

*Glendale Adventist
Medical Center*



**Community
Health Plan
2014 Annual
Update**



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Overview of Adventist Health

Glendale Adventist Medical Center is an affiliate of [Adventist Health](#), a faith-based, not-for-profit, integrated health care delivery system headquartered in Roseville, California. We provide compassionate care in communities throughout California, Hawaii, Oregon and Washington.

Adventist Health entities include:

- 19 hospitals with more than 2,700 beds
- More than 235 clinics and outpatient centers
- 14 home care agencies and 7 hospice agencies
- Four joint-venture retirement centers
- Workforce of 28,600 includes more than 20,500 employees; 4,500 medical staff physicians; and 3,600 volunteers

We owe much of our heritage and organizational success to the [Seventh-day Adventist Church](#), which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths.

Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the

whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

Our Mission: To share God's love by providing physical, mental and spiritual healing.

Our Vision: Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

Letter from the CEO

Dear Community:

In 1905, a handful of insightful, inspired and passionate pioneers determined to establish a place for preventive health and healing in this community. Now, 110 years later, Glendale Adventist Medical Center continues to “share God’s love with our community by promoting healing and wellness for the whole person.” This simple and powerful mission is as pertinent today as it was in the last century.



Of course, science and medicine have progressed significantly over the years. Though we remain very old fashioned about why we’re here and what inspires us, we are also very passionate about providing world-class quality and service. Therefore, we pursue and develop the best known practices in the care we deliver. Our investment in cutting edge technology enables the daily provision of this world-class care. I hope that as you experience our hospital you discover these commitments to be true every time.

2014 was a banner year in terms of quality and safety at GAMC. We had our “best ever” results in many key areas such as hospital-acquired conditions, patient falls, and physician satisfaction. Through post-discharge surveys, our patients rewarded us with the “best ever” ranking related to “I would recommend GAMC to my friends and family”. We will continue through partnering with our amazing physicians, developing leaders and collaborating with our board, to build upon these results. Health care reform is a serious call to action and change. What we will never change is our commitment to you!

This 2014 Community Health Plan represents our summary of how we lived this mission during the past year. You’ll read of our outreach into the community and the many services we provide beyond acute hospital care. Enjoy the read!

A handwritten signature in black ink that reads "Kevin A. Roberts". The signature is written in a cursive, flowing style.

Kevin A. Roberts, RN, FACHE
President and CEO

Invitation to a Healthier Community

Where and **how** we live is vital to our health. As you read this document, think about health in our communities as the environment in which we live, work, and play. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population.

The Community Health Plan marks the second phase in a collaborative effort to identify our community's most pressing health needs. A Community Health Needs Assessment (CHNA) was conducted in 2013 to identify potential priority areas for community health. The CHNA was conducted not only in response to California's community benefit legislation (SB 697), Oregon's community benefit legislation (HB 3290) and The Affordable Care Act (H.R. 3590), but to truly fulfill the mission of the Adventist Health, "To share God's love by providing physical, mental and spiritual healing."

Community-based prevention, particularly interventions that look upstream to stop the root causes of disease, can reduce the burden of preventable illnesses. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are all key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population. Adventist Health uses [The Community Guide](#), a free resource, to help communities choose programs and policies to improve health and prevent disease. This resource guides communities towards interventions that have proven to be effective, are appropriate for each unique community and evaluate the costs and return on investment for community health interventions.

Developing metrics for population-based interventions are imperative for continued success in elevating the health status of our community. To aid in comparability across regions, it is important to identify and be in alignment with statewide and national indicators.

When available, Healthy People 2020 was used as targets to align our local interventions. The Healthy People 2020 initiative provides science-based, 10-year national objectives for improving the health of all Americans.

The results of the CHNA guided the creation of a detailed plan to meet identified community needs, as well as community plans to address needs that our hospital may not be able to provide. In response to those identified needs Glendale Adventist Medical Center has adopted the following priority areas for our community health investments for 2013-2015:

Priorities

- Integrate Patient Education into Cardiovascular Services
- Improve Stroke Education and Support
- Population Health for Chronic Disease
- Wellness and Support for Patients Diagnosed with Cancer

Cross Cutting Objectives

- Web-Based Health Resource Education
- Training Healthcare Professionals on Importance of Clinical Research and Educating Patients on Research Opportunities

In addition, Glendale Adventist Medical Center continues to provide leadership and expertise within our health system by asking the questions for each priority area:

- 1) Are we providing the appropriate resources in the appropriate locations?
- 2) Do we have the resources as a region to elevate the population's health status?
- 3) Are our interventions making a difference in improving health outcomes?
- 4) What changes or collaborations within our system need to be made?
- 5) How are we using technology to track our health improvements and providing relevant feedback at the local level?

Building a healthy environment requires multiple stakeholders working together with a common purpose. We invite you to explore our health challenges in our communities outlined in this assessment report. More importantly though, we hope you imagine a healthier region and collectively prioritize our health concerns and find solutions across a broad range of sectors to create communities we all want for ourselves and our children.

Identifying Information



Glendale Adventist Medical Center

Number of Hospital Beds: 515

Kevin Roberts, CEO

Scott Reiner, Chair, Governing Board

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Mission, Vision and Values

Mission

Our mission is to share God's love with our community by promoting healing and wellness for the whole person.

Vision

Glendale Adventist Medical Center is committed to providing our community with quality care today as well as in the future. We remain vigilant to building and replacing the infrastructure as needed to stay current with regulations and the newest technologies, and to respond to the changing needs of our growing community. In this effort, our Hospital Governing Board, Healthcare foundation Board of Directors and Executive Team collaborate with physicians, staff and community leaders in planning for the health care needs of the future.

Values

At Glendale Adventist Medical Center, we value...

1. The compassionate healing ministry of Jesus.
2. The human dignity and individuality of patients, their families and our employees.
3. Excellence in clinical care, medical technology and service quality
4. Teamwork and collaboration with physicians, employees and community
5. Absolute integrity in all relationships and dealings
6. Responsible resource management
7. The health care heritage of the Seventh-day Adventist Church

Community Profile

Glendale Adventist Medical Center (GAMC)

GAMC is one of Glendale's oldest businesses, founded by the Seventh-Day Adventist Church in 1905, one year before the city's incorporation. Founded as the Glendale Sanitarium, it was located in the former 75-room Glendale Hotel, a Victorian structure. Medical services were primarily focused on treatment for obesity and lung ailments, based on a common-sense and wellness approach. The affiliation with the Seventh-day Adventist Church underscored a community service focus; its mission of teaching people how to stay healthy, not just treating the sick, formed its reputation as a "health resort" of choice. Throughout the 20th century, the hospital's growth mirrored that of the surrounding region, and the 515-bed full-service facility is now part of the Adventist Health system that includes 19 hospitals and other health care organizations in California, Oregon, Washington, and Hawaii.

GAMC's mission compels the hospital beyond the role of a typical community-based hospital, with a commitment to offering services that position GMAC as one of the leading medical institutions in Southern California.

GAMC offers:

- State-of-art diagnostic technologies, including advanced MRI and CT scanning
- Innovative techniques for cardiac surgery, neurosurgery, spine surgery, microsurgery, and other specialized surgical procedures
- Advancements and alternatives to traditional surgery, including endovascular surgery, minimally invasive surgery, brachytherapy for cardiac and cancer patients, and non-surgical treatment options
- Advanced capabilities that enhance services, including a perinatal high-risk pregnancy program, hyperbaric services for wound care, an aquatic therapy program for orthopedic and rehab patients, and many other service enhancements
- Outpatient services in all specialty areas
- Family practice residency program

Identifying Community Health Needs

For the purposes of the Community Health Needs Assessment, a health need is defined as a poor health outcome and associated health driver(s), or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need. Health needs arise from the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data. Appendix F—Glossary presents additional definitions.

Primary data were analyzed by inputting primary data into Microsoft Excel. The data were then reviewed using content analysis to identify themes and determine a comprehensive list of codes. The data were coded and the number of times an issue was identified was tallied. In addition, subpopulations mentioned as being most affected by a specific issue were noted.

