2022

Community Benefit Plan

(Submitted to OSHPD in February 2022 for Fiscal Year 2021)

Prepared in Compliance with
California's Community Benefit Law SB 697 By
Karen Zirkle, Assistant Vice President Business Development
Deanna Stover, Ph.D., RN, FNP, CNS, Principal, Synergy Solutions Consulting, LLC

REDLANDS COMMUNITY HOSPITAL
350 Terracina Blvd. Redlands, CA 92373 * (909) 335-5500 * www.redlandshospital.org

TABLE OF CONTENTS

I: COMMUNITY BENEFIT PLAN EXECUTIVE SUMMARY

California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), passed in 1994. It required all private, not-for-profit hospitals in California to conduct a community needs assessment every three years and develop community benefit plans that are reported annually to the California Office of Statewide Health Planning and Development (OSHPD).

Redlands Community Hospital has completed and submitted the following SB697 requirements:

<	July 1995 & 1997	Reaffirm hospital's mission statement
<	December 1995	Community Healthcare Needs Assessment
<	April 1996	Adopted a Community Benefit Plan
<	June 1997	Community Benefit Plan, Self-assessment
<	December 1998	Community Healthcare Needs Assessment
<	February 1999	Community Benefit Plan Update
<	February 2000	Community Benefit Plan Update
<	February 2001	Community Benefit Plan Update
<	February 2002	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2003	Community Benefit Plan Update
<	February 2004	Community Benefit Plan Update
<	February 2005	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2006	Community Benefit Plan Update
<	February 2007	Community Benefit Plan Update
<	February 2008	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2009	Community Benefit Plan Update
<	February 2010	Community Benefit Plan Update
<	February 2011	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2012	Community Benefit Plan Update
<	February 2013	Community Benefit Plan Update
<	February 2014	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2015	Community Benefit Plan Update
<	February 2016	Community Benefit Plan Update
<	February 2017	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2018	Community Benefit Plan Update
<	February 2019	Community Benefit Plan Update
<	February 2020	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2021	Community Benefit Plan Update

The next step required by SB 697 is that Redlands Community Hospital submit this February 2022 Community Benefit Plan Update and Community Health Needs Assessment (covering assessment year 2019) to the State of California OSHPD.

Mission Statement

The hospital's Mission, Vision and Value statements are integrated into the hospital's policy and planning processes including the Community Health Needs Assessment and Community Benefit Plan. A part of this planning process was to incorporate community benefits in the hospital's strategic plans.

Our mission is to promote an environment where members of our community can receive high quality care and service so they can be restored to good health by working in concert with patients, physicians, RCH staff, associates, and the community.

Vision

Our vision is to be recognized for the quality of service we provide and our attention to patient care. We want to remain an independent not-for-profit, full-service community hospital and to continue to be the major health care provider in our primary area of East San Bernardino Valley as well as the hospital of choice for our medical staff. We recognize the importance of remaining a financially strong organization and will take the necessary actions to ensure that we can fulfill this vision.

Values

- We are Committed to Serving Our Community
- Our Community Deserves the Best We Can Offer
- Our Organization Will Be A Good Place to Work
- Our Organization Will Be Financially Strong

Community Needs Assessment 2019

Redlands Community Hospital (RCH) conducted Community Needs Assessments for reporting periods 1995, 1998, 2002, 2005, 2008, 2011, 2013, 2016, and 2019. Communities of vulnerable and at-risk populations were identified and participated in the surveys.

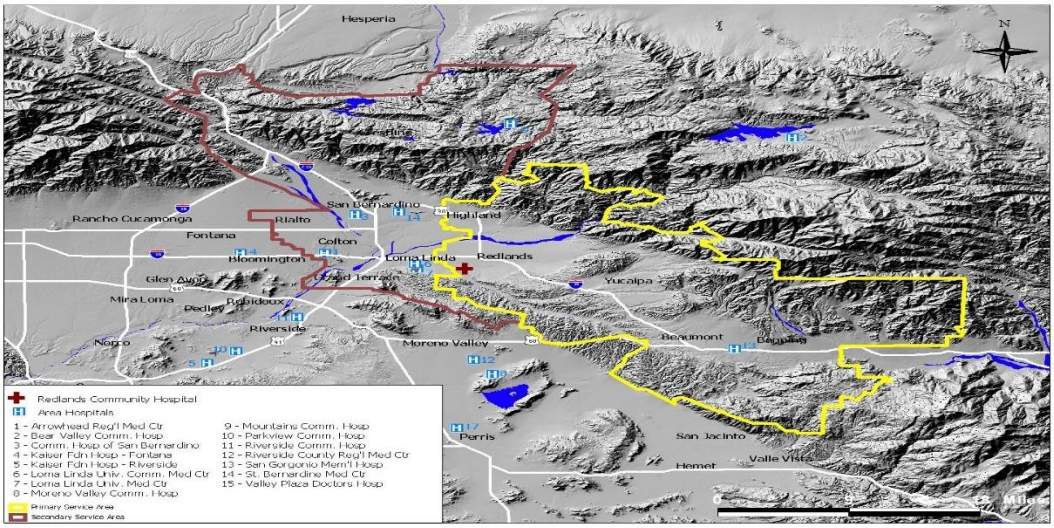
Redlands community hospital, in collaboration with the Hospital Association of Southern California and seven hospital systems, performed a coordinated regional, Riverside and San Bernardino County, Community Health Needs Assessment in 2019. The regional needs assessment concept had been discussed and planned over the past few years. Having a regional assessment and continued collaboration amongst the health systems allowed for a coordinated effort to address the regions health and social determinants of health issues.

The goal of Redlands Community Hospital was to collect information which could enable the hospital to identify:

- Unmet health needs and problems
- Social determinants of health issues
- Vulnerable and at-risk populations
- Resources and services available
- Barriers to service and unmet needs
- Possible solutions to the identified needs and challenges

Geographic Service Area

Analyzing historical patient origin data derived from the hospital's statistical information identified the geographic service area of Redlands Community Hospital. Located in the most densely populated area of San Bernardino County, communities identified as being in the primary service area of the hospital are Banning, Beaumont, Cabazon, Colton, Calimesa, Forest Falls, Highland, Mentone, Redlands and Yucaipa. The secondary service area is comprised of the cities of Bloomington, Bryn Mawr, Crestline, Fontana, Grand Terrace, Hemet, Loma Linda, Patton, Rialto, San Bernardino, and several mountain communities.



COMMUNITY BUIDLING ACTIVITES

Redlands Community Hospital (RCH) is engaged in many community building activities and is committed to remaining a key partner throughout the broader community. Leadership, management and staff alike participate in many community-wide events and activities that aim to improve the health and safety of the communities served by RCH. As a matter of practice, hospital leadership both encourages and supports community outreach activities.

Community Support

Serving the community is one of the core values of RCH and many activities are carried throughout the region. Specifically, to support senior citizen activities, the hospital provides funding for newsletters, sponsors events and informational bulletin boards, provides health promotion education, and provides health screenings.

Coalition Building and Community Health Improvement

Redlands Community Hospital recognizes the importance of collaboration and active participation with other entities and agencies. Involvement with multiple individuals and organizations allows for a stronger voice for advocacy and community wide policy development to address health and safety issues. To enhance community wellness, leadership, management, and staff actively participate in many coalitions and boards.

Workforce Development

Health professions education continues to grow at RCH and is achieved with the collaboration between hospital staff, multiple medical staff groups, universities and colleges, and the multiple students and fellows served by the various programs. The hospital participates in advanced training and education for health care professionals which include physicians, nurse practitioners, physician assistants, physical therapists, and respiratory therapists. Additionally, hospital staff actively participate with local high schools for the provision of future health careers education and training. The training of future health care providers, as well as medical and nursing program specific education and training, is needed so that access to healthcare in the region may be maintained and expanded, and to ensure the highest quality of care is provided at RCH.

COMMUNITY BENEFIT PROGRAMS

The following programs and the problems they address are included in the Community Benefit Plan 2022:

1) Redlands Community Hospital Family Clinics provides health care services for at-risk and underinsured, underserved children and adults;

2) Perinatal Service Program provides early prenatal care for low-income, uninsured women and teens and provides lactation education and mother/infant bonding support, as well as education for pregnant mothers with diabetes;

3) Community Case Management Program addresses the needs for at-risk, underinsured and complex healthcare issues as well as education on disease management and community resources;

4) Pastoral Care Program assists concerned and grieving family members and patients;

5) Behavioral Health Program focuses on treating each patient as a whole person, not just his or her mental illness, with absolute regard for human dignity and respect for all patient rights;

6) The Homeless Patient Discharge Planning Initiative addresses the health needs of homeless patients in compliance with California Senate Bill (SB) 1152;

7) Miscellaneous community benefit activities and programs of the hospital during fiscal year 2021; and

8) Community Resources that address the problem of low-income and uninsured individuals' inability to access health resources through a variety of agencies.

Community Benefits and Economic Value

Summary information identified community benefit programs and contributions for fiscal year ending September 2021 at **$41,929,754.**

The total of costs unreimbursed medical care services for Medi-Cal, county indigent and other services for 2021 audited was **$40,495,607.**

Non-quantifiable benefits

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at **$315,000** annually. This represents expenses incurred by hospital staff providing leadership skills and bringing facilitator, convener and capacity consultation to various community collaboration efforts. These skills are an important component to enable the hospital to meet their mission, vision and value statements and Community Benefit Plan.

COVID-19 Pandemic

On January 21, 2020 the Centers for Disease and Prevention (CDC) announced that the United States had their first case of the Coronavirus (https://www.cdc.gov/media/releases/2020/p0121-novel-coronavirus-travel-case.html, January 6, 2021). The CDC indicated this was a travel-related case as the individual recently returned from Wuhan, China. With this notice and shortly thereafter, safety measures were put in place to protect individuals from the contagion.

Redlands Community Hospital, in following the guidance from local, state, and federal agencies, took the necessary steps to protect patients, the community, and health care workers. To this end, the hospital suspended many programs and services to focus on the care and treatment of patients and to protect the health care workforce. The volunteer services program was scaled back, and visitors to the hospital were limited. Many of the community outreach efforts were decreased, however activities e.g., health fairs, community education, and health screenings, were performed as noted throughout the community benefit plan.

With the continued pandemic during 2021, Redlands Community Hospital continued to provide services adhering to local, state, and federal guidelines. The safety and care of our community and workforce remains a priority.

COMMUNITY BENEFIT PLAN

Background and Identifying Information

As outlined in the proceeding Executive Summary, Redlands Community Hospital has completed all of the SB697 requirements dating back to California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), that was passed in 1994. The next step required by SB 697 is that Redlands Community Hospital submit this February 2021 Community Benefit Plan Update, covering programs and activities during fiscal year 2020, to the State of California OSHPD.

Redlands Community Hospital
350 Terracina Boulevard
Redlands, CA 92373
Telephone: 909-335-5500
Fax: 909-335-6497

Redlands Community Hospital is a not-for-profit, stand-alone community hospital that began serving the Redlands area and neighboring communities in 1903 and built the first official hospital in 1904 on Nordina Street. In 1929, a new hospital building was completed at 350 Terracina Boulevard, where it has remained and expanded numerous times ever since.

Chairman of the Board of Directors
Kate Salvesen, 909-335-5505

President and Chief Executive Officer
James R. Holmes, 909-335-5515

Assistant Vice President of Business Development
Karen Zirkle, 909-335-5593

Mission Statement

Our mission is to promote an environment where members of our community can receive high quality care and services so they can maintain and be restored to good health.

The Mission is accomplished by interacting with patients, physicians, employees, associates, and community. The hospital will be knowledgeable and responsible to the observations, traditions, philosophies, and customs of patients and their families, employees, and medical staff as the hospital delivers patient care, schedules appointments, and displays or promotes healthcare services. The hospital has adopted the philosophy of "*Patients First*" whereby we see serving our patients our primary focus. As a result, RCH has made *"Patients First"* part of its core culture.

These Mission, Vision and Values are integrated into the hospital's policy and planning processes including the community benefits plan. A part of this planning process sets benchmarks to measure performance of the community benefits plan. Setting measurable objectives and time frames for

programs and/or services for the community is the goal.
Employee benefits and the hospital's work environment also encourage employees to care for the members of the community. These statements encourage advocacy and collaboration within the hospital and community, as well as with community-based organizations and other not-for-profit entities.

Organizational Structure

An 18-member Board of Directors made up of volunteers from the community, and the hospital Chief Executive Officer, governs Redlands Community Hospital. The Redlands Community Hospital Foundation has a separate 17-member Board of Directors consisting of volunteers representing the community, the Hospital's Chief Executive Officer, Chief Financial Officer, Foundation President, and Director, Volunteer Services. The Foundation is a fund-raising component of the not-for-profit hospital.

Redlands Community Hospital promotes an environment for a healthy community and community collaborations within the hospital's service area, by interacting with patients, physicians, employees, volunteers, associates, and members of the community. Senior members of the hospital participate with the city of Redlands on the Healthy Redlands initiative and have staff serving on various sub-committees.

Redlands Community Hospital is an active member of the Inland Empire Regional Community Health Needs Assessment Taskforce, a group that includes non-profit hospitals, healthcare providers and agencies that meet regularly to share information about their various community programs that benefit the health and quality of life of all people in this area.

Community Benefit Plan

The Community Benefit Plan submitted February 2022 for Redlands Community Hospital represents outcomes for the 2021 reporting year and includes the programs featured on the following pages. The programs described in this section include the problems to be addressed, community partners, and unreimbursed costs of the programs. The descriptions also include measurable objectives and time frames for each community benefit.

Following is a summary of some of the community service/charity care in which the hospital is involved:

COMMUNITY-BASED PRIMARY CARE

REDLANDS FAMILY CLINIC

Health Care in 2021 continues to be impacted by the COVID-19 pandemic. The Affordable Care Act (ACA) provided health care coverage protection for people whose heath care coverage was lost due to the pandemic. In California alone, it was estimated that the ACA supported almost 1 million people (https://www.chcf.org/publication/how-many-your-area-are-covered-affordable-care-act, September 24, 2020). And in 2021 that number almost doubled to 1.6 Million. President Biden's administrations response to the ongoing COVID pandemic included the implementation of a special open enrollment period on HealthCare.gov. This was a Covered California COVID related special enrollment period for uninsured residents. The state estimated that 1.2 million uninsured residents are eligible through Covered California or Medi-Cal https://www.healthinsurance.org/health-insurance-marketplaces/california/. The US Census Bureau (2020) reports that 8.6% (less than reported in 2019) of the population nationwide is without health insurance (https://www.census.gov). Data also suggests that due to the ongoing COVID pandemic childhood immunization rates declined in all ages. https://www.cdc.gov/mmwr/volumes/69/wr/mm6920e1.htm). Barriers to health care such as culture, language, health disparities and low socioeconomic status continue to be a serious issue. Redlands Community Hospital addresses these issues by providing patient-centered primary health care services for individuals and families.

Purpose

An on-going goal of the Redlands Family Clinic is to provide high-quality, low-cost health care services to people who do not otherwise have access which may be due to financial, cultural, lifestyle, or psychological barriers. An equally important goal is to provide disease specific patient/family education, with emphasis on promoting health and wellness, and the support necessary to promote individualized health care decision making. Our ongoing objectives are to: 1) Provide an opportunity for low-income, the uninsured and underinsured to receive primary and preventive care, early medical problem identification and treatment and access to health care resources; 2) Reduce disparity in health care services within the community; 3) Develop health related programs and enhance the quality of services provided; 4) Provide health care for all ages, children to the elderly; 5) Assist with the application process and obtaining eligibility for public assistance programs; 6) Provide and promote community resources, and 7) Provide and facilitate community health services such as flu shots and other health care screenings.

Unique and Innovative Methods

We view our program to be unique and innovative based on the following characteristics:

1. The services are provided by a not-for-profit community hospital-based clinic utilizing skilled family practice nurse practitioners, along with physicians, and support personnel
2. The services are managed by Redlands Community Hospital's Board of Directors
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. Serves a largely Hispanic population including recent migrants to the area

6. Bilingual clinical staff
7. Patients are uninsured or underinsured
8. Provides access to other health care services offered by the hospital

Our Partners and Providers

1. Community Health Association Inland Southern Region: A not-for-profit organization supporting community health centers and clinics located in the Inland Empire.
2. Family Services Association of Redlands: A not-for-profit organization serving low-income and homeless families utilizing a management-based case management approach and personal contact. Their mission is to alleviate poverty, encourage self-sufficiency and promote the dignity of all people. Services provided include transitional housing, clothing, and food
3. Inland Empire Health Plan
4. Labcorp: provides clinical laboratory services
5. Local Pharmacies
6. Quest Medical Laboratories: provides clinical laboratory services
7. Local Schools

Goals and Milestones Accomplished in 2021

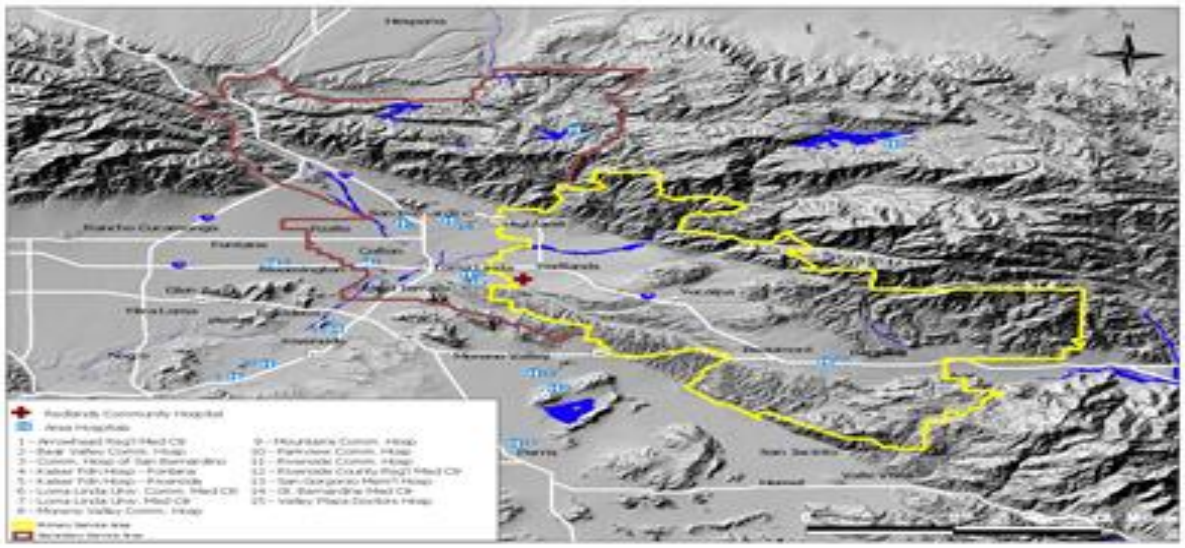
1. Continued to provide primary care services
2. Provided no-cost seasonal flu vaccinations to the community-at-large
3. Expanded awareness of the services provided by the Redlands Family Clinic
4. Supported Redlands Unified School District by providing employee TB screening
5. Worked with Inland Empire Health Plan (IEHP) to promote preventative services through their Pay four Performance (P4P) program
6. Provided in-person and telemedicine services during the COVID -19 pandemic
7. Expand services to pregnant low-income patients

Top 10 medical diagnoses treated in clinic (highest to lowest)

Hypertension
Type 2 Diabetes
GYN exam
Medication refills
Screening Breast Exam
COVID-19
Anxiety
Abdominal Pain
Fatigue
Low back

Redlands Family Clinic

Serving communities of Redlands, Loma Linda, Colton, San Bernardino, Highland, Yucaipa, and Mentone (refer to figure on next page).



