# Dignity Health St. John's Regional Medical Center and St. John's Pleasant Valley Hospital

Community Benefit 2020 Report and 2021 Plan

## **Adopted October 2020**







## A message from

Darren Lee, president and CEO of St. John's Regional Medical Center and St. John's Pleasant Valley Hospital, and Tom Laubacher, Chair of the Dignity Health Ventura County 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, which includes 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 the social determinants of health.

St. John's Regional Medical Center and St. John's Pleasant Valley Hospital share a commitment with others to improve the health of our community and delivers programs and services to help achieve that goal. The Community Benefit 2020 Report and 2021 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 voluntary 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 2020 (FY20), St. John's Regional Medical Center and St. John's Pleasant Valley Hospital provided \$17,666,097 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services and other community benefits. The hospital also incurred \$63,712,875 in unreimbursed costs of caring for patients covered by Medicare.

The hospital's Community Board reviewed, approved and adopted the contents of the Community Benefit 2020 Report and 2021 Plan at its October 2020 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 out to George West at 805-988-2688 or george.west@dignityhealth.org.

Darren W. Lee

President/CEO

Γom Laubacher

Chairperson, Board of Directors

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## **At-a-Glance Summary**

#### Community Served



The Primary Service Area of St. John's Regional Medical Center and St. John's Pleasant Valley Hospital includes Oxnard and Port Hueneme Zip codes of 93030, 93033, 93035, 93036, 93041, 93042, 94043, Camarillo Zip codes 93010, 93012 and Somis Zip code 93066 This represents a population of 287,383 people.

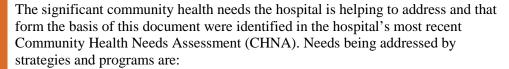
#### Economic Value of Community Benefit

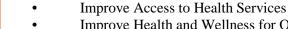


\$17,666,097 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, community grants and other community benefits

\$ 63,712,875 in unreimbursed costs of caring for patients covered by Medicare

#### **Significant** Community **Health Needs** Being **Addressed**







- Improve Health and Wellness for Older Adults
- Reduce the Burden of Chronic Disease
- Address Social Needs

#### **FY20 Programs** and Services



The hospital delivered several programs and services to help address identified significant community health needs. These included:

- **Improve Health and Wellness for Older Adults** Senior Wellness Program
- **Reduce the Burden of Chronic Disease**

Living Well with Diabetes Program Diabetes Education and Empowerment Program (DEEP®) Congestive Heart Active Management Program (CHAMP®) Chronic Disease Self-Management Education Program

- **Improve Access to Health Services** The Cancer Center of Ventura County Dignity Health Community Grants Program
- **Address Social Needs** Health Ministries Basic Needs Program & Community Food Pantry

In addition there were activities whose outcomes are difficult to quantify.

#### **FY21 Planned Programs and** Services

In 2020-2021 (FY2021) the following programs are planned:

**Improve Health and Wellness for Older Adults** Tentative--Senior Wellness Program



- Health and Wellness Program
- Reduce the Burden of Chronic Disease
  Diabetes Education and Empowerment Program (DEEP®)
  Living Well with Diabetes Program
  Congestive Heart Active Management Program (CHAMP®)

Chronic Disease Self-Management Education Program

- Improve Access to Health Services
  The Cancer Center of Ventura County
  Dignity Health Community Grants Program
- Address Social Needs
  Health Ministries Basic Needs Program with Community Food Pantry

This document is publicly available online at <a href="https://www.dignityhealth.org/central-coast/locations/stjohnsregional/about-us/community-benefit">https://www.dignityhealth.org/central-coast/locations/stjohnsregional/about-us/community-benefit</a>.

Written comments on this report can be submitted by email to <a href="mailto:george.west@dignityhealth.org">george.west@dignityhealth.org</a>, or in writing to St. John's Regional Medical Center Community Health Office, 1600 N. Rose Ave., Oxnard, CA 93030 or by telephone, call 805-988-2688.

## **Our Hospital and the Community Served**

## About St. John's Regional Medical Center and St. John's Pleasant Valley Hospital

St. John's Regional Medical Center and St. John's Pleasant Valley Hospital are members of Dignity Health Central Coast which is a part of CommonSpirit Health.

The Sisters of Mercy, at the invitation of community leaders who discerned a need for a hospital in the Oxnard coastal plane, established St. John's in 1912 as a six-room wooden structure. It grew to be St. John's Regional Medical Center (SJRMC) a 265-bed facility on a 48-acre campus in northeast Oxnard, serving a community that has a land use mix of residential, agricultural & industrial, including a Navy base and a vacation harbor. SJRMC offers comprehensive medical programs and services, including emergency care, acute physical rehabilitation, cardiac care, cancer care, maternity and childbirth services (including a Neonatal Intensive Care Unit), infusion centers, a Chest Pain Center, a Stroke Center, St. John's Cancer Center of Ventura County, and St. John's Surgical Weight Loss Center.

Originally founded as Pleasant Valley Hospital in 1974 by a group of Camarillo community leaders and physicians who discerned that the young City of Camarillo needed a hospital of its own, in 1993 it merged with St. John's Regional Medical Center in Oxnard, becoming St. John's Pleasant Valley Hospital (SJPVH). St. John's Regional Medical Center and St. John's Pleasant Valley Hospital are one ministry of healing with two hospitals, both Catholic and sponsored by the Catholic Health Federation (a Public Juridic Person of the Catholic Church). SJPVH provides emergent, acute and intensive care, with extensive surgery services, cancer care, outpatient hyperbaric care and a 99 bed residential sub-acute facility. SJPVH is Primary Stroke Certified by the Joint Commission, and has been recognized for excellence in Pulmonary Care, General Surgery and Critical Care.

In 2020 the two hospitals came under one license and are now St. John's Regional Medical Center and St. John's Pleasant Valley Hospital.

