



Community Benefits Fiscal Year 2014



TORRANCE MEMORIAL
MEDICAL CENTER



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Community Benefits Report Fiscal Year 2014

For Submittal to:

State of California
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Preface

In accordance with Senate Bill 697, Community Benefits Legislation, Torrance Memorial Medical Center, a private not-for-profit hospital, submits this Community Benefits Plan for Fiscal Year 2014. Senate Bill 697 requires a not-for-profit hospital in California to complete the following activities:

- Review and reaffirm its mission statement to ensure that its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization
- Complete and update a needs assessment every three years, evaluating the health needs of the community served by the hospital
- Adopt and file a community benefits plan annually, documenting activities that the hospital has undertaken to address community needs within its mission and financial capacity; and to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan

Introduction to Torrance Memorial Medical Center

Torrance Memorial Medical Center is a locally governed, 401-bed, non-profit medical center whose purpose is to provide quality healthcare services, predominantly to the residents of the South Bay, Peninsula and Harbor communities.

Founded by Jared Sidney Torrance in 1925, the medical center offers general acute care services and serves as one of the only three burn centers in Los Angeles County. With more than 3,000 employees, Torrance Memorial is one of the South Bay's largest employers. The hospital's medical staff includes over 1,000 physicians, while the volunteer corps embraces more than 1,000 members.

As the South Bay's first hospital, Torrance Memorial was relocated to its present site in 1971. Over the years, the medical center has continually grown and expanded to meet the community's healthcare needs. Among the many Torrance Memorial services and programs of special note are:

- Emergency Care (more than 44,370 patient visits annually)
- Imaging Services – Diagnostic and Interventional Radiology (including an outpatient medical imaging facility)
- Family Birth Center (3,153 babies born in 2014)
- Level III Neonatal Intensive Care (stand alone) Unit
- Home Health & Hospice
- Polak Research Program (offers clinical research capabilities, at a level not typically available from community hospitals)
- Cancer Care
- Cardiology Program
- Burn Center
- Rehabilitation Services
- Chemical Dependency Outpatient Treatment

Among the medical center's ratings and accomplishments are the following recent distinctions:

- U.S. News and World Report Best Regional Hospital Award in 7 specialty areas
- Blue Shield Blue Distinction Center for Spine, Hip and Knee Surgery
- American Heart Association Gold Plus Quality Achievement Award and Honor Roll for Heart Failure Program
- American Heart Association/American Stroke Association Gold Plus Quality Achievement Award, Stroke Program
- American Heart Association Silver Quality Achievement Award, Cardiac Resuscitation
- Designated STEMI Receiving Center, Department of Health Emergency Services Agency of Los Angeles County

- American College of Surgeons Commission on Cancer, Outstanding Achievement Award
- American College of Cardiology Gold Performance Achievement Award in Heart Attack Care
- Member of the South Bay Survivorship Consortium which received a Medical Partnership Award from the American Cancer Society for providing cancer survivorship education and services (2012)
- VHA Innovation Award for the Versant RN Residency Program
- American Nurses Credentialing Center, Magnet® Designation for nursing excellence (2011)
- Daily Breeze and Press Telegram Annual Reader's Survey, South Bay's Best Hospital (2014)
- Daily Breeze and Press Telegram Annual Reader's Survey, Best Workplace, Leadership and Pride (2014)
- Easy Reader's Best of the Beach, Best Hospital (2014)

Accrediting organizations giving Torrance Memorial high marks are:

- Joint Commission three-year accreditation (2015)
- American College of Radiology Center of Excellence for Breast Diagnostic Center
- American College of Surgeons, Comprehensive Community Cancer Center
- Joint Commission, CLIA and American Association of Blood Banks for the clinical laboratory and blood bank
- Committee on Trauma of the American College of Surgeons and the American Burn Association conferred verification of delivery of the highest quality burn care
- American Society for Metabolic and Bariatric Surgery and a Blue Shield Blue Distinction Center of Excellence for favorable outcomes in bariatric surgery
- Joint Commission Advanced Certification for Primary Stroke Center, Inpatient Diabetes, Heart Failure and Home Health and Hospice
- Centers for Medicare and Medicaid's Transitional Care Unit 5-Star Rating

Section 1: Executive Summary

Our Mission

Torrance Memorial Medical Center is a locally governed community, nonprofit medical center whose purpose is to provide quality healthcare services, predominantly to the residents of the South Bay/Peninsula communities. Under the governance of a community-based Board of Trustees, Torrance Memorial serves the public interest by:

- Improving the community health within the scope and expertise of our resources
- Offering the most current and effective technologies rendered in a compassionate, caring manner
- Maintaining long-term stability in order to assure our strength and viability for the benefit of the community

Definition of Community Used in the 2013 Community Needs Assessment

Torrance Memorial Medical Center defined its “community” to include the following cities and communities:

- Torrance and Lomita
- Beach Cities of El Segundo, Hermosa Beach, Manhattan Beach and Redondo Beach
- Palos Verdes Peninsula and Rancho Palos Verdes
- Gardena, Hawthorne and Lawndale
- Harbor City, Wilmington, Carson and Los Angeles County zip code 90502
- San Pedro

Description of Our Community

The service area population is estimated at 876,241 persons, with 23 percent of the population under 18 years, 63 percent age 18 to 64, and 13 percent 65 years and older. Race/ethnicity is 32 percent White, 36 percent Hispanic, 18 percent Asian/Pacific Islander, 10 percent Black, and 4 percent all other races. Of those persons at least five years of age, 55 percent speak English only at home, 27 percent speak Spanish, 13

percent speak an Asian/PI language, and 5 percent speak other languages. Of those persons at least 25 years and older, 16 percent have less than a high school degree, 20 percent have graduated high school and 65 percent have some college to a college degree. Average household income is estimated at \$92,981 with 9 percent of households in the service area below the poverty level. Within the cities and communities of the service area, the most vulnerable communities (based on race/ethnicity, educational attainment, and income) are Gardena/Hawthorne/Lawndale, Harbor City/Wilmington/Carson/LA County 90502 and San Pedro.

Objectives Addressed in the Community Benefits Plan

During Fiscal Year 2014, Torrance Memorial Medical Center pursued the following objectives:

1. To continue to provide affordable and accessible healthcare services, to the extent possible.
2. To continue to provide health education, promotion and wellness services to improve the health status of the community.
3. To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Community Benefits Plan Activities

In Fiscal Year 2014, some of the activities conducted by Torrance Memorial Medical Center in support of the above objectives included: providing charity care for patients without the ability to pay for necessary treatment, absorbing the unpaid costs of care for patients covered by Medi-Cal, Healthy Families and the Medicare programs providing van transportation services for older adults and patients accessing the medical center, participating in health fairs, conducting health education classes and support groups, staffing various centers – health resource center, cancer resource center, breast examination training center and image enhancement center – for health information and assistance, providing health information in multiple formats including magazines, web site, videos, cable television programming and a medical library; and coordinating efforts with other organizations to improve disaster preparedness, support

services for victims of domestic violence, the blood supply, and education of students attending area public schools, occupational centers, and nursing colleges.

Economic Value of Community Benefits Provided in Fiscal Year 2014

The economic value of community benefits provided by Torrance Memorial Medical Center in Fiscal Year 2014 is estimated at **\$67,612,665**.

Section 2: Mission and Values

Torrance Memorial Medical Center-Hospital Mission and Values statements follow. These guide our organization's commitment to responding to community needs.

Our Mission

Torrance Memorial Medical Center is a locally governed community, nonprofit medical center whose purpose is to provide quality healthcare services, predominantly to the residents of the South Bay/Peninsula Communities. Under the governance of a community-based Board of Trustees, Torrance Memorial serves the public interest by:

- Improving the community health within the scope and expertise of our resources
- Offering the most current and effective technologies rendered in a compassionate, caring manner
- Maintaining long-term stability in order to assure our strength and viability for the benefit of the community.

Our Values

Our Values are service, excellence, knowledge, stability and community. Our beliefs for each of these values are stated below.

WE BELIEVE IN demonstrating our value of providing SERVICE to patients by:

- Treating patients and their loved ones with dignity, respecting their basic patients' rights, which include their need for privacy and confidentiality.
- Relating to patients, their loved ones, physicians and each other, in a professional, compassionate manner, recognizing the need for understanding and clear communication in receiving and delivering services.
- Treating all people equally without regard to race, color, religion, ethnicity, age, sex, national origin or handicap.
- Respecting the spiritual and cultural beliefs of patients and staff.

- Clarifying patient, physician and staff expectations for service in a timely manner in order to agree upon reasonable outcomes and each person's responsibility in reaching these goals.

WE BELIEVE IN demonstrating our value of EXCELLENCE in providing services by:

- Providing a comprehensive and high quality range of nursing services and medical technologies so that residents have access within the community to a full spectrum of health care services.
- Enhancing the quality of care through a process of Continuous Quality Improvement.
- Being responsive to the needs of physicians who practice at the Medical Center, recognizing their unique contribution and essential role in defining medical practices and the needs of the community for medical technology and services.
- Enhancing the coordination of patient care by updating information systems in order to provide all caregivers needed information in a timely manner.
- Providing a supportive, cooperative work environment that encourages positive changes and rewards employees in a market-competitive manner.

WE BELIEVE IN demonstrating our value of promoting KNOWLEDGE by:

- Contributing to the ability of patients and community residents to make informed choices about health care and in promoting better health and improved quality of life by providing detection, prevention and treatment information.
- Promoting individual responsibility for learning as health care providers and health care consumers.
- Providing opportunities for continued education of physicians, nurses, and other allied health professionals, in order that they may enhance their skill and remain current in their medical and health care-related knowledge.

WE BELIEVE IN demonstrating our value of organizational STABILITY by:

- Maintaining local governance and control of the Medical Center.
- Preserving the Medical Center's long-term commitment to providing health care services through the prudent and innovative management of resources.
- Accepting individual responsibility as employees for providing economically sound care and for constantly working to improve its delivery.

- Working together in a supportive manner as employees to provide excellent, knowledgeable service in a cost-effective manner.
- Planning for the future of the Medical Center by projecting financial requirements and reinvesting retained earnings and philanthropic contributions into patient services, program development, and equipment to meet the community's needs.

WE BELIEVE IN demonstrating our value of meeting COMMUNITY needs by:

- Assessing community health needs and responding to the identified needs through the development and implementation of a Community Benefits Plan, within the fiscal constraints of the Medical Center.
- Providing needed emergency services to the critically injured or ill who present for care, regardless of the patient's financial capabilities.
- Being responsible to the medically indigent of the South Bay/Peninsula areas who are not served by government-sponsored programs, within the budgetary constraints of the Medical Center.
- Facilitating community involvement of Medical Center policy-making by electing to the Board of Trustees qualified representatives of the local community, who serve on a voluntary basis.
- Promoting the importance of volunteerism by providing opportunities within the Medical Center for community members to contribute meaningful volunteer service.
- Contributing to the overall community welfare by participating in civic matters, being sensitive to community concerns and acting as a responsible corporate citizen.
- Working together as a community of employees of the Medical Center, in supportive manner to provide excellent, knowledgeable services in a cost-effective manner.

