



St. Bernardine Medical Center

A member of CHW



St. Bernardine Medical Center

**Community Benefit Report 2007
Community Benefit Plan 2008**

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I. EXECUTIVE SUMMARY

St. Bernardine Medical Center was founded in 1931 by the Sisters of Charity of the Incarnate Word. Today, St. Bernardine Medical Center is a member of Catholic Healthcare West (CHW), the state's largest non-profit healthcare provider, and offers a myriad of health care services both locally and to the tertiary communities within the Inland Empire. Licensed for 463 beds and employing approximately 1,400 employees, St. Bernardine Medical Center offers the following key services:

- ◆ **Cardiac.** A specialized cardiac program, known as Inland Empire Heart and Vascular Institute, is the largest cardiac program in the Inland Empire and one of the top ten in California. Specialized services include cardiology, cardiac catheterization, cardiac electrophysiology, cardiac surgery and cardiac rehabilitation. The Heart Institute performed 616 open-heart surgeries in Fiscal Year 2007, and our Cardiac Catheterization Laboratory performed over 7,200 procedures.
- ◆ **Emergency Care.** Our emergency department sees over 47,000 visits each year.
- ◆ **Orthopedics.** Our multi-joint program offers patients expert care in the treatment of hips, knees, ankles, elbows, shoulders, spine and hand injuries. Over 2,100 orthopedic procedures were performed in Fiscal Year 2007.
- ◆ **Maternal/Child Health.** A comprehensive, quality program for women and children, including our *Babies First* maternity program, a Level II Neonatal Intensive Care Unit and a dedicated pediatric unit.
- ◆ **Surgery.** A high-volume surgical program, including an outpatient surgical center performed 5,372 procedures in Fiscal Year 2007.
- ◆ **Oncology.** Our program includes medical oncology services, radiation oncology therapy and a comprehensive palliative care consultation service. During Fiscal Year 2005, our oncology program received a three-year accreditation as a Community Cancer Center from the American College of Surgeons.
- ◆ **Bariatrics.** Our program includes comprehensive services, from specialized weight loss surgeries to follow-up care that includes support groups, dietitians and other continuing education. In Fiscal Year 2007, 209 bariatric surgeries were performed.

St. Bernardine Medical Center is committed to improving the quality of life in the community. In accordance with Senate Bill 697, the hospital continuously strives towards partnering with key community stakeholders for the benefit of its vulnerable population. Our plan includes providing charity care to the poor, uninsured and underinsured and treating all patients who come through our doors with dignity and care, regardless of their ability to pay for services.

Community Need Addressed in this Benefits Plan 2007

This Community Benefits Plan 2007 includes objectives and supporting programs and services for the following two categories of community needs¹:

- ◆ Access to health care services
- ◆ Lifestyle related health conditions

Community Benefit Plan Activities 2007

St. Bernardine Medical Center offered the following programs and services in Fiscal Year 2007 to address the three categories of community need:

- ◆ The Family Focus Center program: after-school and summer camp activities, tutoring, reading/literacy, diabetes/nutrition education, mentoring, career development and job training, short-term drug counseling, health education, recreation activities, and holiday celebrations and outreach
- ◆ Charity care for patients
- ◆ Referrals and resources: transportation, meals and other needed services
- ◆ Donations: food, clothing and other services
- ◆ Education: community classes, seminars, immunizations and screenings, health fairs, blood drives, Life Skills Program, Teen Choices Program
- ◆ Community Grants
- ◆ Energy conservation and environmental stewardship

Economic Value of Community Benefits Provided in Fiscal Year 2007

St. Bernardine Medical Center provided \$9,867,192, exclusive of Medicare shortfalls, in community benefits programs and services in Fiscal Year 2007. When Medicare shortfalls are included, the total value is \$15,065,266.

¹ Based on our 2005 Community Needs Assessment

II. MISSION STATEMENT

St. Bernardine Medical Center's Mission

Catholic Healthcare West and our Sponsoring Congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- ◆ delivering compassionate, high-quality, affordable health services;
- ◆ serving and advocating for our sisters and brothers who are poor and disenfranchised;
- ◆ partnering with others in the community to improve the quality of life.

