



Mercy Medical Center Mt. Shasta

Community Benefit 2016 Report and 2017 Plan



A message from

Kenneth E.S. Platou, president and CEO of Mercy Medical Center Mt. Shasta, and Doug Hatter, M.D., Chair of the Dignity Health North State Service Area Community Board.

Dignity Health's comprehensive approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our multi-pronged initiatives to improve community health include financial assistance for those unable to afford medically necessary care, arrange prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Mercy Medical Center Mt. Shasta shares a commitment to improve the health of our community, and delivers programs and services to achieve that goal. The Community Benefit 2016 Report and 2017 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. This report meets requirements of not-for-profit hospitals in the Patient Protection and Affordable Care Act to adopt a community health Implementation Strategy at least every three years, and in California state law (Senate Bill 697) to produce an annual community benefit report and plan. Dignity Health complies with both mandates in all of its hospitals, including those in Arizona and Nevada. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2016 (FY16), Mercy Medical Center Mt. Shasta provided \$3,206,647 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. Including the unreimbursed costs of caring for patients covered by Medicare, the hospital's total community benefit expense was \$7,662,662.

Dignity Health's North State Service Area Board of Directors reviewed, approved and adopted the Community Benefit 2016 Report and 2017 Plan at its October 13, 2016 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 530.926.6111.

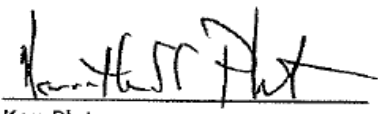
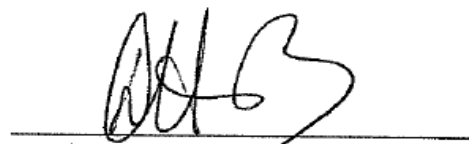

Ken Platou
President/CEO
Douglas Hatter, M.D.
Chairperson, Board of Directors

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EXECUTIVE SUMMARY

Mercy Medical Center Mt. Shasta (MMCMS) is designated as a 25-bed Critical Access hospital and one of the three medical centers comprising the Dignity Health North State Service Area, along with Mercy Medical Center Redding and St. Elizabeth Community Hospital in Red Bluff. The facility has 25 licensed beds and a campus that is 14 acres in size located in Siskiyou County at the base of majestic Mount Shasta. MMCMS has a staff of 250, an active medical staff of 45 local professionals, and 60 dedicated volunteers. In addition to our acute care hospital, MMCMS also operates three Rural Health Clinics: Mercy Mt. Shasta Community Clinic, Mercy Lake Shastina Community Clinic and the Dignity Health Pine Street Clinic.

MMCMS provides a full range of health care services and programs that contribute to the physical, psychological, social and spiritual well-being of area residents and visitors of Siskiyou County. By combining a strong sense of caring with sophisticated medical technology, MMCMS has earned a reputation as a quality health service institution, and consistently wins corporate, state and national awards for excellence in patient care services and satisfaction. Major programs include orthopedics, intensive care, diagnostic medicine, women's imaging, emergency medicine, and Telestroke Program in partnership with the Dignity Health Telemedicine Network.

The significant community health needs that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at <https://www.dignityhealth.org/cm/media/documents/Mercy-Medical-Center-Mt-Shasta-NA.pdf>. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

The significant community health needs identified are:

- Cancer
- Dental Issues
- Diabetes
- Heart Disease/ and or Stroke
- Obesity, Lack of exercise or poor eating habits
- Substance Abuse
- Tobacco Use

In FY16, Mercy Medical Center Mt. Shasta took numerous actions to help address identified needs. These included:

- Childbirth Preparation Classes
- Glucose and BP screenings
- Lactation Counseling Services
- Mercy Mt. Shasta Auxiliary Free Transportation Service
- Growing Thru Grief groups
- Monthly drop-in grief group
- Good Grief support group
- Hope for the Holidays bereavement support group

- Circle of Healing weekend retreat, for cancer patients
- Hope and Healing Support Group, for parents with early infant loss
- Holiday Bereavement Workshop
- Hosting the College of the Siskiyou's Medical Careers Exploration Semester for local high school seniors.
- The "Sisters Emergency Fund" dedicated to provide non-medical emergency assistance to patients and family members in need.

For FY17, the hospital plans to continue all the above ambitious programs and to add:

- CDSMP Chronic disease maintenance classes (Stanford model)
- Expansion of our glucose and BP screening program

The economic value of community benefit provided by MMCMS in FY16 was \$3,206,647, excluding unpaid costs of Medicare in the amount of \$4,456,015.

This document is publicly available at <http://www.dignityhealth.org/mercy-mtshasta>

MISSION, VISION AND VALUES

Our Mission

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

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

Our Vision

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

Our Values

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

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

Rooted in Dignity Health's mission, vision and values, MMCMS is dedicated to delivering community benefit with the engagement of its management team and the North State Service Area Community Board. The board is composed of community members who provide stewardship and direction for the hospital as a community resource.