#### **Our Mission**

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

#### **Our Vision**

A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

#### Financial Assistance for Medically Necessary Care

As part of our ministry of seeking to improve the health of the people we serve, especially those who are vulnerable, and advancing social justice for all, 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 hospitals' web site.

### Description of the Community Served

Community is defined as the resident population within the hospital's service area. Committed to addressing health disparities and serving communities with impactful solutions that leverage shared resources and coordinate care. St. John's Regional Medical Center and St. John's Pleasant Valley Hospital entered into a multi-hospital/organization collaborative to develop its current Community Health Needs Assessment (which may be found at <a href="http://www.healthmattersinvc.org/">http://www.healthmattersinvc.org/</a>). The seven health agencies that make up the collaborative have come together in defining their service area as the County of Ventura.



In 2019, Ventura County's population of 846,006 had a median age of 37.9 and a median household income of \$84,017. Among county residents, 40,829 have veteran status, 38.4% of the people in Ventura County speak a non-English language, and 22% are foreign born. The median property value in Ventura County is \$559,700 and the homeownership rate is 63.3%. The percent of households with a computer is 91.9% and with a broadband internet subscription is 86.8% (United States Census Bureau, 2019).

St. John's Regional Medical Center's and St. John's Pleasant Valley Hospital's primary service area is comprised of the cities of Oxnard and Port Hueneme Zip codes of 93030, 93033, 93035, 93036, 93041, 93042, 94043, the city of Camarillo Zip codes 93010, 93012 and Somis Zip code 93066 A summary description of the community is below. Additional details can be found in the CHNA report online.

#### Community Demographics:

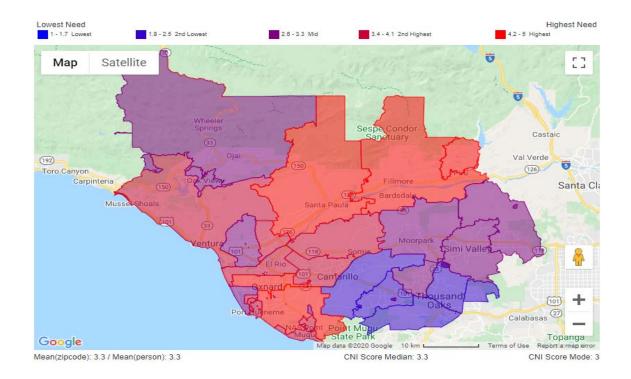
- Total Population the population for Ventura County is 846,006, with 332,113 in the PSA, which mean St. John's Regional Medical Center and St. John's Pleasant Valley Hospital serves 38% of the population of Ventura County.
- Age Groups –28.2% of the population is under the age of 18 with 9.5% over the age of 60.
- Gender Diversity 49.4% of the population is female, 50.6% male.
- Race/Ethnic Diversity –43.2% of the population self identifies as Latino/Hispanic, 44.7% Non-Latino Caucasian, 8.2% Asian, 2.4% Black and all other race/ethnicities comprise 1.5%
- Adult Education 15.9 % do not have a High School Diploma.
- Poverty Status the poverty rate for the PSA is 12.1% with some areas of Oxnard at 18%.
- Unemployment among the cities in the PSA, the unemployment rate is 11.4%.
- Primary Language and Linguistic Isolation English and Spanish are the primary languages in the PSA with 44.5% in the PSA reporting English is not spoken in the home. In areas of Oxnard the English not spoken at home rate jumps to 68.6%.
- Insurance status 12.4% of the population is uninsured.
- The U.S. Government HRSA designated Ventura County as a "Medically Underserved Area."

## 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.

Within the PSA, Oxnard zip codes 93030, 93033 rate in the "highest need" category. Oxnard 93036 and Port Hueneme 93041, 93042, 93043, Camarillo 93010 and Somis 93066 are rated in the "second highest need" category. Oxnard 93035 is in the "medium need" category with Camarillo 93012 rated in the "second lowest need" category (see the color-coded map and table below).



Zij	o Code	CNI Score	e Population	n City	County State
	91320	2	46191	Newbury Park	Ventura California
	91360	2.8	42104	Thousand Oaks	Ventura California
	91361	2.4	20487	Westlake Village	Ventura California
	91362	2.4	36980	Thousand Oaks	Ventura California
	91377	2.2	14226	Oak Park	Ventura California
	93001	3.8	33139	Ventura	Ventura California
	93003	3.2	51304	Ventura	Ventura California
	93004	3.6	30473	Ventura	Ventura California
	93010	3.4	44240	Camarillo	Ventura California
	93012	2.4	37622	Camarillo	Ventura California
	93015	4.2	18832	Fillmore	Ventura California
	93021	2.6	38325	Moorpark	Ventura California
	93022	3	5500	Oak View	Ventura California
	93023	3	20656	Ojai	Ventura California
	93030	4.2	62016	Oxnard	Ventura California
	93033	4.2	83319	Oxnard	Ventura California
	93035	3.2	28321	Oxnard	Ventura California
	93036	3.8	48022	Oxnard	Ventura California
	93040	4.4	1831	Piru	Ventura California
	93041	4	24129	Port Hueneme	Ventura California
	93042	3.4	136	Point Mugu Nawc	Ventura California
	93043	3.4	827	Port Hueneme Cbc Base	e Ventura California
	93060	4.4	34229	Santa Paula	Ventura California
	93063	3	56563	Simi Valley	Ventura California
	93065	3	74780	Simi Valley	Ventura California
	93066	3.8	3481	Somis	Ventura California

## **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 (CHNA)

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 August of 2019.

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 <a href="https://www.dignityhealth.org/central-coast/locations/stjohnsregional/about-us/community-benefit">https://www.dignityhealth.org/central-coast/locations/stjohnsregional/about-us/community-benefit</a> or upon request at the hospitals' Community Health office.

