St. Elizabeth Community Hospital

Community Benefit 2015 Report and 2016 Plan
A message from

Todd Smith, president and CEO of St. Elizabeth Community Hospital, and Douglas Hatter, M.D., Chair of the Dignity Health North State Service Area Community Board.

The Hello humankindness campaign launched by Dignity Health is a movement ignited by and based on the proven idea that human connection, be it physical, verbal, or otherwise, leads to better health. Dignity Health’s comprehensive approach to community health improvement includes multi-pronged initiatives directed at significant health needs, partnering with others in the community working to improve health, and investing in efforts that address social determinants of health.

St. Elizabeth Community Hospital shares a commitment to improve the health of our community, and delivers programs and services to achieve that goal. The Community Benefit 2015 Report and 2016 Plan describes much of this work. This report meets requirements of not-for-profit hospitals in the Patient Protection and Affordable Care Act to adopt a community health Implementation Strategy at least every three years, and in California state law (Senate Bill 697) to produce an annual community benefit report and plan. Dignity Health complies with both mandates in all of its hospitals, including those in Arizona and Nevada. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2015 (FY15), St. Elizabeth Community Hospital provided $1,994,560 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. Including the unreimbursed costs of caring for patients covered by Medicare, the hospital’s total community benefit expense was $8,638,575.

Dignity Health’s North State Service Area Community Board reviewed, approved and adopted the Community Benefit 2015 Report and 2016 Plan at its October 8, 2015 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 530.529.8000.

Todd Smith
President/CEO

Douglas Hatter, M.D.
Chairperson, Board of Directors
EXECUTIVE SUMMARY

St. Elizabeth Community Hospital, (SECH) is located off of California Interstate 5 in Red Bluff. SECH serves a core service area of 85,432 people who reside in Tehama County as well as a secondary service area that includes bordering communities in Glenn, Butte and Shasta Counties.

SECH is a not-for-profit, 76-bed licensed acute care hospital and a sponsored ministry of the Sisters of Mercy of the Americas. SECH is a member of Dignity Health, a 40 hospital faith-based organization providing health care services in California, Nevada and Arizona. SECH has approximately 435 employees, 69 active volunteers and a medical staff of approximately 86 physicians.

St. Elizabeth Community Hospital, established in 1907, offers state-of-the-art medical technology and comprehensive care that provides the following services:

- 24-Hour Emergency Services (Level III Trauma)
- Inpatient Surgery
- Freestanding Outpatient Surgery Center
- Medical/Surgical Units
- Intensive Care Unit (8 beds)
- Maternal-child unit with a water birthing option and certified lactation consultation
- Full Service Outpatient/Inpatient Imaging Services including MRI and PET/CT
- Respiratory Care Services
- Wound Services
- Social Services
- Spiritual Care Services
- Home Health & Hospice Services
- Physical Therapy & Occupational Therapy
- Laboratory Services & 2 Laboratory Draw Stations outside of the hospital
- Endoscopy
- Pediatric Services
- Orthopedics, including minimally invasive and total joint replacement
- Sports Medicine Program
- Diabetic and Congestive Heart Failure (CHF) education and support program
- Chronic Disease Management education and support program
- Pharmacy (Internal)

In addition, SECH donates meeting space for a variety of community service groups including diabetic support, childbirth education, cardiac care support, cancer support, head trauma support, fibromyalgia and lupus support.

A key component of rural health care services centers around successful physician recruitment. Primary Care is the linchpin of recruitment efforts as it is the most effective way to sustain community wellness. In FY2013 SECH introduced the local Dignity Health Medical Foundation which now offers specialist services including general surgery and orthopedics. Additionally, SECH entered into a leading edge agreement with Lassen Medical Group to provide Hospitalist services to our patient community. This program has gained
great momentum as patients experience an enhanced continuity of care with the time and attention that the hospitalists are able to provide through this program.

A great concern in rural communities is the need to recruit specialists to meet community need. To emphasize how difficult it can be to recruit specialists, Siskiyou, Shasta and Tehama counties have been trying to secure a urologist for the last 11 years. The creation of a medical foundation is an important strategy for the North State. During FY2014, the Dignity Health Medical Foundation – North State successfully added a cardiologist, Dr. Lee, to the full-time Red Bluff staff. During FY15 the Medical Foundation will proceed with additional specialist recruitment including obstetrics, orthopedics and oncology.

