



Sierra Nevada Memorial Hospital

A member of CHW



FY 2010 Community Benefit Report

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EXECUTIVE SUMMARY

Sierra Nevada Memorial Hospital has a major presence in western Nevada County and has continued to grow and expand services to meet the needs of its community since opening its doors in 1958. In the 1990s, the hospital added a new 68,000 square foot Outpatient Center, a Transitional Care Unit, a Cancer Center and Cardiac Catheterization Lab. Since then, the hospital has added an Occupational Health Clinic and the Sierra Nevada Diagnostic Center providing state-of-the-art diagnostic equipment.

The licensed 121-bed hospital offers a full range of inpatient and outpatient services, including:

- Ambulatory Treatment Center
- Breast Imaging Center
- Cancer Center
- Cardiovascular Services
- Diagnostic Imaging
- 24-Hour Emergency Services
- Wellness Center
- Women & Infant Care (Labor & Delivery)
- Home Care
- Laboratory
- Medical Information Management (Medical Records)
- Rehabilitation
- Surgical Services

The hospital is a member of Catholic Healthcare West (CHW), the largest faith-based not-for-profit healthcare provider in California.

A commitment to excellent care extends to residents living throughout the region Sierra Nevada Memorial Hospital serves through an investment in community benefit. Community benefit programs and services respond to priority health issues and place emphasis on aiding those less fortunate. The Congestive Heart Active Management Program (CHAMP) for example, is open to all and keeps heart failure patients connected to the medical world through intervention, enabling them to manage their disease and live healthier, more productive lives. A free or low-cost cardiac rehabilitation program compliments CHAMP. A variety of educational programs are teaching individuals and families to minimize the risks associated with diabetes, asthma and other chronic illness. Support groups and family caregiver courses help people cope with debilitating diseases like cancer and Alzheimer's, and traumatic brain and other injuries. Hundreds of underserved residents receive assistance for enrollment in health insurance and transportation services.

Now more than ever, these types of programs and services are essential. The region's poorest residents have been severely impacted by the recession, loss of jobs and health insurance, and the elimination of public health programs and services that local governments and nonprofit agencies are no longer able to fund.

Several of the hospital's core community benefit programs are featured in this report. They reflect only a few of the activities that Sierra Nevada Memorial Hospital and its employees provide daily.

During Fiscal Year 2010 (July 1 through June 30), the total quantifiable community benefit contribution for Sierra Nevada Memorial Hospital was \$9,317,265 (excludes unpaid cost of Medicare). This marked a 75% increase in community benefit over Fiscal Year 2009. Total community benefit value in Fiscal Year 2010 including the unpaid cost of Medicare was \$8,869,871, a 26% increase over Fiscal Year 2009. A complete financial review of community benefit for the poor and broader public is shown in the "Community Benefit and Economic Value" section of this report on page 16.

OVERVIEW OF HOSPITAL

Sierra Nevada Memorial Hospital

155 Glasson Way
Grass Valley, CA 95945
(530) 274-6000

Fiscal Year 2010 Facts

Number of Employees: 900
Number of Licensed Acute Care Beds: 104
Number of Skilled Nursing Beds: 17
Emergency Department Beds: 10
Number of Emergency Department Visits: 31,107

Highlight of Services

Ambulatory Treatment Center

The Ambulatory Treatment Center was created especially for patients with chronic illnesses and non-emergency outpatient care needs. Services include: maintenance of specialized IV lines (Hickmans, Portacaths, Broviacs, PICCS); transfusions; blood component therapy; IV therapy/antibiotics; wound care for post-operative and traumatic/puncture wounds; and pressure ulcer care

Cancer Center

The Center is nationally accredited as a Comprehensive Community Cancer Program by the Commission on Cancer of the American College of Surgeons. Services combine expertise by staff and physicians, state-of-the-art technology and a healing environment with a range of diagnostic options, including a 64-slice CT scanner. Chemotherapeutic and radiologic treatments are available, and the hospital also participates in many of the latest clinical trials.

Primary Stroke Center

New stroke response protocol was implemented in 2008 to standardize and improve quality of care. The hospital has earned the Gold Seal of Approval from The Joint Commission for Primary Stroke Centers.

Sierra Nevada Home Care

The hospital's skilled nursing care center offers comprehensive services that include:

- IV therapy
- Enterostomal therapy
- Maternal child care
- Phototherapy
- Psychiatric nursing
- Home health aide and home medical equipment
- Speech and physical therapy
- Occupational therapy
- Medical social services
- Lifeline
- Nutrition

MISSION, VISION AND VALUES STATEMENT

OUR MISSION

To contribute to the wellness of our community through the provision of quality services delivered in a compassionate and cost-effective manner.