St. Bernardine Medical Center's Core Values

Catholic Healthcare West and St. Bernardine Medical Center are committed to providing high-quality, affordable health care to the communities we serve. Above all else, we value:

- ◆ Dignity – Respecting the inherent value and worth of each person.
- ◆ Collaboration – Working together with people who support common values and vision to achieve shared goals.
- ◆ Justice – Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.
- ◆ Stewardship – Cultivating the resources entrusted to us to promote healing and wholeness.
- ◆ Excellence – Exceeding expectations through teamwork and innovation.

St. Bernardine Medical Center's Strategic Vision

St. Bernardine Medical Center's Strategic Vision follows the Horizon 2010 strategy. Our Strategic Vision centers on:

- ◆ Growth
 - ◆ Improved access to care
 - ◆ Partner with health plans to expand access
 - ◆ Develop physician relationship models based on local needs with the goal of improving quality
 - ◆ Increase public/private collaboration to address disproportionate health needs
- ◆ Innovation
 - ◆ Remain a quality provider of choice, as recognized by our patients and physicians
 - ◆ Improve Patient Safety, in conjunction with improved Patient Satisfaction
 - ◆ Increase Community Benefits to address unmet health needs
- ◆ Leadership
 - ◆ Enhance our focus on workforce development, our commitment to the communities and expand community benefit programs
 - ◆ Extend our advocacy role to provide access to quality healthcare

III. ORGANIZATIONAL COMMITMENT

St. Bernardine Medical Center community benefits program reflects our commitment to improve the quality of life in the community. The community benefits planning process is shaped by our Mission and Core Values, which emphasize collaboration, justice, stewardship, dignity of each person, and excellence. We seek to promote a healthier community by supporting partnerships with others. In keeping with our tradition of Catholic health care, we do this with special concern for the poor and disenfranchised.

Leadership

The Community Board, CEO and Executive Management Team maintain an integral role in the Community Benefit Process through many avenues. These include:

- ◆ Community Board provides local oversight of quality and medical staff functions
- ◆ Community Benefits Initiative Committee is a sub-committee of the Community Board
- ◆ Vice President of Mission Integration is a member of the Executive Management Team
- ◆ Vice President of Mission Integration attends Community Board meetings
- ◆ Community Benefits is part of the hospital's Strategic Plan

Community Benefits Initiative Committee (CBIC)

In Fiscal Year 2007, the hospital concluded its collaboration with the Public Health Institute in a grant-funded initiative entitled **Advancing the State of the Art in Community Benefits** (ASACB). The purpose of this three-year initiative was to develop and implement a national model for community benefit programming that would increase effectiveness and sustainability of community outreach programs, ensure access for diverse communities, facilitate institution-wide alignment and accountability, and deepen hospital engagement in local communities. A key strategic component of the ASAB demonstration incorporated a Community Benefit Initiative Committee. The Community Benefit Initiative Committee is designated as the group charged with oversight of and decision making on community benefit issues. The Committee is responsible for developing policies and programs, which address the identified disproportionate unmet health needs of the poor and disenfranchised in the San Bernardino Service Area. The Committee provides oversight in the development and implementation of the triennial Community Needs Assessment and annual Community Benefit Plan and Report. The committee provides oversight and direction to the San Bernardino Service Area's programs and projects.

To ensure the hospital's commitment to the Community Benefit Initiative Committee process, membership includes two members of the Community Board, the Vice President of Mission Integration and the President of the St. Bernardine Medical Center Foundation.

The Community Benefits Initiative Committee has specific roles and responsibilities as follows:

- ◆ Budgeting Decisions
- ◆ Review community benefit budget for community benefit activities with explicit understanding and assumption of their role to ensure that the hospital fulfills its obligation to benefit the community
- ◆ Ensure long-term planning and budgeting to set multi-year goals and objectives.
- ◆ Program Content
- ◆ Review and approve new community benefit program content
- ◆ Program Design
- ◆ Review and approve overall program design that will best meet the health related need and make optimal use of existing assets in the local community
- ◆ Geographic/Population Targeting
- ◆ For all community benefit activities, ensure access for populations and communities with disproportionate unmet health needs
- ◆ Program Continuation or Termination
- ◆ Schedule annual detailed verbal and written reports of progress towards identified performance targets by hospital community benefit leadership
- ◆ Approve continuation or termination of community benefit programs after receiving evaluation findings and other program information from community benefit staff and Community Benefit Initiative Committee
- ◆ Secure outside funding
- ◆ Identify potential funding sources and partnerships for community benefit programs by providing letters of support or introduction as appropriate.