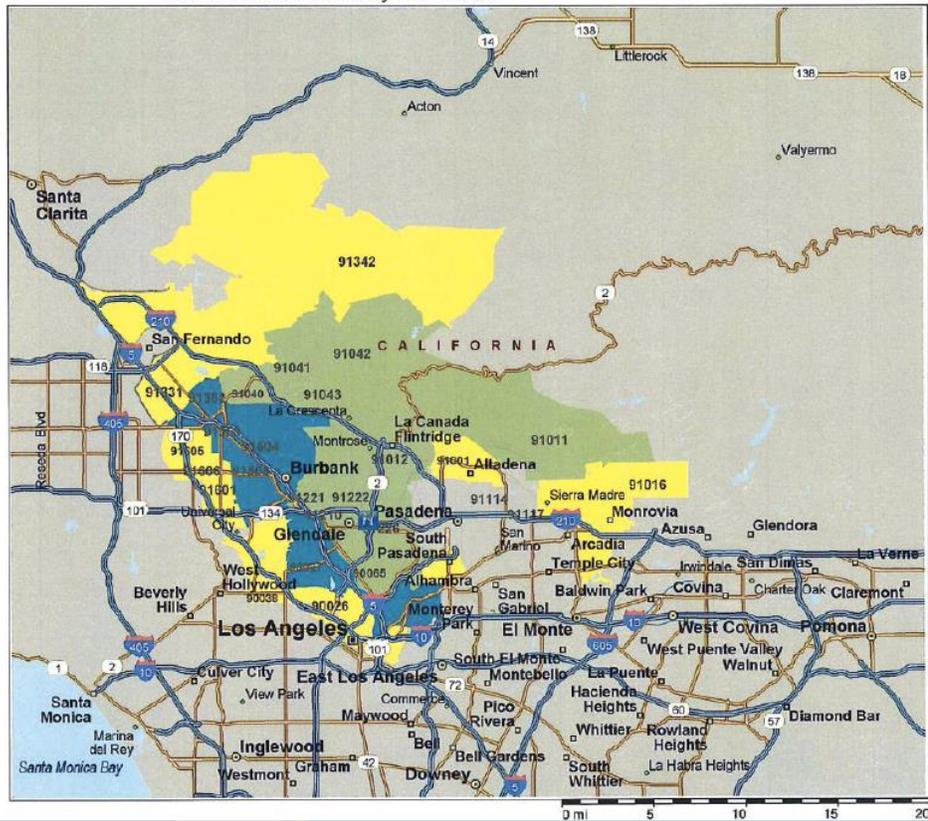
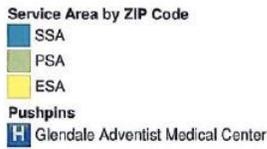
Secondary data were entered into tables to be included in the analysis. When possible, benchmark data were included (Healthy People 2020, Los Angeles County, or California). County levels were used as the benchmark when available. However, if the data source was not available at the county level, state-level data was used.

Health needs and drivers were identified from both primary and secondary data sources using the size of the problem relative to the portion of population affected by the problem, as well as the seriousness of the problem (impact at the individual, family, or community level). To examine the size and seriousness of the problem, the indicators from the secondary data were compared to the available benchmark (HP2020, county, or state). Those indicators that performed poorly against a benchmark were considered to have met the size and seriousness criteria and were added to the master list of health needs and drivers. Concurrently, health needs and drivers that were identified by stakeholders in the primary data collection were also added to the master list of health needs and drivers.

Service Area Definition

The Glendale Adventist Medical Center (GAMC) provides health services in twelve ZIP Codes, five cities or communities, and two Service Planning Areas (SPA) within Los Angeles County. The table below shows a breakdown of the GAMC service area by city or community, ZIP Code, and Service Planning Area.

2012 Service Area by ZIP Code



Glendale Adventist Medical Health Center (GAMC) Service Area City/Community	ZIP Code	Service Planning Area
Eagle Rock	90041	4
Highland Park	90042	4
Glassell Park	90065	4
Montrose	91020	2
Glendale	91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208	2

- **Total population:**
 - GAMC: 321,582, an increase of 1.5% since 2010
 - GMHHC: 552,535, an increase of 1.2% since 2010
 - USC VHH: 361,345, an increase of 1.4% since 2010
- **Ethnicity:**
 - 47.3% are White
 - 31.7% are Hispanic

- **Average age:** 40.6 years old
- **Language** most often spoken in the home:
 - English (35.9%)
 - Indo-European – includes Armenian and Farsi (27.0%)
 - Spanish (22.2%)
 - Educational attainment: 17% of those over the age of 25 do not have a high school diploma
- **Average household income:** \$78,616
- **Median household income:** \$56,606
- **Employment status:**
 - 55.6% are employed
 - 6.7% are unemployed
 - 35.7% are not in the labor force
- **Poverty level:**
 - 11.9% of families live below the poverty level
 - 8.8% of families with children live below the poverty level

Community Health Needs Assessment Overview Update

The Community Health Needs Assessment (CHNA) includes both the activity and product of identifying and prioritizing a community's health needs, accomplished through the collection and analysis of data, including input from community stakeholders that is used to inform the development of a community health plan. The second component of the CHNA, the community health plan, includes strategies and plans to address prioritized needs, with the goal of contributing to improvements in the community's health.

The data collection process of the CHNA included (Describe the process for your community health needs assessment data section). Please also include any collaborative partners included in the CHNA.

Glendale Adventist Medical Center feels confident that we are working hard to listen to our community and collectively identify needs and assets in our region. Traditional, publicly available data were included in the assessment, along with qualitative data collected from a broad representation of the community.

Although, the most recent assessment was conducted in 2013, we are continually assessing our communities for growing trends or environmental conditions that need to be addressed before our next assessment in 2016. In 2014, there were no changes or events that caused shifts in the community environment.

Identified Priority Need Update

After conducting the CHNA, we asked the following questions:

- 1) What is really hurting our communities?
- 2) How can we make a difference?
- 3) What are the high impact interventions?
- 4) Who are our partners?
- 5) Who needs our help the most?

From this analysis, three primary focus areas were identified as needing immediate attention, moving forward:

Priority Area 1

Cardiovascular Health - Integrate Patient Education into Cardiovascular Services

Identified Need: GAMC has identified the need to more effectively integrate education into cardiovascular services. As a leading arena of chronic disease, morbidity and mortality, cardiovascular health has been targeted with increasing education, prevention and early identification activities. Integrating these activities more effectively with cardiovascular services provides increased health benefits for the community.

Goal: Increase the access and/or number of impactful community educational events that provide heart health education and related health screenings.

The HVI+I team is proud to continue to deliver high quality events to the community and continue to promote broad attendance. There will be four educational series on and off campus that will offer FREE screenings to those in attendance. One or more physicians presenting various heart disease conditions and health related topics will host each event. Screenings will include cholesterol, blood pressure, and body mass Index. New features include presentations in Spanish and Korean.

Off-site events are offered in participation with the local YMCA. The newly revised “LEGS FOR LIFE” event has been redesigned and is now called “C.A.R.E.,” Cardiac Arterial Risk Evaluation. Screenings being offered include: Abdominal aortic aneurysm, carotid ultrasound, ankle brachial index, and also newly added cholesterol, CRP blood test, BP, and BMI. A cardiac consult will be available in Spanish and Armenian. This became a two-day event in 2011 and will continue as such in 2012, 2013 and 2014.

Objective:

1. Reduce diseases of heart by promoting improved health and healthy living through community education, specialty care, and prevention services.
2. The GAMC Heart and Vascular Institute will integrate cardiac services more effectively into healthcare delivery.
3. Increase the proportion of adults with who meet the recommended guidelines.