## Significant Health Needs

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

- Improve Access to Health Services—access is a multifactorial issue with our focus on the perception of healthcare consumer. Transportation, the number of physician & non-physician providers, consumer work schedule vs provider office hours are among the most significant issues.
- **Reduce the Impact of Behavioral Health Issues**—Ventura County has insufficient resources to address the current behavioral health needs.
- Improve Health and Wellness for Older Adults—Ventura County has a significantly large elder population. Their needs are unique as are the needs of those who care for them.
- **Reduce the Burden of Chronic Disease**—chronic diseases account for a disproportionate use of health resources. Consumer education on self-management would reduce that utilization.
- Address Social Needs—basic needs of food, housing, transportation, utilities, safe neighborhoods, etc. impact health consumer ability to pursue a healthy life style.

#### Significant Needs the Hospital Does Not Intend to Address

As acute care facilities the hospitals lack sufficient resources and are not licensed to address the following community health need:

• Reduce the Impact of Behavioral Health Issues—nevertheless St. John's is pursuing a collaboration that will create a Crisis Stabilization Unit to better serve the community.

## 2020 Report and 2021 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 FY20 and planned activities for FY21, 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

St. John's Regional Medical Center and St. John's Pleasant Valley Hospital are 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 hospitals' community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

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

Community Health staff explored current resources, including fiscal and personnel/staff assets and limitations, evidenced based programs available and community resources/collaborations in determining what programs could best address the community's needs. Planning the programs is taken on as a team, under the leadership of the Manager of Community Health, with the counsel of the Medical Director of the Community Health Dept. and the Division Vice President of Mission Integration. Program plans are presented to the Healthy

Communities Committee for input prior to implementation. Outcomes are also reported to this committee, the Medical Director and Division VP of Mission. Program participants are surveyed for satisfaction with the program and are encouraged to make suggestions for improvements or others program topics that interest them. There is also a monthly Networking Meeting of Human Services agencies in Ventura County held at SJRMC. Information regarding programs is shared and suggestions are also solicited from this community group.

#### Impact of the Coronavirus Pandemic

COVID-19 had significant negative impact on minorities in Ventura County as indicated by this chart:

Race/Ethnicity	% of	#	%	Rate	% deaths
	population	positive	cases	per	
		case		100,000	
Latino/Hispanic	44.5%	6,435	70.5%	1,692	48.1%
White, Not Hispanic/Latino	43.2%	2,151	23.6%	583	40.5%
Black/African American	7.4%	253	2.8%	401	8.2%
Asian	1.7%	105	1.1%	716	0.6%
Multiracial	2.5%	22	0.2%	103	0.01%
Native American	0.3%	24	0.3%	1,005	1.3%
Hawaiian/Pacifica Islander	0.2%	17	0.2%	1,122	0.01%
Other Identified Race/Ethnicity	0.2%	126	1.4%	9,545	1.3%
"Unknown" Race/Ethnicity		4,358			
TOTAL		13,491			

(Source: Ventura County Public Health)

In-person: health education classes, group senior exercise/screening/education programs, community health screenings, and other community events that fell into the "gatherings" description were stopped because of state-wide and local health mandates about gatherings. Also, our volunteers were no longer able to participate/support our community activities.

More people were unemployed/underemployed and children were out of school so food/nutrition surfaced as an extremely urgent community need. Our Community Health staff & leadership pivoted and redeployed to address an increased need at our community food pantry.

The Pantry experienced a 33% increase in people served since the start of COVID-19 (especially seniors and households with children) and a 100% increase in new households (seeking food assistance for the first time). Community Health responsiveness to address this social/basic need was exemplary.

St. John's Regional Medical Center and St. John's Pleasant Valley Hospital (with Dignity Health) accelerated and adjusted our FY21 community grants program to assist 501C3 organizations who are helping those in need during the COVID-19 health crisis.



## 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 Care (and Health Equity)			
Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Cancer Center of Ventura County at St. John's	In addition to a financial assistance to those in need, St. John's Regional Medical Center and St. John's Pleasant Valley Hospital provides an array of free cancer services to all diagnosed with cancer. We serve both campuses Oxnard and Camarillo. The Hospital's administration supports the Cancer Center's free services which includes: <ul> <li>navigation,</li> <li>cancer specific nutrition education,</li> <li>wigs &amp; headwear,</li> <li>mental health counselling &amp; groups.</li> </ul>		
St. John's Financial Assistance Policy	The hospital also offers financial assistance to patients to improve access to care and address healthcare inequities. See page 29 of this report for information regarding our Financial Assistance Policy		

**Impact:** The ultimate goal is to decrease the incidence of later stage cancers, decrease cancer incidence in our county and find earlier cancer that have more than 90% of chance of remission when found early. Outreach to our young adult population is very important as we have seen more patients diagnosed with cancer even before the recommended screening age. The cancer program screening goals are to increase the number of mammograms, skin screenings, lung cancer screenings and colon screenings in our county.

**Collaboration:** The Cancer Center actively participates with the American Cancer Society, the St. John's Cancer Committee and we partner with other systems and community physicians to strengthen our relationship to continue to serve all cancer patients at St. John's Regional Medical Center and St. John's Pleasant Valley Hospital. The Cancer Center also offers education events at the local YMCAs, Health Fairs and an annual Breast Symposium.



## **Health Need: Improve Health and Wellness for Older Adults**

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Senior Wellness Program	To provide supervised and monitored mobility and exercise opportunities for senior populations that included regular blood pressure and A1C testing. This program will need to be redesigned for remote participation in FY2.*	×	
Health and Wellness Programs	To provide health and wellness programs on-line		

**Impact:** Improve health and wellness of seniors through supportive and safe healthy behavior programs. Monitor and manage hypertension and diabetes among seniors. Prevent a medical crisis and hospitalization through early referral and self-management health education.

**Collaboration:** The program will be held by Zoom or at the Boys and Girls Club of Oxnard, Community Health staff has been augmented by St. John's volunteers and retired employees.