Section 3: Definition and Description of Our Community

Definition of Community for Purposes of the 2013 Community Needs Assessment

For purposes of this community needs assessment, Torrance Memorial Medical Center defined its service area to include cities and communities in the following six analysis areas (corresponding ZIP codes are shown in parenthesis):

- Torrance and Lomita (ZIP codes 90501, 90503, 90504, 90505 and 90717)
- Beach Cities of El Segundo, Hermosa Beach, Manhattan Beach and Redondo Beach (ZIP codes 90245, 90254, 90266, 90277, and 90278)
- Palos Verdes (ZIP codes 90274 and 90275)
- Gardena, Hawthorne, and Lawndale (ZIP codes 90247, 90248, 90249, 90250, and 90260)
- Harbor City, Wilmington, Carson, and Los Angeles County ZIP code 90502 (ZIP codes 90710, 90744, 90745, 90746 and 90502)
- San Pedro (ZIP codes 90731 and 90732)

Torrance Memorial Medical Center is located in Torrance ZIP code 90505.

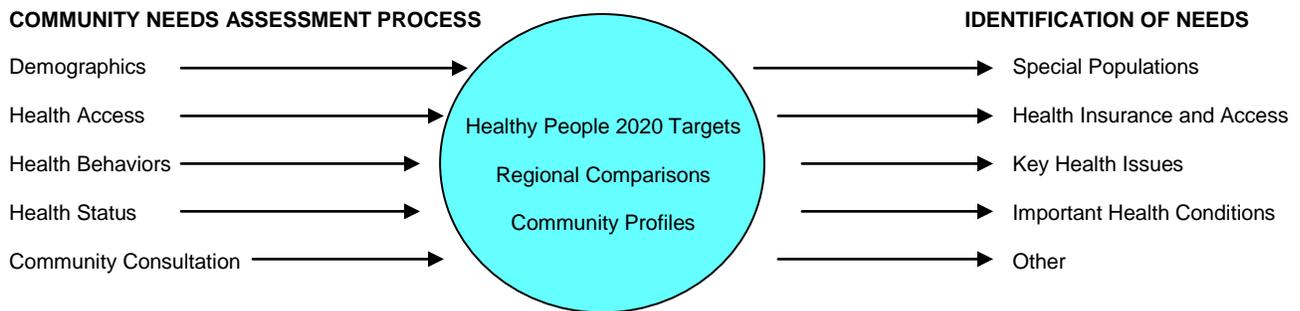
2013 Community Needs Assessment

This 2013 Community Needs Assessment includes a summary of population and household demographics, measures related to access to health care, mortality, maternal and infant health, child and adolescent health, adult health, and senior health; and findings from the community consultation. The hospital will use the findings of the 2013 needs assessment in the preparation of community benefits plans for the next three fiscal years, in accordance with Senate Bill 697 (community benefits legislation for not-for-profit hospitals).

Introduction

The needs assessment combines quantitative and qualitative information based on review and analysis of health related data and interviews with community leaders and representatives of local agencies. To assist with identifying priorities, comparisons are made to national benchmarks known as Healthy People 2020 and other regional experiences.

Overview of Community Needs Assessment 2013



Service Area Definition and Description

Note: Demographics for the hospital service area are based on 2013 estimates from Census 2010 for the service area.

The service area population (2013) is estimated at 876,241 persons. Since Census 2010, the service area population increased 1 percent and is forecast to increase an additional 3 percent in the next five years. The following table summarizes the service area population as well as the percent change from 2010 and percent change projected for 2018 (a five-year period).

Population
Torrance Memorial Medical Center Service Area
2013

Area	Estimated Number of Persons	Estimated Percent Change		
	2013	2000 to 2010	2010 to 2013	2013 to 2018
Demographics				
Torrance/Lomita	182,203	4.6%	1.7%	3.3%
Beach Cities	148,791	4.1%	1.5%	3.0%
Palos Verdes	67,869	1.5%	1.2%	2.7%
Gardena/Hawthorne/ Lawndale	213,446	0.9%	1.0%	2.3%
Carson/Harbor City/ Wilmington	182,341	2.6%	1.5%	3.0%
San Pedro	81,591	1.1%	1.6%	3.2%
Total Service Area	876,241	2.6%	1.4%	2.9%

Source: Nielsen Claritas

To assist with providing context to the service area experience, comparative demographic information is included for Los Angeles County and the State of California. Demographic data was obtained from Nielsen Claritas online database, methodology year 2013. Of note, in comparison to Los Angeles County, the service area has a higher proportion of: persons 65 years and older, White, Black and Asian residents; persons speaking English and Asian or Pacific Island languages at home, adults with some college to a professional degree, and persons employed in the labor force.

The following table summarizes age, race-ethnicity, language spoken at home for persons five years and older, highest level of education completed for persons 25 years and older, employment status for persons 16 years and older, household characteristics and poverty status.

Demographic Highlights

Torrance Memorial Medical Center Service Area Compared to Los Angeles County
2013

Description	Torrance Memorial Service Area	Los Angeles County	California
Age Group			
Under 18 Years	23.1%	23.8%	24.5%
18 to 64 Years	63.4%	64.7%	63.4%
65 Years and Over	13.4%	11.5%	12.1%
Race/Ethnicity			
Non-Hispanic White	32.1%	27.1%	38.6%
Non-Hispanic Black	9.6%	8.0%	5.4%
Non-Hispanic Asian	18.2%	13.9%	13.4%
Hispanic	36.0%	48.5%	38.9%
Language Spoken At Home by Persons 5 Years and Older			
English Only	54.9%	42.9%	56.4%
Spanish	27.3%	39.7%	28.8%
Asian or Pacific Island Language	13.0%	10.9%	9.6%
Educational Attainment of Adults 25 Years and Older			
Less than High School Graduate	15.7%	24.2%	19.4%
High School Graduate	19.8%	20.4%	20.8%
Some College to Professional Degree	64.5%	55.4%	59.9%
Employment Status of Persons 16 Years and Older			
Employed (in labor force)	59.7%	57.8%	56.7%
Unemployed (in labor force)	6.5%	7.4%	7.5%
Not in the Labor Force	33.7%	34.8%	35.4%
Household Characteristics			
Children Under 18 Years present	36.2%	37.5%	37.2%
Average Household Size	2.79	2.98	2.90
Average Household Income	\$92,981	\$78,598	\$83,188
Poverty Status			
Families Below Poverty Level	9.3%	13.5%	11.3%

Source: Nielsen Claritas

Note: Not all categories shown for race-ethnicity, language spoken at home and employment status

Service Area Experience – Vulnerable Communities

Population characteristics correlated with health status include age 65 years and older, cultural diversity (persons of non-Hispanic White race/ethnicity), language spoken at home (persons five years and older speaking Spanish or Asian/Pacific Island languages), educational attainment (persons 25 years and older with less than a high school degree or GED), household income, and poverty level (families below the poverty level).

In the table below, cells are highlighted when the community experience is *below* the service area average household income and *above* the service area average for all other descriptors.

Vulnerable Communities Torrance Memorial Medical Center Service Area 2013

Area	Age 65+ Years	Non-White	Language Spoken		< High Sch Grad	Avg HH Income	Below Poverty
			Spanish	Asian/ PI			
Torrance/Lomita	14%	53%	17%	22%	11%	\$85,630	6%
Beach Cities	12%	22%	7%	5%	3%	\$134,248	3%
Palos Verdes	24%	35%	5%	18%	3%	\$176,031	3%
Gardena/Hawthorne/ Lawndale	11%	67%	44%	11%	23%	\$58,278	14%
Carson/Harbor City/ Wilmington	13%	68%	43%	15%	27%	\$69,913	12%
San Pedro	14%	39%	31%	4%	21%	\$72,076	14%
TMMC Service Area	13%	51%	27%	13%	16%	\$92,981	9%
Los Angeles County	12%	50%	40%	11%	24%	\$78,598	12%
State of California	12%	43%	29%	10%	19%	\$83,188	11%

Source: Nielsen Claritas

Access to Health Care

Note: Findings are based on hospitalizations that occurred in the service area for Los Angeles County Service Planning Area (SPA) 8 which best approximates the hospital service area. SPA 8 includes the hospital service area plus the cities of Inglewood and Long Beach.

When comparing health access indicators in the SPA to Healthy People 2020 objectives, the SPA did not meet the objectives related to health insurance (currently insured), source of ongoing care and difficulties or delays getting care. The SPA experience compared to Healthy People 2020 national objectives is summarized in the tables below.

Summary of Health Access Indicators

Torrance Memorial Medical Center Service Area (or SPA 8)

Compared to Los Angeles County, State of California and Healthy People 2020 Targets
2011/2012

Indicator	SPA 8		County Rate	CA Rate	Target Rate
	Rate	Status			
Health Access					
Currently Insured, Age 0 to 65	86.3%	⚠	83.6%	83.5%	=100%
Source of Ongoing Care, All Ages	86.3%	⚠	83.3%	85.7%	≥ 95%
Difficulties or Delays Getting Care, Age 0 -17	5.6%	⚠	4.4%	4.3%	≤ 4.2%

Sources: UCLA Center for Health Policy Research; Office of Statewide Health Planning & Development

Notes: Target rate “---” means Healthy People 2020 did not establish objective

Status “⚠” means Healthy People 2020 target is not being met

Status “√” means Healthy People 2020 target is being met

Another measure of access to health care includes hospitalization rates for ambulatory care sensitive conditions. These conditions apply to three broad age groups – children, adults and seniors. These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. These conditions can be used to identify unmet community health care needs, to monitor how well complications from a number of common conditions are being avoided in outpatient settings and to compare performance of local health care systems across communities.

When comparing hospitalization rates for the hospital service area to Healthy People 2020 objectives, the hospital service area did not meet the objective related to: asthma in age group under 5 or age group 65 years and older.

The service area experience compared to Healthy People 2020 national objectives is summarized in the table below.

