

**GOOD SAMARITAN HOSPITAL
LOS ANGELES**

**COMMUNITY BENEFIT
IMPLEMENTATION PLAN
FY 2014**

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1. EXECUTIVE SUMMARY

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Recognized as Best Medical Center in Downtown Los Angeles for 16 years by the Los Angeles Downtown News, Good Samaritan Hospital (GSH) has a reputation for excellence. The 129-year-old hospital is located just west of Downtown Los Angeles. A leader in specialty and tertiary services, the hospital houses many regional centers of excellence which draw patients from all over California, the western states and other countries. The 408-bed hospital offers a state-of-the-art heart care program, including cardiology, cardiothoracic surgery and an AMI transport ambulance; a neurosciences program featuring the Gamma Knife Stereotactic Unit for treatment of brain cancer and functional disorders; women's health services, including obstetrics, gynecology, perinatology, neonatal intensive care, gyn-oncology, and breast care; orthopedic sports medicine, joint replacement and spine surgery program; podiatric services; nasal and sinus disorders treatment; ophthalmologic care, including retinal surgery; an oncology program; a transfusion-free medicine and surgery program; emergency services with a "FastTrack" urgent care program and many other outstanding specialized medical services. Recently Good Samaritan Hospital's Stroke Program has attained The Joint Commission's Gold Seal of Approval® and the American Heart Association/American Stroke Association's Heart-Check mark as a certified primary stroke center. The recognition means the Stroke Program has met The Joint Commission's standards for providing stroke care. Good Samaritan Hospital's Emergency Department also received designation from Los Angeles County Emergency Medical Services as a receiving center for stroke patients.

GSH's primary service area includes two of the eight Service Planning Areas (SPAs) in the County (SPA 4 and SPA 6). More specifically, GSH identified five of the 26 health districts in Los Angeles County as target regions for its needs assessment. In 2013, the total population within the GSH primary service area was 512,717, making up 5.1% of the population of Los Angeles County. By 2018, the population is expected to increase in the GSH primary service area by about 3%, similar to the projected increase in Los Angeles County.

In 2013, most of the population in the GSH primary service area was Hispanic (53.5%, n=274,463) or Asian (22.9%, n=117,541), a larger percentage when compared to Los Angeles County (48.5% and 13.9%, respectively). The third largest population in the GSH primary service area was White or Caucasian (12.9%, n=66,234) followed by Black or African American (8.6%, n=44,216).

Nearly half the population in the GSH primary service area was between the ages of 25 and 54 (48.8%), in comparison to Los Angeles County (43.0%). A fifth (20.4%) was under the age of 18, which is lower when compared to Los Angeles County (23.8%). Another 8.6% was over the age of 65, lower when compared to Los Angeles County (11.6%). In 2013, there was a rise in young (on average, 34 years old), single renters moving into the Los Angeles Downtown area.

This Community Benefits Implementation Plan is based on the findings of the 2013 Community Needs Assessment. The Needs Assessment for Good Samaritan Hospital was conducted in collaboration with California Hospital Medical Center and St. Vincent Medical Center.

The Community Needs Assessment process identified the top broad health issues as:

- Access to care (health insurance, regular source of care, inappropriate use of the ER)
- Health behaviors and preventive care (breastfeeding, screenings and vaccinations)
- Care for chronic conditions (diabetes, heart disease)
- Communicable diseases and sexually transmitted diseases
- Community social issues (including mental health care)
- Cancer Care

For needs that are not addressed such as mental health services, education on sexually transmitted disease including HIV, alcohol and substance abuse, and Alzheimer's disease, Good Samaritan Hospital has partnered with several organizations that have this expertise.

For Fiscal Year 2014, the quantifiable community benefits which Good Samaritan Hospital provided totaled \$37,800,672. This total includes \$28,299,337 for unreimbursed costs in Medi-Cal program, \$8,812,406 for services to vulnerable populations including charity care, and \$688,929 for health research, education and training. These and other community benefits will continue as outlined in our Charity Care Policy. In addition to these quantifiable benefits, Good Samaritan Hospital provides significant non-quantifiable benefits as a major employer in the community; and through the volunteer and advocacy efforts of its physicians, employees, and Board of Trustees.

The initiatives included in this year's Community Benefit Implementation plan will require collaboration with many public and private organizations including philanthropic foundations, disease support groups, and governmental programs for the uninsured, community service agencies, local elected officials, security agencies and schools.

2. ABOUT GOOD SAMARITAN HOSPITAL

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General Identifying Information

Good Samaritan Hospital is a 408-bed facility located on the western side of downtown Los Angeles adjacent to the Pico-Union-Westlake district. Addressing the health care challenges of the Los Angeles community since 1885, the hospital continues its mission to meet the needs of our patients and their families, the community and our physicians.

The majority of Good Samaritan Hospital's patient population resides in the city of Los Angeles. Of those, almost half come from the hospital's primary service area, within an approximate five-mile radius of Good Samaritan Hospital.

A leader in specialty and tertiary care, the hospital houses many regional centers of excellence that draw patients from all over California, the western states, and other countries. The hospital offers a state-of-the-art heart care program, including cardiology, cardiothoracic surgery and an AMI transport ambulance; a neurosciences program featuring the Gamma Knife Stereotactic Unit for treatment of brain cancer and functional disorders; women's health services, including obstetrics, gynecology, perinatology, neonatal intensive care, and breast care; an orthopedic program including sports medicine, joint replacement and spine surgery program; a urology program including the Kidney Stone Service and state of the art treatment modalities for prostate cancer treatment such as the high dose radiation (HDR) implant program; a gastroenterology and pancreatico-biliary program with endoscopic ultrasonographic capabilities; nasal and sinus disorder treatment; ophthalmologic care, including retinal surgery; an oncology program featuring the latest radiotherapy technologies; a transfusion-free medicine and surgery program; and many other outstanding specialized medical services.

While Good Samaritan Hospital has historic ties to the Episcopal Church, it is now a non-sectarian, community-governed hospital, with patients, staff and physicians representing a diverse cross-section of Los Angeles. Good Samaritan is a not-for-profit, stand-alone hospital and has approximately 1,600 employees, including 550 nurses, and more than 680 physicians on its medical staff. Charles T. Munger heads the Board of Trustees; Andrew B. Leeka serves as president and chief executive officer; and Sammy Feuerlicht, vice president of Institutional Affiliation, is the contact for this Community Benefit Report.

Organizational Structure

As previously noted, the hospital is led by Andrew B. Leeka, President and CEO who reports directly to the Hospital's Board of Trustees. Working very closely with him is our Medical Staff Chair, Margaret Bates, M.D.

The President's Council is made up of eight vice-presidents who meet weekly with Mr. Leeka to implement and evaluate hospital activities. Included in the council are the: Vice President of Information Systems; Vice President of Business Development; Vice President of Development; Vice President of Ancillary and Support Services; Vice President of Patient Care

Services, Vice President of Financial Services, Vice President of Institutional Affiliations, and Vice President of Human Resources.

This report is the product of an ad-hoc task force that met over a several month period. Members included:

- Coralyn AndresTaylor (Community Health Education and Outreach)
- Katrina R. Bada (Manager of Public Relations & Marketing)
- Rosemary Boston (Manager of Cancer Services)
- Esther Duenas (Director of Volunteer Services)
- Sammy Feuerlicht (Vice President of Institutional Affiliations)
- Anthony Stewart (Director, Security)
- Jamie Whitcomb (Director, Revenue Management)

Mission Statement – adopted in 1998, last reviewed July 2014

Good Samaritan Hospital is a progressive, tertiary, not-for-profit hospital. Our mission is to provide accessible, quality, cost-effective and compassionate health-care services that meet the needs of our patients and their families, the community and our physicians.

Good Samaritan Hospital's centers of excellence focus on advancing the science of medicine and providing outstanding health care. We will manage our resources responsibly, maintaining the financial viability necessary for success.

Vision Statement - adopted in 1998, reviewed July 2014

Good Samaritan Hospital will grow into a leading regional health care provider. As we expand the breadth of our services, we will practice continuous quality improvement. We will accomplish our mission by seeking new opportunities and forming alliances with physicians, other health care providers and purchasers of health care services.

We will encourage improvement in the health status of community residents, advocating equal access to necessary care. We will respond to Southern California's health care needs in the most caring, compassionate and efficient manner.

Organizational Values

The leadership and staff at Good Samaritan Hospital recognize the importance in providing accessible, quality, cost-effective, and compassionate health care to our community. To accomplish this mission, we have established the following values:

We maintain the highest level of ethical and professional conduct, treating our patients with dignity and respect.

We, as employees, physicians and volunteers will work as a team to provide outstanding and compassionate care to anyone in need, regardless of race, creed, sex or religion, age, and physical or mental disability.

We constantly strive for excellence in all we do and recognize the importance of creativity and innovation.

We recognize that the care of our patients is our primary responsibility and our reason for existence.

We believe in operating efficiently to ensure fiscal soundness and maintain the viability of this organization.



The values are exemplified by leadership, employees, the medical staff, our volunteers, and others who we partner with to provide services to our patients, and are demonstrated through various policies and programs. These include our team-based leadership structure to implement innovative ways to improve our health care services, our Peak Performance in Practice and Six Sigma Models to continuously improve quality and patient safety, and our hospital- wide customer service initiatives which focus on improving the way in which we interact with each other.

How Mission Statement Supports GSH Community Benefits Plan

Every Good Samaritan Hospital employee wears badges that include our Mission and Vision statements and core values for the hospital. Our organizational values are highlighted in employee newsletter articles that relate to projects that address these values. We realize that to live up to our mission and reach our vision, each employee must accept and recognize that they are a part of our growth.

The driving force of our mission is to meet the needs of our patients, their families and communities by providing quality and accessible health care services in a manner that uses our resources responsibly. Our outreach and involvement with the community surrounding Good Samaritan Hospital is maintained through efforts to address and resolve problems associated with the unmet medical needs of our local population. Data from our community needs assessment are presented to the hospital's entire management staff so that their care-giving activities can be put into the larger context of serving the community.

Our Business Development Department is constantly looking for ways to increase access to care based on the needs of the community and our health care expertise. Once secured by our business development team, hospital staff pull together to help sponsor staff health fairs or seminars which are either located on campus or at residential housing or church facilities within neighboring ethnic communities.

Our Emergency Department, Perinatal Services, Social Services and Educational Departments evaluate and develop new programs that address community needs based on the clinical profile of our patients.

As our partners in health care, Good Samaritan Hospital works closely with our medical staff to enhance or create programs that make our services more accessible and beneficial to the community. Physician recruitment efforts focus on increasing access for the underserved, Medical, and linguistically isolated communities in our service area.

3. SUMMARY OF FINDINGS FROM COMMUNITY NEEDS ASSESSMENT

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Assessment Process

Collaborative Effort for Needs Assessment Process

Since 1994, nonprofit hospitals in California are required by Senate Bill 697 to justify their tax exempt status by documenting their commitment to community health. The law calls for hospitals to reaffirm their mission statements supporting community health, conduct a health needs assessment every three years, and develop an annual community benefit plan based on the needs assessment.

The Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010 contain requirements for nonprofit hospitals that are modeled after California's SB 697. The ACA adds a requirement under Section 501(R) of the Internal Revenue Code for nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) at least once every three years with an annual implementation plan. In some cases the new federal mandate provides more specific guidelines with regard to determining health priorities and documenting hospital's health improvement efforts. For instance, the CHNA requires hospitals to collect input from designated representatives (see appendix C) in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations, and individuals with chronic conditions.

In 2013, Good Samaritan Hospital worked in collaboration with nearby hospitals to develop a community needs assessment based on the health of residents in their collective service areas. This was the fifth time Good Samaritan has participated in a multi-hospital needs assessment. The group of hospitals, called the Metro Collaborative, includes:

- Good Samaritan Hospital
- California Hospital Medical Center
- St. Vincent Medical Center

For the 2013 CHNA, a process to prioritize health needs and drivers was introduced. This consisted of a facilitated group session that engaged participants in a review and discussion of secondary and primary data (compiled and presented in the scorecards and accompanying health need profiles) and an online survey. At the prioritization session, participants were provided with a brief overview of the CHNA process, a list of identified health needs and drivers in the scorecard format, and brief narrative summary descriptions (health need profiles) of the health needs identified through the data analysis process described above. Then, participants considered the scorecards and health needs profiles in discussing the data and identifying key issues or considerations.

The following lists present the prioritized health needs and drivers.

<p>Health Needs:</p> <p>The following needs were identified through the analysis of primary and secondary data and are presented in prioritized order.</p>	<p>Health Drivers</p> <p>The following health drivers were identified through the analysis of primary and secondary data. They are presented in prioritized order</p>
<p>Prioritized Health Needs</p> <ol style="list-style-type: none"> 1. Mental Health 2. Oral health 3. Substance Abuse 4. Diabetes 5. Obesity/Overweight 6. Alzheimer's Disease 7. Cardiovascular Disease 8. Alcoholism 9. Sexually Transmitted Diseases 10. Allergies 11. Asthma 12. Hypertension 13. Vision 14. Cholesterol 15. Cancer, general 16. Colorectal Cancer 17. Arthritis 18. Breast Cancer 19. HIV/AIDS 	<p>Prioritized Health Drivers</p> <ol style="list-style-type: none"> 1. Poverty (including unemployment) 2. Housing 3. Specialty Care Access 4. Homelessness 5. Disease Management 6. Health Care Access 7. Cultural Barriers 8. Immigrant Status 9. Social Barriers (i.e. family issues) 10. Alcohol and Substance Abuse 11. Community Violence 12. Coordinated Health care 13. Transportation 14. Healthy Eating (including breastfeeding) 15. Physical Activity 16. Preventative Care Services 17. Health Education and Awareness

Primary Data—Community Input

Information and opinions were gathered directly from persons who represent the broad interests and perspectives of the community served by the hospital. A total of 10 focus groups and 29 telephone interviews were conducted with a broad range of community stakeholders, including area residents. The purpose of the primary data collection component of the CHNA is to identify broad health needs and key drivers, as well as assets and gaps in resources, through the perceptions and knowledge of varied and multiple stakeholders. Stakeholders represented a wide range of health and social service expertise as well as representatives from diverse ethnic backgrounds including African-Americans, Chinese, Filipinos, Koreans and Latinos

The interviews were conducted primarily via telephone for approximately 30 to 45 minutes each. Conversations were confidential and interviewers adhered to standard ethical research guidelines. The interview protocol was designed to collect reliable and representative information about health and other needs and challenges faced by the community, access and utilization of health care services, and other relevant topics.

Focus groups took place in a range of locations throughout the service area, with translation and interpretation services provided when appropriate. Focus group sessions were 45 to 60 minutes each. As with the interviews, the focus group topics also were designed to collect representative information about health care utilization, preventive and primary care, health insurance, access and barriers to care, emergency room use, chronic disease management and other community issues.

The stakeholders¹ engaged through the 10 focus groups and 29 interviews represent a broad range of individuals from the community, including health care professionals, government officials, social service providers, local residents, leaders, and other relevant community representatives, as per the IRS requirement. Participants included residents and representative from African-American, Latino and Asian-Pacific Islander communities. Interpretation services were provided in Spanish and Mandarin.

Secondary Data – Literature Review

The secondary data set includes a robust set of over 100 secondary data indicators that, when taken together, enable an examination of the broad health needs within a community. However, there are some limitations with regard to this data, as is true with any secondary data. Some data were available only at a county level, making an assessment of health needs at a neighborhood level challenging. Moreover, disaggregated data for age, ethnicity, race, and gender are not available for all data indicators, which limited the examination of disparities of health issues within the community. At times, a stakeholder-identified a health issue that may not have been reflected by the secondary data indicators. In addition, data are not always collected on an annual basis, and some data are several years old.

¹ A portion of the primary data was collected through a community health needs assessment conducted earlier this year by Kaiser Permanente Los Angeles Medical Center and was generously shared with the Metro Hospital Collaborative.

Demographics of Service Area

Good Samaritan Hospital's primary service area is defined by sixteen zip codes within a five mile radius. The cities/areas in Good Samaritan Hospital's service area are: Echo Park, Koreatown, Los Angeles, Pico-Union, Westlake, and Wilshire Center

Good Samaritan Hospital (GSH) provides services in two of the eight Service Planning Areas (SPAs) in the County SPA 4 and SPA 6. Specifically, GSH identified five of the 26 health districts in Los Angeles County as target regions: Central, Hollywood/Wilshire, Northeast, Southeast, and Southwest.

Population Data

In 2013, the total population within the GSH primary service area was 512,717, making up 5.1% of the population of Los Angeles County. This represents a decrease of 8.6% between 2010 and 2013 in the GSH service area. The largest population increase occurred in ZIP Code 90010 (54.3%) and the largest decrease occurred in ZIP Code 90020 (-23.3%).

Most of the population in the GSH primary service area in 2013 was Hispanic (53.5%, n=274,463) or Asian (22.9%, n=117,541), a larger percentage when compared to Los Angeles County (48.5% and 13.9%, respectively). The third largest population in the GSH primary service area was White or Caucasian (12.9%, n=66,234) followed by African American (8.6%, n=44,216).

Household Income

The median household income in the GSH primary service area was \$29,707, much lower than the median household income in Los Angeles County (\$53,880). Similarly, the average household income in the GSH primary service area (\$45,941) was far lower than the Los Angeles County average (\$78,598).

Uninsured Adults

In 2011, close to a quarter (23.2%) of the adult population in the GSH primary service area were uninsured, a higher percentage when compared to Los Angeles County (17.4%) and the Healthy People 2020 goal of 0.0%. SPA 4 (23.4%) had a slightly higher percentage of its population who were uninsured.

Births & Breastfeeding

- In 2011, there were a total of 6,486 births in the GSH primary service area, making up 5.0% of the births in Los Angeles County (n=129,087). Most births in GSH's primary service area occurred in ZIP codes 90006 (n=931), 90026 (n=826), 90004 (n=810), and 90057 (n=782).
- By ethnicity, most births in the GSH primary service area in 2010 were to Hispanic mothers (80.3%), followed by mothers who are African-American (16.7%). Similar trends were noted in Los Angeles County except that a higher percentage of births occurred to White or Caucasian mothers (16.9%) in Los Angeles County when compared to the GSH primary service area (0.7%).
- In 2010, most births in the GSH primary service area were to women between the ages of 20 and 29 (53.9%) and those between the ages of 30 and 34 (19.1%), followed by women

35 and older (13.9%) and those under 20 years old (13.1%). Los Angeles County experienced similar trends.

- Los Angeles County's 2013 average rate of exclusive breastfeeding at hospital discharge was 23.8%; a decrease from years past and lower than California's rate of 40.5% for the same year, even though nearly 90% of women initiate breastfeeding upon delivery. In addition, according a 2013 UC Davis Human Lactation report of exclusive breastfeeding rates, nine hospitals in Los Angeles County were among the state's lowest performers. Good Samaritan Hospital was one of those hospitals with an exclusive breastfeeding rate of 30.8% . These rates indicate the need to support mothers before, during and after pregnancy. To address this need, in 2013, GSH began the process of becoming a designated Baby Friendly Breastfeeding Hospital and is making good progress toward that goal.

Cause of Death

- In 2010, the most common cause of death in the GSH primary service area (28.8%) was heart disease, which was also the leading cause of death in Los Angeles County (27.9%).
- The second leading cause of death in the GSH primary service area (23.6%) was cancer, which was also the second leading of death in Los Angeles County (24.6%).
- The third leading cause of death in the GSH primary service area (5.7%) was nephritis, nephrotic syndrome, and nephrosis, which is the tenth leading cause of death in Los Angeles County (1.7%).
- In 2010, the 2,337 deaths in the GSH primary service area comprised 4.2% of the total deaths in Los Angeles County. In the GSH primary service area, most deaths occurred in ZIP Codes 90018 (15.4%), 90026 (12.5%), and 90004 (11.2%).
- Of note, a larger percentage of deaths also occurred among those between 55 and 64 years old (16.2%) in the GSH primary service area when compared to Los Angeles County (12.6%).

Highlights of Key Findings

In accordance with its resources and expertise, Good Samaritan Hospital prioritized from among these health needs and health drivers the areas it can have the greatest impact:

- Health care Access (health insurance, regular source of care, inappropriate utilization of the ER)
- Disease Management and Preventive Care (patient education, breastfeeding, screenings and vaccinations) for communicable disease
- Care for Chronic Conditions (diabetes, heart disease)
- Community/Social Issues
- Cancer Care

The goal of Good Samaritan Hospital is to address most of the needs of the community however there are some health needs that are not addressed because they do not fit within the hospital's scope of services or expertise. These include mental health services, HIV/AIDS and other sexually transmitted diseases, and Alzheimer's disease. The primary factors contributing to this decision include: (1) lack of expertise; (2) limited resources; and, (3) the availability of other providers in the community with more capacity/expertise to address these needs.

Good Samaritan Hospital has established referral and collaborative relationships with the following organizations that have capabilities to provide the services that are not available in the hospital. These organizations include:

- Beacon House (Alcohol and Substance Abuse)
- Bimini (Alcohol and Substance Abuse)
- California Drug Rehabilitation Center Hotline (Alcohol and Substance Abuse)
- Clare Foundation, Cocaine Anonymous (Substance Abuse)
- Department of Mental Health (Mental Health)
- Marijuana Anonymous (Substance Abuse)

Health care Access

Access to primary and specialty health care services is a significant issue faced by patients and providers in the hospital service area. Whether or not one has insurance and the kind of insurance greatly influences one's ability to access primary and specialty care. In addition, various cultural factors create barriers to access.

The Affordable Care Act (ACA) is expected to increase the availability of Medi-Cal and private insurance through the State Health Insurance Exchange. Still, the lack of insurance will be a continuing problem for the large percentage of undocumented residents in the service area.

