2017

Community Healthcare Needs Assessment and Community Benefit Plan Update

(Submitted to OSHPD in February 2017 for calendar year 2016)

Prepared in Compliance with
California's Community Benefit Law SB 697
By
Kathi Sankey-Robinson, Vice President Business Development and Marketing
Deanna Stover, Ph.D., RN, FNP-BC, CNS, Principal, Synergy Solutions Consulting, LLC

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

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I: Introduction

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 and 2016. 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 2016. 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 will allow 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

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

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 cadre of social and cultural events.

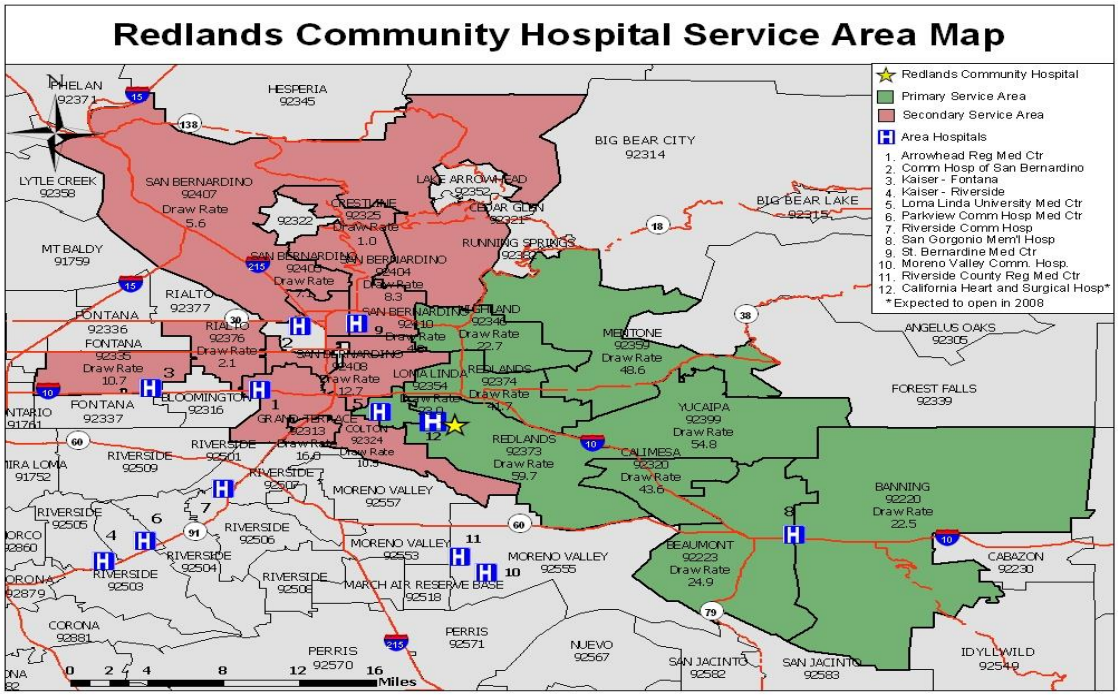
Yet, just like many other communities, there are groups of people, neighborhoods, or individuals who are struggling financially and lack adequate healthcare. As our service to the community, we strive to reach out to those in need of healthcare through a variety of community service programs.