Hospitalization Rates for Ambulatory Care Sensitive Conditions
 Torrance Memorial Medical Center Service Area (or SPA 8)
 Compared to Los Angeles County, State of California and Healthy People 2020 Targets
 2011/2012

Indicator	Service Area		County Rate	CA Rate	Target Rate
	Rate	Status			
Hospitalizations for Ambulatory Care Sensitive Conditions					
Asthma, Age 0 to 17	10.7	--	13.1	10.9	--
Asthma, Age Under 5	26.5	⚠	24.3	21.9	≤ 18.1
Asthma, Age 5 to 64	6.6	✓	8.0	6.6	≤ 8.6
Asthma, Age 65+	23.2	⚠	28.2	20.3	≤ 20.3
Uncontrolled Diabetes, Age 18 to 64	5.7	--	5.6	5.8	--
Immunization Preventable Pneumonia and Influenza, Age 65+	1.8	--	1.9	2.4	--

Sources: UCLA Center for Health Policy Research; Office of Statewide Health Planning & Development

Notes: Target rate “---” means Healthy People 2020 did not establish objective

Status “⚠” means Healthy People 2020 target is not being met

Status “✓” means Healthy People 2020 target is being met

Mortality

Note: Findings are based on deaths that occurred among residents of the service area during 2010.

Considerable national and regional attention surrounds health behaviors and preventable deaths. According to the Centers for Disease Control and Prevention, the leading causes of preventable death in the United States are tobacco and poor diet and physical inactivity.

Heart disease and cancer were the top two leading causes of death in the service area, accounting for 52 percent of all deaths. Other leading causes of death in the service area are summarized in the table below.

Profile of Deaths, Ranked
Los Angeles County Service Planning Area 8
2010

Leading Causes of Death	Number	Percent
Heart Disease	2,579	27.4%
Cancer (All Sites)	2,304	24.5%
Stroke	553	5.9%
Chronic Lower Respiratory Disease	539	5.7%
Alzheimer's Disease	339	3.6%
Pneumonia/ Influenza	309	3.3%
Diabetes	294	3.1%
Unintentional Injuries (All Types)	289	3.1%
Chronic Liver Disease	181	1.9%
Essential Hypertension	151	1.6%
All Causes	9,409	

Source: County of Los Angeles, Public Health Department/LA HealthDataNow

When comparing age-adjusted death rates in the service area to Healthy People 2020 objectives, the service area did not meet the objectives related to the following causes of death: coronary heart disease, colorectal cancer, female breast cancer, homicide, and chronic liver disease. The service area experience compared to Healthy People 2020 national objectives is summarized in the table below.

Summary of Age-Adjusted Mortality Rates by Cause of Death

Torrance Memorial Medical Center (SPA 8)

Compared to Los Angeles County, State of California and Healthy People 2020 Targets
2011/2012

Indicator	SPA 8		County Rate	CA Rate	Target Rate
	Rate	Status			
Health Status					
Coronary Heart Disease	180.4	⚠	171.9	115.9	≤ 100.8
Stroke	33.0	✓	36.0	35.3	≤ 38.8
Cancer (all sites)	159.8	✓	151.9	150.3	≤ 160.6
Lung	37.6	✓	32.8	33.6	≤ 45.5
Colorectal	14.7	⚠	14.0	13.7	≤ 14.5
Prostate Cancer	20.7	✓	8.7	20.2	≤ 21.2
Female Breast	21.3	⚠	21.1	19.8	≤ 20.6
Chronic Lower Respiratory Disease	39.1	✓	32.2	35.7	≤ 98.5
Diabetes-related	20.8	✓	21.0	20.0	≤ 65.8
Unintentional Injuries (all types)	18.8	✓	19.0	42.0	≤ 36.0
Motor Vehicle Accidents	4.9	✓	5.7	7.1	≤ 12.4
Homicide	7.6	⚠	6.3	4.9	≤ 5.5
Suicide	9.5	✓	8.0	9.9	≤ 10.2
Chronic Liver Disease	11.6	⚠	12.0	12.3	≤ 8.2

Source: State of California, Public Health Department

Notes: Status "⚠" means Healthy People 2020 target is not being met

Status "✓" means Healthy People 2020 target is being met

Maternal and Infant Health

Note: Findings are based on live births that occurred in the service area 2009 to 2011.

To assist with providing context to the service area births, key birth demographics are compared to Los Angeles County. Of note, in comparison to Los Angeles County, the service area has a higher proportion of births to mothers of White, Asian or Pacific Islander, Black and Other/Unknown Race/Ethnicity.

The following table summarizes live births, births by mother's age group and births by mother's race/ethnicity.

Birth Demographic Highlights

Torrance Memorial Medical Center Service Area Compared to Los Angeles County
2009 - 2011

Year	Service Area		Los Angeles County	
	Number of Births	Percent of Total Population	Number of Births	Percent of Total Population
2009	11,267	1.3%	139,679	1.4%
2010	10,794	1.2%	133,160	1.3%
2011	10,426	1.2%	130,312	1.3%

Source: State of California, Department of Public Health, Birth Records

Birth by Mother's Race/Ethnicity

Torrance Memorial Medical Center Service Area Compared to Los Angeles County
2011

Mother's Race/Ethnicity	Service Area		Los Angeles County	
	Number of Births	Percent of Total Births	Number of Births	Percent of Total Births
Hispanic	4,749	45.5%	77,992	59.9%
White	2,378	22.8%	24,407	18.7%
Asian or Pacific Islander	1,800	17.3%	16,126	12.4%
Black	1,076	10.3%	9,804	7.5%
Other/Unknown	413	4.0%	1,792	1.4%
Native American	10	0.1%	191	0.1%
Total Births	10,426	100%	130,312	100%

Source: State of California, Department of Public Health, Birth Records

Births with Late Entry into Prenatal Care

What's Being Measured The number and rate of live births to mothers with late or not prenatal care during pregnancy.

How the Measure is Defined Late prenatal care is defined as the percentage of mothers who did not begin prenatal care in the first trimester (i.e. prenatal care began in the second and third trimesters and no prenatal care during pregnancy). The rate excludes births with unknown prenatal care.

Why the Measurement is Helpful Prenatal care includes three major components: risk assessment, treatment for medical conditions or risk reduction, and education. Each component can contribute to reductions in prenatal illness, disability, and death by identifying and mitigating potential risk and helping women to address behavioral factors – such as smoking and alcohol and drug use – that contribute to poor outcomes. Prenatal care is more likely to be effective if women begin receiving care early in pregnancy.

Healthy People 2020 Objective Increase the proportion of pregnant women who receive prenatal care beginning in the first trimester to 77.9%

Service Area Experience

Birth by Prenatal Care Trimester
Torrance Memorial Medical Center Service Area
2011

Prenatal Care	Number of Births	Rate
First Trimester	8,374	80.3%
Second Trimester	1,397	13.4%
Third Trimester	378	3.6%
Unknown Care	225	2.2%
No Care	52	0.5%
Total Births	10,426	100%

Source: State of California, Department of Public Health, Birth Records

Child and Adolescent Health

When comparing child and adolescent health indicators in the SPA to Healthy People 2020 objectives, the SPA did not meet the objectives related to health access for: health insurance (currently insured) and source of ongoing care; and related to health behaviors for: overweight or obese, and weekly physical activity.

The SPA experience compared to Healthy People 2020 national objectives is summarized in the table below.

Summary of Child and Adolescent Health Indicators

Torrance Memorial Medical Center (SPA 8)
 Compared to Los Angeles County, State of California and Healthy People 2020 Targets
 2011/2012

Indicator	SPA 8		County Rate	CA Rate	Target Rate
	Rate	Status			
Health Access					
Currently Insured, Age 0 to 17	95.8*%	⚠	95.9%	95.8%	= 100%
Dental Insurance, Age 0 to 17	81.5%	--	78.2%	80.4%	--
Source of Ongoing Care, Age 0 to 17	93.6%	⚠	91.3%	92.2%	= 100%
Health Behaviors					
Overweight or Obese, Age 12 to 19	24.5%	⚠	21.6%	21.7%	≤ 16.1%
Weekly Physical Activity, Age 14 to 17	23.6*%	⚠	16.8%	17%	≥ 20.2%
Currently Smoke Cigarettes, Age 14 to 17	12.7*%	✓	5.3%	4.8%	≤ 16.0%
Child Abuse and Neglect?	n/a		11.9	8.6	≤ 2.3

Source: UCLA Center for Health Policy Research

Notes: * Data not statistically reliable

Rate "n/a" means data is unavailable

Target rate "---" means Healthy People 2020 did not establish objective

Status "⚠" means Healthy People 2020 target is not being met

Status "✓" means Healthy People 2020 target is being met

The Los Angeles County Department of Public Health estimated the prevalence of childhood obesity among cities and communities using data from the California Physical Fitness Testing Program of 5th, 7th, and 9th grade students attending public schools in the 2011-2012 school year. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2020 objective of reducing the proportion of children who are overweight or obese to 16.1% (a Health Fitness Zone score of 83.9% or higher).

5th, 7th & 9th Graders Measurement of Body Composition
 School Districts in Torrance Memorial Medical Center Service Area
 2011/2012 School Year

School District	Body Fat Percent in Health Fitness Zone			
	9 th Grade	7 th Grade	5 th Grade	Status
El Segundo	65.6%	75.9%	71.6%	
Hawthorne	56.3%	48.1%	46.0%	
Los Angeles Unified	63.1%	57.5%	47.9%	
Manhattan Beach Unified	78.6%	54.3%	44.7%	
Palos Verdes Peninsula Unified	75.9%*	84.5%	84.2%	 *
Redondo Beach Unified	71.2%	74.1%	70.3%	
Torrance Unified	71.4%	69.1%	69.5%	

Note: Data not available for all school districts
Source: California Department of Education

Adult Health

When comparing adult health indicators in the SPA to Healthy People 2020 objectives, the SPA did not meet the objectives related to health access for: health insurance (currently insured) and source of ongoing care; and related to health behaviors for: weekly physical activity, diagnosed with high cholesterol, currently smoke cigarettes, and binge drinking. The SPA experience compared to Healthy People 2020 national objectives is summarized in the table below.