The composition of the Community Benefit Initiative Committee is modeled after the Community Board, which constantly strives for balanced skills and expertise to best lead the hospital in its service to the community. The members of the Community Benefit Initiative Committee shall meet one or more of the following criteria:

- ◆ Knowledge/experience with Disproportionate Unmet Health Needs communities in service area
- ◆ Knowledge/experience with community-based organizations in service area
- ◆ Expertise in analysis of service area utilization and population health data/information
- ◆ Relevant expertise in clinical services provided in program activities
- ◆ Knowledge of disease causal factors and primary prevention
- ◆ Knowledge of financial issues related to community benefit activities
- ◆ Consumer of major community benefit services
- ◆ Partners in key hospital collaborations

Community Board Diversity Chart and Community Benefit Initiative Committee Skills/Competency Mix Chart are included in the Appendix.

IV. A PROFILE OF OUR COMMUNITY

In defining its “community” for purposes of the needs assessment and benefits plan, St. Bernardine Medical Center considered the following factors:

- ◆ Tradition of providing community benefits
- ◆ Collaborative relationships with community groups and organizations
- ◆ Reliance of the community on St. Bernardine Medical Center, as measured by the hospital’s inpatient market share

Based on ZIP codes, St. Bernardine Medical Center defines its primary community for purposes of the needs assessment and benefits plan to include the following cities and neighborhood areas (ZIP codes in parenthesis):

- ◆ San Bernardino (92401, 92404, 92405, 92407, 92408, 92410, 92411)
- ◆ Rialto (92376 and 92377)
- ◆ Highland (92346)
- ◆ Bloomington (92316)
- ◆ Colton (92324)
- ◆ Crestline (92325)
- ◆ Fontana (92335 and 92336)
- ◆ Hesperia (92345)
- ◆ Yucaipa (92399)

Population

Based on information provided by *Claritas*, a vendor of demographic information, the 2005 population of St. Bernardine Medical Center Service Area is estimated at 869,486 persons. This represents an increase of 62.4 percent from the year 2002 population of 535,148 persons. The 2010 population of St. Bernardine Medical Center Service Area is projected to be 963,090 persons, an increase of 10.8 percent.

Ethnicity

In St. Bernardine Medical Center Service Area, approximately 51.2 percent of the residents are Hispanic, 31.3 percent White, 11.1 percent Black, 3.6 percent Asian/Pacific Islander, .5 percent American Indian/Alaskan, and 2.4 percent of other races.

Age

Residents of St. Bernardine Medical Center Service Area are relatively young, with only 7.9 percent of residents 65 years of age and older.

Education

Among persons 25 years and older living in the service area, 30.9 percent have less than a high school education (no high school diploma), with 13.1 percent achieving less than a 9th grade education.

The percentage of students attending area school districts and receiving free or reduced fee meals varies from a low of 30 percent in Yucaipa-Calimesa Joint Unified School District to a high of 82 percent in San Bernardino City Unified School District.

Household

In 2005, there are an estimated 253,725 households in St. Bernardine Medical Center Service Area. The average household size is 3.42 persons per household.

The majority (61.5 percent) of the population 5 years and older in SBMC Service Area speaks only English at home. Approximately 34 percent of the population speaks Spanish at home, and 5 percent of the population speaks other languages – primarily Tagalog, Vietnamese, and other Pacific Island languages – at home.

Economics

In 2005, 40 percent of households in St. Bernardine Medical Center Service Area reported an annual household income under \$35,000; 36 percent of households reported an annual income between \$35,000 and \$74,999; and 24 percent of households reported an annual income of \$75,000 and over.

Approximately 200,917 persons (estimated at 23 percent of the service area population) area covered by Medi-Cal.

Approximately 30,618 persons are covered by Healthy Families (estimated at 3.5 percent of the service area population).

It is apparent through these demographics that there is tremendous opportunity for St. Bernardine Medical Center to be a positive impact in our community. Complete demographic and census information can be found in the complete 2005 Community Needs Assessment which is available through the Mission Services Department.

COMMUNITY NEEDS AND ASSETS ASSESSMENT PROCESS

Every three years, in compliance with California Senate Bill 697, St. Bernardine Medical Center conducts a community health needs assessment to identify priority health needs and concerns in its community. The most recent needs assessment was completed in 2005.

The 2005 needs assessment methodology included a comprehensive description of the community, based on demographic, health and social indicators and was based on a variety of sources of information, such as *Claritas* (a vendor of demographic information), California Department of Health Services, Office of Statewide Health Planning and Development, California Department of Education, California Department of Justice and UCLA Center for Health Policy Research.