\*We may not able to offer this program in FY21 due to COVID-19 restrictions on in-person gatherings.



#### Health Need: Reduce the Burden of Chronic Disease

Strategy or	Summary Description	Active	Planned
Program Name		FY20	FY21
Congestive Heart Active Management Program (C.H.A.M.P.®)	A telephonic medical home staffed by nurses (bilingual, English & Spanish). Patients are enrolled for free in CHAMP® are provided consistent telephone follow-up, education and facilitation of communication with each patient's physician for the purpose of educating and empowering patients in order to decrease the number of readmissions to all hospitals and all emergency departments. Thus reducing the utilization of limited healthcare resources.		

**Impact:** Empower those diagnosed with Heart Failure to manage their condition. In so doing our goal is that participants in C.H.A.M.P. will not be readmitted to any hospital/emergency department within 90 days of enrollment for Heart Failure exacerbation.

**Collaboration:** The Hospital is contracting with the Dignity Health Heart and Vascular Institute of Greater Sacramento and collaborating with the primary care physicians at St. John's Regional Medical Center and St. John's Pleasant Valley Hospital.



#### Health Need: Reduce the Burden of Chronic Disease

Strategy or Program Name	Summary Description	Active FY20	Planned FY21
Diabetes Education and Empowerment Program (D.E.E.P.®)	A program that provides outcomes based education and follow-up support to those who are pre-diabetic or diabetic and their families so they are empowered to manage their diabetes and avoid unnecessary hospitalization or use of the ER.	X	
Living Well with Diabetes Program	Monthly Diabetes support groups were offered in English and Spanish that also included physician presentations/education. FY21 will be redesigned to include ZOOM format		
Healthy Cooking and Plant Based Diet Education	The hospital also offers regular healthy life-style, shopping, and eating classes that include cooking demonstrations		

**Impact:** Provide free classes in both English and Spanish to community members on a proven outcomes based curriculum that will result clients reporting increased knowledge of diabetes and how to manage diabetes.

**Collaboration:** In FY21 that hospitals will collaborate with community health education staff from Marian Regional Medical center in train more educators and the Camarillo Health Care District to increase education offerings. The hospitals will utilize Zoom and if possible offer the classes off-site and community senior centers and assisted living facilities. St. John's physicians champion the healthy cooking classes



#### **Health Need: Address Social Needs**

Strategy or	Summary Description	Active	Planned
Program Name		FY20	FY21
Health Ministries Basic Needs Programs with a Community Food Pantry	By assisting the poor and homeless with food, shelter, clothing and transportation (the corporal works of Mercy), and counseling (Spanish & English) we seek to alleviate the non-medical barriers to seeking health care.  • Provide food through a community based food pantry  • Provide hot meals at the same community location  • Provide financial counseling  • Provide basic grants for emergency housing, utilities, transportation, food, medications, etc.		

**Impact:** By assisting the poor and homeless with basic needs will it will allow the poor to seek healthier life choices & health care.

**Collaboration:** The hospital collaborates with:

- USDA
- FoodShare
- The Archdiocese of Los Angles (Our Lady of Guadalupe Parish)
- Local restaurants, markets and supermarkets who donate food.
- Raskob Foundation

## **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 FY20, the hospital awarded the grants below totaling \$240,000. Some projects also may be described elsewhere in this report.

Grant Recipient	Project Name	Amount
Interface Children & Family Services	2-1-1 Ventura County Homeless Services Outreach & Patient Coordination	\$40,000
Livingston Memorial Visiting Nurse Association	Increasing Access to Palliative Care for Underserved Patients in Ventura County	\$25,000
Students for Eco Education and Agriculture	Ventura County Child Wellness Initiative in the St. John's Service Area	\$25,000
The Salvation Army	The Oxnard Free Dental Clinic	\$100,000
The Brain Injury Center of Venture County	Improving Depression & mental Well-Being for Traumatic Brain Injury Survivors	\$50,000

## **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.

St. John's Regional Cancer Center		
Significant Health Needs Addressed	<ul> <li>✓ Improve Access to Health Services</li> <li>✓ Improve Health and Wellness of Older Adults</li> <li>✓ Reduce the Burden of Chronic Disease</li> <li>☐ Address Social Needs</li> </ul>	
Program Description	St. John's Regional Cancer Center provides comprehensive free cancer services to all diagnosed with cancer. We serve the Oxnard and Camarillo campus, plus the three Dignity Health infusion centers. We have dedicated physician leaders, staff, and a robust cancer committee. The Hospital's administration supports the Cancer Center's free services; we partner with local health systems, organizations, and community Physicians to strengthen the delivery of services to all affected by cancer.	
Community Benefit Category	A1-a Community Health Education-Lectures/Workshops Health Education A1-c Community Health Education – Individual Health Education A1-d Community Health Education - Support Services A1-e Community Health Education - Self-Help	
	FY 2020 Report	
Program Goal / Anticipated Impact	Further increase cancer awareness by providing bilingual education, counseling, supportive services, and community cancer prevention	
	events. Continue to decrease the incidence of breast cancer in our community by increasing access to mammogram screenings, and if diagnosed with cancer the appropriate referrals. At St. John's Regional Medical Center and St. John's Pleasant Valley Hospital, for the last 6 years, breast cancer is the number one cancer type treated.	
Measurable Objective(s) with Indicator(s)	events. Continue to decrease the incidence of breast cancer in our community by increasing access to mammogram screenings, and if diagnosed with cancer the appropriate referrals. At St. John's Regional Medical Center and St. John's Pleasant Valley Hospital, for the last 6	