Summary of Adult Health Indicators

Torrance Memorial Medical Center (SPA 8)
Compared to Los Angeles County, State of California and Healthy People 2020 Targets
2011/2012

Indicator	SPA 8		County Rate	CA Rate	Target Rate
	Rate	Status			
Health Access					
Currently Insured, Age 18 to 64	78.0%	⚠	74.9%	78.6%	= 100%
Source of Ongoing Care, Age 18 to 64	75.8%	⚠	78.3%	81.4%	≥ 89.4%
Health Behaviors					
Healthy Weight, Age 20 to 64	36.3 %	✓	38.6%	37.8%	≥ 33.9%
Obese, Age 20 to 64	25.9%	✓	25.7%	25.9%	≤30.5%
Weekly Physical Activity, Age 18 to 64	29.0%	⚠	27.5%	27.4%	≥ 47.9%
Diagnosed with Diabetes, Age 18+	9.8%	--	9.5%	8.6%	--
Diagnosed with High Blood Pressure, Age 18+	24.5%	✓	24.0%	20.9%	≤26.9%
Diagnosed with High Cholesterol, Age 18+	26.5%	⚠	25.6%	22.0%	≤13.5%
Currently Smoke Cigarettes, Age 18 to 64	13.4%	⚠	15.5%	15.1%	≤12.0%
Binge Drinking Past Month, Age 18 to 64	35.8%	⚠	33.9%	35.2%	≤24.4%

Source: UCLA Center for Health Policy Research

Notes: Target rate “---” means Healthy People 2020 did not establish objective

Status “⚠” means Healthy People 2020 target is not being met

Status “✓” means Healthy People 2020 target is being met

Senior Health

When comparing senior health indicators in the SPA to Healthy People 2020 objectives, the SPA did not meet the objectives related to health access for: source of ongoing care and flu shot past year; and related to health behaviors for: healthy weight, weekly physical activity, diagnosed with high blood pressure, and diagnosed with high cholesterol. The SPA experience compared to Healthy People 2020 national objectives is summarized in the table below.

Summary of Senior Health Indicators

Torrance Memorial Medical Center (SPA 8)
Compared to Los Angeles County, State of California and Healthy People 2020 Targets
2011/2012

Indicator	SPA 8		County Rate	CA Rate	Target Rate
	Rate	Status			
Health Access					
Source of Ongoing Care, Age 65+	97.5%	⚠	93.8%	95.4%	= 100%
Flu Shot Past Year, Age 65+	58.0%	⚠	64.5%	68.3%	≥ 90%
Health Behaviors					
Healthy Weight, Age 65+	29.7%	⚠	36.0%	36.8%	≥ 33.9%
Obese, Age 65+	25.7%	✓	23.8%	23.1%	≤30.5%
Weekly Physical Activity, Age 65+	22.1%	⚠	22.3%	22.2%	≥ 49.7%
Diagnosed with Diabetes, Age 65+	22.8%	--	21.5%	19.2%	--
Diagnosed with High Blood Pressure, Age 65+	65.6%	⚠	57.7%	61.2%	≤26.9%
Diagnosed with High Cholesterol, Age 65+	32.0%	⚠	50.2%	29.0%	≤13.5%
Currently Smoke Cigarettes, Age 65+	7.0%	✓	6.6%	6.5%	≤12.0%

Source: UCLA Center for Health Policy Research

Notes: Target rate "---" means Healthy People 2020 did not establish objective

Status "⚠" means Healthy People 2020 target is not being met

Status "✓" means Healthy People 2020 target is being met

Community Consultation

Note: Findings are based on South Bay health resource providers participating in a focus group, returned surveys completed by school nurses, and personal interviews conducted with community leaders, residents and activists.

Input from Focus Groups

Priority unmet health needs identified by health resource providers attending a focus group are:

- Lack of service integration
- Limited access to resources/insufficient education about available resources
- Lack of mental health care services
- **Insufficient transportation to access services***
- **Lack of food***
- Proper nutrition
- Lack of health education especially on the economics of healthy choices
- Insufficient preventative care

When asked to identify suggested roles for a community hospital in meeting these health needs, the top roles identified were as follows:

- **Increase collaboration and coalition-building between community agencies**
- Provide greater promotion of health care resources/resource mechanisms
- Continue health education with a focus on the family unit and with cultural sensitivity
- Conduct more outreach by going into the community
- Offer expanded transportation services
- **Act as a conduit for resource education**
- Be a catalyst for change, lead a specific project and mobilize community agencies in a call to action
- Provide increased advocacy and support for smaller agencies via collaborative branding (“lend” Torrance Memorial’s name to community projects to give them greater credibility)

*Note: *Bold font indicates input received from more than one discussion table*

Input from Survey of School Nurses

Using an online survey tool, school nurses and school health assistants were surveyed for their opinions of healthcare needs in schools in the service area. A total of 37 surveys were returned, representing a total of 59 schools and a combined approximate enrollment of 48,809 students.

Participants were asked to provide input on the unmet health needs of children, the possible solutions in meeting the unmet needs, and a community hospital's role in meeting the unmet needs and assign a rank order to their replies starting with 1 to indicate the need with the highest priority. Replies to each question were grouped into a general need category according to topic addressed. Replies submitted with rank order 1 were given a weighted score of 5; rank order 2 needs were given a weighted score of 4; rank order 3 needs were given a weighted score of 3; rank order 4 needs were given a weighted score of 2; rank order 5 needs were given a weighted score of 1. A total weighted score was then calculated for each general need category.

Replies received from the school nurse survey are summarized in the tables which follow.

Unmet health care needs of students attending public schools were identified by school nurses as follows:

General Need Category	Total Weighted Score
Mental health	44
Education: (All sub-categories)	41
Access to care	40
Dental	30
Vision	27
Nutrition/Exercise	26
Diabetes	19
Needs are met	19
Obesity	19
Health insurance	16
Lack of staff	15
Medication: medications at school	15
Immunizations	13
Lack of staff training	11
Asthma	7
Allergies	5
Uncertain	5
Sick children sent to school	3
Eating disorders	2
First aid: supplies at home	2

Education: Sub-Category Breakdown	Total Weighted Score
Education: health and wellness	16
Education: smoking, alcohol and drugs	10
Education: personal hygiene	4
Education: nutrition	4
Education: sexual education	4
Education: dating violence	3
	41

When school nurses were asked what can be done to improve health status, responses included the following:

General Category	Total Weighted Score
Education (All sub-categories)	160
Access to care (All sub-categories)	74
Policy	10
Uncertain	10
More hours for health clerks	8
Dental clinics	5
No opinion	5
Vision clinics	5
Collaboration	2
Survey vulnerable populations	2

Education: Sub-Category Breakdown	Total Weighted Score
Education: general	25
Education: nutrition and exercise	22
Education: offer community programs	16
Education: health and wellness	15
Education: parental resources	14
Education: school-based	13
Education: available resources	11
Education: health education for parents	10
Education: staff training	9
Education: diabetes	5
Education: health fairs	5
Education: immunizations	5
Education: low cost resources	4
Education: mental health	3
Education: parenting	3
	160

Access to Care: Sub-Category Breakdown	Total Weighted Score
Access to care: affordability	24
Access to care: mental health practitioners	14
Access to care: physicians	9
Access to care: general	8
Access to care: mobile van	5
Access to care: more RNs in schools	5
Access to care: insurance	4
Access to care: referral service	5
	74

When school nurses were asked what roles a community hospital can play to improve health status, the following suggestions were offered:

General Category	Total # of Replies
Offer education: (All sub-categories)	28
Provide care: (All sub-categories)	21
Advocacy: (All sub-categories)	4
Offer trainings: health staff	3
Provide resources: health info and flyers to schools	2
Uncertain	2
Survey population about their needs	1

Offer education: Sub-Category Breakdown	Total # of Replies
Offer education: health outreach & programs	5
Offer education: parent education	3
Offer education: health education	3
Offer education: nutrition	3
Offer education: available resources	2
Offer education: classes	2
Offer education: health fairs	2
Offer education: preventative health	2
Offer education: diabetes/early intervention	1
Offer education: immunizations	1
Offer education: reproductive health	1
Offer education: support groups	1
Offer education: teen education (mental health)	1
Offer education: teen education (sex, drugs, alcohol, dating violence)	1
	28

Provide care: Sub-Category Breakdown	Total # of Replies
Provide care: accessible care; free/low cost; uninsured	7
Provide care: community clinics	3
Provide care: immunizations	3
Provide care: mental health counseling	2
Provide care: primary care	2
Provide care: collaborate	1
Provide care: health checks for students	1
Provide care: medical van with pharmacy	1
Provide care: orthopedic clinics	1
	21

Provide advocacy: Sub-Category Breakdown	Total # of Replies
Advocacy: children's safety is priority	1
Advocacy: get MDs to provide free care	1
Advocacy: health education in schools	2
	4

Input from Personal Interviews

Community leaders, residents and activists identified the following aspects of health care services as good in the South Bay:

- High quality services; many options for having a good medical home
- Availability of choices and hospital facilities including Torrance Memorial Medical Center, Providence Little Company of Mary, Harbor UCLA and Kaiser Permanente South Bay Medical Center
- Availability of urgent care centers
- Many responsive non-profit and public service organizations
- Expansion of services to increasingly include preventative care
- Healthcare is assuming a more holistic approach

Unmet health care needs in the South Bay identified by those participating in personal interviews included:

- Lack of healthcare insurance
- Lack of affordable care, medical and dental
- Lack of mental health care services, especially for youth
- Insufficient preventative care
- No outpatient hospice services for people who do not have their own home
- Insufficient health education occurring in lower-income communities
- Increasing malnutrition among the senior population
- Insufficient geriatric specialists
- Homeless seniors
- Obesity
- Insufficient communication about available resources
- Language barriers in health care and health education
- Home safety and fall prevention resources for seniors

Suggestions for a nonprofit community hospital to improve health status in the South Bay included:

- Provide highly coordinated care
- Establish clinics that are geographically distant from the hospital to increase access
- Provide programs which address obesity with measurable health outcomes
- Continue to offer diverse community programs and community health education
- Offer more prevention services
- Offer more hands-on education like how to exercise, how to prepare healthy meals
- Increase collaboration between hospitals, health centers and community-based groups
- Increase sharing of resources among all service providers
- Partner with insurance companies to provide better education and care
- Facilitate access to care with transportation services, community-based outreach workers and mobile health care

Section 4: Community Benefits Planning Process

In 2013, Torrance Memorial Medical Center completed a community needs assessment of the hospital service area (see **Section 3: Definition and Description of Our Community**). This needs assessment, combined with others previously completed in prior years – 1995, 1998, 2001, 2004, 2007 and 2010 – serves as the basis for developing a three-year strategic community benefits plan. Staff at Torrance Memorial Medical Center work in collaboration with a committee of community leaders to develop measurable objectives related to improving access to healthcare services, health education, promotion and wellness services; and coordination with community partners for important priorities such as disaster preparedness, care of victims of domestic violence, and health and other related services for area school districts and nonprofit agencies.

On an annual basis, staff from numerous departments at the medical center conducts community benefits programs and services in support of the plan's objectives. To prepare an annual community benefits plan, a community relations liaison, in association with finance, collects information from staff regarding programs and services conducted in the fiscal year, measures of progress and the estimated unreimbursed costs associated with these programs and services

A Community Benefits Plan is developed by a committee of senior administrators and then reviewed and approved by the Board of Trustees. Each year, the plan is submitted to the Office of Statewide Health Planning and Development, in compliance with Senate Bill 697. A Community Benefits Report is posted on the hospital web site and is also shared with employees, physicians, volunteers and community partners and agencies through numerous channels of communication.