OUR VISION

Believing the best we can imagine can be the reality we create... we imagine this:

- Patients choose to come to our Hospital because they are confident that they, and their loved ones, will receive quality and compassionate care.
- Our Employees find their work professionally rewarding, and are recognized and respected for their skills, compassion, commitment, teamwork, and contributions to excellence in patient care.
- Our Physicians are strategic partners who share a sense of pride in our Hospital and the Community it serves.
- Our Hospital is designed and equipped as a place to fully support curing and healing.
- Our Hospital is viewed with pride as the community's primary resource for healthcare and the encouragement of healthy lifestyles.

WE VALUE

- An ongoing dedication to provide high quality service throughout the organization
- A holistic approach to healthcare acknowledging each individual's physical, emotional, spiritual, and psychosocial needs
- Treating every person with dignity, compassion, and respect
- Integrity, evidenced through honesty, fairness, sincerity, and trust in all of our actions
- An environment that empowers those giving and receiving care and services
- The stewardship of our resources
- The loyalty of all within our organization
- Adaptability and collaboration, both within our organization and community

ORGANIZATIONAL COMMITMENT

Strategic Planning and Involvement

Community benefit is a direct expression of Sierra Nevada Memorial Hospital's mission. It is integrated into the strategic planning process and demonstrated at multiple levels throughout the organization. The hospital conducts community benefit programs that are aligned with needs specific to its local communities and areas of clinical expertise. Improving access to care and responding to unmet needs of uninsured, underinsured and other marginalized populations are community benefit priorities. The community benefit planning process is a joint effort that engages the Presidents and Executive Management Teams of the hospitals, and numerous departments of the hospital.

Advocacy

An important component of the community benefit process is advocacy by Hospital Presidents and members of the Executive Management Teams to facilitate change for health improvements. Members of the Sierra Nevada Memorial Hospital's leadership team take on the added responsibilities of serving on the boards of nonprofit community-based organization.

Awareness and Understanding

Steps were implemented in 2010 to strengthen organization-wide awareness and understanding of the importance of community benefit as it relates to the Sierra Nevada Memorial Hospital's mission, vision, priorities, strategies and responsibilities as a not-for-profit health provider. A community benefit orientation program was presented at hospital management team meetings. Other efforts during the year have involved:

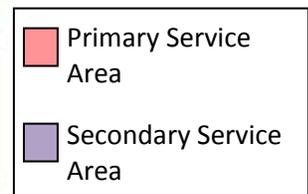
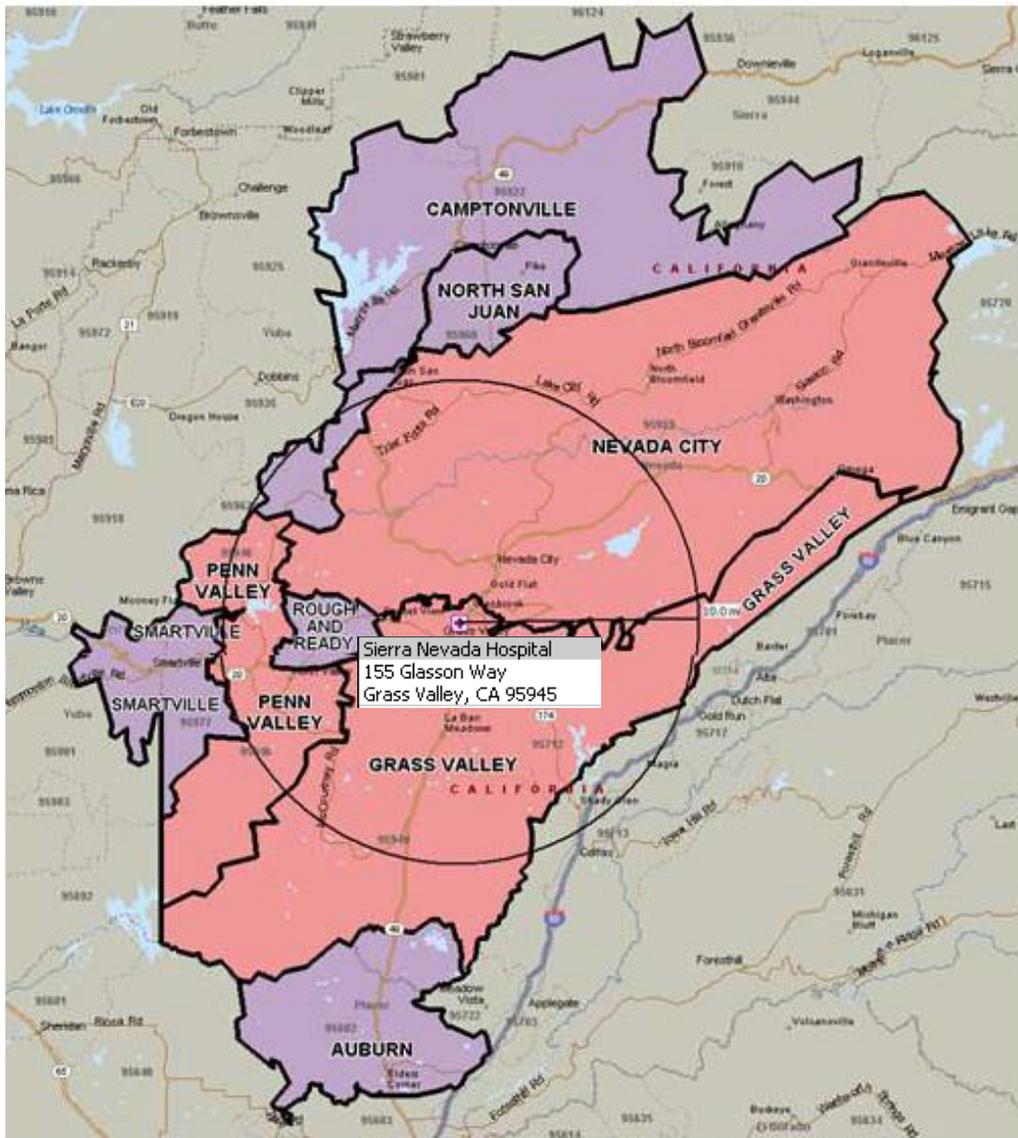
- Specific training to enhance the reporting process and more effectively evaluate programs for all hospital employees directly involved in community benefit programs and activities
- Expanded distribution of quarterly community benefit reports to Hospital Presidents
- A workshop for 100 regional nonprofit organizations to communicate CHW Community Grant Program priorities, emphasize the importance of collaboration and provide skills in grant writing