As a member of Dignity Health, Mercy Medical Center Mt. Shasta (MMCMS) is committed to providing quality services in response to the healthcare-related needs of the communities we serve. In the spirit of Catherine McAuley and the tradition of the Sisters of Mercy, we dedicate ourselves to a faith-based response that embraces physical, emotional, and spiritual healing, as well as the promotion of health in the communities in which we live and serve. Mercy Mt. Shasta has a further commitment to develop excellent health care in a fiscally responsible manner, while recognizing our commitment as the area's acute care health facility for the financially indigent. Our health care community appreciates the wisdom of collaboration while reaching out to satisfy current health care needs.

As a non-profit health ministry, we reinvest any income in excess of expenses into our operations to support medical services that are needed in our community. We reinvest in the medical center by acquiring new technology and by providing and supporting community endeavors with others who want to make the southern Siskiyou County area a healthier place to live and work.

The governing bodies of the North State Service Area in addition to our local Community Advisory Council (CAC) and the MMCMS Senior Leadership Team are all directly involved in the community benefit planning and prioritization process. The Dignity Health North State Board of Directors is composed of individuals who represent Mercy Mt. Shasta, Mercy Medical Center Redding and St. Elizabeth Community Hospital in Red Bluff. This Board has overall responsibility for these three facilities' Community Benefit activities and gives final approval to their annual Community Benefit Report and Plan.

The Mercy Mt. Shasta's CAC is composed of local individuals who represent a cross-section of vocations and constituencies based in southern Siskiyou County. A roster of members is included in the Appendix of this report for reference. These individuals provide strong guidance in the prioritization of community benefit plans and activities/services, and their unique insights help ensure our effectiveness in meeting the needs of the community.

Our Senior Director for Mission Integration, Community Benefit, and Spiritual Care oversees and coordinates Community Benefit activities of MMCMS in close coordination with the President and the Senior Leadership members.