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 2013 - 2015

ZIP Code	Community	Calendar Year 2013 Discharges	Calendar Year 2013 Percent of Total	Calendar Year 2013 Cumulative Percent	Calendar Year 2014 Discharges	Calendar Year 2014 Percent of Total	Calendar Year 2014 Cumulative Percent	Calendar Year 2015 Discharges	Calendar Year 2015 Percent of Total	Calendar Year 2015 Cumulative Percent
Primary Service Area										
92399	Yucaipa	2,396	19.4%	19.4%	2,401	18.2%	18.2%	2,124	17.2%	17.2%
92374	Redlands	1,380	11.2%	30.6%	1,494	11.3%	29.5%	1,488	12.1%	29.3%
92373	Redlands	1,598	13.0%	43.6%	1,470	11.1%	40.6%	1,371	11.1%	40.5%
92346	Highland	968	7.9%	51.4%	959	7.3%	47.9%	950	7.7%	48.2%
92223	Beaumont	675	5.5%	56.9%	748	5.7%	53.6%	707	5.7%	53.9%
92220	Banning	462	3.7%	60.7%	458	3.5%	57.0%	403	3.3%	57.2%
92359	Mentone	326	2.6%	63.3%	370	2.8%	59.8%	366	3.0%	60.2%
92320	Calimesa	352	2.9%	66.2%	357	2.7%	62.5%	306	2.5%	62.7%
92354	Loma Linda	289	2.3%	68.5%	310	2.3%	64.9%	244	2.0%	64.6%
Subtotal		8,446	68.5%		8,567	64.9%		7,959	64.6%	
Secondary Service Area										
92404	San Bernardino	377	3.1%	71.6%	417	3.2%	68.1%	399	3.2%	67.9%
92324	Colton	441	3.6%	75.1%	515	3.9%	72.0%	397	3.2%	71.1%
92407	San Bernardino	272	2.2%	77.3%	310	2.3%	74.3%	297	2.4%	73.5%
92410	San Bernardino	152	1.2%	78.6%	209	1.6%	75.9%	184	1.5%	75.0%
92376	Rialto	136	1.1%	79.7%	187	1.4%	77.3%	174	1.4%	76.4%
92313	Grand Terrace	161	1.3%	81.0%	144	1.1%	78.4%	140	1.1%	77.6%
92405	San Bernardino	135	1.1%	82.1%	176	1.3%	79.7%	129	1.0%	78.6%
92408	San Bernardino	134	1.1%	83.2%	90	0.7%	80.4%	106	0.9%	79.5%
92325	Crestline	53	0.4%	83.6%	68	0.5%	80.9%	90	0.7%	80.2%
92335	Fontana	62	0.5%	84.1%	110	0.8%	81.8%	83	0.7%	80.9%
Subtotal		1,923	15.6%		2,226	16.9%		1,999	16.2%	
All Other		1,961	15.9%	100.0%	2,409	18.2%	100.0%	2,356	19.1%	100.0%
Total		**12,330**	**100.0%**		**13,202**	**100.0%**		**12,314**	**100.0%**	

https://gehcp.sharepoint.com/sites/camden/engagements/redlandscommunityhospital/Migrated Documents/2015_Strategic_Plan/Analysis/[CHNA_2015_Mkt_Shr_Data.xlsx]Patient Origin 2013 - 2015

Source: Redlands Community Hospital and OSHPD Inpatient Discharge Databases 2014 - 2015
Note: Excludes normal new borns (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%**

landscommunityhospital/Migrated Documents/2015_Strategic_Plan/Analysis/[Redlands_PSA_Demos.xlsx]Ethnicity 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%**

landscommunityhospital/Migrated Documents/2015_Strategic_Plan/Analysis/[Redlands_SSA_Demos.xlsx]Ethnicity 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
(http://www.cdc.gov/NCHS/fastats/leading-cause-of-death.htm, February 19, 2017)

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

TEN LEADING CAUSES OF DEATH HISPANIC/LATINO POPULATION, UNITED STATES, 2014
(http://www.cdc.gov/NCHS/fastats/leading-cause-of-death.htm, February 19, 2017)

Malignant neoplasm (Cancer)
Diseases of Heart
Unintentional Injuries (Accidental)
Cerebrovascular diseases (Stroke)
Diabetes Mellitus
Chronic liver disease and cirrhosis
Alzheimer’s
Chronic lower respiratory disease
Influenza and pneumonia
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)

TEN LEADING CAUSES OF DEATH CALIFORNIA, 2010
(http://www.cdph.ca.gov/data/statistics/Documents/VSC-2010-0508.pdf, February 19, 2017 – latest data available)

Diseases of heart
Malignant neoplasm
Cerebrovascular diseases
Chronic lower respiratory Diseases
Alzheimer's disease
Accidents
Diabetes mellitus
Influenza and pneumonia
Chronic liver disease and cirrhosis
Intentional self-harm

TEN LEADING CAUSES OF DEATH SAN BERNARDINO COUNTY RESIDENTS, 2013
(http://www.cdph.ca.gov/data/statistics/documents/VSC-2013-0520.pdf, February 19, 2017)

Diseases of heart
Malignant neoplasms
Chronic lower respiratory diseases
Cerebrovascular diseases
Diabetes mellitus
Accidents (Unintentional injuries)
Alzheimer's disease
Chronic liver disease and cirrhosis
Influenza and pneumonia
Intentional self-harm (Suicide)

HISPANIC HEALTH STATUS INDICATORS

- The Hispanic population in the primary service area is expected to grow 1.9% over the next five years, which is below the growth rate for the state at 2.6% (Figure 3, page 5).