In addition, over twenty representatives from public and private organizations participated in the community consultation phase of the assessment conducted through one-on-one telephone interviews in September through November 2005. Organizations represented included government offices, elected officials, health care providers, faith-based agencies, and non-profit agencies.

I. Survey Feedback

Perceived Quality of Care

- ◆ When asked whether clients they represent are receiving the best care in the community, the overwhelming majority of those participating in the community consultation responded either “no” or a mixed “yes and no.” A few did respond that they felt their clients were receiving the best care in the community.

Vulnerable Population

- ◆ Those participating in the community consultation most often identified the needs of the working poor, individuals who have jobs but often do not have health insurance offered by their employers or cannot afford to purchase health insurance through their employers because of the cost of the premiums. Specific segments of the population identified include:
 - ◆ Children without health insurance
 - ◆ Uninsured families who do not receive preventive or health maintenance care
 - ◆ Low-income families who may not seek health care services due to fear and other barriers
 - ◆ Students attending California State University San Bernardino who do not have health insurance and lack funds to deal with illnesses and accidents
 - ◆ Individuals in mental crises needing hospitalization (5150 beds)
 - ◆ The African American population

- ◆ Children with special needs due to exposure to substance abuse during pregnancies
- ◆ Pregnant mothers who have kept their pregnancies a secret from their families and others
- ◆ Sexual assault victims who do not receive referrals (e.g. from first responders, physician offices, school system)
- ◆ Specific population groups identified as vulnerable include: African Americans, Latinos, homebound elderly with Medicare and Medi-Cal insurance coverages, the homeless, children, and students.

Health Priorities

- ◆ The top community health priorities identified by those participating in the interviews:
 - ◆ Access to health care services
 - ◆ Lifestyle-related health conditions
- ◆ **Access to Health Care Services**
 - ◆ Four key elements critical to access to health care services:
 - ◆ Availability of health insurance
 - ◆ Access to quality primary care physicians and full spectrum of specialists
 - ◆ Availability of health care providers such as paramedics and
 - ◆ Access to routine health care services, including prenatal care for pregnant women, immunizations for young children, annual physicals, and immunizations for seniors, and basic health and hygiene services.
- ◆ **Lifestyle Related Health Conditions**
 - ◆ Modern-day lifestyles have resulted in a variety of physical and mental problems for young and old alike, according to those participating in the community consultation. Lifestyle-related health conditions specifically mentioned during the community consultation were:
 - ◆ The most commonly identified lifestyle related health condition was obesity with a variety of other health conditions – heart disease, hypertension, diabetes, cancer, and asthma – were cited as closely related to obesity.
 - ◆ Substance abuse (including tobacco, alcohol and drugs) in pregnant women, children, and adults
 - ◆ Depression, stress, and mental illness
 - ◆ Family violence (including child abuse, domestic violence and elder abuse)
 - ◆ Teen pregnancy
 - ◆ Safety/Preventable injury and death, especially in children and adolescents
 - ◆ Communicable diseases including sexually transmitted diseases, HIV/AIDS, and tuberculosis
 - ◆ Infant mortality

Community Action

- ◆ Focus on increased health care access
- ◆ Collaboration
- ◆ Awareness of important health issues
- ◆ Health promotion
- ◆ Disease prevention

Hospital Action

- ◆ Provide health education and information
 - ◆ classes
 - ◆ health events
 - ◆ enhanced web sites
 - ◆ meeting space for area groups
- ◆ Collaboration with others
 - ◆ schools
 - ◆ churches
 - ◆ other agencies working on important health issues;
- ◆ Hospital-specific activities
 - ◆ staffing
 - ◆ improved emergency department triage system
 - ◆ training and internships for nursing students

II. Community Needs Index (CNI)

Catholic Healthcare West developed the Community Need Index (CNI) for each of its hospitals to assist them in planning community benefit programs. The CNI is a tool used to measure community need in a specific geography through analyzing the degree to which a community has the following health care access barriers:

- ◆ Income Barriers
- ◆ Education Barriers
- ◆ Cultural Barriers
- ◆ Insurance Barriers
- ◆ Housing Barriers

Using statistical modeling, the combination of the above barriers results in a score between one (less needy) and five (most needy). Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Furthermore, communities with scores of five are more than twice as likely to need inpatient care for preventable conditions (e.g. ear infection) than communities with a score of one. The Community Needs Assessment for the St. Bernardine Medical Center service area is included in the Appendix.