SUMMARY OF KEY FINDINGS

- In 2011, close to a quarter (23.2%) of the adult population in the GSH primary service area were uninsured, a higher percentage when compared to Los Angeles County (17.4%) and the Healthy People 2020 goal of 0.0%. SPA 4 (23.4%) had a slightly higher percentage of its population who were uninsured.
- In 2011, the percentage of adults who lacked a consistent source of primary care was greater (24.7%) in the GSH primary service area when compared to Los Angeles County (20.9%). Specifically, SPA 6 (26.5%) had a greater percentage of those who lacked a consistent source of primary care when compared to the overall GSH primary service area (24.7%) and Los Angeles County (20.9%).

Barriers to Access

- Many patients lack knowledge of how to navigate through an extremely complicated health care system.
- Competing priorities for financial resources are more common for the low-income and uninsured, requiring people to make difficult decisions in prioritizing basic needs.
- Cultural beliefs and traditions influences a patient's response to what a health care provider communicates.
- Miscommunication between provider and patient is common in non-English speaking populations.
- Immigrants without residential status, especially those who have children, worry that physicians will notify immigration authorities.
- Lack of transportation limits health care options for residents in the service area.
- Long wait times for appointments at primary care and specialty care facilities is one of the most cited reasons by low-income community members for failing to keep appointments, having a regular source of care, and making unnecessary ER visits.

Disease Management and Preventive Care

Many of the health problems encountered by residents in the Good Samaritan Hospital service area are preventable, as they are a result of lifestyle factors such as obesity and substance abuse (smoking and drug use). These problems affect all ages, races and ethnic groups. Other factors include lack of physical activity and lack of preventative care such as health screenings. Chronic disease can put tremendous financial, physical, and emotional burdens on individuals and families. Key to limiting the incidence of chronic disease is a focused effort to increase health behaviors including breastfeeding that have been shown to be preventative measures.

SUMMARY OF KEY FINDINGS

Alcohol and Substance abuse

- In 2012, the average alcohol outlet rate per 1,000 adults in the GSH primary service area was 3.7. Even higher rates were reported in ZIP Codes 90010 (11.8), 90021 (9.1), 90014 (5.9), 90012 (4.8), and 90013 (4.5).
- In 2011, a slightly larger percentage (2.8%) of the adult population in the GSH primary service area needed or sought treatment for an alcohol or substance abuse problem in the past five years when compared to Los Angeles County (2.5%). The percentage was even higher in SPA 4 (3.3%).
- In 2011, a larger percentage (14.1%) of the population in the GSH primary service area reporting smoking when compared to Los Angeles County (13.1%), with a higher percentage of smokers in SPA 4 (14.9%).
- In 2011, a larger percentage of teens between the ages of 12 and 17 reported using marijuana in the past year (17.3%) in the GSH primary service area than in Los Angeles County (10.2%). Over a quarter of teens in SPA 4 (26.3%) reported using marijuana in the past year.
- Alcohol and drug use is often associated with and linked to mental illness. In 2010, the rate per 100,000 adults of alcohol- and drug-induced mental illness in the GSH primary service area was higher (199.9) when compared to California (109.1). Rates in the GSH primary service area were especially high in ZIP Codes 90013 (925.9) and 90014 (670.9).²

Cardiovascular disease

- In 2011, the percentage (24.4%) of the adult population in the GSH primary service area diagnosed with heart disease approximated the percentage in Los Angeles County (24.0%), although a greater percentage (28.4%) was documented in SPA 6.
- Of those in the GSH primary service area with heart disease, nearly three quarters (70.6%) receive assistance from a doctor or medical provider in managing their disease compared with Los Angeles County at 73.3%.³ SPA 6 has an even larger percentage (75.9%) of those who receive assistance from a doctor or medical provider in managing their disease.

² Data source: Office of Statewide Health Planning and Development (OSHPD), Data year: 2010, Source geography: ZIP Code

³ Data source: California Health Interview Survey (CHIS), Data year: 2011-2012, Source geography: SPA

Obesity

- In 2011, a quarter (25.9%) of adults in the GSH primary service area was overweight, a smaller percentage than in Los Angeles County (34.2%). Similarly, a smaller percentage of adults (15.6%) were obese in the GSH primary service area when compared to Los Angeles County (24.7%) and the Healthy People 2020 goal ($\leq 30.5\%$).
- In Los Angeles County, 25.5% of postpartum women are overweight and 20.5% are obese, with a disproportionately higher number of Hispanic and African American women being affected. Research indicates that a woman's weight (during and after pregnancy) significantly influences her decision to breastfeed. Women who gained the recommended gestational weight and who were not obese prior to pregnancy, show greater initiation of breastfeeding. After 3 months, women who are either overweight or obese show lower rates of breastfeeding than do their normal weight counterparts.⁴
- A women's excess weight, before, during and after pregnancy not only affect her decision to breastfeed, but also increase her risk of developing preventable chronic disease such as Type 2 diabetes, hypertension and hyperlipidemia. Breastfeeding can help women lose weight, experience less postpartum depression and help reduce the risk of developing Type 2 diabetes for herself and her child. Breastfeed infants are less likely to be overweight as children.⁵

⁴ <http://publichealth.lacounty.gov/mch/LAMOM/LAMOM.htm>

⁵ http://zev.lacounty.gov/wp-content/uploads/Obesity_2012_sFinal_1.pdf

Care for Chronic Conditions

Chronic diseases remain a leading cause of death and disability in Los Angeles County. During focus groups and interviews conducted as part of this needs assessment, community members frequently reported chronic diseases such as diabetes, heart disease, and asthma as major issues affecting their communities. Furthermore, these conditions were linked to poor nutrition, including low breastfeeding rates, poverty, and lack of health care access due to insurance status and closure of clinics. Hands-on education and educational materials including presentations and workshops were identified as possible means of education, as they are able to effectively take into account the language needs and literacy levels of those seeking information and guidance.

SUMMARY OF KEY FINDINGS

Cholesterol

- In 2011, just under a quarter (23.5%) of the adult population in the GSH primary service area was diagnosed with high cholesterol, slightly less when compared to Los Angeles County (25.6%). SPA 4 had a slightly larger percentage (24.1%) of those diagnosed with high cholesterol.
- In 2011, more than half (50.2%) of the population in Los Angeles County who were 65 or older had high cholesterol, as did nearly half (43.9%) of those between the ages of 60 and 64. Over a third (37.2%) of those between the ages of 50 and 59 had high cholesterol, and over a quarter (27.2%) of those between the ages of 40 and 49. Another 15.9% of those between the ages of 30 and 39 had high cholesterol, as well as 6.8% of the population between the ages of 25 and 29 plus another 4.3% between the ages of 18 and 24.

Diabetes

- In 2011, 8.7% of the population 18 years old and older in the GSH primary service area was diagnosed with diabetes, a slightly smaller percentage than in Los Angeles County (9.5%). In SPA 6, a larger percentage was diagnosed with diabetes (10.1%).
- In 2009, over three quarters (80.1%) of people with diabetes, who take medication for the disease felt confident that they were able to manage their condition—less than the percentage for Los Angeles County (86.4%). A much smaller percentage of the population in SPA 6 (69.4%) felt confident in their ability to management their diabetes when compared to Los Angeles County.

Hypertension:

- In 2011, close to a quarter (24.4%) of the adult population in the GSH primary service area was diagnosed with hypertension (or high blood pressure), slightly higher than in Los Angeles County (24.0%).
- SPA 6 had a higher percentage (28.4%) of those diagnosed with hypertension.
- In 2011-2012, more than half (64.6%) of the adult population in the GSH primary service area took medication to control high blood pressure—less when compared to Los Angeles County (70.4%).

- In 2010, 2.6 per 10,000 adults died as a result of hypertension— twice the rate as those who died of hypertension in Los Angeles County (1.0). The highest mortality rates in the GSH primary service area were reported in ZIP Codes 90004 (7.0) and 90018 (7.0).

Asthma

Asthma is one of the most common long-term diseases of children. Adults also may suffer from asthma and the condition is considered hereditary. In most cases, the causes of asthma are not known, and no cure has been identified.

- In 2011, the percentage of children diagnosed with asthma in the GSH primary service area was lower (6.9%) than in Los Angeles County (9.0%). SPA 6 has a higher percentage (9.4%).

Community/Social Issues (Mental Health)

Mental illness is a common cause of disability. Untreated disorders may leave individuals at risk for substance abuse, self-destructive behavior, and suicide. Interventions to prevent suicide include therapy, medication, and programs that focus on both suicide risk and mental or substance-abuse disorders. Another intervention is improving primary care providers' ability to recognize and treat suicide risk factors, given the research indicating that older adults and women who die by suicide are likely to have seen a primary care provider in the year before their death⁶.

Additionally, mental health disorders can have a serious impact on physical health and are associated with the prevalence, progression, and outcome of chronic diseases⁷.

SUMMARY OF KEY FINDINGS

- In 2011-2012, a larger percentage (9.2%) of adults in the GSH primary service area reported experiencing serious psychological distress in the past year when compared to Los Angeles County (8.0%), with an even larger percentage (9.6%) reported in SPA 4.
- The percentage of the population in the GSH primary service area diagnosed with anxiety was similar (11.1%) to Los Angeles County (11.3%), however, the percentage was slightly higher in SPA 4 (12.0%).
- The percentage of the adult population in the GSH primary service area diagnosed with depression was similar (12.1%) when compared to Los Angeles County (12.2%). However, the percentage was higher in SPA 4 (13.4%).

⁶ National Institute of Mental Health. *Suicide in the U.S.: Statistics and Prevention*. Available at <http://www.nimh.nih.gov/health/publications/suicide-in-the-us-statistics-and-prevention/index.shtml>. Accessed [March 12, 2013].

⁷ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28>. Accessed [April 30, 2013].

Cancer Care

Cancer is the second leading cause of death in the United States, claiming the lives of more than half a million Americans every year⁸. Cancer incidence rates per 100,000 adults show that the three most common cancers among American men are prostate cancer (137.7), lung cancer (78.2), and colorectal cancer (49.2). Likewise, the leading causes of cancer death among men are lung cancer (62.0), prostate cancer (22.0), and colorectal cancer (19.1). Among women, the three most common cancers are breast cancer (123.1), lung cancer (54.1), and colorectal cancer (37.1). Lung (38.6), breast (22.2), and colorectal (13.1) cancers are also the leading causes of cancer-related deaths among women⁹.

SUMMARY OF KEY FINDINGS

General Cancer

- In 2010, the cervical cancer incidence rate per 100,000 adult women was higher in the GSH primary service area (9.4) than in California (8.0) and was four times higher than the Healthy People 2020 goal (≤ 2.2).
- The prostate cancer incidence rate per 100,000 adult men in GSH primary service area was lower (134.3) than California (140.3) but was six times higher than the Healthy People 2020 goal (≤ 21.2).

Breast Cancer

- In 2009, the breast cancer incidence rate per 100,000 adults was slightly lower in the GSH primary service area (116.0) than California (122.0) but still five times higher than the Healthy People 2020 goal (≤ 20.6).

Colorectal Cancer

- In 2010, the colorectal cancer incidence rate per 100,000 adults was slightly higher in the GSH primary service area (38.2) than in California (37.3) but nearly three times as high as the Healthy People 2020 goal (≤ 14.5).