Scope of Services

Hours of Operation	8:00-5:00 p.m. Monday through Friday
Personnel	Physician Nurse Practitioners Licensed Vocational Nurses Medical Assistants Patient Account Representative Director
Primary Services	Pediatrics (CHDP)
	Well Female Exams (FPACT and CDP)
	Young adult – school exams and primary care
	Adult/Middle Age (cancer screening and detection)
	Acute and chronic primary medical care – all ages
	Obstetric
Other Services onsite	Laboratory
	Social Services
	Dietician
Other Services at RCH	Pharmacy
	Radiology
	Cardiopulmonary
	Emergency room
	Inpatient Services
	Special procedures
	Neurology

	Oncology
Referred Services	ARMC: outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies
	Loma Linda University Medical Center

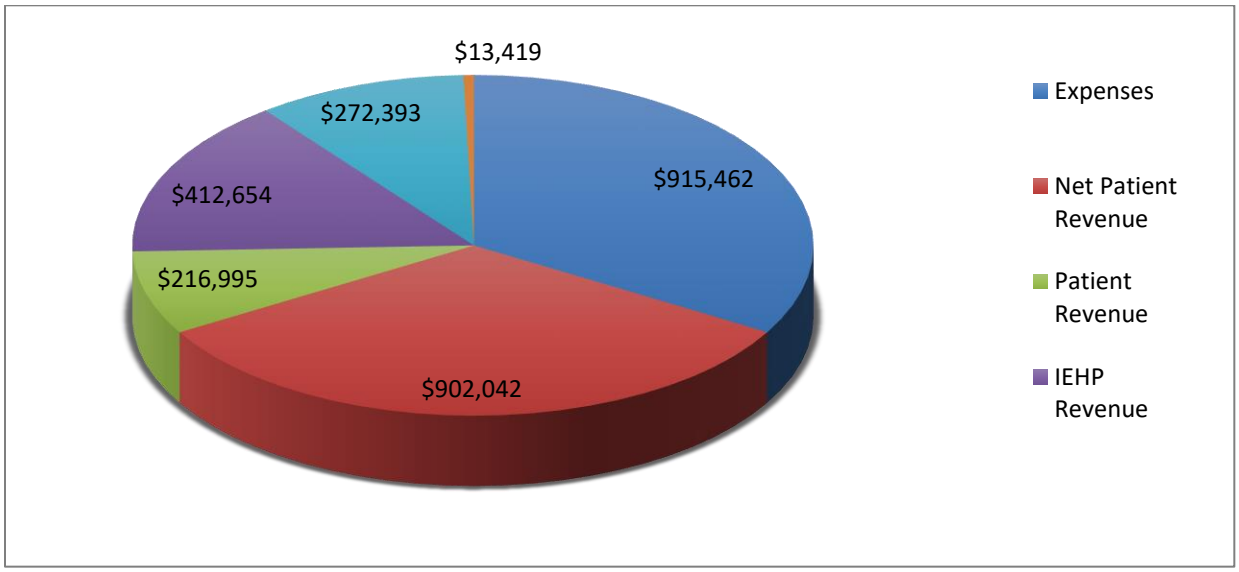
Total Visits: Historical 2018 to 2021

	2018	**2019**	**2020**	**2021**
Redlands Family Clinic	6,884	6,709	5,815	5.485

In 2021, due to the COVID-19 pandemic, patient visits decreased. The total number of new patients seeking services at the Redlands Family Clinic continued to grow and Telehealth office visits were added to accommodate the more vulnerable patients. The Redlands Family Clinic provided accessible and low-cost healthcare services.

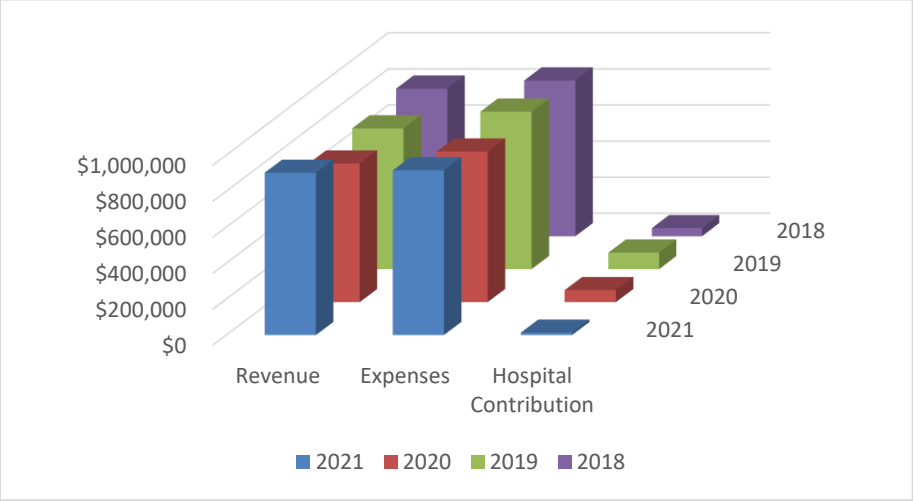
Financial Summary for the Redlands Family Clinic, 2021

The following graph shows the financial distribution and un-reimbursed costs. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2021 was $13,419.



Expenses	$915,462
Net Patient Revenue	$902,042
Patient Revenue	$216,995
Other Revenue	$272,393
IEHP Revenue	$412,654
Hospital Contribution	$13,419

Financial Summary Comparison 2018, 2019, 2020 and 2021



	Revenue	Expenses	Hospital Contribution (un-reimbursed cost)
2018	$818,872	$863,777	$ 44,905
2019	$781,873	$874,013	$ 92,140
2020	$769,834	$836,324	$ 66,490
2021	$902,042	$915,462	$ 13,419

Goals and Objectives for 2022

1. Continue to provide primary care services for low-income and underserved individuals
2. Continue to support community-based programs and organizations
3. Continue to provide no-cost seasonal flu vaccinations to the community-at-large
4. Expand awareness of the services provided by the Redlands Family Clinic
5. Maintain support for the Redlands Unified School District by providing employee TB screening
6. Continue to work with Inland Empire Health Plan (IEHP) to promote preventative services through their Pay four Performance (P4P) program
7. Continue to expand the obstetrics program
8. Continue to expand our Electronic Medical Records capabilities

Summary

During a time when healthcare dollars continued to shrink and increased financial risk was going to community hospitals, Redlands Community Hospital continued to demonstrate that healthcare resources can be made available to everyone. Redlands Community Hospital realized the continuation and growth of services for the under-served population. Critical elements needed for early intervention were addressed by providing primary care services and controlling and reducing

co-morbidities. Efforts were made to prevent the use of the Emergency Room as a source for primary health care services. Most importantly, the clinic staff successfully demonstrated how to help patients take control of their health care by providing patient-centered services and assisting with the transition to public assistance programs, when applicable. Regardless, if patients did not qualify for public assistance the needed healthcare services were provided.

Staff were encouraged by the positive recognition received from the patients and families served. During 2021, we changed our patient satisfaction survey to an external source and focused on the "Care Provider". The data showed an overall satisfaction score of 89.2%.

The vision for the future is to continue to provide community based high-quality, low-cost health care services to low-income, uninsured, and underinsured individuals and families.

YUCAIPA FAMILY CLINIC

The Yucaipa Family Clinic, a sister clinic to the Redlands Family Clinic, continues to address the communities need for access to high-quality primary care services in the east end of San Bernardino County.

Purpose

A goal of the Yucaipa Family Clinic is to provide high-quality, low-cost health care services to people who do not otherwise have access which may be due to financial, cultural, lifestyle, or psychological barriers. An equally important goal is to provide disease specific patient/family education, with emphasis on promoting health and wellness, and the support necessary to promote individualized health care decision making. On-going objectives are to: 1) Provide an opportunity for low-income, the uninsured and underinsured to receive primary and preventive care, early medical problem identification and treatment and access to health care resources; 2) Reduce disparity in health care services within the community; 3) Develop health related programs and enhance the quality of services provided; 4) Provide health care for all ages, children to the elderly; 5) Assist with the application process and obtaining eligibility for public assistance programs; 6) Provide and promote community resources, and 7) Provide and facilitate community health services such as flu shots and other health care screenings

Unique and Innovative Methods

We view our program to be unique and innovative based on the following characteristics:

1. The services are provided by a not-for-profit Community Hospital based clinic utilizing skilled family practice nurse practitioners and support staff
2. The services are managed by Redlands Community Hospital's Board of Directors
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. Serves a largely Hispanic population including recent migrants to the area
6. Bilingual clinical staff
7. Patients are uninsured or underinsured
8. Provides access to other health care services offered by the hospital

Our Partners and Providers

1. Community Health Association Inland Southern Region: A not-for-profit organization supporting community health centers and clinics located in the Inland Empire.
2. Family Services Association of Redlands: A not-for-profit organization serving low-income and homeless families utilizing a management-based case management approach and personal contact. Their mission is to alleviate poverty, encourage self-sufficiency and promote the dignity of all people. Services provided include transitional housing, clothing, and food.
3. Inland Empire Health Plan
4. Lab Corp: provides clinical laboratory services
5. Local Pharmacies

Goals and Milestones Accomplished in 2021

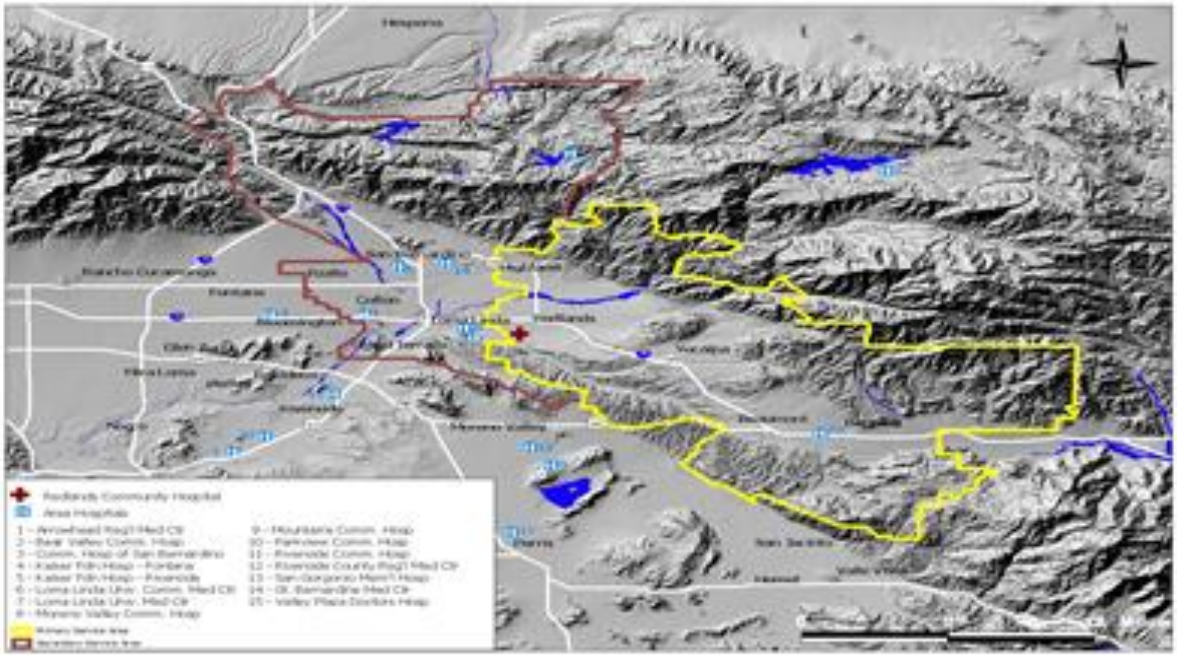
1. Expanded primary care services and access for community members with coverage through the Inland Empire Health Plan (IEHP)
2. Provided no-cost seasonal flu vaccinations to the community-at-large
3. Expanded awareness of the services provided by the Yucaipa Family Clinic
4. Maintained support for the Yucaipa Unified School District by providing employee TB screening
5. Worked with IEHP to promote preventative services for their patients through the Pay four Performance (P4P) program

Top 10 medical diagnoses treated in clinic (highest to lowest)

Hypertension
Medication refills
Type 2 Diabetes
GYN Exam
Screening for Malignant Neoplasm of Breast
COVID-19
Obesity
Hyperlipidemia
Abdominal Pain
Fatigue

Yucaipa Family Clinic

Serving communities of Redlands, Loma Linda, San Bernardino, Highland, Yucaipa, Calimesa, Beaumont, Banning and Mentone.



Scope of Services

Hours of Operation	8:00-5:00 p.m. Monday through Friday
Personnel	Physician Nurse Practitioners Licensed Vocational Nurses Medical Assistants Patient Account Representative Director
Primary Services	Pediatrics (CHDP)
	Well Female Exams (FPACT and CDP)
	Young adult – school exams and primary care
	Adult/Middle Age (cancer screening and detection)
	Acute and chronic primary medical care – all ages
Other Services onsite	Laboratory
	Social Services
	Dietician
Other Services at RCH	Pharmacy
	Radiology
	Cardiopulmonary
	Emergency room
	Inpatient Services
	Special procedures
	Neurology
Referred Services	ARMC outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies

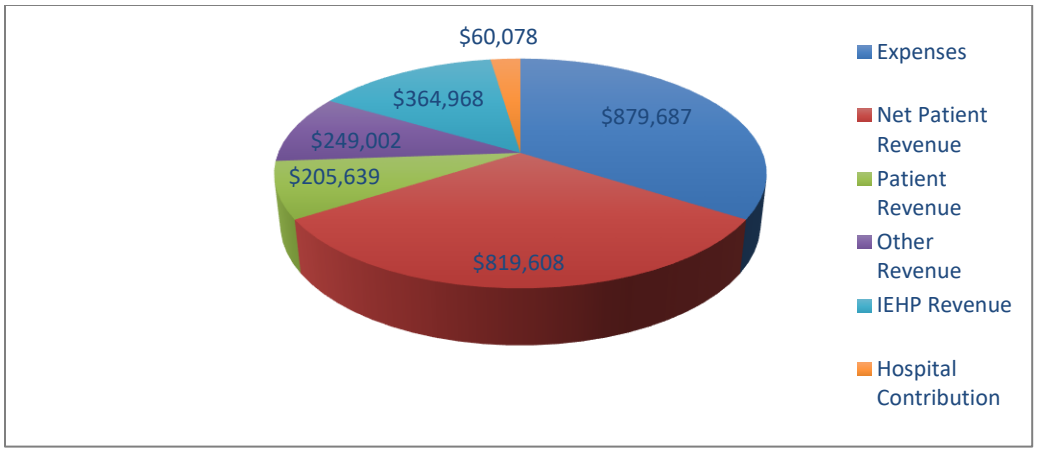
Total Visits: Historical 2018 - 2021

	2018	**2019**	**2020**	**2021**
Yucaipa Family Clinic	3,975	4,561	4,822	4,905

Yucaipa family clinic continues to increase patient office visits during 2021 and provides accessible and low-cost healthcare services.

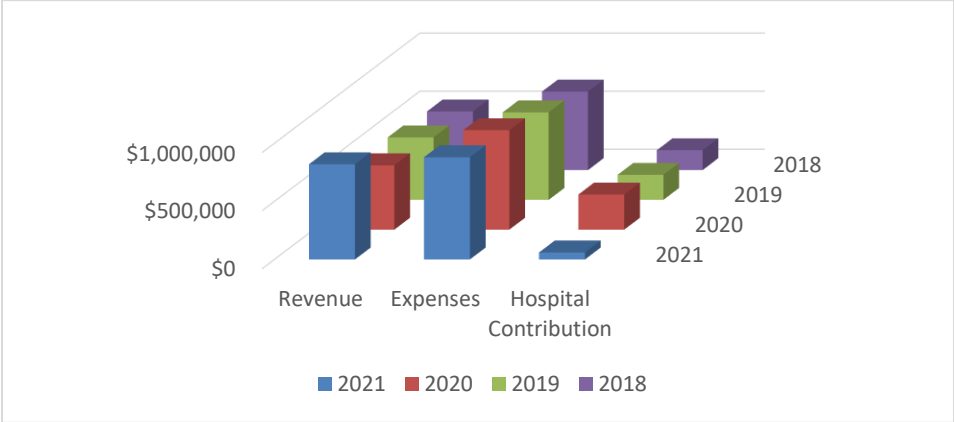
Financial Summary for the Yucaipa Family Clinic, 2021

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2021 was $60,078



Expenses	$879,687
Net Patient Revenue	$819,608
Patient Revenue	$205,639
Other Revenue	$249,002
IEHP Revenue	$364,968
Hospital Contribution	$60,078

Financial Summary Comparison – 2018, 2019, 2020, and 2021



	Revenue	**Expenses**	**Hospital Contribution (un-reimbursed cost)**
2018	$504,540	$675,456	$170,916
2019	$537,750	$753,236	$215,486
2020	$553,980	$856,028	$302,048
2021	$819,608	$879,687	$ 60,078

Goals and Objectives for 2022

1. Expand primary care services for low-income and underserved individuals
2. Continue to support community-based programs and organizations
3. Continue to provide no-cost seasonal flu vaccinations to the community-at-large
4. Expand awareness of the services provided by the Yucaipa Family Clinic
5. Maintain support for the Yucaipa Unified School District by providing employee TB screening
6. Continue to work with the Inland Empire Health Plan to promote preventative services for their patients through the Pay four Performance (P4P) program
7. Continue to expand our Electronic Medical Records capabilities

Summary

Redlands Community Hospital is committed to serving the community and providing high-quality and affordable healthcare. During 2021, we changed our patient satisfaction survey to an external source and focused on the "Care Provider". The data showed an overall satisfaction score of 89.2%. We will continue to network with the community to share challenges and successes. The vision for the future is to continue to provide community based high-quality, low-cost health care services to low-income, uninsured, and underinsured individuals and families.

PERINATAL SERVICES (MATERNAL/INFANT HEALTH)

The community based Perinatal Services Program offers several outpatient specialty education programs, Comprehensive Perinatal Services Program (CPSP), diabetes and pregnancy education, breastfeeding education, and childbirth education.

Problem

Real and perceived barriers (access, financial, transportation, etc.) to pre- and post-natal care for low-income, uninsured, or underinsured women and teens.

Program Description

The Comprehensive Perinatal Services Program (CPSP) provides a variety of services and education to women prior to delivery and up to sixty days after delivery. Goals of the program are to decrease the incidence of low birth weight in infants, to improve the outcome of every pregnancy, to give every baby a healthy start in life and to lower health care cost by preventing catastrophic and chronic illness in infants and children. The Comprehensive Perinatal Services Program is a Medi-Cal sponsored program for women who are pregnant and are enrolled in straight Medi-Cal or Medi-Cal Managed Care Plan.

The Diabetes and Pregnancy Education program provides education, evaluation, and intervention for pregnant women with diabetes or for women with diabetes planning to become pregnant. The goal of the program is to improve pregnancy outcomes for women and to reduce fetal deaths and neonatal and maternal complications. Services include an initial evaluation and follow-up by a registered nurse, certified diabetes educator, and dietician.