- For the State of California, the Hispanic population accounted for 35.6% of all reported cases of Tuberculosis during 2015, in comparison to White 6.4% and Black 4.5%. (http://www.cdph.ca.gov/data/statistics/pages/tuberculosisdiseasesdata.aspx, February 19, 2017)

- In California during 2012 the highest percentage of HIV/AIDS/TB co-infection case reports was among Hispanics at 58%. (http://www.cdph.ca.gov/programs/TB/documents/TBCB-report_2013.pdf, February 19, 2017)

- In San Bernardino County, during 2015, Latinos were more likely (25%) to be uninsured compared to other racial/ethnic groups. (Community Indicators Report, San Bernardino County, 2015)

- According to the CDC, in 2013 the United States incidence of cervical cancer for Hispanic women was 9.2/100,000 cases which represents the highest incidence amongst all ethnicities. In California for the Los Angeles geographical region, the incidence of cervical cancer for Hispanic women was the second highest at 7.8/100,000 cases. (http://apps.nccd.cdc.gov/USCS, February 19, 2017)

- In San Bernardino County, 2013, Hispanic women (82%) were less likely than White (84.5%) or Asian women (83.2%) 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 82.2% early prenatal care rate which exceeds the Healthy People 2020 goal. (Community Indicators Report, San Bernardino County, 2015))

- The Hispanic birth rate of 58% in San Bernardino County during 2013 is the largest amongst all ethnic groups (Community Indicators Report, San Bernardino County, 2015)

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 (0.7% growth) over the next five years, 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 39.5% of the total population in 2017 and 39.3% in 2022; the 45-64 age group is estimated to slightly decrease from 24.3% in 2017 to 23.2% in 2022, and the 65 years and up will increase slightly from 16.9% in 2017 to 18.7% in 2022.

- The population growth in our primary service area is expected to increase by 4.8% over the next five years (Figure 5, page 6). Although households and population growth is estimated to exceed that of the state overall, the primary service area median and average household incomes will be well below those of the State in 2019 (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 2016 needs assessment process, the participants, and the outcomes.

Executive Summary

The 2016 Community Health Needs Assessment report (CHNA) represents 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 supports the CHNA process with an Inland Area Community Benefit Stakeholder Committee representing the major hospitals in each county. This HASC Community Benefit Committee worked collectively to design the overall CHNA strategy and the coordination of primary and secondary data collection in collaboration with the Departments of Public Health in both San Bernardino and Riverside Counties. The hospitals that participated in the regional CHNA included:

- Loma Linda University Behavioral Medicine Center
- Loma Linda University Medical Center
- Loma Linda University Medical Center – Murrieta
- Loma Linda University Medical Center Children's Hospital
- Montclair Hospital Medical Center
- Parkview Community Hospital Medical Center
- Redlands Community Hospital
- Ridgecrest Regional Hospital
- San Antonio Regional Hospital
- San Bernardino Mountains Community Hospital
- San Gorgonio Memorial 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 2015-5. 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 2016 report. There may also be identified areas that the region will work on collectively, including partners outside of the healthcare system.

The 2016 report is the first regional CHNA among a large group of geographically diverse hospitals in the Inland Counties Region of Southern California. Given the rapid growth of the Inland Empire, the higher rates of poverty, significant health needs, and inadequate primary care infrastructure, this collaboration not only supports the completion of the required reporting, but fosters the opportunity for more unified and strategic thinking about addressing population needs in the region. This report is just the beginning of a collaborative effort to support the health of our region collectively.