⁸ Centers for Disease Control and Prevention. *Using Science to Reduce the Burden of Cancer*. Available at [<http://www.cdc.gov/Features/CancerResearch/>]. Accessed [March 7, 2013].

⁹ Centers for Disease Control and Prevention. *Using Science to Reduce the Burden of Cancer*. Available at [<http://www.cdc.gov/Features/CancerResearch/>]. Accessed [March 7, 2013].

Community Needs Conclusion

The focus issues identified in the 2013 Community Needs Assessment were: 1) health care access (health insurance, regular source of care, inappropriate utilization of the ER), 2) disease management and preventive care (patient education, breastfeeding, screenings, and vaccinations), 3) care for chronic conditions (diabetes, heart disease), 4) community/ social issues (including mental health care), and 5) cancer care.

These health care issues must be viewed in light of the development taking place in the health care industry, which is experiencing its biggest period of change in decades. The country is slowly emerging from the worst recession since the Great Depression of the 1920's. High unemployment and economic uncertainty resulted in many people losing their employer-based insurance and delaying elective health care procedures. The passage of the Patient Protection and Affordable Care Act of 2010 changed many of the dynamics in the health care market, expanding Medicaid eligibility and moving citizens toward universal coverage through premium subsidies and tax penalties. The law also included new mechanisms to "bend the cost curve" through reimbursement incentives and penalties to providers.

At the state level, California's Dual Demonstration Project – Cal Medi-Connect – has been implemented to deal with the subset of the senior population (having both Medi-Cal and Medicare) who have the highest rate of medical spending, many with chronic medical conditions, by directing them to capitated managed care plans.

The relevant implications of these legislative developments on Good Samaritan Hospital's Community Benefit Plan include:

- The insurance barrier to care will persist. Even if it reaches its full potential, the Affordable Care Act will not address the needs of the undocumented population which is concentrated in Good Samaritan Hospital's primary service area.
- The shortage of primary care providers will intensify as more people gain insurance coverage. In the Good Samaritan Hospital service area, the problem is compounded by the lack of linguistically and culturally competent providers to serve our ethnically diverse population. At the same time, some providers will drop out of Medi-Cal and Medicare program due to poor reimbursement. When Massachusetts implemented universal coverage, emergency room utilization increased significantly. It is expected that this will occur in the Good Samaritan service area as well.
- While recent legislation has focused on access to medical care, very little has been done to address the need for people to take more personal responsibility for their health. The epidemic of obesity will continue to drive the demand for medical services related to cardiac disease, peripheral vascular disease, cerebrovascular disease, diabetes, and many cancers. To help address the need for people to have the knowledge and skills to prevent or manage disease, Good Samaritan Hospital offers a variety of classes and resources related to perinatal health, lactation, nutrition, diabetes, cancer and cardiovascular disease.

- Providers will become more accountable for the care of their patients. Reimbursement will move toward payment for taking care of the health of a population, including the imperative to keep people healthy and make them wiser consumers of health resources. Health education and prevention will be a major focus across the lifespan. For stand-alone hospitals like Good Samaritan Hospital, the move to population health management will be particularly difficult. Affiliations with other providers will become even more important in order to provide this expertise and to fill the gaps in the continuum of care.

4. PROGRESS MADE ON GOALS OF PREVIOUS BENEFIT PLAN

Health Care Access

INITIATIVE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Emergency Department Based Advanced Care Transition Program	Reduce the readmission by 10% with a 30, 60, 90 day follow-up contact with social worker	Pilot completed. <ul style="list-style-type: none"> • Currently social work staff continues to attempt and connect patient and their advocates to community resources as needs indicate. 	<ul style="list-style-type: none"> • Northeast Community Clinics • Recuperative Care • Bet Tzedek Legal Aid • LAMP Homeless Community Outreach Program 	Program discontinued due to lack of staffing and funding
Community Care Transition Program (CCTP): A partnership between Jewish Family Services Los Angeles and Good Samaritan Hospital to reduce readmission in the Medicare A and B population	Reduce readmission by 10% (data collected from CMS and the Jewish Family Services Los Angeles)	CCTP 30 day readmissions rates are down 17% from the start of program.	<ul style="list-style-type: none"> • Jewish Family Services Los Angeles • Department of Mental Health • In Home Supportive Service Los Angeles County • Meals on Wheels 	Lack of proper referral processes and patient engagement

Disease Management and Preventative Care

INITIATIVE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Healthy Habits for Life Program: Obesity education, prevention and disease	Educate a minimum of 50 people to complete the program by reducing weight and waist circumference	Program to be launched in fiscal year 2015	<ul style="list-style-type: none"> • Employers • Local schools • Central City Neighborhood Partners 	None
Healthy Habits for Maternal and Child Health: Breastfeeding, and Perinatal Obesity Prevention	<p>Educate a minimum of 250 people</p> <p>Educate a minimum of 70% of female patients on the benefits of holding their infants skin to skin after delivery</p>	<ul style="list-style-type: none"> • Ongoing • Total of 390 participated in 21 breastfeeding/baby care/ healthy habits classes. • 89% of women who held their babies skin to skin within the first hour of delivery 	<ul style="list-style-type: none"> • Local clinics • MCH Access • Breastfeed LA • Baby Friendly USA • First 5 LA 	Resources to promote classes
Korean Health Fair	Provide education and screening to a minimum of 850 participants	Screened approximately 480 participants	<ul style="list-style-type: none"> • Korean American Medical Group • Los Angeles Department of Aging • Wilshire State Bank • Hanmi Bank • Korean American Medical Association 	Lower participation because participants were able to acquire insurance through Medi-Cal and the State Health Insurance Exchange.

Care for Chronic Conditions

INITIATIVE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Living with Diabetes	Educate a minimum of 250 people per year on diabetes prevention/management	Educated 613 participants	<ul style="list-style-type: none"> • Senior centers • Recreation centers • Local schools • Local businesses 	None
Heart H.E.L.P Program (Healthy Eating and Lifestyle Program)	Educate a minimum of 200 people per year on prevention and management of cardiovascular disease management	Educated 149 participants	<ul style="list-style-type: none"> • American Heart Association 	None

Community/Social Issues

INITIATIVE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Volunteer Management Program	Enroll a minimum of 300 students per year in the program	<ul style="list-style-type: none"> • Ongoing • Enrolled 386 students 	<ul style="list-style-type: none"> • Los Angeles Unified School District • Community colleges, universities and technical schools (i.e. Los Angeles College, Los Angeles Trade Tech College) • Archdiocesan Youth Employment Service • Managed Career Solutions • MCS Hollywood Work Source • MCS Wilshire Work Source • Los Angeles Youth Opportunity Movement (Boyle Heights and Watts) • Youth Policy Institute • UCLA Community Based Learning Program • YWCA Greater Los Angeles Job Corps 	None

Cancer Care

INITIATIVE	MEASUREMENT	PROGRESS	PARTNERS	BARRIERS
Korean Breast Cancer Support Group	Provide support to a minimum of 100 attendees per year	<ul style="list-style-type: none"> • Ongoing • Support group attended by 85 people 	<ul style="list-style-type: none"> • American Cancer Society • Shine Korea 	<ul style="list-style-type: none"> • Location • Transportation
Helen's Room	Provide support to a minimum of 150 patients per year.	<ul style="list-style-type: none"> • Provided support to 270 patients 	<ul style="list-style-type: none"> • American Cancer Society • Physicians offices • Cancer Support Community of Pasadena • Los Angeles County Breast Health Resource Guide 	<ul style="list-style-type: none"> • None
Look Good Feel Better	Provide support to a minimum of 25 patients.	<ul style="list-style-type: none"> • Ongoing • Attended by 27 people 	<ul style="list-style-type: none"> • American Cancer Society 	<ul style="list-style-type: none"> • None
Women's Cancer Support Group	Provide support and education to a minimum of 100 patients per year	<ul style="list-style-type: none"> • Ongoing • Attended by 123 people 	<ul style="list-style-type: none"> • Sisters Breast Cancer Survivors Network • American Cancer Society • Cancer Support Community • Cancer Support Community • So. Cal Women's Health Conference & Expo 	<ul style="list-style-type: none"> • None
Chemotherapy 101	Educate a minimum of 20 patients (and their families) per year.	<ul style="list-style-type: none"> • Program cancelled 	<ul style="list-style-type: none"> • Good Samaritan Hospital physicians 	<ul style="list-style-type: none"> • Lack of participation from patients and availability from physicians

5. Economic Value

Good Samaritan Hospital
FY 2014 Community Benefit Cost

Community Benefit Activity		Unreimbursed Cost	Total
<i>1. MEDICAL CARE SERVICES</i>			
Medi-Cal program		\$ 28,299,337	
	Subtotal		\$ 28,299,337
<i>2. BENEFITS FOR VULNERABLE POPULATIONS</i>			
Charity care		\$ 8,799,792	
Health fairs		\$ 12,614	
	Subtotal		\$ 8,812,406
<i>3. HEALTH RESEARCH, EDUCATION AND TRAINING</i>			
Job training through the Volunteer Program		\$ 145,813	
Basic science research/Heart & Orthopedic Programs		\$ 543,116	
	Subtotal		\$ 688,929
<i>GRAND TOTAL</i>			
			\$ 37,800,672

Non-Quantifiable Benefits

Good Samaritan Hospital provides many non-quantifiable benefits to the medical community and to the broader community surrounding the hospital. As one major example, the hospital pursues and secures grant funding for many community-focused chronic disease prevention and management activities such as diabetes, cancer, heart disease and stroke. Many of our grant funded programs require hospital in-kind or matching support, and they clearly could not occur without the grant writing efforts and administrative support of our Development Department. As examples:

- Good Samaritan Hospital participated in the LA Chronic Disease Consortium with California Hospital Medical Center, Huntington Hospital, and the National Health Foundation that received funding for Diabetes Prevention and Management and for cardiovascular disease prevention and management.
- Good Samaritan Hospital also received funding for congestive heart failure management through the California Community Foundation to fund the Congestive Heart Failure Clinic in Inglewood and funding for Community Health Education from corporate and individual donations.
- The hospital is still implementing diabetes education , heart HELP and will expand/implement nutrition and weight management in 2014/2015.
- In 2013 Good Samaritan Hospital partnered with LA County's First 5 LA Commission for a three-year grant for the Baby Friendly Hospital Initiative, which includes policy and procedure changes and staff training to be designated by Baby Friendly USA in the promotion of exclusive breastfeeding of infants and newborns.

The hospital provides administrative support for the organization and solicitation of volunteers, yet direct financial support from the hospital is not required. An example of this would be employee donated clothing drives for the homeless treated in the emergency room. Good Samaritan Hospital also allows outside nonprofit organizations to use its conference center located on campus at no cost. Examples include the Community Police Advisory Board which holds their monthly meetings in our conference center and the Center for Healthcare Rights, which recently held a senior health fair at our conference center.

The health care advocacy efforts of our Board of Trustees and administrative team are other non-quantifiable benefits to our service area. Our most significant advocacy effort has been an attempt to secure additional funds for hospitals that provide a substantial volume of critical care services for the uninsured and low income populations, yet do not qualify for Disproportionate Share Hospital funding due to loopholes in the funding formulas.

