



2015

Community Benefit Plan

(Submitted to OSHPD in February 2015 for calendar year 2014)

**Prepared in Compliance with
California's Community Benefit Law S697**

By

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REDLANDS COMMUNITY HOSPITAL

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Contents

Part 1 – Community Benefit Plan Update

Executive Summary.....	4
Background and Identifying Information.....	4
Mission Statement.....	4
Community Benefit Plan Update.....	8
Community Benefits and Economic Value.....	32
Non-quantifiable Benefits.....	32

Part 2 – Community Healthcare Needs Assessment (Submitted February 2014).....33

I. Introduction.....	33
Redlands Community Hospital Mission, Vision, and Values.....	33
II. Background	35
Communities Served	36
Demographic Characteristics Primary and Secondary Service Area with.....	37
Leading Causes of Death, United States, California, San Bernardino County.....	40
Hispanic Health Status Indicators.....	41
Demographic Analysis.....	42
III. Community Healthcare Needs Assessment Process.....	43
Methodology.....	43
Focus Groups	43
Anonymous Community Healthcare Needs Assessment Survey	43
Demographic Analysis of Anonymous Need Assessment Survey Participation...44	
Age.....	44
Ethnicity.....	45
Language Spoken.....	46
Zip Code.....	47
IV. Analysis of Data.....	48
Focus Group Outcomes.....	48
Anonymous Survey Outcomes	49
Summary and Recommendations	50
V. Overview of Hospital Community Benefit Programs.....	52
2013 - Year in Review	72
VI. Objectives for the future	73
VII. Non-Quantifiable Community Benefits	75
Leadership/Community Building.....	75

Collaborations/Community Partners.....	75
VIII. Financial Commitment to Community Benefits	78
IX. Redlands Community Hospital Charity Care Policy	79
X. Appendices	
Appendix A – 2013 Anonymous Community Needs Assessment Survey	80
Appendix B – 2013 Community Needs Assessment Focus Group Questions	85
Appendix C – Redlands Community Hospital, Financial Policy AF2	86

Part 1: Community Benefit Plan Update Executive Summary

California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), was passed in 1994. It required all private, not-for-profit hospitals in California to conduct a community needs assessment every three years and develop community benefit plans that are reported annually to the California Office of Statewide Health Planning and Development (OSHPD).

Redlands Community Hospital has completed and submitted the following SB697 requirements:

- ▶ July 1995 & 1997 Reaffirm hospital's mission statement
- ▶ December 1995 Community Healthcare Needs Assessment
- ▶ April 1996 Adopted a Community Benefit Plan
- ▶ June 1997 Community Benefit Plan, Self assessment
- ▶ December 1998 Community Healthcare Needs Assessment
- ▶ February 1999 Community Benefit Plan Update
- ▶ February 2000 Community Benefit Plan Update
- ▶ February 2001 Community Benefit Plan Update
- ▶ February 2002 Community Healthcare Needs Assessment & Benefit Plan Update
- ▶ February 2003 Community Benefit Plan Update
- ▶ February 2004 Community Benefit Plan Update
- ▶ February 2005 Community Healthcare Needs Assessment & Benefit Plan Update
- ▶ February 2006 Community Benefit Plan Update
- ▶ February 2007 Community Benefit Plan Update
- ▶ February 2008 Community Healthcare Needs Assessment & Benefit Plan Update
- ▶ February 2009 Community Benefit Plan Update
- ▶ February 2010 Community Benefit Plan Update
- ▶ February 2011 Community Healthcare Needs Assessment & Benefit Plan Update
- ▶ February 2012 Community Benefit Plan Update
- ▶ February 2013 Community Benefit Plan Update
- ▶ February 2014 Community Healthcare Needs Assessment & Benefit Plan Update

The next step required by SB 697 is that Redlands Community Hospital submit this February 2015 Community Benefit Plan Update, which includes the 2014 Community Healthcare Needs Assessment (covering assessment year 2013), to the State of California OSHPD.

Mission Statement

The hospital's Mission, Vision and Value statements are integrated into the hospital's policy and planning processes including the Community Benefit Plan. A part of this planning process was to incorporate community benefits in the hospital's strategic plans.

Our mission is to promote an environment where members of our community can receive high quality care and service so they can be restored to good health by working in concert with patients, physicians, RCH staff, associates and the community.

Vision

Our vision is to be recognized for the quality of service we provide and our attention to patient care. We want to remain an independent not-for-profit, full-service community hospital and to continue to be the major health care provider in our primary area of East San Bernardino Valley as well as the hospital of

choice for our medical staff. We recognize the importance of remaining a financially strong organization and will take the necessary actions to ensure that we can fulfill this vision.

Values

- We are Committed to Serving Our Community
- Our Community Deserves the Best We Can Offer
- Our Organization Will Be A Good Place to Work
- Our Organization Will Be Financially Strong

Community Needs Assessment 2014

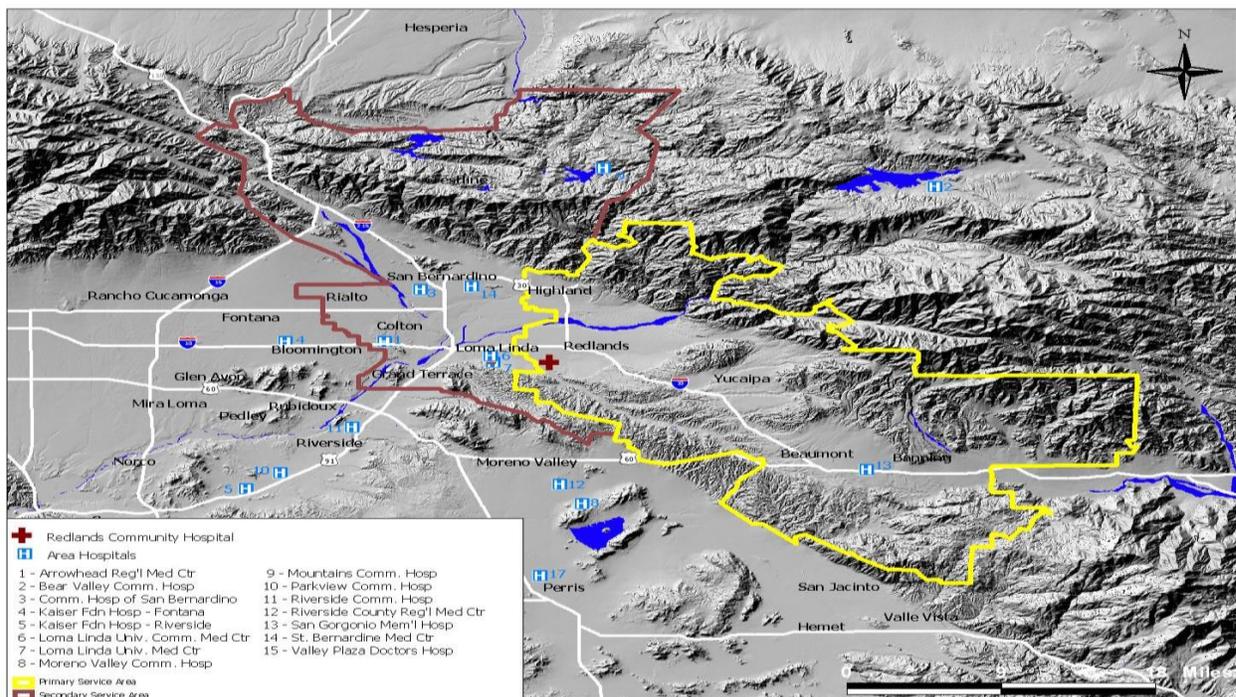
The hospital conducted a Community Needs Assessment in 1995, 1998, 2002, 2005, 2008, 2011 and 2014. Communities of vulnerable and at-risk populations with unmet health needs were identified and surveyed in all of the community needs assessments.

The 2014 Community Needs Assessment update identified populations having unmet needs as being those with:

- Lack of access to healthcare – Availability and cost (uninsured, underinsured, elderly and working poor)
- Need to partner with community organizations
- Need for preventative care, community outreach and health education
- Need for healthcare access to mental health

Geographic Service Area

Analyzing historical patient origin data derived from the hospital’s statistical information identified the geographic service area of Redlands Community Hospital. Located in the most densely populated area of San Bernardino County, communities identified as being in the primary service area of the hospital are Banning, Beaumont, Cabazon, Colton, Calimesa, Forest Falls, Highland, Mentone, Redlands and Yucaipa. The secondary service area is comprised of the cities of Bloomington, Bryn Mawr, Crestline, Fontana, Grand Terrace, Hemet, Loma Linda, Patton, Rialto, San Bernardino, and several mountain communities. (*service area map below*)



Community Benefit Plan Update 2014

The following programs and the problems they address are included in the Community Benefit Plan Update 2012:

- 1) Redlands Community Hospital Family Clinic provides health care services for at-risk and underinsured, underserved children and adults;
- 2) Perinatal Service Program provides early prenatal care for low-income, uninsured women and teens and provides lactation education and mother/infant bonding support, as well as education for pregnant mothers with diabetes;
- 3) Community Case Management Program addresses the needs for at-risk, underinsured and complex healthcare issues as well as education on disease management and community resources;
- 4) The Pastoral Care Program assists concerned and grieving family members and patients;
- 5) Miscellaneous community benefit activities and programs of the hospital during calendar year 2014; and
- 6) Community Resources that addresses the problem of low-income and uninsured individuals' inability to access health resources through a variety of agencies.

Community Benefits and Economic Value

Summary information identified community benefit programs and contributions for fiscal year ending September 2014 at **\$16,993,834**.

The total of costs unreimbursed medical care services for Medi-Cal, county indigent and other services for 2014 audited was **\$14,124,686**.

Non-quantifiable benefits

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at **\$265,800** annually. This represents expenses incurred by hospital staff providing leadership skills and bringing facilitator, convener and capacity consultation to various community collaboration efforts. These skills are an important component to enable the hospital to meet their mission, vision and value statements and Community Benefit Plan.

Part 1: Community Benefit Plan Update

Background and Identifying Information

As outlined in the proceeding Executive Summary, Redlands Community Hospital has completed all of the SB697 requirements dating back to California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), that was passed in 1994. The next step required by SB 697 is that Redlands Community Hospital submit this February 2015 Community Benefit Plan Update, covering programs and activities during calendar year 2014, along with the 2014 Community Healthcare Needs Assessment submitted February 28, 2014 covering calendar year 2013, to the State of California OSHPD.

Redlands Community Hospital
350 Terracina Boulevard
Redlands, CA 92373
Telephone: 909-335-5500
Fax: 909-335-6497

Redlands Community Hospital is a not-for-profit, stand-alone community hospital that began serving the Redlands area and neighboring communities in 1903, and built the first official hospital in 1904 on Nordina Street. In 1929, a new hospital building was completed at 350 Terracina Boulevard, where it has remained and expanded numerous times ever since.

Chairman of the Board of Directors
Bill Hatfield, 909-335-5505

President and Chief Executive Officer
James R. Holmes, 909-335-5515

Vice President Business Development & Marketing
Kathi Sankey-Robinson, 909-335-5593

Mission Statement

Our mission is to promote an environment where members of our community can receive high quality care and services so they can maintain and be restored to good health.

The Mission is accomplished by interacting with patients, physicians, employees, associates, and community. The hospital will be knowledgeable and responsible to the observations, traditions, philosophies, and customs of patients and their families, employees, and medical staff as the hospital delivers patient care, schedules appointments and displays or promotes healthcare services. The hospital has adopted the philosophy of "*Patients First*" whereby we see serving our patients our primary focus. As a result, RCH has made "*Patients First*" part of its core culture.

These Mission, Vision and Values are integrated into the hospital's policy and planning processes including the community benefits plan. A part of this planning process sets benchmarks to measure performance of the community benefits plan. Setting measurable objectives and time frames for programs and/or services for the community is the goal.

Employee benefits and the hospital's work environment also encourage employees to care for the members of the community. These statements encourage advocacy and collaboration within the hospital and community, as well as with community-based organizations and other not-for-profit entities.

Organizational Structure

A 20-member Board of Directors made up of volunteers from the community governs Redlands Community Hospital. Redlands Community Hospital Foundation has 20 members representing the community and is the fund-raising component of the not-for-profit hospital.

A Community Advisory Committee is composed of 32 individuals from the community as well as representation from the hospital's board and medical staff. These individuals serve as ambassadors from the community on health issues.

Redlands Community Hospital promotes an environment for a healthy community and community collaborations within the hospital's service area, by interacting with patients, physicians, employees, volunteers, associates and members of the community. Senior members of the hospital participate with the city of Redlands on the Healthy Redlands initiative and have staff serving on various sub-committees.

Redlands Community Hospital is a member of the Inland Empire Community Benefits Collaborative, a group that includes approximately 25 non-profit hospitals, healthcare providers and agencies that meet regularly to share information about their various community programs that benefit the health and quality of life of all people in this area.

Redlands Community Hospital is active in the San Bernardino County Health Coalition, which meets regularly at the San Bernardino County Medical Society, to share health-related information and programs that will benefit the community.

Redlands Community Hospital is an active participant in the Hospital Association of Southern California Community Benefits Stakeholders meetings, as well as the County of San Bernardino "Vision" Committee.

Community Benefit Plan Update

The Community Benefit Plan Update submitted February 2015 for Redlands Community Hospital represents outcomes for 1014 reporting year and includes the programs featured on the following pages. The programs described in this section include the problems to be addressed, community partners, and unreimbursed costs of the programs. The descriptions also include measurable objectives and time frames for each community benefit.

REDLANDS FAMILY CLINIC

US Census Bureau (2013) reports that 13.4% of the population nationwide is without health insurance, and for children as a category, 7.6% are without health insurance (<http://www.census.gov/hhes/www/hlthins>, February 12, 2015). For covered individuals, Medicaid accounts for 17.3% and Medicare 15.6%. Barriers to health care such as culture and low socioeconomic status continue to be a serious issue. Redlands Community Hospital addresses this issue by providing patient-centered primary health care services for individuals and families.

Purpose

An on-going goal of the Redlands Family Clinic is to provide high-quality, low-cost health care services to people who do not otherwise have access which may be due to financial, cultural, lifestyle, or psychological barriers. An equally important goal is to provide disease specific patient/family education, with emphasis on promoting health and wellness, and the support necessary to promote individualized health care decision making. Our ongoing objectives are to: 1) Provide an opportunity for low-income, the uninsured and underinsured to receive primary and preventive care, early medical problem identification and treatment and access to health care resources; 2) Reduce disparity in health care services within the community; 3) Develop health related programs and enhance the quality of services provided; 4) Provide health care for all ages, children to the elderly; 5) Assist with the application process and obtaining eligibility for public assistance programs; 6) Provide and promote community resources, and 7) Provide and facilitate community health services such as flu shots and other health care screenings

Unique and Innovative Methods

We view our program to be unique and innovative based on the following characteristics:

1. The services are provided by a not-for-profit Community Hospital based clinic utilizing skilled family practice nurse practitioners and support staff
2. The services are managed by Redlands Community Hospital's Board of Directors not associated with other organizations
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. A largely Hispanic population including recent migrants to the area
6. Bilingual clinical staff
7. Patients are uninsured or underinsured
8. Provides access to other health care services offered by the hospital

Our Partners and Providers

1. Building a Generation: A not-for-profit organization with family resource centers located in local schools. They provide case management and parent-child education programs. Their mission is to serve children and parents by providing personalized education, support, and connections to community resources, enabling them to become healthy and self-sufficient families.
2. Family Services Association of Redlands: A not-for-profit organization serving low-income and homeless families utilizing a management-based case management approach and personal contact. Their mission is to alleviate poverty, encourage self-sufficiency and promote the dignity of all people. Services provided include transitional housing, clothing, and food.
3. BioData Medical Laboratories: provides clinical laboratory services
4. Local Pharmacies

Goals and Milestones Accomplished in 2014

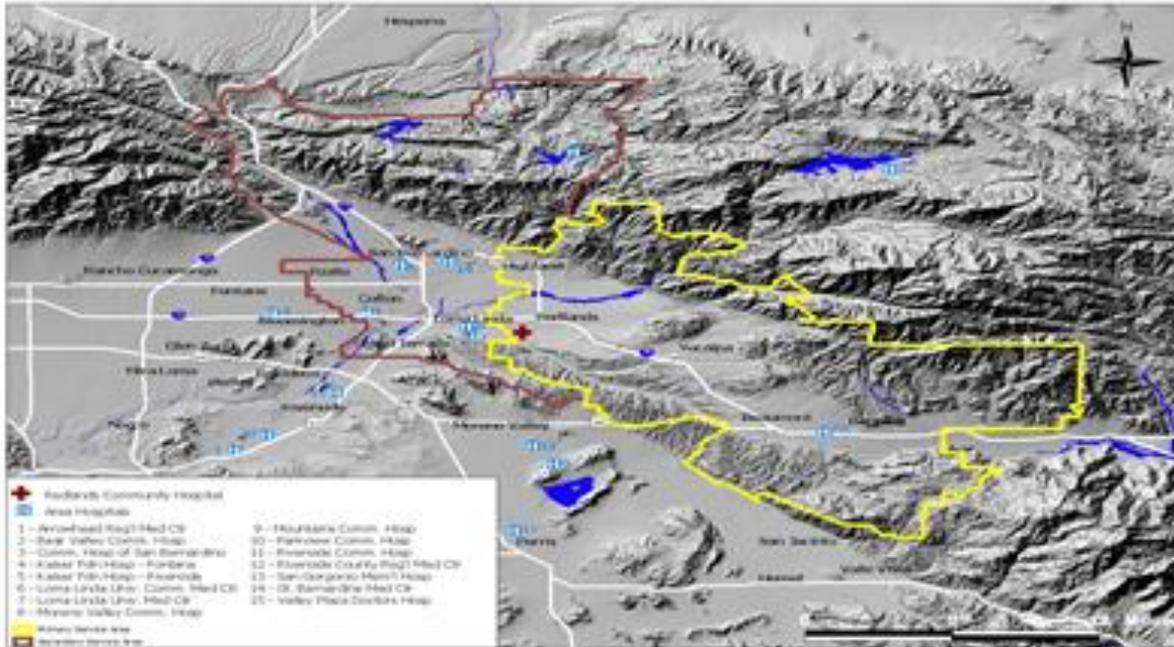
1. Enhanced primary care services
2. Provided and facilitated community educational offerings and health care screenings
3. Provided no-cost seasonal flu vaccinations to the community
4. Expanded awareness of the services provided by the Redlands Family Clinic
5. Supported Redlands Unified School District by providing employee TB screening

Top 10 medical diagnoses treated in clinic (highest to lowest)

Benign hypertension
Diabetes Mellitus
Anxiety
Hyperlipidemia
Hypothyroidism
Obesity
Depressive disorder
Backache
Other malaise and fatigue
Gastritis and Gastroduodenitis

Redlands Family Clinic

Serving communities of Redlands, Loma Linda, San Bernardino, Highland, Yucaipa and Mentone.



Scope of Services

Hours of Operation	8:00-4:30 Monday through Friday
Personnel	Nurse Practitioners Licensed Vocational Nurses Medical Assistants Patient Account Representative Executive Director
Primary Services	Pediatrics (CHDP)
	Young adult – school exams and primary care
	Adult/Middle Age (cancer screening and detection)
	Acute and chronic primary medical care – all ages
Other Services onsite	Laboratory
	Social Services
	Dietician
Other Services at RCH	Pharmacy
	Cardio pulmonary
	Emergency room
	Inpatient Services
	Special procedures
Referred Services	ARMC outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies

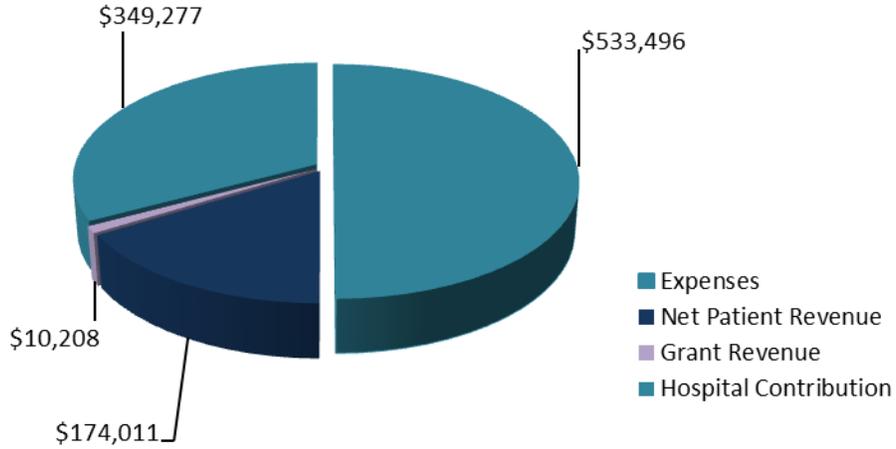
Total Visits - Historical 2010 to 2013

	2010	2011	2012	2013	2014
Redlands Family Clinic	5,667	5,667	5,982	5,410	4,467

Patient visits decreased by 17% during 2014. The total number of new patients seeking services at the Redlands Family Clinic remains stable. The Redlands Family Clinic provides accessible and low-cost healthcare services.

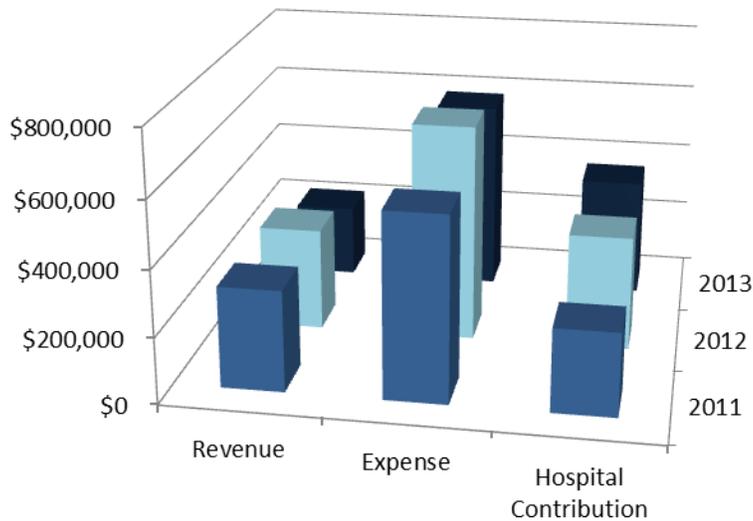
Financial Summaries Redlands Family Clinic, 2014

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2014 was \$349,277.



Expenses	\$533,496
Net Patient Revenue	\$184,219
Patient Revenue	\$174,011
Grant Revenue	\$ 10,208
Hospital Contribution	\$349,277

Financial Summary Comparison, 2012, 2013, 2014



	Revenue	Expense	Hospital Contribution
2012	\$312,608	\$661,271	\$348,663
2013	\$221,463	\$583,513	\$362,050
2014	\$184,219	\$533,496	\$349,277

Goals and Objectives for 2015

1. Expand primary care services for low-income and underserved individuals
2. Secure funding sources for direct-care services and program materials
3. Continue to support community-based health programs
4. Enhance technology towards implementing electronic health records

Summary

During a time when healthcare dollars continue to shrink and increased financial risk is going to community hospitals, Redlands Community Hospital continues to demonstrate that healthcare resources can be made available to everyone. We at Redlands Community Hospital have not only proven it can be done, but witnessed the continuation and growth of services to the under-served population. We have addressed critical elements needed for early intervention by providing primary care services, controlled and reduced co-morbidities and made every attempt to prevent use of the Emergency Room as a source of primary health care services. Most importantly, we have demonstrated successfully how to help patients take control of their health care by providing patient-centered services and assisting with the transition to public assistance programs, whenever they qualify. If patients do not qualify for public assistance, we will continue to provide them with the healthcare they require.