SECH continues to work with Lassen Medical Group to help recruit primary care physicians based on community need. Additionally, to promote safety and healthy lifestyles, St. Elizabeth provides a Sports Medicine Medical Directorship. Dr. Riico Dotson, Orthopedic Surgeon and Sports Medicine Medical Director exceeds the requirements of the position by providing on field youth athletic coverage as well as presenting injury prevention and healthy lifestyle community education.

Regionally the three North State Region hospitals, Mercy Medical Center Redding, Mercy Medical Center Mt. Shasta and SECH, are working together to leverage resources and examine best practices among the facilities. A main focus is on sharing and leveraging resources by presenting complementary community education seminars and collaboration on select patient education in a regional approach ultimately creating a value statement of trust under the umbrella of the Dignity Health branding initiative and the recent cultural movement and marketing campaign, “Hello humankindness.” SECH and the Dignity Health Hospitals of the north state continue to identify additional opportunities for regionalization and partnership in our chronic disease management programs, diabetes education and smoking cessation course offerings.

This report will describe how SECH serves the Tehama County community through our health care ministry support. During the fiscal year ending June 30, 2015, SECH provided approximately $2 million (excluding shortfall from Medicare) in serving the poor and the broader community. This amount includes the hospital’s investment through community grants and other gifts/sponsorships made to serve the greater good of our community.

One component of the community benefit that SECH delivers is providing care to Medi-Cal enrolled patients for substantially less than the cost to deliver that care. To help offset low Medi-Cal reimbursements, all hospitals in California pay fees to the state called the “Provider Fee” (see http://www.calhospital.org/hospital-fee-program) that are used to obtain federal matching funds to supplement Medi-Cal payments. This helps us to provide care to our service area’s vulnerable patients.

For the year ending June 30, 2015, SECH’s net Medi-Cal community benefit expense was lower than historical norms. This is due to the timing of the federal government’s approval of Provider Fee payments to hospitals, which in FY15 included not only all of FY15 but also six months of services delivered in FY14. SECH maintains its strong, mission-based commitment to caring for Medi-Cal enrollees and all members of the community. The hospital served 27,647 Medi-Cal patients in FY15, compared to 20,863 in FY14, a 32% increase.

This report and plan is publicly available at www.dignityhealth.org.
MISSION, VISION AND VALUES

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:
- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

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

Our Values

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

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

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

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

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

  Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

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

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

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

SECH is committed to providing quality health and wellness services that address the health-related needs of our primary and secondary service areas. In the spirit of the Scriptures and the Sisters of Mercy tradition, we dedicate ourselves to a Christian-oriented response that embraces physiological, psychological, and spiritual healing, as well as the promotion of health. Fundamental to this response is respect for the dignity of all persons, those serving as well as those served, and reverence for life at all ages.

It is incumbent on the SECH team to demonstrate a further commitment to develop excellent health care services in a financially responsible manner as we recognize our commitment as the area’s acute care health facility for the indigent. Our health care community partners appreciate the wisdom of collaboration as we join in the effort to deliver the Community Benefit process in the following manner:

- Community Benefit efforts are regularly shared with Senior Management.
- Employees receive community benefit information in employee orientation and in the monthly employee newsletters.
- Annual employee forums presented by the Hospital President include a formal community benefit update to employees.
- The local Advisory Council receives community benefit strategy updates every other month.
- Community agencies and the Advisory Council participate in the Community Health Needs Assessment.
- Management and the Advisory Council receive a formal presentation of the Community Health Needs Assessment results; these results shape our Community Benefit strategy and plan.
- A subgroup of the Council is involved in selecting applicants to receive Dignity Health Community Grant dollars.

Additionally, St. Elizabeth Community Hospital shares Community Benefit information with the Dignity Health North State Service Area Board. This Board of Directors represents the North State Service Area (NSSA) and has overall responsibility for community benefit activities. The NSSA Board also gives final approval of the annual community benefit plans for Mercy Medical Center Redding, Mercy Medical Center Mt. Shasta, and St. Elizabeth Community Hospital. The NSSA Community Board roster is included in Appendix A.

Non-Quantifiable Benefits of the hospital include our contribution to various boards throughout the community. The Director of Mission Integration serves on the Northern Valley Catholic Social Services Board, the Tehama County Health Board, First Five Tehama Board and Tehama Together Community Board. Economic development is instrumental to Tehama County and surrounding areas. Therefore, the Manager of Marketing has served on the Red Bluff Tehama County Chamber of Commerce Board of Directors for five years and has presided in the capacity of Chamber Chair of the Board for two years. Additionally, the President of the Hospital serves on the Tehama County Economic Development Corporation Board. Several
members of the leadership team are members of active community service clubs including Rotary and Soroptimists International.