The Health Needs Reviewed for the Two County Region

This regional CHNA was built on the community health improvement process initiated by the San Bernardino County Department of Public Health, Community Vital Signs. As health care continues to evolve and systems of care become more complex, the CHNA process is increasingly becoming a key component to the collective efforts of communities in addressing their most pressing health needs. The report views health with a collective lens and includes not only health outcomes and clinical care components but social determinants and health indicators from the built environment.

The process for determining community health needs requires collecting reliable public health data or metrics to measure against a benchmark (i.e. state averages) and engaging the community to solicit their input on the needs they perceive to be the most pressing in their community. The CHNA process also requires that the community participate in prioritizing health needs and that a hospital identify potential resources available to address those needs. The criteria and process used for prioritizing the health needs is not defined by the IRS, but considerations can include factors such as the severity of the health need, the number of community members impacted, or the presence of health inequities among segments of the community.

This CHNA incorporated three distinct data methodologies that, when interpreted together, provide a deeply rich picture of the health landscape of the communities. The assessment consists of a plethora of health indicators (hospitalizations, social determinants of health, maternal and child health, mortality and morbidity) gathered from multiple primary and secondary sources. This quantitative data illustrates the current snapshot of health statistics in the communities that the member hospitals serve and also how they compare across geographical boundaries. The quantitative data was stratified by common public health groupings and service areas allowing a targeted identification of unique challenges and opportunities surrounding health status, quality of life, and risk factors in the community.

The full assessment provides a detailed review of health in the Inland Empire with clear similarities and variability across the two counties and hospital service areas. Several health indicators stand out as desirable and others indicate an opportunity for additional study and outreach. The top chronic health conditions identified through data compilation include (in alphabetical order):

- Asthma
- Chronic obstructive pulmonary disease
- Diabetes
- Mental illness

- Obesity
- Substance abuse

Voices from the Community

A community health quality of life survey was administered to get community feedback regarding the strengths and areas of opportunity that exist in each community. The survey was available in English and Spanish and was disseminated through a variety of channels across hospital service areas. A total of 541 individuals completed the QOL survey. Of those who completed the survey, 50% were between the ages of 40-65 and 12.6% were seniors who were 65 years or older, 30% had an annual household income of $25,000 or less, and 60% were Hispanic. Qualitative data was also garnered through the use of community member, health expert, and key stakeholder focus groups. These 8 focus groups were conducted in both English and Spanish to reveal thoughts and perceptions, and to augment the quantitative data collected in the assessment process. The focus groups allowed a deep understanding of the issues respondents believe are important. The assessment displays data at the county level and when available several health indicators are provided for each hospital's service area.

The quality of life surveys and focus groups were tailored to assess the direct and indirect needs of the communities throughout the Inland Empire. The information shared gave insight into some of the concerns individuals had for their community. Experiences and community concerns varied greatly across the Inland Empire Area. Community concerns ranged from the quality of the education system, access to mental health services, pollution, economy, homelessness, climate change, and the overabundance of fast food restaurants. Table 1 outlines the top health challenges identified for the communities involved in this CHNA.

Table 1
Top Health Challenges

Health Outcomes	Social Determinants	Clinical Care	Built Environment

• Diabetes (Higher rates among Hispanics)
• Behavioral Health
• Heart disease and stroke
• Chronic Obstructive Pulmonary Disease
• Cancer
  ○ Colorectal
  ○ Lung
• Obesity
	• High Rates of Poverty
	• Lower median incomes
	• Lower Educational Attainment
		• Poor access to primary care and behavioral health providers
		• Lack of preventive screenings for cancer
		• Inadequate prenatal care
			• Housing shortages
			• Lack of access to healthy foods

Community Profile

A community is seen as having both physical and geographic components as well as socioeconomic and psychosocial factors that define a sense of community. Individuals can thus

be part of multiple communities - geographic, virtual, and social. The current focus on community- based participatory research in public health has prompted an evaluation of what constitutes a community. In this report we defined a community as the geographic area served by specific hospital facilities and the populations they serve.

Analyzing historical patient origin data derived from Redlands Community 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 un 2016 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.