COMMUNITY

Many sources of information are utilized to define the communities served by Sierra Nevada Memorial Hospital, including:

- Service areas as prescribed by the Office of Statewide Health Planning and Development (OSHPD).
- Demographic information provided by regional and local government agencies; reimbursement agencies; the United States Census Bureau; and research organizations, such as Claritas, Inc., and Thomson Healthcare.
- Community is also defined by the knowledge and experience the hospitals have gained through their long-standing history of service in the region, and by the patient populations they serve.

Sierra Nevada Memorial Hospital



Primary Service Area

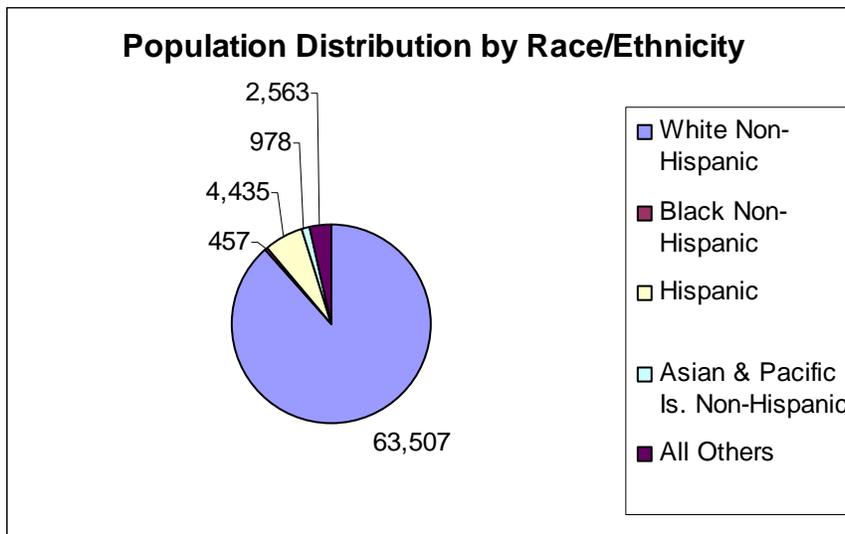
Sierra Nevada Memorial Hospital is in Nevada County encompassing four zip codes in the communities of Grass Valley, Penn Valley and Nevada City.

Population

Population within Sierra Nevada Memorial’s primary service area is 71,940, and is projected to grow to 75,167 by 2014. Within the hospital’s primary service area, people between the ages of 45 and 64 make up the largest percentage of the population (32%). Over 30% of the population is between 18 and 44 years of age. Children age 17 and younger make up 17% of the population, and seniors 65 years and older account for over 20% of the population. Growth in the senior population is anticipated in the future. Over half of the population is female.