One of the zip codes in St. Bernardine Medical Center's service area identified as a Disproportionate Unmet Health Needs (DUHN) community is 92405. DUHN are defined as having a high prevalence or severity for a particular health concern to be addressed by a program activity, or community residents who face multiple health problems and who have limited access to timely, high quality health care. On the CNI scale of 1 to 5, with 5 being the most needy, this neighborhood is rated a 5.0.

Because of the needs exhibited by this community, St. Bernardine Medical Center established its primary community outreach program, the Family Focus Center, in this zip code across the street from San Bernardino High School. Having been in this location for approximately eleven years, the characteristics listed above have been validated by the program staff based on program census data.

V. COMMUNITY BENEFIT PLANNING PROCESS

As set forth in the Advancing the State of the Art In Community Benefits demonstration, St. Bernardine Medical Center established a Community Benefits Initiative Committee (CBIC), which, armed with the information brought forth from the demonstration, provides additional direction in the Community Benefits process. The CBIC uses a planning process that focuses on two levels of decision-making:

◆ **Content Areas**

- ◆ Size of the problem (i.e., number of people per 1,000, 10,000 or 100,000)
- ◆ Seriousness of the problem (i.e., impact at individual, family and community levels)
- ◆ Economic feasibility (i.e., cost of the program, internal resources and potential external resources)
- ◆ Available expertise (i.e., Can we make an important contribution?)
- ◆ Necessary time commitment (i.e., overall planning, implementation and evaluation)
- ◆ External salience (i.e., evidence that it is important to diverse community stakeholders)

◆ **Project Activities**

- ◆ Target population (i.e., Will the intervention fit the needs and characteristics of the people we are trying to serve?)
- ◆ Number of people (i.e., How many people will be helped by this intervention?)
- ◆ Estimated effectiveness/efficiency (i.e., What is the track record to date on this approach? Are there adequate resources to implement this intervention strategy?)
- ◆ Existing efforts (i.e., Who else is working on this? What is our role? Is it meaningful? How can we best complement/enhance an existing effort?)
- ◆ Degree of controversy (i.e., Is this intervention acceptable to the community? Will this intervention offend important constituents?)

St. Bernardine Medical Center will continue to participate collaboratively with local stakeholders in a community health assessment that:

- ◆ Establishes priorities
- ◆ Develops a plan to address identified needs
- ◆ Integrates community health priorities into the strategic planning and annual budget process

The hospital partners with other Catholic, private and public organizations in the community to address community health priorities. St. Bernardine Medical Center budgets adequate financial resources to hire competent and effective staff to plan, develop, implement and manage community benefit initiatives. The hospital uses the Community Benefit Inventory for Social Accountability (Lyon Software) to identify, track, quantify and report its community benefit initiatives.

PLANNING FOR THE UNINSURED/UNDERINSURED PATIENT POPULATION

It is CHW's belief that fear of a hospital bill should never prevent someone from seeking needed care at one of their hospitals. St. Bernardine Medical Center adheres to the Charity Care/Financial Assistance policy established by Catholic Healthcare West, and makes available free or discounted care to uninsured individuals with incomes up to 500% of the federal poverty level.

Charity Care Policy

Staff from Admitting and Patient Financial Services underwent extensive training prior to December 31, 2004, to ensure knowledge of the current Charity Care/Financial Assistance policy. The Catholic Healthcare West *Fair Cause* Initiative was introduced in 2005 in an effort to ensure all patients were receiving information regarding financial assistance for which they might be eligible. All systems were reviewed to ensure all employees were aware of the policies in place, and efforts were made to educate staff and the public alike. In addition to having Admitting Department and Patient Financial Services staff fully versed in all financial assistance policies, Leadership personnel were also educated in *Fair Cause*, thus ensuring knowledge of the hospital's financial assistance policies in all departments.

A flyer entitled, *Financial Assistance* is included in our patient packets which are distributed to all inpatient and outpatient individuals. This four-color flyer is printed in English on one side and Spanish on the other. Additionally, signage and pamphlets in both English and Spanish for our *Payment Assistance Program* appear throughout the hospital, including points of entry and waiting areas. Copies of these flyers and pamphlets as well as a summary of Catholic Healthcare West's Charity Care/Financial Assistance policy are included in the Appendix.