MMCMS's community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

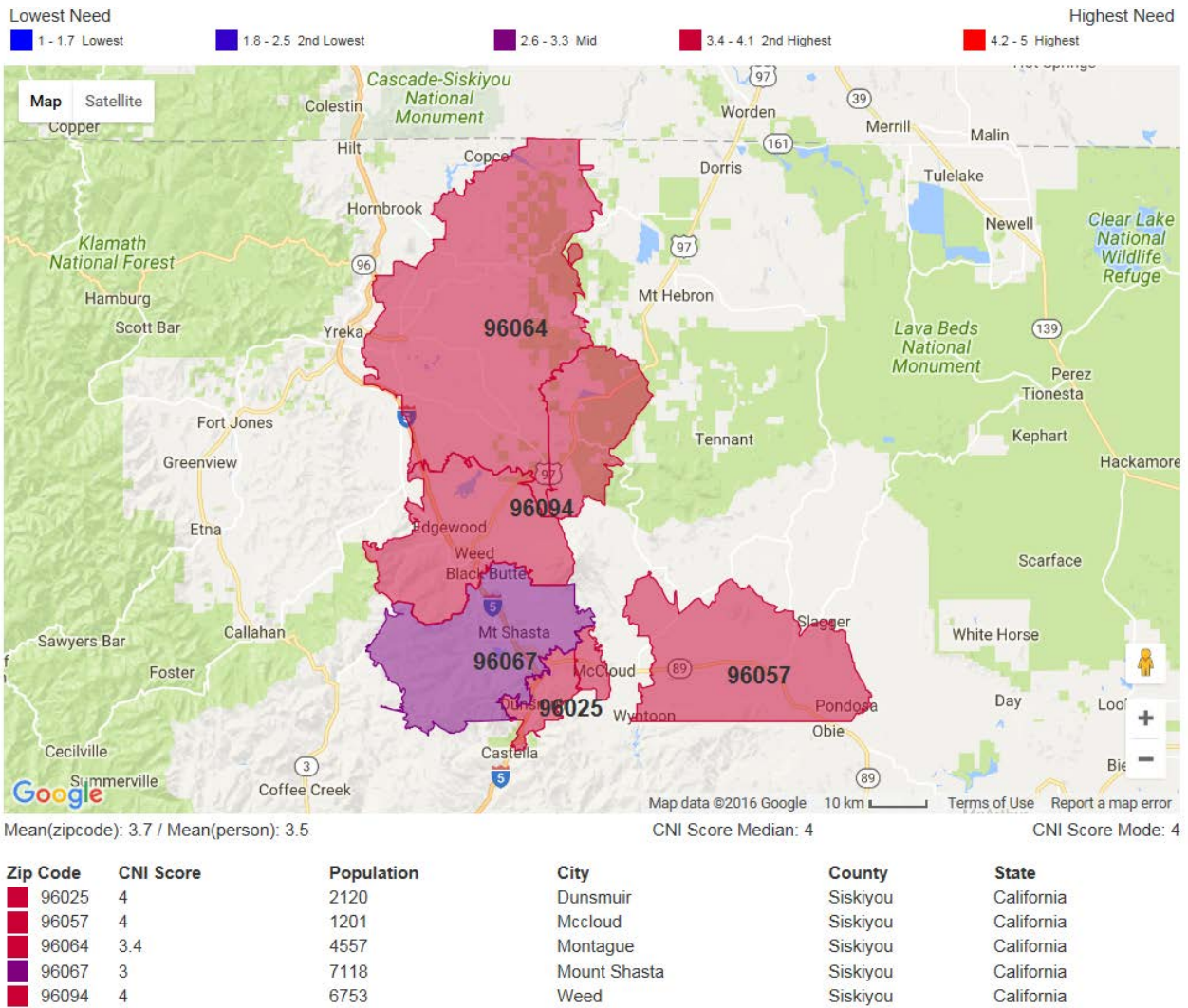
DESCRIPTION OF THE COMMUNITY SERVED

Mercy Medical Center Mt. Shasta (MMCMS) serves a core service area (CSA) comprised mostly of four zip codes in Southern Siskiyou County. Dignity Health hospitals define service areas as the geographic area served by the hospital based on a percentage of hospital discharges and is also used in various other departments of the system and hospital, including strategy and planning. A summary demographic description of the community is below, and additional community facts and details can be found in the CHNA report online. Portions of Siskiyou County are federally designated Medically Underserved Areas (MUA). The following data represents the MMCMS core service area.

- Total Population: 21,749
- Hispanic or Latino: 10.6%
- Race: 80.1 % White, 2.1% Black/African American, 2.0% Asian/Pacific Islander, All Others 5.2%
- Median Income: \$44,610
- Uninsured: 8.7%
- Unemployment: 7.8%
- No HS Diploma: 9.4%
- Median CNI Score: 4.0
- Medicaid Population: 30.0%
- Other Area Hospitals: 1
- Medically Underserved Areas or Populations: Yes

All of the communities in our primary service area are considered to have disproportionate unmet health care needs. In fact, the median CNI score for our primary service area is 3.7 indicating a high level of need. The most current CNI map can be found below. This is a major challenge for us as we plan and implement our community benefit programs and services. It is imperative that we provide a leadership role in building local capacity with our community partners in our efforts to create healthy communities.

We are fortunate to have strong partnerships with other organizations that respond to the health needs of our community. Community- based collaborations were a priority for MMCMS in 2012, and will continue to drive community benefit efforts in the future. Major partners include Siskiyou Health Partnership, College of The Siskiyous, Siskiyou County Public Health, Family Resource Centers, McCloud Healthcare Clinic, Mercy Mt. Shasta and Lake Shastina Community Clinics, and Fairchild Medical Center in Yreka.



One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

COMMUNITY BENEFIT PLANNING PROCESS

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging key stakeholders in the development and annual updating of the community benefit plan.

Community Health Needs Assessment Process

Mercy Medical Center Mt. Shasta is committed to involving and informing the residents of Siskiyou County in a Community Health Needs Assessment Survey process. The Community Health Needs Assessment (CHNA) is conducted every three years, most recently in 2014, and identifies the health needs of Siskiyou County residents by acknowledging ongoing health concerns within the community. Mercy Medical Center Mt. Shasta conducted the 2014 community health needs assessment (CHNA) at the facility level using community benefit staff to oversee the process. By conducting the CHNA at the facility level, the Hospital was able to gain a better insight into the needs of the community. Mercy Medical Center Mt. Shasta took into consideration available internal and external resources and partnered with outside individuals and organizations as appropriate throughout the CHNA process. Based on this assessment, issues of greatest concern were identified and the Hospital determined the areas to commit resources to, thereby focusing outreach efforts to continually improve the health status of the community we serve.

The CHNA process incorporated data from primary sources (survey) and secondary data research (vital statistics and other existing health-related data). Primary data was collected by using paper surveys and an identical web-based survey via Survey Monkey.com. We looked to our community partners to represent their respective communities in the survey process. The final survey instrument was developed by Mercy Medical Center Mt. Shasta and Public Health and is similar to the previous surveys used in the region. The surveys were used to collect information from community members, stakeholders and providers for the purpose of understanding community perception of needs. In addition to providing assistance with the survey design, Public Health representatives distributed the surveys to their employees and clients. The Hospital distributed surveys to zip codes within the primary service area, including zip codes with disproportionate unmet health needs. The following partners assisted the hospital in conducting the needs assessment:

- **Mercy Medical Center Community Advisory Council** - This group of active community members represent all of the communities in our primary service area. They completed the survey in addition to identifying priorities once the data was compiled.
- **Siskiyou County Rural Health Clinics** – As our local RHC's focus on the most in need in our communities we secured assistance from them in survey completion of their patients.
- **Siskiyou County Community Resource Centers** – Assisted in gathering completed surveys from their clients in the various Resource Centers located in the communities that make up our primary service area.