SECH provides free grant writing skills trainings to non-profit Tehama County agencies to help ensure the organizations have the tools and information they need to aptly apply for the Dignity Health Community Grant Program. The Community Grants Program supports the continuum of care in the community offered by funding to local non-profit organizations who are working to improve the health status and quality of life of the communities we serve. This program is one way in which the Hospital realizes its mission and enhances the advocacy, social justice and healthier communities’ efforts of our health care ministry.

SECH leads the effort of healthy lifestyle in the Tehama County region by participating in various health and wellness fairs throughout the county as well as providing nutrition and wellness presentations to larger employers such as the Walmart Distribution Center and local service clubs.

On the ecology front, SECH has been awarded the Green Award at the Green Health Summit and continues to be a leader in waste management and reduction. SECH partners with Tehama County Waste Management to provide SHARPS containers and collection as well as endorse a recycling program at the local fairgrounds, partnering with the Poor and the Homeless to gather and recycle containers during events held at the property. The Ecology team has created a hazardous materials business plan and continues to focus on improving our environment while cutting costs.

During FY14, SECH received the Healthgrades Patient Safety Award; the hospital ranked among the top 5% in the nation for patient safety during 2013.

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

SECH is located in Tehama County which consists of 2,951 square miles and is approximately midway between Sacramento and the Oregon border. The county is bordered by Glenn County to the south, Trinity and Mendocino counties to the west, Shasta County to the north, and Butte and Plumas counties to the east. The county is situated in the northern portion of the Sacramento Valley and is divided in half by the Sacramento River. Red Bluff, the county seat, was established in 1856 and is located on the Interstate 5 corridor.

SECH serves a core service area (CSA) comprised mostly of six codes in Tehama County. Dignity Health hospitals define service areas as the geographic area served by the hospital based on a percentage of hospital discharges and is also used in various other departments of the system and hospital, including strategy and planning. A summary demographic description of the community is below, and additional community facts and details can be found in the CHNA report online. SECH’s core service area (CSA) demographics are listed below:

- Total Population: 85,432
- Hispanic or Latino: 25.8%
- Race: 67.6% White, 0.6% Black/African American, 1.5% Asian, 1.8% American Indian/Alaska Native, & Native Hawaiian or Other Pacific Islander, 0.2% Other, 2.5% Two or More Races
- Median Income: $43,772
- Uninsured: 10.1%
- Unemployment: 8.6%
- No HS Diploma: 20.4%
- CNI Score: 4.1
- Medicaid Population: 31.6%
- Other Area Hospitals: 0
- Medically Underserved Areas or Populations: Yes
COMMUNITY BENEFIT PLANNING PROCESS

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

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

The CHNA process incorporated data from primary sources (survey) and secondary data research (vital statistics and other existing health-related data). Primary data was collected by using paper surveys and an identical web-based survey via Survey Monkey.com. We looked to our community partners to represent their respective communities in the survey process. The final survey instrument was developed by St. Elizabeth Community Hospital and Public Health and is similar to the previous surveys used in the region. The surveys were used to collect information from community members, stakeholders and providers for the purpose of understanding community perception of needs.

The following partners assisted the hospital in conducting the needs assessment:

- **St. Elizabeth Community Hospital Advisory Council** - This group of active community members represent all of the communities in our primary service area. They completed the survey in addition to participating in the priority setting process once the data was compiled.
- **Tehama County Public Health** – In addition to providing assistance with the survey design, Public Health representatives distributed the surveys to their employees and clients.

Secondary data was used to validate the information obtained from the surveys and was provided through a free web-based platform CHNA.org. This web-based tool was designed to assist hospitals in completing the CHNA at the local level in order to help reduce the costs incurred by Hospitals. The data provided through CHNA.org has aggregated data available from 7,000 public data sources, including the Centers for Disease Control and Prevention and the National Center for Chronic Disease Prevention and Health Promotion.

Once the primary and secondary data were collected and compiled, St. Elizabeth Community Hospital’s community benefit staff analyzed the data and compared it to prior assessments to determine which
information from the previous assessments would be useful in building upon for the health of the community. The results revealed a list of top perceived health risks and behaviors from the community’s perspective, many of which overlap. Six of the nine health concerns were also top health concerns in previous assessments.