Interventions / Measures

- A two-day C.A.R.E. event will be held with approximately 180 attending.
- GAMC will host four educational series, with approximately 1,000 attending
- Cholesterol screenings will be held with an estimated 500 participating.
- The GAMC Stemi Center will serve 50 uninsured/un-reimbursed patients.
- Approximately 20 cardiovascular-related podcasts will be produced.
- The Chest Pain Center will serve 50 patients.
- One Heart Healthy Cooking presentation will be held with 170 attending.
- Incorporate and track response to web-based health interventions, including social networking sites, online video viewing sites, and visits to online health encyclopedias. (R.O.I. for direct mail engagements and campaigns)
- Use the metrics provided by the direct mail and email provider to determine actual incremental increase in patient contact.

Changes in interventions in 2014:

- Mega heart event at the Glendale Galleria with free blood pressure screenings.
- Women's Tea Time event to discuss chest pain and cardiac health.

Evaluation Indicators:

Short Term – Increase the number of sites for community-based management for heart disease, and community members' ability to monitor their health and disease.

Long Term – Decrease hospital readmission rates for heart disease.

Program Highlight: This will be the third year HV+I will host an on-campus "Heart Healthy Cooking Class & Presentation. Program was well-received and well-attended last year. Participants enjoyed a healthy alternative holiday dinner as they watched a fresh

food chef demonstrate. A cardiologist and cardio-thoracic surgeon spoke on basic heart anatomy and ways to stay heart healthy all year long.

GAMC is home to one of the region's few stemi centers. Providing specialized services for specific heart attack types, the GAMC Stemi Center keeps dedicated physicians on call 24/7. In the case of uninsured patients and/or non-reimbursed care, GAMC contracts with the panel physicians and assures that even patients without insurance receive care. GAMC Stemi Center services are made possible through the integration of specialized technologies and health programs, and continue to be monitored for quality assurance.

Update on Indicators for 2014:

Short Term: Increase the volume of patients to the HVI clinic in order to provide patients with access to healthcare providers outside of the hospital in order to better manage their heart disease.

Long Term: Decrease hospital readmission rates for heart disease.

Progress on your indicators listed in the original plan:

- Opening of the Heart and Vascular Institute
- Care transitions team in the monitoring and education of heart failure patients and AMI patients to help reduce readmissions
- Heart failure patients follow up phone calls
- Discharge appointments with PMDs prior to discharge initiative

Program Highlight:

The opening of the Heart and Vascular Institute in an exciting highlight for 2014. Provides a place for our patients to turn to for management of chronic heart conditions and helps to lower the risk of readmissions and ED admissions. Cardiologists, interventional radiologists, and cardiothoracic surgeons are available daily to see patients and perform testing such as echocardiograms and stress imaging. It is a state of the art facility and provides treatment and care for arrhythmias, heart failure, valve disorders, coronary artery disease, chronic care management, cardiac and vascular primary screenings, population health screenings, nuclear camera, treatment and echo rooms.

Partners

- American College of Cardiology
- American Red Cross
- Covidien
- Glendale YMCA
- Hospital and community physicians
- La Canada YMCA
- Los Angeles County Department of Health
- Society for Interventional Radiology
- Society of Chest Pain Centers
- Toshiba
- Verdugo Hills Hospital for cardiac rehab

Priority Area 2

Improve Stroke Education and Support

Identified Need: Stroke ranks as the nation's fourth leading cause of death. At a rate of every 45 seconds in America, someone has a stroke; every 4 minutes, someone dies of a stroke.

Goal: Improve cardiovascular health and quality of life by through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events.

The Certified Advanced Primary Stroke Center at Glendale Adventist has been established to serve this need in the Glendale region. The Center was first certified in March of 2008 by the Joint Commission and is re-audited every 2 years. A Stroke Alert Team is available 24/7 and offers the latest modalities of treatment available. GAMC submits data for its stroke patients to the Joint Commission and the American Stroke Association (a division of the American Heart Association). In 2014, the GAMC Stroke Center received a Gold Plus Award from the American Heart Association for meeting the criteria set by the Get with the Guidelines program, which recognizes hospitals that implement evidence-based best practices for stroke care. In addition to the Gold Plus award, GAMC has qualified to join the Target: Stroke Honor Roll Award, a national quality improvement initiative that focuses on improving the timeliness of administration of intravenous tissue plasminogen activator (IV-tPA) to eligible patients. The goal is to achieve a door-to-needle time of 60 minutes or less.

Objective: Expand community-based stroke prevention and education activities through additional community access points and network formulation.

The GAMC Neuroscience Institute will offer stroke education and support to community members and stroke survivors.

In addition, a key mission of the GAMC Neuroscience Institute is to reach out and educate the community regarding the risk factors, signs and symptoms of stroke and the preventative measures that can be taken in order to potentially reduce its occurrence. The community outreach initiatives that have been completed thus far are detailed below. The goal of the Neuroscience Institute is to continue to expand these activities as additional community contacts and links are established.

Interventions

- The stroke support group will serve 15 to 20 participants per month.

- Continued free Stroke Medication Management and Education Clinic. In 2014, pharmacy consults were built into our process to ensure patients receive free consultation with the pharmacist prior to discharge.
- The Neuroscience Institute will provide at least 4 free stroke awareness community presentations.
- We will provide stroke risk assessment including blood pressure screening in at least 4 community events.
- Work with local partners to incorporate at least two community health navigators to assist patients with aftercare and reduce utilization of specialists.
- The Neuroscience Institute will continue to utilize the state-of-the-art interactive mobile stroke education unit in at least 3 community events.
- The Community Mobility Program is anticipated to serve 10 to 15 participants per year.
- Incorporate and track response to web-based health interventions, including social networking sites, online video viewing sites, and visits to online health encyclopedias. (R.O.I. for direct mail engagements and campaigns)
- Use the metrics provided by the direct mail and email provider to determine actual incremental increase in patient contact.
- Integrate education into Clinical Research services and educate physicians accordingly, especially primary physicians.

Evaluation Indicators

Short Term – Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high.

Long Term – Increase the sites for community-based management for strokes to reduce stroke-related deaths.

Program Highlights: A Community Mobility Program has been initiated for people who have had a stroke and are experiencing neurological deficits that may impair driving ability. Because the loss of driving ability is one of the most difficult losses stroke patients face, GAMC offers this service in order to evaluate patients from a clinical and an on-the-road perspective to determine driving ability. Some are evaluated as being able to drive immediately; some as needing special training and others as having lost the dexterity to drive again. GAMC's Community Mobility Program is operated in partnership with the Department of Motor Vehicles.

A free monthly stroke support group meets with a volunteer licensed clinical social worker from GAMC Rehabilitation Services. GAMC welcomes stroke survivors from all local hospitals and has put an outreach initiative in place designed to encourage stroke survivors to avail themselves of this resource. Approximately 15 to 20 stroke survivors attend this ongoing monthly meeting.

The GAMC Neuroscience Institute offers FREE Stroke Medication Management & Education Clinics – the first of its kind in the community. Stroke patients receive a consultation with a Glendale Adventist pharmacist including answers to their medication/prescription questions, discussing adjustments to medication dosage (if necessary) and receiving guidance regarding post-stroke rehabilitation. Armenian and Spanish-speaking pharmacists are also available for patients upon request. In addition to continued marketing initiatives through the GAMC website and Health Quarterly, pharmacy consults are built into our process to ensure patients get free consultation with the pharmacist prior to discharge.

Going forward, the GAMC Neuroscience Institute will continue to offer free ongoing stroke awareness community presentations. These community events will be supported by GAMC website podcasts which will address warning signs, methods of prevention, services offered, and treatment options for stroke.

Update on Indicators for 2014:

We had four opportunities to provide stroke risk assessment and blood pressure screenings in 2014. A total of 300 screenings were completed.

The state-of-the-art interactive mobile stroke education unit was utilized during the stroke awareness month in May 2014.

Stroke Support Group has continuously provided stroke survivors and their families an opportunity to connect with other survivors and deal with the physical and emotional difficulties after stroke. The support group is still being held with an average of 15 participants monthly.

The Community Mobility Program had 11 participants in 2014. Of the 11, 3 had a history of stroke.

Are your indicators in line with national indicators or indicators that your health system is addressing such as readmissions or other core measures?