In Fiscal Year 2007, the medical center initiated a Board of Trustees Community Benefits Planning Committee and increased the involvement of senior management in setting priorities and monitoring progress for hospital community benefits. The Community Benefits Planning Committee reviewed the needs assessment and plan in depth and continues to monitor its progress.

Section 5: Community Benefits Plan Objectives

During Fiscal Year 2014, Torrance Memorial Medical Center continued to pursue the following objectives:

1. To continue to provide affordable and accessible healthcare services, to the extent possible.
2. To continue to provide health education, promotion and wellness services to improve the health status of the community.
3. To continue to coordinate efforts with community partners for community health improvement and education and training programs.

On an annual basis, Torrance Memorial Medical Center will monitor and report measures of plan progress. See **Section 6** for a report on the medical center's programs and services provided in Fiscal Year 2014 in support of these objectives.

Section 6: Community Benefits Plan Update

This section includes a description of programs and services provided by the medical center and an update of Fiscal Year 2014 activities. Programs and services are organized in response to the three priority categories of need identified in recently conducted needs assessments. A narrative summary of highlights follows below and detailed listings of community benefits programs and services are presented in Table 6.1, Table 6.2 and Table 6.3.

Access to Healthcare Services (see Table 6.1)

Needs assessments completed in recent years identified the need for affordable and accessible healthcare programs and services in the community, availability and accessibility of hospital emergency rooms and other healthcare services such as dental, vision and mental health.

In response, Torrance Memorial Medical Center community benefit services include: charity care for patients without the ability to pay for necessary treatment (see **Appendix A** for the Hospital's Financial Assistance Policy), absorbing the unpaid costs of care for uninsured patient and patients covered by Medi-Cal, Healthy Families, and Medicare programs, providing on-call physician services in the hospital's Emergency Department, providing psychiatric care for indigent patients, providing van transportation services for older adults and patients accessing the medical center and physician offices, and offering a 24-hour sick child care program licensed by the Department of Social Services and open to the community.

Health Education, Promotion and Wellness Services (see Table 6.2)

Needs assessments continue to identify the need for health education, information and other wellness services. Topics of interest include nutrition and exercise, weight loss, heart health, diabetes, respiratory problems and medication safety.

In response, Torrance Memorial Medical Center participated in health fairs, conducted health education classes and support groups, staffed a dedicated health

resource center, cancer resource center, breast examination training center, and image enhancement center; offered healthy lifestyle, nutrition, and exercise training programs for both children and adults; and provided health information via magazines, lectures brochures/pamphlets, a web site, videos, cable television and a medical library.

Coordination with Community Partners (see Table 6.3)

Recently completed needs assessments indicate the need for partnerships and collaborations as a means to addressing community health needs and community disaster preparedness, including the education and training of students in healthcare careers.

In response, Torrance Memorial Medical Center participated in disaster drills and increased disaster response equipment, continued to place and update automated external defibrillators in public places, collaborated with other community nonprofit agencies to support their services and augment outreach to vulnerable populations, worked with school districts in the South Bay to bridge gaps with their unmet needs, provided community information and referrals, worked with the Red Cross to organize blood drives and offered various, ongoing, clinical training skills programs for nurses and ancillary professionals.

Torrance Memorial Medical Center measures of progress for each community benefit program/service are summarized in **Table 6.1**, **Table 6.2**, and **Table 6.3**. Each table includes the following:

- Name of program/service
- Description of the program/service
- Fiscal Year 2014 update
- The category where unreimbursed costs are reported according to the framework established by Senate Bill 697 (see Table 7.1)

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.1: Programs in Response to Community Need: Improve Access to Healthcare Services

<p>Fiscal Year 2014 Objective: To continue to provide affordable and accessible healthcare services to the extent possible.</p>

Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Charity Care	Non-billed services to hospital patients who could not afford to pay	<ul style="list-style-type: none"> Continued to apply hospital Financial Assistance Policy for full charity care and discount partial charity care policies 	Medical Care
Subsidy of Medically Indigent Patients	Uninsured patients, Medi-Cal and Healthy Families patients and low-income Medicare patients who are also eligible for Medi-Cal	<ul style="list-style-type: none"> Continued services to low income patients, as needed Provided physician compensation for uninsured patients 	Medical Care
Subsidy of Medicare Program	Government sponsored program for medical coverage of patients over 65 or disabled and non-indigent	<ul style="list-style-type: none"> Continued services to Medicare covered recipients 	Medical Care
Physician On-Call Emergency Coverage	Coverage arrangements to maintain specialized physician services especially for uninsured patients and Medi-Cal patients in Torrance Memorial Emergency Department	<ul style="list-style-type: none"> Continued to maintain physician coverage 	Medical Care
Psychiatric Care of Indigent Patients	Provide assessment by a P.E.T. and fund psychiatric hospitalization as appropriate	<ul style="list-style-type: none"> Arrangements made with hospitals as appropriate to care for indigent patients with mental health and medical care needs. 	Medical Care
Van Transportation	Provide van transportation services for older adults and patients accessing the medical center, physician offices or Family Medicine Center of Carson	<ul style="list-style-type: none"> Furnished van transportation for 4,089 patient trips 	Other – Vulnerable
TLC – Mildly Sick Child Care	Provide a sick-child care program licensed by the Department of Social Services for infants to children age 13 who are mildly ill and in need of supervision so that parents can work.	<ul style="list-style-type: none"> Served 817 children after an appropriate assessment 	Other -- Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2014 Objective:

To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Health Education Classes	Provide a variety of health education classes addressing safety, wellness, disease management, stress management, exercise and relaxation	<ul style="list-style-type: none"> • Enrolled 6,092 persons in a full range of classes for staying well and keeping fit. • Continued to offer the Miracle of Living series, hosting 15 free community health lectures serving 2,847 attendees • Maintained the Learning Garden in collaboration with the City of Torrance and provided low-cost, hands-on instruction in growing organic edibles. • Continued a free Integrative Medicine lecture series, serving over 1,074 people 	Other – Community
ADVANTAGE Program	Offer a network of free and low-cost, programs and services for adults age 50 years and older, including health education, exercise, Medicare assistance, medication management, fall prevention and general wellness services	<ul style="list-style-type: none"> • Provided 100 doses of flu serum to senior health fairs, Torrance Library System • Maintained fall prevention program with an advanced exercise class for progressing participants in strength and balance. • Maintained free senior exercise classes in collaboration with the City of Carson serving 5,699 in muscle strengthening • Maintained senior exercise program in collaboration with the City of Lomita serving 1,243 in muscle strengthening • Updated program membership database to 16,329 members with 435 new members. • Senior enrollment in classes totaled 3,839. • Mailed free newsletters 4 times a year to over 22,000 households each mailing • Provided ongoing meeting space for SB Village a new non-profit helping seniors to remain in their own homes, and active in the community with help from volunteers 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

<p>Fiscal Year 2014 Objective: To continue to provide health education, promotion, and wellness services to improve the health status of the community.</p>

Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Health Fairs	Provide health fairs for community residents and employees of local businesses. Topics include heart health, nutrition, weight loss, diabetes, prenatal care, medication safety, and respiratory problems. Blood pressure and body fat screenings are provided.	<ul style="list-style-type: none"> Participated in 21 health fairs throughout the service area, providing blood pressure and body fat screenings, serving approx. 6,645 people Attended 4 community events, providing 179 pulmonary function screenings. 	Other – Community
Speakers Bureau	Provide health promotion and information to community and business groups on a variety of health-related topics, as requested	<ul style="list-style-type: none"> Presented free programs at 38 locations for over 1,585 persons 	Other – Community
Health Resource Center (HealthLinks)	Provide easy-to-understand healthcare information and resources, or other direct assistance for patients, family members and the community. Free community resource packets are available on 19 topics such as adult day services, driver safety, medication safety, stroke and disaster preparedness.	<ul style="list-style-type: none"> Services provided to over 14,000 visitors Distributed free community resource and information packets on over 15 senior topics related to caregiving Provided progress checks for over 700 newborns via free baby weight checks with feedback to a lactation consultant Provided a hospital-grade breast pump at no cost to medically indigent post-partum patients as needed. 	Other – Community
Support Groups	Host over 20 ongoing support groups, including amputee, caregiver, diabetes, cancer, heart disease, lymphedema, medication management, meditation, stroke, depression, and nicotine anonymous	<ul style="list-style-type: none"> Provided free, ongoing support and education for patients and family members. Groups are held on-site and facilitated by hospital staff or in collaboration with local non-profit organizations 	Other -- Community
Medical Library	Provide medical education information for students, physicians, patients and family members, and the community	<ul style="list-style-type: none"> Served 656 healthcare professionals and 39 patients and community members 	Other -- Community
<u>Pulse</u> Magazine	Crated a community publication showcasing community benefit programs, preventative services, new technology, local nonprofits and featuring wellness stories of local residents	<ul style="list-style-type: none"> Mailed magazine 3 times a year to 95,000 households in our service area, distributing an additional 5,000 throughout the community 	Other -- Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

<p>Fiscal Year 2014 Objective: To continue to provide health education, promotion, and wellness services to improve the health status of the community.</p>

Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Educational Media and Web Videos	Provide health education and health promotion information to various audiences including cable television viewers, local residents, ADVANTAGE members, hospital patients and the community at large	<ul style="list-style-type: none"> Maintained free, public access to health education lectures and programming via online live-stream and on-demand views Produced short videos on health topics for the website. 	Other – Community
Kids N Fitness [®] Program	Conduct a community-based program to assist children and their families to make better lifestyle choices with an emphasis on healthier eating habits and increasing physical activity.	<ul style="list-style-type: none"> Held free, 6 six-week programs at Torrance South-Bay YMCA with accumulated enrollment of 32 children (age 9-13) and 30 adults providing both with age-specific nutrition education & counseling Expanded school-based nutrition curriculum to 17 elementary schools in partnership with Torrance Unified School District and Torrance District Food Services, and served 11,000 students. Educated 300 parent docents in 4 nutrition lessons for “Healthy Ever After” program 	Other -- Community
Bereavement Services and Hospice	Provide counseling, education, support groups and an information resource center for individuals who are grieving the loss of a loved one	<ul style="list-style-type: none"> Provided key community and financial support for Caring House, the first outpatient hospice home of its kind in Los Angeles county Hosted two on-site bereavement support groups each week with 1,181 participants Continued a Bereavement telephone support program with Monthly phone calls placed by skilled volunteers. Offered free individual bereavement counseling services to approx. 13 people Held annual Memories of Mother Tea with 124 guests attending. 	Other -- Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2014 Objective:
To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Cancer Resource Center	Provide information and education about a wide variety of cancer-related subjects including prevention, early detection, diagnosis, treatment and support services	<ul style="list-style-type: none"> • 1,022 total one-on-one guidance via mail, phone, email, hospital visits and walk-ins • 1,137 community members attended on-site cancer support groups. • Held 24th Annual Oncology Symposium for 115 healthcare professionals • Conducted 3 onsite community presentations for 268 participants • Provided 2 presentations for the community via Speaker's Bureau to 110 participants • Held 4 sessions of "Look Good/Feel Better" for 23 participants • Provided ongoing outreach and support services for 4 community partner orgs • Participated in American Cancer Society's Relay For Life 	Other – Community
Image Enhancement Center for Cancer Patients	Provide cancer patients with image enhancement techniques by specially trained Image Enhancement volunteers	<ul style="list-style-type: none"> • Gave private instruction to 78 women on use of makeup, scarves/hats & hairpieces. 	Other – Community
Breast Health Navigator	Offer education and support via a registered nurse with specialized training to help manage services for patients throughout the continuum of care from diagnosis to survivorship. Works collaboratively with Survivor Program coordinator.	<ul style="list-style-type: none"> • Provided 5,084 free one-on-one navigation consultations for cancer patients and patients diagnosed with a high-risk non-cancer lesion. 	Other – Community
Breast Examination Training Center	Offer education via a registered nurse teaching women breast self-examination and how to recognize early signs of breast disease	<ul style="list-style-type: none"> • Gave 48 women group instruction • Presented 2 community lectures for local businesses serving 32 people. 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