For close to 130 years, the hospital has provided employment including health care insurance, retirement and vacation benefits for thousands of employees. The current workforce of approximately 1,600 employees patronizes the many shops, restaurants and service providers in the immediate area enhancing the local economy. This is in addition to the physicians and their office staffs who work in the medical office buildings on our hospital's campus.

6. COMMUNITY BENEFITS IMPLEMENTATION PLAN 2013-2014

COMMUNITY BENEFITS IMPLEMENTATION PLAN SUMMARY

The Community Benefits Implementation Plan is primarily based on the health needs and drivers of health identified in the 2013 Community Health Needs Assessment. The implementation plan emphasizes those need areas that can be effectively addressed with the resources and expertise available at Good Samaritan Hospital. The initiatives which comprise the implementation plan are detailed in the following pages, and can be summarized into five major activities.

- Health behaviors and Preventative Care
- Chronic Disease Prevention and Management
- Improving Health Access and ER Continuity of Care
- Cancer Care
- Health Fairs and Educational Opportunities

Health Behaviors and Preventative Care

The hospital will continue to provide culturally appropriate perinatal services including childbirth and breastfeeding classes in English, Spanish and Korean. We plan to expand our breastfeeding education and support, as we implement the Breastfeeding Baby Friendly Initiative.

Breastfeeding provides health benefits for mother and her child. Breast milk is nutritious, easy to digest and lets the baby start developing healthy eating patterns. (The Baby can decide when to start and when to stop eating.) Breastfed children have fewer infections, less diarrhea, and later in life, have a reduced risk of type 2 diabetes and obesity. Breastfeeding also reduces the Mother's risk of excess postpartum bleeding, helps her uterus return to normal size, can help with maternal weight loss, and reduces the risk of postpartum depression and type 2 diabetes.

Chronic Disease Prevention and Management– Our Healthy Habits for Life Program and Healthy Eating and Lifestyle Program (Heart HELP) for the management of diabetes and heart disease respectively will provide disease prevention education targeted to both our patients and our community.

Diabetes Prevention and Management

Patients who have uncontrolled diabetes are at increased risk of infections, delayed healing and complications. Uncontrolled diabetes is a leading cause of blindness, amputations, kidney failure, heart attacks, strokes, seizures, and emergency room visits. Good Samaritan Hospital continues to care for people who have diabetes and help them manage diabetes when they are hospitalized and we have also invested in diabetes awareness, prevention and management in community and outpatient settings. Good Samaritan Hospital originally began offering Community Diabetes Prevention and Management as part of the Los Angeles Chronic Disease Management Coalition in 2006. Even after the initial funds for these programs were expended, Good Samaritan Hospital decided to continue the programs and identified resources that would enable us to continue to have a positive impact on our community in the area of Diabetes education and management. This commitment to diabetes prevention and management also

includes Diabetes during Pregnancy. As resources become available, Good Samaritan Hospital plans to develop/enhance our Healthy Habits for Life programs.

Healthy Eating and Lifestyle Program (Heart HELP)

Cardiovascular Disease prevention occurs through our community health education Healthy Eating and Lifestyle Program (Heart **HELP**). Participants learn how to eat nutritious meals, increase physical activity, stop smoking and manage risk factors such as hypertension and high cholesterol. The program also includes health education regarding how to recognize and react quickly to the signs and symptoms of a stroke or heart attack. As part of becoming a certified primary stroke center, the hospital will also provide stroke education to the community, including participation in health fairs.

Improving Continuity of Care in our Emergency Room – Episodic care delivered in the ER is not an effective way to treat patients with chronic conditions and leads to frequent readmissions to the hospital. Good Sam will develop affiliations with community agencies to transition patients to appropriate settings where conditions and compliance with treatment plans can be monitored.

Support for Cancer Patients – Good Samaritan Hospital will continue and expand our cancer support groups and programs such as the Look Good, Feel Better program with a Korean language capability, Women’s Cancer Support Group, Chemotherapy 101, and Helen’s Rooms that provides education and emotional support to those recovering from cancer treatment.

Health Fairs – Good Samaritan Hospital is committed to sponsoring free health fairs to the community, providing disease screening and education for those who do not have easy access to health professionals.

Educational Opportunities – Our volunteer program will continue to provide students and others with the tools and valuable work experience necessary for careers in health care.

Additional community needs:

Other community health needs not directly addressed in the Community Health Needs Assessment but is available at Good Samaritan Hospital would include community safety, the hospital’s active participation in disaster management, stroke treatment and cardiac rehabilitation.

Good Samaritan Hospital hosts a monthly Community Police Advisory Board meeting in the Moseley-Salvatori Conference Center where local residents meet with the representatives from the Rampart Division of the Los Angeles Police Department and discuss the safety and security of the community.

In addition to treating illnesses, Good Samaritan Hospital must be prepared to care for the community in an event of a disaster both natural and man-made. The hospital has an active disaster preparedness team consisting of both ancillary and clinical staff. The team conducts monthly meetings and quarterly drills to identify areas of improvement and discuss business continuity plans for the various sections of the hospital from patient flow, finance, food distribution to information systems. The hospital also participates in countywide drills.

In 2015 Good Samaritan Hospital will endeavor to achieve the Joint Commission's primary stroke center designation as well as a stroke certification from the Emergency Medical Services.

Health needs that are not addressed:

As previously mentioned the goal of Good Samaritan Hospital is to address most of the needs of the community however there are some needs that are not addressed because they do not fit within the hospital's scope of services or expertise that include mental health services, HIV/AIDS and other sexually transmitted diseases, and Alzheimer's disease. Good Samaritan Hospital has established referral and collaborative relationships with various organizations that have capabilities to provide the services that are not available in the hospital.

**7. COMMUNITY BENEFIT IMPLEMENTATION PLAN
OBJECTIVES FY 2015**

COMMUNITY BENEFIT IMPLEMENTATION PLAN OBJECTIVES FY 2015
Health Care Access

Initiative:

Community Care Transition Program (CCTP): A partnership between Jewish Family Services Los Angeles and Good Samaritan Hospital to reduce readmission in the senior population

	Goal	Measurement	Partners
<p>Health Needs</p> <ul style="list-style-type: none"> • Substance Abuse • Diabetes • Obesity/Overweight • Alzheimer’s Disease • Cardiovascular Disease • Alcoholism • Asthma • Hypertension • Cholesterol • Cancer, General • Colorectal Cancer • Arthritis • Breast Cancer • HIV/AIDS <p>Health Drivers</p> <ul style="list-style-type: none"> • Disease Management • Health Care Access • Coordinated Health care • Transportation • Preventative Care Services • Health Education and Awareness 	<p>To reduce 30 day readmission rates among the Medicare senior population.</p>	<ul style="list-style-type: none"> • Reduce readmission by 10% (data collected from CMS and the Jewish Family Services Los Angeles) 	<ul style="list-style-type: none"> • Jewish Family Services Los Angeles • Department of Mental Health • In Home Supportive Service Los Angeles County • Meals on Wheels

COMMUNITY BENEFIT IMPLEMENTATION PLAN OBJECTIVES FY 2015
Disease Management and Preventative Care

Initiative:

Healthy Habits for Life Program: Obesity education, prevention and disease management

	Goal	Measurement	Partners
<p>Health Needs:</p> <ul style="list-style-type: none"> • Obesity/Overweight <p>Health Drivers:</p> <ul style="list-style-type: none"> • Healthy eating • Physical activity • Preventative care services • Health education and awareness 	<p>To educate the community about the health risks associated with excess body weight.</p>	<ul style="list-style-type: none"> • Educate a minimum of 50 people to complete the program by reducing weight and waist circumference 	<ul style="list-style-type: none"> • Employers • Local schools • Central City Neighborhood Partners

Initiative:

Healthy Habits for Maternal and Child Health: Breastfeeding, and Perinatal Obesity Prevention

	Goal	Measurement	Partners
<p>Health Needs</p> <ul style="list-style-type: none"> • Diabetes • Obesity/Overweight • Allergies • Hypertension • Cholesterol • Breast Cancer <p>Health Drivers</p> <ul style="list-style-type: none"> • Breastfeeding • Healthy Eating • Physical Activity • Preventative Care Services • Health Education and Awareness 	<p>To increase breastfeeding rates and help women establish health habits before, during, and after pregnancy.</p>	<ul style="list-style-type: none"> • Educate a minimum of 250 women who breastfeed their children. • Increase the number of women who hold their infants skin to skin after delivery by 60% 	<ul style="list-style-type: none"> • Local clinics • MCH Access • Breastfeed LA • Baby Friendly USA • First 5 LA

**Initiative:
Korean Health Fair**

	Goal	Measurement	Partners
<p>Health Needs</p> <ul style="list-style-type: none"> • Oral Health • Diabetes • Cardiovascular Disease • Asthma • Hypertension • Vision • Cholesterol • Colorectal Cancer • Arthritis • Breast Cancer <p>Health Drivers</p> <ul style="list-style-type: none"> • Poverty (including unemployment) • Disease Management • Health Care Access • Cultural barriers • Coordinated Health care • Physical Activity • Preventative Care Services • Health Education and Awareness 	<p>To educate the Korean community on the importance of health screenings</p>	<ul style="list-style-type: none"> • Provide education and screening to a minimum of 700 participants 	<ul style="list-style-type: none"> • Korean American Medical Group • Los Angeles Department of Aging • Wilshire State Bank • Hanmi Bank • Korean American Medical Association

COMMUNITY BENEFIT IMPLEMENTATION PLAN OBJECTIVES FY 2015
Care for Chronic Conditions

Initiative:
Living with Diabetes

	Goal	Measurement	Partners
Health Needs <ul style="list-style-type: none"> • Diabetes Health Drivers <ul style="list-style-type: none"> • Healthy Eating • Physical Activity 	To educate the community on how to prevent and manage diabetes with the “M’s”: meals, movement, medication, monitoring, medical support	<ul style="list-style-type: none"> • Educate a minimum of 250 people per year on diabetes prevention/management 	<ul style="list-style-type: none"> • Senior centers • Recreation centers • Local schools • Local businesses

Initiative:
Heart H.E.L.P Program (Healthy Eating and Lifestyle Program)

	Goal	Measurement	Partners
Health Needs <ul style="list-style-type: none"> • Obesity/Overweight • Cardiovascular Disease • Hypertension • Cholesterol Health Drivers <ul style="list-style-type: none"> • Healthy Eating • Physical Activity 	To educate the community on how to prevent heart disease and stroke by reducing risk factors.	<ul style="list-style-type: none"> • Educate a minimum of 200 people per year on prevention and management of cardiovascular disease management 	<ul style="list-style-type: none"> • American Heart Association

COMMUNITY BENEFIT IMPLEMENTATION PLAN OBJECTIVES FY 2015
Community/Social Issues

Initiative:
Volunteer Management Program

	Goal	Measurement	Partners
Health Drivers <ul style="list-style-type: none"> • Poverty (including unemployment) • Cultural Barriers • Social Barriers 	To provide the community including students a career based education, work experience, training and mentoring in the health care industry	<ul style="list-style-type: none"> • Enroll a minimum of 300 students per year in the program 	<ul style="list-style-type: none"> • Los Angeles Unified School District • Community colleges, universities and technical schools (i.e. Los Angeles College, Los Angeles Trade Tech College) • Archdiocesan Youth Employment Service • Managed Career Solutions • MCS Hollywood Work Source • MCS Wilshire Work Source • Los Angeles Youth Opportunity Movement (Boyle Heights and Watts) • Youth Policy Institute • UCLA Community Based Learning Program • YWCA Greater Los Angeles Job Corps