Yes, our indicators are aligned with the standard of care as set by the Centers for Medicare and Medicaid Services, The Joint Commission, and the American Heart/Stroke Association. Stroke core measures addresses five elements of stroke education such as knowledge of signs and symptoms of stroke, risks factors for stroke, prescribed medications, activation of 911 and follow-up on discharge. Our ultimate goal is to educate the public to come to the hospital as soon as they recognize the symptoms of stroke. For certain types of stroke, the clot-dissolving drug tPA can be given within 3 hours of stroke onset.

Program Highlight:

In May 2014, two of GAMC's board-certified neurologist joined the "Stroke Awareness Hotline" to answer questions on stroke prevention. The event was a special telecast by AB7 Eyewitness News in celebration of the stroke awareness month. About 25 phone consults were served by our neurologists that day.

Here are the measurable objectives that will be tracked for outcomes in 2015:

The GAMC Neuroscience Institute will offer stroke education and support to community members and stroke survivors.

Short Term Indicators/Measures

- The stroke support group will serve 15 to 20 participants per month.
- Increase utilization of the Stroke Medication Management and Education Clinic.
- The Neuroscience Institute will provide at least 4 free stroke awareness community presentations.
- We will provide stroke risk assessment including blood pressure screening in at least 4 community events.
- Increase utilization of the Neuroscience Institute will continue to utilize the state-of-the-art interactive mobile stroke education unit.
- The Community Mobility Program is anticipated to serve 10 to 15 participants per year.

Long Term Indicators/Measures

- Work with local partners to incorporate at least two community health navigators to assist patients with aftercare and reduce utilization of specialists.
- Incorporate and track response to web-based health interventions, including social networking sites, online video viewing sites, and visits to online health encyclopedias. (R.O.I. for direct mail engagements and campaigns)
- Integrate education into Clinical Research services and educate physicians accordingly, especially primary physicians.

Partners

- American Heart/Stroke Association
- National Stroke Association
- Center for Neuro Skills
- Los Angeles Stroke Coordinator's Network (LASCN)
- American Association of Neuroscience Nurses (AANN)
- Department of Motor Vehicles
- Genentech
- Glendale Merchants Association
- Glendale News-Press
- Local membership organizations

Priority Area 3

Population Health for Chronic Disease

Identified Need: Over the course of 20 years, the collaborative efforts between GAMC, the non-profit, municipal, healthcare, education, and faith sectors continue to yield fruitful results in the community ownership of health. Understanding that preventative care is key to deterring life-long chronic disease, GAMC recognizes the importance of early childhood intervention initiatives. With 5% of GAMC’s service area population under the age of 6, it’s imperative that we increase the knowledge as well as awareness, of the benefits and fundamental role that physical activity and healthier eating plays during the course of the life cycle. In the cities, communities, and council districts that fall within GAMC’s service area there is currently an 18.6% rate of childhood obesity in Glendale, a 16.9% rate in La Cañada-Flintridge, and a 10.6% rate of childhood obesity in La Crescenta-Montrose. Research shows that childhood obesity directly impacts a child’s quality of life, and health well into adulthood. An important next step in “owning” the health of our children, their families and our community, is hosting more health education, disease management, and health promotion activities.

A key element in this strategy is creating access to services and resources delivered by the Choose Health LA Kids program. CHLAKids, is a population health, early childhood “diabetes” prevention initiative. Funded by the LA County Department of Public Health and First 5 LA, it’s designed to reach children 0-5 years of age and their families. Its mission, is to implement community based education, skills building, and environmental changes that promote physical activity and healthy eating. These preventative health measures are emphasized through community engagement and cross-sector collaboration. Focusing our health promotion and disease prevention efforts towards the 0-5 population, creates a unique opportunity for cooperation amongst all community members. It likewise presents the chance, for all those invested in community health, to create a deeply embedded network that functions to support, protect, and follow the health of our community members from birth into adulthood. At its heart this strategy means we will be working together to own the health of our community.

Goal for serving Glendale’s vulnerable populations – Reduce the illness, disability, and number of deaths caused by chronic disease to low-income, at-risk, and vulnerable populations in the GAMC service area.

Objectives

1. Engage both parents and caregivers of children 0-5 to participate in a comprehensive early intervention initiative effort to manage population health.
2. Reduce the incidence and prevalence of obesity and diabetes amongst children 0-5 in our service area.

3. Increase the knowledge of healthy eating and active living as it relates to the 0-5 population and their families, through community based participatory relationships that collaborate to improve the lives of young children.

Interventions / Measures

- Conduct a community health needs assessment capturing areas of need.
- Conduct health education / health promotion and community behavioral interventions (ex: food demonstrations and physical activity exercises)
- Deliver nutrition and physical activity education and resources to families with children ages 0-5.
- Engage and encourage local restaurants to join the Choose Health LA Restaurant program, and enhance their children's meal menu by offering healthier food options.
- Provide nutrition education and skills-building learning opportunities to parents and other care providers of children ages 0-5 in grocery stores/and or markets by conducting store tours with local participatory retailers.
- Develop a 30 member parent collaborative that works to build support for civic engagement goals, and promote healthy living among parents of children 0-5.
- Develop participatory collaborative relationships with other community based organizations that work on or behalf of eligible families with children 0-5; i.e., WIC, CalFresh, and other community assistance programs.

Evaluation Indicators:

Short term - Increase healthy behaviors in vulnerable populations, particularly the age group of 0-5, and their family members who, may be at risk for chronic disease.

Long Term – Implement policy change that supports healthy eating and physical activity among children ages 0-5 and their families

Update on Indicators for 2014:

Since its implementation, the GAMC chapter of Choose Health LA Kids has within the short time frame of six months:

- Conducted 19 store tours with over 600 members participating (307 adults, 291 children 0-5, 10 children 5+)
- Conducted 27 food demonstrations with 1,237 members participating (596 adults, 642 children 0-5, 6 children 5+)
- Facilitated 8 parent collaborative meetings with 141 members participating (59 adults; 78 children 0-5, 4 children 5+)
- Conducted 7 physical activity events with 83 members participating (46 adults, 31 children 0-5, and 6 children 5+)

- Have participated in 8 large scale community health fairs
- Given 22 presentations on Choose Health LA Kids and the Choose Health LA Restaurant Program.

Through the implementation of population health initiatives, like Choose Health LA Kids, which works to reduce the prevalence and incidence of obesity within the first five years of life, our health system is making preventative care its primary concern. As research shows, population health interventions that focus on early to middle childhood make significant impacts on reducing the formation of pre-disease pathways associated with chronic adult health and medical conditions.

Program Highlight/s:

1. While conducting our key informant interviews for the CHLAKids Community Needs Assessment, many women shared that they felt the community could be more supportive of mothers who are nursing by creating spaces where moms can breastfeed. Upon hearing this, the GAMC chapter of CHLAKids partnered with a local business, Bellies, Babies and Bosoms, to create a mobile breastfeeding unit replete with supplies for nursing mothers. The mobile breastfeeding unit debuted at Glendale’s Cruise Night, and it was extremely well received and supported.

2. As a result of creating collaborative participatory relationships with local grocers and markets; GAMC-CHLAKids grocery store tours have been extremely successful. As a result of combining nutrition education and incentives we’ve seen a continued increase in participation. For example, in September 2014 one of our store tours had 80 attendees.

3. In October of 2014 GAMC-CHLAKids hosted a Harvest BBQ to kick-off the holiday season and mark the end of our regularly scheduled food demonstrations. We felt it important to give back to the parents who support and participate in our CHLAKids events, close to one hundred participants came and we fostered relationships with parents who were previously unaware of the CHLAKids program.

4. GAMC-CHLAKids coordinated the ribbon cutting ceremony for the John Stauffer Mobile Medical Unit, where free health screenings were provided to program participants, there were over 120 CHLAKids parents in attendance.

5. Through GAMC-CHLAKids staff outreach efforts, Que Ricos Tacos joined the Choose Health LA Restaurant Program, and has agreed to incorporate healthier children’s meal options and make smaller portion sizes available to patrons.