Ethnicity

The majority of the population in Sierra Nevada Memorial’s primary service area is Caucasian (89%). Ethnic break out is depicted in the chart below. Growth is expected in the Hispanic community.



Household Income

Of the 29,907 households within Sierra Nevada Memorial’s primary service area, nearly 10% exist on annual incomes of less than \$15,000. Over 9% of households have annual incomes of \$15,000 to \$25,000. Nearly 26% of households have annual incomes of \$25,000 to \$50,000; 20% have annual incomes that range from \$50,000 to \$75,000; 13.6% have annual incomes between \$75,000 and \$100,000; and nearly 22% have annual incomes in excess of \$100,000.

Education

Of the adults living in Sierra Nevada Memorial’s primary service areas, almost 10% do not have a high school diploma. Over 40% have some college education, and 25% hold a bachelor’s degree or higher.

Insurance Coverage

Over 57% of the patient population treated and discharged by the hospital has Medicare insurance, and 11% of patients are insured by Medi-Cal. Nearly 10% have HMO coverage; over 16% are fee-for-service; and 2% have no insurance coverage.

Specific neighborhoods within the hospital’s core and primary service areas with disproportionate unmet health-related needs are indicated on Community Needs Index data in Appendix A.

PLANNING FOR THE UNINSURED AND UNDERINSURED PATIENT POPULATION

Meeting the health care needs of the underserved is an integral part of Sierra Nevada Memorial Hospital's mission. No one should go without health care and the hospital is committed to treating patients who have financial needs with the same dignity, compassion and respect that is extended to all patients. The hospital considers each patient's ability to pay for his or her medical care, and follow the Patient Financial Assistance Policy established by CHW, which makes free or discounted care available to uninsured individuals with incomes up to 500% of the federal poverty level.

In addition to financial assistance, the hospital supports the specific needs of uninsured and underinsured patient populations through:

Enrollment Assistance

Following medical treatment, the hospital provides assistance to help uninsured patients enroll in government sponsored health insurance programs. In 2010, 200 uninsured patients received this free assistance. Hospital contribution for this assistance was \$18,183.

Transportation

Taxi transportation is available for patients who do not have, or cannot afford their own transportation home upon discharge from the hospital. Over 100 patients received this service in 2010. Hospital-sponsored community benefit to provide this service was \$4,402.

Free and Low-Cost Lab Testing

The hospital provides free or low-cost lab testing for all in the community, but the emphasis is on the poor and uninsured. Nearly 2,000 residents received this service in 2010, and the financial contribution by the hospital was \$28,718.

Immunizations

Immunizations are provided at no cost to all in the community, with a primary focus on those who cannot afford them. The hospital provided flu immunizations to 400 residents in 2010, representing a contribution of \$5,782.

SUMMARY OF CORE 2010 COMMUNITY BENEFIT PROGRAMS

Congestive Heart Active Management Program - CHAMP

CHAMP is a unique model of health intervention, providing support and assistance for patients who suffer from heart failure. It has been instituted at many CHW hospitals. At Sierra Nevada Memorial Hospital, the program responds to a priority health issue. Heart failure has been identified as a leading cause of hospitalization for residents in the western Nevada County region.

Nationwide, there are 5.8 million people with heart failure. The American Heart Association's 2010 statistical update estimates that 785,000 Americans will have a coronary attack this year, and approximately 470,000 will have a recurrent attack. Health care costs associated with heart failure are over \$39 billion, including treatment, medications and lost productivity. Heart failure is also reaching epidemic levels among seniors in the United States who are particularly vulnerable to the disease. The number of people over age 65 hospitalized for heart failure has increased by over 130% in the past 20 years. This is a concern within the hospital's service area where many seniors face access challenges such as lack of transportation and an inability to keep timely medical office appointments for routine heart failure issues.

CHAMP was initially developed by the Mercy Heart & Vascular Institute at Mercy General Hospital. At Sierra Nevada Memorial Hospital, CHAMP is a part of the Cardiac Rehabilitation Department. The program serves as a vital link for patients to the medical world once they leave the hospital. It enables patients to manage their disease and maintain a high quality of life, and reduces the risk of being readmitted to the hospital. The CHAMP team consists of physicians, nurses, pharmacists, dietitians and other healthcare professionals who interact with patients to provide:

- Regular phone interaction to assess well-being, and monitor symptoms or complications
- Recommendations on diet changes, medicine modifications, or the need for physician visits
- Appropriate diuretic, potassium, beta blocker and ACEI/ARB medication adjustments
- Educational classes and materials to help patients understand and control their disease

Positive program outcomes demonstrate that CHAMP is a best practice that is enabling heart failure patients to live healthier and more productive lives. There were 50 new participants enrolled in CHAMP in FY 2010, and a reduction of readmissions by those participating in the program during 2009-2010 of 12%.