<p>Fiscal Year 2014 Objective: To continue to provide health education, promotion, and wellness services to improve the health status of the community.</p>

Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Cancer Survivorship Care Program	Assist patients, family members and friends before, during and after a diagnosis of cancer with information, education and support	<ul style="list-style-type: none"> Total one-on-one guidance provided for 790 people via mail, phone, email or visits Conducted 2 events serving 112 survivors to provide education on managing post-treatment fatigue and education about complementary therapies 	Other – Community
Lundquist Cardiovascular Institute and Primary Stroke Center	Utilize a multidisciplinary team of healthcare professionals to address the unique and specialized needs of cardiac and stroke patients. Education events focus on physiology, recognizing signs/symptoms, prevention, risk factor modification, diet/exercise, knowing your numbers, and smoking cessation.	<ul style="list-style-type: none"> Formalized partnership with Torrance-SB YMCA, providing significant start-up support to bring the Diabetes Prevention Program, an evidence-based, CDC-led, 12 month exercise, nutrition and education program targeted to those with pre-diabetes, to the service area. Raised community awareness of the signs and symptoms of stroke. Educated clinicians, caregivers, patients and family on the most effective treatments, efficient rehabilitation techniques and prevention Conducted 6 community presentations on heart health reaching over 200 persons Achieved Gold Plus Quality Achievement Honor Roll from American Heart Assoc. Sponsored South Bay Go Red for Women to promote women’s heart health Maintained a continuation program offering individualized exercise training for C.H.A.N.G.E. graduates to progress wellness goals and offer prevention and reduction of risk factors that lead to obesity, diabetes and metabolic syndrome 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2014 Objective:
To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Diabetes Program	Provide education to improve diabetes management and self-care, with the goal of preventing complications that can lead to hospitalization	<ul style="list-style-type: none"> • Continued RN-led bi-monthly evening support group for ongoing education in diabetes management, serving 115 people • Increased access to diabetes education with the addition of an RN-led daytime support group and served 180 people. • Continued to support the Torrance South-Bay YMCA Community Advisory Committee for promotion of the Diabetes Prevention Program. • Provided silver sponsorship of the American Diabetes Association Tour de Cure 2014 	Other – Community
Heart Failure Program	Conduct a comprehensive program led by a nurse practitioner to reduce the rates of hospital readmissions, decrease symptoms, and improve functioning and overall quality of life for patients living with heart failure.	<ul style="list-style-type: none"> • Achieved Gold Plus recognition from the American Heart Association for maintaining an 85% or higher compliance with core standard levels of care in heart failure treatment for 24 consecutive months as well as maintaining at least 75% compliance in 4 added measures. • Received Target Heart Failure Honor Roll for demonstrating 50% or greater compliance in 3 key measures • Received Joint Commission certification for advanced heart failure program • Sponsored Heart Walk to support the American Heart Association. • Donated body weight scales to 12 heart failure patients unable to afford one. 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2014 Objective:
To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Disaster Preparedness/Terrorism Response	Coordinate community disaster and terrorism response plans addressing mitigation, preparedness, response, and recovery from emergency or catastrophic events. Plans include communications, resources, safety and security, training and education, utilities management, and the ability to continue to provide clinical services throughout the event. Coordination of Torrance Memorial's response plan with that of outside agencies, such as police, fire, and EMS, is the core of this program.	<ul style="list-style-type: none"> • Participated in the Federal Hospital Preparedness Program (HPP) for disaster response. • Participated in state, county, and local community disaster response planning meetings, symposiums and conferences. • Participated in disaster drills and preparedness exercises in collaboration with local officials and community stakeholders. • Conducted disaster classes outlining department-specific as well as individual response, development of home emergency plans and what to do when earthquake shaking starts and stops. • Collaborated with the City of Torrance to provide free Family and Friends level CPR training to 60 South Bay residents. • Collaborated with the American Radio Relay League and hosted South Bay HAM operator 24-hr continuous communication drill to test support and resource proficiencies in a simulated major disaster • Conducted free customized disaster preparedness education and training classes for the local community (e.g., schools, retirees). 	Education & Training

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2014 Objective: To continue to coordinate efforts with community partners for community health improvement and education and training programs.			
Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Public Access Defibrillation (PAD)	Provide AED/PAD awareness training, CPR and Heartsaver AED courses, maintain integrity of currently placed units at public sites and increase the number of AEDs at public sites.	<ul style="list-style-type: none"> • Continued to support 165 community AEDs • Updated/maintained each of the defibrillators currently placed at 89 sites • Provided onsite training for users • Taught CPR/Heartsaver AED classes • Co-sponsored “Sidewalk CPR” with LA County EMS, Torrance Fire Department and the American Heart Association during National CPR & AED Awareness Week, instructing approx. 90 community members 	Other – Community
Blood Donor Center	Organize blood drives with the Red Cross to prevent seasonal blood crises and increase the number of units collected	<ul style="list-style-type: none"> • Worked with the Red Cross to increase the number of units collected at several sites • Continued to increase the number of employee donors each month • Worked with Adopt-a-School partner and 1 local church to conduct 2 blood drives 	Other -- Community
Support of Local Non-Profit Agencies	Provide ongoing meeting room space and interagency access to community-based organizations working with underserved and vulnerable populations to other promote each other’s programs and services, share resources and information and referral, enhance their outreach efforts and provide inter-agency networking.	<ul style="list-style-type: none"> • Provided 37 scholarships to clients of the Pregnancy Help Center to attend child birth and baby care classes at no cost • Provided free CPR BLS Recertification training to 22 staff members of Pediatric Therapy Network, and donated PT/OT sensory supplies for PTN therapists • Provided free CPR/First Aid to 3 staff members of Comfort Zone Camp, a local non-profit agency for bereaved children • Provided private office space on a weekly basis to the Center for Healthcare Rights to give free assistance to Medicare beneficiaries. 113 consults were provided. • Hosted regional Cal-Medi Connect training serving 100 Medi-Cal service providers 	Other -- Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2014 Objective:
To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Support of Local Non-Profit Agencies (cont.)		<ul style="list-style-type: none"> • Partnered with AARP to offer 22 onsite Sr Smart Driver sessions; 411 drivers served. • Received the Community Partner Award from Torrance-South Bay YMCA for collaboration resulting in significant quality-of-life enhancements for the community. • Collaborated in the GET Project, a healthier family initiative coordinated by the Torrance Library System; Conducted 10 health talks and 5 screening events in various branch locations. • Partnered with Volunteer Center's Food For Kids, a program that delivers non-perishable, healthy food supplies to Title 1 elementary school children for the family for the weekend • Provided regular meeting space for LA Teenshop, a mentor group for teens focusing on increased self-esteem, leadership and management skills, community service and public speaking. • Provided individual and gift basket donations to support local galas' silent auction efforts 	
Health Services for South Bay School Districts	Collaborate with South Bay school districts to address unmet needs by supplying resources and/or providing information or community referrals	<ul style="list-style-type: none"> • Continued sponsorship of a medical advisory board for a local school district to addresses issues that impact the district • Hosted the Visions of Unity Awards in collaboration with Torrance high schools to recognize young artists/writers cultivating creative talents & practicing arts advocacy 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2014 Objective:
To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Health Services for South Bay School Districts (cont.)	Continued Adopt-a-School partnership with Calle Mayor Middle School (CMMS) as part of the Torrance Area Chamber of Commerce's Adopt-a-School program.	<ul style="list-style-type: none"> • Donated three 1-person emergency kits to Magruder Elem for their school health fair • Collaborated with the American Heart Assoc to conduct CPR Anytime, training 100 CMMS students in hands-only CPR • Sponsored Family and Friends level CPR training for CMMS students, integrating it with the Life Management curriculum • Partnered with Rand Corporation and Torrance Prevention Community Council to conduct Calle Youth Group, an onsite after school group to offer support to students transitioning from middle school to high school and address other issues of stress • Provided financial support for construction of a garden for Special Needs students • Funded purchase of heart rate monitors for use in PE and Life Management classes • Donated twenty-five \$5 incentive gift cards to students for participation in the Student Recycling Program, and funded purchase of blue recycling cans for campus grounds. • Funded purchase of LCD projector, laptop and cart for Family Movie Night Program. • Continued to sponsor quarterly Bulldog Awards, a student citizenship award for school and community involvement • Donated hand sanitizers as needed for each classroom, fruit platters & tickets to Holiday Festival for every staff member 	

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2014 Objective:
To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Services to Support Homeless, Low-income and Working Poor	<p>Collaborate with health and social service providers or other non-profit agencies to support their services and augment outreach to vulnerable populations</p> <p>Partner with Harbor Interfaith Services - HIS assists the homeless and working poor to achieve self-sufficiency with food, shelter, transitional housing, child care, education, job placement, and counseling.</p>	<ul style="list-style-type: none"> • Collaborated with Community's Child to conduct Community Screenings Program; provided 106 adults and 127 children with health screenings, education, referral services and medical follow up. • Provided flu shot clinics as requested • Funded 5th year of grant funds disbursed to support food pantry services, for which the service demand rose by 47% in 2014 • Supported Harbor Interfaith's 7th Annual Gala benefitting shelter services, child care and family support services. • Provided scholarships to CPR classes for HIS clients as needed for job qualification or to obtain vocational certification • Donated miscellaneous items throughout the year including baby wipes, baby formula and food • Organized employee giving opportunities for food and toy drives; adopted families for the holidays, with gifts and complete meals. General donation items included bags of clothing, cash donations and grocery gift cards. 	Other -- Vulnerable
HealthLine Information	Provide telephone information and referrals to callers seeking assistance	<ul style="list-style-type: none"> • Provided 8,444 information referrals and 1,159 Medi-Cal related referrals 	Other – Vulnerable