	Community Annual Report Healing Touch, Spiritual & Art Class, Yoga, Tai Chi, and other cancer classes for patients, families, and caregivers. Bilingual psychosocial counseling and support groups
Collaboration	St. John's Regional Medical Center and St. John's Pleasant Valley Hospital Community Education The American Cancer Society Cancer Support Community The Soroptomists International of Oxnard The Pacific Corinthian Yacht Club Women St. John's Regional Medical Center and St. John's Pleasant Valley Hospital Medical Staff St. John's Integrated Breast Center
Performance / Impact	Over 95% of community event attendees commented on learning at least one cancer prevention strategy to help them decrease their cancer risk. Common topics included: nutrition, exercise, sleep hygiene, smoking cessation, stress reduction, and social connection. Attendees also expressed they will be getting/scheduling their cancer screenings, not limited to breast, colon, skin, lung, prostate, and cervical screenings.
Hospital's Contribution / Program Expense	The Cancer Center is a department of the hospital, nurse navigator, administrative assistant, cancer registrar and data support staff all are employees of St. John's Regional Medical Center and St. John's Pleasant Valley Hospital. Our oncology nutritionist, licensed marriage family therapist, yoga classes, tai chi class, meditation class, and wigs are grant based and are supported by the hospitals foundation. The Cancer Center resides in Suite 380 of the MOB; this space is rented by dignity health. The Cancer Center works hard to attain grants/donations to continue to support our free programs.
	FY 2021 Plan
Program Goal / Anticipated Impact	St. John's Cancer Center's goal is to decrease cancer incidence, facilitate access to care, provide better patient outcomes, early detection and treatment. Community outreach to be directed to the community at large ages 16 years of age and older. Over the last few years we have seen an increase incidence of breast, colon, and melanoma in younger patients. The cancer programs prevention and screening goals will continue to efforts to increase the number of mammograms, skin screenings, lung cancer screenings and colon screenings in our county.
Measurable Objective(s) with Indicator(s)	We will measure our impact through the cancer program metrics, patient/ attendee evaluations and hospital data collected by the national cancer registry and our collaboration with the American Cancer Society.
Intervention Actions for Achieving Goal	The cancer center will deliver bilingual community education outreach throughout the year, our goal is to continue to outreach to a younger population, under 40 to provide education on age appropriate screenings, HPV education and prevention based on family history. We will

	continue to collaborate with St. John's Community education department, local health agencies, and established community partners to increase cancer prevention education, facilitate screenings based on
	age/gender, market free health fairs to the community, and continue to educate on lifestyle modification to prevent cancer.
Planned Collaboration	St. John's Community Education St. John's Integrated Breast Center American Cancer Society, Cancer Support Community St. John's Medical Staff, local Health Systems YMCA, The Boys and Girls Club The Soroptomists International of Oxnard Pacific Corinthian Yacht Club Women Pierpont Inn Women's Club

Senior Wellness Program		
Significant Health Needs Addressed	<ul> <li>□ Improve Access to Health Services</li> <li>☑ Improve Health and Wellness for Older Adults</li> <li>□ Reduce the Burden of Chronic Disease</li> <li>□ Address Social Needs</li> </ul>	
Program Description	To provide supervised and monitored mobility and exercise opportunities for senior populations that includes regular blood pressure.	
Community Benefit Category	A1-c Community Health Education – Individual Health Education A1-e Community Health Education - Self-help	
FY 2020 Report (July 1, 2019-February, 2020)		
Program Goal / Anticipated Impact	Improve health and wellness of seniors through supportive, safe, healthy behavior programs. Monitor and manage hypertension and diabetes among seniors. Prevent a medical crisis and hospitalization through early referral and self-management health education.	
Measurable Objective(s) with Indicator(s)	<ul> <li>Continue the following outcomes of FY2019:</li> <li>95% of program clients will prevent a critical value on blood pressure screening.</li> <li>70% of Walking Program participants with diabetes will achieve an HbA1C level of 7.5% or less by the end of the year.</li> </ul>	
Intervention Actions for Achieving Goal	Offer Walking Program 3 times a week and measure distance walked as self-reported by clients Weekly Blood Pressure Screenings at Walking Program and monthly Blood Pressure Checks at senior centers Health and Wellness Classes Healthy Cooking and Tasting Classes	
Collaboration	Collaboration with the City of Oxnard Senior Services Dept. (salary for support staff person), Boys and Girls Club of Oxnard and Port	

	Hueneme (free use of facility for Walking Program) and 3 Oxnard Senior Centers	
Performance / Impact	Program clients prevented a critical value on blood pressure screening  • 75% of Walking Program participants with diabetes achieved an HbA1C of 7.5% or less by the end of the year.	
Hospital's Contribution / Program Expense  The Walking Program coordinator and educators are employed by the hospital. Supplies for screenings are provided by the hospital's Community Health Dept.  Healthy Cooking demonstrations are by hospital staff using hospital supplies. Hospital buys food for demonstrations and tasting.		
FY 2021 Plan		

This program may not be offered in FY 21 due to COVID-19 restrictions on in-person gatherings.

Health and Wellness Programs (New)		
Significant Health Needs Addressed	<ul> <li>□ Improve Access to Health Services</li> <li>☑ Improve Health and Wellness for Older Adults</li> <li>☑ Reduce the Burden of Chronic Disease</li> <li>□ Address Social Needs</li> </ul>	
Program Description	To provide health and wellness education programs for the community to help participants improve their health and manage chronic health conditions.	
Community Benefit Category	A1-c Community Health Education – Individual Health and Group Education A1-e Community Health Education - Self-help	
FY 2020 Report		
New—this program was not reported in the FY 2020 Plan		
FY 2021 Plan		
Program Goal / Anticipated Impact	Improve health of participants by helping them improve their knowledge about health topics and manage chronic health conditions.	
Measurable Objective(s) with Indicator(s)	Offer 2 online health and wellness programs per month Offer free telephone bilingual nutrition counseling to twelve participants	
Intervention Actions for Achieving Goal	Health and wellness online classes Individual telephone nutrition counseling Publicize other online health and fitness programs from Dignity Health	
Planned Collaboration	Collaboration with other hospitals in Dignity Health and local recreation and park districts to publicize online health education fitness programs	