We are encouraged by positive recognition the staff at the clinic receive from the patients and families served. During 2014 patients indicated 95% overall satisfaction. We will continue to network with the community to share our challenges and successes.

Our vision for the future is to continue to provide community based high-quality, low-cost health care services to low-income, uninsured and underinsured individuals and families.

YUCAIPA FAMILY CLINIC

The Yucaipa Family Clinic, a sister clinic to the Redlands Family Clinic, continues to address the communities need for access to high-quality primary care services in the east end of San Bernardino county.

Purpose

A goal of the Yucaipa Family Clinic is to provide high-quality, low-cost health care services to people who do not otherwise have access which may be due to financial, cultural, lifestyle, or psychological barriers. An equally important goal is to provide disease specific patient/family education, with emphasis on promoting health and wellness, and the support necessary to promote individualized health care decision making. Our ongoing objectives are to: 1) Provide an opportunity for low-income, the uninsured and underinsured to receive primary and preventive care, early medical problem identification and treatment and access to health care resources; 2) Reduce disparity in health care services within the community; 3) Develop health related programs and enhance the quality of services provided; 4) Provide health care for all ages, children to the elderly; 5) Assist with the application process and obtaining eligibility for public assistance programs; 6) Provide and promote community resources, and 7) Provide and facilitate community health services such as flu shots and other health care screenings

Unique and Innovative Methods

We view our program to be unique and innovative based on the following characteristics:

1. The services are provided by a not-for-profit Community Hospital based clinic utilizing skilled family practice nurse practitioners and support staff
2. The services are managed by Redlands Community Hospital's Board of Directors not associated with other organizations
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. A largely Hispanic population including recent migrants to the area
6. Bilingual clinical staff
7. Patients are uninsured or underinsured
8. Provides access to other health care services offered by the hospital

Our Partners and Providers

1. Building a Generation: A not-for-profit organization with family resource centers located in local schools. They provide case management and parent-child education programs. Their mission is to serve children and parents by providing personalized education, support, and connections to community resources, enabling them to become healthy and self-sufficient families.
2. Family Services Association of Redlands: A not-for-profit organization serving low-income and homeless families utilizing a management-based case management approach and personal contact. Their mission is to alleviate poverty, encourage self-sufficiency and promote the dignity of all people. Services provided include transitional housing, clothing, and food.
3. BioData Medical Laboratories: provides clinical laboratory services
4. Local Pharmacies

Goals and Milestones Accomplished in 2014

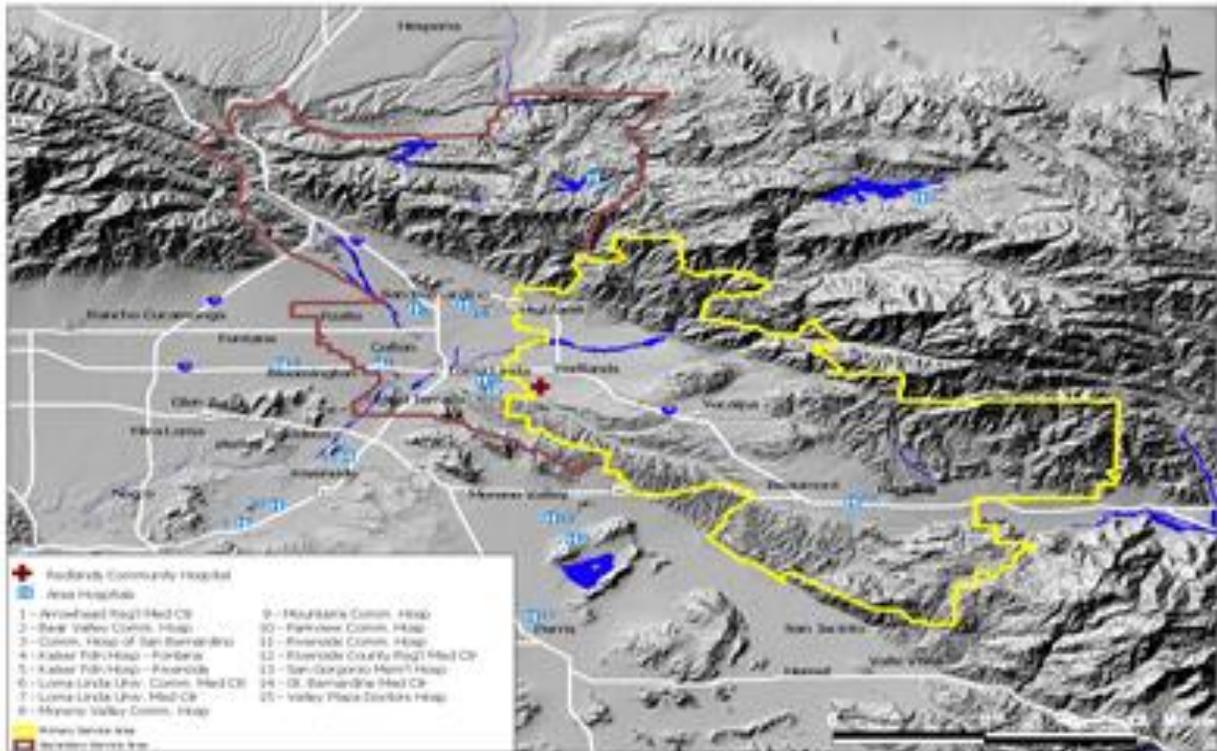
1. Expanded access to primary care services
2. Provided no-cost seasonal flu vaccinations to the community

Top 10 medical diagnoses treated in clinic (highest to lowest)

Benign hypertension
Diabetes Mellitus
Hyperlipidemia
Gastritis and Gastroduodenitis
Anxiety
Obesity
Other malaise and fatigue
Depressive disorder
Backache
Pure Hyperglyceridemia

Yucaipa Family Clinic

Serving communities of Redlands, Loma Linda, San Bernardino, Highland, Yucaipa and Mentone.



Scope of Services

Hours of Operation	8:00-4:30 Monday through Friday
Personnel	Nurse Practitioners Licensed Vocational Nurses Medical Assistants Patient Account Representative Executive Director
Primary Services	Pediatrics (CHDP)
	Young adult – school exams and primary care
	Adult/Middle Age (cancer screening and detection)
	Acute and chronic primary medical care – all ages
Other Services onsite	Laboratory
	Social Services
	Dietician
Other Services at RCH	Pharmacy
	Cardio pulmonary
	Emergency room
	Inpatient Services
	Special procedures
Referred Services	ARMC outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies

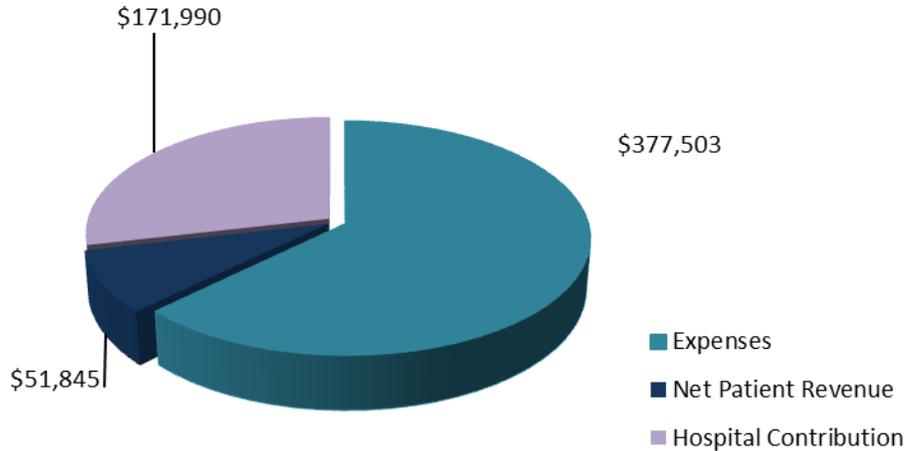
Total Visits – Historical 2013

	2013	2014
Yucaipa Family Clinic	186 (opened 6/3/2013)	1033

The Yucaipa Family Clinic provides accessible and low-cost healthcare services.

Financial Summaries Yucaipa Family Clinic, 2014

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2014 was \$171,990.



Expenses	\$377,503
Net patient Revenue	\$51,845
Hospital Contribution	\$171,990

Goals and Objectives for 2015

1. Expand primary care services for low-income and underserved individuals
2. Secure funding sources for direct-care services and program materials
3. Continue to support community-based health programs
4. Enhance technology towards implementing electronic health records

Summary

Redlands Community Hospital is committed to serving the community and providing high-quality and affordable healthcare. For 2014 the Yucaipa Family Clinic's overall patient satisfaction rating was 97%. Our vision for the future is to continue to provide community based high-quality, low-cost health care services to low-income, uninsured and underinsured individuals and families.

PERINATAL SERVICES (MATERNAL/INFANT HEALTH)

The community based Perinatal Services Program offers several outpatient specialty education programs, Comprehensive Perinatal Services Program (CPSP), diabetes and pregnancy education, breastfeeding education, and childbirth education.

Problem

Real and perceived barriers (access, financial, transportation, etc.) to pre- and post-natal care for low-income, uninsured or underinsured women and teens.

Program Description

The Comprehensive Perinatal Services Program (CPSP) provides a variety of services and education to women prior to delivery and up to sixty days after delivery. Goals of the program are to decrease the incidence of low birth weight in infants, to improve the outcome of every pregnancy, to give every baby a healthy start in life and to lower health care costs by preventing catastrophic and chronic illness in infants and children. The Comprehensive Perinatal Services Program is a Medi-Cal sponsored program for women who are pregnant and are enrolled in straight Medi-Cal or a Medi-Cal Managed Care Plan.

The Diabetes and Pregnancy Education Program provides education, evaluation and intervention for pregnant women with diabetes or for women with diabetes planning to become pregnant. The goal of the program is to improve pregnancy outcomes for women and to reduce fetal deaths and neonatal and maternal complications. Services include an initial evaluation and follow-up by a registered nurse and dietician.

The Breastfeeding program provides breastfeeding education and support for groups, and individual one-on-one education.

The Childbirth preparation courses prepare the pregnant women and family for childbirth. Classes are designed to provide practical and useful tools in preparation of childbirth.

Partnerships

1. The California Wellness Foundation
2. County of San Bernardino (Public Health/CPSP)
3. Participating CPSP medical groups and community physician offices
4. California Diabetes and Pregnancy Program Sweet Success
5. Inland Empire Health Plan

Goals and Outcomes Accomplished in 2014

1. Provided access to services at the Yucaipa and Redlands perinatal services office.
2. Expanded awareness of the education services provided by Perinatal Services to the local community and OB physicians.
3. Achieved 98% patient satisfaction rating.

Goals and Outcomes set for 2015

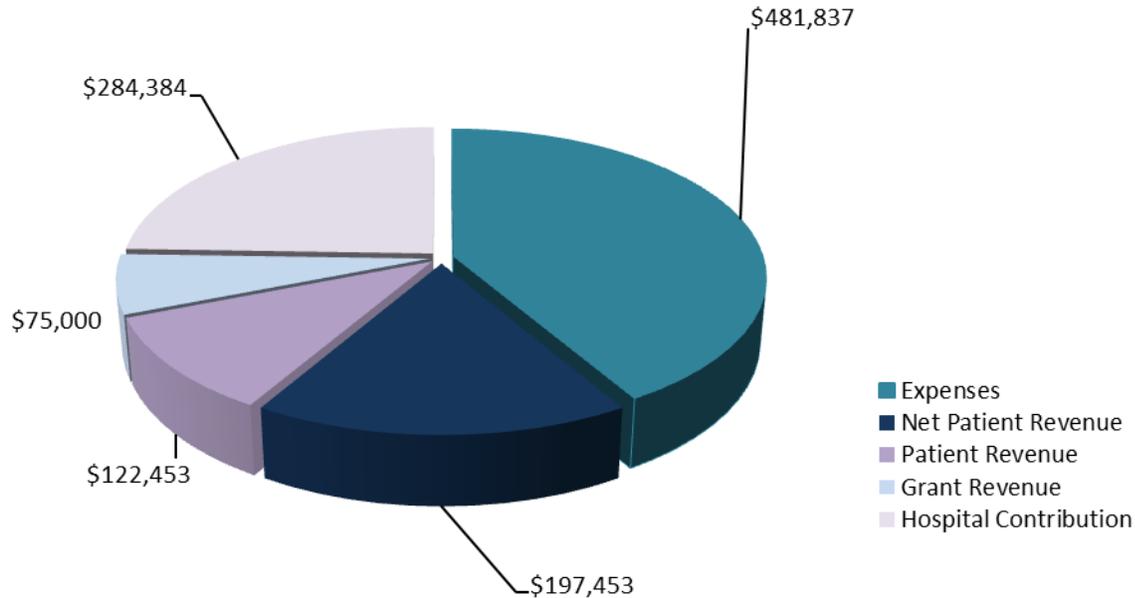
1. Meet or exceed patient expectations
2. Emphasize the benefit of the various education programs to our patients and the community at-large
3. Promote breastfeeding initiatives

Total Visits, 2010 through 2014

2010	2011	2012	2013	2014
1,138	1,429	2,181	2,387	2082

Financial Summaries Perinatal Services, 2014

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2014 was \$284,384.



Expenses		\$481,837
Net Revenue		\$197,453
Patient Revenue	\$122,453	
Grant Revenue	\$75,000	
Hospital Contribution		\$284,384

BUILDING A GENERATION

Building a Generation (BAG), a not-for-profit organization with a volunteer Board of Directors, has a mission to serve children and parents by providing personalized education, support, and connections to community resources, enabling them to become healthy and self-sufficient families. Staff and volunteers at BAG provide case management and parent-child education throughout the community.

Building a Generation has staff in Family Resource Centers located on site at four schools in the Redlands Unified School District. Children and parents are assisted at the Family Resource Centers through parenting classes, counseling, case management and referrals. Case managers provide the necessary follow through to make sure a family is getting the assistance they need.

Hospital Leadership:

In 2008, the hospital's Executive Director for Community Based (Outreach) Programs and Services was elected to the Board of Directors, replacing the hospital's President/CEO on the Board. Since 1998 and the inception of "Building a Generation", Redlands Community Hospital has taken a leadership role with Building a Generation. The hospital's President/CEO served as President of the organization and then on the Board from 2006 to 2008.

Problem:

Inadequate access and coordination of services for children and families.

Program description:

A collaboration of community-based organizations facilitates programs to assist families and youth with a variety of needs, from healthcare to social services to recreation programs to educational programs.

No cost to Redlands Community Hospital for this program, other than the Executive Director's time and the hospital's donations and sponsorships for the organization's fundraising events.

Goals and Milestones Accomplished in 2014:

1. Expanded the diversity of Board membership.
2. Engaged community leaders and community based organizations
3. Developed and refined processes to evaluate program effectiveness

COMMUNITY CASE MANAGEMENT PROGRAM

The community Case Management Program addresses the needs for at-risk, underinsured and complex healthcare issues as well as education on disease management and community resources.

Problem

Real and perceived barriers (access, financial, transportation, etc.) to pre- and post-hospital care for the underinsured, non-compliant and those with complex healthcare needs.

Program Description

The community case manager smooth's delivery of care throughout the patients' entire episode of illness and evaluates the delivery of care in terms of patient outcome and satisfaction.

The purpose of the community case management program is to provide high-quality service to people who do not know how to navigate the healthcare system be due to financial, cultural, lifestyle, or psychological barriers. An equally important focus is empowering the patient and family with disease specific education emphasizing promotion of health/ wellness, and the tools necessary to promote individualized health care decision making. The goals of the program are to decrease the incidence of readmissions, to educate regarding disease process and management, to provide community resources, to facilitate the relationship between the patient and their healthcare providers and improve patient healthcare outcomes.

Participants are identified through multiple points of entry by either the physician or a case manager. Criteria include but not limited to multiple hospitalizations for the same diagnosis, multiple co-morbidities, noncompliant patterns, new diagnosis of life threatening illness, assistance with coordination of services and limited understanding of medical needs.

Services include an in-home nursing assessment of needs, development of plan of care specifying goals with implementation and collaboration with team members and education of patient/family to enable successful management of care.

Goals and Outcomes Accomplished in 2014

1. Successfully educated participant on disease process and weight loss resulting in an 80 lbs weight loss and reduction in hospitalizations by 50%.
2. 85% of participants were found to have no incidents of hospitalizations after interventions.
3. Integrated the use of the LACE assessment tool into documentation across the continuum.

Goals and Outcomes set for 2015

1. Increase referrals to the program
2. Develop a patient satisfaction tool
3. Meet or exceed patient expectations
4. Emphasize the benefit of the program to our physicians, patients and the community at-large
5. Decrease the number of in-patient and emergency room visits of program participants

Financial Summary of the Community Case Management Program

The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2014, which include nursing salary, mileage, monthly cell phone and various medical and office supplies, was \$148,314.

PASTORAL CARE SERVICE – LAY MINISTRY – GRIEF PROGRAM

Clinical Chaplain

The RCH Clinical Chaplain performs multiple services which contribute to the spiritual well-being of those within the hospital on a part-time basis, utilizing the pastoral care volunteer base along with the spiritual community to meet patient needs. The chaplain responds to referrals from health care professionals throughout the hospital to assist with addressing life threatening illnesses, end of life concerns and issues of spiritual distress. The Chaplain serves as a part of the clinical team, providing professional spiritual assessment and support for patients, families and the spiritual community.

Lay Ministry

Volunteers serve the community by giving their time provide strength and support for patients at RCH. Pastoral Care Services offers the opportunity to persons of all faith traditions to become a Pastoral Care Visitor. In addition to making visits in a designated clinical area, Pastoral Care Visitors participate in 8 hours of initial training provided by the Chaplain and on-going evaluation by the Chaplain and peers. Participants report being ‘stretched’ as they work as a group to expand their theological/spiritual understanding, in the context of the larger community of faith. There are monthly meeting with the pastoral care visitors and volunteer chaplains for education, support and encouragement.

Grief Recovery

Follow-up grief care is an important service for families who have lost loved ones at Redlands Community Hospital. Included in a personalized letter to surviving family members is a list of several local grief support groups. In some cases, the Chaplain initiates grief support, thereafter providing an appropriate referral to a local support group.

Interspiritual Formation

RCH Pastoral Care Services explore and promote the growing worldwide movement of interfaith dialogue, communication, and understanding. Frequent cultural displays are sponsored by the office since the RCH patient population has become more spiritually diverse.

Community Partners

The Office of Pastoral Care Services partners with spiritual care providers in the greater Redlands area to facilitate spiritual care. We host an annual Clergy Appreciation Luncheon to celebrate and strengthen our community’s interfaith connectivity.

Goals and Milestones Accomplished in 2014

Pastoral Services at Redlands Community Hospital has been busy about the care of the spirit in the lives of multiple patients over the past year. This past year has been a transition from having a full time chaplain to a part time one with the increased utilization of the community churches and faith community visiting their parishioners. Our lay program continues to have a visible presence at the bedside listening to the stories of our patients. These stories often include family problems long before the patient discusses their reason for being in the hospital. Listening to these stories aids in the healing process of our patients. 2014 saw the continuation and growth of our Volunteer Chaplain program. Our Volunteer Chaplains provide Chaplaincy Services when our Hospital Chaplain is not available. Our visiting and volunteer chaplains are encouraged to participate in their spiritual development by being exposed to spiritual practices from many faith traditions and are encouraged to explore the significance for their own ministry. Participation in on going pastoral care training provides the framework for pastoral accountability and the development of skills which enhance the care of our patients. Pastoral Care of the people who come to our hospital has grown over the years and has become more diverse in its offerings. We provide sensitive spiritual care that is purposeful in its inclusiveness of all persons.

Over the past year the Pastoral Care Services at Redlands Community Hospital continued its mission to care for those requesting support. The Prayer Before Surgery Program is only utilized upon early patient request to help patients with a sense of inner peace prior to entering the operating room. The chaplain was an integral part of the ICU rounds providing spiritual guidance to the team, the patient, and the family. The Chaplain also assists in providing patients with control over end of life issues through the Palliative Care Program. The Pastoral Care Team provides companionship and comfort to patients through The No One Dies Alone Program which is in the process of a program re-launch for patients who have limited family or no family with them as they prepare for leave this life. Listening is one the most important elements of service provided. Many times in our busy lives, no one takes the time to listen to others fears and concerns; the Pastoral Care team was able to take the much needed time to do just that. Touching our visitors and patients' lives in meaningful ways to heal the spirit is as important as healing the body. One's mind, spirit and body all need to be in harmony for true healing. Our goal in Pastoral Care is to be inclusive of all spiritual beliefs and to be able to support the patient's needs.

Unreimbursed costs to Redlands Community Hospital for the Pastoral Care Program during 2014 were \$19,775.

Goals for 2014

1. Provide on-going spiritual care to RCH patients and families.
2. Support the Pastoral Care Visitor and Volunteer Chaplain in his/her personal ministry.
3. Facilitate interest in hospital visitations throughout the local Faith Community by meeting with local clergy and other faith community leadership.

4. Expansion of the No One Dies Alone Program through collaboration with Redlands Hospice.

BUILDING A GENERATION

Building a Generation (BAG), a not-for-profit organization with a volunteer Board of Directors, has a mission to serve children and parents by providing personalized education, support, and connections to community resources, enabling them to become healthy and self-sufficient families. Staff and volunteers at BAG provide case management and parent-child education throughout the community.

Building a Generation has staff in Family Resource Centers located on site at four schools in the Redlands Unified School District. Children and parents are assisted at the Family Resource Centers through parenting classes, counseling, case management and referrals. Case managers provide the necessary follow through to make sure a family is getting the assistance they need.

Hospital Leadership:

In 2008, the hospital's Executive Director for Community Based (Outreach) Programs and Services was elected to the Board of Directors, replacing the hospital's President/CEO on the Board. Since 1998 and the inception of "Building a Generation", Redlands Community Hospital has taken a leadership role with Building a Generation. The hospital's President/CEO served as President of the organization and then on the Board from 2006 to 2008.

Problem:

Inadequate access and coordination of services for children and families.

Program description:

A collaboration of community-based organizations facilitates programs to assist families and youth with a variety of needs, from healthcare to social services to recreation programs to educational programs.

No cost to Redlands Community Hospital for this program, other than the Executive Director's time and the hospital's donations and sponsorships for the organization's fundraising events.

Goals and Milestones Accomplished in 2014:

3. Involved community leaders and community based organizations
4. Developed and refined processes to evaluate program effectiveness

Goals and Milestones set for 2015:

Continue to support and collaborate with Building a Generation to make a healthier community.

MISCELLANEOUS COMMUNITY BENEFIT ACTIVITIES IN 2014

Redlands Community Hospital is continually involved in a variety of activities and programs that benefit the community, some of which are outlined below:

Presence at Health Fairs/Screenings

A variety of health education information and health topics/services are offered to the community as Redlands Community Hospital participates in numerous health fairs throughout the year, including those at Senior Centers, Community Centers, large employers, children events, emergency preparedness fairs, community special events, health education classes at high schools, YMCA, etc.

