



Dignity Health Dominican Hospital Community Benefit 2018 Report and 2019 Plan



A message from

Nanette Mickiewicz, MD, President and CEO Dominican Hospital, and Dean Kashino, MD, Chair of the Dignity Health Dominican Hospital Community Board.

Dignity Health's 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, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

Dominican Hospital shares a commitment with others to improve the health of our community, and delivers programs and services to help achieve that goal. The Community Benefit 2018 Report and 2019 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. Dignity Health produces these reports and plans for 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 2018 (FY18), Dominican Hospital provided \$42,365,683 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. The hospital also incurred \$46,561,315 in unreimbursed costs of caring for patients covered by Medicare.

Dominican Hospital Community Board reviewed, approved and adopted the Community Benefit 2018 Report and 2019 Plan at its November 14, 2018 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 831-462-7700.

Nanette Mickiewicz, MD, President/CEO

Dean Kashino, MD, Chairperson, Board of Directors

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At-a-Glance Summary

Community Served	<p>Santa Cruz County has a population of approximately 295,600 and covers 445 square miles. The two major cities are Santa Cruz and Watsonville. The city of Santa Cruz is the county seat, and has an estimated population of 51,199 residents.</p> <p>Santa Cruz is the most popular seaside resort with its historic Boardwalk, spectacular coastline and accessible beaches. The city of Watsonville is the center of the county’s agriculture activity, including food harvesting, canning and freezing, and has a population of 53,015 residents.</p> <p>According to the county, Santa Cruz County residents, primarily through their own choice, are considered to have better health than many Californians and other Americans. Living on the coast, residents tend to exercise more, and eat healthy diets. According to Healthy People 2020, the county exceeds the target of 79.8% for self-reported overall health at 81.6%. In the county, chronic diseases are low. The county does acknowledge elevated rates of Alzheimer’s Disease, suicides, and drug related deaths, obesity, and diabetes.</p> <p>Given the health status of our community, there are many health agencies providing access to health care services and programs designed to address and improve identified needs in health and social services.</p>
Economic Value of Community Benefit	<p>\$42,365,683 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits.</p> <p>\$46,561,315 in unreimbursed costs of caring for patients covered by Medicare.</p>
Significant Community Health Needs Being Addressed	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA).</p> <p>Those needs are:</p> <ul style="list-style-type: none"> • Integrated Behavioral Health • Economic Security (Income, Employment, Housing, Homelessness) • Continuum of Care Approach to Access and Delivery
FY18 Actions to Address Needs	<ol style="list-style-type: none"> 1. Psychiatric Resource Team-provides psychiatric clinical assessment, Resources, referral, develop/present educational opportunities, track data and outcomes, and develop collaborative relationships both internally and externally. 2. High Utilizers Group (HUG) program that is a network to serve the high need, high cost patients in Santa Cruz around health and health-related social services.

	<ol style="list-style-type: none"> 3. Homeless Recuperative Care Program provides a safe home for patients to recuperate fully from illness and to address other social needs prior to discharge. 4. RotaCare Free Health Clinic provides episodic health care in an effort to decrease the number of preventable emergency department visits and inpatient admissions to Dominican Hospital. 5. Mobile Wellness Clinic provides episodic health care and preventive services throughout Santa Cruz County. 6. Community Grants provides funding to support Community-based organizations that will provide services that align with the needs identified in the hospital’s most recent Community Health Needs Assessment (CAP), and also to improve the quality of life and health status of the community they serve.
<p>Planned Actions for FY19</p>	<p>For FY19, the hospital plans to continue its FY18 programming, and also to add work addressing human trafficking in the community. Program activities will include:</p> <ol style="list-style-type: none"> 1. Psychiatric Resource Program 2. High Utilizers Group (HUG) 3. Homeless Recuperative Care Program 4. RotaCare Free Health Care plan additional health screening services. 5. Mobile Wellness Unit plan additional preventive services. 6. Human Trafficking Community Response Program provides education and resources for identify and assist.

This document is publicly available at:
<https://www.dignityhealth.org/bayarea/locations/dominican/about-us/community-benefits/benefits-reports>

Written comments or a request for a paper copy of this report can be submitted to the Community Health Integration Services at 1555 Soquel Avenue, Santa Cruz, CA, 95065 or email to Michaela.Siplak@dignityhealth.org.

MISSION, VISION AND VALUES

Dominican Hospital is a part of Dignity Health, a non-profit health care system made up of more than 60,000 caregivers and staff who deliver excellent care to diverse communities in 21 states. Headquartered in San Francisco, Dignity Health is the fifth largest health system in the nation.

At Dignity Health, we unleash the healing power of humanity through the work we do every day, in hospitals, in other care sites and the community.

We insure that the decisions and processes are guided by the mission, vision, and values of the Adrian Dominican Sisters.

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, and community health agencies 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 tells people that we stand for healthcare with humanity at the core. Through our common humanity as a healing tool, we can truly make a difference.

OUR HOSPITAL AND THE COMMUNITY SERVED

DIGNITY HEALTH DOMINICAN HOSPITAL

Dominican Hospital founded in 1941, is located at 1555 Soquel Drive, Santa Cruz, California. It became a member of Dignity Health, formerly Catholic Healthcare West in 2004. The facility has 222 licensed beds and is comprised of two campuses. Dominican Hospital has a staff of 1680 and professional relationships with more than 550 physicians and allied health professionals. The major programs and services include cardiovascular, OB/GYN, Orthopedics, General surgery, Pulmonary, Neurosciences, Oncology, Maternal/ Child health, Level III NICU, Cardio/Thoracic/Vascular Surgery, Intensive Care, Emergency Medicine and Rehabilitation.

Description of the Community Served

The community served is the hospital service area. A hospital service area includes all residents in a defined geographic area and does not exclude low-income or underserved populations.

Santa Cruz County has a population of 295,600 and covers 445 square miles. The two major cities are Santa Cruz, located on the northern side of the Monterey Bay, and Watsonville, situated in the southern part of the county. The city of Santa Cruz, which is the county seat, has an estimated population of 65,070 as of January 2017. Santa Cruz is one of California's most popular seaside resorts with its historic Boardwalk, spectacular coastline, and accessible beaches. The City of Watsonville is the center of the county's agricultural activity, with major industries including food harvesting, canning, and freezing. As of January 2017, the city of Watsonville has an estimated population of 51,299. Other incorporated areas in the county include the cities of Scotts Valley, and Capitola. Approximately 36% of the population lives in the unincorporated parts of the county, including the towns of Aptos, Davenport, Freedom, Soquel, Felton, Ben Lomond, and Boulder Creek, and districts including the San Lorenzo Valley, and Live Oak. Because of geographic proximity, some north Monterey County residents also utilize health services in Santa Cruz County.

Demographic Profile of the Community Served

The county is 55.2% white and 35.5% Hispanic or Latino with the remainder of the population comprised of Asian, African American and other ethnic backgrounds. The county has a relatively mature population with 53.7 % of the residents' ages 35 or older. The senior population, those aged 60 and older, represent 14.9 % of the population. While the county's largest ethnic group is white, the fastest growing ethnic group is Latino. Most Santa Cruz County residents have a high school diploma. Median family income is higher than in California and the nation overall. The unemployment rate in Santa Cruz County and the country has steadily declined since 2010, following a ten year high.

Total Population	295,600
CNI Score	3.2
Other Area Hospitals	2
Medically Underserved Areas or Populations	N/A

Race and Ethnicity

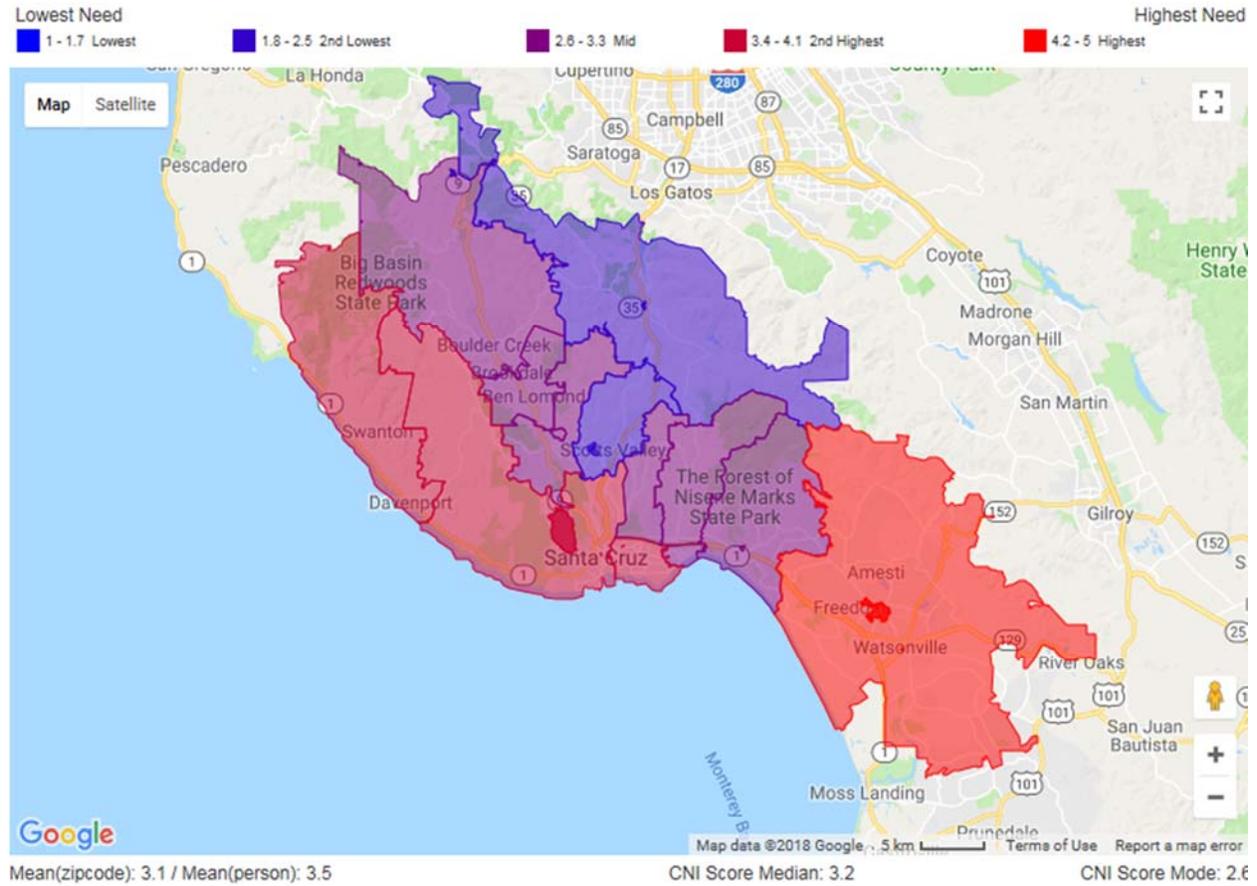
White – Non Hispanic	55.2%
Black/African American-Non Hispanic	1.0%
Hispanic /Latino	35.5%
Asian/Pacific Islander	4.6%
All Others	3.7%
Total Race and Ethnicity	100%

Median Income	\$72,657
Unemployment	3.7%
No High School Diploma	16.1%
Medicaid *	26.1%
Uninsured	8.2%

** Does not include individuals dually-eligible for Medicaid and Medicare*

Source: © 2018 IBM Watson Health

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.



Zip Code	CNI Score	Population	City	County	State
95003	2.6	25446	Aptos	Santa Cruz	California
95005	2.6	6883	Ben Lomond	Santa Cruz	California
95006	2.6	9714	Boulder Creek	Santa Cruz	California
95010	3.2	9535	Capitola	Santa Cruz	California
95017	3.4	580	Davenport	Santa Cruz	California
95018	2.6	8394	Felton	Santa Cruz	California
95019	4.4	8880	Freedom	Santa Cruz	California
95033	2	9181	Los Gatos	Santa Cruz	California
95060	3.6	49650	Santa Cruz	Santa Cruz	California
95062	3.4	37510	Santa Cruz	Santa Cruz	California
95064	4	9040	Santa Cruz	Santa Cruz	California
95065	2.8	8195	Santa Cruz	Santa Cruz	California
95066	2.4	15293	Scotts Valley	Santa Cruz	California
95073	3.2	10972	Soquel	Santa Cruz	California
95076	4.2	86327	Watsonville	Santa Cruz	California

COMMUNITY ASSESSMENT AND 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 impact; and engaging the Dignity Dominican Community Advisory Committee and other stakeholders in the development of an annual community benefit plan and triennial Implementation Strategy.

Community Health Needs Assessment

The significant needs that form the basis of the hospital's community health programs were identified in the most recent Community Health Needs Assessment (CHNA), which was adopted on March 23, 2016.

The hospital conducts a CHNA at least every three years to inform its community health strategy and program planning. The CHNA report contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods, including: the data used; how the hospital solicited and took into account input from a public health department, members or representatives of medically underserved, low-income and minority populations; and the process and criteria used in identifying significant health needs and prioritizing them;
- Presentation of data, information and assessment findings, including a prioritized list of identified significant community health needs;
- Community resources (e.g., organizations, facilities and programs) potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

CHNA Significant Health Needs

The community health needs assessment identified the following significant community health needs:

1. Integrated Behavioral Health- providers collaborate to address physical, developmental, social, behavioral, and emotional needs, including mental health and substance abuse conditions, depression, health behaviors (including their contribution to chronic medical illnesses, life stressors and crises, and stress related physical symptoms.
2. Economic Security including Income, Employment, Housing and Homelessness-addresses economic security including employment, access to education and o vocational training, affordable housing, homelessness, food insecurity and other factors related to poverty and lack of income.
3. Continuum of Care approach to access and delivery - is an integrated system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care. It combines primary care, prevention, early intervention, while addressing the Social Determinants of Health.

The Community Health Needs Assessment identified 20 health conditions which were presented to the Dominican Community Advisors for final review and consolidation into four priority areas (Homelessness, Mental Health Issues, Substance Use Disorders, and Human Trafficking), these priority areas address one or more of the significant health needs identified in the CHNA. For those needs not being addressed by Dignity Health Dominican Hospital, there are many health organizations, funders, facilities and established health programs currently working to address these prioritized needs.

As part of the Implementation Strategy Plan of 2016, Dignity Health Dominican Hospital continues to collaborate and cooperate with the above partners and other community resources to address the identified needs in Santa Cruz County.

Additional detail or comments about the needs assessment process and findings can be found in the CHNA report, which is publicly available at: <https://www.dignityhealth.org/bayarea/locations/dominican/about-us/community-benefits/benefits-reports> or upon request at the hospital's Community Health Integration Services, 1555 Soquel Avenue, Santa Cruz, CA 95065 or by email to Michaela.Siplak@DignityHealth.org.

Creating the Community Benefit Plan

Rooted in Dignity Health's mission, vision and values, Dignity Health Dominican Hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, Community Board and Dominican Advisory Committee, The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource (see Appendix A). These parties review community benefit plans and program updates prepared by the hospital's community health director and other staff.

As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- Focus on Disproportionate Unmet Health-Related Needs
- Emphasize Prevention
- Contribute to a Seamless Continuum of Care
- Build Community Capacity
- Demonstrate Collaboration

Dignity Health Dominican Hospital collaborated with Applied Survey Research (ASR) to conduct primary research. Three strategies were used to collect community input- key informant interviews with health experts, focus groups with professional service providers and members of the Dominican Community Advisors Committee, and telephone surveys randomly selected with 700 residents. The data collected from each of these groups was collected and a designated health list was developed. ASR finalized this list and shared all of the qualitative and quantitative data with the Dominican Community Advisors for final review. They were given the option to add or delete needs and then went through a prioritization process to narrow the list to four. Combining and redefining some to fit the specific needs of the County.

The programs and initiatives chosen to address one or more of the significant health needs in the most recent CHNA include existing hospital programs with evidence of success:

- Integrated Behavioral Health – Psychiatric Resource Team
- Economic Security – High Utilizers Group (HUG)
- Access to Care – Mobile Wellness Program
- Human Trafficking

2018 REPORT AND 2019 PLAN

Community Benefit Report/Plan - This section presents strategies and program activities the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It summarizes actions taken in FY18 and planned activities for FY19, with statements on anticipated impacts, planned collaboration, and patient financial assistance for medically necessary care. Program Digests provide detail on select programs’ goals, measurable objectives, expenses and other information.

Report and Plan Summary

Health Need: Integrated Behavioral Health			
Strategy or Activity	Summary Description	Active FY18	Planned FY19
Dominican Health Psych Resource Team	Psychiatric clinical assessment, case management, and social services providing referrals to individuals with substance abuse disorders.	☒	☒
Encompass Community Services	Operation of a State funded Preschool for children.	☒	☒
Janus of Santa Cruz	Program to support eligible patients to: 1) transition efficiently from the hospital to treatment for substance use disorder (SUD) and co-occurring disorder (COD), and 2) transition effectively from SUD/COD treatment to community living with individualized recovery maintenance plans. The Project Unite care navigation team coordinates their efforts with the patient’s health care, housing, and mental health service providers.	☒	☒
<p>Anticipated Impact The hospital’s initiative to address mental illness and substance abuse anticipates improved case management and care coordination, and increased focus on prevention and early intervention, and an increase in education for professionals regarding risk assessment, intervention strategies and protocols.</p>			

Health Need: Economic Security			
Strategy or Activity	Summary Description	Active FY18	Planned FY19
Dominican Hospital Case Management	Several needs were combined during the consolidation process—employment, access to education, and/or vocational training, affordable housing, homelessness, food insecurity, and other factors related to poverty and lack of income. These areas when identified with the patient are addressed and solutions sought by the team.	☒	☒
High Utilizers Group (HUG)	Program designed to provide coordination, education, prioritization and integration by community health leaders for high need, high cost patients in Santa Cruz around health and health related social needs.	☒	☒
Homeless Recuperative Care	Program which provides shelter services with meals, housekeeping, security, and on site case management, and medical care until recovery is achieved.	☒	☒
Anticipated Impact:			
This hospital initiative anticipates a decrease in the number of preventable utilization visits to the Emergency Department and inpatient hospital stays. A group of community partners and providers have convened to build a network involving care coordinators and data sharing among a group of providers regarding health, housing, social supports and basic living assistance.			

Health Need: Continuum of Care Approach to Access and Delivery			
Strategy or Activity	Summary Description	Active FY18	Planned FY19
RotaCare Free Health Clinic at the Live Oak Senior Center	A walk-in clinic providing primary health care services, treatment, referral for diagnostic testing, and follow up care. Services provided once a week.	☒	☒
Mobile Wellness – Dignity Health Dominican Hospital	Provides episodic health and preventive services Monday-Friday throughout Santa Cruz County at no cost to the patient. Services are provided by physicians, nurses, Allied health professionals and other volunteers from local Rotary clubs and the County.	☒	☒
High Utilizers Group (HUG)	Program designed to provide coordination, education, prioritization and integration by community health leaders for high need, high cost patients in Santa Cruz around health and health related social needs.	☒	☒
Anticipated Impact:			
This hospital initiative of providing access to health care targets the uninsured and underinsured residents of our county. Health care services, testing and reduction in medications will hopefully provide early identification of illness, earlier treatment and decrease in the utilization of the hospital Emergency Department.			

Health Need: Continuum of Care Approach to Access and Delivery			
Strategy or Activity	Summary Description	Active FY18	Planned FY19
Salud Para La Gente (Salud)	In March 2016 Dignity Health approved a 5 year \$1,000,000 loan to provide working capital to Salud, a FQHC, while its clinic space is being expanded and until revenues from fundraising and increased patient volume are realized.	☒	☒
Anticipated Impact:			
This initiative of Dignity Health Dominican Hospital anticipates that this increase in the physical capacity of the main Watsonville clinic to serve more people, and will consolidate the location of different care providers, add more staff and providers, convert dental records to electronic health records, and partner with Second Harvest Food Bank to provide healthy food cooking classes in addition to food distribution.			

Health Need: Continuum of Care Approach to Access and Delivery			
Santa Cruz Community Health Center (SCCHC)	Original loan in 2013 was for the construction of a Family Health Center located on East Cliff Drive. The \$2,500,000 loan was renewed in 2018 for an additional 7 years in order to provide SCCHC working capital as it awaits reimbursement from Medicaid/Medicare. SCCHC is a FQHC.	☒	☒
Anticipated Impact:			
This initiative of Dignity Health Dominican Hospital to facilitate access to healthcare allows the clinic to continue to provide quality health services and advocate for feminist goals of social, political, and economic equality. This organization maintains a close relationship with Dignity Health Dominican Hospital and continues to serve over 4,000 children at its two clinics, including 182 homeless children.			

Community Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life in the communities we serve. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY18, the hospital awarded 6 grants totaling \$178,424. Below is a complete listing of FY18 Grant Projects; some projects may be described elsewhere in this report.

<u>Grant Recipient</u>	<u>Project Name</u>	<u>Amount</u>
Dientes Community Dental Care	Dental Care for the Homeless	\$20,000
Digital NEST	Food Enterprise	\$20,000
Encompass Community Services	Project Bright Star	\$30,000
Homeless Services Center	Care for Homeless	\$35,000
Janus of Santa Cruz	Project Unite	\$48,424
RotaCare Bay	Free Health Clinic	\$25,000
		\$178,424

Anticipated Impact

The anticipated impacts of the hospital’s activities on significant health needs are summarized above, and for select program initiatives are stated in the Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will:

Improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital is committed to measuring and evaluating key initiatives. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program in triennial Community Health Needs Assessments.

Planned Collaboration

Homelessness

Dignity Health Dominican Hospital continues to collaborate with the Homeless Services Center’s Recuperative Care Center. Being one of many partners who support this center and who value the coordination of services and collaboration between agencies to ensure the health and the continued recovery of homelessness individuals coming out of the hospital. A safe place for recovery is provided including support for a full recovery, linkage to primary care and transition to temporary or permanent housing as often as possible.

Mental Health Issues and Substance Use Disorders

The Psychiatric Resource Team improves access to behavioral health services in helping to decrease the suicide rate in Santa Cruz County with assistance from the Recovery Center operated by Janus of Santa Cruz, an independent contractor and program partner with expertise in addiction treatment has been a valued addition.

Human Trafficking

A task force has been identified at Dignity Health Dominican Hospital for the purpose of ensuring that each key department is represented and will ensure that staff is educated, protocols are up to date, understood by staff, and followed properly. This Task Force collaborates with National organizations like AMBER ALERT, Dept. of Justice, Dept. of Homeland Security, Office of Victims of Crime, Humanity United, and others on anti-trafficking efforts.

Financial Assistance for Medically Necessary Care

Dignity Health Dominican Hospital delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C. The amount of financial assistance provided in FY18 is listed in the Economic Value of Community Benefit section of this report.

The hospital notifies and informs patients and members of the community about the Financial Assistance Policy in ways reasonably calculated to reach people who are most likely to require patient financial assistance. These include:

- providing a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process;
- providing patients a conspicuous written notice about the Policy at the time of billing;
- posting notices and providing brochures about the financial assistance program in hospital locations visible to the public, including the emergency department and urgent care areas, admissions office and patient financial services office;
- making the Financial Assistance Policy, Financial Assistance Application, and plain language summary of the Policy widely available on the hospital's web site;
- making paper copies of these documents available upon request and without charge, both by mail and in public locations of the hospital;
- providing these written and online materials in appropriate languages;
- copies of these documents are available at the free health clinics in the community, and
- when appropriate information is shared at community clinic meetings

Program Digests

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. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

Integrated Behavioral Health

Psychiatric Resource Team	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Integrated Behavioral Health ❑ Economic Security ✓ Continuum of Care Approach
Program Emphasis	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ❑ Build Community Capacity ❑ Demonstrate Collaboration
Program Description	<p>The psychiatric resource nurses strive to assure that patients with behavioral health needs receive the right care, in the right place, at the right time. The service monitors care and flow of patients in their scope at the Emergency Department as well as those admitted to Dominican’s acute care general hospital. Key activities include: 1) Working in support of the Psychiatry/Psychology service and consulting clinicians; 2) Collaboration with community partners who provide mental health and substance abuse services; 3) Internal and External data collection, analysis and action planning; 4) Facilitating communication and continuum of care planning with Dominican case management/social services and local and regional healthcare providers; and 5) Develop/present Behavioral Health specific education and in services to Dominican Employees. The hospital provides funding for staff and office space to work.</p>
Community Benefit Category	A3-h - Health Care Support Services
FY 2018 Report	
Program Goal / Anticipated Impact	<p>Goals as stated above. Maintain a data base in requests for service, service outcomes, and measurable such as transfers, facilitates, and ED LOS. Additional anticipated impacts include enhanced education around behavioral health for physicians and staff, quality improvement activities, and increased patient and staff satisfaction.</p>
Measurable Objective(s) with Indicator(s)	<p>Emergency Department throughput for behavioral health patients – 8.27 hours/mins. Physician requests for psychiatric consultations in main house – 497</p>

	Transfers from hospital to psychiatric facility – 89 Calls to team for resources, support, and consultation – 9,554
Intervention Actions for Achieving Goal	Facilitate Communication, provide resources and referrals, develop and present pertinent educational opportunities, track data and outcomes, develop collaborative relationships internally and externally, perform audits and provide input on opportunities for improvement.
Planned Collaboration	Primary collaboration with Santa Cruz County Behavioral Health Services, The Behavioral Health center operated by Telecare Corporation, Encompass Community Services, as well as other related care providers in this community.
Program Performance / Outcome	1. 812 Adult Patients were transferred from the ED to the Behavioral Health Center (BHC) 2. Pediatric population ED LOS reduced from LOS of ~ 9.25 hrs/mins (Feb. 2017) to 8.46 hrs/mins in June, primarily as result of Pediatric Mobile Crisis Team in part funded by Dominican. Approximately 134 minors were transferred to BHC.
Hospital's Contribution / Program Expense	\$771,942
FY 2019 Plan	
Program Goal / Anticipated Impact	Goals similar to FY 2018, continue to provide resources and support with the additions of: 1. Increased role in E.D. High Utilized Collaborative Group 2. Increased role in weekly main house long stay meeting 3. Continue Participation in TeleCare to address issues flow with crisis unit regarding LOS management in the ED.
Measurable Objective(s) with Indicator(s)	1. Decrease in ED throughput time for behavioral health patients. 2. Maintain or increase Program Performance Outcomes listed above.
Intervention Actions for Achieving Goal	Attend 100% of collaborative work groups. Reach out to significant community partners for attendance. Work with ED Medical Director as well as ED Care Coordination team for best outcomes; Attend minimum of 75% of weekly Care Coordination meetings, with focus on patients the team is following. Continue to perform other duties as well as seek opportunities to enhance or improve upon services currently provided.
Planned Collaboration	Primary collaboration with Santa Cruz County Behavioral Health Services, the Behavioral Health center operated by Telecare Corporation, Encompass Community Services, as well as other related care providers in this community.

Economic Security

High Utilizers Group (HUG)	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Integrated Behavioral Health ❑ Economic Security ✓ Continuum of Care Approach
Core Principles Addressed	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs ❑ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Program designed to provide coordination, education, prioritization and integration by community providers for high need, high cost patients in Santa Cruz around health and health-related social needs. This initiative aims to create a lasting systematic framework for population health in the community.
Community Benefit Category	A3-h Health Care Support Services - General/Other
FY 2018 Report	
Program Goal / Anticipated Impact	High Utilizers Group (HUG) convened community providers to build a network to serve the high need, high cost patients in Santa Cruz around health and health related social needs.
Measurable Objective(s) with Indicator(s)	Objectives include coordination, direction, prioritization, and integration to transition the patients to medical and health-related social needs beyond ambulatory and acute care. Number of patients transitioned to health home for health/social related needs.
Intervention Actions for Achieving Goal	A High Utilizers Group (HUG) Case Management Committee was developed. Community providers meet monthly to discuss the barriers to coordination of services for identified patients in this cohort. Each provider with an identified patient in their practice update the group with the current activities/services provided the patient.
Planned Collaboration	Local Health care agencies; behavior health services, and other related agencies in the community.

Program Performance / Outcome	This is a newly implemented program. Baseline yet to be determined.
Hospital's Contribution / Program Expense	Meetings are held at Dominican Hospital.
FY 2019 Plan	
Program Goal / Anticipated Impact	Continue to support the High Utilizers Group (HUG) program and measure the effect on the frequent preventable utilization of the Emergency Department and avoidable inpatient hospital stays.
Measurable Objective(s) with Indicator(s)	Decrease the target population with 4 or more ED visits with the past 4 months and 3 or more inpatient stays within the past 3 months.-
Intervention Actions for Achieving Goal	Convene a group of community partners and providers to build a network involving care coordination and data sharing among a group of providers – health, housing, social supports and basic living assistance.
Planned Collaboration	Local health care agencies, and other related agencies.

Homeless Recuperative Care Center (RCC) Program	
Significant Health Needs Addressed	<input type="checkbox"/> Integrated Behavioral Health <input checked="" type="checkbox"/> Economic Security <input checked="" type="checkbox"/> Continuum of Care Approach
Core Principles Addressed	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless <input checked="" type="checkbox"/> Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
Program Description	Health Services Center (HSC) and (Recuperative Care Center (RCC) includes 24 hour shelter services with meals, housekeeping, security, and on-site case management provided by the Homeless Services Center (HSC).
Community Benefit Category	E-2-b - Grants – Operating Grants

FY 2018 Report

Program Goal / Anticipated Impact	To provide a safe haven to recuperate fully and to address other social needs prior to discharge.
Measurable Objective(s) with Indicator(s)	Number of patients discharged from acute care to RCC. Number of patients upon discharge who have a home.
Intervention Actions for Achieving Goal	90% of eligible homeless patients hospitalized at Dominican will be discharged to RCC for full recovery.
Planned Collaboration	Homeless Service Center County of Santa Cruz Homeless Persons' Health Project
Program Performance / Outcome	73 patients were enrolled in the Recuperative Care Center. 42 patients were referred by Dignity Health Dominican Hospital.
Hospital's Contribution / Program Expense	The RCC received a grant in Nov. 2017 from Dignity Health Dominican Hospital for \$35,000.

FY 2019 Plan

Program Goal / Anticipated Impact	Continue to support the RCC and measure the effect on the number of people who are homeless to fully recovered following discharge from the hospital
Intervention Actions for Achieving Goal	Plan/coordinate for the delivery of home health care services at the RCC to ensure that these services are available when needed for full recovery.
Planned Collaboration	Continue current collaborations with local hospitals, health agencies, and other related agencies.

Continuum of Care

RotaCare Free Health Clinic

Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Integrated Behavioral Health ✓ Economic Security ✓ Continuum of Care Approach
Program Emphasis	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care

	<input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Demonstrate Collaboration
Program Description	Located in the unincorporated area of the County, this program is targeted primarily to the uninsured and underinsured. It reaches the working poor with no insurance and the Latino population.
Community Benefit Category	A2-e - Community Based Clinical Services – Ancillary/other clinical services
FY 2018 Report	
Program Goal / Anticipated Impact	To increase the number of persons accessing episodic health care at the clinic in an effort to decrease the number of preventable Emergency Room visits and inpatient admissions to Dignity Health Dominican Hospital.
Measurable Objective(s) with Indicator(s)	Continue to provide health related services, medications, education for diabetes, eye exams/glasses, and diagnostic testing to uninsured / underinsured populations at no cost to the patient in the clinic or in the hospital. Dominican Hospital provides pharmaceuticals, other medical supplies and in/outpatient services at no cost to the patient.
Intervention Actions for Achieving Goal	Clinic provides health care at no cost to the patient. All staff are volunteers.
Planned Collaboration	Continue current relationships.
Program Performance / Outcome	94 encounters – patients receiving diagnostic testing 494 encounters – patients provided free health care
Hospital’s Contribution / Program Expense	\$39,504 (plus \$25,000 from Dignity Health Dominican Community Grants)
FY 2019 Plan	
Program Goal / Anticipated Impact	Continue to support the RotaCare Free Health Clinic and provide self-management information for patients with diabetes. Develop weekly specific service activities.
Measurable Objective(s) with Indicator(s)	Continue to provide health related services, medications, education for diabetes, eye exams / glasses and diagnostic testing to uninsured / underinsured populations at no cost to the patient in the clinic or in the hospital. Dominican Hospital provides pharmaceuticals, other medical supplies and in/outpatient services at no cost to the patient.

Intervention Actions for Achieving Goal	The RotaCare Free Health Clinic will continue operations weekly at the local senior center. Services to be expanded- still to be determined.
Planned Collaboration	Continue program collaborations with local health care providers.

Mobile Wellness Clinic	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Integrated Behavioral Health ✓ Economic Security ✓ Continuum of Care Approach
Program Emphasis	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	This program provides episodic health and preventive services Monday-Friday throughout Santa Cruz County. Services are provided by Physicians, Allied Health Professionals, Registered Nurses and Registrars. The program primarily targets the uninsured and underinsured populations, but also reaches the broader community. It serves children, youth and adults.
Community Benefit Category	A2-a – Community Based Clinical Services – Primary Care
FY 2018 Report	
Program Goal / Anticipated Impact	Continue to support the Mobile Wellness Clinic, partner with other agencies to expand services and determine methods to decrease preventable episodic visits to the Emergency Department at Dominican Hospital.
Measurable Objective(s) with Indicator(s)	Increase number of participants seeking episodic care at the Mobile Wellness Clinic.
Intervention Actions for Achieving Goal	Through collaboration with other health care providers in the County, the Mobile Wellness Clinic will evaluate each patient, develop a plan, and refer patients to health homes in close proximity to their site of access. Patients will receive referral documentation at the time of discharge.

Planned Collaboration	Continue the collaboration with health care agencies and add non-healthcare services (a minimum of two or more).
Program Performance / Outcome	Approximately 471 patients received diagnostic testing at Dignity Health Dominican Hospital. Approximately 2153 patients received services at the Mobile Wellness Clinic – 1551 primary care and 602 preventive care visits.
Hospital's Contribution / Program Expense	\$486,498
FY 2019 Plan	
Program Goal / Anticipated Impact	Continue to support the Mobile Wellness Clinic and measure the effect on the number of preventable episodic visits to the Emergency Department.
Measurable Objective(s) with Indicator(s)	Increase the number of participants receiving episodic and preventive care on the Mobile Wellness Clinic.
Intervention Actions for Achieving Goal	Increase strategies for marketing – utilize public media for advertising, distribute informational brochures and monthly calendars throughout the county.
Planned Collaboration	Continue current collaborations with local health care agencies.

Community Grants Program	
Significant Health Needs Addressed	<ul style="list-style-type: none"> ✓ Integrated Behavioral Health ✓ Economic Security ✓ Continuum of Care Approach
Core Principles Addressed	<ul style="list-style-type: none"> ✓ Focus on Disproportionate Unmet Health-Related Needs ✓ Emphasize Prevention ✓ Contribute to a Seamless Continuum of Care ✓ Build Community Capacity ✓ Demonstrate Collaboration
Program Description	Provide funding to support community based services to improve the quality of life and health status of the communities they serve. The objective of the Community Grants Program is to award grants to organizations whose proposals respond to the health priorities identified in the most current Community Health Needs Assessment and are located within Santa Cruz County.

Community Benefit Category	E2-a - Grants – Program Grants
FY 2018 Report	
Program Goal / Anticipated Impact	To build capacity by identifying organizations and funding programs which are in alignment with the needs identified in the most recent CAP.
Measurable Objective(s) with Indicator(s)	Funding will be awarded to organizations whose programs respond to one or more needs identified in the most recent CAP and align with at least one of the five core principles identified above in Program Emphasis. Grantees will report on their accomplishments two times during the grant period.
Intervention Actions for Achieving Goal	Letters of Intent are reviewed and select organizations are invited to submit a full proposal. Full proposals are reviewed by a sub-committee of the Dominican Community Advisors and determination is made as to which proposals are recommended for funding.
Program Performance / Outcome	Partnership grants were awarded in the following areas: <ul style="list-style-type: none"> • Dientes Community Dental Care • Digital NEST • Encompass Community Services • Homeless Services Center • Janus of Santa Cruz • RotaCare Bay
Hospital's Contribution / Program Expense	\$ 178,424
FY 2019 Plan	
Program Goal / Anticipated Impact	Provide funding for programs that align with strategies developed by the Dignity Health Dominican Community Board of Directors, Community Advisors and the community wide efforts of the local health agencies.
Measurable Objective(s) with Indicator(s)	Partnership grants were awarded in the following areas: <ul style="list-style-type: none"> • Homeless Recuperative Care Program • Encompass Community Services • Santa Cruz Women's Health Center • Salud Para La Gente Clinic • Other grants to be determined
Intervention Actions for Achieving Goal	Prioritize grant applications that address target areas.
Planned Collaboration	Collaborate and follow-up with chosen agencies.

ECONOMIC VALUE OF COMMUNITY BENEFIT

The economic value of community benefit for patient financial assistance is calculated using a cost-to-charge ratio, and for Medicaid and other categories of community benefit using a cost accounting methodology.

Dominican Hospital

Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2017 through 6/30/2018

	Persons	Net Benefit	% of Org. Expenses
<u>Benefits for Living in Poverty</u>			
Financial Assistance	2,681	1,570,017	0.4
Medicaid *	28,686	31,961,481	8.0
Means-Tested Programs	221	132,511	0.0
Community Services			
A - Community Health Improvement Services	5,901	502,659	0.1
E - Cash and In-Kind Contributions	8	328,082	0.1
F - Community Building Activities	52	1,446,787	0.4
Totals for Community Services	5,961	2,277,528	0.6
Totals for Living in Poverty	37,549	35,941,537	9.0
<u>Benefits for Broader Community</u>			
Community Services			
A - Community Health Improvement Services	14,108	4,814,092	1.2
E - Cash and In-Kind Contributions	17	1,333,052	0.3
F - Community Building Activities	0	62,307	0.0
G - Community Benefit Operations	2	214,695	0.1
Totals for Community Services	14,127	6,424,146	1.6
Totals for Broader Community	14,127	6,424,146	1.6
Totals - Community Benefit	51,676	42,365,683	10.6
Medicare	30,425	46,561,315	11.7
Totals with Medicare	82,101	88,926,998	22.3

Net Benefit equals costs minus any revenue from patient services, grants or other sources.

* The hospital was required to record some Medicaid Provider Fee revenue in FY18 that was attributable to FY17 services. If all FY17 Medicaid Provider Fee revenue had been recorded in FY17, the hospital's FY18 net benefit for Medicaid would have been \$32,949,733.

APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

Dominican Hospital Community Board - FY 2018

- * Jessica Cohen, MD
 - * Erick Eklund, DDS
 - * Dean Kashino, MD
 - * Karl Knudsen Johsens, MD
 - * Marjory O'Connor, RN
 - * Erica Padilla Chavez
 - * Rajinder Singh, MD
 - * Carolyn Roeber, OP
 - * Jon Sisk
 - * Stephen Snodgrass, CFO
- Ex-Officio Members:
- * Carol Lezin, Foundation President
 - * Randall Nacamuli, MD and Chief of Staff
 - * Nan Mickiewicz, MD and Hospital President

Dominican Community Advisors - FY 2018

- * **First Five Santa Cruz County**
David Brody, Executive Director
- * **Santa Cruz Community Health Centers**
Leslie Conner, Executive Director
- * **United Way of Santa Cruz County**
Keisha Frost, Director of Community Giving
- * **Digital Nest**
Jacob Martinez, Founder & Executive Director
- * **Pacific Cookie Company**
Cara Pearson, Executive Director
- * **Granite Rock**
Steve Snodgrass, Chief Finance Officer
- * **Santa Cruz County Office of Education**
Martine Watkins, Director, Career Pathway Initiative
- * **Dominican Hospital**
Dona Putnam, Director, Care Coordination

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital 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.

Improving Access to Healthcare	
RotaCare	Free walk in clinic
Community Service	Consultation and Referral
Human Trafficking	Education and referral
Psychiatric Resource Team	Early intervention and education

Preventing and/or Managing Chronic Conditions	
Lifestyle Management	Physical, Neuro, Diabetes, Cardio
Annual Crisis Intervention Symposium	Community education
Well Health Checks	Health Fairs
Health Screenings	Church locations
Cardiac Stroke Program	Education
Diabetes Program	Education
Personal Enrichment Program	Education addressing health problems
Dare to Care	Vascular Screening

Improving Physical Activity Nutritional Health	
First Aid at Community Events	Health treatment
Athletic training program	High School Students

Improving Women's Health and Birth Outcomes	
Lactation	Consultation
Cancer Detection	Early identification and Treatment
Katz Cancer Center	Navigation System once identified
Early Infant Development	Collaborative with Stanford

Improving Life in Community	
Community Garden	Farmer's Market
Educational Opportunities	Internships/partnerships
Personal Assistance Programs	Services are varied for patients
Homeless Services Center	Community Grant
Bus/taxi fares	Designated Departments for Distribution
Project Bright Star	Community Grant to Encompass Community Services

Improving Care Continuum	
Homelessness	Recuperative Care Center

Programs/Projects that address a significant health need but are different to quantify or measure:

- Clothing given daily to ER patients/Homeless person/Migrant workers
- Food donations to local churches for distributions to homeless and underserved in the County

Part of Dominican Community Engagement is the commitment of the hospital to work closely with other Partners to coordinate efforts and enhance collaboration in an effort to reach more people in the community. Dominican's leadership and community benefit staff serves on many committees and coalitions included, but not limited to:

Dominican Hospital Community Benefit FY 2018 Report and FY 2019 Plan

American Red Cross, Santa Cruz Chapter	KUSP Community Advisory Board
Aptos Chamber of Commerce	Leadership Santa Cruz County
Bi-National Health Week Steering Committee	Monarch Service: Women's Crisis Support/Defensa D'Mujeres
Capitola Chamber of Commerce	Pajaro Homeless Shelter
Court Appointed Special Advocate (CASA)	Pajaro Valley Agriculture and Chamber of Commerce
Catholic Charities of the Diocese of Monterey	RotaCare Santa Cruz Free Clinic
Community Action Board: Day Worker Centers	Safety Net Clinic Coalition
Community Bridges: Family Resources Centers	Santa Cruz Chamber of Commerce
Community Foundation of Santa Cruz County	Santa Cruz Women's Health Center
Communities Organized for Relational Power in Action: COPA Investment Team	Second Harvest Food Bank
Dientes Community Dental Clinic	Serial Inebriated Program
Diocese of Monterey Golf Tournament	UCSC Chancellor's Diversity Advisory Council
Diocese of Monterey Pastoral Council	United Way of SCC: Go for Health Collaborative
Health Improvement Partnership of Santa Cruz County	United Way of SCC "211"
Hospice of Santa Cruz County	United Way of SCC Community Assessment Project
Hospital Council of Northern California	United Way of SCC Women in Philanthropy

Dominican Hospital supports the following health professions education that does not directly address CHNA identified significant health needs:

Grand Rounds Educational Presentation for Medical Staff is held weekly for one hour.

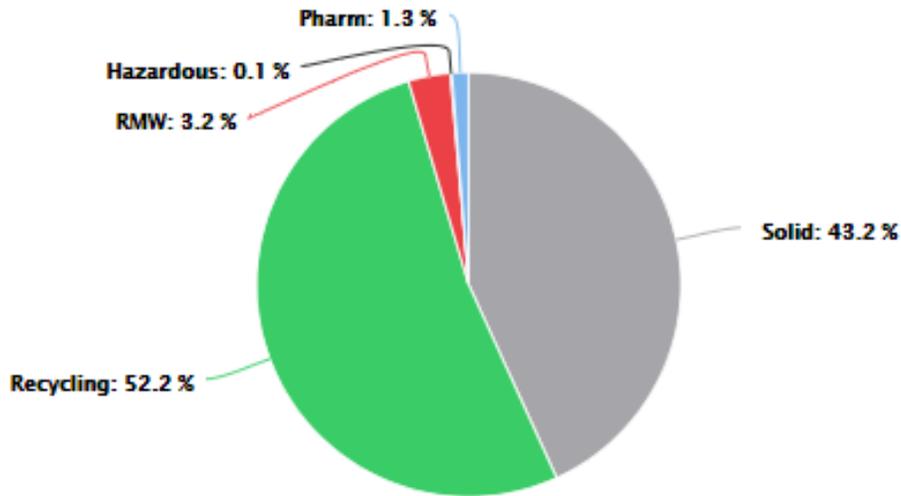
In addition, Dominican Hospital engages in the following Community Building activities:

- Financial contribution annually in support of the 2-1-1 Resource Line.
- Leadership development/training of community members.
- Environmental improvements.

Dignity Health Dominican Hospital FY 2018 - Recycling Totals

Dominican is committed to being a steward of our resources in ways that support the environment. The graph below represents data from Waste Stream.

Dignity Health – Dominican Hospital
July 1, 2017 – June 30, 2018



Waste Stream	Tons	Pounds	%
Solid Waste	616.995	1,233,990	43.21
Recycling Waste	745.715	1,491,430	52.22
Regulated Medical Waste (RMW)	45.551	91,102	3.19
Hazardous Waste	1.580	3,159	.11
Pharmaceuticals	16.123	36,246	1.27
Total	1,427.963	2,855,927	
Recycling	Tons	Pounds	%
Confidential Paper	532.628	1,065,255	37.3
Cardboard	92.522	185,045	6.48
Compost	36.162	72,324	2.53
Mixed Recycling	24.441	48,882	1.71
Wood	18.471	36,942	1.29
Blue Wrap	.371	742	.03
Cartridges (Kyocera)	.262	524	.02
Total	704.857	1,409,714	

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health’s Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured 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 our 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 our hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at our hospital’s website, in your hospital’s Admitting area, or by calling our 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. Dominican Hospital 1555 Soquel Drive, Santa Cruz, 95065 | Patient Financial Counselors (831) 462-7831 or call Patient Financial Services (831) 465-7900 with billing related questions.

<https://www.dignityhealth.org/bayarea/locations/dominican/patients-and-visitors/for-patients/billing-and-payment>