## Diabetes Education and Empowerment Program (DEEP®)

Significant Health Needs Addressed	<ul> <li>□ Improve Access to Health Services</li> <li>□ Improve Health and Wellness for Older Adults</li> <li>☑ Reduce the Burden of Chronic Disease</li> <li>□ Address Social Needs</li> </ul>	
Program Description	To provide outcomes based education to those who are pre-diabetic or diabetic and their families so they are empowered to manage their diabetes and avoid unnecessary hospitalization or use of the ER.	
Community Benefit Category	A1-c Community Health Education – Individual Health Education A1-e Community Health Education - Self-help	
	FY 2020 Report	
Program Goal / Anticipated Impact	Improve health and wellness of participants who are diabetic or prediabetic, and their families, through supportive, safe, healthy behavior programs.  Monitor and manage hypertension and diabetes among participants.  Prevent a medical crisis and hospitalization through early referral and self-management health education.	
Measurable Objective(s) with Indicator(s)	Participants will demonstrate increased knowledge of diabetes and how to manage diabetes as evidenced by a comparison of pre and post class tests.	
Intervention Actions for Achieving Goal	Educate/certify one new DEEP® educator—English Educate/certify one new DEEP® Educator—Spanish Offer at least two DEEP® classes in English and two in Spanish. Work closely with hospital physicians to develop a referral service for DEEP® classes.	
Collaboration	Collaboration with physicians and community agencies to promote pre- diabetes and diabetes self-management program.	
Performance / Impact	Attendees showed significant improvement in understanding how to manage diabetes.	
Hospital's Contribution / Program Expense	These programs are offered through the Community Health education Dept. and are included in the operating budget of the hospital.	
FY 2021 Plan		
Program Goal / Anticipated Impact	Improve health and wellness of participants who are diabetic or pre- diabetic through online diabetes self-management education.	
Measurable Objective(s) with Indicator(s)	Offer online quarterly Managing Your Diabetes Classes and one DEEP® series Offer individual telephone diabetes self-management education as needed	

Intervention Actions for Achieving Goal	Publicize DEEP® series in a variety of ways – through other community agencies, park and recreation districts, social media, websites, physicians, newspapers, email distribution lists, etc.
Planned Collaboration	Local physicians, hospital dietitians, marketing dept. and community agencies for referrals

agencies for referrals		
Congestive Heart Active Management program (C.H.A.M.P.®)		
Significant Health Needs Addressed	<ul> <li>□ Improve Access to Health Services</li> <li>□ Improve Health and Wellness for Older Adults</li> <li>☑ Reduce the Burden of Chronic Disease</li> <li>□ Address Social Needs</li> </ul>	
Program Description	A telephonic medical home staffed by nurses (bilingual). Patients enrolled in CHAMP® are provided consistent telephone follow-up, education and facilitating communication with each patient's physician for the purpose of empowering patients and decreasing the number of readmissions to all hospitals and all emergency departments.	
Community Benefit Category	A1-c Community Health Education – Individual Health Education A1-d Community Health Education - Support Services	
FY 2020 Report		
Program Goal / Anticipated Impact	Enrolled participants and their families will be educated and empowered by telephonic connection and support to manage their disease process so as to reduce the burden on limited healthcare resources. Additionally, the program will assist enrollees in communicating with the physician and other care resources.	
Measurable Objective(s) with Indicator(s)	100% of participants in the Heart Failure Program will not be readmitted to any hospital/Emergency Department within 90 days of enrollment for Heart Failure exacerbation as measured quarterly.  The hospital will increase the number of patients enrolled in the CHAMP® program.	
Intervention Actions for Achieving Goal	Provide on-going education for staff and healthcare providers about the value of the CHAMP® Program, especially Utilization Management & Nursing.  Work with the Dignity Health Heart & Vascular Institute to provided consistent telephone follow-up and education to all patients enrolled in CHAMP®.  Attend meetings of the Cardiovascular Committee to identify strategies to increase program enrollment.  Attend rounds to identify possible candidates.	
Collaboration	CHAMP® is a ministry of the Mercy Health & Vascular Institute.	
Performance / Impact	Of those enrolled, readmission after discharge were as follows: 30-Day: 0% (0 of 58)	

	60-Day: 0% (0 of 58) 90-Day: 0% (0 of 58)	
Hospital's Contribution / Program Expense	All program expenses are paid for by the hospital (free to participants).	
	FY 2021 Plan	
Program Goal / Anticipated Impact	Enrolled participants and their families will be educated and empowered by telephonic connection and support to manage their disease process so as to reduce the burden on limited healthcare resources. Additionally, the program will assist enrollees in communicating with the physician and other care resources.	
Measurable Objective(s) with Indicator(s)	The goal is to lower HF patient readmission below the national HF readmission rate of 21.4% (30 day)	
Intervention Actions for Achieving Goal	Provide on-going education for staff and healthcare providers about the value of the CHAMP® Program, especially Utilization Management & Nursing.  Work with the Dignity Health Heart & Vascular Institute to provided consistent telephone follow-up and education to all patients enrolled in CHAMP®.  Attend meetings of the Cardiovascular Committee to identify strategies to increase program enrollment.  Attend readmission Committee meeting to identify candidates who may benefit from CHAMP®.  Attend hospital unit rounds to identify possible candidates.	
Planned Collaboration	St. John's contracts for the CHAMP® service with the Mercy Health & Vascular Institute. During FY 2021 this agreement may end but St. John's will seek a replacement service.	