Wellness Education

Through Wellness Education, Sierra Nevada Memorial Hospital has provided thousands of residents over the past 12 years with the necessary resources and skills to better manage their health. Ongoing low-cost classes are offered in disease management and prevention, exercise, aging, and weight loss. In addition, the program provides low-cost health risk appraisals and bi-annual blood screenings.

Preventative health information, education and wellness programs are designed to enhance an individual's self awareness and responsibility toward developing and maintaining a healthy lifestyle. This is accomplished by a variety of educational tools that:

- Increase understanding of personal health
- Improve compliance with appropriate and effective treatment regimes
- Involvement in a team approach to health care
- Emphasize personal ownership for improving and maintaining health
- Increase the early detection of certain clinical conditions and diseases
- Decrease the extensive service utilization and cost of care related to chronic disease management

Classes target both participants and their families and are structured to teach skills that enable participants to improve and manage their health condition and prevent complications. Wellness Education aspires to help each individual achieve his or her optimal state of health; whether it involves maintaining good health or developing skills to live comfortably with chronic conditions.

Alzheimer's Outreach Program

Over five million people nation wide are affected by Alzheimer's, and a new individual is diagnosed with the disease every 70 seconds. It is the seventh leading cause of death, and the mortality rate is on the rise with a rapidly aging baby boomer population (Alzheimer's Organization, 2010). Alzheimer's is especially prevalent within Sierra Nevada Memorial Hospital's rural service area, which is home to a significant elderly retired population. In response to a growing need to assist patients with Alzheimer's, their care givers and family members, the hospital's Home Care Department has provided an Alzheimer's Outreach Program for many years as a core community benefit service.

A licensed Social Worker is dedicated to the program, which offers a variety of services, including ongoing "Yes I Can" courses that teach care givers and families how to provide quality care for those with Alzheimer's still living at home, and Care Giver Support Groups. The program provides education and care giver support via home visits and through telephone consultations, and serves to link those in need to important resources and assisted living/care centers directly and on its website.

Goals in 2010 were to increase awareness about Alzheimer's in the community, conduct outreach to make sure residents and other health care providers know local services are available for help. Interest in the "Yes I Can" class series has continued to grow. The hospital expects to expand this class offering in 2011 to meet rising demand, and is also considering sponsoring four new courses for care givers on "Behavior and Communications," "Incontinence," "Personal Care," and "Body Mechanics."

Details on these and other core programs are provided in the following Program Digest.

PROGRAM DIGEST

CONGESTIVE HEART ACTIVE MANAGEMENT PROGRAM (CHAMP) AND CARDIAC REHABILITATION	
Hospital Community Benefit Priority Areas	<ul style="list-style-type: none"> ✓ Access to Care <input type="checkbox"/> Cancer <input type="checkbox"/> Asthma <input type="checkbox"/> Obesity <input type="checkbox"/> Diabetes ✓ Heart Disease
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment, Vulnerable Population	Broader and poorer community. CHAMP is open to all at no-cost. Cardiac Rehabilitation services target low-income residents within the communities served by the hospital and are offered for free or at low-cost. CHF is an identified priority health issue in a part of the region where there is a large elderly population.
Program Description	CHAMP improves the health status of heart failure patients by providing patients with a vital link to the medical world after they leave the hospital through regular phone interaction and educational discussion; improving patient understanding and management of congestive heart failure to reduce hospital admissions/readmissions; monitoring patient symptoms or complications; and providing recommendations on diet changes, medicine modifications, daily weights and physician visits. The hospital's Cardiac Rehabilitation Program targets underserved residents of the region with CHF, offering appropriate exercise and complementing CHAMP.
FY 2010	
Goal FY 2010	Improve the health and quality of life for those that suffer from heart disease, helping them better manage this chronic disease and reducing their need to be admitted or readmitted to the hospital.
FY 2010 Objective	Decrease heart failure admission/readmission rates by 5% for participants enrolled in CHAMP. Increase enrollment by 5% in CHAMP and Cardiac Rehabilitation.
Baseline	102 participants enrolled in the CHAMP in FY 2009. 16 served through Cardiac Rehabilitation.
Intervention Strategy for Achieving Goal	Regular meetings with CHAMP Team; outreach to increase enrollment; improvements in methodology for program outcome measurement.
Result FY 2010	50 new participants enrolled in CHAMP. Reduction of readmissions over 2009-2010 by 12%. Persons served by Cardiac Rehabilitation increased by 2.
Hospital's Contribution and Program Expense	CHAMP - \$23,900 Cardiac Rehabilitation - \$21,568.
FY 2011	
Goal 2011	Improve the health and quality of life for those that suffer from heart disease, helping them better manage this chronic disease and reducing their need to be admitted or readmitted to the hospital.
2011 Objective	Decrease heart failure admission/readmission rates by 5% for participants enrolled in CHAMP. Increase enrollment by 5%.
Baseline	Number of participants and rate of reduction in hospital admits/readmits in FY 2010.
Intervention Strategy for Achieving Goal	Regular meetings with CHAMP® Team; more outreach to increase enrollment; improvements in program outcome evaluation.