**CHNA Significant Health Needs**
The top areas for the current assessment are listed below:

Health Risk Behaviors: poor eating habits, being overweight, alcohol abuse, lack of exercise, tobacco use, not using birth control.

Health Concerns: obesity, mental health problems, diabetes, aging problems (arthritis, hearing/vision loss, etc.), child abuse/neglect, dental problems, cancers, domestic violence, heart disease and/or stroke.

While the health needs and risks of mental health, child abuse/neglect, domestic violence and dental problems were identified in the Community Health Assessment, the Hospital has limited resources and ability to effect sustainable change.

A formal community asset assessment has not been conducted at this time and may be addressed in the future in partnership with the Tehama County Public Health Services Agency.

**Community Benefit Plan Development Process**
Upon completion of gathering the CHNA results, a ranking process was presented to a committee comprised of community agency representatives, a representative of SECH Advisory Council and a community member. All committee members ranked the health concerns and behaviors in order of perceived importance based on the perceived seriousness of the health need and the potential impact of the hospital and known resources in the community. These rankings were compiled and priority topics were published to the SECH management team and Community Grants Selection Committee. The results were also presented to the community via a press release and the free grant writing workshop available to all non-profit agencies in the county. The results were not surprising as obesity and related diseases were identified as the number one health concern. Analysis has indicated significant correlation between the CNI communities and preventable diseases and hospital admissions.

**Planning for the Uninsured/Underinsured Patient Population**
In keeping with its mission, the hospital offers patient financial assistance (also called charity care) to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay. The hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. The amount of financial assistance provided in FY15 is listed in the Economic Value of Community Benefit section of this report.
2015 REPORT AND 2016 PLAN

This section presents programs and initiatives the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It includes both a report on activities for FY15 and planned programs with measurable objectives for FY16.

SUMMARY

As a matter of Dignity Health policy, the hospital’s community benefit programs are developed in response to the current Community Health Assessment and are guided by five core principles. All of our initiatives relate to one or more of these principles:

- **Disproportionate Unmet Health-Related Needs**: Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Primary Prevention**: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Seamless Continuum of Care**: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Community Capacity**: Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance**: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

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

**Initiative I: Improving Access to Healthcare**
- Charity Care for uninsured/underinsured and low income residents*
- Mammography assistance program*
- Physician recruitment efforts*
- Partnership with Rolling Hills Clinic, Federally Qualified Indian Health Clinic*
- Cinco de Mayo and Bi National Health Fairs participation offering nutrition services consultation, glucose and cholesterol testing*
- LIFT Homeless health services fair: Homeless and poor received free flu shots, glucose and cholesterol testing, and breast testing*

**Initiative II: Preventing and/or Managing Chronic Health Conditions: Type II Diabetes and Congestive Heart Failure**
- Conversion of SECH to a “Tobacco Free Campus”*
- SECH Tobacco Cessation classes*
- Congestive Heart Failure Readmission Initiative*
- Palliative Care program*
- SECH employee Well Call program*
- Diabetes education program*
- Diabetes support group program*
- Chronic Disease Self-Management Program*
- Be Well direct mail magazine addressing active lifestyle choices, disease prevention and treatment and healthy recipes*
- Private Health News articles; free online health user customized monthly health newsletter*

**Initiative III: Improving physical activity and dietary habits**
- Sports Medicine nutrition, injury prevention and treatment program(s)*
- Discovering Women’s Health series presented by board certified medical staff addressing health issues including bladder incontinence, skin cancer, breast cancer, stroke and heart disease*
- Cinco de Mayo and Bi National Health Fairs participation offering nutrition services consultation, glucose and cholesterol testing*
- Be Well direct mail magazine addressing active lifestyle choices, disease prevention and treatment and healthy recipes*
- Private Health News articles; free online health user customized monthly health newsletter*

The initiatives listed above are regularly monitored by the Senior Director of Mission Integration and senior management team. Additionally, regular updates are provided to the Advisory Council and shared with the managers during the monthly management team meetings.