Partners

- City of Glendale Community Services
- Glendale WIC
- Trader Joes, Ralphps, Vons, Golden Farms, Smart & Final, and Jon’s Supermarkets

- Department of Social Services- CalFresh
- Health Steering Response Committee of Southern California
- Pacific Clinics Head Start, Early Start
- Bellies, Babies and Bosoms

Priority Area 4

Wellness and Support for Patients Diagnosed with Cancer

Identified Need: Glendale Adventist Medical Center serves a culturally diverse community, including many people of Armenian origin. Culture and language are typical barriers encountered with this population. The fear of cancer is very strong in this culture, therefore, our primary goal is to increase health education, screening, early detection and treatment.

Smokers are at great risk for the development of lung cancer. The Glendale community struggles with a population that continues to smoke, in spite of the well-documented dangers and risks. Lung cancer is commonly diagnosed at an advanced stage since historically there has been no approved method of screening or guidelines for detection of early lung disease. When patients are diagnosed at a later stage, cure is not possible. Our data shows that patients typically present to GAMC with stage 3 or 4 disease.

In 2014, Medicare announced annual screening for lung cancer with low dose computed tomography (LDCT), as a preventive service benefit. GAMC now offers a Lung Cancer Screening Program that provides affordable, non-invasive, low dose CT scan of the lungs.

Goal: Reduce the barriers to access care through early detection and treatment for individuals diagnosed with cancer.

Objective: Increase the proportion of adults counseled on cancer screening, in compliance with current guidelines.

Interventions:

1. The Cancer Center Program will engage an Armenian-speaking Marriage and Family Therapist to assist with this vulnerable population to help patients understand that treatment and cure is possible when facing a cancer diagnosis. This new program will serve 100 cancer patients.
2. Develop an inpatient support program for patients hospitalized for cancer care, including visualization, art, music and massage. This program will impact the lives of 150 patients.
3. Conduct community outreach events: such as seminars for City of Glendale employees regarding screening guidelines for various types of cancer.
4. Conduct community-based screening events to increase the ability of community members to monitor and manage their health. For example, in October, Breast Cancer Awareness month, a low-cost breast screening event will raise awareness for early detection to promote the successful treatment of breast cancer. Screening

mammography and breast self-examination (BSE) will be addressed. This program will be offered to the Glendale community and the surrounding area.

5. Radiology and Cancer Services will screen 100 participants in our community during year one of the program.

Changes in interventions in 2014:

- Low Dose CT scan of the lungs approved by Medicare.
- 3 Prostate screening events serving a total of 141 men.
- Developed an outpatient and inpatient massage therapy program.

Our indicators are based on the standards of the American College of Surgeons.

Evaluation Indicators

Short-term:

Increase the proportion of adults in our service area who receive screenings for cancer.
Increase the proportion of adults in our service area who receive appropriate care once diagnosed with cancer.

Long-term: Increase early detection of cancer in our service area.

Program Highlight:

In 2014, the National Comprehensive Cancer Network (NCCN) approved guidelines for low dose CT for lung cancer screening. Cancer Services, in conjunction with the GAMC Radiology Department, agreed to adopt these guidelines and offer this service at an affordable price to our community. A marketing plan directed to our medical staff and community was developed and implemented to announce the offering of this lifesaving service as of February 1, 2014. Patients with positive findings will be referred to Cancer Services for appropriate navigation to timely diagnosis, treatment and follow up care.

Program Highlight:

There were three prostate screenings during 2014. The initial prostate screening occurred on June 12, 2014 for the Senior Program. Nineteen seniors were screened for prostate cancer, with four men that were found to have abnormal PSAs. Patients were referred for follow up. The second screening was held on October 16, 2014 at GAMC, as a Glendale community event. Eighty-five men attended, with sixteen abnormal PSA findings. The third prostate screening was held on November 15, 2014 at the Glendale Community Health Fair. Of the thirty-seven participants, two had abnormal PSAs.

Prostate cancer tends to be a slow growing cancer. Therefore, prostate cancer screening is a topic for men to discuss the associated risk and benefits with their health care provider for guidance in making an informed decision.

Partners

- American Cancer Society
- Glendale Adventist Medical Center
- Ingeborg Zerne Foundation
- Los Angeles County Department of Health and Human Services
- National Junior Charity League
- Cancer Care Guild through the GAMC Foundation

2015 Community Health Plan

Goal: Reduce the barriers to accessing care through early detection and treatment to promote diagnosis at an earlier stage of cancer.

Objective: Educate the community in the availability of the low dose CT scan of the lungs approved by Medicare.

GAMC is offering non-invasive, low dose CT scan of the lungs approved by Medicare in 2014. Educate the community in the availability of the low dose CT scan of the lungs covered by Medicare. Recently, 2014, the NCCN approved guidelines for low dose CT screening. Cancer services in conjunction with GAMC radiology agreed to adopt these guidelines and begin a low dose CT scanning protocol for our community. A marketing plan to our medical staff and community has been developed and we did will begin offering this life saving service Feb. 1, 2014. Patients with positive findings will be referred to cancer services for appropriate follow care and subsequent treatment.

Cross Cutting Objective

Web-Based Health Resource Education

Identified Need: In 2013, Glendale Adventist Medical Center (GAMC) conducted a perception survey in the hospital's primary, secondary and extended service areas to better understand the needs of the community. In the survey, participants were asked to indicate where they go to learn information about health care, a hospital or its services. Participants were 22 or older; attempt was made to reach the adult in the household; participants age 65 or older were capped at 18%; Kaiser enrollees were limited to 100.

The following information was captured on the source of information for health needs:

<u>Source</u>	<u>Percent</u>
The internet/web search/Google or other search engine	34%
My doctor or a doctor	24%
Family/friends	18%
Hospital web site	7%
Insurance company web site	5%
Another medical professional (nurse, etc.)	4%
Call or visit hospital directly	3%
Past experience	2%
Advertising i.e. newsletters, advertising, media, yellow pages	1%

Overall, the internet as a whole is the leading source of information for area consumers and about health care and hospitals (46%) followed by physicians and family/friends.

Usage of the internet as a source of information generally decreases with the age of the respondent – 47% for 22 – 44; 43% for 45-54; 37% for 55-64 and only 21% for 65 plus.

In turn, older consumers are more likely to turn to a physician for information about a hospital – 17% for 22 -44; 26% for 45-64 and 36% for 65 plus.

In addition, the following information was collected from previous research. The percentage of U.S. adults seeking health information declined from 57% in 2007 to 50% 2010, according to the Health Tracking Household Study conducted by the Center for Studying Health System Change (HSC), published in November 2011. The drop in health information seeking occurred in print media including books, magazines and newspapers, falling from 33% of consumers to 18%. TV/radio dropped 5.6 percentage points, down to 10% in 2010. The Internet (with 33% of consumers searching health information online) and friends and family (attracting 29% of consumers) remained relatively flat as information sources. The most pronounced decline was found among older Americans, people with chronic conditions and those with a lower education.

Consumers who actively researched health concerns widely reported a positive impact. About three in five people said the information affected their overall approach to maintaining their health, and a similar proportion said the information helped them better understand how to treat an illness or condition. An important trend was found in people seeking health information for others beyond themselves. Two in five health information seekers are searching on behalf of another person. Caregiving thus drives people to health information seeking.

Recommendations are that, providers, the most trusted professionals in peoples' health value chains, engage with patients to provide useful, accessible and culturally relevant information to optimally engage people in health information seeking.

With all of this information, GAMC has developed a strategy to keep our communities informed and educated through advertising, publications, TV health education shows, online education, social media engagement and community awareness events and lectures. Our goal is to provide the most relevant information for each community member through marketing channels that are effective in reaching the right audience.

Goal: GAMC, along with Adventist Health, transitioned to a new website platform and design in July 2014. The GAMC Marketing Department made significant changes to their web pages to make them more user friendly to educate the community on services offered to treat various conditions or disease states. There is also a consistent investment in search engine marketing to direct browsers to the website and educate them on services and resources the hospital offers. Educational tools such as eOrthopod and ADAM Tools help engage browsers and educate them on various medical conditions. The TV shows Healthline and the Dr. Narine Arutyounian show continue to highlight physicians to discuss health education topics that are important for the community to be aware of. The shows as well as other GAMC produced videos on various health topics are available on social media and on YouTube. Social media was also improved to include posts on new physicians, health tips, health resources i.e. HQ newspaper, classes, support groups, GAMC TV shows, etc. Twitter was re-introduced and improved to expand the hospital's reach via a large social media audience. The goal is have over 50,000 website page views per month, reach over 3,600 FB followers and over 800 Twitter followers daily.