SUPPORT GROUPS	
Hospital Community Benefit Priority Areas	<ul style="list-style-type: none"> ✓ Access to Care ✓ Cancer <input type="checkbox"/> Asthma <input type="checkbox"/> Obesity ✓ Diabetes ✓ Heart Disease
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment, Vulnerable Population	Broader community, including underserved
Program Description	The hospital is provides various support groups to help patients and families cope with health issues associated with cancer, traumatic brain injury, diabetes, stroke, and other illnesses. These support groups bring people with similar illnesses together to share experiences, decrease sense of isolation, provide counseling and education, and serve as an important resource.
FY 2010	
Goal FY 2010	Improve the ability of patients and families to cope and manage life-threatening or life-altering health issues by decreasing psychological stress through counseling, providing skills, education and resources to support specific health conditions, reducing isolation, and bringing people together to exchange experiences.
FY 2010 Objective	Continue support for services. Increase awareness of support group offerings in the community. Improve monitoring of program outcomes.
Baseline	Number of persons served through support groups in prior year (1,978) provided basis for FY 2010.
Intervention Strategy for Achieving Goal	Regular evaluation of support groups; feedback from group participants.
Result FY 2010	5,014 persons served; 154% increase over FY 2010 New materials developed for outreach to community.
Hospital's Contribution and Program Expense	\$51,398; increase of 112% over FY 2009
FY 2011	
Goal 2011	Improve the ability of patients and families to cope and manage life-threatening or life-altering health issues by decreasing psychological stress through counseling, providing skills, education and resources to support specific health conditions, reducing isolation, and bringing people together to exchange experiences.
2011 Objective	Continue support for services. Increase awareness of support group offerings in the community.
Baseline	Number of persons served (5,014) in FY 2010 provides basis for FY 2011.
Intervention Strategy for Achieving Goal	Regular evaluation of support groups; feedback from group participants.

WELLNESS EDUCATION	
Hospital Community Benefit Priority Areas	<ul style="list-style-type: none"> ✓ Access to Care <input type="checkbox"/> Cancer ✓ Asthma ✓ Obesity ✓ Diabetes ✓ Heart Disease
Program Emphasis	<ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment, Vulnerable Population	Broader community, including underserved.
Program Description	Wellness Education is a core community service provided by the hospital that is not offered elsewhere in the community. A wide variety of free or discounted classes are offered that address health issues including asthma, which is an identified priority health issue in the community; diabetes; chronic disease self-management; smoking cessation; aging; healthy cooking, and prenatal care.
FY 2010	
Goal FY 2010	Enhance the self-awareness and responsibility of individuals to develop and maintain healthy lifestyles and provide the education, tools and skills to prevent and manage illness and disease.
FY 2010 Objective	<p>Continue support for program.</p> <p>Improve reporting of persons served and programs offered.</p> <p>Increase awareness of Wellness program offering in the community.</p>
Baseline	<p>Accurate baseline not available in FY 2010 (reporting did not reflect all persons served).</p> <p>Number of persons served and programs offered in FY 2010 will provide basis for FY 2011.</p>
Intervention Strategy for Achieving Goal	<p>Established process for accurate recording of persons served and courses offered.</p> <p>Regular evaluation of Wellness programs to align with needs of community; feedback from group participants.</p>
Result FY 2010	<p>262 residents enrolled in Wellness programs.</p> <p>New community outreach materials developed and distributed.</p>
Hospital's Contribution and Program Expense	<p>\$17,900</p> <p>\$11,856 in education and outreach material development.</p>
FY 2011	
Goal 2011	Enhance the self-awareness and responsibility of individuals to develop and maintain healthy lifestyles and provide the education, tools and skills to prevent and manage illness and disease.
2011 Objective	<p>Continue support for services.</p> <p>Increase awareness of Wellness program offering in the community.</p>
Baseline	Number of persons served and programs offered in FY 2010 provide basis for FY 2011.
Intervention Strategy for Achieving Goal	Regular evaluation of Wellness programs to align with needs of community; feedback from group participants.