- **Community Health Fairs**– participated in twenty seven (27) community health fairs in 2014, providing education about the hospital’s programs and services:
 - Highland Senior Center
 - Jocelyn Senior Center
 - Redlands Senior Community Center
 - Sun Lakes Senior Living Community
 - Beaumont Senior Center Health Fair
 - Yucaipa Senior Health Fair
 - Health Redlands Health Fair- YMCA
 - Highland Springs Medical Plaza Health and Wellness Fair
 - YMCA Kids Fair
 - YMCA Family Health Fair
 - Ride Yourself Fit Children's Ride Expo
 - Yucaipa Emergency Preparedness Fair
 - Primeline Health Fair
 - Calimesa Street Fair
 - Run Through Redlands
 - Beaumont Healthcare Expo
 - Yucaipa Music Arts Festival
 - Plymouth Village Health Fair
 - Susan G. Komen Race For The Cure
 - Stater Bros. Believe Walk (cancer walk)
 - Celebration of Survival Breast Cancer Show
 - Discover Highland Night
 - Annual Fire Prevention Open House and Safety Fair
 - San Bernardino Discovery Shop Fashion Show
 - Pacifica Senior Health Fair
 - City of Yucaipa Health Fair
 - Inland Association Continuity of Care (IACC) Conference

Free Immunization Programs

The Marketing and Public Relations staff, Family Clinic Nurse Practitioners, Community Health Nurses and Health Ministry Nurse Coordinator plan and administer:

- Free Flu Shots given to the patients, at Flu Shot Clinics, Rotary and Kiwanis Clubs, and more (Total number of flu shots given 3330).
- Flu shots and other immunizations are offered to underprivileged individuals at homeless shelters, soup kitchens, Salvation Army, church shelters, and other locations.
- Free seasonal/H1N1 flu educational flyers, posters and brochures were distributed to the public; educational information and public screening locations were advertised in local newspapers, a telephone information hotline was implemented and information was placed on the hospital website.

Senior Citizen Activities

- RCH funded several senior citizen newsletters in conjunction with the Jocelyn Senior Center which were mailed to seniors in various communities.
- RCH sponsored an information bulletin board at three senior centers in the area containing health information.
- Marketing / Public Relations and other hospital departments presented health programs to senior groups which included education on heart disease, high blood pressure (hypertension) and diabetes prevention and treatment.
- RCH sponsored special programs for seniors at various senior centers i.e. Redlands Community Senior Center), offering lunch or dinner, and a presentation by hospital staff on varying health topics.
- RCH also offered a variety of health screenings (such as eye vision testing), health information, and more.

Charity Care and Emergency Department Services

No patient with urgent health care needs is turned away from the RCH emergency department for inability to pay for health services. Admitting clerks seek to obtain health insurance or Medi-Cal coverage. After all avenues of financial payment have been exhausted, charity care is provided.

Community Outreach/Co-sponsored or Supported:

- **Blood Drive Event-** Sponsored a monthly blood drive event in collaboration with LifeSteam (Formally known as the Blood Bank of San Bernardino and Riverside Counties).
- **Conducted hospital tours for students and foreign visitors**– hosted guests and gave educational tours of hospital facilities and services.
- **Heart Health Month**– provided heart health information to the community in conjunction with national “Go Red Day.”
- **Run Through Redlands First Aid Booth**– provided first aid treatment and water stations to participants of the event.
- **YMCA Children’s Health Education-** including participation in their annual Kids Care Fair
- **Boys and Girls Club Kids Day** – provided health information booth
- **The Believe Walk-** provided a First Aid Station, refreshment stop and walking team as well as a health information booth at their Bash location.
- **The Redlands Bicycle Classic-** provided valuable health and wellness information and giveaway items.
- **Susan G. Komen Race For The Cure** – provided a health information booth and walking team

- **Community Outreach (Family Service Association)-** Throughout the year, Redlands Community Hospital continued to serve the needy within the community by:
 - o Hospital-wide Food and Toy Drives
 - o Thanksgiving Basket food Drive

Community Health Education Lectures:

Throughout the year, the hospital organized and supported community health education awareness programs, including:

- Grief Recovery Classes
- Adult CPR classes in San Bernardino and Riverside County
- Infant CPR for new parents
- Various health-related topics such as:
 - o Handling The Holidays- Grief seminar
 - o 8 seminars on How To Get a Good Orthopedic Diagnosis
 - o 3 Stroke Awareness Seminars and educational booths
 - o Breast Cancer Fashion Show
 - o Thought Field Therapy Seminar
 - o Four Season Health Fair, Beaumont
 - o Heart Awareness Month activities and lectures

Hospital staff spoke at various community organization meetings about topics ranging from healthcare to expanding hospital facilities to meet the growing demand for health services.

Volunteer Services:

The volunteer program adds another dimension of care within our hospital and ultimately our community. The program has far reaching affects both within and outside the hospital's walls. Internally, the volunteers touch the lives of the patients and their families providing comfort and support; the relieve staff of volunteer appropriate duties and provide the volunteers themselves with a mechanism to feel useful and give to their community. As one example of their community service, volunteers assist patients in voting in national and regional elections. This involves getting patient names and going to their county registrar of voters offices to facilitate this valuable community service.

Externally, the volunteers are active community members who represent the hospital and cause through support in community functions such as health fairs and through partnering with external programs.

- Volunteers assist at numerous community events conducted by the hospital.
- In 2014 Volunteers raised and donated over \$60,000 to the hospital Foundation to support hospital related community projects and services.

Community Sponsorships:

Donated funds, gift baskets, purchased tickets and attended nearly 100 various community non-profit events and fundraising efforts for agencies that help the community, including:

- Boys and Girls Club
- The Amputee Coalition of America
- Rotary Scholarship Events
- Children's Assessment Center of San Bernardino
- Yucaipa Senior Center
- The Children's Fund
- Bonnes Meres Auxiliary of Redlands
- YMCA of Redlands
- The Redlands Bicycle Classic
- National Health Foundation
- Kiwanis "Run Through Redlands" Marathon Fundraiser
- Redlands Northside Impact Committee Awards night for Hispanic community
- Joslyn Senior Center, Highland Community Center newsletter sponsorship
- Highland Senior Center services and programs
- Zonta Club gift baskets
- Youth sporting events sponsorship through program ad support
- Redlands Symphony
- St. Bernardines Medical Center
- Building A Generation Golf Fundraiser
- Redlands Daily Facts & San Bernardino Sun Newspapers In Education
- Redlands High School
- Redlands East Valley High School
- Family Service Association
- City of Highland Beautification Project
- Adopt-A-Highway Beautification Project
- Redlands Symphony Annual Gala Fundraiser
- Highland Senior Center Golf Tournament fundraiser
- Highland Springs Medical Plaza
- Redlands Bowl Children's Summer Festival
- Redlands Police Officer' Association Fundraiser
- San Bernardino County Medical Society sponsor
- Calimesa Chamber of Commerce Sponsor
- Time For Change Foundation
- Yucaipa Senior Center Health Fair
- Redlands Senior Center Health Fair
- Yucaipa High School
- Susan G. Komen Foundation/ Susan G, Komen Race For the Cure
- Stater Bros. Charities/ Inland Women Fighting Cancer- Annual Believe Walk
- Celebration of Survival Fashion Show
- Redlands Unified School District
- Alpha Kappa Delta- University of Redlands
- Loma Linda Chamber of Commerce
- Loma Linda University Children's Hospital
- Loma Linda University
- Loma Linda University Medical Center Possibilities Program
- American Heart Association
- Lifestream (formally the Blood Bank of San Bernardino County) blood drives

- Lifestream Gift of Life Tribute Celebration
- Beaumont Chamber of Commerce
- Calimesa Chamber of Commerce
- Highland Chamber of Commerce
- Redlands Chamber of Commerce
- Yucaipa Chamber of Commerce
- Loma Linda Chamber of Commerce

Emergency Planning:

Redlands Community Hospital continues to collaborate with area agencies to conduct County and City Emergency Drills. Hospital administrators, directors, safety, security and Emergency Department staff participated in numerous drills conducted throughout the year by the county, city and hospital. Different scenarios were staged to test cooperative functions between regional emergency agencies.

2014- Year in Review

3,330 free flu shots were given to the public by the hospital
10,000 people came to our booths at community health fairs
120 children and adults received a free tour of the hospital
2,601 babies were born at the hospital
12,614 patients stayed in the hospital
6,758 patients received surgery at the hospital
45,681 patients came through our 24-hour Emergency Department
56,597 patients came in for outpatient visits, excluding emergency department visits
605 pints of blood were donated by community & RCH staff at hospital Blood Drives
48,066 work hours and **over \$60,000** were donated to the hospital by over **350** active volunteers

...and thousand of visitors passed through our doors in 2014!

Community Resource Repository

The hospital's community needs assessment demonstrated individuals are unaware of health and human resources available to them. Additionally, they have some fear of the system, not knowing how to access the appropriate services they may need. Community organizations are not aware of all the programs and services provided by other agencies. There are gaps in services and duplication of other services.

Problem:

At-risk members of the community and the vulnerable populations are unable to access programs and services for assistance.

Program description:

The Inland Hospital Community Benefit Collaboration has identified over 9,000 resources available throughout the Inland Empire. This coalition is developing a mechanism to maintain a resource database and determining how this information can be accessible to various populations in the community.

Partners include:

Community Hospital of San Bernardino
Kaiser Permanente, Fontana
Pomona Valley Hospital, Pomona
Medi-Cal health educators
Redlands Community Hospital, Redlands
Riverside Community Hospital, Riverside
San Antonio Community Hospital, Upland
St. Bernardine's Medical Center, San Bernardino
Arrowhead Medical Center, San Bernardino
California State University, San Bernardino

Mt. Baldy United Way
Parkview Community Hospital, Riverside
Riverside County Public Health Officer
Arrowhead United Way Agency
Healthcare Association of Southern California
San Bernardino County Public Health Officer
Corona Regional Medical Center, Corona
United Way Agency of East Valley
Loma Linda University Medical Center,
Loma Linda

Goal and Milestones Accomplished in 2014:

- Maintained communication with all entities via internet updates.

Goal and Milestones Set for 2015:

- Utilize the various web sites to obtain information about collaborative programs and results.
- Continue working closely with members of the "Community Health Coalition of San Bernardino County" which meets regularly at the San Bernardino County Medical Society.
- Continue meeting with the Inland Empire Community Benefit Collaborative to identify and assess areas of need in our region.
- Continue to meet with the Healthy Redlands Committee.

Community Benefits and Economic Value

Summary information below identifies community benefit programs and contributions for fiscal year ending September 2014 for Redlands Community Hospital.

A. Medical Care Services	Audited 2014	
MediCal, Co.-indigent & Other	\$ 14,124,686	
Unreimbursed care		\$14,124,686
 B. Community Outreach unreimbursed care		\$ 805,651
Redlands Family Clinic	\$ 349,277	
Yucaipa Family Clinic	\$ 171,990	
Perinatal Services	\$ 284,384	
 C. Community Case Management		\$ 148,314
 D. Pastoral Services		\$ 19,775
 C. Community Benefits		\$ 386,960
Sponsorship of specific community benefit programs		
In-kind sponsorship to general community benefit		
In-kind staff hours for community benefit		
 D. Volunteer Services value of 49,000 hours donated*		\$ 1,266,059
 E. Hospital Board value of volunteer hours*		\$ 34,387
 F. Medical Staff value of volunteer hours*		\$ 70,064
 G. Funds donated to hospital by employees		\$ 77,938
 H. Funds donated to hospital by Volunteer Services		\$ <u>60,000</u>
	TOTAL	\$16,993,834

* This value is based on the "independentsector.org" national estimated hourly value for hospital volunteer service: \$21.79 per hour.

Non-Quantifiable Benefits

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at **\$265,800** annually. Hospital staff who are providing leadership skills and bringing facilitator, convener and capacity consultation to the community collaboration efforts, incurs these expenses. These skills are an important component to enable the hospital to meet their mission, vision and value statements and community benefit plan. Leadership, advocacy and participation in community health planning costs are **\$265,800**.

Part 2 - Community Needs Assessment Process Conducted In 2013 (Reported 2014)

INTRODUCTION

California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), and was passed in 1994. It required all private, not-for-profit hospitals in California to conduct a community needs assessment and develop community benefit plans that are annually reported to the California Office of Statewide Health Planning and Development (OSHPD).

Redlands Community Hospital (RCH) conducted Community Needs Assessments for reporting periods 1995, 1998, 2002, 2005, 2008, 2011 and 2013. Communities of vulnerable and at-risk populations were identified and participated in the surveys.

Redlands Community Hospital continually strives to be aware of the changing healthcare needs of the people in the local communities. To help us identify the changing or unmet needs, understand the problems and opportunities, and to enable us to better respond to those changing needs, the hospital conducted a Community Needs Assessment in 2013 in accordance with the Community Benefit Law SB 697. The assessment process allowed the hospital to evaluate the needs, resources and gaps in healthcare services in our local communities.

Through consultation with community members, the goal of Redlands Community Hospital was to collect information which could enable the hospital to identify:

- Unmet health needs and problems
- Vulnerable and at risk populations
- Resources and services available
- Barriers to service and unmet needs
- Possible solutions to the identified needs and challenges

REDLANDS COMMUNITY HOSPITAL MISSION, VISION, AND VALUES

MISSION STATEMENT

Our mission is to promote an environment where members of our community can receive high quality care and service so they can maintain and be restored in good health.

We will accomplish our mission by interacting with the following groups:

Our Patients

Our patients are not just customers, but are fellow humans in need. From their first encounter, we will treat our patients with dignity and compassion, comfort their family and friends, and

endeavor to make their stay with us as rewarding as possible. We will provide whatever services we can, in and outside of the hospital, to maintain and restore the health of those who came to us for care.

Our Physicians

We shall strive to anticipate and meet the needs of the physicians who have chosen to affiliate with our Hospital. Together with us, they shall govern themselves and continue to maintain and assure a superior standard of conduct and patient care.

Our Employees

Our employees are health professionals, trained not just to accomplish their job, but to realize that the purpose of every job is to benefit the patient.

Our Associates

Those who have had the faith in us to invest in our future and those with whom we do business deserve a return of that trust. We shall conduct our business efficiently for that purpose.

Our Community

We are an integral part of our community. Therefore, we will listen to our community and its leaders to help us assess the community's health needs and we will work with them to develop a plan to address those needs to the best of our abilities and resources.

Our Vision

Our vision is to be recognized for the quality of service we provide and our attention to patient care.

We want to remain a non-for-profit, full-service community hospital and to continue to be the major health care provider in our primary service area of East San Bernardino Valley as well as the hospital of choice for our medical staff, We recognize the importance of remaining a financially strong organization and will take the necessary actions to ensure that we can fulfill this vision.

Our Values

We Are Committed To Serving Our Community.

Our services will make a difference in the quality of life in the communities we serve. It is our responsibility to assess the needs of our patients, physicians, employees, and others, and, to the best of our ability and resources, respond to those needs.

Our Community Deserves The Best We Can Offer.

We will provide efficient caring services to our patients and others in a courteous and professional way. We will strive to provide high quality, cost-efficient health care. We will continue to develop new services and eliminate obstacles to demonstrate our commitment of being responsive to the needs of our community.

Our Organization Will Be A Good Place To Work.

As an organization, we value the participation of each employee, physician, volunteer, and Board member. We will encourage suggestions, listen attentively, and follow through. Recognizing the importance of everyone who works here, we expect to treat one another, and to be treated, with respect and a sense of importance of team work. Our greatest asset is the people who are committed to our organization.

Our Organization Will Be Financially Strong.

We will be a financially strong and creative organization with the people, facilities, and finances to provide our best service. We will create and maintain a financial environment that will support and encourage our values.

II. BACKGROUND

Redlands is located in Southern California in the east valley of the San Bernardino Mountains. This century-old city is known for its Victorian homes and historic public buildings, a thriving downtown, tree-lined streets, orange groves, mountain views, and cultural richness. It is home to the University of Redlands, a top-ranked private university, which offers the community a full cadre of social and cultural events.

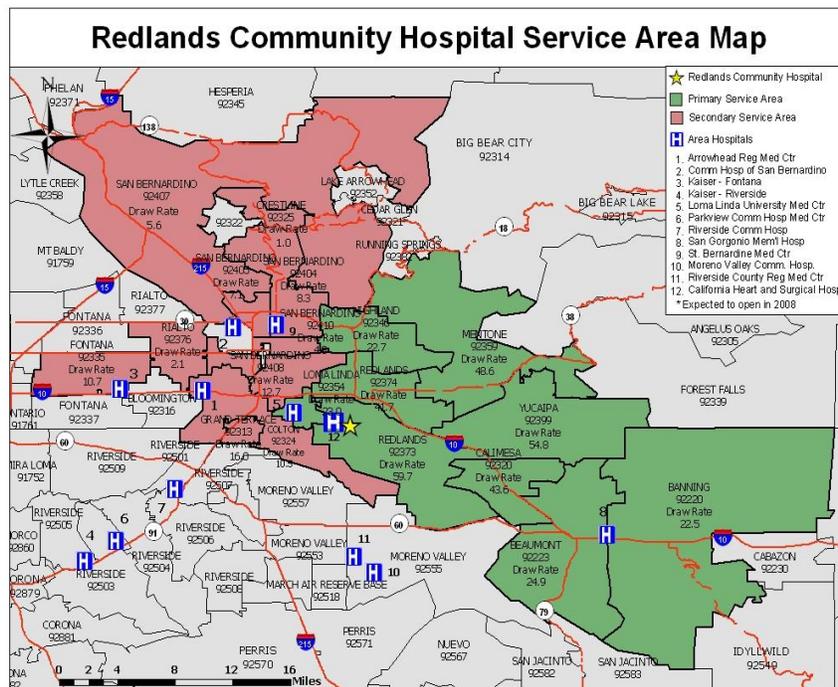
Yet, just like many other communities, there are groups of people, neighborhoods, or individuals who are struggling financially and lack adequate healthcare. As our service to the community, we strive to reach out to those in need of healthcare through a variety of community service programs.

Founded in 1904, Redlands Community Hospital is a non-profit, 205 bed healthcare facility located in the east San Bernardino Valley of Southern California. The hospital offers acute healthcare, diagnostic testing, outpatient and home healthcare services. The hospital operates a community-based Family Clinic for low-income and underinsured community members. The clinic originated in an elementary school, however it out grew the location and now resides at a free-standing location in a high-risk area of Redlands. As a community hospital, we take pride in our ability to provide personal care, comprehensive care, and, high quality services. Our public relations department, Emergency Department, Redlands Family Clinic, Yucaipa Family Clinic, Perinatal Services Program, and several other departments throughout the hospital are involved in offering and providing a variety of community services and charity care. Individuals throughout our large service area depend on us for 24-hour emergency care, the professional delivery of healthcare and community outreach programs.

COMMUNITIES SERVED

Analyzing historical patient origin data derived from the hospital's statistical information identified the geographic service area of Redlands Community Hospital. Located in the most densely populated area of San Bernardino County, communities identified as being in the primary service area of the hospital are Banning, Beaumont, Calimesa, Highland, Loma Linda, Mentone, Redlands and Yucaipa. The secondary service area is comprised of the cities of Colton, Crestline, Fontana, Grand Terrace, Rialto, San Bernardino, and several mountain communities.

Figure 1.
Redlands Community Hospital Service Area Map



DEMOGRAPHIC CHARACTERISTICS PRIMARY AND SECONDARY SERVICE AREA

Figure 2.
Redlands Community Hospital Patient Origin

Redlands Community Hospital Patient Origin Calendar Years 2011, 2012, and 2013										
ZIP Code	Community	Calendar Year 2011			Calendar Year 2012			Calendar Year 2013		
		Discharges	Percent of Total	Cumulative Percent	Discharges	Percent of Total	Cumulative Percent	Discharges	Percent of Total	Cumulative Percent
Primary Service Area										
92399	Yucaipa	2,509	20.1%	20.1%	2,391	19.3%	19.3%	2,396	19.4%	19.4%
92373	Redlands	1,643	13.2%	33.3%	1,690	13.6%	32.9%	1,598	13.0%	32.4%
92374	Redlands	1,437	11.5%	44.8%	1,441	11.6%	44.6%	1,380	11.2%	43.6%
92346	Highland	941	7.5%	52.3%	948	7.6%	52.2%	968	7.9%	51.4%
92223	Beaumont	781	6.3%	58.6%	722	5.8%	58.0%	675	5.5%	56.9%
92220	Banning	607	4.9%	63.4%	561	4.5%	62.5%	462	3.7%	60.7%
92320	Calimesa	367	2.9%	66.4%	373	3.0%	65.6%	352	2.9%	63.5%
92354	Loma Linda	290	2.3%	68.7%	317	2.6%	68.1%	289	2.3%	65.9%
92359	Mentone	284	2.3%	71.0%	319	2.6%	70.7%	326	2.6%	68.5%
Subtotal		8,859	71.0%		8,762	70.7%		8,446	68.5%	
Secondary Service Area										
92324	Colton	416	3.3%	74.3%	440	3.5%	74.2%	441	3.6%	72.1%
92404	San Bernadino	363	2.9%	77.2%	380	3.1%	77.3%	377	3.1%	75.1%
92407	San Bernadino	258	2.1%	79.3%	257	2.1%	79.4%	272	2.2%	77.3%
92313	Grand Terrace	178	1.4%	80.7%	199	1.6%	81.0%	161	1.3%	78.6%
92376	Rialto	166	1.3%	82.1%	160	1.3%	82.3%	136	1.1%	79.7%
92410	San Bernadino	133	1.1%	83.1%	142	1.1%	83.4%	152	1.2%	81.0%
92405	San Bernadino	121	1.0%	84.1%	117	0.9%	84.4%	135	1.1%	82.1%
92408	San Bernadino	100	0.8%	84.9%	122	1.0%	85.3%	134	1.1%	83.2%
92325	Crestline	60	0.5%	85.4%	61	0.5%	85.8%	53	0.4%	83.6%
92335	Fontana	55	0.4%	85.8%	65	0.5%	86.4%	62	0.5%	84.1%
Subtotal		1,850	14.8%		1,943	15.7%		1,923	15.6%	
All Other		1,771	14.2%	100.0%	1,690	13.6%	100.0%	1,961	15.9%	100.0%
Total		12,480	100.0%		12,395	100.0%		12,330	100.0%	

Source: Redlands Community Hospital

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Note: Inpatient Discharges (excludes Normal New borns MS-DRG 795)

Figure 3.
Primary Service Area – Ethnic Profile

Redlands Community Hospital
Primary Service Area vs. the State of California - Ethnic Profile
Calendar Year 2014 and 2019

Ethnicity	CAGR ⁽¹⁾	Estimated 2014		Projected 2019	
		Number	Percent of Total	Number	Percent of Total
Primary Service Area					
Hispanics	2.6%	107,304	34.8%	121,844	37.6%
Non-Hispanics					
White	-0.7%	145,870	47.4%	141,157	43.6%
Black	0.9%	18,111	5.9%	18,969	5.9%
American Indian/Alaskan/Aleutian	0.7%	2,117	0.7%	2,192	0.7%
Asian/Hawaiian/Pacific Islander	2.4%	25,289	8.2%	28,447	8.8%
Other	4.0%	9,237	3.0%	11,248	3.5%
Subtotal	0.1%	200,624	65.2%	202,013	62.4%
Total	1.0%	307,928	100.0%	323,857	100.0%
California					
Hispanics	1.9%	15,090,075	39.1%	16,582,670	41.2%
Non-Hispanics					
White	-0.5%	14,746,844	38.3%	14,386,642	35.7%
Black	0.2%	2,182,745	5.7%	2,202,113	5.5%
American Indian/Alaskan/Aleutian	0.8%	167,179	0.4%	174,159	0.4%
Asian/Hawaiian/Pacific Islander	1.5%	5,205,346	13.5%	5,612,490	13.9%
Other	2.4%	1,157,858	3.0%	1,301,964	3.2%
Subtotal	0.2%	23,459,972	60.9%	23,677,368	58.8%
Total	0.9%	38,550,047	100.0%	40,260,038	100.0%

Source: Claritas, Inc.

