn	California
<span style="color: red;">■</span>	96021	4.8	15483	Corning	Tehama	California
<span style="color: red;">■</span>	96022	3.4	16279	Cottonwood	Tehama	California
<span style="color: red;">■</span>	96035	5	3969	Gerber	Tehama	California
<span style="color: red;">■</span>	96055	4.2	3847	Los Molinos	Tehama	California
<span style="color: red;">■</span>	96080	4.4	27912	Red Bluff	Tehama	California

**CNI Score Median: 4.5**

**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

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

**Community Members**

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

Gregg Cohen, District Attorney for Tehama County  
LeRoy Crye, Community Member  
Art Dowell, Community Member  
Doug Fairey, Owner Dutch Bros  
Jane Flynn, Sun Pacific Farms  
Sr. Gloria Heese, Sister of Mercy  
Pam Ikuta, M.D.  
Darwyn Jones, District Manager for Walmart Distribution Center  
Greg Stevens, Red Bluff Daily News  
Scott Malan, MD  
Jon Pascarella, DDS  
Shan Patterson, Community Member  
Kendall Pierson, General Manager Sierra Pacific Industries  
Charlene Reid, Director Tehama Co Social Services  
Jessie Shields, Community Member

**St. Elizabeth Community Hospital Staff**

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

# Medically Underserved Areas and Populations