The secondary data was provided through a free web-based platform through CHNA.org. This web-based tool was designed to assist hospitals in completing the CHNA at the local level in order to help reduce the costs often incurred by Hospitals. Once the primary and secondary data were collected and

compiled, Mercy Medical Center Mt. Shasta community benefit staff analyzed the data and compared it to prior assessments to determine which information from the previous assessments would be useful in building upon for the health of the community. The results revealed a list of top perceived health risks and behaviors from the community's perspective, many of which overlap.

CHNA Significant Health Needs

The results of the 2014 Community Needs Assessment were very similar to the results found in the 2011 assessment. This finding further supports our work in relation to community health and the fact that it takes concerted effort and time to change the behaviors of a community.

The following health priorities represent recommended areas of intervention through our 2014` Community Needs Assessment process and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist; however, focus on one or more of these issues is subject to the discretion of the facility as to "actionability" and priority.

The top seven individual health concerns identified in the survey include

- Heart Disease and Stroke
- Diabetes
- Obesity(lack of exercise and poor eating habits)
- Substance Abuse
- Tobacco Use
- Cancer
- Dental Issues

The perceived top seven behavioral health risks in our primary service area include

- Drug Abuse
- Alcohol Abuse
- Being Overweight
- Poor Eating Habits
- Lack of Exercise
- Tobacco Use
- All of the above

In addition to the identified chronic disease issues found in the assessment results, healthcare access continues to be an issue most especially for the low-income residents of Siskiyou County.

Community Benefit Plan Development Process

Mercy Medical Center Mt. Shasta carefully considered how to identify and prioritize various community benefit initiatives. Once the unmet health needs were identified (through the CHNA), they were presented to a ranking committee made up of Hospital Advisory Council members. A discussion then ensued to select the priorities that should be the Community Benefit focus for the next three fiscal years.

Based on input from its Advisory Council ranking committee over the next three fiscal years Mercy Mt Shasta will:

- Develop interventions to address increasing physical activity to optimize fitness; improve nutrition and help local community members from becoming overweight;
- Increase preventative health screenings (including cancer screenings);
- Use the following areas as criteria to accept submissions for funding from the Dignity Health community grant program: Childhood Obesity Programs & Classes, Heart Health Program; Diabetes Programs, Cancer Programs & Classes.
- Consider funding requests from its community benefit donation program that align with the identified health priorities established in the 2014 Community Health Assessment.

While the health needs and risks of substance abuse, tobacco use and dental issues were also identified in the Community Health Assessment, they were determined to be beyond the scope of our Critical Access hospital and we lacked the ability and resources to effect sustainable change.

A formal community asset assessment has not been conducted at this time; however it may be addressed in the future within the parameters of our collaboration with the Siskiyou Health Partnership. MMCMS remains committed to developing programs and services not only based on the outcomes from the Community Health Assessment but also focused on the most vulnerable populations in our primary service area. The intent of our community clinic strategy and community benefit initiatives is to bring affordable low/no cost health care to the rural communities of Southern Siskiyou County. With this combination we hope to have a sustainable impact on controlling the growth of community health care costs.

Planning for the Uninsured/Underinsured Patient Population

In keeping with its mission, the hospital offers patient financial assistance (also called charity care) to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care. The hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C. The amount of financial assistance provided in FY16 is listed in the Economic Value of Community Benefit section of this report.

2016 REPORT AND 2017 PLAN

This section presents programs and initiatives the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It includes both a report on activities for FY16 and planned programs with measurable objectives for FY17.

SUMMARY

Community Benefit Programs are developed in response to the current Community Health Assessment and are guided by the following core principles.

- **Disproportionate Unmet Health-Related Needs**
Seek to accommodate the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention**
Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care**
Emphasize evidence-based approaches by establishing operational linkages (i.e., coordination and re-design of care modalities) between clinical services and community health improvement activities.
- **Build Community Capacity**
Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance**
Engage diverse community stakeholders in the selection, design, implementation and evaluation of program activities.

Below are community benefit and community health programs and initiatives operated or substantially supported by the hospital FY15, and those planned to be delivered in FY16. Programs that the hospital plans to deliver in 2016 are denoted by *.

Initiative 1: Cancer Prevention, and Education, and Support

- Siskiyou Golden Fair Skin Cancer Screens *
- Circles of Healing Retreat *
- Local advertising for cancer prevention & education *
- Articles in *Be Well*, a regional magazine on women's health *

Initiative 2: Diabetes Prevention and Management

- Nurse Diabetic Educator in MMCMS Community Clinic *
- Individualized Nutritional Counseling Program with MMCMS Registered Dietitian *
- Community Glucose Screen Events *\\
- Dietitian recently added to hospital staff
- CDSMP Stanford Model classes offered in Fall and Spring
- Coumadin Clinic offered

Initiative 3: Heart Disease Awareness/CHF Readmission Reduction

- Heart Check Program

- Continuation of CHF education program with Medical/Surgical staff in our rural health clinics *

New for FY1

- Implementation of Chronic Disease Management Course(in partnership with Dignity Health Regional Director of CDSMP) with two newly trained and certified local Instructors.

Initiative 4: Childhood Obesity & Healthy Living

- Multiple MMCMS Staff presentations in local schools
- Weed Family Resource Center Summer Day Camp *
- Community Grant dollars to Great Northern Services Corporation (GNSC) in support of their *Fun Approach to Portion Control* children's project.

New for FY17

- Community Grant dollars to Great Northern Services in support of their "Cook'n Healthy Habits"
- Support for GNSC's "Snack Bag" program for children over the weekends and holidays and their Summer Lunch program in city parks.
- Hospital involvement with a local effort, Team Shasta, involving local politicians, police, business owners, and residents to address issues of hunger and homelessness.

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Committee, Executive Leadership, the Community Board and Dignity Health receive quarterly updates on program performance and news.

Anticipated Impact

The anticipated impacts of specific program initiatives, including goals and objectives, are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The hospital executive leadership, Community Board, and Dignity Health receive and review program updates. In addition, the hospital evaluates impact and sets priorities for its community benefit program by conducting Community Health Needs Assessments every three years.

This community benefit plan specifies significant community health needs that the hospital plans to address in whole or in part, in ways consistent with its mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in other community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report.

PROGRAM DIGESTS

Cancer Programs	
Significant Health Needs Addressed	<input type="checkbox"/> Access to Healthcare <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease/Stroke <input type="checkbox"/> Obesity
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	Provide comprehensive education and screening programs to increase awareness to identify cancer at its earliest stage for successful treatment regarding skin, breast, and colon cancer as well as invest resources in increasing awareness of signs of listed cancer conditions.
Community Benefit Category	A – Community Health Improvement Services
FY 2016 Report	
Program Goal / Anticipated Impact	Enhance proactive community benefit programming targeted to populations at-risk for cancers of the breast, skin, and colon while enhancing the quality of life by identifying cancer at its earliest stages.
Measurable Objective(s) with Indicator(s)	Monitor and increase participation in the free cancer screening programs provided by MMCMS. Screenings include skin cancer, mammography, breast ultrasound and diagnostic MRI.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Additional screening events in DUHN communities, work collaboratively with local Family Resource Centers to provide educational opportunities to those most in need. • Promote cancer awareness and early intervention strategies in local print media, continue partnership with Mercy Foundation North and local donors to provide free mammograms for women in need. • Continue sponsorship of Circles of Healing weekend retreat. • Continue active participation on the Siskiyou County Health Collaborative. • Additional screening events in DUHN communities, work collaboratively with local Family Resource Centers to provide educational opportunities to those most in need. <ul style="list-style-type: none"> ➤ Increase focus in FY 2017 on screening opportunities in DUHN communities.
Planned Collaboration	Planned partnership with local family resource centers, health care providers, and hospital staff in promoting education and awareness
Program Performance / Outcome	<ul style="list-style-type: none"> • Promoted cancer awareness in print media, free health screenings, and sponsorship of community programs focused on cancer-related issues. <ul style="list-style-type: none"> ➤ Siskiyou County Fair ➤ Breast Cancer Awareness Month ➤ Relay for Life inserts • Sponsored Circles of Healing Spring 2016 Retreat. • Hospital President co-chairs the Siskiyou Health Collaborative • Sponsorships <ul style="list-style-type: none"> * \$1,500 Circles of Healing Retreat * \$2,500 <i>Relay for Life</i> * \$500 <i>Climb Against the Odds</i> • Programs <ul style="list-style-type: none"> * MFN Free Mammogram Program * Diagnostic Mammograms, Screening Mammograms, breast ultrasounds, breast MRI • Advertising <ul style="list-style-type: none"> * Growing Through Grief

	* Breast Cancer Awareness/Education * Skin Cancer Screenings
Hospital's Contribution / Program Expense	Sponsorships: \$4,500 Programs: \$7611 Advertising: \$3,612
FY 2017 Plan	
Program Goal / Anticipated Impact	Enhance proactive community benefit programming targeted to populations at-risk for cancers of the breast, skin, and colon while enhancing the quality of life by identifying cancer at its earliest stages.
Measurable Objective(s) with Indicator(s)	Monitor and increase participation in the free cancer screening programs provided by MMCMS. Screenings include skin cancer, mammography, breast ultrasound and diagnostic MRI.
Baseline / Needs Summary	Cancer continues to be one of the top seven health concerns in Siskiyou County. Specifically access to local care and support group activities remain high on the list of health care needs as identified in our most recent Health Needs Assessment.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> Additional screening events in DUHN communities, work collaboratively with local Family Resource Centers to provide educational opportunities to those most in need. <ul style="list-style-type: none"> ➤ Increase focus in FY 2016 on screening opportunities in DUHN communities Promote cancer awareness and early intervention strategies in local print media, continue partnership with Mercy Foundation North and local donors to provide free mammograms for women in need. Continue sponsorship of Circles of Healing weekend retreat. Continue active participation on the Siskiyou County Health Collaborative