lands_Community_Hospital_PSA_SSA_PO.xlsx|PSA_Ethnicity Table

(1) CAGR is the compound annual growth rate, or the percent change in each year

Figure 4.
Secondary Service Area – Ethnic Profile

Redlands Community Hospital
Secondary Service Area vs. the State of California - Ethnic Profile
Calendar Years 2014 and 2019

Ethnicity	CAGR ⁽¹⁾	Estimated 2014		Projected 2019	
		Number	Percent of Total	Number	Percent of Total
Secondary Service Area					
Hispanics	1.6%	330,550	69.3%	358,399	73.0%
Non-Hispanics					
White	-3.1%	76,017	15.9%	64,874	13.2%
Black	-1.8%	45,016	9.4%	41,127	8.4%
American Indian/Alaskan/Aleutian	0.7%	1,628	0.3%	1,689	0.3%
Asian/Hawaiian/Pacific Islander	0.0%	14,905	3.1%	14,928	3.0%
Other	2.2%	9,162	1.9%	10,237	2.1%
Subtotal	-2.0%	146,728	30.7%	132,855	27.0%
Total	0.6%	477,278	100.0%	491,254	100.0%
California					
Hispanics	1.9%	15,090,075	39.1%	16,582,670	41.2%
Non-Hispanics					
White	-0.5%	14,746,844	38.3%	14,386,642	35.7%
Black	0.2%	2,182,745	5.7%	2,202,113	5.5%
American Indian/Alaskan/Aleutian	0.8%	167,179	0.4%	174,159	0.4%
Asian/Hawaiian/Pacific Islander	1.5%	5,205,346	13.5%	5,612,490	13.9%
Other	2.4%	1,157,858	3.0%	1,301,964	3.2%
Subtotal	0.2%	23,459,972	60.9%	23,677,368	58.8%
Total	0.9%	38,550,047	100.0%	40,260,038	100.0%

Source: Claritas, Inc.

lands_Community_Hospital_PSA_SSA_PO.xlsx|SSA_Ethnicity Table

(1) CAGR is the compound annual growth rate, or the percent change in each year

Figure 5.
Primary Service Area – Population by Age Cohort

Redlands Community Hospital
Primary Service Area vs. the State of California - Population by Age Cohort
Calendar Years 2014 and 2019

Age Cohort (Years)	CAGR ⁽¹⁾	Estimated 2014		Projected 2019		Percent Change 2014 - 2019
		Number	Percent of Total	Number	Percent of Total	
Primary Service Area						
0 - 14	0.5%	61,974	20.1%	63,474	19.6%	2.4%
15 - 44	0.8%	122,065	39.6%	127,248	39.3%	4.2%
45 - 64	0.2%	76,520	24.8%	77,254	23.9%	1.0%
65 +	3.4%	47,369	15.4%	55,881	17.3%	18.0%
Total	1.0%	307,928	100.0%	323,857	100.0%	5.2%
Women 15 - 44	0.7%	61,457	20.0%	63,664	19.7%	3.6%
Median Age	0.4%		36.9		37.6	1.9%
California						
0 - 14	0.2%	7,657,718	19.9%	7,736,938	19.2%	1.0%
15 - 44	0.3%	16,294,635	42.3%	16,544,228	41.1%	1.5%
45 - 64	0.9%	9,786,698	25.4%	10,244,376	25.4%	4.7%
65 +	3.6%	4,810,996	12.5%	5,734,496	14.2%	19.2%
Total	0.9%	38,550,047	100.0%	40,260,038	100.0%	4.4%
Women 15 - 44	0.2%	7,959,192	20.6%	8,056,070	20.0%	1.2%
Median Age	0.7%		36.0		37.2	3.3%

Source: Claritas, Inc.

lands_Community_Hospital_PSA_SSA_PO.xlsx|PSA_Pop Table

(1) CAGR is the compound annual growth rate, or the percent change in each year

Figure 6.
Primary Service Area – Socioeconomic Profile

Redlands Community Hospital
Primary Service Area vs. the State of California - Socioeconomic Profile
Calendar Years 2014 and 2019

Socioeconomic Indicator	CAGR ⁽¹⁾	Estimated 2014	Projected 2019	Percent Change 2014 - 2019
Primary Service Area				
Population	1.0%	307,928	323,857	5.2%
Households	1.0%	106,368	111,601	4.9%
Median Household Income	1.0%	\$53,013	\$55,678	5.0%
Average Household Income	0.9%	\$70,776	\$74,169	4.8%
Income Distribution				
Under \$25,000	0.0%	23.3%	22.2%	-0.2%
\$25,000 - \$49,999	0.4%	24.6%	23.9%	2.0%
\$50,000 - \$99,999	0.9%	30.5%	30.4%	4.5%
\$100,000 +	2.7%	21.6%	23.5%	14.4%
California				
Population	0.9%	38,550,047	40,260,038	4.4%
Households	0.9%	13,003,529	13,592,743	4.5%
Median Household Income	1.2%	\$58,504	\$62,240	6.4%
Average Household Income	1.5%	\$81,689	\$87,810	7.5%
Income Distribution				
Under \$25,000	-0.5%	21.9%	20.5%	-2.4%
\$25,000 - \$49,999	0.1%	22.3%	21.4%	0.6%
\$50,000 - \$99,999	0.5%	29.2%	28.6%	2.4%
\$100,000 +	3.0%	26.6%	29.5%	15.8%

Source: Claritas, Inc.

lands_Community_Hospital_PSA_SSA_PO.xlsx|PSA_

(1) CAGR is the compound annual growth rate, or the percent change in each year

LEADING CAUSES OF DEATH United States, California, and San Bernardino County

TEN LEADING CAUSES OF DEATH UNITED STATES, 2010 (<http://www.cdc.gov/NCHS/fastats/lcod.htm>, January 13, 2014)

Diseases of heart
Malignant neoplasm (Cancer)
Chronic lower respiratory Diseases
Cerebrovascular diseases (Stroke)
Accidents (Unintentional Injuries)
Alzheimer's disease
Diabetes mellitus
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)
Influenza and pneumonia
Suicide

TEN LEADING CAUSES OF DEATH HISPANIC/LATINO POPULATION, UNITED STATES, 2009 (<http://www.cdc.gov/minorityhealth/populations/remp/hispanic.html#10>, January 13, 2014)

Cancer
Heart Disease
Unintentional Injuries
Stroke
Diabetes
Chronic liver disease and cirrhosis
Chronic lower respiratory disease
Influenza and pneumonia
Homicide
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)

TEN LEADING CAUSES OF DEATH CALIFORNIA, 2010 (<http://www.cdph.ca.gov/data/statistics/Documents/VSC-2010-0508.pdf>, January 17, 2014)

Diseases of heart
Malignant neoplasm
Cerebrovascular diseases
Chronic lower respiratory Diseases
Alzheimer's disease
Accidents
Diabetes mellitus
Influenza and pneumonia
Chronic liver disease and cirrhosis
Intentional self-harm

TEN LEADING CAUSES OF DEATH SAN BERNARDINO COUNTY RESIDENTS, 2010
(<http://www.cdph.ca.gov/data/statistics/documents/VSC-2010-0520.pdf>, January 13, 2014)

Diseases of heart
Malignant neoplasms
Chronic lower respiratory diseases
Cerebrovascular diseases
Diabetes mellitus
Accidents (Unintentional injuries)
Alzheimer's disease
Intentional self-harm (Suicide)
Chronic liver disease and cirrhosis
Influenza and pneumonia

HISPANIC HEALTH STATUS INDICATORS

- The Hispanic population in the primary service area is expected to grow 2.8% over the next five years, which is slightly above the growth rate for the state at 2.1% (Figure 3, page 8).
- For the State of California, the Hispanic population accounted for 37.3% of all reported cases of Tuberculosis during 2012, in comparison to White 8.4% and Black 6.3%. (<http://www.cdph.ca.gov/data/statistics/documents/TBCB-state-report-graphs-color.pdf>, February 7, 2011)
- In California during 2011 the highest percentage of HIV/AIDS/TB co-infection case reports was among Hispanics at 58%. (http://www.cdph.ca.gov/data/statistics/documents/TBCB-report_2012.pdf, January 17, 2014)
- In San Bernardino County, 2011 to 2012, 14% of Latino adults were diagnosed with diabetes and 27.2% were diagnosed with high blood pressure. (<http://healthysanbernardinocounty.org/modules>, January 17, 2014)
- In San Bernardino County, 2011 to 2012, 67.6% of the adults (18-64 years of age) and 88.9% of the children (birth to 17 years of age) Latino population had health insurance. (<http://healthysanbernardinocounty.org/modules>, January 17, 2014)
- 1.
- According to the California Cancer Facts and Figures report for 2013, female Hispanics represented 327 of the 4,849 diagnosed breast cancer cases statewide during 2010. This represents 6.7% of the total cases reported in the state. (California Cancer Facts and Figures, 2013, California Cancer Registry, http://www.ccrca.org/pdf/Reports/ACS_2013.pdf, January 17, 2014)

- According to the CDC, in 2010 the United States incidence of cervical cancer for Hispanic women was 9.6/100,000 cases which represents the second highest incidence amongst all ethnicities. In California for the Los Angeles geographical region, the incidence of cervical cancer for Hispanic women was the highest at 11.8/100,000 cases. (<http://apps.nccd.cdc.gov/USCS>, January 17, 2014)
- In San Bernardino County, 2010, Hispanic women (81.4%) were less likely than White (84.4%) or Asian women (83.2%) to receive prenatal care during their first three months of pregnancy. Access to and receiving prenatal care can improve birth outcomes and decrease negative outcomes of pregnancy. During this same time period San Bernardino County achieved an 81.7% early prenatal care rate which exceeds the HealthyPeople 2020 goal. (San Bernardino County 2013 Community Indicators Report)
- The Hispanic birth rate of 58% in San Bernardino County during 2010 is the largest amongst all ethnic groups (San Bernardino County 2013 Community Indicators Report)

DEMOGRAPHIC ANALYSIS

With the variety of ethnic groups representing all age ranges, healthcare shall be provided in concert with cultural values, in various languages, and accessible to all. The following analysis is drawn from a review of the data:

- The Hispanic population continues to be the fastest growing population in our primary service area. The Hispanic population in our Primary Service Area was estimated as 34.8% in 2014 and is projected to increase to 37.6% in 2019 (Figure 3, page 8).
- The percentage of the population over the age of 45 in the primary service area is estimated to increase 19 % over the next five years, with the largest growth estimated at 18% for individuals 65 years and older (Figure 5, page 9). This growth will require sustained healthcare services and availability. As shown in Figure 5, the 15-44 age group declines in population as a whole from an estimated 39.6% in 2014 to 39.3% in 2019; the 45-64 age group is estimated to decrease from 24.8% in 2014 to 23.9% in 2019, and the 65 years and up will increase from 15.4% in 2014 to 17.3% in 2019.

- The population growth in our primary service area is expected to increase by 5.2% over the next five years (Figure 6, page 9). Although households and population growth is estimated to exceed that of the state overall, the primary service area median and average household incomes will continue to be below those of the state in 2019.
- Women’s health programs are imperative to prevent morbidity and mortality related to negative outcomes of pregnancy and breast and cervical cancer. Prenatal screening and education is a valuable resource and should be available to the community-at-large. Breast and cervical cancer screening is essential for early detection and treatment.

III. COMMUNITY HEALTHCARE NEEDS ASSESSMENT PROCESS

METHODOLOGY

To expand our knowledge of the community, hospital staff obtained the beliefs and perceptions of community members at-large and select key community leaders via focus groups. Key community leaders were carefully chosen for participation at focus groups due to their community involvement and demonstrated leadership experience. The goal was to obtain both perception and knowledge of health needs, resource availability, barriers and solutions.

Completing the 2013 community healthcare needs assessment involved coordinating and conducting two focus groups and distributing an anonymous survey. The anonymous survey was developed using available data from County, State and other relevant databases (Appendix A). The tool was professionally translated into Spanish and was distributed in both English and Spanish at various locations throughout our primary and secondary service areas. Focus groups were held on-site, in order to meet the intended goals of the assessment (Appendix B).

A total of 23 people participated in the two focus groups, and 168 anonymous surveys were received from community participants.

FOCUS GROUPS

Focus Groups were conducted with the following key community leaders:

- Redlands Community Hospital, Foundation Board (*N*=18)
- Redlands Community Hospital, Community Advisory Committee (*N*=5)

ANONYMOUS COMMUNITY HEALTHCARE NEEDS ASSESSMENT SURVEY

Surveys were distributed to community members at-large at the following locations:

- Banning Community Center, Banning CA.
- Blessed Keteri Church, Beaumont, CA.
- Redlands Community Hospital
- Redlands Community Hospital, Yucaipa Family Clinic (Community outreach department)
- Salvation Army, Redlands, CA.
- Throughout the city of Redlands at various venues including market night.

DEMOGRAPHIC ANALYSIS OF ANONYMOUS SURVEY PARTICIPATION

Figure 6.
Age

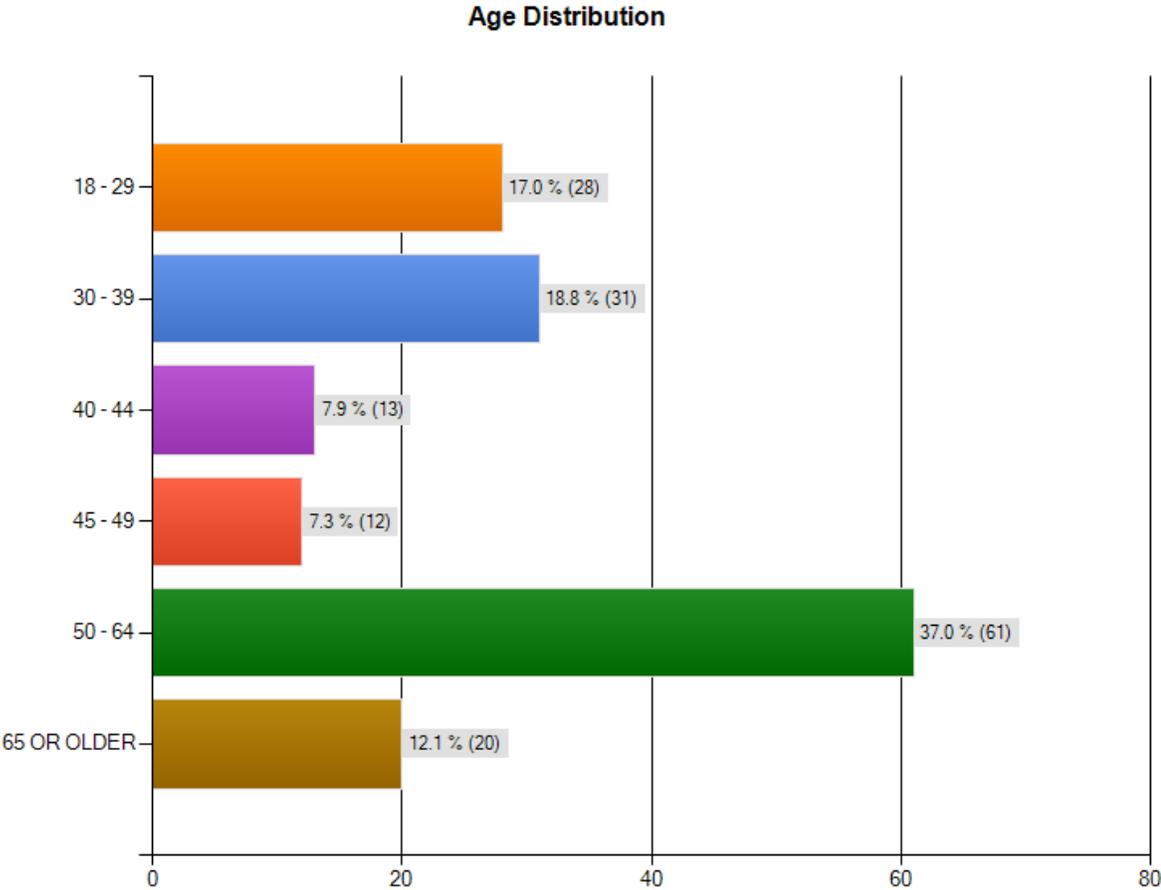


Figure 7.
Ethnicity

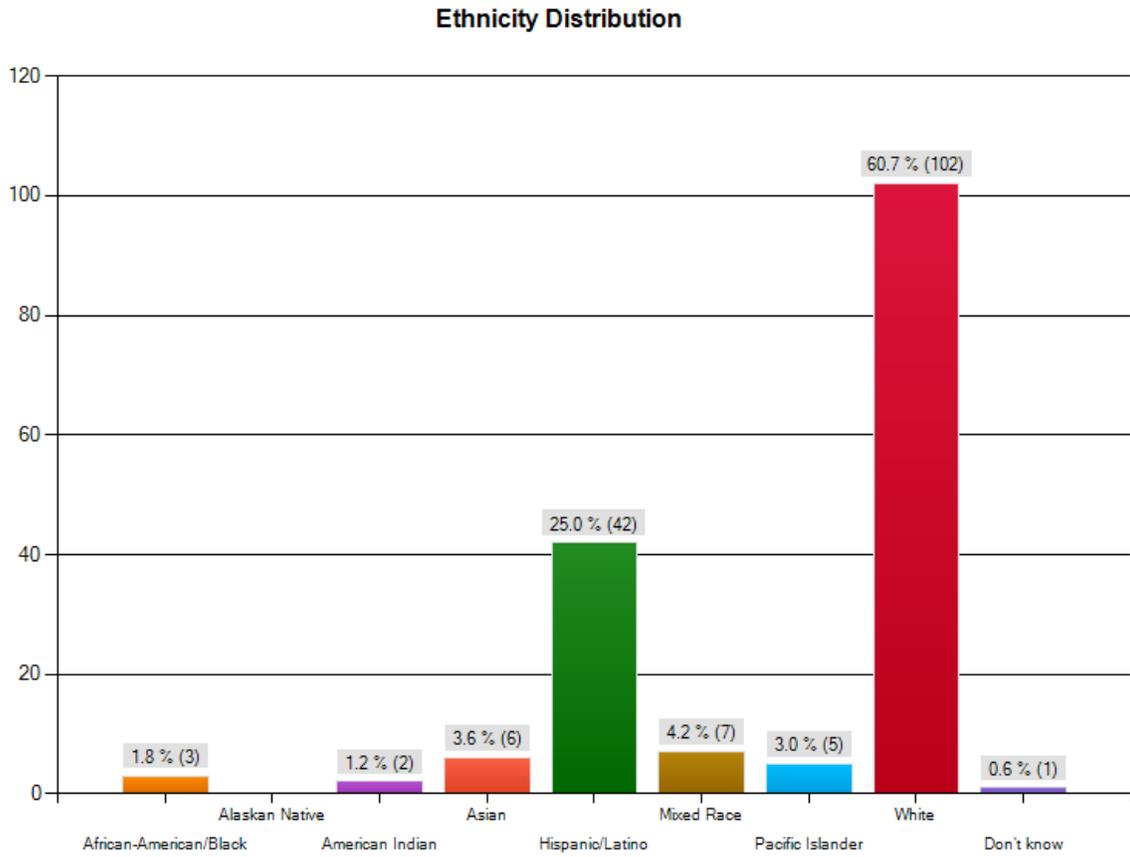


Figure 8.
Spoken Language

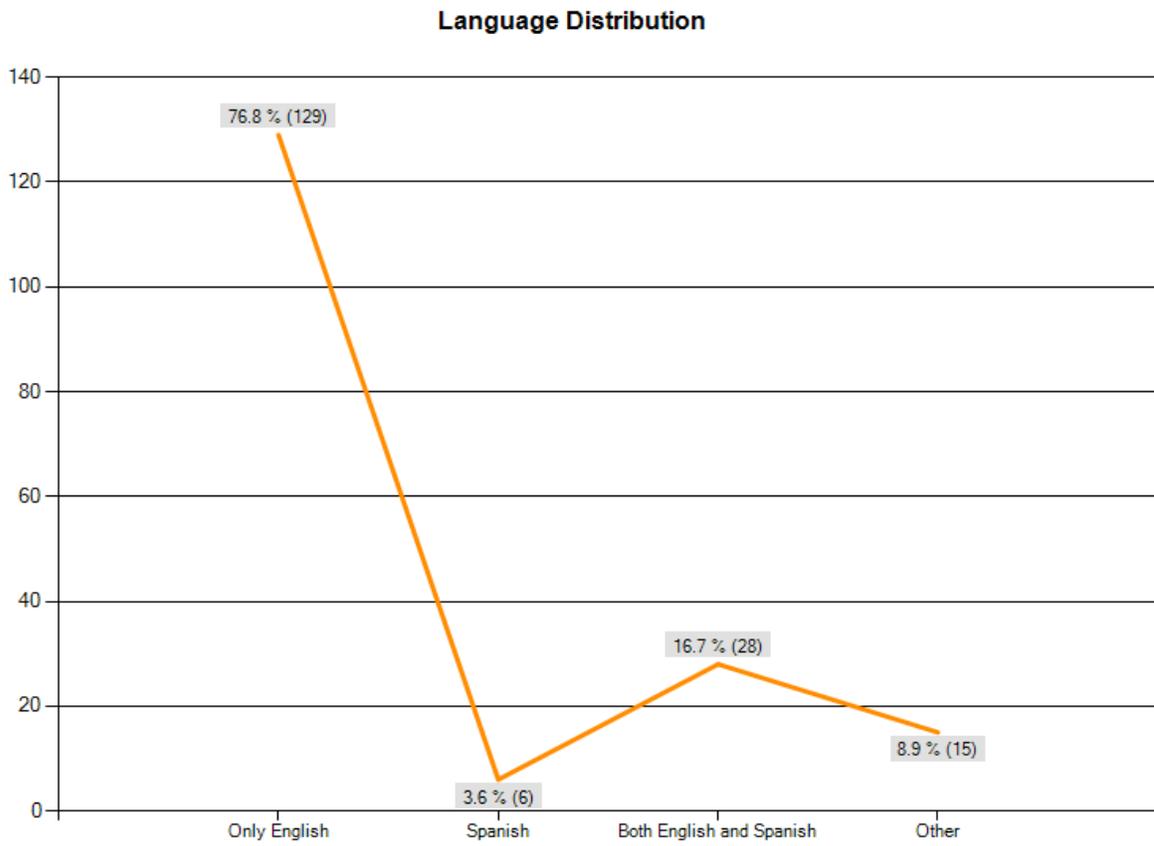
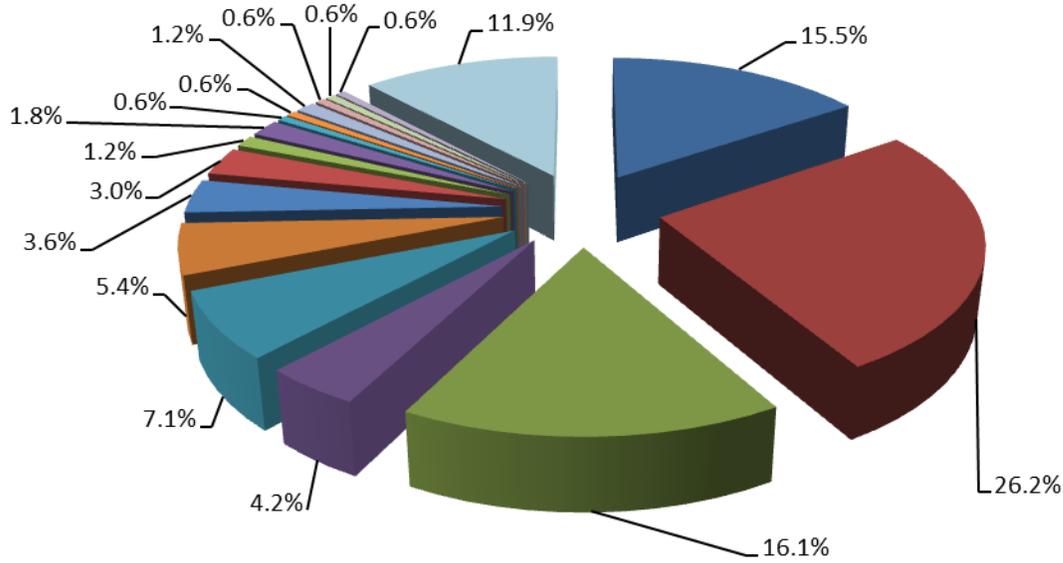


Figure 9.
Zip code

Participation by Zip Code



- 92399 - Yucaipa
- 92223 - Beaumont
- 92320 - Calimesa
- 92313 - Grand Terrace
- Other
- 92373 - Redlands
- 92220 - Banning
- 92324 - Colton
- 92408 - San Bernardino
- 92374 - Redlands
- 92354 - Loma Linda
- 92404 - San Bernardino
- 92376 - Rialto
- 92346 - Highland
- 92359 - Mentone
- 92407 - San Bernardino
- 92335 - Fontana

Zip Code - City	Percentage/Count
92374 - Redlands	16.1% (27)
92220 - Banning	5.4% (9)
92373 - Redlands	26.2% (44)
92399 - Yucaipa	15.5% (26)
92223 - Beaumont	7.1% (12)
92359 - Mentone	3% (5)
92346 - Highland	4.2% (7)
92404 - San Bernardino	0.6% (1)
92408 - San Bernardino	0.68% (1)
92354 - Loma Linda	3.6% (6)
92324 - Colton	1.8% (3)
92320 - Calimesa	1.2% (2)
92407 - San Bernardino	0.6% (1)
92313 - Grand Terrace	1.2% (2)
92335 - Fontana	0.6% (1)
92376 - Rialto	0.6% (1)
Other/Not Indicated	11.9% (20)

IV. ANALYSIS OF DATA

FOCUS GROUP OUTCOMES

The top three responses from the focus groups combined, for each of the questions on the focus group questionnaire are indicated in Table 1.