ALZHEIMER'S OUTREACH PROGRAM (AOP)	
Hospital Community Benefit Priority Areas	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Cancer <input type="checkbox"/> Asthma <input type="checkbox"/> Obesity <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment, Vulnerable Population	Broader community, including underserved.
Program Description	Offered by the hospital's Home Care group, the Alzheimer's Outreach Program offers a series of classes and support groups designed to assist and empower care givers with knowledge and skills to help them prevent the mental and physical distresses involved in caring for those with Alzheimer's. The program teaches care givers and family members how to provide quality care for Alzheimer's patients still living at home. Home visits, telephone consultations and a resource website are important components of the program. With the significant elderly population in the community served by the hospital, the AOP responds to a priority health need.
FY 2010	
Goal FY 2010	Improve quality of care and quality of life for Alzheimer's patients by providing assistance, education, training and resources to care givers and families, and support the mental and physical needs of care givers involved in this difficult and stressful field of care.
FY 2010 Objective	Continue support for program. Increase awareness in community of services provided for this growing health issue.
Baseline	Numbers served (98) in prior year and participant feedback provides basis for FY 2010.
Intervention Strategy for Achieving Goal	Communication to physicians and organizations in the community about the availability of program.
Result FY 2010	148 served (significant growth in number of participants).
Hospital's Contribution and Program Expense	\$18,678
FY 2011	
Goal 2011	Improve quality of care and quality of life for Alzheimer's patients by providing assistance, education, training and resources to care givers and families, and support the mental and physical needs of care givers involved in this difficult and stressful field of care.
2011 Objective	Continue support for services. Expand "Yes I Can" class series to meet new demand (currently have waiting list). Consider instituting four new course offerings based on interest and need expressed by program participants (Behavior and Communications; Incontinence; Personal Care; Body Mechanics).
Baseline	Number of persons served in FY 2010 and feedback from participants provide basis for FY 2011.
Intervention Strategy for Achieving Goal	Increase budget and/or obtain grant funding to enable new course offerings. Ongoing evaluation of programs to align with and meet needs of community.

COMMUNITY BENEFIT AND ECONOMIC VALUE

Classified Summary of Un-sponsored Community Benefit Expense

Sierra Nevada Memorial Hospital

FY 2010 Complete Summary - Classified Including Non Community Benefit (Medicare)