Objectives: The GAMC Marketing Department will provide print, TV and web-based multimedia resources for health education; and directly engage the community, increasing direct access to hospital services.

Measures:

- Facebook and Twitter users, comments and interaction on social media posts. Marketing will measure all levels of user interaction. Total Facebook likes are currently at 3,600, Twitter is at 860 and web page views are over 50,000.
- Visits to online health encyclopedia and usage of eOrthopod and ADAM Tools.
- Mail out of HQ newsletter to 60,000 households per issue, quarterly. Track number of opt outs after each mailer to measure interested readership.

- Utilizing the search engine optimization service to measure successful words searched for and clicked through to the GAMC website.
- Views for online health videos. Marketing monitors views for new and existing video content using metrics provided by YouTube.com. Currently we have over 200,000 views.

Partners

- A.D.A.M. Tools
- ARTN
- Coffey Communications for HQ newsletter
- eOrthopod
- Facebook
- MedSeek
- MNI
- Participating physicians and guests on videos
- Twitter
- YouTube

Cross Cutting Objective

Training Healthcare Professionals on Importance of Clinical Research and Educating Patients on Research Opportunities

Identified Need: Clinical research is critical to understanding diseases and improving treatment therapies. Clinical research provides new and improved treatments for a number of multi-indication diseases.

Clinical research studies aspire to answer specific questions related to a particular disease process. Some research studies focus on the quality of life patients experience while others compare the effectiveness of a particular drug. Through trials conducted at GAMC, our community will be afforded the opportunity to be part in this cutting-edge medical research.

Clinical research is conducted in phases:

- Phase I determines safe dosages of a new drug in a small human population.
- Phase II attempts to find out how well patients respond to certain treatments. If enough patients respond positively, the study will go on to the next level.
- Phase III enrolls a large number of patients (sometimes thousands worldwide) to test drug efficacy and safety.
- Phase IV research requires that a control group receive standard therapy while another group receives the new drug.

Before entering a trial, patients are counseled on the risks and benefits of study participation. Patients give their informed consent and can withdraw from a study at any time. A person's clinical research participation status does not affect the level or quality of care they receive.

Community education will enhance the awareness of clinical research and break through the barrier of misconceptions revolving around participating in investigational trials. Patient/community education will be offered via Department of Research information booths at hospital events throughout the year.

Goal: GAMC has identified the need to more effectively integrate education into Clinical Research services. As a leading medical center treating chronic disease, the Clinical Research Department has been targeted as a conduit to satisfy educational needs. Integrating educational activities more effectively with clinical research services provides increased health benefits for the community.

Objective: Expand physician education through guest speakers and integration by increasing research opportunities for primary care doctors.

Physician education will be offered through guest speakers addressing clinical research myths, and misconceptions. The Department will also work to integrate available research opportunities into the stream of awareness for primary care physicians.

GAMC is now home to one of the region's few multi-indication research centers providing specialized research services for cardiac, nephrology, gastric, mental health, metabolic, spine, endocrinology, obstetrics, and oncology trials. GAMC contracts with panel physicians and assures that even patients without insurance receive care.

The following measurable objectives will be tracked for outcomes in 2015:

Interventions

The Department of Clinical Research will:

- Provide educational seminars for potential investigators
- Provide informational booths at GAMC events throughout the year

Partners

- ACRP (Associate of Clinical Research Professional)
- PAREXEL International
- Pharmaceutical Sponsor partners

Partner List

Glendale Adventist Medical Center supports and enhances regional efforts in place to promote healthier communities. Partnership is not used as a legal term, but a description of the relationships of connectivity that is necessary to collectively improve the health of our region. One of the objectives is to partner with other nonprofit and faith-based organizations that share our values and priorities to improve the health status and quality of life of the community we serve. This is an intentional effort to avoid duplication and leverage the successful work already in existence in the community. Many important systemic efforts are underway in our region, and we have been in partnership with multiple not-for-profits to provide quality care to the underserved in our region.

We believe that partnerships are effective tools in improving the health of our community. Together, we are able to leverage our resources and strengths and have a greater impact. We can build a greater sense of community and a shared commitment towards health improvement.

We would like to thank our partners for their service to our community: (Please list your community partners alphabetically with bullet points).

Current partners and new partners added in 2014.

- Glendale Adventist Medical Center
Kevin Roberts, President/CEO
Bruce Nelson, Director of Community Service
Sally Shaw, Dr.PH. Project Director
- Glendale Memorial Hospital And Health Center
Jack Ivie, President
Rev. Cassie McCarty, MDiv, BCC, Director, Mission Integration & Spiritual Care Services
- Verdugo Hills Hospital
Paul Craig, Interim CEO
Yulanda Davis-Quarrie, Foundation President
- Health Services Advisory Group of California, Inc. (HSAG)
Chad Vargas, Clinical Project Manager, Care Transitions
- Southern California Conference of Seventh-day Adventists
Betty Cooney, Director of Adventist Layman's Services & Industries Intl'
- Glendale Healthier Community Coalition
Edna Karinski, Executive Director

Community partners include the following:

- A.D.A.M. Tools
- All for Health, Health for All – FQHC
- American Cancer Society
- American College of Cardiology
- American Heart/Stroke Association
- American Red Cross
- ARTN
- Armenian American Nurses Association
- Armenian American Medical Association
- Armenian Relief Society
- Armenian Senior Services
- Ascencia Homeless Services
- Association of Clinical Research Professional (ACRP)
- Bellies, Babies and Bosoms
- CINCO
- Cancer Care Guild Through the GAMC Foundation
- Center for Neuro Skills
- Churches Without Walls
- City of Glendale Community Services
- City of Glendale Parks and Recreation
- Coffey Communications
- Comprehensive Community Health Center – FQHC
- Consortium of Safety Net Providers
- Covered California Small Business Outreach (CCHC)
- Department of Motor Vehicles
- CPM Healthgrades
- Center for Neuro Skills
- Covidian
- Department of Social Services - CalFresh
- eOrthopod
- Facebook.com
- Faith-Based Organizations
- Family Medicine Center/Family Practice Residency
- Genentech
- Glendale Chamber of Commerce
- Glendale Community College
- Glendale Free Clinic
- Glendale Healthier Community Coalition
- Glendale Healthy Kids
- Glendale Adventist Medical Center
- Glendale Homeless Coalition
- Glendale Memorial Medical Center
- Glendale Merchants Association
- Glendale News-Press
- Glendale Religious Leader Association
- Glendale Senior Center
- Glendale Unified School District
- Glendale WIC
- Glendale YMCA
- Glendale YWCA
- Health Steering Response Committee of So. California
- Hospital and community physicians
- Ingeborg Zeme Foundation
- La Canada YMCA
- Latino Business Association
- Local membership organizations
- Local employers, fraternal and other membership organizations, etc.
- Los Angeles County Department of Health
- Los Angeles Stroke Coordinator's Network (AANN)
- MedSeek
- MNI
- National Junior Charity League
- National Stroke Association
- Pacific Clinics Head Start, Early Start
- PAREXEL International
- Parish Nurse of Glendale
- Participating physicians and guests on videos
- Pharmaceutical Sponsors partners
- Salvation Army
- Society of Chest Pain Centers
- Society for Interventional Radiology
- Supermarkets: Trader Joe's, Ralph's, Von's, Golden Farms, Smart & Final, and Jon;s
- Toshiba
- Twitter.com
- Valley Nonprofit Resources
- Verdugo Hills Hospital for Cardiac Rehab
- Women with Wings
- YouTube.com

Terms and Definitions

Medical Care Services (Charity Care and Unreimbursed Medi-Cal and Medicare and Other Means-Tested Government Programs)

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or a portion of the services. Charity Care also includes the cost of providing care for patients who failed to complete the financial assistance application, and who we have deemed would more likely than not have qualified for free or discounted health services had the financial assistance been requested. The difference between the cost of care provided under Medicaid, Medicare or other means-tested government programs, and the revenue derived therefrom are separately reported. Clinical services are provided regardless of any financial losses incurred by the organization.