A resource for Redlands Community Hospital is the Breastfeeding program which provides breastfeeding education and support for groups, and individual one-on-one education. Services are provided by an International Board-Certified Lactation Consultant. The Childbirth preparation courses prepare pregnant women and family for childbirth. Classes are designed to provide practical and useful tools in preparation of childbirth.

Partnerships

1. California Diabetes and Pregnancy Program Sweet Success
2. County of San Bernardino (Public Health/CPSP)
3. Inland Empire Health Plan
4. Inland Women's Care, Dr. Hage
5. Loma Linda University Medical Center
6. Molina Healthcare, Inc.
7. Participating CPSP medical groups and community physician offices

Goals and Outcomes Accomplished in 2021

1. Provided access to services at the Redlands perinatal services office
2. Expanded awareness of the education services provided by Perinatal Services to the local community and obstetric physicians
3. Achieved 99% patient satisfaction rating

Goals and Outcomes set for 2022

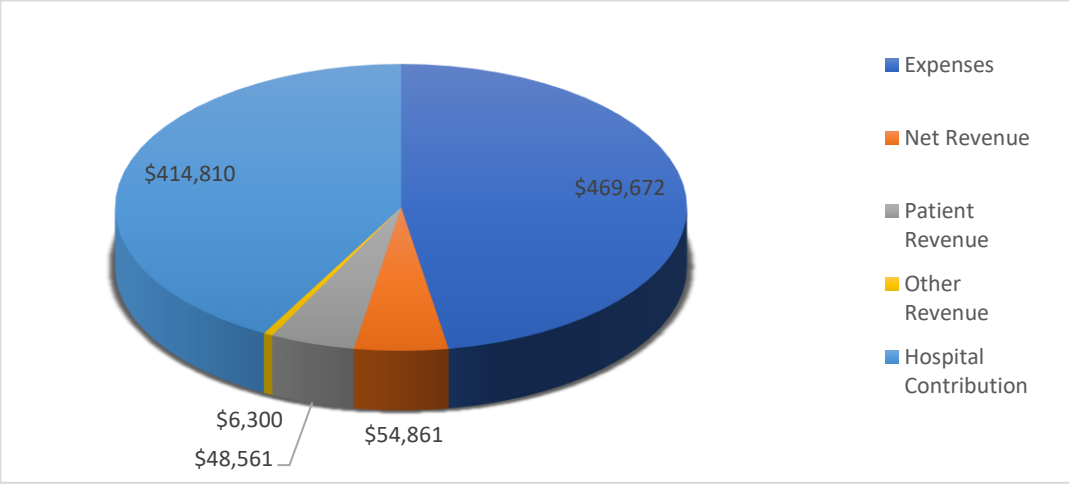
1. Meet or exceed patient expectations
2. Emphasize the benefit of the various education programs to our patients and the community-at-large
3. Promote breastfeeding initiatives
4. Continue to provide patient education through an app called Yo Mingo 24/7
5. Continue to expand the Electronic Medical Record capabilities

Total Visits: Historical 2018-2021

2018	**2019**	**2020**	**2021**
2,015	2,274	2,750	2,973

Financial Summary for Perinatal Services, 2021

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2021 was $414,810.



Expenses	$469,672
Net Revenue	$ 54,861
Patient Revenue	$ 48,561
Other Revenue	$ 6,300
Hospital Contribution	$414,810

COMMUNITY CASE MANAGEMENT PROGRAM

The Community Case Management Program at Redlands Community Hospital is dedicated to our patients and community. The program exemplifies a unique extension of our mission statement: "Patients First." The focus of the program is on "real life" issues and concerns that patients may unfortunately be confronted with. Through the program, positive interventions are implemented on a patient population that would have otherwise been overlooked. The ultimate goal is to improve the health care of the population served as well as to improve their relationships with their individual health care providers.

Problem

Real and perceived barriers (not limited to financial, medical access, social, transportation) for the underinsured, those identified as non-compliant and those with complex and/or life threatening diagnoses.

Program Description

The purpose of the community case management program is to provide high quality service to a population who is unfamiliar as to how to navigate our healthcare system due to financial, cultural, psychological or lifestyle barriers. The process begins with a thorough assessment which includes assessing family dynamics and social resources which may be a lacking and hindering factor in the patient's overall wellness. The goals of the program are to decrease the incidence of emergency room visits and hospital re-admissions, to educate regarding disease specific processes and management, to provide community resources, to facilitate the relationship between the patient and his/her health care providers and to improve patient outcomes. Interventions are unique to individual patient needs with the common goal being that the patient will achieve an optimum level of function and will be able to identify and utilize available resources to promote positive health maintenance.

Participants of the program are identified through multiple points of entry either by the hospitalist and/or case manager on the inpatient side, or by the primary care physician and/or EPIC's ambulatory case management team. Criteria include, but are not limited to multiple hospitalizations, multiple co-morbidities, new life threatening diagnosis, non-compliant patterns, assistance with coordination of care and limited understanding of medical needs. Services include an in-home assessment of needs, development of a plan of care specifying goals with implementation and collaboration with team members, and education of patient/family to enable successful management of care.

Goals and Outcomes Accomplished in 2021

1. Referrals increased by 15% over the past year due to the collaborative efforts between RCH and EPIC management jointly focusing on identifying at risk patients: over 128 patients were involved in our community case management program.

2. Met/exceeded patient expectations especially in the areas of facilitating referrals and securing appointments, in addition in assisting the patient/family to navigate through our health care system.

3. Inpatient days and/or emergency room visits have decreased significantly for those patients with a history of frequent hospitalizations and/or emergency room visits: Of the 128 patients followed, 33 were hospitalized accounting for 339 total inpatient days prior to community case management intervention. Post intervention, total inpatient days dropped to 51 days, a 66% decrease. In regards to the emergency room visits, 38 of the patients were seen in the emergency room accounting for a total of 80 visits pre intervention. Post community case management intervention, the total number emergency room visits dropped to 32. A decrease also of over 60%.

4. Monitoring of our congestive heart failure patients for one month post discharge via weekly phone calls to provide support and education to ensure patient's understanding of the plan of care with the goal being patient compliance, thereby decreasing the emergency room visits and/or readmissions.

5. Monthly monitoring and evaluation of our medicare readmissions to improve communication and care coordination efforts with discharge planning.

6. Disease specific resource lists are available for participants.

Goals for 2022

1. Continue to increase referrals and productivity to the program.
2. Continue to meet or exceed patient expectations especially in the areas of facilitating referrals and securing appointments, in addition to assisting and educating the patient/family on the process of navigating through our health care system.
3. Continue to decrease inpatient days and/or emergency room visits.
4. Reinforce the benefits of the program to our physicians, patients, and community.
5. Continue to assess and explore the characteristics and needs of our patient population and define patient specific interventions and goals.

Financial Summary of the Community Case Management Program

The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2021 including nursing salary, taxes, and benefits of 24% was $185,599.23

PASTORAL CARE – VOLUNTEERS PASTORAL CARE – LAY MINISTRY

Clinical Chaplain

Pastoral Services at Redlands Community Hospital supports a part-time chaplain and a per diem chaplain. The chaplain was very busy providing care for patients, families, and staff through the year dealing with multiple waves of COVID-19 pandemic. The clinical chaplain created and provided multiple points of spiritual/emotional engagement, which has fostered a healthier emotional and spiritual outlook for individual within the hospital setting.

As the pandemic has lasted far more than anyone could have imagined, the efforts and time provided for spiritual/emotional support from the Clinical Chaplain for our hospital community has continued and, in some areas, increased. The chaplain has continued to respond to the changing and growing spiritual needs of our hospital physicians, staff as well as our patients and their families.

The chaplain serves on the intensive care unit, emergency and behavioral health department's clinical team, bio-ethics committee, and co-leads the helping heroes support group, providing professional spiritual assessment and support for patients and families. The chaplain responds to referrals from health care professionals throughout the hospital to assist with addressing life threatening illnesses, religious rituals affecting care and recovery, end of life concerns and issues of spiritual distress. Due to the pandemic, the chaplain did not have the assistance of community or volunteer spiritual care providers in the greater Redlands area to help facilitate spiritual care. With this lack of support, the chaplain continued to do as much as possible to meet the needs of patients and staff. The chaplain is a member of the Redlands Area Interfaith Council. The Redlands Interfaith Council like most organizations was also on a hiatus for some time but has recently begun their meetings again.

Pastoral Care's No One Dies Alone Program was initiated at the hospital about nine years ago to provide a compassionate companion for patients who had no family or friends to be with them at the very end of their life. At the initial onset of the COVID-19 pandemic, the volunteer services program was suspended therefore this program has remained dormant with hopes to one day resume.

Volunteer Pastoral Care Services Visiting Clergy/Lay Ministry

The Volunteer Chaplains along with the visiting clergy/lay ministry program was unavailable after the onset of the pandemic and remains dormant at this time.

Community Partners

Inter-faith communities in the Redlands and neighboring areas: Churches, mosques and temples who provide a spiritual support to those residing throughout the community.

Redlands Area Interfaith Council: helping to promote understanding and mutual respect of the diverse faith communities

Goals and Milestones Accomplished in 2021

1. Provided on-going purpose driven spiritual care.
2. Continued and grew the "Helping Heroes" peer support group in collaboration with Social work.
3. Staff utilized the chapel for spiritual reflection during the pandemic and continues to do so.
4. Initiated departmental support groups collaboratively with Social work.
5. Provided continued engagement with Pastoral Care Volunteers.
6. Frequent virtual and in-person rounding in departments and nursing units to provide spiritual support for each area, which lead to multiple in-person group and individual meetings with staff experiencing spiritual distress.
7. Provided spiritual care to surgical patients prior to their surgery – upon request.

Goals for 2022

1. Re-Establish a Pastoral Care Grief Recovery Group
2. Provide on-going spiritual care to Redlands Community Hospital patients, families, and staff.
3. Increase pastoral care patient and staff visitation to promote spiritual wellness

Financial Summary

The unreimbursed costs to Redlands Community Hospital for the Pastoral Care Program during 2021 was $50,100.

BEHAVIORAL HEALTH PROGRAM

The Covid-19 Pandemic has strained healthcare resources, changed the dynamics of group therapy, and increased stress for both patients with mental illness and the staff who care for them. In 2020, moderate-to-severe anxiety among adults dramatically increased from 6.1 percent in 2019 to 37.l3 percent in 2020 due to the Covid-19 Pandemic. Moderate-to-severe depression increased to 30.2 percent which was a four-hundred percent increase from the previous pre-Covid-19 pandemic (Kassens, J., Taylor, J. and Rodgers, W. Health Care: Mental Health Crisis during the COVID-19 Pandemic, 2021). To say it has been a challenging year for the healthcare profession would be an understatement. To say we have been defeated by the Pandemic would be overly dramatic. To say we have taken one-step back to take a better step forward is a metaphor that clearly depicts how the Redlands Community Hospital (RCH) has adjusted in progressively moving forward to provide the best patient-centered care while, at the same time, doing our best to take care of our staff who have suffered. An example of the adjustment was introducing Telehealth for our patients who were stranded in their Board and Care facilities. Another example is a County Grant awarded to RCH in educating patients with severe mental illness (SMI) about pre-diabetes and diabetes education. This two-year grant provides an additional layer of proactive care for our patients with SMI. Redlands Community Hospital has suffered the same setbacks many other Community Hospitals have endured. As mentioned, we are keeping our eye on the path forward which includes the Recovery model for the benefit of both our patients and our staff. The goal is for patients to have a voice in their care and for staff to be engaged and have a voice on how to provide that patient-centered care. Some of the goals we initially had for 2021 were challenged due to the Covid-19 Pandemic. We are resilient in the way we are staying committed to our patient-centered goals as we move into 2022.

Purpose and Program Description:

The purpose of the Redlands Community Hospital Behavioral Health Program is to serve as a multi-disciplinary recovery-oriented program. Staff are trained to be a partner in the patient's crisis while on the Behavioral Health Unit (BHU). There are 10 basic patient-centered principles of the recovery model that benefit both the patient and staff:

1. Hope – Patients are therapeutically influenced to believe recovery can and does happen. They learn from their life success and failures in the form of lessons to evolve. Staff have the belief that recovery is real and focus on the patient's abilities, not their disability.
2. Patient driven – Patients are an active participant in their own recovery as they help to explore new possibilities of recovery. Staff assist the patient with their own goals, needs, and preferences.
3. Many Pathways – Patients learn that growth comes from working through setbacks. They learn and practice new ways of coping. Staff recognize that recovery is an individualized process. They work with the patients from wherever they are in the recovery process.
4. Holistic – Patients learn to attend to their spiritual, physical, and mental health. They are advised to have at least one identified special supportive person in their recovery

journey. Staff attend to the patient's basic needs while on the BHU. Various members of the multidisciplinary staff help to connect patients to community resources.

5. Peers and Allies – Patients seek help from providers. Patients share their recovery experiences with other patients in the community. Staff encourage support among the patients. Staff help to develop community partnerships.
6. Relational – Patients involve family and friends in their recovery plan and help to give back to their community. Staff empower the patient and help involve the patient's family members whenever possible.
7. Cultural – Patients look into their own cultural values and beliefs for guidance. Patients are given direction about seeking help from their specific community. Staff honor patient's values, traditions, and beliefs.
8. Addresses Trauma – Patients speak about what works for them and what does not. Patients develop their own community of trust. Staff provide a welcoming and safe environment of care. Staff maintain confidentiality.
9. Strengths and Responsibilities – Patients commit to their own wellness. Patients learn to advocate for themselves. Staff support recovery through unique strengths in each patient. Staff advocate for patients and their own families.
10. Respect – Patients learn how to respect the courage it takes for change to happen. Patients accept and commit to change. Staff offer meaningful choices of care. Staff protect patient's rights and dignity.

Depending on the needs of the patient, there are three levels of care offered by the Behavioral Health Program.

- Our inpatient program services provide a recovery-oriented therapeutic setting that allows the individual with acute symptoms to be immersed in the treatment environment focused exclusively on recovery. Inpatient treatment typically consists of medication management, a combination of individual and group counseling, support groups, and adjunctive therapies.
- The Partial Hospitalization Day Program (PHP) is a daily structured program of personalized group therapy that can serve as an alternative to inpatient hospitalization or as a transition from the hospital to a community setting while the patient continues to live at home. This treatment option is designed for those without acute symptoms necessitating inpatient admission.
- The Intensive Outpatient ("IOP") program provides a step-down to a part-time intensive schedule that includes individual and group therapy designed to accommodate individuals who may have professional duties outside of the treatment environment, such as school, work, or family life. Groups are small and generally do not exceed 10 people, allowing for supportive treatment in a safe environment. Redlands Community Hospital has made it a goal to expand the outpatient program. We are currently looking for additional space both inside the RCH campus and any outside opportunities that will help us expand the outpatient program. There is a very large community need for outpatient resources.

Unique Program Interventions:

Our programs are unique for the following reasons:

1. Emphasis on the totality of mind-body-spirit as the philosophical premise for health and well-being.
2. Recovery-oriented classes taught by recovery experts to give the patient hope and guidance.
3. Licensed Clinical Social Workers, Marriage –Family therapists (MFT's) and Recreational therapists (RT's) are on staff daily, providing group therapy focused on individualized needs of patients
4. "Teach Back" method is used for patient education in Community Meetings and Medication Groups to increase self-management of personal diagnosis and medications through self-knowledge and self-awareness.
5. A structured daily schedule is in place to provide quality services in a stable environment.
6. The BH program services target stress management, coping skills, life skills, and community reintegration.
7. Complementary therapies, including horticulture therapy and aromatherapy, have been integrated into the structured schedule to expose patients to a wide variety of stress management and coping skills.
8. Wellness groups are taught in both the inpatient and outpatient groups.
9. Nurse-led groups for our patients with prediabetes or diabetic patients.
10. Art and music classes taught by Recreational Therapists.

Top Diagnoses treated in Behavioral Health:

1. Schizoaffective Disorder
2. Schizophrenia
3. Bipolar Disorder
4. Major Depressive Disorder
5. Psychosis, not otherwise specified
6. Substance Abuse Disorder/Overdose

Scope of Services:

Hours of Operation	Inpatient: 24 hours, 7 days Outpatient: 8:00 a.m. – 4:30 p.m. Mon-Fri
Personnel	Administrative Staff Licensed Clinical Social Workers Licensed Marriage and Family Therapists Licensed Psychiatric Technicians Licensed Pharmacy Technicians Licensed Vocational Nurses Mental Health Workers Psychiatrists Psychologists Physicians

	Registered Nurses Recreational Therapists Social Workers
Service Programs	Inpatient Psychiatric Care Partial Hospitalization Day Program Intensive Outpatient Program Care

Financial Summary

The un-reimbursed cost of the Behavioral Health program is accounted for in the medical care services costs, Community Benefits, and Economic Value.

Goals/Outcomes Accomplished in 2021

- San Bernardino and Riverside County Grant awarded to help take care of patients with SMI and diabetes or pre-diabetes.
- Learn-as-you-go Covid-19 Pandemic adjustments to provide patient-centered care.
- Much improved collaboration and communication with the ED which helps to get patients admitted to the inpatient unit in a timelier manner.
- All PET evaluations are completed before 9am and then checked on throughout the day.
- Increased weekend therapy sessions with an additional scheduled therapist.
- Wi-Fi remediation in the outpatient program for better access to web based therapies and resources.
- Upgraded the computers and telephone systems in the Outpatient program.

Goals for 2022

- Expand program marketing to include neighboring counties that have limited inpatient and outpatient mental health resources, increasing the aggregated cliental of the Behavioral Medicine Department.
- Train staff to be more recovery-oriented whereby they are a partner in the patient's crisis.
- Improved relations with community volunteers to contribute to the inpatient to outpatient transition of our patients so that they may have improved community support.
- Motivate and Support licensed staff members to increase the number of Board certified BH nurses by 20%.
- Motivate and support licensed staff to pursue additional education in regard to their nursing license and psychiatric classes
- Optimize patient comfort, stress relief efforts, and recovery by enhancing the aesthetic appeal of the inpatient Behavioral Medicine Unit.
- Increase the outpatient census
- Find additional space for the outpatient needs
- Start evening and/or weekend outpatient groups for part of our patient population who are high-functioning and have jobs during normal business hours for the week.

HOMELESS PATIENT DISCHARGE PLANNING INITIATIVE

Redlands Community Hospital provides discharge planning services for homeless patients seeking medical and psychiatric treatment. Services provided included medical examinations and screenings, meals, transportation, clothing, and prescriptions free of cost. The goal of this initiative is to improve health care for the homeless population by providing direct care and linkage to follow-up services within the community.

Problem

Due to the Covid-19 Pandemic, there was no Point-In-Time Count for the year 2021 therefore we have no method to show an increase or decrease of the homeless population in the City of Redlands. We know that there was a 19.9% increase from 2019 to 2020 and assume the numbers would have shown a similar increase for the years 2020 to 2021. In the year 2019, the City of Redlands had the 2nd highest number of homeless in San Bernardino County with 186 persons counted.

Patients experiencing homelessness often have complex medical, psychological and social needs with limited resources such as shelter and housing. Senate Bill (SB) 1152 requires all acute and psychiatric care hospitals to comply with specific provisions for homeless patient discharge planning which include weather appropriate clothing, transportation within 30 miles/minutes of the hospital, and offer of a meal. While the hospital provides care for the immediate basic needs for this population, there are minimal resources throughout the City, County and State for the wrap-around services needed.