For period from 7/1/2009 through 6/30/2010

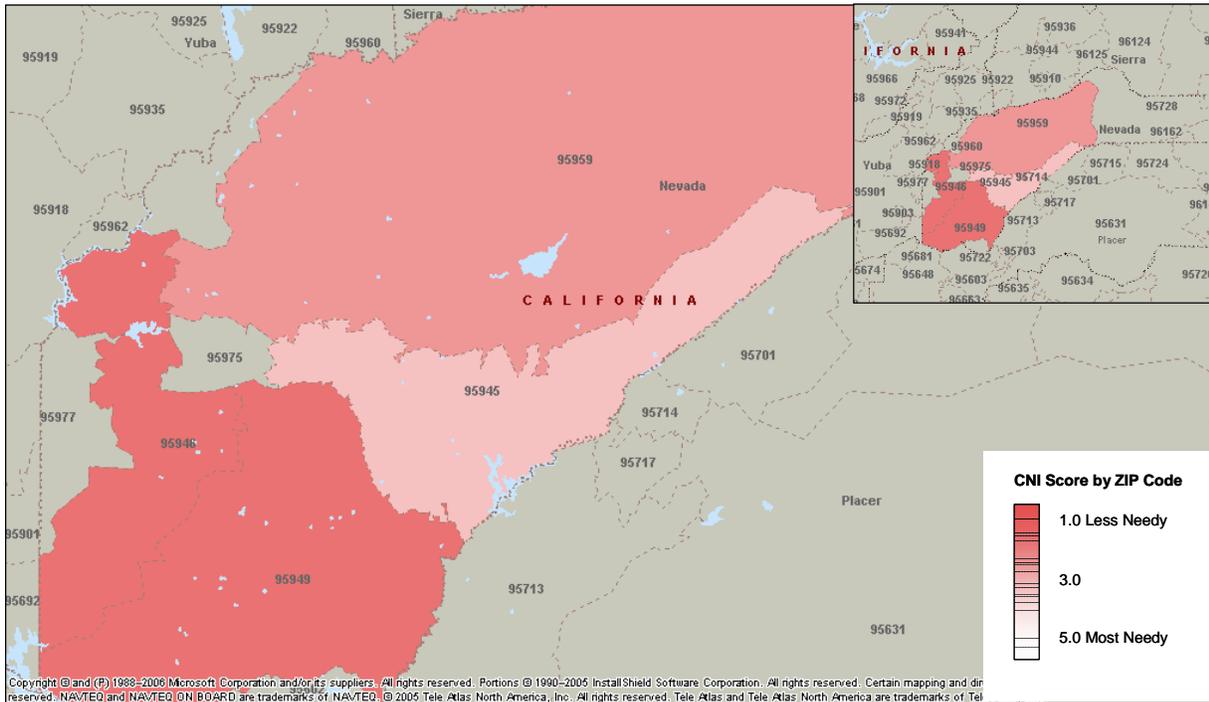
	Persons Served	Total Expense	Offsetting Revenue	Net Benefit	Expenses	Revenues
					Expenses	Revenues
Benefits for Living in Poverty						
Traditional Charity Care	6,374	1,414,583	0	1,414,583	1.2	1.1
Unpaid Cost of Medicaid	20,808	15,698,498	9,611,195	6,087,303	5.0	4.9
Means-Tested Programs	4,242	2,957,515	1,487,150	1,470,365	1.2	1.2
Community Services						
Community Benefit Operations	0	10,478	0	10,478	0.0	0.0
Community Building Activities	150	6,518	0	6,518	0.0	0.0
Community Health Improvement Services	3,106	87,448	0	87,448	0.1	0.1
Financial and In-Kind Contributions	1,001	55,793	0	55,793	0.0	0.0
Totals for Community Services	4,257	160,237	0	160,237	0.1	0.1
Totals for Living in Poverty	35,681	20,230,833	11,098,345	9,132,488	7.5	7.4
Benefits for Broader Community						
Community Services						
Community Building Activities	700	6,057	0	6,057	0.0	0.0
Community Health Improvement Services	7,422	125,507	1,890	123,617	0.1	0.1
Financial and In-Kind Contributions	225	11,863	0	11,863	0.0	0.0
Health Professions Education	822	43,240	0	43,240	0.0	0.0
Totals for Community Services	9,169	186,667	1,890	184,777	0.2	0.2
Totals for Broader Community	9,169	186,667	1,890	184,777	0.2	0.2
Totals - Community Benefit	44,850	20,417,500	11,100,235	9,317,265	7.7	7.6
Unpaid Cost of Medicare	88,302	54,975,101	46,105,230	8,869,871	7.3	7.2
Totals with Medicare	133,152	75,392,601	57,205,465	18,187,136	15.0	14.8
Totals Including Medicare	133,152	75,392,601	57,205,465	18,187,136	15.0	14.8

APPENDIX A: Community Need Index; Map of Community

Sierra Nevada Memorial Hospital

Community Need Index

The Community Need Index highlights by zip code the areas of greatest risk for preventable hospitalizations. The data was derived from the socio-economic indicators that contribute to health disparities (income, education, insurance, housing and culture/language) and was validated by hospital discharge data. Using statistical modeling, the combination of above barriers results in a score between 1 (less needy) and 5 (most needy).



Zip Code	CNI Score	2007 Population
95945	3.6	25,290
95959	2.6	18,902
95949	1.8	20,596
95946	1.8	9,533
Total	2.6	74,321

APPENDIX B: Summary of Patient Financial Assistance Policy



185 Berry Street, Suite 300
San Francisco, CA 94107
(415) 438-5500 telephone
(415) 438-5724 facsimile

CATHOLIC HEALTHCARE WEST SUMMARY OF PATIENT FINANCIAL ASSISTANCE POLICY (June 2008)

Policy Overview:

Catholic Healthcare West (CHW) is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, CHW strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with CHW's procedures for obtaining financial assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Financial Assistance:

- Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
 - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. a reasonable effort by the CHW facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. The need for financial assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the

patient for financial assistance becomes known.

- CHW's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly, and the CHW facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Financial Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the determination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the CHW facility.
- CHW's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as *income* for these purposes.

Communication of the Financial Assistance Program to Patients and the Public:

- Information about patient financial assistance available from CHW, including a contact number, shall be disseminated by the CHW facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the CHW facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the CHW facility.
- Any member of the CHW facility staff or medical staff may make referral of patients for financial assistance. The patient or a family member, a close friend or associate of the patient may also make a request for financial assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient financial assistance will be included within the Social Accountability Budget of the CHW facility. CHW facilities will report patient financial assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient financial assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- CHW system management shall develop policies and procedures for internal and external collection practices by CHW facilities that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHW, and a patient's good faith effort to comply with his or her payment agreements with the CHW facility.
- For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, CHW facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, CHW management and CHW facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.