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2014 Objective: To continue to coordinate efforts with community partners for community health improvement and education and training programs.			
Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Training and Career Preparation for Nursing and Ancillary Personnel	Conducted various programs – Mentor/Mentee, preceptorships, internships, graduate student experiences, and affiliations – to train and prepare students for healthcare careers	<ul style="list-style-type: none"> • Collaborated with area nursing schools to provide 94 students the opportunity to observe instruction methods in childbirth, baby care and breastfeeding classes • Participated in clinical partnerships with 25 schools of nursing • Contracted with local schools of nursing to use our simulation lab to provide hands-on experience with interactive manikins using selected patient scenarios. • Served as active participants in schools of nursing advisory councils. • Contracted with 44 schools to place non-nursing students at TMMC (pharmacy techs, scrub techs, radiation therapists, radiology techs, physical and occupational therapists and techs, dieticians, respiratory techs, paramedics/EMTs, MRI/nuclear med and ultrasound techs, central service techs, medical physicists, counselors, speech pathologists and techs, etc.) • Sponsored a Certified Lactation Education training program; 40-50 people trained 	Education & Training
Continuing Medical Education Activities	Provide education lectures and conferences for physicians, nurses and other healthcare professionals	<ul style="list-style-type: none"> • Provided 168 IMQ/CMA accredited continuing medical education activities for more than 2,800 physicians and 565 allied healthcare professionals • Held symposiums on oncology, cardiology, pain management, diabetes, geriatrics, pediatrics/perinatology, bioethics, chemical dependency, OBGYN and palliative care 	Education & Training

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2014

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2014 Objective: To continue to coordinate efforts with community partners for community health improvement and education and training programs.			
Program/Service	Description of Program/Service	Fiscal Year 2014 Update	SB 697 Category
Thelma McMillen Teen Outpatient Program	Provide free and confidential consultations with a trained multidisciplinary team of physicians, psychologists, certified chemical dependency counselors for youth 13 – 17 troubled by drugs and alcohol.	<ul style="list-style-type: none"> • Provided 6-week prevention program, First Step, for parents and teens at no cost serving approximately 75 families • Provided free drug-testing for adolescents serving approximately 100 teens • Maintained a community advisory board of concerned parents, attorneys, police, judges and school personnel • Counselors met with 550 students individually and in groups. • Substances abuse counselors provided consultations at 9 high schools and several middle schools. • Provided in-service training for school staff. • Presented educational lectures for parents. • Served on drug task forces in several school districts. • Assisted in Red Ribbon Week activities • Joined the Torrance Prevention Community Council (PCC) and hosted monthly meetings • Collaborated with Torrance PCC and Torrance PD to conduct a Drug Take-Back event. 14 collection boxes were filled for safe disposal of unused/expired rx meds • Participated in the SPA 8 Summit, a community needs assessment sponsored by community non-profits serving the City of Carson, focused on prevention of drug use and underage drinking 	Other – Community

Section 7: Economic Value of Community Benefits

In Fiscal Year 2014, the economic value of community benefits provided by Torrance Memorial Medical Center is estimated at **\$67,612,665**. **Table 7.1** summarizes the unreimbursed costs of these community benefits according to the framework specifically identified by Senate Bill 697:

- Medical care services
- Other benefits for vulnerable populations
- Other benefits for the broader community
- Health research, education, and training programs

Nonquantifiable Benefits

In addition to the value of these services, Torrance Memorial Medical Center provided the following nonquantifiable benefit (a category specifically identified in Senate Bill 697) in Fiscal Year 2014:

- Indirect costs of a program to provide outpatient services for chemically dependent adolescents, adults and their families. In 2014, Torrance Memorial Medical Center continued its collaboration with the Betty Ford Center to provide a free, local professional development series attended by approximately 1,500 healthcare professionals as well as partnering with The Center for Discovery to offer professional development to another 400 professionals. In addition, the hospital performed free, confidential assessments, hosted ten weekly 12-Step and three other support group meetings, hosted monthly EAPA and South Bay Coalition meetings, South Bay Therapists SB MFT meetings and CEAP trainings for the more than 1,400 people that attended. Staff attended over 24 community meetings for school counselors, nurses, social workers, students, parents, employers, police and city officials.

**Table 7.1: Estimated Economic Value of Community Benefits Provided by Torrance Memorial Medical Center
in Fiscal Year 2014**

Senate Bill 697 Category	Programs and Services Included ^a	Unreimbursed Cost
Medical Care Services	Subsidy of Medically Indigent Patients ^b	\$16,577,882
	Charity Care ^c	\$3,091,667
	Subsidy of Medicare Program	\$42,676,541
	Other Medical Services	\$2,403,400
Other Benefits for Vulnerable Populations ^d	Van transportation, support of local non-profits, and referrals to local resources	\$266,989
Other Benefits for the Broader Community ^d	Health fairs, health education classes, educational tapes, information, support groups, web site, resource centers, and collaboration with school districts and local agencies	\$2,187,271
Health Research, Education and Training Programs ^d	Continuing education programs, disaster preparation training, career preparation programs for nursing and ancillary personnel	\$408,915
	GRAND TOTAL	\$67,612,665

^aSee Table 6.1, Table 6.2, and Table 6.3 for programs and services listed in the corresponding Senate Bill 697 categories.

^bSubsidy of Medically Indigent Patients refers to uninsured patients, Medi-Cal and Healthy Families patients and low-income Medicare patients who are also eligible for Medi-Cal. The unreimbursed cost associated with these patients is calculated as the different between the cost of care (using the aggregate cost-to-charge ratio) and the government and other payors' reimbursement

^cCharity care cost is provided according to criteria defined by the hospital policy (see Appendix A). Its value was determined by applying the hospital cost-to-charge ratio in 2014 to the total charges for patients classified as charity patients.

^dUnreimbursed costs may include an average hourly rate for labor (plus benefits), supplies, materials and other purchased services. Costs are estimated by each coordinating department responsible for providing the program/service.

Appendix A: Financial Assistance Policy

Appendix A includes Torrance Memorial Medical Center Financial Assistance Policy for Full Charity Care and Discount Partial Charity Care Policies

TORRANCE MEMORIAL MEDICAL CENTER

Department: ADMINISTRATION

Policy/Procedure: FINANCIAL ASSISTANCE POLICY
Full Charity Care and Discount Partial Charity Care Policies

PURPOSE

Torrance Memorial Medical Center (TMMC) is a non-profit organization which provides hospital services to the community of Torrance and the greater South Bay area of Southern California. Torrance Memorial Medical Center is committed to meeting the health care needs of all patients in the community, including those who may be uninsured or underinsured. As part of fulfilling this commitment, TMMC provides medically necessary services, without cost or at a reduced cost, to patients who qualify in accordance with the requirements of this Financial Assistance Policy. This policy defines the TMMC Financial Assistance Program; its criteria, systems, and methods.

California acute care hospitals must comply with Health & Safety Code requirements for written policies providing discounts and charity care to financially qualified patients. This policy is intended to meet such legal obligations and provides for both charity care and discounts to patients who financially qualify under the terms and conditions of the Torrance Memorial Medical Center Financial Assistance Program.

The Finance Department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing, recording and accounting treatment of transactions at TMMC. This includes the handling of patient accounting transactions in a manner that supports the mission and operational goals of Torrance Memorial Medical Center.

SCOPE

The Financial Assistance Policy will apply to all patients who receive services at TMMC. This policy pertains to financial assistance provided by Torrance Memorial Medical Center. All requests for financial assistance from patients, patient families, physicians or hospital staff shall be addressed in accordance with this policy.

Introduction

Torrance Memorial Medical Center strives to meet the health care needs of all patients who seek inpatient, outpatient and emergency services. TMMC is committed to providing access to financial assistance programs when patients are uninsured or underinsured and may need help in paying their hospital bill. These programs include government sponsored coverage programs and charity care and discount partial charity care as defined herein.

The Charity Care Policy is applicable to all Emergency Room Physicians who provide emergency care at TMMC. All Emergency Room Physicians are contracted with TMMC and required to participate in the application of this policy as a condition of their contractual relationship with TMMC..

Full Charity Care and Discount Partial Charity Care Defined

Full Charity Care is defined as any necessary¹ inpatient or outpatient hospital service provided to a patient who is unable to pay for care and who has established qualification in accordance with requirements contained in the TMMC Financial Assistance Policy.

Discount Partial Charity Care is defined as any necessary inpatient or outpatient hospital service provided to a patient who is uninsured or underinsured and 1) desires assistance with paying their hospital bill; 2) has an income at or below 350% of the federal poverty level; and 3) who has established qualification in accordance with requirements contained in the TMMC Financial Assistance Policy.

Depending upon individual patient eligibility, financial assistance may be granted for full charity care or discount partial charity care. Financial assistance may be denied when the patient or other responsible family representative does not meet the TMMC Financial Assistance Policy requirements.

Full Charity Care and Discount Partial Charity Care Reporting

TMMC will report actual Charity Care provided in accordance with regulatory requirements of the Office of Statewide Health Planning and Development (OSHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with regulation, the hospital will maintain written documentation regarding its Charity Care criteria, and for individual patients, the hospital will maintain written documentation regarding all Charity Care determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

TMMC will provide OSHPD with a copy of this Financial Assistance Policy which includes the full charity care and discount partial charity care policies within a single document. The Financial Assistance Policy also contains: 1) all eligibility and patient qualification procedures; 2) the unified application for full charity care and discount partial charity care; and 3) the review process for both full charity care and discount partial charity care. These documents shall be supplied to OSHPD every two years or whenever a significant change is made.

Charity care will be reported as an element of the hospital's annual Community Benefit Report submitted to OSHPD and any other appropriate state agencies.

¹ Necessary services are defined as any hospital inpatient, outpatient, or emergency medical care that is not entirely elective for patient comfort and/or convenience.

Full and Discount Eligibility: General Process and Responsibilities

Eligibility is defined for any patient whose family² income is less than 350% of the current federal poverty level, if not covered by third party insurance or if covered by third party insurance and unable to pay the patient liability amount owed after insurance has paid its portion of the account.

The TMMC Financial Assistance Program utilizes a single, unified patient application for both Full Charity Care and Discount Partial Charity Care. The process is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify. The financial assistance application provides patient information necessary for determining patient qualification by the hospital and such information will be used to qualify the patient or family representative for maximum coverage under the TMMC Financial Assistance Program.