Patient Financial Services

Patients without insurance are assisted by hospital staff to obtain health care coverage through state and federally funded programs. During Fiscal Year 2007, St. Bernardine Medical Center assisted 333 individuals to enroll in such programs.

Charity Care Committee

Lastly, St. Bernardine Medical Center has a Charity Care Committee that meets quarterly to review unique cases and to assess them for whatever additional assistance may be needed. This committee is chaired by the Chief Financial Officer and staff from the following departments: Mission Integration, Admitting, Patient Financial Services, Case Management and Decision Support.

VI. PLAN REPORT AND UPDATE INCLUDING MEASURABLE GOALS AND TIMEFRAMES

In unison with strategic planning, St. Bernardine Medical Center will further develop the three new programs that were successfully initiated during Fiscal Year 2007.

A. H Street Clinic

Focus: Access to Health Care Services

- ◆ Strengthen the partnership formed with H Street Clinic in an effort to improve access to care for the disproportionate unmet health needs population
- ◆ Develop key strategic partnerships in order to impact Ambulatory Sensitive Conditions that present at the Emergency Department

B. Teen Choices Program

Focus: Access to Health Care Services

- ◆ Build the Teen Choices Program through follow up visits and new sessions

Focus: Lifestyle Related Health Conditions

- ◆ To continue to provide a broad spectrum of health promotion, education and wellness services and to support teens in their health-related goals and will include the following: education and/or seminars on diabetes, health and nutrition, parenting, health screenings, support groups

C. Mercy Housing

Focus: Access to Health Care Services

- ◆ Continue conversations with Mercy Housing and strive to bring key stakeholders together to reach solutions for lack of affordable housing

PROGRAM DIGEST

Catholic Healthcare West has adopted five core principles recommended by the Advancing the State of the Art in Community Benefit project that will guide the selection and prioritization of Community Benefit program activities. These core principles are:

- **Disproportionate Unmet Health-Related Needs**
Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- **Primary Prevention**
Address the underlying causes of persistent health problem.
- **Seamless Continuum of Care**
Emphasis evidence-based approaches by establishing operational linkages (i.e., coordination and re-design of care modalities) between clinical services and community health improvement activities.
- **Build Community Capacity**
Target charitable resources to mobilize and build the capacity of existing community assets.
- **Collaborative Governance**
Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

H STREET CLINIC	
Hospital CB Priority Areas	X Access to Health Care Services X Lifestyle Related Health Conditions
Program Emphasis	X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment	Poor and underserved, access to care
Program Description	Clinic located in DUHN neighborhood offering affordable primary health care for all ages
FY 2007	
Goal FY 2007	Partnership with clinic was formed
2007 Objective Measure/Indicator of Success	Agreement was reached with both Hospital and Foundation providing financial support of the clinic
Baseline	Clinic was not in operation
Intervention Strategy for Achieving Goal	Diligent negotiations between Clinic, Hospital and Foundation
Result FY 2007	Signed agreements outlining terms
Hospital's Contribution / Program Expense	Hospital: \$50,000 Foundation: \$50,000
FY 2008	
Goal 2008	Develop referral relationship between clinic and hospital
2008 Objective Measure/Indicator of Success	Case Management, Emergency Department and Clinic referrals though documentation
Baseline	No referral process in place; no measurable outcomes
Intervention Strategy for Achieving Goal	Clinic and Hospital to track referrals. Clinic and Hospital to evaluate and refine process as progress is made.

TEEN CHOICES PROGRAM	
Hospital CB Priority Areas	X Access to Health Care Services X Lifestyle Related Health Conditions
Program Emphasis	X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Poor and Underserved, Health Promotion and Community Health
Program Description	This program will provide education, training and support for students to enhance parenting skills as well as decision-making skills for a healthy and improved quality of life.
FY 2007	
Goal FY 2007	Program established
2007 Objective Measure/Indicator of Success	24 teens were enrolled in the first session. These 24 teens were parenting 15 children ranging in age from 1 month to 15 months old, and 9 of these teens were pregnant at the time of enrollment.
Baseline	There was no program
Intervention Strategy for Achieving Goal	Partnership formed with San Bernardino High School and in-house staff to plan and present learning modules.
Result FY 2007	24 teens completed the program
Hospital's Contribution / Program Expense	\$14,465
FY 2008	
Goal 2008	Provide ongoing follow-up in addition to a new Spring session
2008 Objective Measure/Indicator of Success	Number served; partnership strengthened
Baseline	Established program with no identified follow-up
Intervention Strategy for Achieving Goal	Maternal/Child Coordinator to initiate monthly follow-up at San Bernardino High School