Community Health Improvement

Activities that are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the health care organization. Helps fund vital health improvement activities such as free and low cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs. Community-building activities improve the community's health and safety by addressing the root causes of health problems, such as poverty, homelessness, and environmental hazards.

Health Professions Education

This category includes educational programs for physicians, interns, and residents, medical students, nurses and nursing students, pastoral care trainees and other health professionals when that education is necessary for a degree, certificate, or training that is required by state law, accrediting body or health profession society.

Subsidized Health Services

Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt, and Medicaid shortfalls. The service is provided because it meets an identified community need and if no longer offered, it would either be unavailable in the area or fall to the responsibility of government or another not-for-profit organization to provide.

Research

Any study or investigation in which the goal is to generate generalized knowledge made available to the public, such as underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal).

Cash and In-Kind Contributions

Financial or “in-kind” contributions to support community benefit activities provided by other entities. In-kind contributions include non-cash goods and services donated by the organization to another group that provides community benefit. Donations in this category must be restricted by the organization to a community benefit purpose.

Financial Assistance Policy

We’re committed to keeping you healthy. As a result, your ability to pay should never stop you from seeking needed care. If you are uninsured or have a limited income, you may be eligible for a payment discount. You also may qualify for government programs such as Medicaid. The most recent financial assistance policy can be found at the hospital’s website: <http://www.glendaleadventist.com/financial-assistance>

Community Benefit Inventory

Year 2014 – Inventory

Activities	Number of Programs
Medical Care Services	
Community Health Improvement	
<p>Community health coordination and outreach -- Glendale Healthier Community Coalition, established in 1990 and the Health Information Exchange (HIE) Task Force meetings. The Glendale Healthier Community Coalition plans and implements projects that promote disease prevention, health education, clean and safe environments, adequate housing, affordable and quality education, and community revitalization. The GHCC mission statement embraces a broad definition of health which includes the wider spectrum of environmental influences impacting the community's well-being. GHCC has brought together 52 organizational and individual community members including 14 from health care, nine from city government, two from education, seven from business/media, 11 from non-profit agencies, several clergy, and the balance made up of other community stakeholders.</p> <p>Behavioral Health patient transportation to attend: Partial Hospitalization/intensive Outpatient Services (PHP/IOP) – CARE Event --</p> <p>Cancer Services:</p> <ul style="list-style-type: none"> • Positive Image Center • Cancer Center Programs • Health Screenings/Community Outreach/events <p>Cardiology Services:</p> <ul style="list-style-type: none"> • Glendale Health Festival • CARE Screenings – 2 events • Live Well Luncheon – Living with Heart Failure • Living with Heart Failure • Live Well and Healthy Habits 	<ul style="list-style-type: none"> • A total of 19 meetings were held with 343 participants. <ul style="list-style-type: none"> ○ They included: HIE Task Force meetings, Executive Committee meetings, General meetings, Care Transitions CEO Physician Dinner meeting, Population health Simulation Event and Home Health/SNF's Collaborative meeting to reduce readmissions. • Community Building – LAACHA – 30 participants. • 1,200 participants • 142 participants • 50 participants • 2,648 participants with 14 events • 616 participants • Unknown number of participants • 240 participants • 75 participants • 190 participants • 75 participants

<p>Chaplains' Dept./Beyond Loss Bereavement Ministry:</p> <ul style="list-style-type: none"> • Beyond Loss Bereavement Newsletters • Beyond Loss Bereavement Support Groups <p>• Beyond Loss Holiday Gathering of Remembrance</p> <p>Chaplains' Dept.:</p> <p>CINAHL:</p> <ul style="list-style-type: none"> • Diabetes Support Group <p>CINCO:</p> <ul style="list-style-type: none"> • Choose Health LA (CHLA) Kids • PACT to Quit Tobacco Cessation • Tobacco Control Program <p>Clinical Research:</p> <p>Family Practice Residency Program:</p> <ul style="list-style-type: none"> • Number of Residents • Resident Clinic Visits • Resident GAMC Maternity & Inpatient Visits <p>Foundation:</p> <ul style="list-style-type: none"> • Soroptimist International of Glendale <p>Live Well Senior Program:</p> <p>Marketing Dept:</p> <ul style="list-style-type: none"> • Blood Drives • Health Quarterly Newsletters • Healthline & Dr. Arutyounian Show • Heart Check Kiosk Screenings • Orthopedic Community Dinners • Website Educational Tools <p>Neuroscience institute:</p> <ul style="list-style-type: none"> • Stroke Screenings • Stroke Support Group <p>Organizational Performance:</p> <ul style="list-style-type: none"> • Avarat Nursing Home <p>Pharmacy Dept., Heart Failure follow up:</p> <p>Physician referral and hospital information services:</p> <p>Women & Children's Services:</p> <ul style="list-style-type: none"> • Infant Safety & CPR Classes (Monthly) 	<ul style="list-style-type: none"> • 900 served • There were 256 support groups with 2,479 attending and 159 people registered in 2014. • 87 participants • Weekly spiritual care support groups at GAADS with 520 participants • 12 support groups with 100 participants • 1,158 participants • 2,200 participants • 5,276 participants • 7 events with 539 participants • 24 residents • 13,377 visits • 3,668 visits • 585 encounters • 4,369 participants with 47 events in 2014 • Three blood drives with 177 participants • 240,000 served • 24,000,000 participants • 25,973 blood pressure screenings • 157 participants • 3,021 participants • 300 participants • 180 participants, held monthly groups • 6 participants • 408 participants • 4,165 calls • 205 participants
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Health Professions Education	
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<p>Educational programs and training for physicians, nurses and support staff</p> <p>Beyond Loss Bereavement Ministry:</p> <ul style="list-style-type: none"> • Complexities of Suicide & Grief Training • Certified Bereavement Facilitator Training 	<ul style="list-style-type: none"> • 20 students • 101 students
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<ul style="list-style-type: none"> • Early Childhood Loss & Family Bereavement • Grief and Trauma Resolution Training <p>Chaplains' Dept. 10-week internship Program: CINAHL:</p> <ul style="list-style-type: none"> • Monitor Tech Classes -- <p>Education/PT Student Clinical Rotation -- Emergency Dept.:</p> <ul style="list-style-type: none"> • Base Station Continuing Education Programs • EMS Update 2014 • Field Care Audits • MICN CE • MICN Ride-along/Clinical Time <p>Healthy Heart Program: Infection Prevention Facility Orientation: Nursing Education:</p> <ul style="list-style-type: none"> • Basic EKG Classes <p>Occupational Medicine, Mobile Unit Student Health: Play to Learn/Pediatric Therapy: Pharmacy Dept., University Students on Rotation: Rehabilitative Medicine Services:</p> <ul style="list-style-type: none"> • OT Student, USC <p>Spine and Orthopedic Institute/Student Education: 2014 Annual PA student internship: The Wellness Center PT Students: Radiology Dept. Student Externship: Volunteer Resources, interns/students registered:</p>	<ul style="list-style-type: none"> • 10 students • 10 students • 3 students • 9 students • 2 students • 22 students • 33 students • 42 students • 13 students • 16 students • 10 staff at Ararat Skilled Nursing Facility • 346 students from 10 colleges • 11 students • 15 students • 1 student • 84 students • 27 students • 4,586 students • 7 students • 4,392 students • 8,287 students
<p>Train and support quality improvement teams Quality and Patient Safety Measures portray the journey the Medical Center has been on to provide 'world class care':</p>	<ul style="list-style-type: none"> • Mortality Rate – 9% decrease in 2014 YTD Sept <ul style="list-style-type: none"> ○ Ranked 5th lowest in the nation for lowest mortality rate according to the Center for Medicare and Medicaid Services • Sepsis Mortality Rate – 14% decrease in 2014 YTD Sept • Core Measures Composite Score 99.6 <ul style="list-style-type: none"> ○ AMI, HF, PN, Stroke – Evidenced based best practice • Infection Prevention <ul style="list-style-type: none"> ○ 34% Reduction in CLABSI 2014 ○ 40% Reduction in CAUTI 2014 • Patient Falls - 17.5% reduction in falls 2014