Table 1.

Top Three Responses for Each Question– Focus Groups

Describe what you believe are the primary healthcare issues are in our community (e.g. diabetes, access to care, lack of insurance, poor quality of care?).

*Behavior Health conditions/diagnoses
Access and affordability of health care
Knowledge of Affordable Care Act*

Describe what group or groups of people are most at-risk because they do not receive adequate healthcare (e.g. elderly, children, ethnic minorities, disabled, uninsured).

*Uninsured
Elderly
Low income (mothers & children) and working poor*

Describe what you believe are barriers to why people do not or cannot obtain healthcare in our community (e.g. transportation, lack of insurance, difficulty navigating services).

*Lack of insurance and the cost of health care
Emergency department's impacted by non-emergent cases
Long wait times in Emergency department and Urgent Care Centers*

Describe or provide suggestion of what may be done to better meet the healthcare needs of the community? (Transportation and Community Outreach Programs had the same number of responses)

*Expand Primary Care Clinics and Urgent Care Centers in the community
Partner with community service organizations
Education for community- Health education and availability of Hospital services*

Describe what Redlands Community Hospital can do to better meet the healthcare needs of the communities.

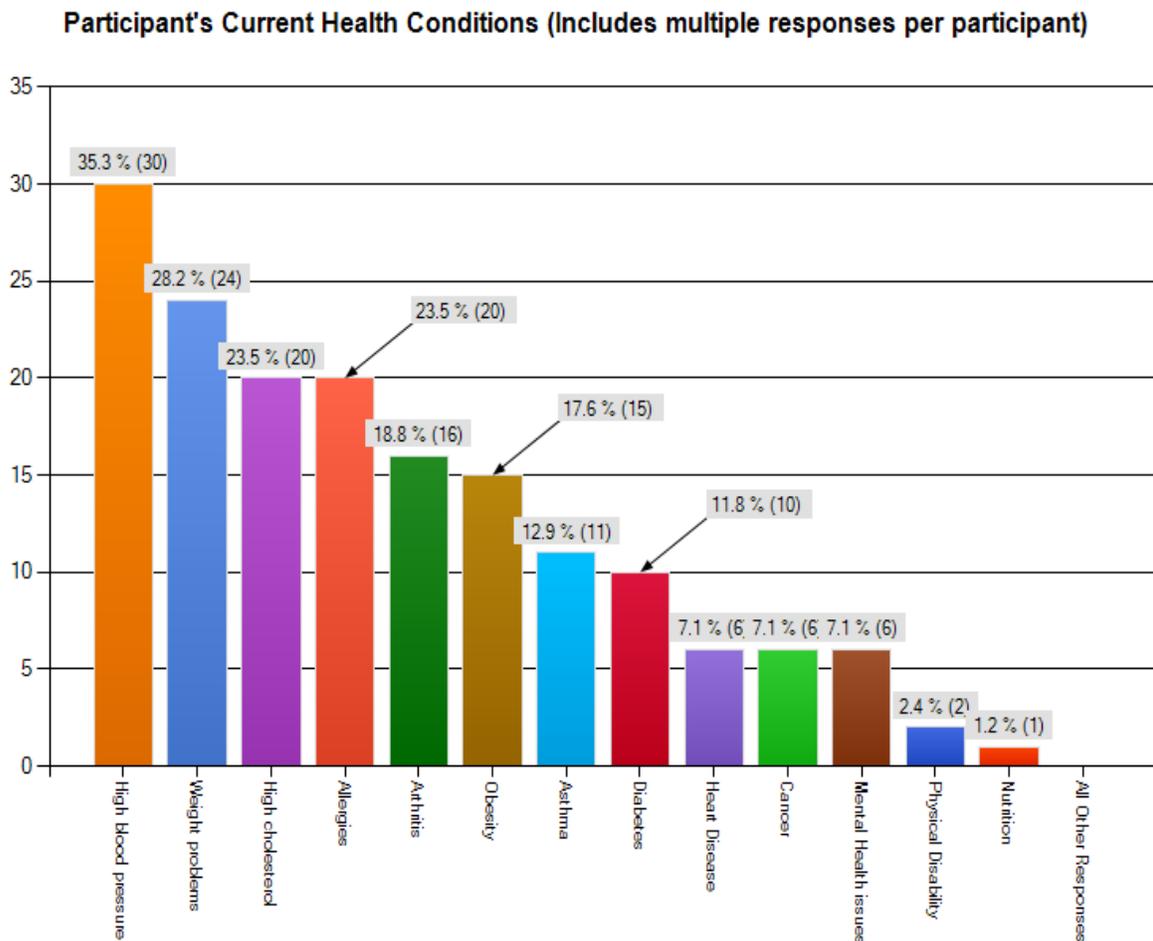
*Expand the Redlands Community Hospital emergency department
Sustainability planning to ensure Redlands Community Hospital remains to serve the community
Marketing Services and charity recognition*

ANONYMOUS SURVEY OUTCOMES

Current Health Concerns

Participants reported high blood pressure (35.3%) as the dominate current health condition. Weight problems (28.2%) was reported as the second most common health condition, followed by high cholesterol (23.5%) and allergies (23.5%) (Table 2). Daily medication, excluding vitamins and supplements are taken by 41.8% of the participants, and 46.3% also reported taking medications at least weekly.

Table 2.
Current Health Concerns



Access to Healthcare

Emergency rooms were utilized by 30.5% of the participants for healthcare during the past twelve months. Hospitalizations requiring at least an overnight stay within the last twelve months

were reported by 8.4 % of the participants. Responses show that 79.6% of the participants were seen by a doctor in the past twelve months.

The majority of participants (81.6%) drive their own car to medical appointments, 1.2% walk, and 7.4% are driven by or use another person’s car. Public transportation was utilized by 1.2% of the participants and no participants indicated that a bike is used as their method of transportation.

Two thirds of the participants indicated they have health insurance (66.7%). Medicare was reported by 8.4% as the primary method for paying for healthcare, and 6.7% have Medi-Cal. Paying cash for healthcare was reported by 6.1 % and 1.2% seek healthcare at the Veterans Administration.

When asked “is there a place that you usually go when you are sick or need advice about health”, 63.1% indicated they go to their doctor’s office, 23.3% indicated other location, 5.4% indicating other clinic, followed by 3.6% indicated they go to an emergency room.

SUMMARY AND RECOMMENDATIONS

Solutions identified by Redlands Community Hospital to mitigate and reduce the unmet health needs and problems are outlined in Table 3. Redlands Community Hospital

Table 3.
Solutions Identified for Unmet Health Need and Problems

Solutions	Unmet Health Needs and Problems
Continue our commitment to own and operate community-based primary care clinics and the Perinatal Services Program located in service need areas of Redlands and Yucaipa. Continue to provide community-based no-cost flu vaccines to reach the most vulnerable populations and the underserved.	Healthcare Access – Availability and Cost Lack of Insurance Healthcare for the elderly, uninsured, underinsured and working poor.
Explore the potential for establishing additional primary care clinics in response to the projected increase in insurance and Medi-Cal managed care clientele due to regulatory changes of the Patient Protection and Affordable Care Act of 2010.	
Continue to evaluate and assess demand and capacity of patient flow and access to and through the hospital’s emergency department in consideration for renovation or expansion.	
Continue our commitment support the work of community organizations. The hospital has a long-history of participation with Building A Generation and Family Service Association of Redlands (FSA). Explore opportunities and secure grant funding to strengthen the provision of clinical services for clientele of the FSA.	Partner with community organizations

Continue support of individuals suffering from mental health issues within the communities served by the hospital through the provision of behavioral medicine programs and services.

Healthcare Access –
Mental health

During 2013 the hospital expanded participation at health fairs, provided community-based health screening, and focused community education in the senior community. The hospital provides community education via dissemination of a community-wide newsletter (*Well Aware*) and conducted community health seminars at various locations. The hospital provided community education using local media outlets, such as the American Health Journal. The hospital plans to continue and expand community-based education programs. Since 2010 the hospital is a member of the Hospital Association of Southern California sponsored collaborative, the Community Benefits Stakeholder Meeting. This collaborative includes membership from area hospitals along with the San Bernardino County Public Health Department Health Officer and public health staff. Meeting on a regular basis, the goal of the collaborative is to discuss healthcare issues, collaboration opportunities, and implementation of regional strategies to improve health and wellness of the communities.

Community Outreach
Community Education

The hospital is a TJC Designated Primary Stroke Center and a ICEMA Neurovascular Stroke Receiving Center Level II for San Bernardino County. Community education will continue on topics such as diabetes prevention and treatment, obesity, stroke, cancer, heart health and other prevention education topics.

V. OVERVIEW OF HOSPITAL COMMUNITY BENEFIT PROGRAMS

Following is a summary of some of the community service/charity care in which the hospital is involved:

REDLANDS FAMILY CLINIC

US Census Bureau (2012) reports that 15.4% of the population nationwide is without health insurance, and for children as a category, 8.9% are without health insurance. For covered individuals, Medicaid accounts for 16.4% and Medicare 15.7%. Barriers to health care such as culture and low socioeconomic status continue to be a serious issue. Redlands Community Hospital addresses this issue by providing patient-centered primary health care services for individuals and families.

Purpose

An on-going goal of the Redlands Family Clinic is to provide high-quality, low-cost health care services to people who do not otherwise have access which may be due to financial, cultural, lifestyle, or psychological barriers. An equally important goal is to provide disease specific patient/family education, with emphasis on promoting health and wellness, and the support necessary to promote individualized health care decision making. Our ongoing objectives are to: 1) Provide an opportunity for low-income, the uninsured and underinsured to receive primary and preventive care, early medical problem identification and treatment and access to health care resources; 2) Reduce disparity in health care services within the community; 3) Develop health related programs and enhance the quality of services provided; 4) Provide health care for all ages, children to the elderly; 5) Assist with the application process and obtaining eligibility for public assistance programs; 6) Provide and promote community resources, and 7) Provide and facilitate community health services such as flu shots and other health care screenings

Unique and Innovative Methods

We view our program to be unique and innovative based on the following characteristics:

1. The services are provided by a not-for-profit Community Hospital based clinic utilizing skilled family practice nurse practitioners and support staff
2. The services are managed by Redlands Community Hospital's Board of Directors not associated with other organizations
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. A largely Hispanic population including recent migrants to the area
6. Bilingual clinical staff
7. Patients are uninsured or underinsured
8. Provides access to other health care services offered by the hospital

Our Partners and Providers

1. Building a Generation: A not-for-profit organization with family resource centers located in local schools. They provide case management and parent-child education programs. Their mission is to serve children and parents by providing personalized education, support, and connections to community resources, enabling them to become healthy and self-sufficient families.
2. Family Services Association of Redlands: A not-for-profit organization serving low-income and homeless families utilizing a management-based case management approach and personal

contact. Their mission is to alleviate poverty, encourage self-sufficiency and promote the dignity of all people. Services provided include transitional housing, clothing, and food.

3. BioData Medical Laboratories: provides clinical laboratory services
4. Local Pharmacies

Goals and Milestones Accomplished in 2013

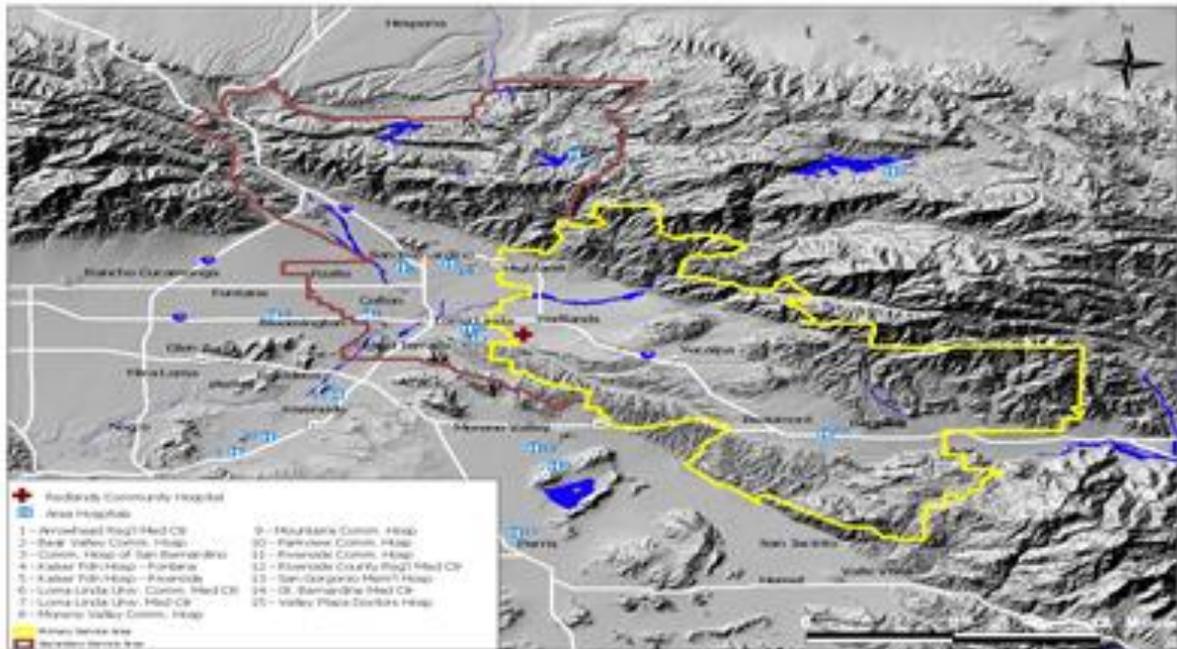
1. Enhanced primary care services
2. Provided and facilitated community educational offerings and health care screenings
3. Provided no-cost seasonal flu vaccinations to the community
4. Expanded awareness of the services provided by the Redlands Family Clinic
5. Supported Redlands Unified School District by providing employee TB screening

Top 10 medical diagnoses treated in clinic (highest to lowest)

- Benign hypertension
- Diabetes Mellitus
- Hyperlipidemia
- Hypothyroidism
- Anxiety
- Obesity
- Pure Hyperglyceridemia
- Lump or mass in breast
- Gastritis and Gastroduodenitis
- Backache

Redlands Family Clinic

Serving communities of Redlands, Loma Linda, San Bernardino, Highland, Yucaipa and Mentone.



Scope of Services

Hours of Operation	8:00-4:30 Monday through Friday
Personnel	Nurse Practitioners Licensed Vocational Nurses Medical Assistants Patient Account Representative Executive Director
Primary Services	Pediatrics (CHDP)
	Young adult – school exams and primary care
	Adult/Middle Age (cancer screening and detection)
	Acute and chronic primary medical care – all ages
Other Services onsite	Laboratory
	Social Services
	Dietician
Other Services at RCH	Pharmacy
	Cardio pulmonary
	Emergency room
	Inpatient Services
	Special procedures
Referred Services	ARMC outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies

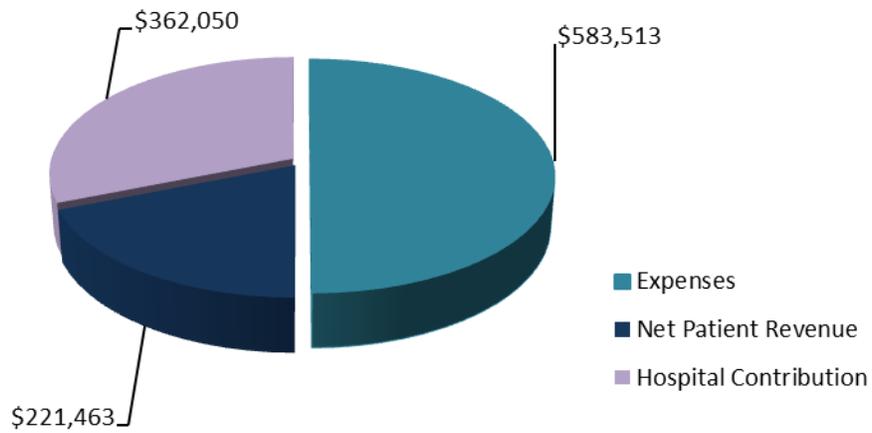
Total Visits - Historical 2009 to 2013

	2009	2010	2011	2012	2013
Redlands Family Clinic	6,787	5,667	5,667	5,982	5,410

Patient visits increased by 5.6% during 2012. The total number of new patients seeking services at the Redlands Family Clinic remains stable. The Redlands Family Clinic provides accessible and low-cost healthcare services.

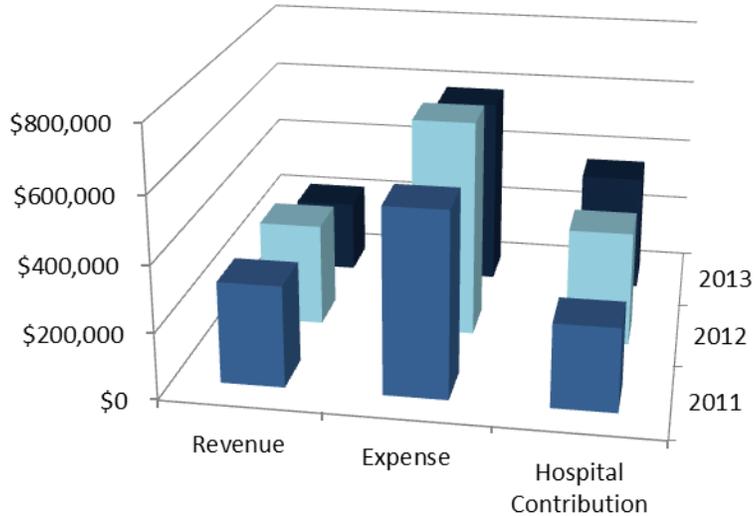
Financial Summaries Redlands Family Clinic, 2013

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2013 was \$362,050.



Expenses	\$583,513
Net patient Revenue	\$221,463
Hospital Contribution	\$362,050

Financial Summary Comparison, 2011, 2012, 2013



	Revenue	Expense	Hospital Contribution
2011	\$306,509	\$558,812	\$252,303
2012	\$312,608	\$661,271	\$348,663
2013	\$221,463	\$583,513	\$362,050

Goals and Objectives for 2014

1. Expand primary care services for low-income and underserved individuals
2. Secure funding sources for direct-care services and program materials
3. Continue to support community-based health programs

4. Enhance technology towards implementing electronic health records

Summary

During a time when healthcare dollars continue to shrink and increased financial risk is going to community hospitals, Redlands Community Hospital continues to demonstrate that healthcare resources can be made available to everyone. We at Redlands Community Hospital have not only proven it can be done, but witnessed the continuation and growth of services to the under-served population. We have addressed critical elements needed for early intervention by providing primary care services, controlled and reduced co-morbidities and made every attempt to prevent use of the Emergency Room as a source of primary health care services. Most importantly, we have demonstrated successfully how to help patients take control of their health care by providing patient-centered services and assisting with the transition to public assistance programs, whenever they qualify. If patients do not qualify for public assistance, we will continue to provide them with the healthcare they require.

We are encouraged by positive recognition the staff at the clinic receive from the patients and families served. During 2013 patients indicated 93% overall satisfaction. We will continue to network with the community to share our challenges and successes.

Our vision for the future is to continue to provide community based high-quality, low-cost health care services to low-income, uninsured and underinsured individuals and families.

YUCAIPA FAMILY CLINIC

To address the communities need for access to high-quality primary care services, and to meet stated goals, in June 2013 Redlands Community Hospital opened a second primary care clinic in Yucaipa, the Yucaipa Family Clinic. The Yucaipa Family Clinic is a sister clinic to the long-standing Redlands Family Clinic.