Redlands Community Hospital's Prioritized Health Needs

Table 2 shows the priority areas Redlands Community Hospital addressed in 2016 and will continue to address during 2017. Access to behavioral health was selected as one of the focus areas. Mental health care is a critical issue that remains a priority for the hospital, and psychoses was a key finding with the 2016 regional needs assessment. The hospital provides inpatient acute psychiatric services as well as an outpatient program. Two 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 2016

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

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.

The hospital continues to own and operate two primary care medical clinics (Yucaipa Family Clinic opened in 2013) and a perinatal outreach program. We explored the possibility for opening a third medical clinic and purchased additional property in the primary service area should this opportunity be effectuated. A redesign of the primary medical clinic medical staffing model was achieved during 2014 with the complement of a medical doctor, in addition to the nurse practitioners providing medical care. This addition allows a team based approach and increased medical knowledge and skill level.

To meet the mission of the clinics, proposals for grants were drafted and a funding award was received from CVS/Caremark and Inland Empire Health Plan. Perinatal services received a grant award from the Disney foundation to support their efforts. We recognize the need for community involvement to meet the mission of these programs.

To address the unmet need for community partnerships, hospital staff continue to participate on community boards and providing service at community organizations. Funding was sought for

expanding the relationship between the Family Service Association (FSA) of Redlands and the Redlands Family Clinic. The goal was to provide primary care for the clients of the FSA at the clinic using the new grant funds in lieu of payment. Unfortunately the funding was not awarded. Funding will continue to be evaluated and requested to achieve this goal.

The hospital continues to support individuals suffering from mental 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 modalities. The staff provide community education, facilitate education, and distribute a quarterly community-wide newsletter. Multiple events were held and participated in throughout the Inland Empire.

Acknowledgements

The complete 2016 CHNA report was made possible through the financial support of 11 hospitals in the Inland Counties and the leadership of the Hospital Association Southern California Community Benefits Stakeholder Committee. This CHNA would not have been possible without the leadership of Jan Remm, Regional Vice President of San Bernardino and Riverside Counties. The demographic and health outcome data used for this report were made available by San Bernardino and Riverside Counties Departments of Public Health.

A special thank you for the input from community members, hospital executives and staff on the front lines of the health care system, and the public health officers who shared their perspectives. Their voices and endorsement of greater coordination are important as the community reflects upon, reforms, and renews the commitment to meeting the region's health care needs.

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 Involved and Qualifications

In January 2016, the Hospital Association of Southern California (HASC) contracted with Scientific Technologies Corporation (STC) to complete the first regional Community Health Needs Assessment (CHNA) for several of its member hospitals representing the greater Inland Empire including San Bernardino and Riverside Counties. STC has worked with public health agencies around the world to provide technology and data to empower consumers, healthcare providers, and public health professionals with appropriate information and decision support to improve the health of the communities they serve. STC and HASC worked in strong collaboration with both San Bernardino and Riverside Counties Departments of Public Health.

IV. ANALYSIS OF DATA - COMMUNITY HEALTH NEEDS ASSESSMENT 2016

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 2014 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 60 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
- Spinal Fusion is one of the least common MSDRGs among all races

Table 3.
Redlands Hospital Service Area Top 25 Discharges by MSDRG, 2014

MSDRG	MSDRG Description	Discharges
885	Psychoses	7,491
870/871/872	Septicemia	3,764
469/470	Major joint replacement/reattachment lower extremity	1,975
291/292/293	Heart failure & shock	1,600
193/194/195	Simple pneumonia & pleurisy	1,456
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	1,344
682/683/684	Renal failure	1,131
064/065/066	Intercranial hemorrhage or cerebral infarction	1,080
945/946	Rehabilitation	986
308/309/310	Cardiac arrhythmia & conduction disorders	956
313	Chest pain	956
202/203	Bronchitis & asthma	955
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	926
602/603	Cellulitis	913
417/418/419	Laparoscopic cholecystectomy	882
736-743	Uterine & adnexa procedures	881
637/638/639	Diabetes	874
689/690	Urinary tract infections	871

377/378/379	G.I. hemorrhage	853
190/191/192	Chronic obstructive pulmonary disease	837
246-251	Percutaneous cardiovascular procedures	770
894-897	Alcohol/drug abuse or dependence	763
338-343	Appendectomy	702
811/812	Red blood cell disorders	702
189	Pulmonary edema & respiratory failure	552
TOTAL		34,220