COMMUNITY BENEFIT IMPLEMENTATION PLAN OBJECTIVES FY 2015
Cancer Care

Initiative: Korean Look Good Feel Better

	Goal	Measurement	Partners
Health Drivers <ul style="list-style-type: none"> • Preventative Care Services • Health Education and Awareness 	To provide support to women undergoing cancer treatments by providing a free session with instructions on coping with their appearance and other related side effects of cancer treatment	<ul style="list-style-type: none"> • Provide support to a minimum of 25 patients in our diverse ethnic population in appropriate language (s). <i>Attendance will be taken at each session.</i> 	<ul style="list-style-type: none"> • American Cancer Society

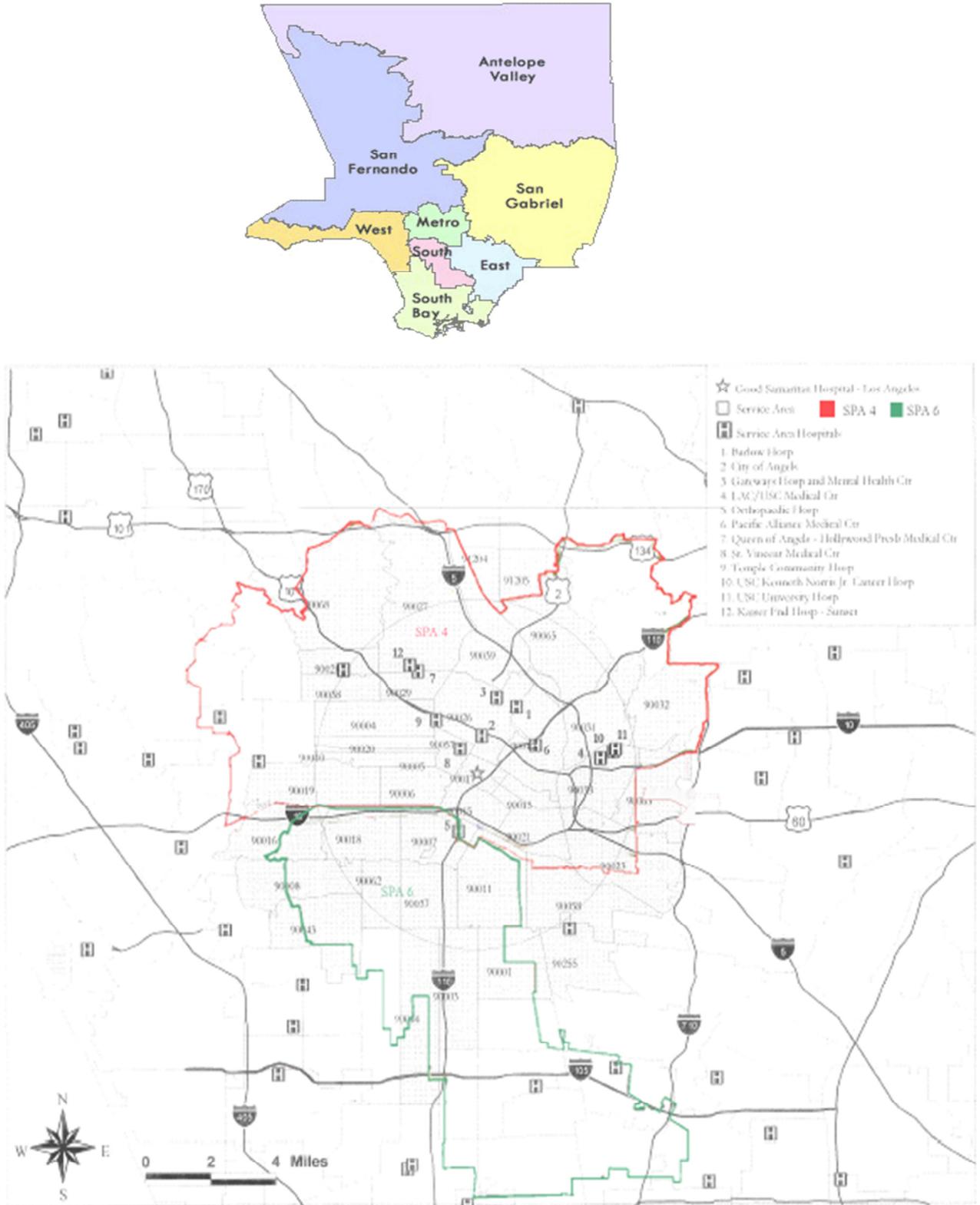
Initiative: General Korean Cancer Support Group

	Goal	Measurement	Partners
Health Needs <ul style="list-style-type: none"> • Cancer, General • Colorectal Cancer • Breast Cancer 	Establish a General Korean Cancer Support Group to meet on a monthly basis. The group will provide support to Korean women/men who have been diagnosed and/or treated for cancer. Support will be provided in their Native language.	Educate a minimum of 50 participants. Attendance will be monitored and participants will complete an annual survey designed to evaluate the benefit of the group to its members. Topics for discussion will be provided by members.	<ul style="list-style-type: none"> • American Cancer Society • Physician Offices

8. APPENDICES

Appendix A

MAP OF LOS ANGELES COUNTY SERVICE PLANNING AREAS



Appendix B

Good Samaritan Hospital Operating Policies

MANUAL:	ADMINISTRATIVE	POLICY #:	
SUBJECT:	Charity Care and Discount Policy	ORIGINAL DATE APPROVED:	1999
		LAST BOARD APPROVAL DATE:	11/14

PURPOSE

Good Samaritan Hospital (GSH) is committed to assuring that its patients will receive necessary care without regard to their ability to pay. The purpose of this policy is to provide guidelines for identifying and handling patients who may qualify for charity or self-pay discounts.

DEFINITION

- 1. Medically necessary services** are those that are absolutely necessary to treat or diagnose a patient and could adversely affect the patient's condition, illness or injury if it were omitted, and is not considered an elective or cosmetic surgery or treatment.
- 2. A Charity Care Patient** is a patient who is unable (versus unwilling) to pay for GSH services. In all cases a patient whose Family Income does not exceed 350% of the federal poverty level (FPL) can be considered under this policy. Patients from families with high incomes (or undocumented incomes) may also qualify if Good Samaritan staff reasonably determines the Patient is unlikely to have the resources to pay for the care.
- 3. A Self Pay Patient** is a patient who does not have coverage through personal or group health insurance and is not eligible for benefits through Medicare, Medicaid, the Healthy Families program, California Health Benefit Exchange, Los Angeles County Indigent Patient Program, California Children's Services (CCS), Victim of Crime (VOC), worker's compensation, State funded California Healthcare for Indigent Program (CHIP), coverage for accidents (TPL), or any other program.
- 4. A High Medical Cost Patient** is a patient who has insurance or is eligible for payment from another source, but who has family income at or below 350% of the FPL and out-of-pocket medical expenses in the prior twelve (12) months (whether incurred in or out of any hospital) that exceeds 10% of Family Income.
- 5. Family Income** would include the income from all members of the patient's "family." For a patient 18 years of age and older, family includes the patient's

spouse, domestic partner and dependent children under 21 years of age, whether living at home or not. For a patient under 18 years of age, family includes the patient's parents, caretaker relatives and other children under 21 years of age of the parent or caretaker relative.

PRINCIPLES FOR SELF PAY PATIENTS

GSH will adhere to the following principles in implementing this policy:

- 1.0 Fear of a hospital bill should never prevent a patient from seeking emergency health care services and inability to pay should never be a reason to deny medically necessary care.
- 2.0 The Hospital will provide financial assistance to patients who cannot pay for part or all of the care they receive.
- 3.0 The Hospital will not financially penalize patients who have no health insurance by requiring them to pay more for care than a typical insurer or government program would pay.
- 4.0 However, the financial assistance the Hospital provides is not a substitute for personal responsibility. All patients are expected to contribute to the cost of their care, based upon their individual ability to pay.
- 5.0 All patients will be treated with dignity, compassion and respect.
- 6.0 Our debt collection practices will be consistent with these principles.

POLICY

1. GSH will assist patients who do not have health insurance to identify and apply for benefits for which they may be eligible from programs including Medicare, Medi-Cal, the Healthy Families program, California Health Benefit Exchange, Los Angeles County Indigent Patient Program, California Children's Services (CCS), Victim of Crime (VOC), worker's compensation, State funded California Healthcare for Indigent Program (CHIP), and coverage for accidents through third party liability (TPL). In addition, qualifying low income patients may be granted assistance for some or all of their financial responsibility through charity grant programs such as QueensCare and Good Hope. GSH may also provide free or greatly discounted necessary care as unfunded charity on a case by case basis.
2. Uninsured patients who do not qualify for any insurance or health coverage benefits or programs will be offered self-pay discounted rates. These rates will be set in accordance with the "Cash Price Policy."

3. Depending upon their income and assets, patients who are not insured and are not eligible for benefits from any other program may qualify for a 100% charity care discount, a partial charity care discount or self-pay discount.
4. The policy does not apply to deductibles, co-payments and/or coinsurance imposed by insurance companies unless the patient qualifies for assistance as a “High Medical Cost Patient.” It also does not apply to services that are not medically necessary (such as cosmetic surgery), or separately billed physician services.
5. The policy will not apply if the patient or responsible party provides false information about financial eligibility or if they fail to make every reasonable effort to apply for and receive third party insurance benefits for which they may be eligible.
6. Any patient or patient’s legal representative who requests a charity discount under this policy shall make every reasonable effort to respond to reasonable requests from GSH for documentation of income and all potential health benefit coverage. Failure to provide information may result in the denial of the requested self pay or charity care discount.