**Anticipated Impact**

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

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

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

## CHF: Reduction of Congestive Heart Failure Readmissions

### Significant Health Needs Addressed

- Aging Problems (arthritis, hearing/vision loss, etc.)
- Cancer
- Diabetes
- Heart Disease and/or Stroke
- Obesity (lack of exercise and poor eating habits)
- Substance Abuse (alcohol and drug)
- Tobacco Use

### Program Emphasis

- Disproportionate Unmet Health-Related Needs
- Primary Prevention
- Seamless Continuum of Care
- Build Community Capacity
- Collaborative Governance

### Program Description

Congestive Heart Failure (CHF) is a predominant health concern and risk in Tehama County. CHF can be directly linked to lifestyle and preventable diseases including poor eating habits, obesity and diabetes, as shown by evidence based research. Research also shows that chronic disease management programs can significantly reduce the number of readmissions of patients with chronic CHF. SECH’s CHF program consists of follow-up phone calls and discharge intervention to promote wellness, by a RN. Upon discharge, our CHF patients receive a self-care handbook: *Learning to Live with Heart Failure*. Materials are also printed in Spanish. Patients with limited resources are offered a scale. The scale helps the patient to monitor and report any unusual weight gain that might be cause for intervention.

### Planned Collaboration

None

### Community Benefit Category

A – Community Health Improvement Services

### FY 2015 Report

#### Program Goal / Anticipated Impact

SECH will continue to reduce the number of readmissions of CHF patients to the ED and hospital through early intervention.

#### Measurable Objective(s) with Indicator(s)

SECH will continue to monitor patients participating in this program via chart review and RN assigned to the chronic disease management follow-up phone program

#### Baseline / Needs Summary

Baseline: 8.9% (based on FY 2014 data) of patients with diagnosis of CHF enrolled in the chronic disease management follow up program, will not be readmitted within 90 days.

#### Intervention Actions for Achieving Goal

Goal: Demonstrate a 5% decrease in readmissions of participants in the hospital's chronic disease management program.

SECH will continue to add components to this existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF inpatient is given a packet especially designed for the CHF patient, on how to manage his or her illness. Each patient is encouraged to enroll in our Follow-up phone program.

#### Program Performance / Outcome

The hospital did not meet the goal of a 5% reduction in readmissions for this program this year. The increase in readmissions is due, in part, to secondary diagnoses brought on by CHF. In addition, individuals with chronic illness experience frequent hospital returns as they get older are because the CHF patient is becoming frailer.

#### Hospital’s Contribution / Program Expense

$12,000

### FY 2016 Plan

#### Program Goal / Anticipated Impact

SECH will continue to reduce the number of readmissions of CHF patients to the ED and hospital through early intervention.

#### Measurable Objective(s) with Indicator(s)

SECH will continue to monitor patients participating in this program via chart review and RN assigned to the chronic disease management follow-up phone program

#### Baseline / Needs Summary

Baseline: 8.9% (based on FY 2014 data) of patients with diagnosis of CHF enrolled in the chronic disease management follow up program, will not be readmitted within 90 days.

#### Intervention Actions

Decrease readmissions of participants in the hospital’s chronic disease program. SECH will
for Achieving Goal | also explore additional models to monitor/reduce readmission rates for individuals with CHF within 90 days post-intervention.

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### Healthier Living – Chronic Disease Self-Management Program

#### Significant Health Needs Addressed

- ✓ Aging Problems (arthritis, hearing/vision loss, etc.)
- ✓ Cancer
- ✓ Diabetes
- ✓ Heart Disease and/or Stroke
- ✗ Obese (lack of exercise and poor eating habits)
- ✗ Substance Abuse (alcohol and drug)
- ✗ Tobacco Use

#### Program Emphasis

- ✗ Disproportionate Unmet Health-Related Needs
- ✓ Primary Prevention
- ✓ Seamless Continuum of Care
- ✗ Build Community Capacity
- ✓ Collaborative Governance

#### Program Description

The Healthier Living workshop is for adults who have a chronic health condition or who live with someone with a chronic health condition. Healthier Living workshop participants learn how to manage stress, fight fatigue and pain, learn how to communicate with their doctor and family members and set goals and learn problem solving techniques.

#### Planned Collaboration

None

#### Community Benefit Category

A – Community Health Improvement Services

### FY 2015 Report

#### Program Goal / Anticipated Impact

Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with chronic disease, enhancing quality of life by preventing or reducing unnecessary admissions to the Hospital.

#### Measurable Objective(s) with Indicator(s)

Monitor participants in Dignity Health programs, screenings and events for improvement in self-management of health condition.