Table 4.
Top MSDRG Among Service Area Non-Hispanic White Residents, 2014

MSDRG	MSDRG Description	Discharges
885	Psychoses	3347
870/871/872	Septicemia	1870
469/470	Major joint replacement/reattachment lower extremity	1350
291/292/293	Heart failure & shock	709
193/194/195	Simple pneumonia & pleurisy	673
945/946	Rehabilitation	665
308/309/310	Cardiac arrhythmia & conduction disorders	592
190/191/192	Chronic obstructive pulmonary disease	518
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	513
064/065/066	Intercranial hemorrhage or cerebral infarction	510
682/683/684	Renal failure	495
602/603	Cellulitis	457
894-897	Alcohol/drug abuse or dependence	455
246-251	Percutaneous cardiovascular procedures	410
377/378/379	G.I. hemorrhage	404
689/690	Urinary tract infections	372
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	367
736-743	Uterine & adnexa procedures	311
189	Pulmonary edema & respiratory failure	289
313	Chest pain	279
637/638/639	Diabetes	272
456-460	Spinal fusion	261
417/418/419	Laparoscopic cholecystectomy	255
286/287	Circulatory disorders	222
338-343	Appendectomy	190
100/101	Seizures	185
811/812	Red blood cell disorders	180
202/203	Bronchitis & asthma	175
Total		16326

Table 5.
Top MSDRG Among Service Area Hispanic (Any Race) Residents, 2014

MSDRG	MSDRG Description	Discharges
885	Psychoses	2367
870/871/872	Septicemia	1277
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	596
202/203	Bronchitis & asthma	552
193/194/195	Simple pneumonia & pleurisy	548
417/418/419	Laparoscopic cholecystectomy	543
291/292/293	Heart failure & shock	528
338-343	Appendectomy	453
637/638/639	Diabetes	440
313	Chest pain	411
682/683/684	Renal failure	406
736-743	Uterine & adnexa procedures	405
469/470	Major joint replacement/reattachment lower extremity	397
689/690	Urinary tract infections	375
602/603	Cellulitis	367
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	355
064/065/066	Intercranial hemorrhage or cerebral infarction	347
377/378/379	G.I. hemorrhage	296
246-251	Percutaneous cardiovascular procedures	242
100/101	Seizures	242
308/309/310	Cardiac arrhythmia & conduction disorders	228
945/946	Rehabilitation	223
811/812	Red blood cell disorders	217
894-897	Alcohol/drug abuse or dependence	209
286/287	Circulatory disorders	190
190/191/192	Chronic obstructive pulmonary disease	163
189	Pulmonary edema & respiratory failure	147
456-460	Spinal fusion	104
Total		12628

Table 6.
Top MSDRG Among Service Area Non-Hispanic Black Residents, 2014

MSDRG	MSDRG Description	Discharges
885	Psychoses	1479
870/871/872	Septicemia	403
291/292/293	Heart failure & shock	277
811/812	Red blood cell disorders	260
313	Chest pain	217

202/203	Bronchitis & asthma	182
682/683/684	Renal failure	166
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	165
193/194/195	Simple pneumonia & pleurisy	160
469/470	Major joint replacement/reattachment lower extremity	158
190/191/192	Chronic obstructive pulmonary disease	126
637/638/639	Diabetes	125
064/065/066	Intercranial hemorrhage or cerebral infarction	124
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	119
736-743	Uterine & adnexa procedures	110
377/378/379	G.I. hemorrhage	102
308/309/310	Cardiac arrhythmia & conduction disorders	88
689/690	Urinary tract infections	88
189	Pulmonary edema & respiratory failure	88
100/101	Seizures	83
286/287	Circulatory disorders	83
894-897	Alcohol/drug abuse or dependence	65
945/946	Rehabilitation	60
602/603	Cellulitis	60
246-251	Percutaneous cardiovascular procedures	58
417/418/419	Laparoscopic cholecystectomy	49
456-460	Spinal fusion	34
338-343	Appendectomy	29
Total		4958