Program Description

During fiscal year 2021, Redlands Community Hospital identified and offered services to over 744 homeless individuals who presented to the hospital for services. The hospital utilized a multidisciplinary approach to meet the needs of the patients which included Physicians, Registered Nurses, Case managers, Social Workers, Dietary Services, and Patient Registration Staff. We continued to have collaboration with community agencies, predominately with the San Bernardino Department of Public Health due to Covid-19. The hospital worked closely with the Redlands Community Hospital foundation to assist with funding weather-appropriate clothing, shelter, as well as transportation assistance. These services were not reimbursable from payors.

Goals and Outcomes Accomplished in 2021

1. Met all requirements of California's SB 1152
2. Maintained a partnership with Redlands Community Hospital Foundation to assist with meeting non-reimbursable services such as weather-appropriate clothing, shelter and transportation
3. Provided education to continue awareness of homeless discharge planning to the medical staff and physician groups (EPIC, PMG, Vituity, and Team Health)

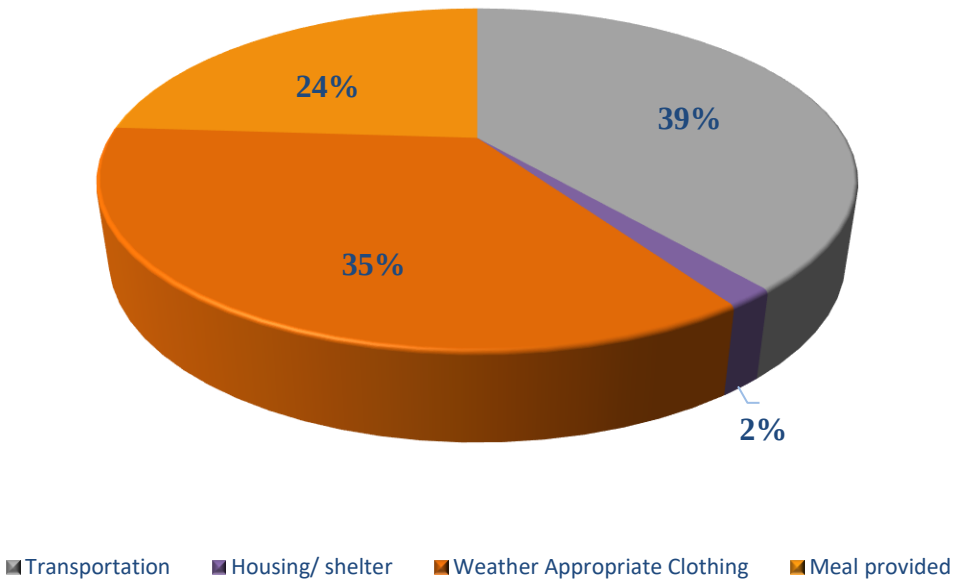
4. Participated in the Hospital Association of Southern California's taskforce, department of public health, California Hospital Association, and multiple virtual meetings on the topic of homelessness and the impact of the COVID-19 pandemic on services.

Goals and Outcomes established for 2022

1. Provide education to staff and physicians regarding the housing needs of the homeless population to promote better health and outcomes.
2. Collaborate with County and other hospitals/providers to promote whole person care to meet both physical and mental health conditions of the homeless or at risk of becoming homeless population.
3. Continue providing required services for homeless patient discharges.

Financial Summary for the Homeless Initiative, 2021

The following graph shows the categories by percent for the un-reimbursable costs of $8,877 used for providing homeless discharge services. Redlands Community Hospital received grant funding in the amount of $150 toward housing resources.



ADDITIONAL COMMUNITY BENEFIT ACTIVITIES, 2021

Redlands Community Hospital is continually involved in a variety of activities and programs that benefit the community.

Health Fairs and Health Screenings

Redlands Community Hospital participated in a wide variety of virtual and in person community events and provided health related services for the community at Senior Centers, churches, large employers, children events, emergency preparedness fairs, community events, high schools, Community College/University and the YMCA. An array of health education and health services were offered to the public.

Community Health Fairs

During 2021, the Hospital participated in 15community health fairs, virtually and in person providing education on the hospital's programs and services:

- Highland Senior Center
- Calimesa Street Fair
- Jocelyn Senior Center
- Redlands Senior Community Center
- Sun Lakes Senior Living Community
- City of Beaumont State of the City
- Yucaipa Health Fair
- Mission Commons Health Fair (Redlands Senior Housing Facility)
- Yucaipa Senior Center Health Fair
- City of Yucaipa Health Fair
- Noon Kiwanis Run Through Redlands
- Blossom Grove Senior Health Fair
- Redlands Believe Walk
- Sunrise Kiwanis
- The Lakes Assisted Living and Memory Care Health Fair
- Redlands Northside Impact- Coptober Health Fair

Free Immunization Programs

The Hospital provided free immunizations at various times during the year with the assistance from Marketing and Public Relations staff, and the Family Clinic's medical and nursing staff.

Flu shots were administered in 2021 as follows:

- To Redlands Community Hospital employees, patients, and community leaders.
- Flu shots and other immunizations were offered to underprivileged individuals at homeless shelters, the Salvation Army, and churches.

- Free seasonal/H1N1 flu educational flyers, posters and brochures were distributed to the public; educational information and public screening locations were advertised in local newspapers and the hospital website.

COVID19 Vaccine Clinics provided over 33,000 doses to the first responder community, employees, educators and community 12+ years and older in 2021. Educational flyers, posters, and door to door campaigns were implemented to increase community acceptance of the COVID19 Vaccine. Clinics were advertised in local newspapers, through social media, and on the hospital website. Clinics were in collaboration with Redlands Police and Fire Departments, Northside Collation, ESRI, Sam Bernardino County Schools, Redlands Unified School District, and the University of Redlands. Clinics were held daily January 2021- September 2021, then twice a week until the end of the year.

Senior Citizen Activities

- In conjunction with the Jocelyn Senior Center, the hospital funded several senior citizen newsletters that were mailed to seniors throughout various communities
- The hospital sponsored health information bulletin boards located at three senior centers in the area
- Marketing/Public Relations and other hospital departments presented health programs to senior groups. Education topics included heart disease, high blood pressure (hypertension), and diabetes prevention and treatment.
- The hospital sponsored special programs, offering lunch or dinner, and a presentation by hospital staff on varying health topics, for seniors at various senior centers e.g., Redlands Community Senior Center
- The hospital offered a variety of health screenings such as eye vision testing and blood pressure screenings and initiated cancer screenings

Charity Care and Emergency Department Services

No individual with urgent health care needs is turned away from the hospital's emergency department due to an inability to pay. Admitting clerks seek to obtain health insurance information or Medi-Cal coverage. After all avenues of financial payment are exhausted, charity care is provided.

Community Outreach/Co-sponsored or Supported Events:

- Blood Drives- Sponsored twice monthly blood drive events in collaboration with LifeStream Blood Bank
- YMCA Children's Health Education- including participation in their annual Kids Care Fair –virtual event in 2021
- Stroke Support Group- provided a meeting place monthly virtually for stroke survivors
- The Believe Walk virtual event- including participation in their annual Kids Care Fair

- Emergency Medical Services Appreciation Day - Emergency Response personnel, including personnel from the Redlands Police Department, Redlands Fire Department, and American Medical Response
- Community Outreach (Family Service Association)- Throughout the year, Redlands Community Hospital continued to serve the needy within the community by:
    - Hospital-wide Food and Toy Drives
    - Thanksgiving Basket Food Drive

Community Health Education Lectures

Throughout the year, the hospital organized and supported community health virtual and in person education awareness programs, including:

- Grief Recovery Classes
- Adult CPR classes in San Bernardino and Riverside County
- Infant CPR for new parents
- Stroke Support Group
- Various health-related topics such as:
    - Handling The Holidays - Grief seminar
    - The Spine and Joint Disease educational seminars
    - Heart Health education
    - Alternative Pain method seminars
    - Diabetes Education community lecture
    - Breast Cancer Awareness- women's health lecture
    - Infection prevention community lecture
    - Signs and Symptoms for Stoke heath lectures
    - Advanced treatment for gynecological diseases community lecture
    - Pandemic/ Vaccination Updates/ Education

Community Sponsorships

Donated funds, gift baskets, purchased tickets and attended nearly 50 various community non-profit events and fundraising efforts for agencies that help the community, including:

- Alzheimer's Association
- Boys and Girls Club of Redlands
- The American Heart Association
- The Amputee Connection
- Rotary Scholarship
- Yucaipa Senior Center
- The Children's Fund of San Bernardino County
- Bonnes Meres Auxiliary of Redlands
- YMCA of Redlands
- National Health Foundation
- The Redlands Bicycle Classic

- Kiwanis virtual “Run Through Redlands” Half Marathon/ 10K/5K
- Redlands Northside Impact
- Joslyn Senior Center / Highland Community Center
- Highland Senior Center
- Zonta Club
- Redlands Symphony
- St. Bernardines Medical Center
- Building A Generation Golf Fundraiser
- Redlands Community Foundation
- Redlands Benchwarmers
- Redlands East Valley High School
- Family Service Association Hunger Walk
- Redlands Symphony Annual Gala
- Redlands Bowl Children's Summer Festival
- Redlands Police Officer' Association
- San Bernardino County Medical Society
- Redlands Unified School District
- Alpha Kappa Delta- University of Redlands
- Loma Linda University Medical Center
- American Heart Association
- Lifestream (formally the Blood Bank of San Bernardino County) blood drives
- Beaumont Chamber of Commerce
- Calimesa Chamber of Commerce
- Highland Chamber of Commerce
- Redlands Chamber of Commerce
- Yucaipa Chamber of Commerce
- Loma Linda Chamber of Commerce
- Sun Lakes Resident Golf Tournament
- Sun Lakes Resident Health Fair
- Yucaipa Women’s Club
- Inland Association Continuity of Care
- Yucaipa Rotary (Braswell’s) Golf Tournament

Hospital staff spoke at various community meetings on topics ranging from healthcare, and Covid-19 pandemic response to expanding hospital facilities to meet the growing demand for health-related services.

VOLUNTEER SERVICES

The volunteer program adds another dimension of care within the hospital setting and ultimately the community. The program has far-reaching affects both within and outside the hospital's walls. Internally, the volunteers touch the lives of the patients and their families providing comfort and support; they relieve staff of volunteer appropriate duties and provide themselves a mechanism to feel useful and give to their community. As one example of their community service, volunteers assist staff and community members at monthly blood donation drives. This involves supportive services to registered donors identified by the Blood Bank ensuring their wellbeing following donation. This valuable service ultimately impacts the lives of patients in our community.

Externally, volunteers were active community members who represented the hospital by supporting community functions and developing program partnerships. Early in 2020, challenges created by the COVID-19 pandemic included the suspension of the volunteer program within the hospital, continuing through much of 2021. As a result, volunteers supported hospital related projects and services in new and creative ways, including:

- Providing support to staff and residents at on-site COVID vaccine clinics and call centers;
- Food and grocery delivery to isolated individuals
- Cutting of material for use in cleaning agents (> 5,000)
- Providing personal notes and greetings cards for hospital patients and isolated community members;
- Performing outreach to isolated individuals;
- Sewing quilts for NICU isolettes and hospice patients;
- Return of non-clinical volunteer services in such areas as Gift Shop, Parking Lot Shuttle Services, and Clerical areas aiding staff, visitors and guests

Emergency Planning

Redlands Community Hospital collaborates with area agencies to conduct County and City Emergency Drills. Hospital administrators, directors, safety, security and Emergency Department staff participated in numerous drills conducted throughout the year by the county, city and hospital. Different scenarios were staged to test cooperative functions between regional emergency agencies.

2021 - Year in Review

1,103	Free Flu Shots were given to the public by the hospital
2,500	People came to our booths at community health fairs (estimated)
1,766	Babies were born at the hospital
10,794	Patients stayed in the hospital
6,606	Patients received surgery at the hospital
52,932	Patients came through our 24-hour Emergency Department
129,000	Patients came in for outpatient visits, excluding emergency department visits
$140,019	In work hours were donated to the Hospital by over 210 active volunteers.

COMMUNITY COLLABORATION

The hospital's community needs assessment (2019) demonstrated individuals are unaware of available health and human resources. Additionally, there may be a fear of the system and a lack of understanding on how to access services they may need. Community organizations are not aware of all the programs and services provided by other agencies and there are known gaps in the health care delivery system in the region. To address this challenge, the hospital participates in a lot of community building activities.

Problem

There are known and unknown gaps in the health care system in the region.

Program description

The hospital utilizes the community health needs assessment process to identify access to care issues and to develop strategies to address the gaps. The hospital is unique in that it provides access to primary care at two safety net primary care clinics as well as the acute care hospital. These clinics serve vulnerable community members and are a vital part of the hospital's mission. Additionally, the hospital is a member of the Community Health Association Inland Southern Region which allows an opportunity to network with regional health center and clinic executives with the aim to address gaps in services at the community level. To meet the broader challenge of sustainable healthcare in the region, hospital staff collaborate with numerous community agencies (refer to the partner list below).

Partners

Community Hospital of San Bernardino
Kaiser Permanente, Fontana
Pomona Valley Hospital, Pomona
Medi-Cal health educators
Community Health Association Inland Southern Region
Riverside Community Hospital, Riverside
San Antonio Regional Hospital, Upland
St. Bernardine's Medical Center, San Bernardino
Arrowhead Regional Medical Center
California State University, San Bernardino
Interfaith Community Collaborative
Family Services Association of Redlands
Parkview Community Hospital, Riverside
Riverside County Public Health Officer
HASC – Inland Empire CHNA Taskforce
Hospital Association of Southern California
Loma Linda University Health
San Bernardino County Public Health Officer
Corona Regional Medical Center, Corona
Loma Linda University Medical Center Murrieta
Loma Linda University Medical Center
Community Health Coalition of San Bernardino County

Goal for 2022

Continue the collaboration to identify gaps in the health care system and develop strategies to fill the voids.

COMMUNITY BENEFITS AND ECONOMIC VALUE

Summary information below identifies community benefit programs and contributions for fiscal year ending September 2021 for Redlands Community Hospital.

A. Medical Care Services	Audited 2021	
Medicare	$ 11,202,327	
Medi-Cal, Co.-indigent & Other	$ 29,293,280	
Unreimbursed care		$ 40,495,607
B. Community Outreach unreimbursed care		$ 488,307
Redlands Family Clinic	$ 13,419	
Yucaipa Family Clinic	$ 60,078	
Perinatal Services	$ 414,810	
C. Community Case Management		$ 185,599
D. Pastoral Services		$ 50,100
E. Homeless Patient Discharge Planning		$ 8,877
E. Community Benefits		$ 361,990
Sponsorship of specific community benefit programs		
In-kind sponsorship to general community benefit		
In-kind staff hours for community benefit		
F. Volunteer Services value of 4,166 hours donated*		$ 140,019
G. Hospital Board value of volunteer hours*		$ 47,390
H. Medical Staff value of volunteer hours*		$ 22,855
I. Funds donated to hospital by employees		$ 129,010
J. Funds donated to hospital by Volunteer Services		$ 0
TOTAL		**$ 41,929,754**

* This value is based on the "independentsector.org" national estimated hourly value for hospital volunteer service: $33.61 per hour (California, December 21, 2021).

Non-quantifiable Benefits

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at $315,000 annually. Hospital staff who are providing leadership skills and bringing facilitator, convener and capacity consultation to the community collaboration efforts, incurs these expenses. These skills are an important component to enable the hospital to meet their mission, vision and value statements and community benefit plan. Leadership, advocacy and participation in community health planning costs are $315,000.

II. COMMUNITY NEEDS ASSESSMENT 2019

California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), passed in 1994. It required all private, not-for-profit hospitals in California to conduct a community needs assessment every three years and develop community benefit plans that are reported annually to the California Office of Statewide Health Planning and Development (OSHPD).

Redlands Community Hospital (RCH) conducted Community Needs Assessments for reporting periods 1995, 1998, 2002, 2005, 2008, 2011, 2013, 2016 and 2019. Communities of vulnerable and at- risk populations were identified and participated in the surveys.

Redlands Community Hospital, in collaboration with the Hospital Association of Southern California and seven hospital systems, performed a coordinated regional, Riverside and San Bernardino County, Community Health Needs Assessment in 2019. The regional needs assessment concept has been performed every three years since 2016. Having a regional assessment and continued collaboration amongst the health systems allows for a coordinated effort to address the regions health and social determinants of health issues.

The goal for Redlands Community Hospital was to collect information which could enable the hospital to identify:

- Unmet health needs and problems
- Social determinants of health issues
- Vulnerable and at-risk populations
- Resources and services available
- Barriers to service and unmet needs
- Possible solutions to the identified needs and challenges

Mission Statement

The hospital's Mission, Vision and Values statements are integrated into the hospital's policy and planning processes including the Community Health Needs Assessment and Community Benefit Plan. A part of this planning process was to incorporate community benefits in the hospital's strategic plans.

Our mission is to promote an environment where members of our community can receive high quality care and service so they can be restored to good health by working in concert with patients, physicians, RCH staff, associates and the community.

Vision

Our vision is to be recognized for the quality of service we provide and our attention to patient care. We want to remain an independent not-for-profit, full-service community hospital and to continue to be the major health care provider in our primary area of East San Bernardino Valley as well as the hospital of choice for our medical staff. We recognize the importance of remaining a financially strong organization and will take the necessary actions to ensure that we can fulfill this vision.

Values

- We are Committed to Serving Our Community
- Our Community Deserves the Best We Can Offer
- Our Organization Will Be A Good Place to Work
- Our Organization Will Be Financially Strong

II. BACKGROUND

Redlands is located in Southern California in the east valley of the San Bernardino Mountains. This century-old city is known for its Victorian homes and historic public buildings, a thriving downtown, tree-lined streets, orange groves, mountain views, and cultural richness. It is home to the University of Redlands, a top-ranked private university, which offers the community a full array of social and cultural events.