Eligible patients may qualify for the TMMC Financial Assistance Program by following application instructions and making every reasonable effort to provide the hospital with documentation and health benefits coverage information such that the hospital may make a determination of the patient's qualification for coverage under the program. Eligibility alone is not an entitlement to coverage under the TMMC Financial Assistance Program. TMMC must complete a process of applicant evaluation and determine coverage before full charity care or discount partial charity care may be granted.

The TMMC Financial Assistance Program relies upon the cooperation of individual patients who may be eligible for full or partial assistance. To facilitate receipt of accurate and timely patient financial information, TMMC will use a financial assistance application. All patients unable to demonstrate financial coverage by third party insurers will be offered an opportunity to complete the financial assistance application. Uninsured patients will also be offered information, assistance and referral to government sponsored programs for which they may be eligible. Insured patients who are unable to pay patient liabilities after their insurance has paid, or those who experience high medical costs, may also be eligible for financial assistance. Any patient who requests financial assistance will be asked to complete a financial assistance application.

The financial assistance application should be completed as soon as there is an indication the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.

Completion of a financial assistance application provides:

- Information necessary for the hospital to determine if the patient has income sufficient to pay for services;

² A patient's family is defined as: 1) For persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and 2) For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent of caretaker relative.

- Documentation useful in determining qualification for financial assistance; and
- An audit trail documenting the hospital's commitment to providing financial assistance.

However, a completed financial assistance application is not required if TMMC determines it has sufficient patient financial information from which to make a financial assistance qualification decision.

PROCEDURES

Qualification: Full Charity Care and Discount Partial Charity Care

Qualification for full or discount partial financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

The patient and/or patient family representative who requests assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide information necessary for the hospital to make a financial assistance qualification determination. The hospital will provide guidance and/or direct assistance to patients or their family representative as necessary to facilitate completion of program applications. Completion of the financial assistance application and submission of any or all required supplemental information may be required for establishing qualification for the Financial Assistance Program.

Financial Assistance Program qualification is determined after the patient and/or patient family representative establishes eligibility according to criteria contained in this policy. While financial assistance shall not be provided on a discriminatory or arbitrary basis, the hospital retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.

Patients or their family representative may complete an application for the Financial Assistance Program. The application and required supplemental documents are submitted to the Patient Financial Services department at TMMC. This office shall be clearly identified on the application instructions.

If the patient or family has a pending application for another health coverage program while applying for financial assistance/charity care, the pending application for other health coverage program shall not preclude eligibility for TMMC charity care.

TMMC will provide personnel who have been trained to review financial assistance applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response.

A financial assistance determination will be made only by approved hospital personnel according to the following levels of authority:

Director of Patient Financial Services: Accounts less than \$100,000

Chief Financial Officer: Accounts greater than \$100,001 and less than \$250,000

President/CEO: Accounts greater than \$250,001

Factors considered when determining whether an individual is qualified for financial assistance pursuant to this policy may include:

- No insurance under any government coverage program or other third party insurer;
- Family income based upon tax returns and recent pay stubs
- Family size

Qualification criteria are used in making each individual case determination for coverage under the TMMC Financial Assistance Program. Financial assistance will be granted based upon each individual determination of financial need in accordance with the Financial Assistance Program eligibility criteria contained in this policy.

Financial Assistance Program qualification may be granted for full charity care (100% free services) or discount partial charity care (charity care of less than 100%), depending upon the patient or family representative's level of eligibility as defined in the criteria of this Financial Assistance Program Policy.

Once determined, Financial Assistance Program qualification will apply to the specific services and service dates for which application has been made by the patient and/or patient family representative. In cases of continuing care relating to a patient diagnosis which requires on-going, related services, the hospital, at its sole discretion, may treat continuing care as a single case for which qualification applies to all related on-going services provided by the hospital. Other pre-existing patient account balances outstanding at the time of qualification determination by the hospital will be included as eligible for write-off at the sole discretion of management.

Patient obligations for Medi-Cal/Medicaid share of cost payments will not be waived under any circumstance. However, after collection of the patient share of cost portion, any other unpaid balance relating to a Medi-Cal/Medicaid share of cost patient may be considered for Charity Care.

Patients at or below 350% of the FPL will not pay more than Medicare would typically pay for a similar episode of service. This shall apply to all necessary hospital inpatient, outpatient and emergency services provided by TMMC.

Full and Discount Partial Charity Care Income Qualification Levels

1. If the patient's family income is 200% or less of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance

Program qualification requirements, the entire (100%) patient liability portion of the bill for services will be written off.

2. If the patient's family income is between 201% and 350% of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the following will apply:
 - Patient's care is not covered by a payer. If the services are not covered by any third party payer so that the patient ordinarily would be responsible for the full-billed charges, the patient's payment obligation will be the gross amount the Medicare program would have paid for the service if the patient were a Medicare beneficiary.
 - Patient's care is covered by a payer. If the services are covered by a third party payer so that the patient is responsible for only a portion of the billed charges (i.e., a deductible or co-payment), the patient's payment obligation will be an amount equal to the difference between what insurance has paid and the gross amount that Medicare would have paid for the service if the patient were a Medicare beneficiary. If the amount paid by insurance exceeds what Medicare would have paid, the patient will have no further payment obligation.
 - In either case, if a patient's responsibility is 10% or more of the patient's family income for the previous 12 months, the entire amount owed by the patient will be limited to 10% of their family income for the preceding 12 month period.

Payment Plans

When a determination of discount partial charity has been made by the hospital, the patient shall have the option to pay any or all outstanding amount due in one lump sum payment, or through a scheduled term payment plan.

The hospital will discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be arranged based upon the patient's ability to effectively meet the payment terms and shall take into account the patient's family income and essential living expenses. As a general guideline, payment plans will be structured to last no longer than 12 months. The hospital shall negotiate in good faith with the patient; however there is no obligation to accept the payment terms offered by the patient. If the hospital and patient or patient's family cannot agree to the terms of a payment plan, the monthly payment shall be based on 10% of the patient's family monthly income. No interest will be charged to the patient for the duration of any payment plan arranged under the provisions of the Financial Assistance Policy.

Special Circumstances

Any evaluation for financial assistance relating to patients covered by the Medicare Program must include a reasonable analysis of all patient assets, liabilities, income and expenses, prior to eligibility qualification for the Financial Assistance Program. Such financial assistance evaluations must be made prior to service completion by TMMC.

If the patient is determined to be homeless he/she will be deemed eligible for the Financial Assistance Program.

Patients seen in the emergency department, for whom the hospital is unable to issue a billing statement, may have the account charges written off as Charity Care. All such circumstances shall be identified on the patient's account notes as an essential part of the documentation process.

Other Eligible Circumstances

TMMC deems those patients that are eligible for government sponsored low-income assistance program (e.g. Medi-Cal/Medicaid, Healthy Families, California Children's Services and any other applicable state or local low-income program) to be indigent. Therefore such patients are eligible under the Financial Assistance Policy when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients (e.g. CHDP, Healthy Families, and CCS) where the program does not make payment for all services or days during a hospital stay, are eligible for Financial Assistance Program coverage. Under the hospital's Financial Assistance Policy, these types of non-reimbursed patient account balances are eligible for full write-off as Charity Care. Specifically included as Charity Care are charges related to denied stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care.

The portion of Medicare patient accounts (a) for which the patient is financially responsible (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payer including Medi-Cal/Medicaid, and (c) which is not reimbursed by Medicare as a bad debt, may be classified as charity care if:

1. The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low-income patients; or
2. The patient otherwise qualifies for financial assistance under this policy and then only to the extent of the write-off provided for under this policy.

Any patient whose income exceeds 350% of the FPL and experiences a catastrophic medical event may be deemed eligible for financial assistance. Such patients, who have high incomes do not qualify for routine full charity care or discount partial charity care. However, consideration as a catastrophic medical event may be made on a case-by-case basis. The determination of a catastrophic medical event shall be based upon the amount of the patient liability at billed charges, and consideration of the individual's income and assets as reported at the time of occurrence. Management shall use reasonable discretion in making a determination based upon a catastrophic medical event. As a general guideline, any account with a patient liability for services rendered that exceeds \$100,000 may be considered for eligibility as a catastrophic medical event.

TMMC will make every reasonable, cost-effective effort to communicate payment options and programs with each patient who receives services at the hospital. In the event that a patient or guarantor does not respond or communicate with TMMC to resolve an open account, TMMC may forward the account to its collection agency. Since the financial status of the patient is not known, the amount forwarded for external collection will be discounted 81 % which shall be considered charity, if no other third party coverage is identified. The hospital's external collection agencies may adjust the amount further should the patient's financial status become known and the patient qualifies for financial assistance. The collection agency shall make efforts to collect only this reduced amount.

Any account returned to the hospital from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care. Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation file.

All accounts returned from a collection agency for re-assignment from Bad Debt to Charity Care will be evaluated by hospital personnel prior to any re-classification within the hospital accounting system and records.

Dispute Resolution

In the event that a dispute arises regarding qualification, the patient may file a written appeal for reconsideration with the hospital. The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any or all additional relevant documentation to support the patient's claim should be attached to the written appeal.

Any or all appeals will be reviewed by the hospital Director of Patient Financial Services. The director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the director shall provide the patient with a written explanation of findings and determination.

In the event that the patient believes a dispute remains after consideration of the appeal by the director of patient financial services, the patient may request in writing, a review by the Chief Financial Officer. The Chief Financial Officer shall review the patient's written appeal and documentation, as well as the findings of the Director of Patient Financial Services. The Chief Financial Officer shall make a determination and provide a written explanation of findings to the patient. All determinations by the Chief Financial Officer shall be final. There are no further appeals.

Public Notice

TMMC shall post notices informing the public of the Financial Assistance Program. Such notices shall be posting in high volume inpatient, and outpatient service areas of the hospital, including but not limited to the emergency department, billing office, inpatient admission and outpatient registration areas or other common outpatient areas of the hospital. Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on

how a patient may obtain more information on financial assistance as well as where to apply for such assistance.

These notices shall be posted in English and Spanish and any other primary languages that are representative of 5% or greater of patients in the hospital's service area.

A copy of this Financial Assistance Policy will be made available to the public on a reasonable basis.

Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values.

Good Faith Requirements

TMMC makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate.

Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient or family representative. In addition, TMMC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order to qualify.

Initial Approvals and Major Revisions

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Revised Effective Date(s):

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Distributed to: Administrative Policy & Procedure Manual (Finance)

Related Policies:

Credit & Collection Policy – Admin 100.05

Discount Policy – Admin 100.06