#### Baseline / Needs Summary

Baseline: 8.9% (based on FY 2014 data) of patients with diagnosis of CHF enrolled in the chronic disease management follow up program, will not be readmitted within 90 days.

#### Intervention Actions for Achieving Goal

Conduct two Healthier Living workshops during the next fiscal year.

#### Program Performance / Outcome

Due to limited and/or non-enrollments there was one workshop delivered in FY2015.

#### Hospital’s Contribution / Program Expense

$1,500

### FY 2016 Plan

#### Program Goal / Anticipated Impact

Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with chronic disease, enhancing quality of life by preventing or reducing unnecessary admissions to the Hospital.

#### Measurable Objective(s) with Indicator(s)

Monitor participants in Dignity Health programs, screenings and events for improvement in self-management of health condition.

#### Baseline / Needs Summary

Baseline: 8.9% (based on FY 2014 data) of patients with diagnosis of CHF enrolled in the chronic disease management follow up program, will not be readmitted within 90 days.

#### Intervention Actions for Achieving Goal

Conduct one Healthier Living workshop during the next fiscal year.
### Dignity Health Community Grant Program

#### Significant Health Needs Addressed
- Aging Problems (arthritis, hearing/vision loss, etc.)
- Cancer
- Diabetes
- Heart Disease and/or Stroke
- Obesity (lack of exercise and poor eating habits)
- Substance Abuse (alcohol and drug)
- Tobacco Use

#### Program Emphasis
- Disproportionate Unmet Health-Related Needs
- Primary Prevention
- Seamless Continuum of Care
- Build Community Capacity
- Collaborative Governance

#### Program Description
Providing funding to support community based organizations who will provide services to underserved populations to improve the quality of life. The objective of the Community Grants Program is to award grants to organizations whose proposals respond to the priorities identified in the most recent Community Health Needs Assessment (CHNA).

#### Planned Collaboration
None

#### Community Benefit Category
E – Cash and In-Kind Contributions

### FY 2015 Report

<table>
<thead>
<tr>
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<td>Intervention Actions for Achieving Goal</td>
<td>Prioritize grant applications that address the target areas.</td>
</tr>
<tr>
<td>Program Performance / Outcome</td>
<td>Two agencies were awarded a community grant. The agencies and individual award amounts are: Northern California Child Development $19,899; United Way $15,000</td>
</tr>
<tr>
<td>Hospital’s Contribution / Program Expense</td>
<td>$34,899</td>
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### FY 2016 Plan

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ECONOMIC VALUE OF COMMUNITY BENEFIT

MMCMS uses a cost accounting system method of calculating costs.

St. Elizabeth Community Hospital
Classified Summary Including Non Community Benefit (Medicare)
7/1/2014 through 6/30/2015

<table>
<thead>
<tr>
<th>Benefits for Living in Poverty</th>
<th>Persons</th>
<th>Total Expense</th>
<th>Offsetting Revenue</th>
<th>Net Benefit</th>
<th>% of Organization Expenses</th>
<th>% of Organization Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance</td>
<td>2,841</td>
<td>2,157,444</td>
<td>0</td>
<td>2,157,444</td>
<td>2.7</td>
<td>2.3</td>
</tr>
<tr>
<td>Medicaid</td>
<td>27,647</td>
<td>27,444,299</td>
<td>28,302,862</td>
<td>(858,563)</td>
<td>(1.1)</td>
<td>(0.9)</td>
</tr>
<tr>
<td>Means-Tested Programs</td>
<td>6</td>
<td>2,907</td>
<td>1,417</td>
<td>1,490</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Community Services:

<table>
<thead>
<tr>
<th></th>
<th>Total Expense</th>
<th>Offsetting Revenue</th>
<th>Net Benefit</th>
<th>% of Organization Expenses</th>
<th>% of Organization Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comm. Health Improvement Svcs.</td>
<td>5,235</td>
<td>0</td>
<td>5,235</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Financial and In-Kind Contributions</td>
<td>573,569</td>
<td>0</td>
<td>573,569</td>
<td>0.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Comm. Benefit Operations</td>
<td>79,012</td>
<td>0</td>
<td>79,012</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Totals for Community Services</td>
<td>657,816</td>
<td>0</td>
<td>657,816</td>
<td>0.8</td>
<td>0.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits for Broader Community</th>
<th>Total Expense</th>
<th>Offsetting Revenue</th>
<th>Net Benefit</th>
<th>% of Organization Expenses</th>
<th>% of Organization Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comm. Health Improvement Svcs.</td>
<td>246</td>
<td>0</td>
<td>246</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Financial and In-Kind Contributions</td>
<td>31,642</td>
<td>0</td>
<td>31,642</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Community Building Activities</td>
<td>4,485</td>
<td>0</td>
<td>4,485</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Totals for Community Services</td>
<td>36,373</td>
<td>0</td>
<td>36,373</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Totals for Community Benefit</th>
<th>Total Expense</th>
<th>Offsetting Revenue</th>
<th>Net Benefit</th>
<th>% of Organization Expenses</th>
<th>% of Organization Revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>30,618</td>
<td>30,298,839</td>
<td>28,304,279</td>
<td>1,994,560</td>
<td>2.5</td>
<td>2.1</td>
</tr>
<tr>
<td>Medicare</td>
<td>24,250</td>
<td>31,435,536</td>
<td>24,791,521</td>
<td>6,644,015</td>
<td>8.2</td>
</tr>
<tr>
<td>Totals with Medicare</td>
<td>54,868</td>
<td>61,734,375</td>
<td>53,095,800</td>
<td>8,638,575</td>
<td>10.6</td>
</tr>
</tbody>
</table>

For the year ending June 30, 2015, SECH’s net Medi-Cal community benefit expense was lower than historical norms. This is due to the timing of the federal government’s approval of Provider Fee payments to hospitals, which in FY15 included not only all of FY15 but also six months of services delivered in FY14. Please see the Executive Summary of this report for additional details.
APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS

FY 2016
DIGNITY HEALTH NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS

Douglas Hatter, M.D., Chairperson
Jim Cross, Secretary
Mark Korth, North State Service Area President
Fernando Alvarez, M.D.
Diane Brickell
LeRoy Crye
Sister Nora Mary Curtin
Sister Clare Marie Dalton
Ryan Denham
Sandra Dole
Alan Foley
Todd Guthrie, M.D.
Patrick Quintal, M.D.

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

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

7/1/15
Community Members
Gregg Cohen, District Attorney for Tehama County
C. Jerome Crow, Chair (Aide to Assemblyman Jim Nielsen)
LeRoy Crye, Community Member
Art Dowell, Community Member
Doug Fairey, Owner Dutch Bros
Jane Flynn, Sun Pacific Farms
Sr. Gloria Heese, Sister of Mercy
Pam Ikuta, M.D.
Darwyn Jones, District Manager for Walmart Distribution Center
Jolene Kemen, Secretary (Community Member)
Valerie Lucero, Co-chair (Director of Tehama Public Health)
Scott Malan, MD
Maggie Michael, Alternatives to Violence
Jon Pascarella, DDS
Shan Patterson, Community Member
Kendall Pierson, General Manager Sierra Pacific Industries
Jessie Shields, Community Member
Greg Stevens, Red Bluff Daily News

St. Elizabeth Community Hospital Staff
Todd Smith, President
Joanne Heffner, VP Patient Care/CNE
Sr. Pat Manoli, Senior Director Mission Integration
Kristen Behrens, Director of Support Services
Denise Little, Director Human Resources
Amy Gonczeruk, Marketing Manager
Kristen Gray, Development Officer, MFN
Auxiliary Representative
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.

SECH shares the community benefit story in a variety of venues. Primarily, details of the community benefit programs are shared every other month with the Advisory Council during a designated community benefit update agenda item. Additionally, the Senior Director of Mission Integration provides detailed updates to the health community at large during the Tehama County Health Board meetings. Community benefit plans, projects and milestones are also shared within the region during the North State Service Area Community Board meetings. Physicians are regularly updated on the community benefit investments once a year during a general medical staff meeting and the medical executive team is updated monthly. The community at large can learn about the community benefit activities of SECH through the following items:

- Mandatory Heritage Training provided to all employees, volunteers and physicians
- Presentations to local community service groups
- Advisory Council Meetings (every other month)
- Dignity Health North State Service Area Meetings
- Health Scene Newsletter (3 times a year)
- Private Health Online Newsletter (monthly)
- Local media attention
- Annual Employee Forums (annually)
- Various E-mail updates to employees
- Medical staff meetings (monthly)
- Employee Newsletter quarterly
- Updated bulletin boards throughout facility
- Director/Managers meetings (monthly)
- New Employee Orientation (monthly)
- Facility and system websites
- Community calendar publications