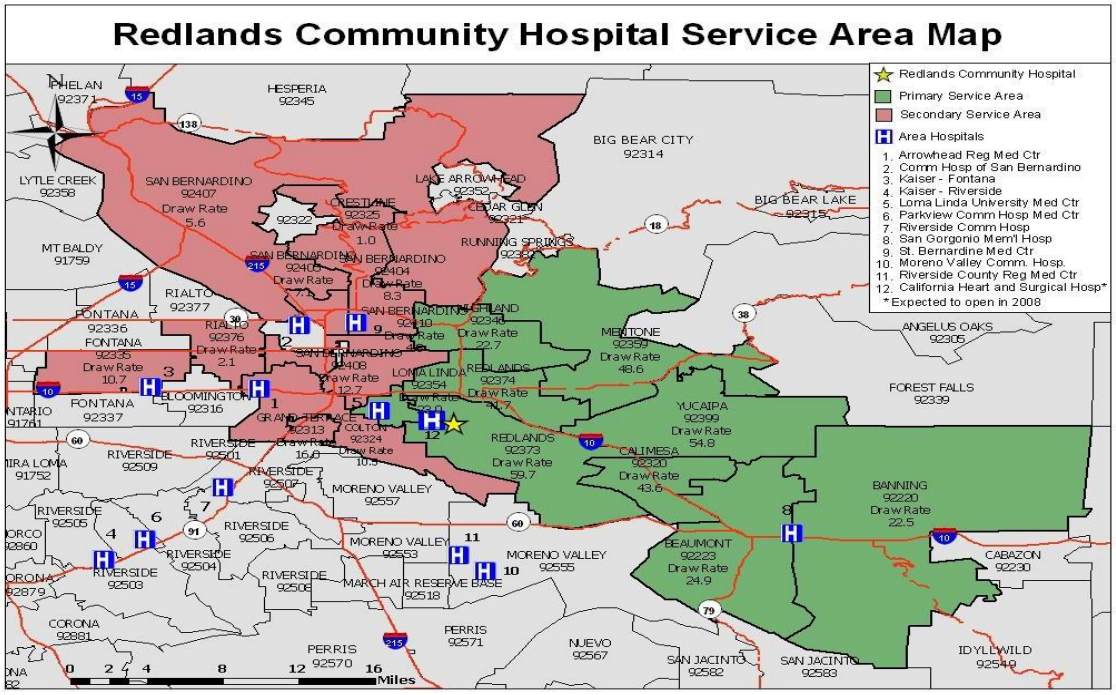
Yet, just like many other communities, there are groups of people, neighborhoods, or individuals who are struggling financially and lack adequate healthcare. As our service to the community, we strive to reach out to those in need of healthcare through a variety of community service programs.

Founded in 1904, Redlands Community Hospital is a non-profit, 229 bed healthcare facility located in the east San Bernardino Valley of Southern California. The hospital offers acute healthcare, diagnostic testing, outpatient and home healthcare services. The hospital operates two community-based Family Clinics for low-income and underinsured community members. The Redlands Family clinic originated in an elementary school, however it out grew the location and now resides at a free-standing location in a high-risk area of Redlands. To further meet the needs of the community, a second family clinic, the Yucaipa Family Clinic, was opened in 2013. As a community hospital, we take pride in our ability to provide personal care, comprehensive care, and, high quality services. Our public relations department, Emergency Department, Redlands Family Clinic, Yucaipa Family Clinic, Perinatal Services Program, and several other departments throughout the hospital are involved in offering and providing a variety of community services and charity care. Individuals throughout our large service area depend on us for 24-hour emergency care, the professional delivery of healthcare and community outreach programs.

COMMUNITIES SERVED

Analyzing historical patient origin data derived from the hospital's statistical information identified the geographic service area of Redlands Community Hospital. Located in the most densely populated area of San Bernardino County, communities identified as being in the primary service area of the hospital are Banning, Beaumont, Calimesa, Highland, Loma Linda, Mentone, Redlands and Yucaipa. The secondary service area is comprised of the cities of Colton, Crestline, Fontana, Grand Terrace, Rialto, San Bernardino, and several mountain communities.

Figure 1.
Redlands Community Hospital Service Area Map



DEMOGRAPHIC CHARACTISTICS PRIMARY AND SECONDARY SERVICE AREA

Figure 2.
Redlands Community Hospital Patient Origin

Redlands Community Hospital
Patient Origin
Calendar Years 2016 - 2018

		Calendar Year 2016			Calendar Year 2017			Calendar Year 2018		
ZIP Code	Community	Discharges	Percent of Total	Cumulative Percent	Discharges	Percent of Total	Cumulative Percent	Discharges	Percent of Total	Cumulative Percent
Primary Service Area										
92399	Yucaipa	2,123	16.4%	16.4%	2,089	15.8%	15.8%	2,281	16.8%	16.8%
92374	Redlands	1,426	11.0%	27.5%	1,346	10.1%	25.9%	1,458	10.8%	27.6%
92373	Redlands	1,375	10.6%	38.1%	1,480	11.2%	37.1%	1,423	10.5%	38.1%
92346	Highland	1,010	7.8%	45.9%	900	6.8%	43.8%	941	6.9%	45.0%
92223	Beaumont	693	5.4%	51.3%	871	6.6%	50.4%	877	6.5%	51.5%
92220	Banning	463	3.6%	54.9%	668	5.0%	55.4%	623	4.6%	56.1%
92320	Calimesa	320	2.5%	57.3%	341	2.6%	58.0%	339	2.5%	58.6%
92359	Mentone	310	2.4%	59.7%	298	2.2%	60.3%	325	2.4%	61.0%
92354	Loma Linda	298	2.3%	62.0%	251	1.9%	62.2%	279	2.1%	63.1%
92357	Loma Linda	2	0.0%	62.1%	0	0.0%	62.2%	0	0.0%	63.1%
92350	Loma Linda	1	0.0%	62.1%	0	0.0%	62.2%	0	0.0%	63.1%
Subtotal		8,021	62.1%		8,244	62.2%		8,546	63.1%	
Secondary Service Area										
92324	Colton	497	3.8%	65.9%	440	3.3%	65.5%	454	3.4%	66.4%
92404	San Bernadino	444	3.4%	69.3%	440	3.3%	68.8%	397	2.9%	69.4%
92407	San Bernadino	360	2.8%	72.1%	344	2.6%	71.4%	319	2.4%	71.7%
92376	Rialto	176	1.4%	73.5%	177	1.3%	72.7%	215	1.6%	73.3%
92410	San Bernadino	211	1.6%	75.1%	195	1.5%	74.2%	166	1.2%	74.5%
92313	Grand Terrace	158	1.2%	76.4%	175	1.3%	75.5%	163	1.2%	75.7%
92405	San Bernadino	170	1.3%	77.7%	144	1.1%	76.6%	154	1.1%	76.9%
92408	San Bernadino	136	1.1%	78.7%	133	1.0%	77.6%	103	0.8%	77.6%
92411	San Bernadino	106	0.8%	79.5%	87	0.7%	78.3%	95	0.7%	78.3%
92335	Fontana	88	0.7%	80.2%	84	0.6%	78.9%	79	0.6%	78.9%
92325	Crestline	65	0.5%	80.7%	94	0.7%	79.6%	78	0.6%	79.5%
92401	San Bernadino	7	0.1%	80.8%	13	0.1%	79.7%	18	0.1%	79.6%
Subtotal		2,418	18.7%		2,326	17.5%		2,241	16.5%	
All Other		2,484	19.2%	100.0%	2,693	20.3%	100.0%	2,761	20.4%	100.0%
Total		**12,923**	**100.0%**		**13,263**	**100.0%**		**13,548**	**100.0%**	

Source: Redlands Community Hospital, OSHPD, and Premier, Inc.
Note: Analysis includes all types of care. Data excludes Normal Newborns (MS-DRG 795)

Figure 3.
Primary Service Area – Ethnic Profile

Redlands Community Hospital
Primary Service Area vs. State of California - Ethnic
Profile Calendar Years 2017 to 2022

Ethnicity	CAGR[1]	Estimated 2017 Number	Estimated 2017 Percent of Total	Projected 2022 Number	Projected 2022 Percent of Total
Primary Service Area					
Hispanics	2.5%	115,851	36.9%	130,891	39.8%
Non-Hispanics					
White	-0.9%	140,083	44.6%	133,831	40.7%
Black	1.4%	19,074	6.1%	20,419	6.2%
American Indian/Alaskan/Aleutian	-0.4%	2,040	0.6%	2,003	0.6%
Asian/Hawaiian/Pacific Islander	2.5%	27,470	8.8%	31,152	9.5%
Other	2.7%	9,397	3.0%	10,743	3.3%
Subtotal	0.0%	198,064	63.1%	198,148	60.2%
Total	0.9%	**313,915**	**100.0%**	**329,039**	**100.0%**
State of California					
Hispanics	1.6%	15,591,299	39.3%	16,851,834	40.5%
Non-Hispanics					
White	-0.3%	14,732,040	37.1%	14,498,807	34.9%
Black	0.3%	2,209,998	5.6%	2,239,480	5.4%
American Indian/Alaskan/Aleutian	0.1%	163,451	0.4%	164,399	0.4%
Asian/Hawaiian/Pacific Islander	2.3%	5,758,801	14.5%	6,439,061	15.5%
Other	2.2%	1,235,605	3.1%	1,380,690	3.3%
Subtotal	0.5%	24,099,895	60.7%	24,722,437	59.5%
Total	0.9%	**39,691,194**	**100.0%**	**41,574,271**	**100.0%**

landsc ommunit yhospit al/Migrated Doc ument s/2015_S trategic _Plan/Analysis/[Redlands_P SA_Demos.xlsx] Ethnic ity Table

Source: The Nielsen Company, 2017
(1) CAGR is the compound annual growth rate, or the percent change in each year

Figure 4.
Secondary Service Area – Ethnic Profile

Redlands Community Hospital
Secondary Service Area vs. State of California -
Ethnic Profile Calendar Years 2017 to 2022

Ethnicity	CAGR[1]	Estimated 2017 Number	Estimated 2017 Percent of Total	Projected 2022 Number	Projected 2022 Percent of Total
Secondary Service Area					
Hispanics	1.6%	342,882	71.1%	371,081	74.6%
Non-Hispanics					
White	-3.3%	69,294	14.4%	58,447	11.7%
Black	-1.2%	44,345	9.2%	41,780	8.4%
American Indian/Alaskan/Aleutian	-0.9%	1,459	0.3%	1,395	0.3%
Asian/Hawaiian/Pacific Islander	0.6%	15,466	3.2%	15,944	3.2%
Other	0.7%	8,701	1.8%	9,013	1.8%
Subtotal	-1.9%	139,265	28.9%	126,579	25.4%
Total	0.6%	**482,147**	**100.0%**	**497,660**	**100.0%**
State of California					
Hispanics	1.6%	15,591,299	39.3%	16,851,834	40.5%
Non-Hispanics					
White	-0.3%	14,732,040	37.1%	14,498,807	34.9%
Black	0.3%	2,209,998	5.6%	2,239,480	5.4%
American Indian/Alaskan/Aleutian	0.1%	163,451	0.4%	164,399	0.4%
Asian/Hawaiian/Pacific Islander	2.3%	5,758,801	14.5%	6,439,061	15.5%
Other	2.2%	1,235,605	3.1%	1,380,690	3.3%
Subtotal	0.5%	24,099,895	60.7%	24,722,437	59.5%
Total	0.9%	**39,691,194**	**100.0%**	**41,574,271**	**100.0%**

land sc ommunit yh o sp it al/Migrat ed Doc ument s/2 0 15 _ St rat egic _ Plan/Analysis/[Redland s_ SSA_ Demo s.xlsx] Et hnic it y Table

Source: The Nielsen Company, 2017
(1) CAGR is the compound annual growth rate, or the percent change in each year

Figure 5.
Primary Service Area – Population by Age Cohort

Redlands Community Hospital
Primary Service Area vs. State of California - Population by Age Cohort
Calendar Years 2017 to 2022

Age Cohort (Years)	CAGR[1]	Estimated 2017 Number	Estimated 2017 Percent of Total	Projected 2022 Number	Projected 2022 Percent of Total	Percent Change 2017 - 2022
Primary Service Area						
0 - 14	0.3%	60,618	19.3%	61,509	18.7%	1.5%
15 - 44	0.8%	124,103	39.5%	129,370	39.3%	4.2%
45 - 64	0.0%	76,298	24.3%	76,487	23.2%	0.2%
65 +	3.1%	52,896	16.9%	61,673	18.7%	16.6%
Total	0.9%	**313,915**	**100.0%**	**329,039**	**100.0%**	4.8%
Women 15 - 44	0.7%	62,348	19.9%	64,584	19.6%	3.6%
Median Age	0.4%		37.7		38.5	2.1%
State of California						
0 - 14	0.3%	7,661,323	19.3%	7,791,726	18.7%	1.7%
15 - 44	0.4%	16,574,099	41.8%	16,925,251	40.7%	2.1%
45 - 64	0.8%	10,021,597	25.2%	10,407,103	25.0%	3.8%
65 +	3.5%	5,434,175	13.7%	6,450,191	15.5%	18.7%
Total	0.9%	**39,691,194**	**100.0%**	**41,574,271**	**100.0%**	4.7%
Women 15 - 44	0.4%	8,114,859	20.4%	8,260,212	19.9%	1.8%
Median Age	0.7%		36.7		38.0	3.5%

landscommunityhospital/Migrated Documents/2015_Strategic_Plan/Analysis/[Redlands_PSA_Demos.xlsx] Pop Table

Source: The Nielsen Company, 2017
(1) CAGR is the compound annual growth rate, or the percent change in each year

Figure 6.
Primary Service Area – Socioeconomic Profile

Redlands Community Hospital
Primary Service Area vs. State of California - Socioeconomic Profile
Calendar Years 2017 to 2022

Socioeconomic Indicator	CAGR[1]		Estimated 2017	Projected 2022	Percent Change 2017 - 2022
Primary Service Area					
Population	0.9%		313,915	329,039	4.8%
Households	0.9%		108,015	112,855	4.5%
Median Household Income	1.2%		$60,907	$64,542	6.0%
Average Household Income	1.3%		$82,270	$87,836	6.8%
Income Distribution					
Under $25,000	-0.6%	22,103	20.5%	19.0%	-7.1%
$25,000 - $49,999	0.2%	23,686	21.9%	21.2%	-3.5%
$50,000 - $99,999	0.6%	32,083	29.7%	29.3%	-1.3%
$100,000 +	2.7%	30,143	27.9%	30.5%	9.3%
State of California					
Population	0.9%		39,691,194	41,574,271	4.7%
Households	0.9%		13,384,483	14,026,477	4.8%
Median Household Income	1.5%		$66,091	$71,203	7.7%
Average Household Income	1.8%		$95,671	$104,510	9.2%
Income Distribution					
Under $25,000	-0.8%	2,584,626	19.3%	17.7%	-4.1%
$25,000 - $49,999	-0.2%	2,722,933	20.3%	19.2%	-0.9%
$50,000 - $99,999	0.4%	3,751,726	28.0%	27.2%	1.8%
$100,000 +	3.1%	4,325,198	32.3%	35.8%	16.3%

Documents/2015_Strategic_Plan/Analysis/[Redlands_PSA_Demos.xlsx] Household Table

Source: The Nielsen Company, 2017
(1) CAGR is the compound annual growth rate, or the percent change in each year

LEADING CAUSES OF DEATH
UNITED STATES, CALIFORNIA, AND SAN BERNARDINO COUNTY

TEN LEADING CAUSES OF DEATH UNITED STATES, 2014
(https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf, National Vital Statistics Report, Vol. 68, Number 6, June 24, 2019)

Diseases of heart
Malignant neoplasm (Cancer)
Accidents (Unintentional Injuries)
Chronic lower respiratory Diseases Cerebrovascular diseases (Stroke) Alzheimer's disease
Diabetes mellitus
Influenza and pneumonia
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)
Intentional self-harm (Suicide)

TEN LEADING CAUSES OF DEATH HISPANIC/LATINO POPULATION, UNITED STATES, 2017 (https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf, National Vital Statistics Report, Vol. 68, Number 6, June 24, 2019)

Malignant neoplasm (Cancer) Diseases of Heart
Unintentional Injuries (Accidental)
Cerebrovascular diseases (Stroke)
Diabetes Mellitus
Alzheimer's
Chronic liver disease and cirrhosis
Chronic lower respiratory disease
Intentional self-harm (suicide)
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)

TEN LEADING CAUSES OF DEATH CALIFORNIA, 2013
(http://www.cdph.ca.gov, http://informaticsportal.cdph.ca.gov/chsi/vsqs, January 5, 2020, latest data available)

Diseases of heart Malignant neoplasms Cerebrovascular diseases
Chronic lower respiratory
Diseases Alzheimer's disease
Accidents (unintentional)
Diabetes mellitus
Influenza and pneumonia
Chronic liver disease and cirrhosis
Essential hypertension and hypertensive renal disease

TEN LEADING CAUSES OF DEATH SAN BERNARDINO COUNTY RESIDENTS, 2017
https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/ICS_SAN%20BERNARDINO2019.pdf, January 5, 2020)

Coronary Heart Disease
Chronic lower respiratory diseases
Cerebrovascular disease (stroke)
Alzheimer's disease
Diabetes
Accidents (Unintentional injuries)
Lung cancer
Chronic liver disease and cirrhosis
Colorectal Cancer
Motor vehicle traffic crashes

HISPANIC HEALTH STATUS INDICATORS

- The Hispanic population in the primary service area is expected to grow 13% (comparing 2017 to 2022), which is above the growth rate for the state at 8.1% (Figure 3, page 5).

- For the State of California, the Hispanic population accounted for 35% of all reported cases of Tuberculosis during 2018, in comparison to White 6% and Black 4%. https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB_Report_2018.pdf, January 5, 2020).

- In San Bernardino County Latinos were the second more likely (10.1%) to be uninsured compared to other racial/ethnic groups. (Community Indicators Report, San Bernardino County, 2018).

- According to the CDC, 2012-2016 the United States incidence of cervical cancer for Hispanic women was 9.6/100,000 cases which represents the highest incidence amongst all ethnicities. In California for the San Bernardino County geographical region, the incidence of new cervical cancer for Hispanic women ranked highest at 9.8/100,000 cases. (https://gis.cdc.gov/Cancer/USCS/DataViz.html), January 5, 2020).

- In San Bernardino County, 2016, Hispanic women (83.4%) were less likely than White (83.9%) to receive prenatal care during their first three months of pregnancy. Access to and receiving prenatal care can improve birth outcomes and decrease negative outcomes of pregnancy. During this same time period San Bernardino County achieved an 82.3% early prenatal care rate which exceeds the Healthy People 2020 goal of 77.9%. (Community Indicators Report, San Bernardino County, 2018).

- The Hispanic birth rate of 57% in San Bernardino County during 2016 is the largest amongst all ethnic groups (Community Indicators Report, San Bernardino County, 2018).

DEMOGRAPHIC ANALYSIS

With the variety of ethnic groups representing all age ranges, healthcare shall be provided in concert with cultural values, in various languages, and accessible to all. The following analysis is drawn from a review of the data:

- The Hispanic population continues to be the fastest growing population in our primary service area. The Hispanic population in our Primary Service Area was estimated as 36.9% in 2017 and is projected to increase to 39.8% in 2022 (Figure 3, page 5).

- The percentage of the total population over the age of 45 in the primary service area is estimated to remain stable, with the largest growth estimated at 1.8% over the five year period for individuals 65 years of age and older (Figure 5, page 6). This growth will require sustained healthcare services and availability. As shown in Figure 5, the 15-44 age group remains stable with an estimated 39.3% of the total population in 2022; and the 45-64 age group is estimated to slightly decrease.

- The population growth in our primary service area is expected to increase by 4.8% (comparing 2017 to 2022, Figure 5, page 6). For the State as a whole, households and population growth is estimated at 4.8% and 4.7% respectively. The primary service area median and average household incomes will be well below those of the State in 2022 (Figure 6, page 6).

- Women's health programs are imperative to prevent morbidity and mortality related to negative outcomes of pregnancy and breast and cervical cancer. Prenatal screening and education is a valuable resource and should be available to the community-at-large. Breast and cervical cancer screening is essential for early detection and treatment.

III. COMMUNITY HEALTHCARE NEEDS ASSESSMENT PROCESS

METHODOLOGY

The following highlights the methodology for the 2019 needs assessment process, the participants, and the outcomes.