PROCEDURE

1. Upon admission/registration all patients will be provided a written notice that contains information regarding the hospital’s charity care and discount policy, including information about eligibility, and contact information (name and telephone number) for a hospital employee or office to obtain additional information. Written notices will be provided in English and languages spoken by at least 5% of people served (currently Spanish and Korean). Translators will be provided to translate orally the notices for patients who speak other languages.
2. Whenever possible GSH will provide financial screening to determine whether a Self Pay Patient might qualify for coverage from third party payor, including any private insurer or government-sponsored programs such as Medicare, Medi-Cal, The Healthy Families program, California Health Benefit Exchange, Los Angeles County Indigent Patient Program, California Children’s Services (CCS), California Health Insurance Program (CHIP), Victim of Crime (VOC), or any other third party, such as an employer through worker’s compensation or another person due to third party liability (TPL). When feasible, GSH will assist patients to identify possible sources of payment and to apply for the program. This financial screening will be performed as early as possible before services are rendered except when deferred for emergency screening and evaluation (as described below). The information provided to Self Pay patients will include a statement on how patients may obtain applications for Medi-Cal, Healthy Families, coverage through the California Health Benefit Exchange, the Los Angeles County Indigent program and any other state or country funded health

- coverage programs, and that the hospital will provide these forms. The notice must also include a referral to a local consumer assistance center housed at legal services offices. When no coverage is identified, the Self Pay patient will be provided with applications for Medi-Cal, Healthy Families and other state or county-funded health coverage programs and any charitable assistance programs that might offer financial assistance. This shall be provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care.
3. For patients who have or may have emergent conditions, the financial screening will be deferred until after the patient has received a medical screening and any necessary treatment to stabilize the patient. Treatment shall not be delayed while a patient completes an admission/registration process. At all times, full consideration must be given for the patient's medical condition and care should be taken not to let the financial review process create anxiety for the patient.
 4. If financial information cannot be collected at the time of admission/registration, reasonable attempts should be made to collect the information before the patient is discharged in order to fully facilitate proper billing and access to all financial assistance to which the patient may be entitled.
 5. Patients will be expected to respond when requested by providing complete and accurate information concerning their health insurance coverage and if they are applying for charity care or self pay status, their financial assets and income so that the Hospital may assess their eligibility for government sponsored programs or for assistance from charity care programs or the self pay discount program.
 6. In general, the Hospital's experience has been that Self Pay Patients lack the resources to pay hospital bills, and it is not necessary to obtain financial information to confirm this. When there is a question about the patient's insurance coverage or financial resources, the Hospital may ask a Self Pay Patient to complete a Financial Assistance Request (FAR) form. The FAR will be used to determine a patient's ability to pay for necessary services and to determine a patient's possible eligibility for public assistance, other programs, and self pay discounts from the Hospital. The information on the FAR may be accepted without obtaining additional supporting documentation, but the Hospital may also ask for supporting documentation such as recent tax returns or paystubs, and verification from financial institutions that hold the patient's assets. The FAR and supporting documentation may be requested on a sampling basis or when the available information suggests there is a question about whether the patient qualifies for charity care. The written FAR will be provided in English and languages spoken by at least 5% of people served (currently Spanish and Korean), and translated for those who speak another language.
 7. The Charity Care Discount financial screening and means testing will be performed by Financial Counselors in the Admissions Department and/or Collection Representatives in Patient Business Services.

ELIGIBILITY FOR FULL OR PARTIAL CHARITY CARE DISCOUNTS

1. Self Pay Patients whose family incomes are at or below 350% of the FPL will be eligible for full or partial charity care discounts, depending upon family income.
 - a. Self Pay Patients whose family income is less than 200% of the FPL will be eligible for a full, 100% charity care discount on services rendered.
 - b. Self Pay Patients whose family income is between 200% and 350% of the FPL will be eligible for a partial charity care discount on services rendered equal to 60% of applicable cash price -- see Cash Price Policy.
2. The Hospital may ask the patient to complete a FAR form in order to assess the patient's eligibility for Self Pay or charity care discount.
 - a. Upon the request of the Hospital, the patient may be required to document his or her family income by submitting the most recently filed Federal tax return or recent paycheck stubs.
 - b. Assets above the statutorily excluded amount will be considered exceeding allowable assets and may result in the denial of a charity care discount. However the following assets will be excluded from consideration:
 - i. Retirement accounts and IRS-defined deferred compensation plans both qualified and non-qualified.
 - ii. The first \$10,000 of all monetary assets.
 - iii. 50% of all monetary assets above \$10,000.
 - iv. The patient's primary family residence.
3. A High Medical Cost Patient is eligible for a 100% Charity Discount on outstanding patient liability amounts if his or her family income is at or below 350% of the FPL, and his or her out-of-pocket medical expenses in the prior twelve (12) months (whether incurred in or out of any hospital) has exceeded 10% of his or her family income. Eligibility for such discounts will be reevaluated as necessary to satisfy the prior twelve month test.
4. Accounts for Self Pay Patients and High Medical Cost Patients who meet the eligibility criteria noted above for charity care discounts may be submitted to QueensCare, a public benefit charity, or Good Hope, a private charitable grant, when appropriate. Patients whose accounts will be submitted to QueensCare will be required to complete and sign a QueensCare certification. Good Hope patients will be required to pay a nominal amount towards their greatly discounted services.

5. Homeless patients (which includes all patients who indicate they have no address) will be asked if they would accept a referral to a program such as People Assisting the Homeless (PATH) which provides follow-up medical care after discharge through its outpatient clinic and provides a post office box service to facilitate follow-up communication with the patient. GSH will provide a brochure to the patient listing the services that PATH or a similar program provides. Homeless patients who accept the referral to PATH or similar programs will be asked to sign the “Referral Acceptance Confirmation Form” indicating acceptance of the referral. The patient will be given a copy of the signed document and the signed original will be placed in the patient’s medical record. Staff facilitating discharge planning should make the appropriate contact with PATH or the similar program to help arrange follow-up. The GSH discharge planner shall send PATH or the similar program a referral form and a mailbox referral form so that the patient can be registered for postal services and facilitate follow-up care with GSH when the patient presents to the clinic for continuing care.
6. Patients will be offered an extended payment plan if they indicate they cannot pay their discounted bills. The terms of the payment plan will be negotiated by the hospital and the patient. Extended payment plans will be interest-free. If agreement cannot be reached on a payment plan, the hospital may require payment using the “reasonable payment formula” which “means monthly payments that are not more than 10 percent of a patient’s family income for a month, excluding deductions for essential living expenses. ‘Essential living expenses’ means ... expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.”

SELF PAY CHARITY DISCOUNT

Self Pay Patients who do not qualify for any third party payor benefits or other health coverage programs may be offered discounted Cash Price rates. See Cash Price Policy. The difference between the full costs of rendering the service and the discounted rate the patient owes is classified as charity care.

PATIENT BILLING AND COLLECTION PRACTICES

1. GSH will strive to assure that patient accounts are processed fairly and consistently. All patients will be treated with dignity, compassion and respect. Our debt collection practices will be consistent with these principles.
2. Patients who have not provided proof of coverage at or before the time care is provided will receive a statement of full charges for services rendered at the hospital. Included with that statement will be a request to provide the hospital with health insurance information. In addition, the patient will be sent a notice

that they may be eligible for Medicare, Medi-Cal, Healthy Families, California Health Benefit Exchange, Los Angeles County Indigent Patient Program, California Children Services (CCS), charity, or a self pay discount. This notice will include the contact information (name and telephone number) for a hospital employee or office to obtain additional information, including how the patient can obtain the appropriate application forms. It will also include a statement on how patients may obtain applications for Medi-Cal, Healthy Families, coverage through the California Health Benefit Exchange, the Los Angeles County Indigent program and any other state or country funded health coverage programs, and that the hospital will provide these forms. The notice must also include a referral to a local consumer assistance center housed at legal services offices. Patients who do not have coverage will be provided with applications for Medi-Cal, Healthy Families and other state or county-funded health coverage programs and any charitable assistance programs that might offer financial assistance. This shall be in addition to the notice provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care.

3. If the patient does not respond to the above statement and notice within thirty (30) days, a second statement reflecting full charges will be mailed to the patient/guarantor address along with the information requesting insurance information and offering the option of applying for self pay charity care discounts. If the patient again does not respond within another 30 days, the hospital will assume that the patient is not eligible for any coverage through personal or group health insurance and is not eligible for any third party payor benefits (e.g., Medicare, Medi-Cal, the Healthy Families program, California Health Benefit Exchange, Los Angeles County Indigent Patient Program, California Children's Services (CCS), Victim of Crime (VOC), worker's compensation, State funded California Healthcare for Indigent Program (CHIP); and coverage for accidents (TPL).) Unless there is evidence to the contrary, the Hospital may assume that the patient is eligible for a charity discount and adjust the patient's account with a charitable discount. Subsequent statements will reflect these discounted rates.
4. If a patient is attempting to qualify for eligibility under the hospital's charity care and discount policy, and is attempting in good faith to settle the outstanding bill, the hospital shall not send the unpaid account to any collection agency or other assignee unless that entity has agreed to comply with this policy.
5. Eligibility for Self Pay Charity discounts, Charity Care Discounts, and High Medical Expense may be determined at any time the Hospital has received all the information it needs to determine the patient's eligibility. Patients are required promptly to report to GSH any change in their financial information.
6. GSH or its contracted collection agencies will undertake reasonable collection efforts to collect amounts due from patients. These efforts include assistance with application for possible government program coverage, evaluation for charity care eligibility, offers of self pay discounts and extended payment plans. GSH will not

impose wage garnishments or liens on primary residences. This does not preclude GSH or its contracted collection agencies from pursuing reimbursement from third party liability settlements or other legally responsible parties.

7. Agencies that assist the hospital in billing outstanding amounts from patients must sign a written agreement that they will adhere to the hospital's standards and scope of practices.

The agency must also agree:

- a. Not to report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after initial billing.
 - b. Not use wage garnishment, except by order of the court upon noticed motion, supported by a declaration filed by the movant identifying the basis for which it believes that the patient has the ability to make payment on the judgment under the wage garnishment, which the court shall consider in light of the size of the judgment and additional information provided by the patient prior to, or at, the hearing concerning the patient's ability to pay, including information about probable future medical expenses based on the current condition of the patient and other obligations of the patient.
 - c. Not place liens on primary residences.
 - d. Adhere to all requirements in California and Federal law.
8. If a patient is overcharged, the hospital shall reimburse the patient the overcharged amount. Interest will be paid on the overcharged amount. Interest will be based on the prevailing interest rate and calculated from the date the overpayment was received.

APPLICABILITY TO EMERGENCY AND OTHER PHYSICIANS

Emergency physicians who provide emergency services at the Hospital are also required to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level as appropriate to maintain their financial and operational integrity. In general, the Hospital will require doctors who staff the emergency room and who serve on the emergency call panel to maintain contracted status with the plans that also contract with the Hospital and to offer discounts to patients consistent with this Charity Care and Discount Policy.

DISPUTES

Patients may disagree with the determination of their eligibility for a charity discount. A patient may request a review of the determination from the Director of Patient

Financial Services. A final decision will be made within 15 days of the patient's request for review.

REPORTING PROCEDURES

GSH's Charity Care and Discount Policy will be provided to the Office of Statewide Planning at least biennially on January 1, or when a significant change is made. If no change has been made by the hospital since the information was previously provided, the office will be informed that no change occurred.

COMMUNICATION OF CHARITY CARE AND DISCOUNT POLICIES

GSH's Patient Financial Services shall publish and maintain the Charity Care and Discount Policy. They will also train staff regarding the availability of procedures related to patient financial assistance.

Notice of our Charity Care and Discount Policy will be posted in conspicuous places throughout the hospital including the Emergency Department, Admissions Offices, Outpatient registration areas and the Patient Business Services Department. These notices will be in English and languages spoken by at least 5% of people served (currently Spanish and Korean).