	<ul style="list-style-type: none"> • STEMI - #1 Top Performer with the lowest door to balloon time in L.A. County (37 hospitals) – 41 minutes • Pressure Ulcers - 27% reduction. Performance Excellence Award for HAPUs II+ 2014 CALNOC • Physician Satisfaction – Top Performing in 11 of 12 Service areas • Patient Experience – NRC Picker Path to Excellence Award for most improved facility (300 beds or more) <p>GAMC will continue on this quality journey and is dedicated to providing 'world class care' to the community we serve.</p>
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Subsidized Health Services

<p>ASSIST Care – Medications for discharged patients -- Pharmacy Dept.</p> <ul style="list-style-type: none"> • Insulin provided to Glendale Free Clinic • Vaccines provided for Senior Living • Medications provided to the poor • PassMeds dispensed <p>SOS Thrift Shop</p> <ul style="list-style-type: none"> • Food Bank Program • Project Ajuda • National Asian Pacific Center on Aging • Court Referral Hours <p>Transportation/Bus Tokens, Cab Fare, etc. – TelepharmacyWest provided telepharmacy service to rural hospitals --</p>	<ul style="list-style-type: none"> • 93 indigent patients • 610 participants • 220 participants • 42 participants • 69 participants • 2,274 participants • 3 seniors with 2,340 hours of service • 1 person with 962 hours of service • 45 participants with 1,100 hours • 151 trips at a cost of \$58,768.00 • Performed 3,368 interventions • Processed 291,352 pharmacy line items
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Research

<p>Clinical Research/Caregiver Study -- Clinical Research:</p> <ul style="list-style-type: none"> • Caregiver Resource: Caring for Someone with Dementia • Caregiver Resource: Taking Care of You • Verdugo Hills Medical Association Urgent Care Facility • Living with Heart Failure • A Pain Free and Active Lifestyle 	<ul style="list-style-type: none"> • 120 participants • 10 participants • 20 participants • 20 participants • 190 participants • 184 participants
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| <ul style="list-style-type: none"> • Promoted the Novartis Monaleesa-2 Clinical Trial • Valentine Physician Luncheon | <ul style="list-style-type: none"> • 15 participants • 100 participants |
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Cash and In-Kind Contributions

Community donations for 2014 provided funding for 62 community partners for at a value of \$154,307

Foundation Dept.

- \$60,000 was raised for the Physician Pipeline Project, a GAMC sponsored mentoring program to assist two college students from underserved Los Angeles communities to become family practice physicians.
- Raised nearly \$70,000 for the Cancer Center for life-saving equipment and services.

Grant and government grants for 2014 from donors provided funding for:

- Care Transitions - 2nd year of a five-year \$2.5 million CCTP grant from CMS to reduce unnecessary readmissions.
- John Stauffer Charitable Trust - Unveiling of the Stauffer Mobile Medical Unit \$500,000
- UniHealth Foundation - to support a population health initiative that focuses on reducing diabetes health risk \$600,000
- The Depression Study – concluded a three-year \$1.25 million collaborative study with Duke University seeking to understand how spiritual care can be integrated into cognitive behavioral therapy.
- Senior Services Center – CDBG grant from the City of Glendale - as part of over \$600,000 in capital funding awarded and creating a Senior Center.
- Choose Health LA Kids – LA County Department of Preventive Health Services to reduce the prevalence of early childhood diabetes and obesity amongst children 0-5 years of age \$910,000
- Tobacco Control Program – in its first year of a LA County funded \$300,000 grant for outreach and education activities in 4 target cities in the San Gabriel Valley.
- PACT to Quit, Pfizer Medical Education -- provide tobacco cessation to inpatients and outpatients and to develop healthcare system practices, and implement clinician trainings to improve clinical and systems practices \$200,000

Community Benefit & Economic Value

Glendale Adventist Medical Center mission is to “share God’s love with our community by promoting healing and wellness for the whole person”. We have been serving our communities health care needs since 1905. Our community benefit work is rooted deep within our mission and merely an extension of our mission and service. We have also incorporated our community benefit work to be an integral component of improving the “triple aim.” The “Triple Aim” concept broadly known and accepted within health care includes:

- 1) Improve the experience of care for our residents.
- 2) Improve the health of populations.
- 3) Reduce the per capita costs of health care.

Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

Community Benefit Summary

GLENDALE ADVENTIST MEDICAL CENTER Data for Calendar Year 2014	TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
Traditional charity care	4,732,043	1.17%	0	4,732,043	1.17%
Public programs - Medicaid	98,447,812	24.32%	91,804,966	6,642,846	1.64%
Medicare	191,652,327	47.35%	169,260,280	22,392,048	5.53%
Other means-tested government programs (Indigent care)	-	0.00%	-	-	0.00%
Community health improvement services (1)	3,142,136	0.78%	-	3,142,136	0.78%
Health professions education (2)	6,135,502	1.52%	55,916	6,079,586	1.50%
Non-billed and subsidized health services (3)	4,029,892	1.00%	-	4,029,892	1.00%
Generalizable Research (4)	-	0.00%	-	-	0.00%
Cash and in-kind contributions for community benefit (5)	1,335,603	0.33%	177,443	1,158,160	0.29%
Community building activities (6)	841,026	0.21%	280,387	560,639	0.14%
TOTAL COMMUNITY BENEFITS	310,316,341	76.67%	261,578,992	48,737,349	12.04%

Connecting Strategy & Community Health

Hospitals and health systems are facing continuous challenges during this historic shift in our health system. Given today's state of health, where cost and heartache is soaring, now more than ever, we believe we can do something to change this. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of **reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community** both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population;
- 2) Factors that cause the present outcomes distribution; and
- 3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
- 2) Improve care quality and patient safety and
- 3) Advance care coordination across the health care continuum.

Our mission as a health system is to share God's love by providing physical, mental and spiritual healing. We believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.

Appendix A:

Community Health Needs Assessment and Community Health Plan Coordination Policy

Entity:

- System-wide Corporate Policy
- Standard Policy
- Model Policy

Corporate Policy
 Department:
 Category/Section:
 Manual:

No. AD-04-006-S
 Administrative Services
 Planning
 Policy/Procedure Manual

POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

DEFINITIONS

1. Community Health Needs Assessment (CHNA): A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. Community Health Plan: The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.
3. Community Benefit: A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:
 - Improve access to health care services
 - Enhance the health of the community
 - Advance medical or health care knowledge
 - Relieve or reduce the burden of government or other community efforts

Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for community benefit.

AFFECTED DEPARTMENTS/SERVICES:

Adventist Health hospitals

POLICY: COMPLIANCE – KEY ELEMENTS

PURPOSE:

The provision of community benefit is central to Adventist Health's mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission "To share God's love by providing physical, mental and spiritual healing." The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health's policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
2. Set forth Adventist Health's policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
3. Ensure the standardization and institutionalization of Adventist Health's community benefit practices with all Adventist Health hospitals; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

A. General Requirements

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.
2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.
3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.
4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.
5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.

6. The financial summary of the community benefit report will be approved by the hospital's chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

B. Documentation of Public Community Health Needs Assessment (CHNA)

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.
2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:
 - a. A description of the hospital's community and how it was determined.
 - b. The process and methods used to conduct the assessment.
 - c. How the hospital took into account input from persons who represent the broad interests of the community served.
 - d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.
 - e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).
5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.
6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

Corporate Initiated Policies: (For corporate office use)

References: Replaces Policy: AD-04-002-S
Author: Administration
Approved: SMT 12-9-2013, AH Board 12-16-2013
Review Date:
Revision Date:
Attachments:
Distribution: AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors