

Mercy Medical Center

Community Benefit 2019 Report and 2020 Plan

Adopted October 2019



A message from

Charles Kassis, President and CEO of Mercy Medical Center, and Leslie Abasta-Cummings, Chairperson of the Dignity Health Mercy Medical Center 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 initiatives to deliver community benefit 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.

Mercy Medical Center 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 2019 Report and 2020 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 hospitals in Arizona and Nevada voluntarily produce these reports and plans, as well. 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 2019 (FY19), Mercy Medical Center provided \$7,896,496 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$34,916,743 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the Community Benefit 2019 Report and 2020 Plan at its October 24, 2019 meeting.

Thank you for taking the time to review our report and plan. We welcome any questions or ideas for collaborating that you may have, by reaching to out to Mercy Administration, 209-564-5002.



Charles Kassis, President/CEO



Leslie Abasta-Cummings, Chairperson,
Community Board

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At-a-Glance Summary

<p>Community Served</p> 	<p>Merced County is a county located in the northern San Joaquin Valley in the state of California. Merced is the county seat of Merced County. The city population is about 78,958 (2016) and the county about 268,672. Two colleges reside in Merced County; University of California and Merced Junior College. Merced is the fastest growing county in California. There Hispanic/Latino population is 58.8% of the total population.</p>			
<p>Economic Value of Community Benefit</p> 	<p>\$7,896,496 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits</p> <p>\$34,916,743 in unreimbursed costs of caring for patients covered by Medicare</p>			
<p>Significant Community Health Needs Being Addressed</p> 	<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). Needs being addressed by strategies and programs are:</p> <table border="1" data-bbox="407 1031 1432 1262"> <tr> <td data-bbox="407 1031 857 1262"> <ul style="list-style-type: none"> • Access to Healthcare Services • Cancer • Diabetes • Heart Disease & Stroke </td> <td data-bbox="857 1031 1432 1262"> <ul style="list-style-type: none"> • Family Planning-Infant Health • Nutrition, Physical Activity & Weight • Respiratory Diseases </td> </tr> </table>		<ul style="list-style-type: none"> • Access to Healthcare Services • Cancer • Diabetes • Heart Disease & Stroke 	<ul style="list-style-type: none"> • Family Planning-Infant Health • Nutrition, Physical Activity & Weight • Respiratory Diseases
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<p>FY19 Programs and Services</p> 	<p>The hospital delivered several programs and services to help address identified significant community health needs. These included:</p> <ul style="list-style-type: none"> • Zumba and Yoga classes • Diabetes classes are in English and Spanish • Chronic Disease Self-Management, six week program • Cancer Support Group, • Cancer Patient’s patients, Look Good, Feel Better program, Wig Bank and I Can Cope resources • Stroke Support and resource class • Child Birth Classes • Lactation Classes and Breast Feeding Support Group • Hmong Shaman Spiritual Healer Program • Community Spiritual Services, “Ministry to the Sick” classes 			

**FY20 Planned
Programs and
Services**



FY19 programs will continue in FY20 with the intention of them continuing on for the next three years.

This document is publicly available online at <https://www.dignityhealth.org/central-california/locations/mercymedical-merced/about-us/community-benefit-report>

Written comments on this report can be submitted to the Mercy Medical Center's Community Health Office, 333 Mercy Avenue, Merced California or by e-mail to Janice.Wilkerson@dignityhealth.org.

Our Hospital and the Community Served

About Mercy Medical Center

Mercy Medical Center is a member of Dignity Health, which is a part of CommonSpirit Health.

Mercy Medical Center (MMC) is a 186-bed acute care, not-for-profit hospital located in the city of Merced, California. Mercy is a Catholic facility sponsored by the religious order known as the Congregation of Dominican Sisters of Saint Catherine of Siena. On May 2, 2010 MMC moved into a brand new 262,000 square foot facility on Mercy Avenue. MMC has a staff of more than 1,300 and professional relationships with more than 250 local physicians. Major programs and services include: one licensed acute care facility with a family birthing center, intensive care unit, emergency care and four floors housing, telemetry and medical/surgical nursing units. There are three outpatient facilities, Mercy UC Davis Cancer Center, Mercy Outpatient Center and the Mercy Medical Pavilion. Services at these outpatient centers include home care, physical and cardiac rehabilitation, ambulatory surgery, cancer care, laboratory, imaging and endoscopy. MMC primary service area includes Merced, Atwater, Winton and Planada for a total of 160,215 residents in Merced County. Secondary service areas include Los Banos, Livingston, Dos Palos, Chowchilla, Le Grand and Mariposa totaling 104,122 lives.

MMC operates three rural health clinics that are part of the UC Davis Family Practice Residency Program. All three clinics' patient populations are primarily Medi-Cal. The clinics are: Family Care, a primary care clinic; Kids Care, a pediatric clinic; and General Medicine Clinic, a specialty clinic.

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.

Financial Assistance for Medically Necessary Care

Mercy Medical Center 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 policy is at the end of this report. The financial assistance policy and plain language summary are on the hospital's web site.

Description of the Community Served

The city of Merced is the County seat and is the largest of the six incorporated cities in Merced County. Merced County encompasses 1,935.21 square miles and houses a total population of 265,000. Between the 2000 and 2010 US Censuses, the population of Merced County increased by 44,646 person, or 21.1%. This is a greater proportional increase than seen across both the state and the nation overall. Merced County is predominantly urban, with 85.7% of the population living in areas designated as urban.

Merced County is located in northern San Joaquin Valley section of the Central Valley. It is located north of Fresno County and southeast of Santa Clara County. Mercy Medical Center serves the primary areas of Merced City with the zip codes 95340, 95341, 95348. Other county areas include Atwater 95301, Planada 95365, Winton 95388, Chowchilla 93610, Livingston 95334, Los Banos 93635, Dos Palos 93620 and Mariposa 95338. A summary description of the community is below. Additional details can be found in the CHNA report online.

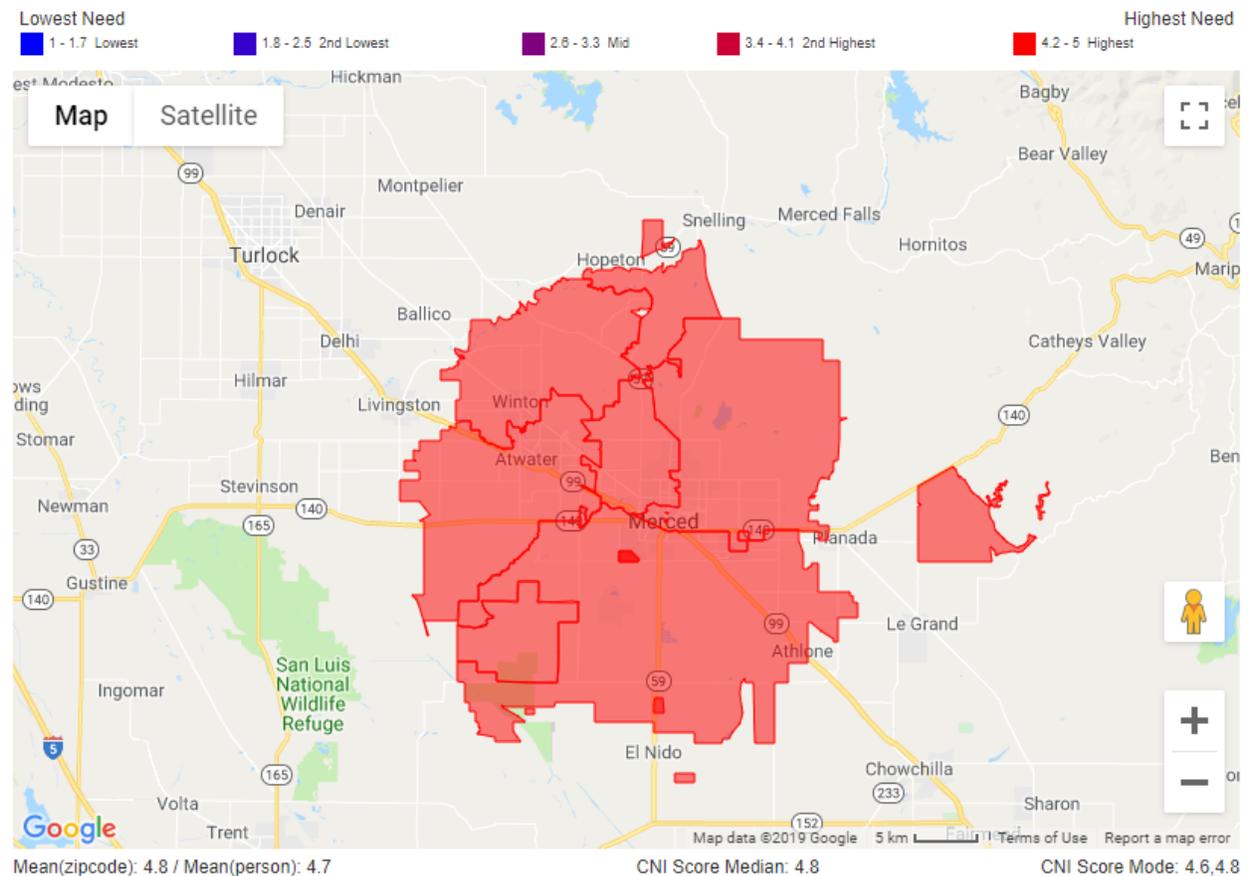


- County and City municipalities are a major source of employment along with agricultural related industries, retailing manufacturing, food processing and tourism. According to data derived from the US Department of Labor, the unemployment rate in Merced County as of March 2018 was 10.2%. The population age 25 and older, an estimated 31.4% (over 48,345 people) do not have a high school education. The latest census estimate shows 24.2% of the population is living below the federal poverty level. In all, 52.7% of residents (an estimated 136,359 individuals) live below 200% of the federal poverty level. Additionally, two-thirds (66.4%) of Merced County children age 0-17 (representing as estimated 52,240 children) live below the 200% poverty threshold. Merced County is “younger” than the state and the nation in that the median age is lower.
- Different age groups have unique health needs that should be considered separately from others along the age spectrum. In Merced County, 30.1% of the population are infants, children or adolescents (age 0-17); another 59.4% are age 18 to 64 and 10.5% are age 65 and older. A total of 12.6% of the population age 5 and older live in a home in which no person age 14 or older is proficient in English. Between 2000 and 2010, the Hispanic population increased by over 44,000 or 46.6%. A total of 47.5% of adults age 18 to 64 report having healthcare coverage through private insurance. Another 43.8% report coverage through a government-sponsored program (e.g. Medicaid, Medicare, military benefits). Among adults age 18 to 64, 8.7% report having no insurance coverage for healthcare expenses. More than half (52.5%) of adults reported some type of difficulty or delay in obtaining healthcare services in the past year.

Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. 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 Assessment and Significant Needs

The hospital engages in multiple activities to conduct its 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, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community benefit plan and programs were identified in the most recent CHNA report, which was adopted in October 2018.

This document also reports on programs delivered during fiscal year 2019, which are linked to needs prioritized in the hospital's previous CHNA report.

The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at mercymercedcares.org or upon request at the hospital's Community Health office.

Significant Health Needs

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

- **Access to Healthcare Services:** Barriers identified were appointment availability and trying to find a physician. The Primary care physician ratio is very poor.
- **Cancer:** Cancer is identified as the leading cause of death with lung cancer and prostate cancer higher than the state rate.
- **Diabetes:** 15% adults report having been diagnosed with diabetes. Diabetes is perceived as a major problem by 65.2% of the population.
- **Heart Disease & Stroke:** Heart disease and stroke are among the most widespread and costly health problems. Fortunately, they are among the most preventable.
- **Nutrition, Physical Activity, & Weight:** Diet and weight are related to health status.
- **Respiratory Diseases:** Asthma and COPD are significant public health burdens.
- **Substance Abuse:** The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.
- **Dementia, Including Alzheimer's Disease:** Alzheimer's disease is the most common cause of dementia and the 6th leading cause of death among adults 18 years and older.

- Family Planning – Infant Health: The well-being of mothers, infants, and children is an important public health goal. Their well-being determines the health of the next generation.
- Injury & Violence: Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages.
- Kidney Disease: Chronic Kidney disease and end-stage renal disease are significant public health problems and a major source of suffering and poor quality of life for those afflicted.
- Mental Health: Mental health plays a major role in people’s ability to maintain good physical health.
- Potentially Disabling Conditions: Arthritis, osteoporosis and chronic back conditions affects 1 in 5 adults and continues to be the most common cause of disability.

Significant Needs the Hospital Does Not Intend to Address

Mercy Medical Center has chosen to not address the following health needs: Substance Abuse, Dementia and Alzheimer’s Disease, Family Planning, Injury & Violence and Potentially Disabling Conditions. Patients will be given community resources to address any of these health needs which would apply to that specific individual. Mercy does not have the capacity or services to address these issues, and all are being addressed by one or more other organizations in Merced County.

2019 Report and 2020 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 FY19 and planned activities for FY20, 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.

This report specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

The anticipated impacts of the hospital's activities on significant health needs are summarized below, and for select program initiatives are stated in 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 works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.



Creating the Community Benefit Plan

Mercy Medical Center is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

The Mercy Community Board and Community Advisory Committee (CAC) are composed of community members who provide stewardship and direction for the hospital as a community resource. These parties review community benefit plans and programs 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 of 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

Mercy Medical Center’s community health programs reflect our commitment to improve the quality of life in the community we serve. The CAC, Community Board and Mercy Administration, along with key management staff, provide oversight and policy guidance for all charitable services and activities supported by the hospital. The people on these committees and boards represent a health professionals as well as community residents. This group reviews the CHNA to determine that MMC’s community health programs are addressing identified needs. The CAC meets on a quarterly basis and the Community Board meets monthly. Identified needs are also reviewed by the Mercy Foundation to determine their philanthropic strategies.

Report and Plan by Health Need

The tables below present strategies and program activities the hospital has delivered or intends to deliver to help address significant health needs identified in the community health needs assessment.

They are organized by health need and include statements of strategy and program impact, and any collaboration with other organizations in our community.



 Health Need: Access to Healthcare Services			
Strategy or Program Name	Summary Description	Active FY19	Planned FY20
Family Practice Clinic	Clinic is in affiliation with UC Davis Residency program. Serves primarily Medi-Cal patients and the underinsured.	☒	☒
Kids Care Pediatric Clinic	Pediatric and obstetric clinic with OB services provided by contracted physicians from Merced Faculty Associates. Primarily serves managed Medi-Cal and underinsured patients.	☒	☒
General Medicine Clinic	Clinic to provide rotating specialty physicians who serve the underinsured, working poor individuals and patients on Medi-Cal.	☒	☒
Patient Financial Assistance Program	Financial assistance available to uninsured and or underinsured patients.	X	X
Mercy ED and Inpatient Volunteer Program	UC Merced students who are enrolled in premed classes volunteer in the emergency department and on the inpatient medical floors. Program encourages students to return to Merced County once they have become licensed or certified in their particular medical specialty.	X	X
<p>Impact: Provide well medicine to patients to prevent future illness and to treat medical needs of the uninsured and underinsured population. By being involved with the University who are pursuing a career in medicine may practice in Merced County.</p>			
<p>Collaboration: Merced Faculty Associates, local specialty physicians, UC Merced</p>			



Health Need: Cancer

Strategy or Program Name	Summary Description	Active FY19	Planned FY20
Mercy UC Davis Cancer Center	Provides quality oncology care to the community. Partners with the American Cancer Society for various outreach programs and support services. CC became accredited by the Commission on Cancer Accredited Program, a quality program of the American College of Surgeons.	☒	☒
American Cancer Society	The Collaborative Action Plan is a partnership with ACS and the cancer center to provide these three programs: Look Good, Feel Better; Wig Bank; I Can Cope.	☒	☒
Cancer Support Group	Meets monthly at the cancer center, is facilitated through Mercy Spiritual Services and is open to any person affected by cancer, patient or family member, regardless of where they receive treatment.	☒	☒
Massage Therapy	Occurs after the support group meets, providing 15 minute massage by certified massage therapist to cancer patients to help decrease stress, anxiety, pain and fatigue.	X	X
Accessible Yoga	A modified yoga program tailored to the individual cancer patient's physical abilities.	X	X

Impact: Cancer patients given high quality care without having to leave Merced County. Cancer patients and their families will feel less stressed, will feel supported with the needed resources to help them cope while going to their oncology treatments.

Collaboration: American Cancer Society, Commission on Cancer a division of the American College of Surgeons



Health Need: Diabetes

Strategy or Program Name	Summary Description	Active FY19	Planned FY20
Strategy or Activity	Summary Description	☒	☒
Chronic Disease Self - Management Program	A six week comprehensive, outcomes-based program developed by Stanford University which includes	☒	☒

	education and action planning for participants living with a chronic disease.		
Diabetes Classes	Weekly diabetes education classes in English and Spanish. Classes provide the opportunity for participants to bond and offer each other support.	☒	☒
Diabetes Self-Management Program	A six week comprehensive, outcomes-based program developed by Stanford University which includes education and action planning for participants living with diabetes. Looking as possibly transitioning to DEEP in the future.	X	X
National Diabetes Prevention Program	Partnership with the Center for Disease Control offering participants to join a year-long lifestyle coach program.	X	X

Impact: Diabetes patients will better manage their diabetes and help pre-diabetic individuals prevent the onset of the disease.

Collaboration: Center for Disease Control, Stanford University



Health Need: Heart Disease & Stroke

Strategy or Program Name	Summary Description	Active FY19	Planned FY20
Certified Stroke Hospital	As a certified primary stroke center there is a dedicated stroke program focused on bringing high quality care to our community. The Stroke Center is certified by the Joint Commission and is staffed by qualified medical professionals trained in the care of the patient suffering from a stroke. The program focuses on high quality individualized care to meet the needs of our patient and to improve the patient outcomes.	☒	☒
Stoke Telemedicine	The telemedicine for the treatment of stoke helps to bring highly specialized care to our community. It brings immediate access to Board Certified Neurologists who offer lifesaving medical care when time and treatment is of the highest importance.	☒	☒
Cardia Rehab	Physical therapy and behavioral support for individuals with heart disease.	☒	☒
Stroke Support & Resource Class	Meeting were quarterly, now offered weekly to offer individuals information on preventing another stroke, coping with disabilities after a stroke and support for caregivers.	X	X

Impact: To provide the community education about the signs and symptoms of a stroke so that potential stroke patients are brought to the ED as quickly as possible. For stroke patients and patients

with heart disease these programs will help them to manage their challenges as they cope with their lifestyle changes. Families of stroke and heart disease patients will feel less stressed and will learn about the resources available to them and their loved one.

Collaboration: American Heart Association



Health Need: Nutrition, Physical Activity and Weight

Strategy or Program Name	Summary Description	Active FY19	Planned FY20
STEPS	A joint replacement educational program to; prepare a patient for joint replacement, stay in hospital, recovery exercise, nutrition and home environment. Offers a walking club and is open to any individual who has had a joint replacement. Program is offered in English and Spanish.	☒	☒
Zumba	Community Zumba classes offered twice a week to any adult individuals in the community. Dance exercise.	☒	☒
Yoga	Exercise classes one time a week for adults to increase balance, strengthen muscles, relieve stress and to help maintain flexibility.	☒	☒
School Outreach Program	Community Health Educators visit local schools providing speakers to address with students; weight management, good nutrition and the importance of physical activity.	X	X
Family Health Festival & 5K Stroke Awareness Run	An annual event with over 40 health vendors providing educational materials, screenings and physical activities. The 5K run benefits the Mercy stroke program and provides the runners with stroke education.	X	X
Walk With Ease	This is a six week program that targets people with arthritis.	X	X

Impact: Community members will become more active, learn to manage their weight, better understand nutritional needs and encourage others to do the same.

Collaboration: City of Merced Parks and Recreation, the Arthritis Foundation and the Merced Mall



Health Need: Respiratory Diseases

Strategy or Program Name	Summary Description	Active FY19	Planned FY20
Asthma Coalition	Mercy is a partner on the coalition and the steering committee. Participates in World Asthma Day and community health fairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Smoking Cessation Classes	Classes to help persons who smoke to stop by providing education, support and resources. Classes are supported by the Mercy Cancer Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tobacco Coalition	Mercy is a partner in the “education to the community” component of the coalition. Participates in community health fairs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Asthma Self-Management Program	In collaboration with the CA Department of Public Health to provide asthma education to persons with the condition to be better self-managers.	X	X

Impact: Community members will better understand how to manage their asthma. By providing education will be less likely to start smoking and those that do smoke will hopefully stop.

Collaboration: CA Department of Public Health, Asthma Coalition, Tobacco Coalition



Health Need: Family Planning – Infant Health

Strategy or Program Name	Summary Description	Active FY19	Planned FY20
Childbirth Classes	Education and exercises to help pregnant women and their support person to prepare for childbirth.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lactation Classes	Class covers the basics of breastfeeding; reasons to breastfeed, how to hold and latch your baby and how your support person can help.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Baby Café	Child birth educator facilitates this breastfeeding support group. Mothers & new moms help each other with the challenges they may encounter while breastfeeding and with postpartum depression.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Caesarian Class	OB RN presents information to mothers to prepare them for their caesarian birth.	X	X

Impact: Partnerships and trust within the community are strengthened through our community classes.

Collaboration: Family Practice Clinics, OB/GYN Physicians

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. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In FY19, the hospital awarded the grants below totaling \$145,910. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Girl Scouts Heart of Central CA	Girl Scouts Live Healthy, Lead Healthy	\$15,455
LifeLine CDC	Health for Our Neighbors	\$15,455
JMJ Maternity Homes	Mary's Mantle Maternity Home Shelter	\$25,000
Merced Rescue Mission	Home Medical Respite Care	\$90,000

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs. 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.

 Mercy UC Davis Cancer Center Community Program	
Significant Health Needs Addressed	<input type="checkbox"/> Access to Healthcare Services <input checked="" type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Family Planning – Infant Health <input type="checkbox"/> Heart Disease & Stroke <input type="checkbox"/> Nutrition, Physical Activity & Weight <input type="checkbox"/> Respiratory Diseases
Program Description	The community programs offered at the Mercy UC Davis Cancer Center are funded through the Mercy Foundation as well as through the Cancer Center’s budget. The hospital provides a team of staff from all disciplines to help coordinate, facilitate and raise awareness of the program for patients as well as the community at large. The program provides to the community; information about cancer, education, support, staff, location for programs and snacks.
Community Benefit Category	A1-D Community Health Education
FY 2019 Report	
Program Goal / Anticipated Impact	To address the need in the community for supportive cancer programs, education and resources for cancer patients, their families and/or support persons.
Measurable Objective(s) with Indicator(s)	<ul style="list-style-type: none"> Track the number of community outreach/education events that the Cancer Center participates in as well as the # of attendees at such events (health fairs, symposiums etc.). Continue to collaborate with the American Cancer Society per our Collaborative Action Plan, to enhance supportive care programs such as monthly Cancer Support Group, Look Good Feel Better and the Wig Bank. Continue to track the # of contacts made by Cancer Center social worker to assist cancer patients for psychosocial concerns related to having cancer. Track attendance and physical progress of participants in the Accessible Yoga class.

Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Cancer Center participated in one community health fair and presented two symposiums in Merced and Atwater. • An average of seven to ten people attend the cancer support group twice a month. • Thirty-two cancer patients participated in massage therapy.
Collaboration	American Cancer Society and the Mercy Foundation
Performance / Impact	118 cancer patients increased their access to resources and services they need for their cancer care and treatments. Members of the community better understand cancer and cancer treatments and are more supportive to the cancer patients.
Hospital's Contribution / Program Expense	The Cancer Center and the Mercy Foundation contributed \$14,881.

FY 2020 Plan

Program Goal / Anticipated Impact	To address the needs in the community for supportive programs, education and resources for cancer patients, their families and/or support persons.
Measurable Objective(s) with Indicator(s)	Track and collect data and information of the number of encounter/sessions and attendance to the Cancer Center programs.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Continue and increase participation in supportive care programs that are offered through collaboration with the American Cancer Society. • Continue the grant funded social worker program enabling screening for cancer patients for distress due to psychosocial, transportation, anxiety, physical changes and related issues associated with having cancer. • Continue with the Smoking Cessation Counseling Classes in order to focus on cancer prevention as tobacco consumption has a high correlation with lung cancer.
Planned Collaboration	Collaboration with the American Cancer Society and the Mercy Foundation.

 **Childbirth Preparation Programs**

Significant Health Needs Addressed	<ul style="list-style-type: none"> <input type="checkbox"/> Access to Healthcare Services <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input checked="" type="checkbox"/> Family Planning – Infant Health <input type="checkbox"/> Heart Disease & Stroke <input type="checkbox"/> Nutrition, Physical Activity & Weight <input type="checkbox"/> Respiratory Diseases
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Program Description	This program prepares expectant mothers for the childbirth experience, including the stages of labor, what to expect during pregnancy and delivery, preparation for cesarean birth, the importance of prenatal care, breastfeeding and infant health care. In addition to this education the program provides information on community resources.
Community Benefit Category	A1 Community Health Education
FY 2019 Report	
Program Goal / Anticipated Impact	Expectant women, either with their first child or not, will be prepared for the birth of their child. Mother, baby, families and support persons will experience a high level of patient satisfaction.
Measurable Objective(s) with Indicator(s)	Track the number of sessions offered as well as the number of participants. There were 24 sessions and the participation in the programs totaled 1,321. Patient satisfaction survey scores are also tracked.
Intervention Actions for Achieving Goal	The Childbirth Preparation classes were held twice a month. The caesarean course was offered quarterly in the community. There were 12 “stork tours” of the OB Department. The Nursing Nook was established at the Mercy Outpatient Center. A partnership with Community Action Agency WIC allowed the program to add a support group that targeted mummies that were going through baby blues and postpartum depression. A breastfeeding support group was started and was held once a week.
Collaboration	This program is made possible by collaborating with the Community Action Agency WIC, Merced County All Moms Matter and Merced County All Dads Matter. There are also partnerships with the local medical providers, FQHC’s, Alpha Pregnancy Center and the Merced County Department of Public Health.
Performance / Impact	Expectant moms and their support persons benefited and experienced a better childbirth experience because of their participation in the childbirth preparation classes. Resources were available for any mom that needed postpartum depression help and support was offered to all the moms on baby health and breastfeeding.
Hospital’s Contribution / Program Expense	Mercy Medical Center contributed \$121,224 for this community program.
FY 2020 Plan	
Program Goal / Anticipated Impact	Expectant women, either with their first child or not, will be prepared for the birth of their child. Mother, baby, families and support persons will experience a high level of patient satisfaction.

Measurable Objective(s) with Indicator(s)	Participation in classes and support groups will be tracked. Attendees will be surveyed for their rate of satisfaction. Mothers will be accessed to make sure they are prepared for childbirth, know well baby care, know how to breastfeed and have access to any other needed resource.
Intervention Actions for Achieving Goal	<ul style="list-style-type: none"> • Childbirth Preparation classes • Baby Café a breastfeeding support group • Nursing nook at Mercy Outpatient Center • Stork Tours in the OB • Will be working on establishing a drop in breastfeeding program in the rural health clinics.
Planned Collaboration	Collaboration will continue with the Community Action Agency WIC, Merced County All Moms Matter, Merced County All Dads Matter, FQHC's, Alpha Pregnancy Center, Merced County Department of Public Health and Alpha Pregnancy Center. Will explore a new partnership with JMJ Maternity Homes.



Live Well With Diabetes

Significant Health Needs Addressed	<input type="checkbox"/> Access to Healthcare Services <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Family Planning – Infant Health <input type="checkbox"/> Heart Disease & Stroke <input checked="" type="checkbox"/> Nutrition, Physical Activity & Weight <input type="checkbox"/> Respiratory Diseases
Program Description	A multi-purpose educational and support group that teaches strategies for understanding, managing and living with diabetes. It features medical professional guest speakers, interactive educational experiences and develops personal actions plans. Program is offered in English and Spanish.
Community Benefit Category	A1 Community Health Services

FY 2019 Report

Program Goal / Anticipated Impact	Participants in the monthly diabetes classes learned how to better manage their diabetes. The medical staff became more aware of the classes and increased the number of referrals they made. 264 persons were informed about their diabetes either by attending the diabetes classes or participating in a community health fair provided by Mercy.
Measurable Objective(s) with Indicator(s)	Maintained the target attendance to both English and Spanish Diabetes programs. Classes were held twice a month. Increased the number of people screened for diabetes in the community at health fairs.

Intervention Actions for Achieving Goal	Provided post intervention follow-up and participants provided self-reporting to track outcomes.
Collaboration	Collaborate with the Mercy rural health clinics, the local FQHC's and local physicians, also with care coordinators and emergency room patient navigators.
Performance / Impact	An increase in attendance in the diabetes classes. Through surveying and self-reporting there have been positive outcomes in regards to reduction of hospitalizations and A1c numbers amongst participants of the diabetes educational programs.
Hospital's Contribution / Program Expense	The hospital's contribution was \$24,245.

FY 2020 Plan

Program Goal / Anticipated Impact	The diabetes educational program will increase from twice a month to become a weekly class. Hire a community educator in order to offer the Diabetes Self-Management Program workshops. This program will be offered in Spanish and English and will provide more specific information on foot care, eye care, blood sugar monitoring and A1c tracking. Examine the addition of the Diabetes Empowerment & Educational Program (DEEP). Continue with collaboration with local walking groups as an added component to the support. Strengthen relationships with local private physicians to increase awareness and referrals to the diabetes programs.
Measurable Objective(s) with Indicator(s)	Measure impact through number of referrals to the programs and who is referring to increase outreach in areas that are underutilized. Tracking attendance and self-reported health outcomes post intervention.
Intervention Actions for Achieving Goal	Increase the outreach to community healthcare providers and community-based organizations for referrals to the program. Increase diabetes classes to four a month. Explore the addition of DEEP. Will provide follow-up surveys to participants to measure outcomes of intervention. Launch the Community Connection Network.
Planned Collaboration	Strengthen and continue to develop relationships with local private physicians, RHC's and FQHC's. Collaborate with Emergency Room Patient Navigators and hospital care coordinators and with "Skinny Gene".



Chronic Disease Self-Management Program (CDSMP)

Significant Health Needs Addressed	<input type="checkbox"/> Access to Healthcare Services <input checked="" type="checkbox"/> Cancer <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Family Planning – Infant Health <input checked="" type="checkbox"/> Heart Disease & Stroke <input type="checkbox"/> Nutrition, Physical Activity & Weight <input checked="" type="checkbox"/> Respiratory Diseases
Program Description	This is a six-week comprehensive, outcomes-based program developed by Stanford University which includes education and action planning for participants living with a chronic disease. Management tools help to control symptoms such as pain and difficult emotions; improving nutrition, physical activity, health literacy and communication with physicians; managing medications and making appropriate plans that work with their lifestyle.
Community Benefit Category	A1 Community Health Education
FY 2019 Report	
Program Goal / Anticipated Impact	This program will address each and every identified chronic condition ranging from obesity, asthma, COPD, high blood pressure, heart disease, kidney disease etc. Our goal is to provide resources and tools to those in the community either dealing with a chronic condition or supporting someone with a chronic condition. Provide education and tools that help with making healthier food choices and living an active life to help control and manage weight.
Measurable Objective(s) with Indicator(s)	The attendance and progress of the enrollees will be monitored. There will be follow-up post interventions on how well participants have maintained their weight and changes to their lifestyle.
Intervention Actions for Achieving Goal	Scheduled workshops were spaced through the year at various locations in the community. Developed partnerships with community partners to increase awareness of the program.
Collaboration	Collaboration with Merced County Department of Public Health, Central California Alliance for Health, FQHC's, RHC's and local physician groups.
Performance / Impact	There were 32 participants in this year's program, 30 fewer than last year. Participants completed both pre and post surveys to self-assess their overall health and impact of intervention.
Hospital's Contribution / Program Expense	The hospital's expense was \$6,216. Resources provided were community educators, healthy snacks and classrooms.

FY 2020 Plan

Program Goal / Anticipated Impact	This program will address each and every identified chronic condition ranging from obesity, asthma, COPD, high blood pressure, heart disease, kidney disease etc. Our goal is to increase the amount of workshops to four a year, which will better provide resources and tools to those in the community either dealing with a chronic condition or supporting someone with a chronic condition. Provide education and tools that help with making healthier food choices and living an active life to help control and manage weight. Add three community educators to help with classes.
Measurable Objective(s) with Indicator(s)	The attendance and progress of the enrollees will be monitored. There will be follow-up post interventions on how well participants have maintained their weight and changes to their lifestyle.
Intervention Actions for Achieving Goal	Work with newly hired community educators to schedule four workshops in underserved locations in the county. Schedule a Leader Training workshop to build capacity and workshop offerings. Build stronger relationships with local physician groups by developing a referral form to increase awareness and utilization of program s in the broader community.
Planned Collaboration	Collaboration with Merced County Department of Public Health, Central California Alliance for Health, FQHC's, RHC's and local physician groups.