Table 7.
Top MSDRG Among Service Area Non-Hispanic Asian Residents, 2014

MSDRG	MSDRG Description	Discharges
870/871/872	Septicemia	131
885	Psychoses	109
291/292/293	Heart failure & shock	60
064/065/066	Intercranial hemorrhage or cerebral infarction	56
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	53
193/194/195	Simple pneumonia & pleurisy	44
682/683/684	Renal failure	43
469/470	Major joint replacement/reattachment lower extremity	38
736-743	Uterine & adnexa procedures	38
377/378/379	G.I. hemorrhage	35
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	32
811/812	Red blood cell disorders	32

313	Chest pain	31
308/309/310	Cardiac arrhythmia & conduction disorders	28
246-251	Percutaneous cardiovascular procedures	28
945/946	Rehabilitation	24
637/638/639	Diabetes	23
689/690	Urinary tract infections	21
202/203	Bronchitis & asthma	17
190/191/192	Chronic obstructive pulmonary disease	17
286/287	Circulatory disorders	16
417/418/419	Laparoscopic cholecystectomy	15
189	Pulmonary edema & respiratory failure	13
100/101	Seizures	13
338-343	Appendectomy	11
602/603	Cellulitis	10
894-897	Alcohol/drug abuse or dependence	9
456-460	Spinal fusion	8
Total		955

Table 8.
Top MSDRG Among Service Area Non-Hispanic Native American Residents, 2014

MSDRG	MSDRG Description	Discharges
885	Psychoses	23
870/871/872	Septicemia	20
469/470	Major joint replacement/reattachment lower extremity	4
291/292/293	Heart failure & shock	9
193/194/195	Simple pneumonia & pleurisy	3
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	9
682/683/684	Renal failure	4
064/065/066	Intercranial hemorrhage or cerebral infarction	1
945/946	Rehabilitation	0
313	Chest pain	3
308/309/310	Cardiac arrhythmia & conduction disorders	3
202/203	Bronchitis & asthma	1
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	8
602/603	Cellulitis	2
417/418/419	Laparoscopic cholecystectomy	1
736-743	Uterine & adnexa procedures	3
637/638/639	Diabetes	7
689/690	Urinary tract infections	7
377/378/379	G.I. hemorrhage	3
190/191/192	Chronic obstructive pulmonary disease	2

246-251	Percutaneous cardiovascular procedures	3
894-897	Alcohol/drug abuse or dependence	11
338-343	Appendectomy	3
811/812	Red blood cell disorders	2
189	Pulmonary edema & respiratory failure	2
100/101	Seizures	4
286/287	Circulatory disorders	4
456-460	Spinal fusion	0
Total		142

Table 9.
Top MSDRG Among Service Area Non-Hispanic Other/Unknown Race Residents, 2014

MSDRG	*MSDRG Description*	*Discharges*
885	Psychoses	253
870/871/872	Septicemia	68
064/065/066	Intercranial hemorrhage or cerebral infarction	42
469/470	Major joint replacement/reattachment lower extremity	35
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	30
193/194/195	Simple pneumonia & pleurisy	29
246-251	Percutaneous cardiovascular procedures	29
202/203	Bronchitis & asthma	28
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	24
286/287	Circulatory disorders	22
417/418/419	Laparoscopic cholecystectomy	20
291/292/293	Heart failure & shock	18
682/683/684	Renal failure	18
313	Chest pain	18
308/309/310	Cardiac arrhythmia & conduction disorders	18
602/603	Cellulitis	18
338-343	Appendectomy	17
945/946	Rehabilitation	16
894-897	Alcohol/drug abuse or dependence	16
736-743	Uterine & adnexa procedures	14
377/378/379	G.I. hemorrhage	14
190/191/192	Chronic obstructive pulmonary disease	13
189	Pulmonary edema & respiratory failure	13
456-460	Spinal fusion	12
637/638/639	Diabetes	11
811/812	Red blood cell disorders	11
100/101	Seizures	10

689/690	Urinary tract infections	9
Total		826

Table 10.