Diabetes Programs and Services	
Significant Health Needs Addressed	<input type="checkbox"/> Access to Healthcare <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease/Stroke <input type="checkbox"/> Obesity
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Program Description	MMCMS seeks to address issues of Diabetes (pre-Diabetes, adult-onset Diabetes, childhood, and Type 1 and 2 Diabetes) through a variety of efforts (newspaper/ radio/area TV educational info regarding Diabetes, including symptoms, treatment, management, etc.). Provide free glucose screenings and educational information at various venues throughout the year (annual County Fair, College of the Siskiyous Health Day, etc.). Provide nutrition therapy outpatient services by our Registered Dietitian.
Community Benefit Category	A – Community Health Improvement Services
FY 2016 Report	
Program Goal / Anticipated Impact	MMCMS will continue to reduce the number of readmission of diabetic patients to the ED and hospital by early intervention and education.
Measurable Objective(s) with Indicator(s)	We will monitor patients participating in the program via chart review, personal interactions and follow-up phone contacts.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> Continue to provide grant funding to area nonprofit organizations (assumes viable community programs and approval by our grant review committee)

	<ul style="list-style-type: none"> Continue to provide glucose screenings and educational information to the community Continue collaborating with Family Resource Center to provide educational community programs and support. Collaborate with the Mercy Mt. Shasta Community Clinic in providing a Nurse Diabetic Educator to work with individuals struggling with Diabetes management issues.
Planned Collaboration	<ul style="list-style-type: none"> Continue our collaborative approach with Siskiyou County Community Resource Centers to offer glucose/cholesterol screenings/educational information on a periodic basis. Two area programs received Community Grant Funds for Diabetes-related programs (McCloud/Mt. Shasta). MMCMS assists these programs as much as possible to help ensure successful implementation of their respective projects.
Program Performance / Outcome	<ul style="list-style-type: none"> Funded the Youth Health Initiative partnership focused on childhood obesity in the amount of \$25,000 Provided free screening events for glucose and cholesterol held at local health fairs Collaborated with Nurse Diabetic Educator worked with over 78 patients CDSMP planning process for implementation in 2016-7. 2 local staff received training and certification to teach CDSMP Stanford model. Direct cost to the hospital was \$476
Hospital's Contribution / Program Expense	<p>Sponsorships: \$9,500 \$5,000 4th of July Fun Walk/Run \$2,500 Meals on Wheels \$2000 Nordic Ski instruction for local school students</p> <p>Programs: \$25,000 Youth Health Initiative</p> <p>Advertising: \$2, 095 Health Fair Screenings Fed-Up Movie Screening</p>
FY 2017 Plan	
Program Goal / Anticipated Impact	MMCMS will continue to reduce the number of readmission of diabetic patients to the ED and hospital by early intervention and education.
Measurable Objective(s) with Indicator(s)	We will monitor patients participating in the program via chart review, personal interactions and follow-up phone contacts.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> Continue to provide grant funding to area nonprofit organizations (assumes viable community programs and approval by our grant review committee) Continue to provide glucose screenings and educational information to the community Continue collaborating with Family Resource Center to provide educational community programs and support. Collaborate with the Mercy Mt. Shasta Community Clinic in providing a Nurse Diabetic Educator to work with individuals struggling with Diabetes management issues. CDSMP classes offered in Fall 2016 and Spring 2017. Establish new sites for glucose/BP screenings

Heart Disease/CHF Programs and Services	
Significant Health Needs Addressed	<input type="checkbox"/> Access to Healthcare <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Heart Disease/Stroke <input type="checkbox"/> Obesity
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	MMCMS seeks to provide education and support to the CHF patient allowing them to achieve and maintain the highest quality of life.
Planned Collaboration	Continue to work with RHC providers in identifying and providing resources to CHF patients
Community Benefit Category	A – Community Health Improvement Services
FY 2016 Report	
Program Goal / Anticipated Impact	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with heart disease and other related diseases. Enhance quality of life by preventing or reducing unnecessary admissions to the hospital.
Measurable Objective(s) with Indicator(s)	MMCMS provides educational materials, tools and resources to all patients including charity care patients. Documentation of program success include: chart review, follow-up phone calls and reduction of readmission of the CHF patient.
Baseline / Needs Summary	Our most recent Community Health Assessment identifies Heart Disease/Stoke as one of the top seven health concerns in our county. Poor eating habits, obesity, and lack of exercise are listed as three of the top behavioral health concerns which are indicative of an increased risk for heart disease.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • MMCMS will continue to add components to this existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF patient is given a packet especially designed for them on how to manage his or her illness. • In 2016, MMCMS plans continued expansion of this program tin our Rural Health Clinic patients. This early intervention strategy will assist patients to better manage their illness while at home thus reducing ED and hospital visits.
Program Performance / Outcome	<ul style="list-style-type: none"> • Registered Dietitian provided 50 individualized nutritional consults for at-risk patients. • The MMCMS RHC's provided educational materials and CHF program tracking to its most in need patients.
Hospital's Contribution / Program Expense	<ul style="list-style-type: none"> • No expenses in FY 2016 related to this project.
FY 2017 Plan	
Program Goal / Anticipated Impact	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with heart disease and other related diseases. Enhance quality of life by preventing or reducing unnecessary admissions to the hospital.
Measurable Objective(s) with Indicator(s)	MMCMS provides educational materials, tools and resources to all patients including charity care patients. Documentation of program success include: chart review, follow-up phone calls and reduction of readmission of the CHF patient.
Baseline / Needs Summary	Our most recent Community Health Assessment identifies Heart Disease/Stoke as one of the top seven health concerns in our county. Poor eating habits, obesity, and lack of exercise are listed as three of the top behavioral health concerns which are indicative of an increased risk for heart disease.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • MMCMS will continue to add components to this existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF patient is given a packet especially designed for them on how to manage his or her illness.