Executive Summary

During 2016 the Community Health Needs Assessment Report (CHNA) represented the Hospital Association of Southern California, Inland Counties' (HASC) first coordination of the CHNA for 11 local hospitals. HASC works with hospitals to advance quality healthcare delivery and supported the CHNA process with an Inland Area Community Benefit Stakeholder Committee representing the major hospitals in each county. For the 2019 Community Health Needs Assessment Redlands Community Hospital (RCH) participated in the second regional process hosted by HASC. In collaboration with seven hospital systems, RCH worked collectively to design the overall 2019 CHNA strategy and the coordination of primary and secondary data collection. The complete CHNA may be found in Appendix B (page 104). The hospitals that participated in the 2019 regional CHNA included:

- Desert Regional Medical Center
- Hi-Desert Medical Center
- Inland Valley Medical Center
- JFK Memorial Hospital
- Rancho Springs Medical Center
- Redlands Community Hospital
- San Antonio Regional Hospital
- Mountains Community Hospital

Purpose of Community Health Needs Assessment (CHNA) Report

The Patient Protection and Affordable Care Act (ACA) of March 23, 2010 included new requirements for nonprofit hospitals in order to maintain their tax-exempt status. The final regulations and guidance on these requirements, which are contained in section 501(r) of the Internal Revenue Code, were published on February 2, 2015 in Internal Revenue Bulletin 2015. Included in the new regulations is a requirement that all nonprofit hospitals must conduct a community health needs assessment (CHNA) and develop an implementation strategy (IS) to address those needs every three years. Each hospital will develop its own IS using the data from the 2019 report. There may also be identified areas that the region will work on collectively, including partners outside of the healthcare system.

Sources of Data

Primary and secondary data sources in the report include publicly available state and nationally recognized data sources available at the zip code, county and state level. Health indicators for social and economic factors, health system, public health and prevention, and physical environment are incorporated. The top leading causes of death as well as conditions of morbidity that illustrate the communicable and chronic disease burden across San Bernardino and Riverside counties are included. A significant portion of the data for this assessment was collected through a custom report generated through Community Common's Engagement Network CHNA (https://engagementnetwork.org/assessment/). Other sources include California Department of Public Health, County Health Rankings & Roadmaps, and California Environmental Protection Agency's Office of Environmental Health Hazard Assessment. When feasible, health metrics have been further compared to estimates for the state or national benchmarks, such as the Healthy People 2020 objectives.

Inpatient hospitalization discharge data for 2017 was derived from the California Office of Statewide Health Planning and Development (OSHPD) utilizing the SpeedTrack analytics platform. Hospitalization discharge data is stratified by gender, race/ethnicity and age, and data containing an n-value of 10 or less were not included and are identified with an * in the table and graphs were not generated.

Voices from the Community

The hospitals participating in the two-county assessment worked to identify relevant key informants and topical focus groups to gather more insightful data and aid in describing the community. Key informants and focus groups were purposefully chosen to represent medically under-served, low-income, or minority populations in our community, to better direct our investments and form partnerships. Redlands Community Hospital hosted a focus group on December 12, 2018. There were 15 Hospital Board, Volunteers, and Foundation Board members in attendance.

An online survey in English and Spanish was created and distributed for greater community input. It should be noted that the survey results are not based on a stratified random sample of residents throughout Riverside and San Bernardino counties. The perspectives captured in this data simply represent the community members who agreed to participate and have an interest in health care. In addition, this assessment relies on several national and state entities with publicly available data. All limitations inherent in these sources remain present for this assessment.

The most frequently mentioned health issues among the focus groups, key informants interviews, and surveys included mental health and alcohol/drug substance abuse, transportation especially for the senior population, poverty and food insecurity, affordable housing and homelessness, education and awareness, chronic diseases, access to healthcare, and preventative health care.

Prioritization Process and Identified Health Needs

During April 2019 a strategy meeting was held with the members of the Inland Empire Regional CHNA Taskforce to review the results of the CHNA and determine the top three priority needs

that the hospitals will address over the next three years. To aid in determining the priority health needs, the Taskforce members agreed on selection criteria.

The top health needs across the region identified for 2019-2021 include Mental Health and Alcohol/Drug Substance Abuse; Chronic Diseases including asthma, cancer, diabetes, heart disease, obesity, and access to health care including provider shortage and insurance.

Redlands Community Hospital's Prioritized Health Needs

Analyzing historical patient origin data derived from the hospital's statistical information identified the geographic service area of Redlands Community Hospital. Located in the most densely populated area of San Bernardino County, communities identified as being in the primary service area of the hospital are Banning, Beaumont, Cabazon, Colton, Calimesa, Forest Falls, Highland, Mentone, Redlands and Yucaipa. The secondary service area is comprised of the cities of Bloomington, Bryn Mawr, Crestline, Fontana, Grand Terrace, Hemet, Loma Linda, Patton, Rialto, San Bernardino, and several mountain communities.

Table 2 shows the priority areas Redlands Community Hospital addressed in 2019 and will continue to address during 2020. Access to behavioral health was selected as one of the focus areas. Behavioral health care is a critical issue that remains a priority for the hospital, and mental health and alcohol/drug substance abuse was a key finding with the 2019 regional needs assessment. To address the behavioral health needs of the community, the hospital provides inpatient acute psychiatric services as well as an outpatient program. Two Access to Care clinical care areas were also identified as priority focus areas: access to primary care and access to prenatal care.

Table 2.
Redlands Community Hospital's Prioritized Needs for 2020

Health Outcomes	**Clinical Care**
Access to Behavioral Health	Access to primary care Access to prenatal care

The hospital continues to own and operate two primary care medical clinics and a community-based perinatal outreach program. Both programs offer access to care for vulnerable populations and the facilities are located in high-risk areas of the community. The hospital continues to explore opportunities for partnerships and opening additional medical clinics to increase access.

The hospital continues to support individuals suffering from behavioral health issues within the community through the provision of behavioral medicine programs and services. The hospital has an inpatient acute psychiatric unit and an outpatient partial program. The outpatient program offers transportation to and from the facility.

In the area of community outreach and education the hospital continues to reach out using multiple methods. The staff provides community education, facilitate education, and distribute a quarterly community-wide newsletter. Multiple events were held and participated in throughout the Inland Empire. We recognize that there are many other community health needs outlined in the complete CHNA. These needs or challenges will be reviewed for future consideration.

Acknowledgements

The complete 2019 CHNA report was made possible through the contributions of the Hospital Association of Southern California Inland Empire Regional CHNA Taskforce, Communities Lifting Communities and HC2 Strategies, Inc. under the leadership of Mr. Keven Porter, MS, BSN, RN, Regional Vice President, HASC Inland Empire. The taskforce collaborated with Ms. Laura Acosta, MPH of HC2 Strategies, Inc.; Susan Harrington, MS, RD, and Karen Ochoa, MA, of Communities Lifting Communities. HC2 Strategies, Inc. conducted key informant interviews, focus groups, and facilitated establishing priority health needs for the 2019-2021 community health needs cycle.

Additionally, the taskforce worked with Dr. James Martinez and Ms. Val Malika Reagon to gather health indicator data, analyze quantitative and qualitative data, and publish the final report. Many of the critical health indicators presented in this report were collected from the Engagement Network CHNA report provided by Community Commons, which is managed by the Institute for People, Place, and Possibility, the Center for Applied Research and Environmental Systems (CARES), and the Community Initiatives Network. The data gathered from Community Commons ensured an efficient and accurate method of collecting data from numerous sources.

Hospital Association of Southern California

The Hospital Association of Southern California (HASC), working in partnership with the California Hospital Association (CHA), provides leadership at the local, state, and federal levels on legislation, budget concerns, and regulatory issues. Their mission is to lead, represent, and serve hospitals, and to work collaboratively with other stakeholders to enhance community health.

Consultants

HC2 Strategies, Inc. is a strategy consulting company that works with health systems and hospitals, physician groups, communities and other non-profit organizations across the country to connect and transform the health and well-being of their communities. They work to integrate the clinical and social aspects of community health to improve equity and reduce health disparities. Appendix A includes the qualifications of the consultants.

IV. ANALYSIS OF MSDRG DATA - 2019

The following MSDRG tables are based on the Medicare-severity Diagnosis Related Groups (MSDRG). There are some diagnoses with multiple MSDRG codes which were combined into a single diagnosis category. The rationale was to have one total for all the MSDRGs for a particular diagnosis without regard to the distinction of complicating or comorbid condition, major complicating or comorbid condition, etc. The top 25 discharges by MSDRG are reported by hospital service area. Therefore, these tables do not represent specific discharges for Redlands Community Hospital, but that of the population within its service area. The tables do not include maternity services. The data source used for the hospital service area MSDRG tables was the 2018 Patient Discharge Data from the Office of Statewide Planning and Development (OSHPD) Statewide Model Data Set for Hospitals.

Key Findings

- Psychoses and Septicemia were the most common MSDRGs among all races
- Psychoses was the most common MSDRG among those under the age of 64 years of age
- Bronchitis and asthma is the second most common MSDRG for those under 18 but is of the least common MSDRGs in other age groups
- Appendectomy is one of the least common MSDRGs among most races

Table 3.
Redlands Hospital Service Area Top 25 Discharges by MSDRG, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	5777
870/871/872	Septicemia	5217
291/292/293	Heart failure and shock	2003
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	1297
193/194/195	Simple pneumonia and pleurisy	1212
469/470	Major joint replacement/reattachment lower extremity	1205
637/638/639	Diabetes	1140
189	Pulmonary edema and respiratory failure	1003
064/065/066	Intercranial hemorrhage or cerebral infarction	988
682/683/684	Renal Failure	959
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	933
417/418/419	Laparoscopic cholecystectomy	896
602/603	Cellulitis	872
689/690	Urinary tract infections	847
308/309/310	Cardiac arrhythmia and conduction disorders	841
377/378/379	G.I. Hemorrhage	832
894-897	Alcohol/drug abuse or dependence	826
313	Chest pain	767

190/191/192	Chronic obstructive pulmonary disease	736
246-251	Precutaneous cardiovascular procedures	719
202/203	Bronchitis and asthma	665
811/812	Red blood cell disorder	629
736-743	Uterine & adnexa procedures	601
338-343	Appendectomy	573
945/946	Rehabilitation	134

Table 4.
Top MSDRG Among Service Area Non-Hispanic White Residents, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	2276
870/871/872	Septicemia	2157
291/292/293	Heart failure and shock	781
469/470	Major joint replacement/reattachment lower extremity	758
193/194/195	Simple pneumonia and pleurisy	557
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	459
308/309/310	Cardiac arrhythmia and conduction disorders	453
190/191/192	Chronic obstructive pulmonary disease	433
894-897	Alcohol/drug abuse or dependence	427
189	Pulmonary edema and respiratory failure	416
064/065/066	Intercranial hemorrhage or cerebral infarction	407
602/603	Cellulitis	377
377/378/379	G.I. Hemorrhage	363
682/683/684	Renal Failure	362
637/638/639	Diabetes	357
246-251	Precutaneous Cardiovascular procedures	320
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	316
689/690	Urinary tract infections	316
417/418/419	Laparoscopic cholecystectomy	238
313	Chest pain	213
736-743	Uterine & adnexa procedures	150
811/812	Red blood cell disorder	127
202/203	Bronchitis and asthma	120
338-343	Appendectomy	104
945/946	Rehabilitation	57

Table 5.

Top MSDRG Among Service Area Non-Hispanic Black Residents,2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	1016
870/871/872	Septicemia	551
291/292/293	Heart failure and shock	368
811/812	Red blood cell disorder	267
637/638/639	Diabetes	180
682/683/684	Renal Failure	163
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	154
193/194/195	Simple pneumonia and pleurisy	150
313	Chest pain	142
064/065/066	Intercranial hemorrhage or cerebral infarction	132
189	Pulmonary edema and respiratory failure	131
202/203	Bronchitis and asthma	123
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	121
190/191/192	Chronic obstructive pulmonary disease	115
377/378/379	G.I. Hemorrhage	102
689/690	Urinary tract infections	92
308/309/310	Cardiac arrhythmia and conduction disorders	91
736-743	Uterine & adnexa procedures	76
469/470	Major joint replacement/reattachment lower extremity	75
246-251	Precutaneous Cardiovascular procedures	75
602/603	Cellulitis	74
894-897	Alcohol/drug abuse or dependence	52
417/418/419	Laparoscopic cholecystectomy	48
338-343	Appendectomy	22
945/946	Rehabilitation	15

Table 6.

Top MSDRG Among Service Area Hispanic Residents, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	2175
870/871/872	Septicemia	2166
291/292/293	Heart failure and shock	753
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	610
417/418/419	Laparoscopic cholecystectomy	568
637/638/639	Diabetes	554
193/194/195	Simple pneumonia and pleurisy	426

640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	425
338-343	Appendectomy	422
689/690	Urinary tract infections	399
189	Pulmonary edema and respiratory failure	395
602/603	Cellulitis	384
202/203	Bronchitis and asthma	379
682/683/684	Renal Failure	372
313	Chest pain	363
064/065/066	Intercranial hemorrhage or cerebral infarction	356
736-743	Uterine & adnexa procedures	330
377/378/379	G.I. Hemorrhage	310
894-897	Alcohol/drug abuse or dependence	309
469/470	Major joint replacement/reattachment lower extremity	305
246-251	Precutaneous Cardiovascular procedures	251
308/309/310	Cardiac arrhythmia and conduction disorders	234
811/812	Red blood cell disorder	206
190/191/192	Chronic obstructive pulmonary disease	150
945/946	Rehabilitation	46

Table 7.
Top MSDRG Among Service Area Non-Hispanic Asian Residents, 2018

MSDRG	MSDRG Description	Discharges
870/871/872	Septicemia	226
885	Psychoses	116
291/292/293	Heart failure and shock	68
064/065/066	Intercranial hemorrhage or cerebral infarction	67
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	53
193/194/195	Simple pneumonia and pleurisy	46
308/309/310	Cardiac arrhythmia and conduction disorders	45
682/683/684	Renal Failure	40
377/378/379	G.I. Hemorrhage	39
246-251	Precutaneous Cardiovascular procedures	37
189	Pulmonary edema and respiratory failure	36
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	34
313	Chest pain	31
736-743	Uterine & adnexa procedures	29
637/638/639	Diabetes	28
202/203	Bronchitis and asthma	26

469/470	Major joint replacement/reattachment lower extremity	23
811/812	Red blood cell disorder	23
689/690	Urinary tract infections	21
417/418/419	Laparoscopic cholecystectomy	20
190/191/192	Chronic obstructive pulmonary disease	18
945/946	Rehabilitation	12
602/603	Cellulitis	11
338-343	Appendectomy	10
894-897	Alcohol/drug abuse or dependence	9

Table 8.

Top MSDRG Among Service Area Non-Hispanic Native American Residents, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	12
870/871/872	Septicemia	11
291/292/293	Heart failure and shock	7
894-897	Alcohol/drug abuse or dependence	7
190/191/192	Chronic obstructive pulmonary disease	5
637/638/639	Diabetes	4
682/683/684	Renal Failure	3
308/309/310	Cardiac arrhythmia and conduction disorders	3
202/203	Bronchitis and asthma	3
417/418/419	Laparoscopic cholecystectomy	3
736-743	Uterine & adnexa procedures	3
189	Pulmonary edema and respiratory failure	3
469/470	Major joint replacement/reattachment lower extremity	2
193/194/195	Simple pneumonia and pleurisy	2
064/065/066	Intercranial hemorrhage or cerebral infarction	2
313	Chest pain	2
246-251	Precutaneous Cardiovascular procedures	2
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	1
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	1
689/690	Urinary tract infections	1
377/378/379	G.I. Hemorrhage	1
945/946	Rehabilitation	0
602/603	Cellulitis	0
338-343	Appendectomy	0
811/812	Red blood cell disorder	0

Table 9.

Top MSDRG Among Service Area Non-Hispanic Other/Unknown Races Residents, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	130
870/871/872	Septicemia	80
469/470	Major joint replacement/reattachment lower extremity	37
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	35
193/194/195	Simple pneumonia and pleurisy	24
602/603	Cellulitis	23
246-251	Precutaneous Cardiovascular procedures	21
291/292/293	Heart failure and shock	20
064/065/066	Intercranial hemorrhage or cerebral infarction	20
682/683/684	Renal Failure	17
417/418/419	Laparoscopic cholecystectomy	17
689/690	Urinary tract infections	16
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	15
377/378/379	G.I. Hemorrhage	15
189	Pulmonary edema and respiratory failure	15
313	Chest pain	14
190/191/192	Chronic obstructive pulmonary disease	14
308/309/310	Cardiac arrhythmia and conduction disorders	12
637/638/639	Diabetes	12
894-897	Alcohol/drug abuse or dependence	12
736-743	Uterine & adnexa procedures	11
202/203	Bronchitis and asthma	10
338-343	Appendectomy	10
811/812	Red blood cell disorder	5
945/946	Rehabilitation	2

Table 10.

Top MSDRG Among Service Area Residents Under 18 Years, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	829
202/203	Bronchitis and asthma	437
189	Pulmonary edema and respiratory failure	228
338-343	Appendectomy	215
193/194/195	Simple pneumonia and pleurisy	207
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	176
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	164
637/638/639	Diabetes	110

602/603	Cellulitis	91
689/690	Urinary tract infections	85
870/871/872	Septicemia	82
811/812	Red blood cell disorder	67
377/378/379	G.I. Hemorrhage	19
308/309/310	Cardiac arrhythmia and conduction disorders	16
736-743	Uterine & adnexa procedures	14
682/683/684	Renal Failure	13
417/418/419	Laparoscopic cholecystectomy	11
894-897	Alcohol/drug abuse or dependence	8
064/065/066	Intercranial hemorrhage or cerebral infarction	4
313	Chest pain	4
945/946	Rehabilitation	2
190/191/192	Chronic obstructive pulmonary disease	2
291/292/293	Heart failure and shock	1
469/470	Major joint replacement/reattachment lower extremity	0
246-251	Precutaneous Cardiovascular procedures	0

Table 11.
Top MSDRG Among Service Area Residents 18-64 Years, 2018

MSDRG	MSDRG Description	Discharges
885	Psychoses	4589
870/871/872	Septicemia	2641
291/292/293	Heart failure and shock	932
637/638/639	Diabetes	823
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	784
894-897	Alcohol/drug abuse or dependence	753
417/418/419	Laparoscopic cholecystectomy	736
602/603	Cellulitis	552
736-743	Uterine & adnexa procedures	531
313	Chest pain	529
682/683/684	Renal Failure	474
469/470	Major joint replacement/reattachment lower extremity	468
064/065/066	Intercranial hemorrhage or cerebral infarction	439
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	436
811/812	Red blood cell disorder	403
193/194/195	Simple pneumonia and pleurisy	388
689/690	Urinary tract infections	378
189	Pulmonary edema and respiratory failure	378

377/378/379	G.I. Hemorrhage	356
246-251	Precutaneous Cardiovascular procedures	352
308/309/310	Cardiac arrhythmia and conduction disorders	346
338-343	Appendectomy	333
190/191/192	Chronic obstructive pulmonary disease	285
202/203	Bronchitis and asthma	168
945/946	Rehabilitation	82

Table 12.