Health Ministries Programs with Community Food Pantry		
Significant Health Needs Addressed	<ul> <li>□ Improve Access to Health Services</li> <li>□ Improve Health and Wellness for Older Adults</li> <li>□ Reduce the Burden of Chronic Disease</li> <li>☑ Address Social Needs</li> </ul>	
Program Description	The program assists homeless and other members of our community who are struggling to meet basic needs, especially after the pandemic. The hospital continues to provide the staff that coordinate the services that are rendered at a parish from the Archdiocese of Los Angeles.	
Community Benefit Category	E3 – Cash and In Kind Contributions/Donations in Kind (Food, Clothing and Basic Services for Individuals)	
FY 2020 Report		

Program Goal / Anticipated Impact	Sustain current services that are conducive to close the gap faced by low income families. The Food Pantry strives to increase the amount of daily protein and nutrient dense foods in order for families to prepare more healthy meals.	
Measurable Objective(s) with Indicator(s)	Number of people served in each activity of the ministry. Increase the amount (weight) of food distributed per food category.	
Intervention Actions for Achieving Goal	Distribution of groceries and/or ready to eat food items twice a week at the Food Pantry. Redesign of Food distribution to ensure social distancing and client/staff safety.  Distribution of weekly hot meals at the Food Pantry, clothing donations at the Clothes Closet and financial assistance for rent and utilities from June 2019 – March 2020. These services were canceled due to COVID-19 restrictions in the last quarter of FY 20.  Increase of grant funding and food purchases in order to meet demand of people served post COVID-19, which went up by over 40%.  Staff redeployment to cover absence of volunteers due to COVID-19. Annual Holiday Shoe Drive and distribution. This activity ended due to vandalism of the shoe storage room.	
Collaboration	Services are provided through the donation in kind of Archdiocese of Los Angeles/Our Lady of Guadalupe Church, non-profit agencies and federal programs, like United Way/EFSP, USDA, Food Share, Raskob Foundation Catholic Activities and local grocery stores.	
Performance / Impact	31,457 contacts & 6,891 people served at the Food Pantry (unduplicated) 10,963 hot meals distributed 261,937 lbs. of food distributed (131 tons) 1,117 items of clothing distributed 297 pairs of new shoes received and distributed 133 people received rent assistance 51 people received utility assistance	
Hospital's Contribution / Program Expense	The hospital provides the staff salaries and supplies to run the programs. Food is donated or purchased with grant funding. Financial assistance is funded thru outside grants and the support of St. John's Healthcare Foundation.	
FY 2021 Plan		
Program Goal / Anticipated Impact	To continue support current activities geared to reduce barriers for the population facing financial challenges. With the help of grant funding, St. John's Food Pantry will purchase and distribute food items important for a healthy diet, especially breakfast items.	
Measurable Objective(s) with Indicator(s)	Number of people served in each activity of the ministry. Increase the amount (weight) and quality of food distributed per food category.	
Intervention Actions for Achieving Goal	Distribution of weekly hot meals at the Food Pantry when COVID restrictions are lifted.	

	Distribution of groceries and/or ready to eat food items twice a week at the Food Pantry.  Distribution of clothing donations at the Clothes Closet.  Annual Holiday Shoe Drive and distribution.  Financial assistance – rent and utilities – to those facing eviction or a disconnection service.	
Planned Collaboration	The Health Ministry Program relies on funding from the St. John's Foundation and Grant awards (such as EFSP and Raskob Foundation Catholic Activities). The Food Pantry relies on donations from USDA, Food Share, and various supermarkets, restaurants and growers in the community. St. John's Volunteers will also help staff implement the program when they are able to return (after COVID-19 restrictions).	

## 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.

- While not identified in our CHNA, the national opioid epidemic also touches our community. Collaboration among the hospitals has begun. Our Chief Medical Officer participates in the county initiative. Initial data indicates a reduction in opioid prescription locally.
- Human Trafficking has occurred in Ventura County and while not identified as a health need, the conditions under which people are forced to exist when they are trafficked does not bode well for their health. Dignity Health has dedicated resources, as a System and locally, to address this human tragedy. Protocols to identify, protect and treat trafficking victims have been developed and leaders & staff have been trained. Potential cases are recorded and reviewed.
- Dignity Health has funded through Social Innovation and other Community Investment grants the following:
  - O <u>Homeless Medical Respite</u>—Corporation for Supportive Housing and Salvation Army, in collaboration with the Hospital Association of Southern California, a 12 bed homeless medical respite center in Ventura.
  - O Concussion Education for Students—Youth Brain Injury Prevention with the Oxnard Unified School District. Started at Camarillo High School, the Oxnard Union School District now supports/funds this adolescent brain injury prevention program in the high schools within the district (Camarillo & Oxnard high schools). Other school district in Ventura County have also enquired about adopting this program under St. John's leadership.
- In 2019 the Sathay Sai Baba medical camp is a collaboration between Sathay Sai baba, The Lions Club of Oxnard, St. John's Regional Medical Center and St. John's Pleasant Valley Hospital and Our Lady of Guadalupe Church in Oxnard. Over 300 people who are under or un-insured were seen for full medical care and health education. Services included: Primary Care, Health Education, Vision (eye glasses on the spot), Dental Care, Women's Health (mammograms & PAP smears) and psychological counseling (all bi-lingual). This medical camp was cancelled for the fall/winter of 2020 due to COVID-19.
- The Monthly Human Services Networking meeting at St. John's brings together government, 501c3 organizations and other who address community needs. It provides opportunity for sharing resources,

- programs and events in order to learn what is available to address the needs of the poor and marginalized and to create future collaborations.
- The St. John's Nurse Residency Program provides education and mentoring to new nurse graduates in the county. This improves nursing education through hands on work, lectures and mentoring by seasoned nurses.
- St. John's has agreements with local colleges and universities to have nursing students (RN and LVN) and graduate students on site, supervised, to extend their learning.
- Medical research offers the possibility of new technologies, procedures and medications to improve the practice of medicine and advancing medical knowledge. The current programs are:
  - o Presto: Multi-ethnic study of why people suddenly die from a cardiac event in Ventura County.
  - o Graftmaster: Coronary graft stent system under a humanitarian device exemption.
  - o Stryker Neuroform: Neuroform micro delivery stent system.
  - o Stryker Wingspan: Wingspan stent system with gateway PTA balloon catheter.