	<ul style="list-style-type: none"> • In 2017, MMCMS plans continued expansion of this program in our Rural Health Clinic patients. This early intervention strategy will assist patients to better manage their illness while at home thus reducing ED and hospital visits • Registered Dietitian has been hired to work directly with RHC patients at- risk for heart disease and CHF.
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Dignity Health Community Grants Program	
Significant Health Needs Addressed	<input type="checkbox"/> Access to Healthcare <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease/Stroke <input type="checkbox"/> Obesity
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Program Description	Providing funding to support community based organizations who will provide services to underserved populations to improve the quality of life. The objective of the Community Grants Program is to award grants to organizations whose proposals respond to the priorities identified in the most recent Community Health Needs Assessment (CHNA).
Planned Collaboration	Continue to provide grant funding to area nonprofit organizations (assumes viable community programs and approval by our grant review committee)
Community Benefit Category	E – Cash and In-Kind Contributions
FY 2016 Report	
Program Goal / Anticipated Impact	To build community capacity by identifying community organizations and funding programs that are in alignment with the needs identified in the most recent CHNA.
Measurable Objective(s) with Indicator(s)	Funding will be awarded to organizations whose programs respond to a need identified in the most recent CHNA and align with at least one of the five core principles (listed in the Program Emphasis above).
Intervention Actions for Achieving Goal	Prioritize grant applications that address the target areas.
Program Performance / Outcome	Final report due from awardees 3/31/2016: McCloud Health Care Clinic, Nordic Ski Park, Great Northern Services “Cook’n Healthy Habits”
Hospital’s Contribution / Program Expense	\$25,000
FY 2017 Plan	
Program Goal / Anticipated Impact	To build community capacity by identifying community organizations and funding programs that are in alignment with the needs identified in the most recent CHNA.
Measurable Objective(s) with Indicator(s)	Funding will be awarded to organizations whose programs respond to a need identified in the most recent CHNA and align with at least one of the five core principles (listed in the Program Emphasis above).
Intervention Actions for Achieving Goal	Prioritize grant applications that address the target areas.

ECONOMIC VALUE OF COMMUNITY BENEFIT

Mercy Medical Center Mt. Shasta
Classified Summary Including Non Community Benefit (Medicare)
For period from 7/1/2015 through 6/30/2016

		Total	Offsetting	Net	% of Organization	
	Person s	Expense	Revenue	Benefit	Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Financial Assistance	1,023	530,318	0	530,318	1.0	1.0
Medicaid	11,300	13,469,466	10,928,731	2,540,735	4.6	4.6
Community Services						
E - Cash and In-Kind Contributions	1	90,925	0	90,925	0.2	0.2
G - Community Benefit Operations	0	30,908	0	30,908	0.1	0.1
Totals for Community Services	1	121,833	0	121,833	0.2	0.2
Totals for Living in Poverty	12,324	14,121,617	10,928,731	3,192,886	5.8	5.8
<u>Benefits for Broader Community</u>						
Community Services						
A - Community Health Improvement Services	251	9,052	0	9,052	0.0	0.0
E - Cash and In-Kind Contributions	5	4,323	0	4,323	0.0	0.0
F - Community Building Activities	1	386	0	386	0.0	0.0
Totals for Community Services	257	13,761	0	13,761	0.0	0.0
Totals for Broader Community	257	13,761	0	13,761	0.0	0.0
 Totals - Community Benefit	 12,581	 14,135,378	 10,928,731	 3,206,647	 5.8	 5.8
Medicare	17,391	22,367,719	17,911,704	4,456,015	8.1	8.1
 Totals with Medicare	 29,972	 36,503,097	 28,840,435	 7,662,662	 13.9	 13.9

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

FY 2017
DIGNITY HEALTH NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS

Douglas Hatter, M.D., Chairperson

Jim Cross, Secretary

Mark Korth, North State Service Area President

Fernando Alvarez, M.D.