Top MSDRG Among Service Area Residents 65 Plus Years, 2018

MSDRG	**MSDRG Description**	**Discharges**
870/871/872	Septicemia	2494
291/292/293	Heart failure and shock	1070
469/470	Major joint replacement/reattachment lower extremity	737
193/194/195	Simple pneumonia and pleurisy	617
064/065/066	Intercranial hemorrhage or cerebral infarction	545
308/309/310	Cardiac arrhythmia and conduction disorders	479
682/683/684	Renal Failure	472
377/378/379	G.I. Hemorrhage	457
190/191/192	Chronic obstructive pulmonary disease	449
189	Pulmonary edema and respiratory failure	397
689/690	Urinary tract infections	384
246-251	Precutaneous Cardiovascular procedures	367
885	Psychoses	359
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	337
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	333
313	Chest pain	234
602/603	Cellulitis	229
637/638/639	Diabetes	207
811/812	Red blood cell disorder	159
417/418/419	Laparoscopic cholecystectomy	149
894-897	Alcohol/drug abuse or dependence	65
202/203	Bronchitis and asthma	60
736-743	Uterine & adnexa procedures	56
945/946	Rehabilitation	50
338-343	Appendectomy	25

COMMUNITY COLLABORATION

The hospital's community needs assessment demonstrated individuals are unaware of available health and human resources. Additionally, there may be a fear of the system and a lack of understanding on how to access services they may need. Community organizations are not aware of all the programs and services provided by other agencies and there are known gaps in the health care delivery system in the region. To address this challenge, the hospital participates in a lot of community building activities.

Problem

There are known and unknown gaps in the health care system in the region.

Program description

The hospital utilizes the community health needs assessment process to identify access to care issues and to develop strategies to address the gaps. The hospital is unique in that it provides access to primary care at two safety net primary care clinics as well as the acute care hospital. These clinics serve vulnerable community members and are a vital part of the hospital's mission. Additionally, the hospital is a member of the Community Health Association Inland Southern Region which allows an opportunity to network with regional health center and clinic executives with the aim to address gaps in services at the community level. To meet the broader challenge of sustainable healthcare in the region, hospital staff collaborate with numerous community agencies (refer to the partner list below).

Partners

Community Hospital of San Bernardino
Kaiser Permanente, Fontana
Pomona Valley Hospital, Pomona
Medi-Cal health educators
Redlands Community Hospital Foundation
Riverside Community Hospital, Riverside
San Antonio Community Hospital, Upland
St. Bernardine's Medical Center, San Bernardino
Arrowhead Regional Medical Center
California State University, San Bernardino
Interfaith Community Collaborative
Community Health Association Inland Southern Region
Family Services Association of Redlands
Parkview Community Hospital, Riverside
Riverside County Public Health Officer
HASC – Inland Empire CHNA Task Force
Healthcare Association of Southern California
San Bernardino County Public Health Officer
Corona Regional Medical Center, Corona
Loma Linda University Medical Center - Murrietta
Loma Linda University Health-Loma Linda University Medical Center
Community Health Coalition of San Bernardino County

Goal for 2020

Continue the collaboration to identify gaps in the health care system and develop strategies to fill the voids.

V. Financial Commitment to Community Benefits

COMMUNITY BENEFITS AND ECONOMIC VALUE

Summary information below identifies community benefit programs and contributions for fiscal year ending September 2019 for Redlands Community Hospital.

A. Medical Care Services	Audited 2019	
Medicare	$ 19,586,287	
Medi-Cal, Co.-indigent & Other	$ 25,157,373	
Unreimbursed care		$ 44,743,660
B. Community Outreach unreimbursed care		$ 746,248
Redlands Family Clinic	$ 92,140	
Yucaipa Family Clinic	$ 215,486	
Perinatal Services	$ 438,622	
C. Community Case Management		$ 178,354
D. Pastoral Services		$ 13,106
E. Community Benefits		$ 360,893
Sponsorship of specific community benefit programs		
In-kind sponsorship to general community benefit		
In-kind staff hours for community benefit		
F. Volunteer Services value of 37,836 hours donated*		$ 1,133,188
G. Hospital Board value of volunteer hours*		$ 51,933
H. Medical Staff value of volunteer hours*		$ 19,168
I. Funds donated to hospital by employees		$ 214,036
J. Funds donated to hospital by Volunteer Services		$ 60,000
TOTAL		**$ 47,520,586**

* This value is based on the "independentsector.org" national estimated hourly value for hospital volunteer service: $29.95 per hour (California, January 8, 2020).

Non-quantifiable Benefits

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at $255,000 annually. Hospital staff who are providing leadership skills and bringing facilitator, convener and capacity consultation to the community collaboration efforts, incurs these expenses. These skills are an important component to enable the hospital to meet their mission, vision and value statements and community benefit plan. Leadership, advocacy and participation in community health planning costs are $255,000.

VI. REDLANDS COMMUNITY HOSPITAL CHARITY CARE POLICY

RCH is committed to caring for patients in need of urgent or emergent service regardless of their ability to pay. This commitment reflects RCH's value of providing services to residents of our community. RCH will balance its obligation to provide charity with its need to remain financially strong.

The Redlands Community Hospital's Administrative Policy No. A.F2, Financial (Patient) Policy, is provided in Appendix A.

Appendix A

REDLANDS COMMUNITY HOSPITAL
ADMINISTRATIVE POLICY

SUBJECT: FINANCIAL (PATIENT) POLICIES

REFERENCE: California Administrative Code, Title 22, Section 707179(a)

ATTACHMENTS:
A. Self-Pay and Charity Care Discounts
B. Endowment Funds for Charity Care
C. OB Cost Saver Package Plan
D. Service / Location Specific Policies

PURPOSE

To define Redlands Community Hospital's ("*RCH's*") philosophy and rules governing charitable care, special payment arrangements and general hospital business practices regarding patient financial responsibilities.

POLICY

1. RCH recognizes to the extent that it is financially able, a responsibility to provide quality health care services to persons regardless of their source of payment.

2. It is RCH's philosophy that the need for charitable care or for special payment arrangements should be determined prior to the delivery of that care whenever possible. Early and deliberate efforts of RCH staff to contact the patient, resolve problems, discuss, counsel and make arrangements for payment are encouraged. The intent of this policy to comply with applicable California state laws as well as Section 501(r) of the Internal Revenue Code (the "Code"). Accordingly, this Policy should be read and interpreted in a manner consistent with such laws.

3. The cost of accounts not paid must be borne by the paying patient. Proper business practices blended with the compassion in a charitable institution into patient financial policies will enable RCH to fulfill its responsibilities to those patients and third parties who pay in full for services rendered.

4. RCH has a written Emergency Medical Care Policy (T-140) that provides that all patients will receive care for emergency medical conditions without discrimination or whether or not eligible for financial assistance.

5. Hospital business practices regarding patient financial responsibilities shall be defined as follows:

I. General Guidelines for All Patients

The billing of private insurance is considered a courtesy to the patient; however, the patient/guarantor remains responsible for the balance.

A. RCH will bill secondary and supplemental carriers as a courtesy; however, the patient/guarantor remains responsible for the balance.

B. New patients are to be pre-registered and receive financial counseling regarding insurance verification and co-payments, coinsurance, and/or deductibles due prior to services being rendered. Description of services and estimated costs of services are to be available to all outpatients from the departments.

C. Extended Terms - Patients with an outstanding balance post discharge will be referred to the Business Office for counseling.

1. Payment arrangements without interest can be extended to all Self-Pay patients by the department staff not to exceed 6 months from the date of service. Upon a supervisor's review and approval, these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.

2. In the event that RCH staff and the patient fail to agree on the terms of a payment plan, the Reasonable Payment Formula as cited in SB 1276 will be implemented. Monthly payments under this formula will not exceed 10% of the patient's family income for a month, excluding deductions for Essential Living Expenses. Patients will be required to produce written documentation in support of their Essential Living Expenses.

3. RCH will not revoke a patient's eligibility for extended payment terms unless the patient has failed to make all consecutive payments due in a 90-day period. Before revoking eligibility for extended payment terms, RCH, or any collection agency or other assignee of the patient's account, will make a reasonable attempt to contact the patient by phone and give notice by writing that the extended payment plan may be revoked and the patient has the opportunity to renegotiate the extended payment plan. RCH, the collection agency or other assignee will attempt to renegotiate the extended payment plan if requested by the patient. Adverse

information shall not be reported to a consumer credit reporting agency and civil action shall not be commenced against the patient or other responsible party prior to the time the extended payment plan is revoked.

4. In the event that the patient has a pending appeal for coverage of services, so long as the patient makes a reasonable effort to communicate with the hospital about the progress of the pending appeal, the 90-day nonpayment period described above shall be extended until a final determination of the appeal is made. "Pending appeal" includes the following:

1) A grievance against a contracting health care service plan, as described in Chapter 2.2 of Division 2 of the Insurance Code, or against an insurer, as described in Chapter 1 of Part 2 of Division 2 of the Insurance Code;

2) An independent medical review, as described in Section 10145.3 or 10169 of the Insurance Code;

3) A fair hearing for review of a Medi-Cal claim pursuant to Section 10950 of the Welfare and Institutions Code;

4) An appeal regarding Medicare coverage consistent with federal law and regulations.

II. Insurance Coverage

RCH will accept insurance benefits as follows:

A. Medicare - with proper eligibility.

B. Medi-Cal - with proper eligibility.

C. Commercial Insurance - with verified coverage and assignable benefits.

D. Private Insurance - with verified coverage and assignable benefits.

E. Workers' Compensation - with verified coverage.

F. HMO/PPO/Capitation - with verified coverage.

G. Other State- or County-funded health coverage – with verified coverage.

IV. Bad Debt/Collection Policy

When required insurance coverage documentation and/or patient balance payments per agreement are not provided, RCH will transfer the account to a Bad Debt file and the reserve for Bad Debt will be charged. Solely in a manner consistent with Section 501(r) of the Code and applicable state laws, Bad Debt accounts may be referred to a collection agency at the discretion of the Collection Supervisor and Director of Patient Financial Services.

A. RCH will recognize any account as a Bad Debt when the account is older than 120 days except as follows:

1. The account is pending insurance payment for a known reason.

2. Extended payment terms have been authorized. Payment arrangements can be extended to all Self-Pay patients by department staff not to exceed 6 months from the date of service. Upon a supervisors review approval these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.

3. The Director of Patient Financial Services or Collection Supervisor has documented a good reason for maintaining the account.

4. The account has been recognized and documented as "high risk" and a prior determination made by the Director of Patient Financial Services or Collection Supervisor that the account should be aggressively followed by an outside agency.

5. The patient applies for financial assistance under the FAP within the Application Period as defined in Attachment A to this Policy.

B. RCH and its assignees of any patient Bad Debt, including collection agencies, will not report adverse information to any consumer credit reporting agency until RCH has made reasonable efforts, which efforts shall be documented, to notify the patient as to the availability of financial assistance and the actions that may be taken in the event of nonpayment. Notwithstanding the forgoing, the earliest under any circumstance that such actions may be taken is the date that is 150 days from initial billing.

C. RCH will require all assignees of any patient Bad Debt, including collection agencies, to agree to comply with the AB 774, SB 350 and SB 1276 requirements regarding all collection activity. A written agreement requiring compliance with AB 774, SB 350, SB 1276, IRS 501r and RCH's standards and scope of practice will be required on all collection agency agreements.

D. RCH and its assignees of any patient Bad Debt, including collection agencies, will not use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills for patients whose income is below 350% of the Federal Poverty Level.

E. A collection agency, or other assignee that is not an affiliate or subsidiary of RCH, shall not use sale of the patient's primary residences as a means of collecting unpaid hospital bills of patients whose income is below 350% of the Federal Poverty Level unless both the patient and his or her spouse have died, no child of the patient is a minor and no adult child of the patient who is unable to take care of himself or herself is residing in the house as his or her primary residence.

F. Bad Debt approval thresholds:

Account Balances between 0.01 – 999.99	Patient Account Rep.
Account Balances between 1,000.00 – 9,999.99	Supervisor
Account Balances between 10,000.00 – 19,999.99	Manager
Account Balances between 20,000.00 – 49,999.99	Director of P.A.
Account Balances over $50,000.00 per account:	Vice President/Chief Financial Officer or President/CEO

G. Prior to commencing collection activities against a patient, RCH and its assignees of any patient Bad Debt, including collection agencies, shall provide the patient with a clear and conspicuous notice containing both of the following:

1) A plain language summary of the patient's rights pursuant to AB 774 and SB 350, the Rosenthal Fair Debt Collection Practices Act, and the federal Fair Debt Collection Practices Act of Chapter 41 of Title 15 of the United States Code, and a statement that the Federal Trade Commission enforces the federal act.

2) A statement that nonprofit credit counseling may be available.

V. Endowment

Application of Endowment Funds for Charity Care, see **Attachment B**.

VI. Charity Care, AB 774, SB 350, SB 1276 and Prop 99

Application for Self-Pay/Charity Care/Prop 99 Funds, see **Attachment A**.

VII. Employment and Medical Staff Courtesy Allowances

No courtesy allowances for RCH employees, medical staff or their dependents are allowed except as otherwise provided in this policy and Attachments.

IX. Other Courtesy / Administrative Allowances

A. From time to time it is necessary to adjust patient accounts on case by case based on a patient's financial ability, physical ability, mental capability or other related circumstances to make payment, as a courtesy. Approvals are as follows:

Allowance amount	0.01 – 499.99	Patient Accounting Rep.
Allowance amount	500.00 – 1,499.99	Supervisor
Allowance amount	1,500.00 – 4,999.99	Business Office Manager
Allowance amount	5,000 – 9,999.99	Director of P.A.
Allowance amount	=> 10,000.00	Vice President/ Chief Financial Officer or President/CEO

B. Small balance allowances of $14.99 and under that have been billed at least once may be written off by the Business Office.

C. OB Cost-Saver Package Plan, see **Attachment C**.

D. Self-Pay and Charity Care Discounts see **Attachment A**.

E. Perinatal Services, Center for Surgical and Specialty Care, Redlands Family Clinic and Yucaipa Family Clinic, see **Attachment D.**

X. Overpayment on Patient Accounts

A. Insurance Overpayments

RCH will refund insurance overpayments in a reasonable manner, after review and a determination that refund is appropriate. Interest will be applied at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date of the verified credit balance.

B. Patient Overpayment

RCH will refund overpayments of $5.00 or more to the responsible party after determining that no accounts for which the party is responsible have an outstanding balance. Interest will be applied at the rate set forth in Section 685.010 of the Code of Civil Procedure, beginning on the date of the patient's payment that created a credit balance. For patients retroactively presenting valid Medi-Cal cards, patient payments may be refunded after all retroactive documentation has been approved by the Department of Health Services. RCH reserves the right not to accept retroactive Medi-Cal.

C. Deviations from Policy

The President/CEO, Vice President/CFO or designee may authorize a deviation from any of the above policies.

Responsibility for review and maintenance of this policy is assigned to: Vice President/Chief Financial Officer.

APPROVED: _____

James R. Holmes, President/CEO

EFFECTIVE:	09/01/80
REVIEWED:	09/23/82, 01/30/86, 05/01/88, 01/21/92, 10/15/93
REVISED:	02/24/95, 11/21/97, 12/20/00, 02/13/04, 02/20/07, 02/15/08
REVISED:	04/10/09, 12/18/09, 09/01/10, 12/12/11, 01/07/13, 7/22/13, 2/13/14
REVISED:	03/10/14, 01/01/15, 10/01/15, 10/01/2016

ATTACHMENT A

SELF-PAY AND CHARITY CARE DISCOUNTS

The Self-Pay and Charity Care Discount policies provided herein is intended to comply with California Assembly Bill 774 (Health and Safety Code § 127400 *et seq*.) and California Senate Bill 350 (Chapter 347, Statutes of 2007) effective January 1, 2008 and SB 1276 (Chapter 758) effective January 1, 2015, and Section 501(r) of the Code.

A. DEFINED TERMS

1. "*Amounts Generally Billed"* ("AGB"). Charges for emergency and medically necessary services shall be limited to no more than amounts generally billed ("AGB") to individuals who have insurance covering such care. In calculating AGB, RCH has selected the "prospective" method, which is one of the two permissible methods identified by the IRS, whereby the AGB is determined based on a percentage of the applicable Medicare reimbursement for the services provided. Following a determination of approval for financial assistance, a FAP-eligible individual may not be charged more than the amounts generally billed for emergency or medically-necessary care. In addition, RCH will not charge FAP eligible individuals gross charges (or higher) for any medical care (that is not emergency or medically necessary care).

2. "*Application Period*" means the time period in which patients may submit an application for financial assistance under this Policy by completing a FAP Application. The Application Period begins on the date on which care was rendered to the patient and continues until the 240th day after the patient receives his or her first post-discharge billing state for the care provided at RCH.

3. "*Bad Debt*" means an account of a patient who demonstrates an ability to pay but who has not done so after repeated requests for payment.

4. "*Charity Care*" means any emergency or medically necessary inpatient or outpatient hospital service provided to a patient whose responsible party has an income does not exceed 350% of the "*Federal Poverty Level*" or "*FPL*" (as defined below).

5. "*Federal Poverty Level*" or "*FPL*" means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.

6. "*Financially Qualified Patient*" means a patient who is: (1) a "*Self-Pay Patient*" (as defined below) or a "*Patient with High Medical Costs*" (as defined below), and (2) a patient who has a family income that does not exceed 350% FPL.

7. "*High Medical Costs*" means: (1) annual out of pocket costs incurred by the individual at RCH exceed 10% of the patient's family income for the prior 12 months; (2) annual out of pocket expenses that exceed 10% of the patient's family

by the patient or the patient's family in the prior 12 months; or (3) a lower level determined by RCH in accordance with this policy.

8. "*Patient's Family*" for the purpose of determining family income and size, means, for persons 18 years of age or older: spouse, domestic partner and dependent children under 21 years of age; and for persons under the age of 18: parent or caretaker and other children under 21 years of age.

9. "*Patient with High Medical Costs*" means a patient with High Medical Costs whose family income does not exceed 350% FPL.

10. "*RCH*" means Redlands Community Hospital.

11. "*Self-Pay Patient*" means a patient who does not have third-party health coverage.

12. "*Self-Pay Discount*" means a discount applied by RCH for any medically necessary inpatient or outpatient hospital service provided to a patient with High Medical Costs who is uninsured or whose documented income exceeds 350% FPL.

13. "*Reasonable Payment Formula*" means monthly payments that are not more than 10% of a patient's family income for a month, excluding deductions for essential living expenses.

14. "*Essential Living Expenses*" means expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas and repairs, installment payments, laundry and cleaning and other extraordinary expenses.

B. SELF-PAY POLICY

All Self-Pay Patients who have ability to pay and whose income exceeds 350% FPL will receive the standard Self-Pay Discount. All Self-Pay Patients whose documented income falls below the 350% FPL threshold will be considered for Charity Care. All Self-Pay Patients will be screened for linkage to and provided with an application (or instructions on how to obtain an application) for any appropriate form of assistance, including but not limited to California Health Benefit Exchange, Medi-Cal, Healthy Families, San Bernardino Medically Indigent Adult program, Section 1011 or, any 3rd party liability insurance (Automobile Insurance, Workers' Compensation, Home Owners Insurance, etc.). Any such linkage that is not pursued by the patient or if the patient is denied eligibility for failure to comply may result in the patient not being eligible for RCH's Charity Care / Self-Pay Discount programs. RCH reserves the right to review these instances on a case by case basis. A pending application for another health coverage program shall not preclude eligibility for RHC's Charity Care or Self-Pay Discount programs.