Purpose

A goal of the Yucaipa Family Clinic is to provide high-quality, low-cost health care services to people who do not otherwise have access which may be due to financial, cultural, lifestyle, or psychological barriers. An equally important goal is to provide disease specific patient/family education, with emphasis on promoting health and wellness, and the support necessary to promote individualized health care decision making. Our ongoing objectives are to: 1) Provide an opportunity for low-income, the uninsured and underinsured to receive primary and preventive care, early medical problem identification and treatment and access to health care resources; 2) Reduce disparity in health care services within the community; 3) Develop health related programs and enhance the quality of services provided; 4) Provide health care for all ages, children to the elderly; 5) Assist with the application process and obtaining eligibility for public assistance programs; 6) Provide and promote community resources, and 7) Provide and facilitate community health services such as flu shots and other health care screenings

Unique and Innovative Methods

We view our program to be unique and innovative based on the following characteristics:

1. The services are provided by a not-for-profit Community Hospital based clinic utilizing skilled family practice nurse practitioners and support staff
2. The services are managed by Redlands Community Hospital's Board of Directors not associated with other organizations
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. A largely Hispanic population including recent migrants to the area
6. Bilingual clinical staff
7. Patients are uninsured or underinsured
8. Provides access to other health care services offered by the hospital

Our Partners and Providers

1. Building a Generation: A not-for-profit organization with family resource centers located in local schools. They provide case management and parent-child education programs. Their mission is to serve children and parents by providing personalized education, support, and connections to community resources, enabling them to become healthy and self-sufficient families.
2. Family Services Association of Redlands: A not-for-profit organization serving low-income and homeless families utilizing a management-based case management approach and personal contact. Their mission is to alleviate poverty, encourage self-sufficiency and promote the dignity of all people. Services provided include transitional housing, clothing, and food.
3. BioData Medical Laboratories: provides clinical laboratory services
4. Local Pharmacies

Goals and Milestones Accomplished in 2013

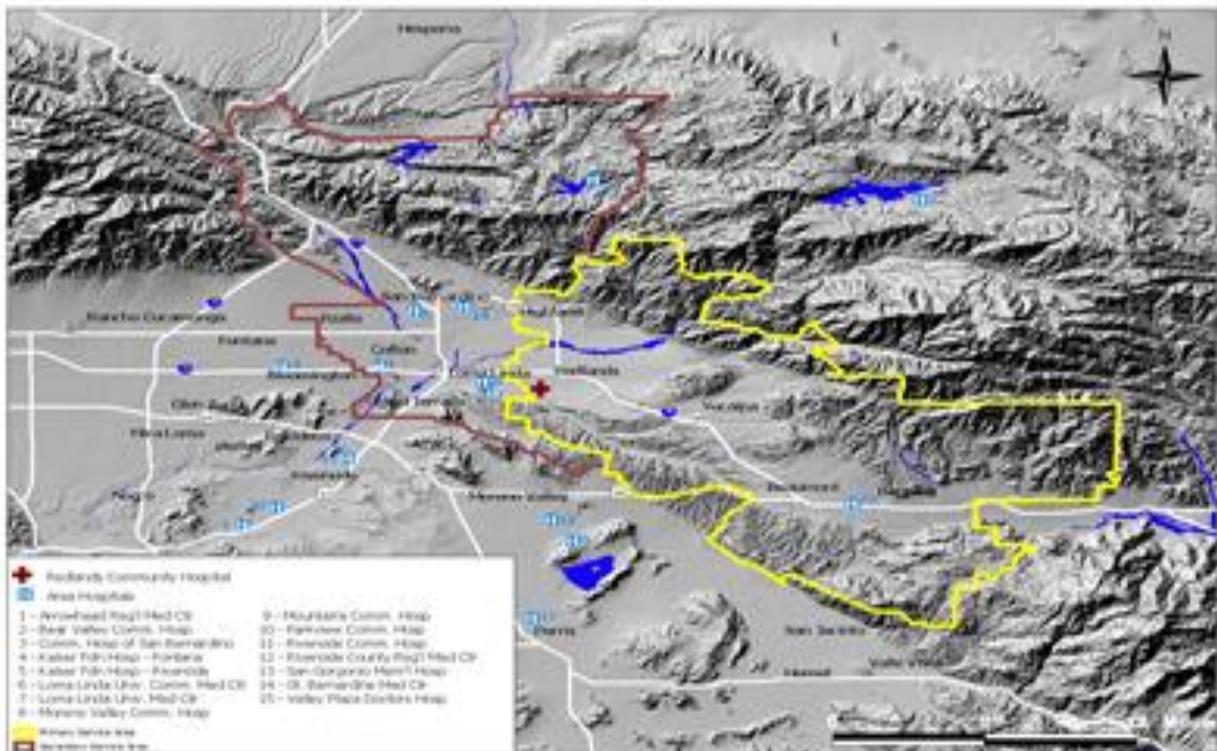
1. Expanded access to primary care services
2. Hosted a community-wide open house and health fair
3. Provided no-cost seasonal flu vaccinations to the community

Top 10 medical diagnoses treated in clinic (highest to lowest)

Benign hypertension
Gastritis and Gastroduodenitis
Diabetes Mellitus
Pure Hyperglyceridemia
Hypothyroidism
Obesity
Hyperchylomicronemia
Hyperlipidemia
Anxiety
Depressive disorder

Yucaipa Family Clinic

Serving communities of Redlands, Loma Linda, San Bernardino, Highland, Yucaipa and Mentone.



Scope of Services

Hours of Operation	8:00-4:30 Monday through Friday
Personnel	Nurse Practitioners Licensed Vocational Nurses Medical Assistants Patient Account Representative Executive Director
Primary Services	Pediatrics (CHDP)
	Young adult – school exams and primary care
	Adult/Middle Age (cancer screening and detection)
	Acute and chronic primary medical care – all ages
Other Services onsite	Laboratory
	Social Services
	Dietician
Other Services at RCH	Pharmacy
	Cardio pulmonary
	Emergency room
	Inpatient Services
	Special procedures
Referred Services	ARMC outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies

Total Visits – Historical 2013

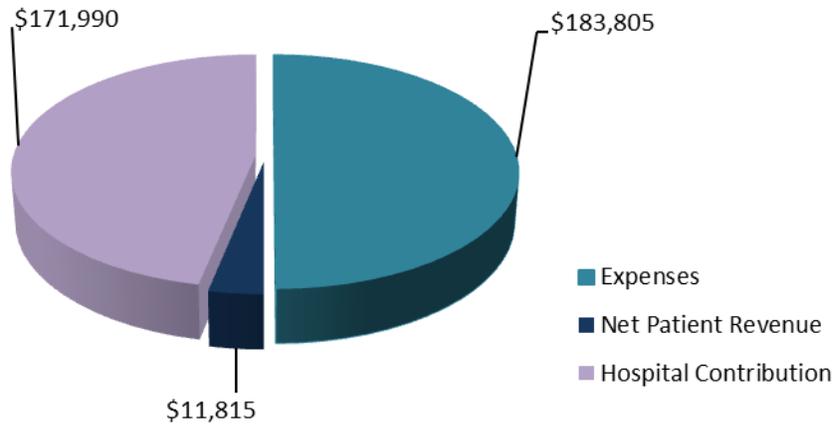
2013

Yucaipa Family Clinic 186 (clinic opened with a part-time medical provider on 6/3/2013)

The Yucaipa Family Clinic provides accessible and low-cost healthcare services.

Financial Summaries Yucaipa Family Clinic, 2013

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2013 was \$362,050.



Expenses	\$183,805
Net patient Revenue	\$11,815
Hospital Contribution	\$171,990

Goals and Objectives for 2014

1. Expand primary care services for low-income and underserved individuals
2. Secure funding sources for direct-care services and program materials
3. Continue to support community-based health programs
4. Enhance technology towards implementing electronic health records

Summary

Redlands Community Hospital is committed to serving the community and providing high-quality and affordable healthcare. For 2013 the Yucaipa Family Clinic's overall patient satisfaction rating was 93%. Our vision for the future is to continue to provide community based high-quality, low-cost health care services to low-income, uninsured and underinsured individuals and families.

PERINATAL SERVICES (MATERNAL/INFANT HEALTH)

The community based Perinatal Services Program offers several outpatient specialty education programs, Comprehensive Perinatal Services Program (CPSP), diabetes and pregnancy education, breastfeeding education, and childbirth education.

Problem

Real and perceived barriers (access, financial, transportation, etc.) to pre- and post-natal care for low-income, uninsured or underinsured women and teens.

Program Description

The Comprehensive Perinatal Services Program (CPSP) provides a variety of services and education to women prior to delivery and up to sixty days after delivery. Goals of the program are to decrease the incidence of low birth weight in infants, to improve the outcome of every pregnancy, to give every baby a healthy start in life and to lower health care costs by preventing catastrophic and chronic illness in infants and children. The Comprehensive Perinatal Services Program is a Medi-Cal sponsored program for women who are pregnant and are enrolled in straight Medi-Cal or a Medi-Cal Managed Care Plan.

The Diabetes and Pregnancy Education Program provides education, evaluation and intervention for pregnant women with diabetes or for women with diabetes planning to become pregnant. The goal of the program is to improve pregnancy outcomes for women and to reduce fetal deaths and neonatal and maternal complications. Services include an initial evaluation and follow-up by a registered nurse and dietician.

The Breastfeeding program provides breastfeeding education and support for groups, and individual one-on-one education.

The Childbirth preparation courses prepare the pregnant women and family for childbirth. Classes are designed to provide practical and useful tools in preparation of childbirth.

Partnerships

1. The California Wellness Foundation
2. County of San Bernardino (Public Health/CPSP)
3. Participating CPSP medical groups and community physician offices
4. California Diabetes and Pregnancy Program Sweet Success
5. Inland Empire Health Plan

Goals and Outcomes Accomplished in 2013

1. Provided access to services at the Yucaipa perinatal services office.
2. Expanded awareness of the education services provided by Perinatal Services to the local community and OB physicians.
3. Successfully recruited additional professional staff.
4. Increased access to services at the Yucaipa office and realized 140% program growth. Realized an overall 9% increase in the perinatal services program as a whole.
5. Achieved 99% patient satisfaction rating.

Goals and Outcomes set for 2014

1. Increase access to services at the Yucaipa office

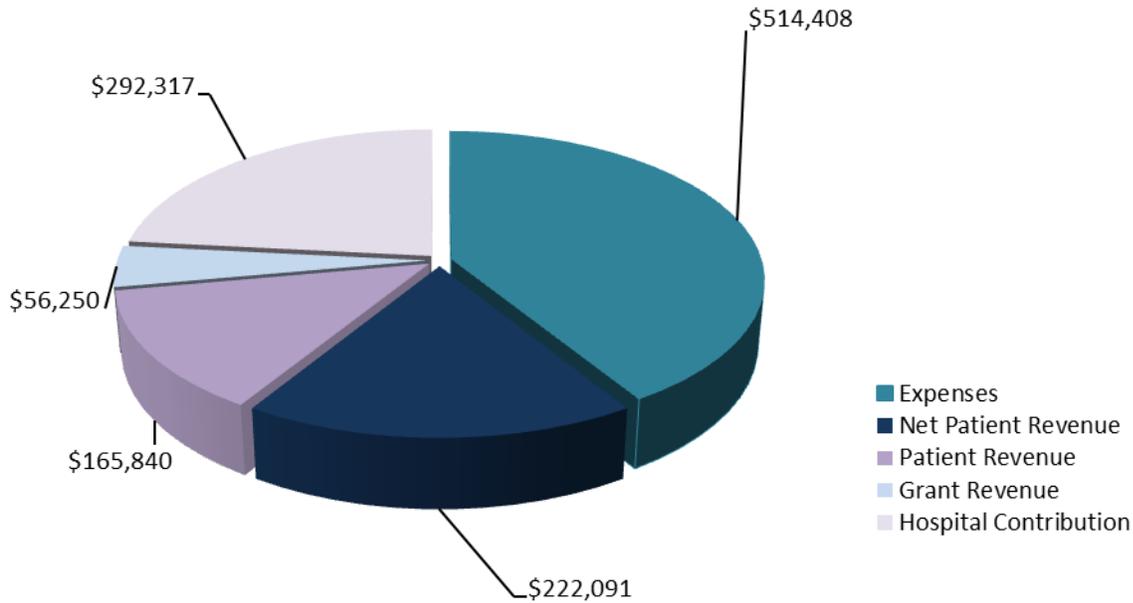
2. Increase the programs productivity at the Yucaipa office
3. Meet or exceed patient expectations
4. Emphasize the benefit of the various education programs to our patients and the community at-large
5. Promote breastfeeding initiatives

Total Visits, 2010 through 2013

2010	2011	2012	2013
1,138	1,429	2,181	2,387

Financial Summaries Perinatal Services, 2013

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2012 was \$292,317.



Expenses		\$514,408
Net Revenue		\$222,091
Patient Revenue	\$165,840	
Grant Revenue	\$56,250	
Hospital Contribution		\$292,317

BUILDING A GENERATION

Building a Generation (BAG), a not-for-profit organization with a volunteer Board of Directors, has a mission to serve children and parents by providing personalized education, support, and connections to

community resources, enabling them to become healthy and self-sufficient families. Staff and volunteers at BAG provide case management and parent-child education throughout the community.

Building a Generation has staff in Family Resource Centers located on site at four schools in the Redlands Unified School District. Children and parents are assisted at the Family Resource Centers through parenting classes, counseling, case management and referrals. Case managers provide the necessary follow through to make sure a family is getting the assistance they need.

Hospital Leadership:

In 2008, the hospital’s Executive Director for Community Based (Outreach) Programs and Services was elected to the Board of Directors, replacing the hospital’s President/CEO on the Board. Since 1998 and the inception of “Building a Generation”, Redlands Community Hospital has taken a leadership role with Building a Generation. The hospital’s President/CEO served as President of the organization and then on the Board from 2006 to 2008.

Problem:

Inadequate access and coordination of services for children and families.

Program description:

A collaboration of community-based organizations facilitates programs to assist families and youth with a variety of needs, from healthcare to social services to recreation programs to educational programs.

No cost to Redlands Community Hospital for this program, other than the Executive Director’s time and the hospital’s donations and sponsorships for the organization’s fundraising events.

Goals and Milestones Accomplished in 2013:

5. Expanded the diversity of Board membership.
6. Engaged community leaders and community based organizations
7. Developed and refined processes to evaluate program effectiveness

Goals and Milestones set for 2014:

Continue to support and collaborate with Building a Generation to make a healthier community.

PASTORAL CARE SERVICE – LAY MINISTRY – GRIEF PROGRAM

Clinical Chaplain

The RCH Clinical Chaplain performs and supervises multiple services which contribute to the spiritual well-being of those within the hospital. The chaplain addresses the spiritual concerns of RCH preoperative patients who request pastoral support. The Chaplain additionally serves as a part of the ICU and preoperative clinical teams, providing professional spiritual assessment and support for patients and families. The chaplain also responds to referrals from health care professionals throughout the hospital to assist with addressing life threatening illnesses, end of life concerns and issues of spiritual distress. Pastoral Care also participated in the process to develop a Palliative Care Program and continues to be an active part of the Ethics Committee.

Lay Ministry

Volunteers serve the community by giving their time provide strength and support for patients at RCH. Pastoral Care Services offers the opportunity to persons of all faith traditions to become a Pastoral Care Visitor. In addition to making visits in a designated clinical area, Pastoral Care Visitors participate in 16 hours of initial training provided by the Chaplain and on-going evaluation by the Chaplain and peers. Participants report being ‘stretched’ as they work as a group to expand their theological/spiritual understanding, in the context of the larger community of faith.

Grief Recovery

Follow-up grief care is an important service for families who have lost loved ones at Redlands Community Hospital. Included in a personalized letter to surviving family members is a list of several local grief support groups. In October, the clinical chaplain provided a grief workshop for those within our community who have experienced the loss of a loved one. In some cases, the Chaplain initiates grief support, thereafter providing an appropriate referral to a local support group.

Interspiritual Formation

RCH Pastoral Care Services explore and promote the growing worldwide movement of interfaith dialogue, communication, and understanding. Frequent cultural displays are sponsored by the office since the RCH patient population has become more spiritually diverse.

Community Partners

The Office of Pastoral Care Services partners with spiritual care providers in the greater Redlands area to facilitate spiritual care. We host an annual Clergy Appreciation Luncheon to celebrate and strengthen our community’s interfaith connectivity.

Goals and Milestones Accomplished in 2013

Pastoral Services at Redlands Community Hospital has been busy about the care of the spirit in the lives of hundreds of patients over the past year. We developed and hosted a grief workshop offered to the families of patients who have passed as well as to the community. Our lay program continues to have a visible presence at the bedside listening to the stories of our patients. These stories often include family problems long before the patient discusses their reason for being in the hospital. Listening to these stories aids in the healing process of our patients. 2013 also saw the continuation of our Volunteer Chaplain program. Our Volunteer Chaplains provide Chaplaincy Services when our Hospital Chaplain is not available. Our visiting and volunteer chaplains are encouraged to participate in their spiritual development by being exposed to spiritual practices from many faith traditions and are encouraged to explore the significance for their own ministry. Participation in on going pastoral care training provides the framework for pastoral accountability and the development of skills which enhance the care of our patients. Pastoral Care of the people who come to our hospital has grown over the years and has become more diverse in its offerings. We provide sensitive spiritual care that is purposeful in its inclusiveness of all persons.

Over the past year the Pastoral Care Services at Redlands Community Hospital continued its mission to care for those requesting support. The Prayer Before Surgery Program was successful in helping patients with a sense of inner peace prior to entering the operating room. The chaplain was an integral part of the ICU rounds providing spiritual guidance to the team, the patient, and the family. The Chaplain also assists in providing patients with control over end of life issues through the Palliative Care Program. The Pastoral Care Team provides companionship and comfort to patients through The No One Dies Alone Program which was successfully launched last year for patients who have nobody with them as they prepare for leave this life. Listening is one the most important elements of service provided. Many times in our busy lives, no one takes the time to listen to others fears and concerns; the Pastoral Care team was able to take the much needed time to do just that. Touching our visitors and patients' lives in meaningful ways to heal the spirit is as important as healing the body. One's mind, spirit and body all need to be in harmony for true healing. Our goal in Pastoral Care is to be inclusive of all spiritual beliefs and to be able to support the patient's needs.

In the month of November, the hospital had to make some difficult decisions which resulted in the loss of the position of clinical chaplain. In efforts to continue our ability to meet the spiritual needs of our patients and community, we immediately educated our hospital staff to work closely with patients and their families to identify their faith community of which we will reach out to for hospital visitation when possible. For those without a faith community, we utilize our volunteer chaplains who are often available to come in when a need has been identified. We continue to utilize our volunteer pastoral care visitors and local clergy who are dedicated to the work of spiritual care. There are monthly meeting with the pastoral care visitors and volunteer chaplains for education, support and encouragement. We have also reached out to the Inland Empire Interfaith Community Council requesting availability from each faith community in visitation of their hospitalized members when requested as well as seeking additional pastoral care volunteers to help us meet our patient and family needs.

Unreimbursed costs to Redlands Community Hospital for the Pastoral Care Program during 2013 were \$85,721.

Goals for 2014

1. Provide on-going spiritual care to RCH patients and families.
2. Support the Pastoral Care Visitor and Volunteer Chaplain in his/her personal ministry.
3. Facilitate interest in hospital visitations throughout the local Faith Community by meeting with local clergy and other faith community leadership.
4. Expansion of the No One Dies Alone Program through collaboration with Redlands Hospice.

Additional Community Benefit Activities, 2013

Redlands Community Hospital is continually involved in a variety of activities and programs that benefit the community.

Health Fairs and Health Screenings

Redlands Community Hospital participates in a wide variety of community events and provides health related services for the community at Senior Centers, churches, large employers, children events, emergency preparedness fairs, community events, high schools and the YMCA. An array of health education and health services are offered to the public.

Community Health Fairs

During 2013, the Hospital participated in twenty nine community health fairs providing education on the hospital's programs and services:

- Highland Senior Center
- Mentone Health Fair
- Wildwood Health Fair
- Calimesa Street Fair
- Jocelyn Senior Center
- Redlands Senior Community Center
- Jennie Davis Park
- Sun Lakes Senior Living Community
- Beaumont Senior Health and Fitness Expo
- City of Beaumont Meet Your Merchant Expo
- The San Bernardino Project Connect
- Ride Yourself Fit Kids Day Event
- Redlands Mall Health Fair
- Yucaipa Health Fair
- Health Redlands Health Fair- YMCA
- YMCA Kids Fair
- YMCA Family Health Fair
- Mission Commons Health Fair (Redlands Senior Housing Facility)
- Yucaipa Senior Center Health Fair
- City of Yucaipa Health Fair
- Behavioral Medicine Health Fair
- Yucaipa Emergency Preparedness Fair
- Susan G. Komen Race for the Cure
- The Boys and Girls Club Kids Day
- Redlands Bike Classic
- Redlands Believe Walk
- Brookside Manor Health Fair
- The Lakes Assisted Living and Memory Care Health Fair
- City of Redlands Disaster Preparedness and health education community fair

Free Immunization Programs

The Hospital provides free immunizations at various times during the year with the assistance from Marketing and Public Relations staff, Family Clinic medical and nursing staff, and the Health Ministry Program Nurse Coordinator. Flu shots were administered in 2013 as follows:

- Free Flu Shots administered to the employees and patients at various community locations including the Rotary and Kiwanis Clubs – 2,500 YTD.
- Flu shots and other immunizations were offered to underprivileged individuals at homeless shelters, the Salvation Army, and churches - 280 YTD.
- Free seasonal/H1N1 flu educational flyers, posters and brochures were distributed to the public; educational information and public screening locations were advertised in local newspapers and on the hospital website.

Senior Citizen Activities

- RCH funded several senior citizen newsletters in conjunction with the Jocelyn Senior Center which were mailed to seniors in various communities.
- RCH sponsored an information bulletin board at three senior centers in the area containing health information.
- Marketing / Public Relations and other hospital departments presented health programs to senior groups which included education on heart disease, high blood pressure (hypertension) and diabetes prevention and treatment.
- RCH sponsored special programs for seniors at various senior centers i.e. Redlands Community Senior Center), offering lunch or dinner, and a presentation by hospital staff on varying health topics.
- RCH also offered a variety of health screenings (such as eye vision testing), health information, and more.

Community Outreach/Co-sponsored or Supported Events:

- Blood Drives- Sponsored a monthly blood drive event in collaboration with LifeSteam (Formally known as the Blood Bank of San Bernardino and Riverside Counties).
- Conducted hospital tours for students and foreign visitors– hosted guests and gave educational tours of hospital facilities and services.
- Heart Health Month– provided heart health information to the community in conjunction with national “Go Red Day.”
- Run Through Redlands– provided first aid treatment and water stations to participants of the event.
- YMCA Children’s Health Education- including participation in their annual Kids Care Fair
- The Believe Walk- including participation in their annual Kids Care Fair
- Susan G. Komen Race For The Cure- Temecula, CA
- EMS Appreciation Day/ Luncheon- Emergency Response personnel, including Redlands Police Department, Redlands Fire and American Medical Response (AMR).

- The Redlands Bicycle Classic- provided valuable health and wellness information and giveaway items.
- Community Outreach (Family Service Association)- Throughout the year, Redlands Community Hospital continued to serve the needy within the community by:
 - Hospital-wide Food and Toy Drives
 - Thanksgiving Basket food Drive

Community Health Education Lectures

Throughout the year, the hospital organized and supported community health education awareness programs, including:

- Grief Recovery Classes
- Adult CPR classes in San Bernardino and Riverside County
- Infant CPR for new parents
- Various health-related topics such as:
 - Handling The Holidays- Grief seminar
 - The Spine and Joint Disease educational seminars
 - Breast Cancer Fashion Show
 - Heart Health education
 - Alternative Pain method seminars
 - Diabetes Education community lecture
 - Breast Cancer Awareness- women's health lecture
 - Infection prevention community lecture
 - Swallowing problems community lecture
 - Advanced treatment for gynecological diseases community lecture
- Hospital staff spoke at various community organization meetings about topics ranging from healthcare to expanding hospital facilities to meet the growing demand for health services.

Volunteer Services

The volunteer program adds another dimension of care within our hospital and ultimately our community. The program has far reaching affects both within and outside the hospital's walls. Internally, the volunteers touch the lives of the patients and their families providing comfort and support; the relieve staff of volunteer appropriate duties and provide the volunteers themselves with a mechanism to feel useful and give to their community. As one example of their community service, volunteers assist patients in voting in national and regional elections. This involves getting patient names and going to their county registrar of voters offices to facilitate this valuable community service.

Externally, the volunteers are active community members who represent the hospital and cause through support in community functions such as health fairs and through partnering with external programs.

- Volunteers assist at numerous community events conducted by the hospital.
- In 2013, Volunteers raised and donated over \$60,000 to the hospital Foundation to support hospital related community projects and services.