Diane Brickell

LeRoy Crye

Sister Nora Mary Curtin

Sister Clare Marie Dalton

Ryan Denham

Sandra Dole

Alan Foley

Eva Jimenez

Todd Guthrie, M.D.

Patrick Quintal, M.D.

Any communications to Board Members should be made in writing and directed to:

Lynn Strack, Executive Assistant
Dignity Health North State
P.O. Box 496009
Redding, CA 96049-6009
(530) 225-6103
(530) 225-6118 fax

7/1/16

**Mercy Medical Center Mt. Shasta
COMMUNITY ADVISORY COUNCIL – FY2016**

- Kenneth E.S. Platou, President, Mercy Medical Center Mt. Shasta
- Bob Boston, Attorney-at-Law
- Diane Brickell, McCloud, Health Clinic Board member, and Dignity Health North State Service Area Community Board Member
- Keith Cool, Business Owner
- Jim Cross, Mercy Foundation North Board member, large business owner, and Dignity Health North State Service Area Community Board Member
- Lori Harch, School Board member
- Roger Kosel, Retired Judge
- James Langford, retired teacher
- Will Newman, Community member
- Russ Porterfield, Business Owner
- Mike Rodriguez, Mt. Shasta City Parks & Recreation Director
- Norma Stone, McCloud area representative, retired Mercy employee
- Karen Teuscher, Community Member, Past Dignity Health North State Service Area Community Board Member

Other Participants:

- Lisa Hubbard, CNE
- Joyce Zwanziger, MMCMS Marketing/Community Relations/Volunteer Services Manager
- Tom Miller, Sr. Director Mission Integration/Community Benefit/Spiritual Care

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

MMCMS delivers a number of community programs and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

Scholarships

Each year, MMCMS provides scholarships for graduating high school seniors from Siskiyou County on a competitive basis who have been accepted into health career tracks at the college and university level. This year, we received a large number of applications from highly qualified students and we awarded 5 scholarships in the amount of \$1000 each. These students will begin their studies in Fall 2016 at institutions such as College of the Siskiyous, University of California at Davis, Stanford University, College of the Redwoods, and Southern Oregon University. They have chosen careers in nursing, medicine, physical therapy, research, and pharmacy.

Non-Quantifiable Benefits

MMCMS provides community benefits programs, services and activities that are difficult to measure. These "non-quantifiable" community benefits are provided to enhance the general health and well-being of the communities we serve. By working collaboratively with other area organizations, MMCMS provides leadership and advocacy, assists with local capacity building, and participates in community-wide health planning. Examples include (but are not limited to) the following:

Support of many environmental "green projects" including recycling aluminum, tin, glass, newspapers, batteries, plastic and cardboard. In FY2016 we recycled approximately 49% of our total waste. With these efforts it is estimated that MMCMS has kept 62 tons of recyclable products out of the landfill. In FY2016 alone, 62 tons of products were recycled.

MMCMS partnered with U-Haul in FY 2016 by providing 50+ used, sturdy cardboard boxes in their program of providing free moving boxes to the community.

An extensive project of replacing all of the hospital's outside lighting was completed this year. 100 lights were replaced saving an estimated \$8,400 per year, an estimated 35,000 KWH savings.

4 Charging Stations have been installed in the hospital parking lot.

New tinted and weatherproof windows were replaced throughout the hospital which has contributed to more than 6 degrees of heating/cooling difference.

Green watering and Irrigation updates for FY 2016:

- An Irrigation Assessment was completed.
- Pond water is now being used for irrigation.
- More than 50 drip watering sprinklers have been installed reducing watering by more than 20%

The “Sisters Emergency Fund” provided gas vouchers, next-stop STAGE Bus passes, several Greyhound Bus tickets, overnight accommodation in a local motel, meal vouchers, and food assistance for patients and family members.

The staff of MMCMS provided 2000 lbs of food for the St Vincent DePaul Food Pantry at Thanksgiving.

The staff of MMCMS provided 10 boxes of food and 35 hams for the patrons of the St Vincent DePaul Food pantry at Easter.

The staff of MMCMS, in partnership with the Principals of local schools, provided Christmas gifts for 60 individuals and 14 families.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Summary Of Financial Assistance Programs

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

Mercy Medical Center - Mt. Shasta 914 Pine St, Mt. Shasta, CA 96067 | **Financial Counseling** 530-926-7245
Patient Financial Services 888-488-7667 | www.dignityhealth.org/mercy-mtshasta/paymenthelp

Mercy Medical Center - Redding 2175 Rosaline Ave, Redding, CA 96001 | **Financial Counseling** 530-225-6312
Patient Financial Services 888-488-7667 | www.dignityhealth.org/mercy-redding/paymenthelp

St. Elizabeth Community Hospital 2250 Sister Mary Columba Drive, Red Bluff, CA 96080
Financial Counseling 530-529-8079 | **Patient Financial Services** 888-488-7667
www.dignityhealth.org/stelizabethhospital/paymenthelp