MERCY HOUSING	
Hospital CB Priority Areas	<input type="checkbox"/> Access to Health Care Services <input checked="" type="checkbox"/> Lifestyle Related Health Conditions
Program Emphasis	<input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Poor and underserved, affordable housing shortage
Program Description	Mercy Housing serves low and very low income working poor families, senior citizens, the homeless and people with special needs. Through the provision of safe, decent, service-enriched housing, Mercy Housing strives to strengthen families and build healthy communities.
FY 2007	
Goal FY 2007	Began exploring potential partnership with Mercy Housing
2007 Objective Measure/Indicator of Success	Meetings were initiated
Baseline	No relationship existed
Intervention Strategy for Achieving Goal	Successive meetings with key Mercy Housing personnel and area stakeholders
Result FY 2007	Potential partnership opportunity for Inland Empire
Program Expense	None to date
FY 2008	
Goal 2008	To ensure optimal success, align housing strategies with city priorities
2008 Objective Measure/Indicator of Success	Develop plan with key stakeholders and city planners
Baseline	No housing plan in place
Intervention Strategy for Achieving Goal	Identify key players and bring together for discussion

COMMUNITY GRANTS PROGRAM	
Hospital CB Priority Areas	X Access to Health Care Services X Lifestyle Related Health Conditions
Program Emphasis	X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment	Poor and Underserved, Health Promotion and Community Health
Program Description	To provide funds to non-profit organizations that will be used to provide services to underserved populations, following the priorities identified in the community needs assessment
FY 2007	
Goal FY 2007	In addition to seeking CBOs that focus on the hospital priority areas, grants were awarded to organizations that met one or more the 5 core principals of the ASACB demonstration
2007 Objective Measure/Indicator of Success	On-site visits to CBOs were performed with follow-up reporting to the CBIC
Baseline	CBOs status at time of proposal.
Intervention Strategy for Achieving Goal	Consistent monitoring assisted the CBOs in achieving proposal goals
Result FY 2007	Awarded 11 CBOs with grants
Hospital's Contribution / Program Expense	\$91,045
FY 2008	
Goal 2008	Identify and fund CBOs that align with the hospital priority areas and meet one or more of the 5 core principals of the ASACB demonstration.
2008 Objective Measure/Indicator of Success	On-site visits to CBOs performed with follow-up reporting.
Baseline	CBOs status at time of proposal.
Intervention Strategy for Achieving Goal	Consistent monitoring will assist the CBOs in achieving proposal goals.

FAMILY FOCUS CENTER	
Hospital CB Priority Areas	X Access to Health Care Services X Lifestyle Related Health Conditions
Program Emphasis	X Disproportionate Unmet Health-Related Needs X Primary Prevention <input type="checkbox"/> Seamless Continuum of Care X Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Youth Recreation/Development/Family Support, Poor and Underserved, Health Promotion and Community Health
Program Description	Designed to serve at-risk youth and their families of the community, the center is located across the street from San Bernardino High School in an area defined as a 5.0 on our CNI. After school activities include: educational support, computer training, career development, self-esteem building exercises, nutritional educational, physical activities, short term counseling, Late Night Hoops, etc. Additionally, we instituted a Teen Choices Program designed specifically around the needs of the pregnant/parenting teen – both mother and/or father. Development is underway to enhance our career development program and dovetail into a mentoring program at the hospital. Not limited to the youth, FFC also serves as the anchor to reach families through our annual Thanksgiving Dinner & Health Fair and Christmas Wish Project.
FY 2007	
Goal FY 2007	<i>Initiate health screening component for youth and families.</i> Began partnership with H Street Clinic upon opening in May, 2007. Information has been provided to youth and their families regarding free/reduced cost medical services available to them through H Street Clinic. Referrals were made to San Bernardino High School, and the H Street Clinic was able to provide many of the athletic physicals required for participation in school sports.
2007 Objective Measure/Indicator of Success	<i>Number of individuals served; number of health fairs/screenings conducted.</i>
Baseline	2,269 youth served with 13,065 encounters in FY06
Intervention Strategy for Achieving Goal	Continue partnership with community stakeholders, increase awareness of program via junior high and high school counselors, establish a referral system with the recently opened H Street Clinic to serve families whose children attend FFC, strengthened partnership with San Bernardino High School
Result FY 2007	In general, 2,080 at-risk youth served with 13,777 encounters in FY07. Information was made available to most upon the clinic's opening in May.
Program Expense	\$269,995
FY 2008	
Goal 2008	Our goal for 2008 is to incorporate the Seamless Continuum of Care aspect at the FFC through a stronger partnership with the H Street Clinic and including more family members in the referral process.
2008 Objective Measure/Indicator of Success	Number of individuals served and number of referrals made to H Street Clinic
Baseline	Because the clinic opened so late in the fiscal year, baseline is essentially zero.
Intervention Strategy for Achieving Goal	CBIC directs programs and assists in finding key community partners for increased program effectiveness