Community Sponsorships

Donated funds, gift baskets, purchased tickets and attended nearly 100 various community non-profit events and fundraising efforts for agencies that help the community, including:

- Boys and Girls Club
- The Amputee Coalition of America
- Rotary Scholarship Events
- Yucaipa Senior Center
- The Children's Fund
- Bonnes Meres Auxiliary of Redlands
- YMCA of Redlands
- The Redlands Bicycle Classic
- Kiwanis "Run Through Redlands" Marathon Fundraiser
- Redlands Northside Impact Committee Awards night for Hispanic community
- Joslyn Senior Center, Highland Community Center newsletter sponsorship
- Highland Senior Center services and programs
- Zonta Club gift baskets
- Youth sporting events sponsorship through program ad support
- Redlands Symphony
- St. Bernardines Medical Center
- San Bernardino County Firefighters fund and Burn Center
- American Cancer Society Daffodil Days
- American Cancer Society Redlands "Relay For Life"
- Building A Generation Golf Fundraiser

- Redlands Daily Facts & San Bernardino Sun Newspapers In Education
- Redlands Baseball For Youth Sponsorship
- Redlands High School
- Redlands East Valley High School
- Family Service Association
- Adopt-A-Highway Beautification Project
- Redlands Symphony Annual Gala Fundraiser
- Highland Senior Center Golf Tournament fundraiser
- Highland Springs Medical Plaza
- The Great American Youth YMCA Circus
- Redlands Bowl Children's Summer Festival
- Redlands Police Officer' Association Fundraiser
- San Bernardino County Medical Society sponsor
- Calimesa Chamber of Commerce Sponsor
- Time For Change Foundation
- Yucaipa High School
- Redlands Unified School District
- Alpha Kappa Delta- University of Redlands
- Loma Linda Chamber of Commerce
- Loma Linda University Medical Center
- Loma Linda University
- Loma Linda University Medical Center Possibilities Program
- American Heart Association
- Lifestream (formally the Blood Bank of San Bernardino County) blood drives
- The National Health Foundation
- Beaumont Chamber of Commerce
- Calimesa Chamber of Commerce
- Highland Chamber of Commerce
- Redlands Chamber of Commerce
- Yucaipa Chamber of Commerce
- Loma Linda Chamber of Commerce

Charity Care and Emergency Department Services

No patient with urgent health care needs is turned away from the RCH emergency department for inability to pay for health services. Admitting clerks seek to obtain health insurance or Medi-Cal coverage. After all avenues of financial payment have been exhausted, charity care is provided.

Emergency Planning

Redlands Community Hospital collaborates with area agencies to conduct County and City Emergency Drills. Hospital administrators, directors, safety, security and Emergency Department staff participated in numerous drills conducted throughout the year by the county, city and hospital. Different scenarios were staged to test cooperative functions between regional emergency agencies.

2013 - Year in Review

2,780	Free Flu Shots were given to the public by the hospital
10,000	People came to our booths at community health fairs
50	Children received a free tour of the hospital
2,582	Babies were born at the hospital
11,734	Patients stayed in the hospital
6,523	Patients received surgery at the hospital
44,628	Patients came through our 24-hour Emergency Department
67,432	Patients came in for outpatient visits, excluding emergency department visits
48,611	Work hours and \$60,000 were donated to the hospital by over 300 active volunteers

VI. OBJECTIVES FOR THE FUTURE

CONCLUSION

Redlands Community Hospital will continue to expand current community benefit programs and add programs as needed and identified in this healthcare assessment. We will monitor community perception and the impact of programs on an ongoing basis. Many of the needs identified overlap and plans to respond to those needs will be integrated throughout the hospital's communication and marketing activities.

Redlands Community Hospital will continue to expand existing programs and looks for ways to develop new programs and services to address the unmet healthcare needs identified in this Community Healthcare Needs Assessment. These services and programs will be provided within the financial capabilities of the hospital and will continue to include multiple community partnerships.

COMMUNICATION EXPANSION PLAN

Focus communication efforts on those topics identified by the participants in the community healthcare needs assessment process, along with other hospital services wherever the demand and need exists, utilizing:

- Ongoing advertising of hospital services and health features in newspapers and periodicals throughout the primary and secondary service areas; and ongoing submission of feature stories and editorial articles in newspapers and periodicals.
- Continue mailing of the hospital's community newsletter, "Well Aware" (a glossy color 8-page newsletter) to 40,000 homes three times a year.
- Maintain displays and signs throughout the hospital and community publicizing health and wellness activities, promoting a healthy lifestyle to all ages.
- Expand upon using the hospital's Website: www.redlandshospital.org to communicate more information to the public and translate areas of information to Spanish on an ongoing basis.
- Continue publishing the bi-monthly internal hospital newsletter distributed to hospital staff and volunteers to keep them informed of hospital programs and plans.
- Through monthly reports, keep the hospital's board of directors informed of community benefit activities.
- Expand efforts to communicate to the Hispanic/Latino population with Spanish brochures, advertisements, displays, and programs.

- Increase attendance and participation at community events where goals involve reaching the Hispanic population, i.e. Cinco de Mayo events, ethnic neighborhood events, Police Department cultural activities, etc.). Seek a variety of ways and opportunities to communicate health awareness and services to the Hispanic/Latino community.
- Concentrate on promoting awareness about health issues most pertinent to the Latino population, i.e. Diabetes, Heart Disease, and others identified in this report.
- Utilize the services of the Health Ministry Program wherever, and whenever, possible as they go out to homeless shelters, soup kitchens, drug and alcohol rehabilitation centers, by offering such services as Free Flu Shot Clinics, vaccinations, low cost physicals for children and adults, free health screenings, and more.
- Expand the services offered at our Family Clinics, thereby reducing the transportation barrier and need for transportation to receive healthcare services elsewhere.
- Continue seeking ways to mitigate the transportation issues, primarily by offering more outreach services throughout our service area.
- Provide health educational information and programs to all ages through the communication programs outlined on the previous page.
- Provide assistance through awareness and sponsorship of community organizations which benefit the quality of life for the general public in need, i.e. Family Services Association and others as identified in this report.
- Reach out to the community in a variety of ways, offering free health screenings and educational materials.
- Expand the hospital's CPSP and continue offering and expanding prenatal education programs for mothers of all ages, making this information accessible to mothers of all ages and throughout our service area.

VII. NON-QUANTIFIABLE COMMUNITY BENEFITS

LEADERSHIP/COMMUNITY BUILDING

Many hospital administrators and staff members are involved in community service work, including:

- Assisting the Redlands Family Services Association in providing health and human services to needy or underprivileged children and families in our service area communities
- Working with youth organizations, the school district, Boys and Girls Club, YMCA, and others to offer pro-active youth
- Anti-violence programs, neighborhood health and recreation programs, and others
- Volunteer community service work through service clubs and other non-profit organizations
- Assisting at fundraising events where the funds raised are used to help needy individuals

Community leaders, those serving on various hospital boards and committees, and leaders of community-based organizations are involved in the planning of services and programs that are expanded and/or created by the hospital to meet the unmet needs of members of the community.

The hospital's governing board is made up of community leaders who volunteer their expertise and time to provide direction for the hospital. Additionally, the hospital has a Community Advisory Committee which is comprised of business leaders and the general public who provide ongoing information to the hospital's governing board regarding the status of the community.

COLLABORATIONS/COMMUNITY PARTNERS

Redlands Community Hospital will continue to work collaboratively with other community-based organizations to improve the quality of life and health for those people most in need.

Continue working with healthcare-based collaborative within the hospital's service area and the Inland Empire, specifically the Inland Empire Community Benefits Collaborative, which meets monthly at various hospitals and health organizations throughout the Inland Empire for the purpose of sharing ideas and ways to improve healthcare services in all areas.

In 2010 the hospital joined the Hospital Association of Southern California sponsored San Bernardino County Hospital Community Benefits Collaborative. This collaborative includes membership from area hospitals along with the San Bernardino County Public Health Department Health Officer and public health staff. Meeting on a regular basis, the goal of the collaborative is to discuss healthcare issues, collaboration opportunities, and implementation of regional strategies to improve health and wellness of the communities.

On the following pages are listings of collaborative health and human service organizations which meet on a regular basis for the sole purpose of sharing ideas and concern for the betterment of the population. Some of those include, but are not limited to:

- Inland Empire Community Benefit Collaborative, Healthy Cities
- Building a Generation
- Redlands Family Services Association
- Rotary Club of Redlands
- Kiwanis Club of Redlands
- Redlands Unified School District
- YMCA Cardiac Monitoring Program
- Health-oriented non-profit organization, such as American Cancer Society, etc.
- San Bernardino County Blood Bank
- City of Redlands, Police and Recreation Departments
- San Bernardino Children's Fund
- University of Redlands Student Community Service Committee
- Area churches and youth groups

SUPPORT GROUPS (PARTIAL LISTING)

- Alcoholic's Anonymous, (909) 825-4700
- Al-Anon & Alateen, (909) 824-1516
- Alzheimer's Support, (909) 793-9500, Co-Sponsored By RCH
- Amputee Connection Of Redlands, (909) 235-5941
- Arthritis Foundation, (909) 320-1540
- Bereavement Support, (909) 580-6360
- Breast Feeding Follow-Up, "Transitions: Mothering Today" (909) 335-5556
- Cancer Support Group, (909) 683-6415
- Child Advocacy Program, (909) 881-6760
- Compassionate Friends Bereavement Group, (909) 792-6358
- D.A.S.H. (Elder Care Support), (909) 798-1667
- Diabetes Education, (909) 335-4131; At Beaver Medical Clinic (909) 793-3311
- Fibromyalgia (Chronic Fatigue), (909) 793-2837
- Inland Empire Lupus Support Group, (909) 874-9257
- Mothers of Multiples, (909) 882-5031
- Narcotics Anonymous, (909) 795-0464
- New Beginnings Breast Cancer Support Group, (909) 335-5645
- Option House - Counseling For Women In Domestic Violence, (909) 381-3471
- Over-Eaters Anonymous, (909) 887-7972
- Resolve Through Sharing Premature Pregnancy/Child Loss, (909) 335-5645
- Toughlove International, (714) 665-6565
- United Way - Offers Full Range of Community Resources, (909) 793-2837

Hospital staff is also involved by participating through volunteering and on the boards of several other member agencies:

- American Red Cross
- Audio-Vision Radio Reading Service for the Blind
- Boys & Girls Club of Redlands
- Boy Scouts of America
- Building a Generation
- Campaign for Alcohol Free Kids
- Campfire Boys & Girls Club
- Compassionate Friends
- Developing Aging Solutions with a Heart (Dash)
- Family Service Association
- First Steps Child Development Center
- Frazee Community Center
- Girl Scouts of San Geronio Council
- Information and Referral Service
- Inland Aids Project
- Inland Harvest
- Kiwanis Club of Redlands
- Option House
- Partnership with Industry
- Redlands Day Nursery
- Redlands Recreation Bureau
- Redlands/Yucaipa Guidance Clinic
- Rolling Starts, Inc.
- Rotary Club of Redlands
- Salvation Army
- San Bernardino Child Advocacy Program
- San Bernardino Sexual Assault Services
- Second Harvest Food Bank
- Silverlake Youth Services
- Sac Health Systems
- The Unforgettable Foundation
- YMCA Of Redlands, Highland, Yucaipa
- Yucaipa Teen Center

VIII. FINANCIAL COMMITMENT TO COMMUNITY BENEFITS

COMMUNITY BENEFITS AND ECONOMIC VALUE

Summary information below identifies community benefit programs and contributions for fiscal year ending September 2013 for Redlands Community Hospital.

A. Medical Care Services	Audited 2009	
Medicare	\$ 6,022,329	
MediCal, Co-indigent & Other	\$ 10,489,806	
Unreimbursed care		\$16,512,135
B. Community Outreach unreimbursed care		\$ 826,357
Redlands Family Clinic	\$ 362,050	
Yucapia Family Clinic	\$ 171,990	
Perinatal Services	\$ 292,317	
C. Community Case Management		\$ 162,885
D. Pastoral Services		\$ 85,721
C. Community Benefits		\$ 389,452
Sponsorship of specific community benefit programs		
In-kind sponsorship to general community benefit		
In-kind staff hours for community benefit		
D. Volunteer Services value of 48,000 donated		\$ 1,045,920*
E. Hospital Board value of volunteer hours		\$ 42,075*
F. Medical Staff value of volunteer hours		\$ 62,319*
G. Funds donated to hospital by employees		\$ 90,954
H. Funds donated to hospital by Volunteer Services		<u>\$ 60,000</u>
	TOTAL	<u>\$19,277,818</u>

* This value is based on the "Independentsector.org" national estimated hourly value for hospital volunteer service: \$21.79 per hour.

NON-QUANTIFIABLE BENEFITS

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at \$265,800 annually. Hospital staff, who are providing leadership skills and bringing facilitator, convener and capacity consultation to the community collaboration efforts, incurs these expenses. These skills are an

important component to enable the hospital to meet their mission, vision and value statements and community benefit plan.

Redlands Community Hospital has demonstrated its commitment to helping the community through its variety of community benefit programs, unpaid Medi-Cal and Medicare payments, humanitarian service through Charity Care to people in need, and its ongoing community service projects. Community donations of time, money and leadership further show the hospital's commitment to benefit the community.

IX. REDLANDS COMMUNITY HOSPITAL CHARITY CARE POLICY

RCH is committed to caring for patients in need of urgent or emergent service regardless of their ability to pay. This commitment reflects RCH's value of providing services to residents of our community. RCH will balance its obligation to provide charity with its need to remain financially strong.

The Redlands Community Hospital's Administrative Policy No. A.F2, Financial (Patient) Policy, is provided in Appendix C.

2013 COMMUNITY HEALTH SURVEY

To help Redlands Community Hospital identify the healthcare needs of the people in our region and to assess the resources available to meet those needs, Redlands Community Hospital is currently conducting a Community Needs Assessment (Survey) and the outcome of the survey will be reported to the California Office of Statewide Health Planning and Development.

Please do not write your name on the survey as the completion of the survey is anonymous.

We would appreciate a little of your time to complete the questions below. Please answer all questions honestly as your opinion and perspective are very important.

1. What is your current age range?

- 18 - 29
- 30 - 39
- 40 - 44
- 45 - 49
- 50 - 64
- 65 OR OLDER

2. What is your gender?

- Female
- Male
- Other

3. Are you?

- Married
- Living with a Partner
- Widowed
- Divorced
- Separated
- Never Married
- Don't Know

4. What is your ethnicity?

- African-American/Black
- Alaskan Native
- American Indian
- Asian
- Hispanic/Latino
- Mixed Race
- Pacific Islander
- White
- Don't know

5. What language(s) do you speak with your friends? (Check all that apply)
- Only English
 - Spanish
 - Both English and Spanish
 - Other _____
6. What city do you live in? _____
7. What is your ZIP code? _____
8. What is your current living situation?
- Homeless
 - Own the house you live in
 - Renting
 - Other
9. Is there a place that you usually go to when you are sick or in need of advice about your health?
- Does not apply-I do not go anywhere when I am sick or need health advice
 - Emergency Room
 - My doctor's office
 - Redlands Community Hospital
 - Redlands Family Clinic
 - Other Clinic
 - No one place
 - Other: _____
10. How do you presently get to your healthcare provider appointments?
- Does not apply -I do not go to healthcare provider appointments
 - Bus
 - Bike
 - Walk
 - Car (not yours)
 - Your own car
 - Other
11. How do you presently pay for your healthcare?
- Health insurance (e.g. private insurance, Blue Shield HMO)
 - Indian Health Services
 - Medi-Cal
 - Medicare (non-HMO)
 - Medicare HMO
 - Pay cash (no insurance)
 - Veteran's Administration
 - I have not attended a healthcare appointment in over two years
 - Other: _____

12. How is your general health?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
13. What health concerns do you currently have? _____

14. How can Redlands Community Hospital assist with your health concerns? _____

15. Do you have any of the following conditions? (Check all that apply)
- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> AIDS | <input type="checkbox"/> HIV | <input type="checkbox"/> Neurological problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Weight problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health issues | <input type="checkbox"/> Tuberculosis |
16. Do you take medications every day (not including vitamins or supplements) Yes No
17. Do you take medications at least once a week? Yes No
18. During the past 12 months, have you sought care at a hospital emergency room or urgent care clinic? Yes No
19. During the past 12 months, were you admitted to the hospital overnight or longer?
 Yes No
20. During the past 12 months, how many days of work/school did you miss due to illness?
 ____ Days
21. How many times in the past 12 months have you been seen by a doctor? ____ times
22. During the past 12 months, have you fallen to the ground more than once? Yes No
23. Did you receive medical care because of your falls? Yes No

24. Would you say that each week you spend at least 10 minutes doing moderate physical activity during your free time? A few examples of moderate physical activity is walking bicycling, swimming, dancing or gardening, etc. for at least 10-15 minutes each week.
 Yes No
25. Do you smoke? Yes If yes, please answer question 26 below.
 No
26. On the average, how many cigarettes do you smoke each day? _____Cigarettes/day
 N/A – I do not smoke cigarettes
27. Do you drink alcoholic beverages? Yes If yes, please answer question 28 below.
 N/A I do not drink alcoholic beverages
28. On the average, how many alcoholic beverages do you drink in a week? ____Drinks/week
 N/A I do not drink alcoholic beverages
29. In the past year, did you seek help for an alcohol or drug problem? Yes No
30. Do you currently have an alcohol or drug problem? Yes No
31. How often during the last 30 days did you feel nervous?
 All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time
 I have not felt nervous in the last 30 days
32. During the last 30 days, how often did you feel hopeless?
 All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time
 I have not felt hopeless in the last 30 days
33. During that last 30 days, how often did you feel so depressed that nothing could cheer you up?
 All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time
 I have not felt hopeless in the last 30 days

34. Is there anything else you would like us to be aware of or bring to our attention? _____

Thank you for taking your time to help Redlands Community Hospital provide high quality care and services to our community.



**2013 Community Needs Assessment
Focus Group Questions**

To help Redlands Community Hospital identify the healthcare needs of the people in our region and to assess the resources available to meet those needs, Redlands Community Hospital is currently conducting a Community Needs Assessment (Survey) and the outcome of the survey will be reported to the California Office of Statewide Health Planning and Development.

The purpose of the focus group is to evaluate responses in an effort to determine the healthcare needs of our local community.

1. Describe what you believe are the primary healthcare issues are in our community (e.g. diabetes, access to care, lack of insurance, poor quality of care?).
2. Describe what group or groups of people are most at-risk because they do not receive adequate healthcare (e.g. elderly, children, ethnic minorities, disabled, uninsured).
3. Describe what you believe are barriers to why people do not or cannot obtain healthcare in our community (e.g. transportation, lack of insurance, difficulty navigating services).
4. Describe or provide suggestion of what may be done to better meet the healthcare needs of the community?
5. Describe what Redlands Community Hospital can do to better meet the healthcare needs of the communities.

REDLANDS COMMUNITY HOSPITAL

ADMINISTRATIVE POLICY

Policy No. A.F2

Page 1 of 19

- SUBJECT:** FINANCIAL (PATIENT) POLICIES
- REFERENCE:** California Administrative Code, Title 22,
Section 707179(a)
- ATTACHMENTS:** A. Self-Pay and Charity Care Discounts
B. Endowment Funds for Charity Care
C. OB Cost Saver Package Plan
D. Community Based (Outreach) Programs and Services

PURPOSE

To define Redlands Community Hospital’s (“RCH’s”) philosophy and rules governing charitable care, special payment arrangements and general hospital business practices regarding patient financial responsibilities.

POLICY

1. RCH recognizes to the extent that it is financially able, a responsibility to provide quality health care services to persons regardless of their source of payment.
2. It is RCH’s philosophy that the need for charitable care or for special payment arrangements should be determined prior to the delivery of that care whenever possible. Early and deliberate efforts of RCH staff to contact the patient, resolve problems, discuss, counsel and make arrangements for payment are encouraged.
3. The cost of accounts not paid must be borne by the paying patient. Proper business practices blended with the compassion in a charitable institution into patient financial policies will enable RCH to fulfill its responsibilities to those patients and third parties who pay in full for services rendered.
4. Hospital business practices regarding patient financial responsibilities shall be defined as follows:

I. General Guidelines for All Patients

The billing of private insurance is considered a courtesy to the patient; however, the patient/guarantor remains responsible for the balance.

- A. RCH will bill secondary and supplemental carriers as a courtesy; however, the patient/guarantor remains responsible for the balance.
- B. New patients are to be pre-registered and receive financial counseling regarding insurance verification and co-payments, coinsurance, and/or deductibles due prior to services being rendered. Description of services and estimated costs of services are to be available to all outpatients from the departments.
- C. Extended Terms - Patients with an outstanding balance post discharge will be referred to the Business Office for counseling.

Payment arrangements without interest can be extended to all Self-Pay patients by the department staff not to exceed 6 months from the date of service. Upon a supervisor's review and approval, these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.

RCH will not revoke a patient's eligibility for extended payment terms unless the patient has failed to make all consecutive payments due in a 90-day period. Before revoking eligibility for extended payment terms, RCH, or any collection agency or other assignee of the patient's account, will make a reasonable attempt to contact the patient by phone and give notice by writing that the extended payment plan may be revoked and the patient has the opportunity to renegotiate the extended payment plan. RCH, the collection agency or other assignee will attempt to renegotiate the extended payment plan if requested by the patient. Adverse information shall not be reported to a consumer credit reporting agency and civil action shall not be commenced against the patient or other responsible party prior to the time the extended payment plan is revoked.

In the event that the patient has a pending appeal for coverage of services, so long as the patient makes a reasonable effort to communicate with the hospital about the progress of the pending appeal, the 90-day nonpayment period described above shall be extended until a final determination of the appeal is made. "Pending appeal" includes the following:

- 1) A grievance against a contracting health care service plan, as described in Chapter 2.2 of Division 2 of the Insurance Code, or against an insurer, as described in Chapter 1 of Part 2 of Division 2 of the Insurance Code;
- 2) An independent medical review, as described in Section 10145.3 or 10169 of the Insurance Code;

3) A fair hearing for review of a Medi-Cal claim pursuant to Section 10950 of the Welfare and Institutions Code;

4) An appeal regarding Medicare coverage consistent with federal law and regulations.

II. Inpatient Practice

RCH will accept insurance benefits as follows:

- A. Medicare - with proper eligibility.
- B. Medi-Cal - with proper eligibility. Share of cost payments must be made by the patient along with the hospital billing Medi-Cal.
- C. Commercial Insurance - with verified coverage, assignable benefits and deductibles met.
- D. Private Insurance - with verified coverage, assignable benefits and deductibles met.
- E. Workers' Compensation - with verified coverage.
- F. HMO/PPO/Capitation - with verified coverage.

III. Outpatient Practice

- A. Same Day Surgery
- B. MRI
- C. Lab
- D. X-ray
- E. Therapy Services
- F. Emergency Department
- G. All other ancillary departments

Insurance Coverage

RCH will accept insurance benefits as follows:

- 1) Medicare - with proper eligibility.
- 2) Medi-Cal - with proper eligibility.
- 3) Commercial Insurance - with an insurance card.
- 4) Private Insurance - with verified coverage, assignable benefits and deductibles met.
- 5) Workers' Compensation - with verified coverage.
- 6) HMO/PPO/Capitation - with verified coverage.

All insurance coverage will be verified prior, and authorization obtained where necessary prior, to the provision of services. Co-pays and deductibles will be collected prior to services being rendered.

IV. Bad Debt/Collection Policy

When required insurance coverage documentation and/or patient balance payments per agreement are not provided, RCH will transfer the account to a Bad Debt file and the reserve for Bad Debt will be charged. Bad Debt accounts may be referred to a collection agency at the discretion of the Collection Supervisor and Director of Patient Financial Services.

A. RCH will recognize any account as a Bad Debt when the account is older than 120 days except as follows:

- 1) The account is pending insurance payment for a known reason.
- 2) Extended payment terms have been authorized. Payment arrangements can be extended to all Self-Pay patients by department staff not to exceed 6 months from the date of service. Upon a supervisors review approval these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.
- 3) The Director of Patient Financial Services or Collection Supervisor has documented a good reason for maintaining the account.
- 4) The account has been recognized and documented as "high risk" and a prior determination made by the Director of Patient Financial Services or Collection Supervisor that the account should be aggressively followed by an outside agency.