C. STANDARD SELF-PAY DISCOUNT

For qualifying Self-Pay Patients who receive medical procedures (excluding implants and high cost drugs, which are billed at cost plus 5%) a 76% discount will be applied to charges at the time of final billing. Additional Self-Pay Discounts offered by RCH may be provided based on financial ability, mental capability, physical ability, or other related reasons. An additional prompt-pay discount of 10% may also be provided if full payment is made promptly. Any Self- Pay Discounts that exceed the standard Self-Pay Discount and prompt-pay discount must be approved by the Business Services management team.

D. CHARITY CARE / PROP 99

RCH is committed to providing appropriate medical care to patients in its service area to ensure that a patient in need of non-elective care will not be refused treatment because of his or her inability to pay. Therefore, it is the policy of RCH to provide charity care for those who demonstrate an inability to pay.

E. CHARITY CARE

1. Services Eligible under this Policy

The following healthcare services are eligible for Charity Care:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Other medically necessary services, evaluated on a case-by-case basis at RCH.

2. Eligibility Criteria for Charity Care

a. Self-Pay Patients and Patients with High Medical Costs will be considered for Charity Care.

b. The granting of Charity Care shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

c. In determining eligibility for Charity Care, RCH may consider income and monetary assets of the patient and/or family. The assets include bank accounts and assets readily convertible to cash including stocks. Monetary assets shall not include retirement or deferred compensation plans. The first $10,000 for patient monetary assets shall not

be counted in determining eligibility, nor shall 50% of the patient's monetary assets exceeding the first $10,000. Waivers or releases from the patient and/or the patient's family authorizing RCH to obtain account information from financial institutions or other entities that hold monetary assets may be required. Information obtained shall not be used in collection activities.

3. Method by Which Patients May Apply for Charity

a. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need. Such procedures will include:

a. An application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need. Required documents include: Proof of identity, (Driver's License, ID card, US Citizenship, Passport, or Social Security Card), Proof of Income (Pay stubs, Social security, unemployment, disability, child support, alimony or other payments) Tax Return, W2 form, Bank statements**.** Financial assistance may not be denied based on failure to provide information or documentation not specified in this policy or on the FAP Application**;**

b. Reasonable efforts by RCH to verify information submitted and explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs. Whether such reasonable efforts have been made shall be determined by the Patient Financial Service Department;

c. The use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring) to verify financial information provided;

d. A review of the patient's and/or family's available assets, and all other financial resources available to the patient; and

e. A review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history. If approved upon a manual submitted application, all prior accounts will be evaluated for possible charity reclassification.

b. The need for financial assistance shall be re-evaluated at each subsequent time of services if the last financial evaluation was completed more than 6 months prior, or at any time additional information relevant to the eligibility of the patient for Charity Care becomes known.

c. RCH may deny Charity Care on the grounds of failure to provide required requested

information. In the event the patient or the representatives provide the requested information at a later date, RCH may choose to reopen their applications. Patient who have had their Charity Care application denied have the right to appeal the denial and can do so by submitting their appeal in writing to the attention of the Director of Patient Accounting or the Business Office Manager at RCH at any time. If denied,the patient will be informed as to the basis for the denial of Charity Care.

d. RCH values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and RCH shall notify the patient or applicant in writing once the application has been approved or denied.

e. The emergency physician who provides emergency medical care at RHC is also required by California law to provide discounts to Self-Pay Patients and Patients with High Medical Costs. The processing, determination and application of discounts for emergency physician services is the sole responsibility of the providing emergency physician and shall not be construed to impose any additional responsibilities upon the hospital. RCH shall provide contact information for the treating emergency room physician to each Self-Pay Patient and Patient with High Medical Costs.

4. Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for Charity Care, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with Charity Care. In the event there is no evidence to support a patient's eligibility for Charity Care, RCH reserves the right to use outside agencies in determining estimated income amounts as the basis of determining charity care eligibility and potential discount amounts. Any patient approved for Charity Care on a presumptive basis shall receive free care (100% discount).

5. Examples of Intended Beneficiaries

1. The following are examples of patients intended to benefit from RCH's Charity Care policy:

i. Uninsured patients who do not have ability to pay and have income at 350% or lower of the FPL based on means-testing according to RCH's Charity Care policy.

ii. Patients with High Medical Costs

iii. Patients who qualify for the Medically Indigent Adult program through the State of California or the County of San Bernardino.

iv. Patients who have applied to the Medi-Cal program and have been denied for reasons other than failure to comply or non compliance with requested information.

v. Patients who have been referred to outside collection agencies and who are later determined to be unable to pay according to RCH's Charity Care eligibility guidelines.

vi. Patients who are undocumented aliens from other countries who have demonstrated no ability to pay or who did not or were not able to provide RCH adequate demographic information.

vii. Patients who have a green card or other Immigration Department issued Identification ("ID") Card allowing them to be in this country legally but who have demonstrated no ability to pay or who did not or were not able to provide RCH adequate demographic information, provided that the patient complies with all Section 1011 requirements and applications.

viii. Patients who are homeless.

ix. Patients who, due to their condition, are unable or unwilling to provide adequate demographic information for billing.

x. Patients who are able to pay a portion but not all of their outstanding balance due to financial constraints.

2. Proposition 99 (Prop 99) Charity

i. Prop 99 Charity includes individuals listed in subsection E.4.a (above) with the exception of patients whose accounts have been partially paid by other insurance or partially paid by the patient. The State of California requires the following information for filing Prop 99 funds:

(1) Name, Address, Social Security Number, Sex, Age, Race, and diagnosis for both inpatients and outpatients.

ii. A log will be kept on all Prop 99 and non-Prop 99 charity write-offs by the Business Office.

iii. Prop 99 accounts will be reviewed for approval by either the Director of Business Office or the Vice President of Finance.

F. IRS Section 501(r) Compliance

In order to meet the Section 501(r) of the Code and the regulations thereunder, RCH has implemented the following practices:

i. A plain language summary of our Financial Assistance Program (FAP) will be issued to all patients post discharge that have a verified patient responsibility due. The summary document will include information on how to apply, eligibility requirements and whom to contact for assistance.

ii. A conspicuous statement identifying the fact that RCH has a FAP will be included on all billings and statements. The statement will identify that financial assistance is available to our patients and whom to contact for assistance.RCH will widely disseminate its FAP, FAP Application and plain language summary through a variety of means including, but not limited to: posting the FAP, FAP Application and a plain language summary of the FAP on an RHC's website dedicated to financial assistance (all downloadable in pdf or equivalent format). The website will also provide a link to download a PDF application along with information on whom to contact for assistance

iii. RCH will ensure that all vendors and collections agencies are in full compliance with the Section 501(r) of the Code and the regulations thereunder.

iv. At least thirty (30) days prior to initiating Extraordinary Collections Actions (ECA's) RCH's Patient Financial Services staff will ensure that reasonable efforts were made to notify the patient/guarantor of our FAP and how to apply. These efforts will include letters, statements and phone attempts.

v. RCH's FAP only pertains to the services provided by RCH employed staff. All Physicians and other non RCH Medical Professionals are not employed by RCH and have not adopted RHC's FAP. Accordingly, patients who receive financial assistance under this policy may still have financial obligations to RCH Medical Professionals and physicians for the care provided. A list of providers (listed by individual or by group name) who are covered under this policy and those that are not covered under this policy is contained at **www.redlandshospital.org.**

G. ADMINISTRATIVE MATTERS

1. Questions about this Financial Assistance Policy may be directed to Patient Financial Services, (909) 335-5534.

2. Administrative or courtesy write-offs are the sole discretion of RCH and are not included in this policy.

3. Accounts which develop a credit balance due to a Charity Care or a Self-Pay Discount write-off and a subsequent payment from any source must have the Charity Care or Self-Pay Discount write-off reversed before any refunds are disbursed.

4. RCH will make available a plain language summary of our Charity Care policy that is clear, concise and easy to understand at the time of all registrations or admissions. This information will also be made available on the hospitals web site. The summary will

include basic eligibility guidelines, instructions on how to obtain an application for financial assistance and who to contact for assistance as well instruction on how to access it on the website.

5. When RCH bills a patient that has not provided proof of coverage by a third-party at the time care is provided or upon discharge, as a part of that billing, RCH will provide the patient with a written notice, which shall include the following:

    A. A statement of charges for services rendered by RCH.A request that the patient inform RCH if the patient has third party health coverage.

    B. A statement that if the patient does not have health insurance coverage the patient may be eligible for California Health Benefit Exchange, Medicare, Healthy Families, Medi-Cal, other State- or County-Funded Health Coverage Programs, Charity Care or Self-Pay discount.

    C. A statement indicating how a patient may obtain an application for the California Health Benefit Exchange, Medicare, Healthy Families, Medi-Cal, or other State- or County-Funded Health Coverage Programs and that RCH will provide such applications;

    D. A referral to a local consumer assistance center housed at legal services offices; and

    E. Eligibility information for RCH's Self-Pay Discount and Charity Care programs and who to contact for assistance is given to patients at time of service and at time of first billing to uncompensated patients.

6. If a patient does not provide information indicating coverage by a third-party payor or request a discounted price or charity care, prior to discharge (if the patient has been admitted) or when receiving emergency or outpatient care, RCH shall provide the patient with an application for the Medi-Cal program, the Healthy Families Program, or other State- or County-Funded Health Coverage Programs.

7. RCH will provide posted written notice of its Charity Care / Self-Pay Discount policy in all areas that are visible to the public including:

    A. The ER department.

    B. The Admissions department.

    C. The Cashier and Business Office.

    D. Other outpatient settings.

8. RCH will provide all required written notices and correspondence, including the FAP, FAP Application and plain language summary of the FAP, to patients related to the Self- Pay Discount and Charity Care programs in English and in any language that exceeds 5% of our patient population. Required written correspondence includes: requests for information

to determine eligibility for the Self-Pay Discount, Charity Care, or insurance programs; information concerning potential eligibility for the Self-Pay Discount, Charity Care, and public insurance programs and how to apply for such programs; statements of estimated or actual charges; notice of expiration of an extended payment plan; notice of intent to commence collection activities; and notice of collection policies.

H. CHARITY CARE / SELF PAY DISCOUNT METHODOLOGY

1. Documented income for all Charity Care must be at or below 350% of the FPL.

2. Discounted amounts will be based on the government fee schedule for Medicare fee for service. At no time will a patient with documented income at or below 350% of the FPL be charged for any amounts in excess of the Medicare fee schedule.

3. If there is no established government fee schedule amount for a service provided to a patient eligible for Charity Care, RCH shall establish an appropriate discount on a case-by-case basis.

4. Reimbursement to be applied is as follows:

FEDERAL POVERTY LEVELS

Family Size	100%		200%		300%		350%	
1	**A**		**A**		**B**		**C**	
2	**A**		**A**		**B**		**C**	
3	**A**		**A**		**B**		**C**	
4	**A**		**A**		**B**		**C**	
5	**A**		**A**		**B**		**C**	
6	**A**		**A**		**B**		**C**	
7	**A**		**A**		**B**		**C**	
8	**A**		**A**		**B**		**C**	

Federal Poverty Levels are available at:
https://www.healthcare.gov/glossary/federal-poverty-level-FPL/

Income must be equal to or below the amount in each column.

Family Size is defined as:

For persons 18 years of age and older, the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

For persons under 18 years old, a parent, caretaker relatives and other children under the age of 21 that belong to the parent or caretaker.

REIMBURSEMENT MATRIX

INCOME INDICATOR	REIMBURSEMENT
A	Free Care - Charity Care
B	50% of Medicare Fee Schedules
C	100% of Medicare Fee Schedules

ATTACHMENT B

APPLICATION OF ENDOWMENT FUNDS FOR CHARITY CARE

POLICY

Redlands Community Hospital ("*RCH*") has funds available, through bequests as well as from Board Designated Assets, to be used to pay for the care of the deserving patients. This policy is to outline the procedure for applying these funds to a patient's account.

PROCEDURE

I. RCH Endowment Funds

These are monies that are held by RCH. The use of these funds is restricted as follows:

A. AID Fund - Established in 1951, the Board of Directors of RCH set aside these funds. The interest of the AID Fund is to be used for patients unable to pay their bills.

B. Edith Bates Fund - In 1961, the estate of Edith Bates established this fund to pay the hospital expenses of worthy persons who do not have and cannot obtain money to pay for their care.

C. Anna Throop Memorial Fund - Funds were given to RCH to be used solely for the use and care of "crippled children" in the Pediatrics Department of the hospital.

II. Procedure for Applying Endowment Funds

A. At the end of the fiscal year, an amount not to exceed the Endowment Fund prior years earnings will be established for the provision of care to needy patients. This amount shall be established by President/CEO or Vice President/CFO of RCH.

B. Prospective patients will be screened by personnel from the Admitting or Business Office Departments. Financial screening will be based upon the financial criteria that are discussed in RCH's Charity Care policy.

C. After the appropriate signatures of approval have been obtained, the Business Office will prepare a check request for each patient account utilizing the patient account number and the fund accounting number.

D. The Accounting Department will process a check for the individual patient account and deliver to the Cashier Department for posting of the payment to the patient account.

ATTACHMENT C

REDLANDS COMMUNITY HOSPITAL
350 TERRACINA BOULEVARD
REDLANDS, CALIFORNIA 92373

OB COST-SAVER PACKAGE PLAN

REQUIREMENTS FOR ELIGIBILITY:

The entire cost must be paid on or before discharge. Please be advised that prices will apply to the date of admission, not the date of payment. The Cost-Saver Package Plan applies to patients having normal vaginal deliveries or Cesarean section patients, with no complications. Should either the mother or baby become ill, regardless of whether payment has been made or not, the discount will be nullified and the patient's financial class reverts to self-pay. Patients covered under insurance plans with **NORMAL MATERNITY COVERAGE** are **not eligible** for the OB Cost-Saver Package Plan**. No itemized billing will be provided.**

- Charges incurred for conditions unrelated to the maternity visit are not included in the original OB Cost-Saver Package Plan, *i.e.,* Tubal Ligations and OBSERVATION visit.

- The hospital does not bill for, or include in its charges, fees for professional services rendered by independent contractors and more specifically those physicians and surgeons furnishing professional services to the patient, including the radiologist, pathologist, emergency room physicians, anesthesiologist, dentist, hearing screenings, podiatrist, and the like. **The undersigned understands that all such professional services will be billed separately.**

SUMMARY OF ELIGIBILITY REQUIREMENTS:

A. Payment in full on or before discharge. (Cash, Check, Cashier's Check, Money Order, Visa, MasterCard or American Express).
B. Normal delivery and a well-baby, or Cesarean section and a well-baby.
C. No insurance involved.

CASH PAYMENT SCHEDULES (Mother and baby charges combined):

		Mom & Baby
1 Day	Normal Delivery	$3,500
2 Days	Normal Delivery	$4,500
3 Days	Normal Delivery	$5,500
2 Days	Cesarean Section	$6,000 + $1,200 for each additional day. For each additional baby per day $600
3 Days	Cesarean Section	$7,000 + $1,200 for each additional day. For each additional baby per day $600

NOTE: Patients who elect to have tubal ligation must pay for this service on or before discharge along with the OB Cost-Saver Package Plan discount.

Any payment made by check written to Redlands Community Hospital and returned unpaid by the bank will void the OB Cost-Saver Package Plan discount. Prices are subject to change without notice. If you have any questions, please call (909) 335-6414

ATTACHMENT D

REDLANDS COMMUNITY HOSPITAL
350 TERRACINA BOULEVARD
REDLANDS, CALIFORNIA 92373

PERINATAL SERVICES:

1. Administrative Policy A.F2 (Financial (Patient) Policies) does not apply to the Perinatal Services program because the Perinatal Services program provides professional services only.
2. Lactation services are provided and billed using a fee-for service flat rate fee schedule. No self- pay discount is available for the professional fees for lactation services. Diabetes education and comprehensive perinatal education is provided using a hospital approved fee schedule. Self-Pay Patients with incomes at or below 350% FPL receiving diabetes education may receive a 50% self-pay discount. Comprehensive perinatal services are provided for Medi-Cal patients only and therefore do not qualify for a self-pay discount. When supplies are purchased as a self-pay/cash-pay, a 50% self-pay discount may apply.
3. Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.

CENTER FOR SURGICAL AND SPECIALTY CARE

1. Administrative Policy A.F2 (Financial (Patient) Policies) applies to the Center for Surgical and Specialty Care, except as described below.
2. Self-Pay patients with incomes at or below 350% FPL may receive a 50% discount off of hospital charges related to services furnished at the Center for Surgical and Specialty Care. RCH does not establish the professional fees or discount policies related such professional fees.
3. At no time will a Financially Qualified Patient be charged for any amounts in excess of the Medicare fee schedule. If there is no established government fee schedule amount for a service provided to a Financially Qualified Patient, RCH will establish an appropriate discount on a case-by-case basis.
4. Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.

REDLANDS FAMILY CLINIC & YUCAIPA FAMILY CLINIC

1. Administrative Policy A.F2 (Financial (Patient) Policies) applies to the Redlands Family Clinic and Yucaipa Family Clinic, except as described below.
2. Financially Qualified Patients are eligible for sliding-scale discounts based on the matrix below.

3. Some professional services and/or supplies may not be discounted and include, for example: a) the cost for external laboratory testing services, b) vaccines, c) immunizations, and d) tuberculosis screening and testing.

4. Documented income must be at or below 350% of the most current Federal Poverty Guideline (maintained at the clinic and available at: https://www.healthcare.gov/glossary/federal-poverty-level-FPL/.) to qualify for a discount. A patient with reported and/or verified income higher than 350% of the guideline would not qualify for a discount.

5. At no time will a Financially Qualified Patient be charged for any amounts in excess of the Medicare fee schedule. If there is no established government fee schedule amount for a service provided to a Financially Qualified Patient, RCH shall establish an appropriate discount on a case-by-case basis.

SLIDING-SCALE DISCOUNT MATRIX

% of Poverty	**100%**		**200%**		**300%**		**350%**	
Family Size								
1	**1**		**1**		**1**		**2**	
2	**1**		**1**		**2**		**2**	
3	**1**		**1**		**2**		**2**	
4	**1**		**2**		**2**		**3**	
5	**1**		**2**		**3**		**3**	
6	**1**		**2**		**3**		**3**	
7	**1**		**3**		**3**		**3**	
8	**1**		**3**		**3**		**3**	

Income must be equal to or below the amount in each column.

Family Size is defined as:
For persons 18 years of age and older, the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

For persons under 18 years old, a parent, caretaker relatives and other children under the age of 21 that belong to the parent or caretaker.

Family Income is defined as:
Income for all family members included in the family size (per above definitions).

DISCOUNT MATRIX – PERCENTAGE DISCOUNT LEVELS

Apply the appropriate discount percentage based on the patient's income and family size using the sliding-scale discount matrix above.	
Discount Level	
1	Eighty Percent (80%) Discount Applied
2	Seventy Percent (70%) Discount Applied
3	Sixty Percent (60%) Discount Applied

VIII. 2019 Hospital Association of Southern California (HASC) Regional Community Health Needs Assessment – Inland Empire

The 2019 HASC Regional Community Health Needs Assessment - Inland Empire is provided in Appendix B