VII. COMMUNITY BENEFIT AND ECONOMIC VALUE

St. Bernardine Medical Center
 Classified Summary of Quantifiable Benefits
 For period from 7/1/2006 through
 6/30/2007

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization	
					Expenses	Revenues
<u>Benefits for Poor</u>						
Traditional Charity Care	860	3,187,021	0	3,187,021	1.5	1.4
Unpaid Costs of Medicaid	27,398	46,080,726	40,144,326	5,936,400	2.7	2.6
Other Public Programs	163	649,455	649,455	0	0.0	0.0
Community Services:						
Community Health Services	3,463	305,935	5,900	300,035	0.1	0.1
Donations	0	116,045	0	116,045	0.1	0.1
Community Building Activities	1,853	209,019	0	209,019	0.1	0.1
Community Benefit Operations	0	39,617	0	39,617	0.0	0.0
Totals for Community Services	5,316	670,616	5,900	664,716	0.3	0.3
Totals for Poor	33,737	50,587,818	40,799,681	9,788,137	4.5	4.2
<u>Benefits for Broader Community</u>						
Community Services:						
Community Health Services	333	14,015	0	14,015	0.0	0.0
Subsidized Health Services	47,207	147,147	0	147,147	0.1	0.1
Donations	4,427	26,061	0	26,061	0.0	0.0
Community Building Activities	68	8,674	0	8,674	0.0	0.0
Totals for Community Services	52,035	195,897	0	195,897	0.1	0.1
Grand Totals:	85,772	\$50,783,715	\$40,799,681	\$9,984,034	4.6	4.3
Unpaid Costs of Medicare	22,110	\$91,259,569	\$86,061,595	\$5,197,974	2.4	2.2
Grand Total Including Unpaid Cost of Medicare	107,882	\$142,043,284	\$126,861,276	\$15,182,008	7.0	6.6

NON-QUANTIFIABLE BENEFIT

St. Bernardine Medical Center, in being true to its mission of partnering with other in the community to improve the quality of life, has formed many partnerships with key community stakeholders including the following:

- ◆ Community Hospital of San Bernardino
- ◆ Catholic Charities
- ◆ H Street Clinic
- ◆ Parish Nursing Program
- ◆ Inland Congregations United for Change
- ◆ Assistance League of San Bernardino
- ◆ Sexual Assault Services of San Bernardino
- ◆ San Bernardino County School District
- ◆ San Bernardino County Probation Department
- ◆ Family Services Agency
- ◆ San Bernardino Economic Development Agency
- ◆ Diocese of San Bernardino

Living up to its core value of Stewardship, St. Bernardine Medical Center's environmental efforts were rewarded in Fiscal Year 2007 with the awarding for the fourth consecutive year of the *H2E Partner for Change Award* as well as *Making Medicine Mercury Free Award* from Hospitals for a Healthy Environment. Key recycling highlights from the past year include:

- ◆ Continued partnership with *Goodwill Industries* for employee electronic waste recycling program
- ◆ Continued partnership with *Phones 4 Life* to recycle used cell phones. These phones are reprogrammed and provided free of charge to Seniors for 911 and emergency phone access
- ◆ Initiated a battery recycling program
- ◆ Implemented *Work Smart* program, which rewards employees for working smart and making suggestions for a safer work environment. Worker Compensation injuries were reduced by 7% in FY07
- ◆ *Sharps* reusable containers program in place
- ◆ Broke ground for the installation of a 2.1 Megawatt Cogeneration Plant that will produce both electrical and thermal energy

TELLING THE STORY

A personalized Community Benefits brochure has been designed by CHW and is available to the community on the hospital website.