- B. RCH and its assignees of any patient Bad Debt, including collection agencies, will not report adverse information to any consumer credit reporting agency prior to 150 days from initial billing.
- C. RCH will require all assignees of any patient Bad Debt, including collection agencies, to agree to comply with the AB 774 and the SB 350 requirements regarding all collection activity. A written agreement requiring compliance with AB 774 and SB 350, and RCH’s standards and scope of practice will be required on all collection agency agreements.
- D. RCH and its assignees of any patient Bad Debt, including collection agencies, will not use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills for patients whose income is below 350% of the Federal Poverty Level.
- E. A collection agency, or other assignee that is not an affiliate or subsidiary of RCH, shall not use sale of the patient’s primary residences as a means of collecting unpaid hospital bills of patients whose income is below 350% of the Federal Poverty Level unless both the patient and his or her spouse have died, no child of the patient is a minor and no adult child of the patient who is unable to take care of himself or herself is residing in the house as his or her primary residence.

F. Bad Debt approval thresholds:

Account Balances between 0.01 – 999.99	Patient Account Rep.
Account Balances between 1,000.00 – 9,999.99	Supervisor
Account Balances between 10,000.00 – 19,999.99	Manager
Account Balances between 20,000.00 – 49,999.99	Director of P.A.
Account Balances over \$50,000.00 per account:	Vice President/ Chief Financial
Officer	or President/CEO

- G. Prior to commencing collection activities against a patient, RCH and its assignees of any patient Bad Debt, including collection agencies, shall provide the patient with a clear and conspicuous notice containing both of the following:
 - 1) A plain language summary of the patient’s rights pursuant to AB 774 and SB 350, the Rosenthal Fair Debt Collection Practices Act, and the federal Fair Debt Collection Practices Act of Chapter 41 of Title 15 of the United States Code, and a statement that the Federal

Trade Commission enforces the federal act.

- 2) A statement that nonprofit credit counseling may be available.

V. Endowment

Application of Endowment Funds for Charity Care, see **Attachment B**.

VI. Charity Care, AB 774, SB 350 and Prop 99

Application for Self-Pay/Charity Care/Prop 99 Funds, see **Attachment A**.

VII. Employment Courtesy Allowances

No courtesy allowances for RCH employees or their dependents are allowed except as provided for under **Attachments A, B** or **C**, or as described under Section I above.

VIII. RCH Medical Staff Courtesy Allowances

No courtesy allowances for staff physicians or their dependents are allowed except as provided for under **Attachments A, B** or **C**, or as described under Section I above.

IX. Other Courtesy / Administrative Allowances

- A. From time to time it is necessary to adjust patient accounts on case by case based on a patient's financial ability, physical ability, mental capability or other related circumstances to make payment, as a courtesy. Approvals are as follows:

Allowance amount	0.01 – 499.99	Patient Accounting Rep.
Allowance amount	500.00 – 1,499.99	Supervisor
Allowance amount	1,500.00 – 4,999.99	Business Office Manager
Allowance amount	5,000 – 9,999.99	Director of P.A.
Allowance amount	=> 10,000.00	Vice President/ Chief Financial Officer or President/CEO

- B. Small balance allowances of \$14.99 and under that have been billed at least once may be written off by the Business Office.

- C. OB Cost-Saver Package Plan, see **Attachment C**.

- D. Self-Pay and Charity Care Discounts, see **Attachment A**.

E. Community Based (Outreach) Programs and Services, see **Attachment D.**

X. Overpayment on Patient Accounts

A. Insurance Overpayments

RCH will refund insurance overpayments in a reasonable manner, after review and a determination that refund is appropriate. Interest will be applied at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date of the verified credit balance.

B. Patient Overpayment

RCH will refund overpayments of \$5.00 or more to the responsible party after determining that no accounts for which the party is responsible have an outstanding balance. Interest will be applied at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date of the patients payment that created a credit balance. For patients retroactively presenting valid Medi-Cal cards, patient payments may be refunded after all retroactive documentation has been approved by the Department of Health Services. RCH reserves the right not to accept retroactive Medi-Cal.

C. Deviations from Policy

The President/CEO, Vice President/CFO or designee may authorize a deviation from any of the above policies.

Responsibility for review and maintenance of this policy is assigned to: Vice President/Chief Financial Officer.

APPROVED:

James R. Holmes, President/CEO

EFFECTIVE:

09/01/80

REVIEWED:

09/23/82, 01/30/86, 05/01/88, 01/21/92, 10/15/93

REVISED:

02/24/95, 11/21/97, 12/20/00, 02/13/04, 02/20/07, 02/15/08

REVISED

04/10/09, 12/18/09, 09/01/10, 12/12/11, 01/07/13, 7/22/13, 2/13/14

ATTACHMENT A

SELF-PAY AND CHARITY CARE DISCOUNTS

The Self-Pay and Charity Care Discount policies provided herein is intended to comply with California Assembly Bill 774 (Health and Safety Code § 127400 *et seq.*) and California Senate Bill 350 (Chapter 347, Statutes of 2007) effective January 1, 2008.

DEFINED TERMS

1. “*Bad Debt*” means an account of a patient who demonstrates an ability to pay but who refuses to pay after repeated requests for payment.
2. “*Charity Care*” means any medically necessary inpatient or outpatient hospital service provided to a patient whose responsible party has an income below 350% of the “*Federal Poverty Level*” or “*FPL*” (as defined below).
3. “*Federal Poverty Level*” or “*FPL*” means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.
4. “*Financially Qualified Patient*” means a patient who is: (1) a “*Self-Pay Patient*” (as defined below) or a patient with “*High Medical Costs*” (as defined below), and (2) a patient who has a family income that does not exceed 350% FPL.
5. “*Patient’s Family*” for the purpose of determining family income and size, means, for persons 18 years of age or older: spouse, domestic partner and dependent children under 21 years of age; and for persons under the age of 18: parent or caretaker and other children under 21 years of age.
6. “*Patient with High Medical Costs*” means a patient whose family income does not exceed 350% FPL if that person does not receive a discounted rate from the hospital as a result of the patient’s third- party coverage. For the purpose of this policy, “*High Medical Costs*” means: (1) annual out of pocket costs incurred by the individual at RCH exceed 10% of the patient’s family income for the prior 12 months, or (2) annual out of pocket expenses that exceed 10% of the family income, if the patient provides documentation of the patient’s medical expenses paid by the patient or the patient’s family in the prior 12 months.
7. “*RCH*” means Redlands Community Hospital.
8. “*Self-Pay Patient*” means a patient who does not have third-party coverage from a private health insurer or government entity.
9. “*Self-Pay Discount*” means a discount applied by RCH for any medically necessary inpatient or outpatient hospital service provided to a Patient with High Medical Costs who is uninsured or underinsured, requires assistance in paying their hospital bill, but whose documented income exceeds 350% FPL.

POLICY

All Self-Pay patients who do have an ability to pay and whose income exceeds 350% FPL will receive the standard Self-Pay Discount. All Self-Pay patients whose documented income falls below the 350% FPL threshold will be considered for Charity Care. All Self-Pay Patients will be screened for linkage to any appropriate form of assistance, including but not limited to Medi-Cal, Healthy Family’s, San Bernardino Medically Indigent Adult program, Section 1011 or, any

3rd party liability insurance (Automobile Insurance, Workers' Compensation, Home Owners Insurance, etc.). If linkage to any payor source is found, the patient must pursue this linkage first to receive eligibility for the Charity Care. Any such linkage that is not pursued by the patient or if the patient is denied eligibility for failure to comply may result in the patient not being eligible for RCH's Charity Care / Self-Pay Discount programs. RCH reserves the right to review these instances on a case by case basis.

STANDARD SELF-PAY DISCOUNT

For qualifying Self-Pay Patients who receive medical procedures (excluding implants and high cost drugs, which are billed at cost plus 5%) a 66% discount will be applied to charges at the time of final billing. Self-Pay Discounts offered by RCH may be offered based on financial ability, mental capability, physical ability, or other related reasons (see Eligibility below). An additional prompt-pay discount of 10% may also be offered if full payment is made promptly. Any Self-Pay Discounts that exceed the standard Self-Pay Discount and prompt-pay discount must be approved by the Business Services management team.

Payment arrangements without interest can be extended to Self-Pay Patients by the department staff, typically not to exceed 6 months from the date of service. Upon a supervisor's review and approval, these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.

CHARITY CARE / PROP 99

RCH is committed to providing appropriate medical care to patients in its service area to ensure that a patient in need of non-elective care will not be refused treatment because of his or her inability to pay. Therefore, it is the policy of RCH to provide charity care for those who demonstrate an inability to pay.

CHARITY CARE

Services Eligible under this Policy: For purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by Redlands Community Hospital without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis at RCH.

Eligibility Criteria for charity: will be considered for those individuals who are true "Self-Pay", underinsured; as defined as "Patient with High Medical Costs," and ineligible for any

government health care benefit program based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

All patients who receive a discount who are HMO, PPO, Medi-Cal, Medicare, and Third Party, are exempt from the program.

In determining eligibility for Charity Care, RCH may consider income and monetary assets of the patient and/or family. The assets include bank accounts and assets readily convertible to cash including stocks. Monetary assets shall not include retirement or deferred compensation plans. The first \$10,000 for patient monetary assets shall not be counted in determining eligibility, nor shall 50% of the patient's monetary assets exceeding the first \$10,000. Waivers or releases from the patient and/or the patient's family authorizing RCH to obtain account information from financial institutions or other entities that hold monetary assets may be required. Information obtained shall not be used in collection activities.

Method by Which Patients May Apply for Charity

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may
 - a. Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
 - b. Include reasonable efforts by RCH to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
 - c. Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
 - d. Take into account the patient's and/or families available assets, and all other financial resources available to the patient; and
 - e. Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.
2. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than 6 months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.
3. RCH may deny Charity Care on the grounds of failure to provide required requested information. In the event the patient or the representatives provide the requested information at a later date, RCH may choose to reopen their applications. Patient who have had their Charity Care Application denied have the right to appeal the denial and can do so by submitting their appeal in writing to the attention of the Director of Patient Accounting or the Business Office Manager at RCH at anytime.
4. RCH values of human dignity and stewardship shall be reflected in the application

process, financial need determination and granting of charity. Requests for charity shall be processed promptly and RCH shall notify the patient or applicant in writing once the application has been approved or denied.

5. The emergency physician, who provides emergency medical care in a hospital, is also required by California law to provide discounts to uninsured patients or patients with high medical costs whom are at or below the 350% federal poverty level. The processing, determination and application of discounts for emergency physician services is the sole responsibility of the providing emergency physician and shall not be construed to impose any additional responsibilities upon the hospital.

Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, RCH reserves the right to use outside agencies in determining estimated income amounts as the basis of determining charity care eligibility and potential discount amounts.

Examples of Intended Beneficiaries

1. The following are examples of patients intended to benefit from RCH's Charity Care policy:
 - A. Uninsured patients who do not have ability to pay and have income at 350% or lower of the FPL based on means-testing according to RCH's Charity Care policy.
 - B. Insured patients whose coverage is inadequate to cover a catastrophic situation, provided that the patient does not otherwise receive a discount as a result of third party coverage (HMO, PPO, Medicare discounts). These High Medical Cost patients could include the following:

Annual out of pocket costs incurred by the individual at RCH that exceed 10% of the patient's family income in the prior 12 months.

Annual out of pocket expenses that exceed 10% of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patients family in the prior 12 months to other non-RCH health care providers.
 - C. Patients who qualify for the Medically Indigent Adult program through the State of California or the County of San Bernardino.
 - D. Patients who have applied to the Medi-Cal program and have been denied for reasons other than failure to comply or non compliance with requested information.

- E. Patients who have been referred to outside collection agencies and who are later determined to be unable to pay according to RCH's charity care eligibility guidelines.
 - F. Patients who are undocumented aliens from other countries who have demonstrated no ability to pay or who did not or were not able to provide RCH adequate demographic information.
 - G. Patients who have a green card or other Immigration Department issued Identification ("*ID*") Card allowing them to be in this country legally but who have demonstrated no ability to pay or who did not or were not able to provide RCH adequate demographic information, provided that the patient complies with all Section 1011 requirements and applications.
 - H. Patients who are homeless.
 - I. Patients who, due to their condition, are unable or unwilling to provide adequate demographic information for billing.
 - J. Patients who are able to pay a portion but not all of their outstanding balance due to financial constraints.
2. Proposition 99 (Prop 99) Charity
- A. Prop 99 Charity includes items A through I above but excludes J (patients whose accounts have been partially paid by other insurance or partially paid by the patient). The State of California requires the following information for filing Prop 99 funds:
 - (1) Name, Address, Social Security Number, Sex, Age, Race, and diagnosis for both inpatients and outpatients.
 - B. A log will be kept on all Prop 99 and non-Prop 99 charity write-offs by the Business Office.
 - C. Prop 99 accounts will be reviewed for approval by either the Director of Business Office or the Vice President of Finance.

ADMINISTRATIVE MATTERS

1. Administrative or courtesy write-offs are the sole discretion of RCH and are not included in this policy.
2. Accounts which develop a credit balance due to a Charity Care or a Self-Pay Discount write-off and a subsequent payment from any source must have the Charity Care or Self-Pay Discount write-off reversed before any refunds are disbursed.

3. When RCH bills a patient that has not provided proof of coverage by a third-party at the time care is provided or upon discharge, as a part of that billing, RCH will provide the patient with a written notice, which shall include the following:
 - A. A statement of charges for services rendered by RCH.
 - B. A request that the patient inform RCH if the patient has health insurance coverage.
 - C. A statement that if the patient does not have health insurance coverage the patient may be eligible for Medicare, Healthy Families, Medi-Cal, Charity Care or Self-Pay discount.
 - D. A statement indicating how a patient may obtain an application for Healthy Families or Medi-Cal from RCH and who to contact for assistance.
 - E. Eligibility information for RCH's Self-Pay Discount and Charity Care programs and who to contact for assistance.

Such written notice shall be provided in both English and Spanish.

4. RCH will provide posted written notice of its Charity Care / Self-Pay Discount policy in all areas that are visible to the public including:
 - A. The ER department.
 - B. The Admissions department.
 - C. The Cashier and Business Office.
 - D. Other outpatient settings.
5. RCH will provide all required written correspondence to patients related to the Self-Pay Discount and Charity Care programs in English or Spanish, depending on the language spoken by the patient. Required written correspondence includes: requests for information to determine eligibility for the Self-Pay Discount, Charity Care, or insurance programs; information concerning potential eligibility for the Self-Pay Discount, Charity Care, and public insurance programs and how to apply for such programs; statements of estimated or actual charges; notice of expiration of an extended payment plan; notice of intent to commence collection activities; and notice of collection policies.

CHARITY CARE / SELF PAY DISCOUNT METHODOLOGY

1. Documented income for all Charity Care / Self-Pay Discount must be at or below 350% of the FPL.
2. Discounted amounts will be based on the highest government fee schedule between Medicare, Medi-Cal and Healthy Families. At no time will a patient with documented income below 350% of the FPL be charged for any amounts in excess of the highest government fee schedule.

3. Reimbursement to be applied is as follows:

FEDERAL POVERTY LEVELS

Family Size	100%		200%		300%		350%	
1	\$11,490	A	\$22,980	A	\$34,470	B	\$40,215	C
2	\$15,510	A	\$31,020	A	\$46,530	B	\$54,285	C
3	\$19,530	A	\$39,060	A	\$58,590	B	\$68,355	C
4	\$23,550	A	\$47,100	A	\$70,650	B	\$82,425	C
5	\$27,570	A	\$55,140	A	\$82,710	B	\$96,495	C
6	\$31,590	A	\$63,180	A	\$94,770	B	\$110,565	C
7	\$35,610	A	\$71,220	A	\$106,830	B	\$124,635	C
8	\$39,630	A	\$79,290	A	\$118,890	B	\$138,705	C

add \$4,020 for family units with more than 8 members.

Income must be equal to or below the amount in each column.

Family Size is defined as:

For persons 18 years of age and older, the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

For persons under 18 years old, a parent, caretaker relatives and other children under the age of 21 that belong to the parent or caretaker.

REIMBURSEMENT MATRIX

INCOME INDICATOR	REIMBURSEMENT
A	Free Care - Charity Care
B	50% of Highest Government Fee Schedules
C	100% of Highest Government Fee Schedules

Government fee schedules include Medicare, Medi-Cal & Healthy Families.

ATTACHMENT B

APPLICATION OF ENDOWMENT FUNDS FOR CHARITY CARE

POLICY

Redlands Community Hospital (“RCH”) has funds available, through bequests as well as from Board Designated Assets, to be used to pay for the care of the deserving patients. This policy is to outline the procedure for applying these funds to a patient’s account.

PROCEDURE

I. RCH Endowment Funds

These are monies that are held by RCH. The use of these funds is restricted as follows:

- A. AID Fund - Established in 1951, the Board of Directors of RCH set aside these funds. The interest of the AID Fund is to be used for patients unable to pay their bills.
- B. Edith Bates Fund - In 1961, the estate of Edith Bates established this fund to pay the hospital expenses of worthy persons who do not have and cannot obtain money to pay for their care.
- C. Anna Throop Memorial Fund - Funds were given to RCH to be used solely for the use and care of “crippled children” in the Pediatrics Department of the hospital.

II. Procedure for Applying Endowment Funds

- A. At the end of the fiscal year, an amount not to exceed the Endowment Fund prior years earnings will be established for the provision of care to needy patients. This amount shall be established by President/CEO or Vice President/CFO of RCH.
- B. Prospective patients will be screened by personnel from the Admitting or Business Office Departments. Financial screening will be based upon the financial criteria that is discussed in RCH’s Charity Care policy.
- C. After the appropriate signatures of approval have been obtained, the Business Office will prepare a check request for each patient account utilizing the patient account number and the fund accounting number.
- D. The Accounting Department will process a check for the individual patient account and deliver to the Cashier Department for posting of the payment to the patient account.

ATTACHMENT C
REDLANDS COMMUNITY HOSPITAL
350 TERRACINA BOULEVARD
REDLANDS, CALIFORNIA 92373

OB COST-SAVER PACKAGE PLAN

REQUIREMENTS FOR ELIGIBILITY:

The entire cost must be paid on or before discharge. Please be advised that prices will apply to the date of admission, not the date of payment. The Cost-Saver Package Plan applies to patients having normal vaginal deliveries or Cesarean section patients, with no complications. Should either the mother or baby become ill, regardless of whether payment has been made or not, the discount will be nullified and the patient's financial class reverts to self pay. Patients covered under insurance plans with **NORMAL MATERNITY COVERAGE** are **not eligible** for the OB Cost-Saver Package Plan. No itemized billing will be provided.

Charges incurred for conditions unrelated to the maternity visit are not included in the original OB Cost-Saver Package Plan, *i.e.*, Tubal Ligations.

SUMMARY OF ELIGIBILITY REQUIREMENTS:

Payment in full on or before discharge. (Cash, Check, Cashier's Check, Money Order, Visa, MasterCard or American Express).

Normal delivery and a well baby, or Cesarean section and a well baby.

No insurance involved.

CASH PAYMENT SCHEDULES (Mother and baby charges combined):

		<u>Mom & Baby</u>	<u>Mom & Baby with Tubal Ligation</u>
1 Day	Normal Delivery	\$2,300	\$3,325
2 Days	Normal Delivery	\$3,250	\$4,225
3 Days	Normal Delivery	\$4,250	\$5,125
2 Days	Cesarean Section	\$4,500 + \$1,000 for each additional day. For each additional baby per day \$500	
3 Days	Cesarean Section	\$5,500 + \$1,000 for each additional day. For each additional baby per day \$500	

NOTE: Patients who elect to have tubal ligation must pay for this service on or before discharge along with the OB Cost-Saver Package Plan discount.

Any payment made by check written to Redlands Community Hospital and returned unpaid by the bank will void the OB Cost-Saver Package Plan discount.

Prices are subject to change without notice. If you have any questions, please call (909) 335-6414.

ATTACHMENT D

REDLANDS COMMUNITY HOSPITAL
350 TERRACINA BOULEVARD
REDLANDS, CALIFORNIA 92373

COMMUNITY BASED (OUTREACH) PROGRAMS AND SERVICES

The aforementioned financial policy on charity care and self-pay discount practices does not apply to the Perinatal Services program, Redlands Family Clinic, Yucaipa Family Clinic or Center for Surgical and Specialty Care. This attachment outlines how discounts (if applied) and/or fee schedules are administered for each of these three programs.

PERINATAL SERVICES:

Lactation services are provided and billed using a fee-for service flat rate fee schedule. No self-pay discount is available for the professional fees for lactation services. Diabetes education and comprehensive perinatal education is provided using a hospital approved fee schedule. Qualifying self-pay patients for diabetes education may receive a 50% self-pay discount. Comprehensive perinatal services are provided for Medi-Cal patients only, and therefore do not qualify for a self-pay discount. When supplies are purchased as a self-pay/cash-pay, a 50% self-pay discount may apply.

Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.

CENTER FOR SURGICAL AND SPECIALTY CARE:

Services are provided and billed using a hospital approved fee schedule by the Hospital for the exam room (facility) fee and other associated fees incurred as a result of the patient's visits. The hospital does not establish the professional fees and therefore no discount from the hospital is applied. Qualifying self-pay patients may receive a 50% self-pay discount off of the hospital related charges. An individual would not qualify for the self-pay discount if insurance and/or a government sponsored health program is being billed for the hospital related charges. In order to receive a discount, the patient is required to make the *full* payment, minus the self-pay discount, *prior* to service being rendered. This will require the staff to advise the patient of the anticipated charges in advance of services.

Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.

REDLANDS FAMILY CLINIC & YUCAIPA FAMILY CLINIC:

As community-based clinics, a discount may be applied for self-pay/cash paying patients based on family income and family size according to the sliding-scale discount matrix below. The self-pay discount is applied when payment is made in *full*, on the same date that service is rendered. Services that are rendered and billed to State funded programs such as Medi-Cal, CDP or Family Pact are **not eligible** for a discount. Only self-pay patients are eligible for a discount. Services rendered not covered by a State funded program or other insurance may be discounted when the patients is paying cash for the non-

covered services. No itemized billing will be provided. Some services and/or supplies may not be discounted and include: a) the cost for external laboratory testing services, b) vaccines, c) immunizations, and d) tuberculosis screening and testing.

FAMILY CLINIC DISCOUNT MATRIX FOR SELF-PAY/CASH-PAYING PATIENTS:

Documented income must be at or below 350% of the most current Federal Poverty Guideline (maintained at the clinic) to qualify for a self-pay discount. A patient with reported and/or verified income higher than 350% of the guideline would not qualify for a discount.

SLIDING-SCALE DISCOUNT MATRIX

% of Poverty	100%		200%		300%		350%	
Family Size								
1	1		1		1		2	
2	1		1		2		2	
3	1		1		2		2	
4	1		2		2		3	
5	1		2		3		3	
6	1		2		3		3	
7	1		3		3		3	
8	1		3		3		3	

Income must be equal to or below the amount in each column.

Family Size is defined as:

For persons 18 years of age and older, the patient’s spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

For persons under 18 years old, a parent, caretaker relatives and other children under the age of 21 that belong to the parent or caretaker.

Family Income is defined as:

Income for all family members included in the family size (per above definitions).

DISCOUNT MATRIX – PERCENTAGE DISCOUNT LEVELS

Apply the appropriate discount percentage based on the patient’s income and family size using the sliding-scale discount matrix above.

Discount Level	
1	Eighty Percent (<u>80%</u>) Discount Applied
2	<u>Seventy</u> Percent (<u>70%</u>) Discount Applied
3	<u>Sixty</u> Percent (<u>60%</u>) Discount Applied

VERIFICATION OF ELIGIBILITY:

Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered at the Family Clinic. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.