CHARITY CARE WRITE-OFFS

1. Charity Care shall include all amounts written off for Self Pay Charity Care, Charity Care, and High Medical Cost patients pursuant to this policy.
2. Patients who qualify for Medi-Cal but do not receive payments that equal the full costs of service or do not receive approval for coverage for the entire stay are eligible for **charity care write-offs**. These include charges for non-covered costs, non-covered services, denied days or denied stays. Treatment Authorization Request (TAR) denials and lack of payment for non-covered services provided to Medi-Cal patients are to be classified as charity.
3. In addition, Medicare patients who have Medi-Cal coverage for their co-insurance/ deductibles, for which Medi-Cal does not make a payment, and any amount Medicare does not ultimately provide bad debt reimbursement for will also be included as charity.

RESPONSIBILITY

Questions about financial assistance eligibility for inpatient services should be directed to the Eligibility Coordinator at (213) 482-2719. Questions about

financial assistance eligibility for emergency services should be directed to the Eligibility Coordinator at (213) 977-2421. Questions about financial assistance eligibility for outpatient services should be directed to the Patient Accounts Supervisor at (213) 482-2700.

Questions about the implementation of this policy should be directed to the Director of Patient Financial Services at (213) 482-2700.

AUTHOR

Director, Patient Financial Services

Previous Board Approval Dates:	
Dates:	1999, 08/06, 09/07, 02/10
	01/12, 03/13
Keywords:	Charity Care, Discount

Appendix C
Interview Participants

Individuals with special knowledge of or expertise in public health						
	Name (Last First)	Title	Affiliation	Public Health Knowledge/ Expertise	Date of Consult	Type of Consult
1.	Alexander, Patricia	Community Liaison Representative	Los Angeles County Department of Public Health	Public health and health services	9/29/13	Interview
2.	Alfaro, Verenisa	Clinical Social Worker	LAUSD Parent & Community Engagement	Social services	10/10/13	Interview
3.	Anderson, Margot	CEO	The Laurel Foundation	Business management, camp management, serving youth and families with HIV/AIDS	9/25/12	Interview
4.	Ballesteros, Al	CEO	JWCH Institute (John Wesley Community Health)	FQHC, primary care, mental health care for homeless and dual-diagnosis, HIV services	10/19/12	Interview
5.	Blakeney, Karen	Executive Director	Chinatown Service Center	Serving Asian Pacific immigrant and Latino com- munities (family resource center, clinics, workforce development)	10/22/12	Interview
6.	Boller, Robert	Director of Programs	Project Angel Food	Men, women, and children affects by HIV/AIDS, cancer, and other life-threatening illnesses.	9/6/13	Interview

Individuals with special knowledge of or expertise in public health						
	Name (Last First)	Title	Affiliation	Public Health Knowledge/ Expertise	Date of Consult	Type of Consult
7.	Bryan, Cynthia	Vice President, Human Resources	Didi Hirsh Mental Health Services	Human resource management	10/2/12	Interview
8.	Chidester, Cathy	Director of EMS	Los Angeles County ER Services	Public health and health services, emergency response services	9/4/13	Interview
9.	Coan, Carl	Executive Director	Eisner Pediatriac Child and Family Center	Public health, human genetics, health care administration, and management	8/30/13	Interview
10.	Cox, Debra	Senior Director Foundation Relations	American Heart Association	Health equity, research, and funding	10/5/12	Interview
11.	Donovan, Kevin	Staff Analyst	Los Angeles County Department of Public Health, Maternal, Child and Adolescent Health Programs	Maternal, child, and adolescent health	10/2/12	Interview
12.	Kappos, Barbara	Executive Director	East Los Angeles Women's Center	Domestic violence, sexual assault, and HIV	10/19/12	Interview
13.	Kim, Chrissy InHwe	Director of Health Program	American Cancer Society	General cancer education, research, and resources.	10/11/13	Interview
14.	Mandel, Susan, Ph.D.	President, CEO	Pacific Clinics	Clinical management and administration	10/3/12	Interview

Individuals with special knowledge of or expertise in public health						
	Name (Last First)	Title	Affiliation	Public Health Knowledge/ Expertise	Date of Consult	Type of Consult
15.	Marin, Maribel	Los Angeles Executive Director	211	Information and referral service serving LA County	10/15/12	Interview
16.	Martinez, Margie	CEO	Community Health Alliance of Pasadena	Public health	10/22/12	Interview
17.	Mondy, Cristin	Health Officer	Los Angeles County Department of Public Health	Public health and health services	10/8/13	Interview
18.	Munoz, Randy	Vice Chair	Latino Diabetes Association	Diabetes, preventive medi- cine, low-income, undocumented, and un/underinsured	10/22/12	Interview
19.	Murphy, Colleen	Director of Community Initiatives	PATH	Homeless population	8/29/13	Interview
20.	Nathason, Niel, DDS	Associate Dean	USC School of Dentistry	Low-income dental care services including children, youth, and adults, both in mobile and clinical contexts. Primary populations are low-income, disadvantaged and/or indigent.	9/12/12	Interview

Individuals with special knowledge of or expertise in public health						
	Name (Last First)	Title	Affiliation	Public Health Knowledge/ Expertise	Date of Consult	Type of Consult
21.	Portillo, Cesar	VP Advancement	LA Child Guidance Center	Low-income health care services including children, youth, and adults. Primary populations are low-income, disadvantaged and/or indigent.	9/10/13	Interview
22.	Rayfield, Beth	Director of Development	Coalition for Humane Immi- grant Rights of Los Angeles	International labor union; organizing, working condi- tions, and contractual rights	10/2/12	Interview
23.	Reyna, Franco	Associate Director	American Diabetes Association	Diabetes, preventive medi- cine, low-income, undocumented, and un/underinsured	10/8/13	Interview
24.	Sayno, Jeanette H.	Bi-lingual Community Outreach Development Worker	Filipino American Service Group, Inc.	Low-income health and mental care services for low-income seniors.	9/13/13	Interview
25.	Schiffer, Wendy MSPH	Director of Planning and Evaluation	California Children's Medical Services	Public health and health services	10/3/12	Interview

Individuals Consulted from Federal, Tribal, Regional, State or Local Health Departments or Other Departments or Agencies with Current Data or Other Relevant Information

	Name (Last, First)	Title	Affiliation	Type of Department	Date of Consult	Type of Consult
1.	Chidester, Cathy MSN	Director of EMS	Los Angeles County Emergency Medical Services (EMS)	Coordinating emergency services, including fire department, hospitals, and ambulance companies	10/17/12	Interview
2.	Donovan, Kevin	Staff Analyst	Los Angeles County Department of Public Health– Maternal, Child and Adolescent Health Programs	Local health department	10/2/12	Interview
3.	Murata, Dennis	Deputy Director	Los Angeles County Department of Mental Health	Local health department	10/22/12	Interview

Prioritization Participants

	Name (Last, First)	Affiliation	Public Health Knowledge/Expertise	Prioritiza tion Session	Prioritizatio n Survey
1.	Bantug, Shirley B.	Filipino American Service Group, Inc.	Low-income health and mental care services for low-income seniors	Yes	Yes
2.	Boller, Robert	Project Angel Food	Men, women, and children with HIV/AIDS, Cancer, and life-threatening illnesses	No	Yes
3.	Brown, Tony	Heart of Los Angeles (HOLA)	Underserved youth living in high-risk communities	Yes	Yes
4.	Cervantes, Rachel	Alexandria House	Women and children in need of transitional housing and services	Yes	Yes
5.	Coan, Carl	Eisner Pediatric and Family Medical Center	Public health, human genetics, health care administration, and management	Yes	Yes
6.	del Rosario, Jesse	Filipino American Service Group, Inc.	Low-income health and mental care services for low-income seniors.	Yes	Yes
7.	Diaz, Carmen Molina	USC School of Dentistry	Low-income dental care services including children, youth, and adults, both in mobile and clinical contexts. Primary populations are low-income, disadvan- taged and/or indigent.	No	Yes
8.	Donahue, Carole	SOSMentor	At-risk and underserved youth, health education, and advocacy	No	Yes

	Name (Last, First)	Affiliation	Public Health Knowledge/Expertise	Prioritiza tion Session	Prioritizatio n Survey
9.	Forman, Linda	Alliance for Housing and Healing	Men, women, children and families living with HIV/AIDS	Yes	Yes
10.	Gibb, Gordon	St. Barnabas Senior Services	Ageing population, nutrition and health education	Yes	Yes
11.	Goddard II, Terry	Alliance for Housing and Healing	Men, women, children and families living with HIV/AIDS	No	Yes
12.	Gorman, Dale	Kids Community Dental Clinic	Low-income children and their families in need of oral health care services	No	Yes
13.	Gramajo, Lilian	St. Vincent Medical Center	Public health and health services	No	Yes
14.	Guzman, Laura M.	Braille Institute	Blind and visually impaired both	Yes	Yes
15.	Hoh, John MD	Asian Pacific Health Care Venture, Inc.	Health services including general diagnosis and treatment, behavioral health services, walk-in pregnancy testing, testing for HIV/AIDS and STIs, and screenings for bone density, breast, and cervical cancer.	No	Yes
16.	Howland, Susan	Alzheimer's Association	Alzheimer's disease and dementia	Yes	Yes
17.	Joe, Connie Chung	Korean American Family Services (KFAM)	Health and social services for Korean- American families	Yes	Yes

	Name (Last, First)	Affiliation	Public Health Knowledge/Expertise	Prioritiza tion Session	Prioritizatio n Survey
18.	Jordan, Christine	Toberman Neighborhood Center	Social support services and program for at-risk children and families	No	Yes
19.	Krowe, William	Alexandria House	Women and children in need of transitional housing and services	Yes	Yes
20.	Leal, Jesus	St. Vincent Medical Center, Casa de Amigos Community Learning Center	Public health and health services	No	Yes
21.	Lee, Susan	CSH - Corporation for Supportive Housing	Housing support services for at-risk populations	No	Yes
22.	Martin, Margaret	Harmony Project	At-risk youth in underserved communities	Yes	Yes
23.	Matos, Veronica	Heart of Los Angeles (HOLA)	Underserved youth living in high-risk communities	Yes	Yes
24.	Nathason, Niel	USC School of Dentistry	Low-income dental care services including children, youth, and adults, both in mobile and clinical contexts. Primary populations are low-income, disadvan- taged and/or indigent.	No	Yes
25.	Nunez, Trini E.	A Window Between Worlds	Domestic violence support services	Yes	Yes

	Name (Last, First)	Affiliation	Public Health Knowledge/Expertise	Prioritiza tion Session	Prioritizatio n Survey
26.	Pardo, Luis	Worksite Wellness LA	Low-income, underserved families; health education	No	Yes
27.	Portillo, Cesar	Los Angeles Child Guidance Center	Low-income health care services including children, youth, and adults. Primary populations are low- income, disadvantaged and/or indigent.	Yes	Yes
28.	Reyes, Perla S.	Mother Movement	At-risk mothers	Yes	Yes
29.	Rivera, Jennifer	Los Angeles County Department of Public Health - Community Health Service	Public health and health services	Yes	Yes
30.	Sayno, Jeanette H.	Filipino American Service Group, Inc.	Low-income health and mental care services for low-income seniors.	Yes	Yes
31.	Striekland, Myungeum	Angelus Plaza Senior Housing	Low-income seniors	Yes	Yes