Other Programs and Non-Quantifiable Benefits

The hospital delivers community programs, services 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.

- MMC staff raised funds and walked in the Merced and Atwater's Cancer Society's "Relay for Life" and the "Alzheimer Walk" weekend events.
- MMC staff raised funds and walked in Merced's Hinds Hospice "Angel Babies" walk. Angel Babies is a program that MMC's Family Birthing Center partners with Hinds Hospice to provide support for parents that have had a fetal demise.
- Mercy has donated to local physicians many pieces of medical equipment and supplies to be taken to third world countries.
- Mercy staff represents MMC by being members of the Merced/Mariposa Cancer Society, Merced Rotary, Merced Kiwanis, Merced Greater Chamber of Commerce, Tobacco Coalition, Asthma Coalition, the Bi-National Committee, Central CA Health Alliance, and the Hinds Hospice "Angel Babies" committee.
- Mercy is part of the Merced County Health Care Consortium steering committee initiating the Children's Health Initiative to create Healthy Kids health coverage.
- MMC Pet Therapy Program has dogs that are certified through "Share A Pet". The dogs along with their owners, visit patients, staff and visitors.
- The Dignity Health Community Investment Program approved a 7 year \$2,275,000 Leverage loan with Livingston Community Health Clinic in order to build a new and larger clinic in Livingston (LCH). LCH serves low-income minority patients, mainly Latinos working in agriculture. It is the largest FQHC in Merced County.
- Hmong Shaman Spiritual Healer Program is a six week long educational program designed for Shaman to learn about Western medicine, tour hospital departments and speaks with hospital staff in the efforts to bridge the understanding of the two cultures.
- Spiritual Services 101 is a twenty one hours of class work for faith leaders to deepen their skills in ministry to the sick.
- Spiritual Services 102 is for faith leaders who have completed SS 101 will take SS 102 for additional training in order to become a SS volunteer and visit patients in the hospital.

Economic Value of Community Benefit

Mercy Medical Center Merced

Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2018 through 6/30/2019

	Persons	Net Benefit	% of Org Expenses
<u>Benefits for Living in Poverty</u>			
Financial Assistance	2,911	3,492,916	1.2
Medicaid	91,168	0	0.0
Community Services			
A - Community Health Improvement Services	4,042	87,133	0.0
E - Cash and In-Kind Contributions	3,946	1,379,041	0.5
G - Community Benefit Operations	16	13,803	0.0
Totals for Community Services	8,004	1,479,977	0.5
Totals for Living in Poverty	102,083	4,972,893	1.7
<u>Benefits for Broader Community</u>			
Community Services			
A - Community Health Improvement Services	13,361	271,225	0.1
B - Health Professions Education	26	3,496,454	1.2
E - Cash and In-Kind Contributions	390	5,511	0.0
F - Community Building Activities	3,344	113,155	0.0
G - Community Benefit Operations	16	13,771	0.0
Totals for Community Services	17,137	3,900,116	1.3
Totals for Broader Community	17,137	3,900,116	1.3
Totals - Community Benefit	119,220	8,873,009	3.0
Medicare	33,359	34,916,743	11.6
Totals with Medicare	152,579	43,789,752	14.6

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

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.

Hospital Administration and Community Board Rosters

Hospital Administration

A six-member senior management team operates the hospital administration.

- Chuck Kassis, President
- Mike Strasser, CFO/VP Finance
- Janet Ruscoe, VP Nursing Services/CNE
- Joerg Schuller, M.D., VP Medical Affairs
- Kathy Kohrman, VP/Strategy and Business Development

Community Board

A fourteen-member board supports the vision, mission, values, charitable and philanthropic goals of the hospital and Dignity Health. Members are regarded in their community as respected and knowledgeable in their field, are contributing citizens in their community and are knowledgeable about or willing to become educated about hospital and healthcare matters.

- Michelle Allison - Retired
- Humberto Barragan, D.O. – *Vice Chair*
- Doug Fluetsch – President, Fluetsch Insurance Company
- Sr. Katherine Hamilton, OP St. Joseph's Medical Center – *Board Secretary*
- Mason Brawley, Law Attorney, Murphy & Brawley, LLP
- Garth Pecchenino, Principal Engineer/Branch Manger
- Leslie Abasta-Cummings, CEO Livingston Health Services – *Board Chair*
- Sr. Mary Cornelius O'Conner, RSM VP/Mission Integration Mercy Hospital Folsom
- Gabriel Garcia-Diaz, M.D. – Ortho Spine Advance Health, Inc.
- Pierre Scales, M.D., Chief of Staff
- Robert Dylina, Manger/Senior Loan Officer
- Christopher H. Vitelli, Superintendent/President Merced College
- Chuck Kassis – Hospital President (Ex-Officio)

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 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.

Mercy Medical Center 333 Mercy Ave, Merced, CA 95340 | Financial Counseling 209-564-5105