## **Economic Value of Community Benefit**

The economic value of community benefit for patient financial assistance is calculated using a cost-to-charge ratio, and for Medicaid and other categories of community benefit using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

383 St. John's Regional + 381 St John's Pleasant Valley
Complete Summary - Classified Including Non Community Benefit (Medicare)
For period from 7/1/2019 through 6/30/2020

	Persons	Net Benefit	% of Expenses
Benefits for Poor			
Financial Assistance	5,067	4,962,512	1.0%
Medicaid	38,205	11,406,377	2.3%
Community Services	ŕ	, ,	
A - Community Health Improvement Services	6,784	344,740	0.1%
E - Cash and In-Kind Contributions*	43,972	111,428	0.0%
G - Community Benefit Operations	0	447,123	0.1%
Totals for Community Services	50,756	903,291	0.2%
Totals for Poor	94,028	17,272,180	3.5%
Benefits for Broader Community			
Community Services			
A - Community Health Improvement Services	9,597	341,155	0.1%
B - Health Professions Education	0	399	0.0%
E - Cash and In-Kind Contributions	167	15,594	0.0%
F - Community Building Activities	210	9,144	0.0%
G - Community Benefit Operations	0	32,197	0.0%
Totals for Community Services	9,869	393,917	0.1%
Totals for Broader Community	9,869	393,917	0.1%
Totals - Community Benefit	103,897	17,666,097	3.5%
Medicare	38,183	63,712,875	12.7%
Totals with Medicare	142,080	81,378,972	16.3%

The economic value of all community benefit is reported at cost. Patient financial assistance (charity care) reported here is as reported to the Office of Statewide Health Planning and Development in Hospital Annual Financial Disclosure Reports, as required by Assembly Bill 204. The community benefit of Medicaid and other means-tested programs is calculated using a cost-to-charge ratio to determine costs, minus revenue received for providing that care. Other net community benefit expenses are calculated using a cost accounting methodology. Restricted offsetting revenue for a given activity, where applicable, is subtracted from total expenses to determine net benefit in dollars.

## **Hospital Board and Committee Rosters**

Name/Affiliation	Committee(s)
Gloria Marie Avila, RSM	Healthy Communities Committee
Sister of Mercy	Treating Communices Communice
Dan Burrell	
Foundation Board Chair	
Brad "Brick" Connors	Healthy Communities Committee
Port Heuneme City Manager	Troditry Communico Communico
Dr. Chirag Dalsania	Strategic Planning Committee
Hematologist	
Kristin Decas	Healthy Communities Committee
Port of Port Hueneme	
Dr. Gary Deutsch	Strategic Planning Committee
Identity Medical Group	
Dr. Neal Dixon	Strategic Planning Committee
Surgeon	
Gloria Forgea	Quality Improvement Committee
Livingston Visiting Nurse Association	
Greg Glover	Quality Improvement Committee
Ca;lifornia Bank & Trust	
Ted Grether	Strategic Planning Committee
Grether Farms	2 15 4 2 14
Steve Huber	Board Executive Committee
S.H. Huber & Associates	Board Development Committee
Tam Laubashar Community Daged Chair	Healthy Communities Committee  Board Executive Committee
Tom Laubacher, Community Board Chair Hub International	Board Executive Committee  Board Development Committee
Darren Lee	Board Development Committee
Hospital President & CEO	
Dr. Megan Mescher-Cox	Healthy Communities Committee
Internal Medicine & Wellness	Treating Communices Communice
Sonia Robles	Healthy Communities Committee
Quest Staffing	Troutary Communico Communico
Billie Jo Rodriguez, Vice Chair	Board Executive Committee
Soares, Sandall, Bernacchi & Petrovich, CPAs	Quality Improvement Committee
Dr. David Schmidt	
Chief of Medical Staff	
Tony Trembley Esq.	Board Development Committee
Attorney	
Grace Tuazon	Healthy Communities Committee
Oxnard Union High School District	
Dr. George Yu	Quality Improvement Committee
Pulmonologist	
Omar Zapata	Healthy Communities Committee
Boys & Girls Club of Oxnard/Port Hueneme	Decard Development Come with
Jerry Zins, Secretary	Board Development Committee
LPL Investments	

## **Financial Assistance Policy Summary**

#### **Summary Of Financial Assistance Programs**

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

#### Free Care

• If you are uninsured or underinsured with a family income of up to 250% 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 250-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

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

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

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

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

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

Arroyo Grande Community Hospital 345 South Halcyon Road, Arroyo Grande, CA 93420 Financial Counseling 805-489-4261 ext 4411 | Patient Financial Services 888-488-7667 www.dignityhealth.org/arroyo-grande/paymenthelp

French Hospital Medical Center 1911 Johnson Ave, San Luis Obispo, CA 93401 | Financial Counseling 805-542-6321 Patient Financial Services 888-488-7667 | www.dignityhealth.org/frenchhospital/paymenthelp

Marian Regional Medical Center 1400 East Church St, Santa Maria, CA 93454 | Financial Counseling 805-739-3541 Patient Financial Services 888-488-7667 | www.dignityhealth.org/marianregional/paymenthelp

St. John's Pleasant Valley Hospital 2309 Antonio Ave, Camarillo, CA 93010 | Financial Counseling 805-389-5616 Patient Financial Services 877-877-8345 | www.dignityhealth.org/pleasantvalley/paymenthelp

St. John's Regional Medical Center 1600 North Rose Ave, Oxnard, CA 93030 | Financial Counseling 805-988-7109 Patient Financial Services 877-877-8345 | www.dignityhealth.org/stjohnsregional/paymenthelp

Central Coast\_CA2016