Top MSDRG Among Service Area Residents Under 18 Years, 2014

MSDRG	*MSDRG Description*	*Discharges*
885	Psychoses	830
202/203	Bronchitis & asthma	706
193/194/195	Simple pneumonia & pleurisy	285
338-343	Appendectomy	275
100/101	Seizures	223
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	205
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	146
689/690	Urinary tract infections	115
602/603	Cellulitis	102
637/638/639	Diabetes	101
811/812	Red blood cell disorders	73
870/871/872	Septicemia	63
456-460	Spinal fusion	27
417/418/419	Laparoscopic cholecystectomy	23
736-743	Uterine & adnexa procedures	21
189	Pulmonary edema & respiratory failure	20
377/378/379	G.I. hemorrhage	16
308/309/310	Cardiac arrhythmia & conduction disorders	14
894-897	Alcohol/drug abuse or dependence	13
682/683/684	Renal failure	12
313	Chest pain	8
945/946	Rehabilitation	6
246-251	Percutaneous cardiovascular procedures	6
064/065/066	Intercranial hemorrhage or cerebral infarction	5
286/287	Circulatory disorders	5
291/292/293	Heart failure & shock	4
469/470	Major joint replacement/reattachment lower extremity	3
190/191/192	Chronic obstructive pulmonary disease	3
Total		3310

Table 11.

Top MSDRG Among Service Area Residents 18-59 Years, 2014

MSDRG	MSDRG Description	Discharges
885	Psychoses	6222
870/871/872	Septicemia	1345
736-743	Uterine & adnexa procedures	734

391/392	Esophagitis, gastroenteritis, misc. digestive disorders	662
417/418/419	Laparoscopic cholecystectomy	649
894-897	Alcohol/drug abuse or dependence	625
637/638/639	Diabetes	563
313	Chest pain	549
291/292/293	Heart failure & shock	503
602/603	Cellulitis	488
469/470	Major joint replacement/reattachment lower extremity	463
682/683/684	Renal failure	423
193/194/195	Simple pneumonia & pleurisy	369
338-343	Appendectomy	360
811/812	Red blood cell disorders	359
064/065/066	Intercranial hemorrhage or cerebral infarction	313
377/378/379	G.I. hemorrhage	304
689/690	Urinary tract infections	294
246-251	Percutaneous cardiovascular procedures	287
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	275
308/309/310	Cardiac arrhythmia & conduction disorders	254
190/191/192	Chronic obstructive pulmonary disease	252
945/946	Rehabilitation	234
286/287	Circulatory disorders	233
100/101	Seizures	202
456-460	Spinal fusion	194
189	Pulmonary edema & respiratory failure	186
202/203	Bronchitis & asthma	178
Total		17520

Table 12.
Top MSDRG Among Service Area Residents 60 Plus Years, 2014

MSDRG	MSDRG Description	Discharges
870/871/872	Septicemia	2361
469/470	Major joint replacement/reattachment lower extremity	1516
291/292/293	Heart failure & shock	1094
193/194/195	Simple pneumonia & pleurisy	803
064/065/066	Intercranial hemorrhage or cerebral infarction	762
945/946	Rehabilitation	748
682/683/684	Renal failure	697
308/309/310	Cardiac arrhythmia & conduction disorders	689
190/191/192	Chronic obstructive pulmonary disease	584
377/378/379	G.I. hemorrhage	534

885	Psychoses	526
640/641	Misc. disorders of nutrition, metabolism, fluids/electrolytes	505
391/392	Esophagitis, gastroenteritis, misc. digestive disorders	478
246-251	Percutaneous cardiovascular procedures	477
689/690	Urinary tract infections	463
313	Chest pain	402
189	Pulmonary edema & respiratory failure	346
602/603	Cellulitis	324
286/287	Circulatory disorders	299
811/812	Red blood cell disorders	270
637/638/639	Diabetes	214
417/418/419	Laparoscopic cholecystectomy	211
456-460	Spinal fusion	198
894-897	Alcohol/drug abuse or dependence	127
736-743	Uterine & adnexa procedures	126
100/101	Seizures	112
202/203	Bronchitis & asthma	71
338-343	Appendectomy	68
Total		15005

Redlands Community Hospital Focus Group Analysis

Question #1 – How long have you lived in the Inland Empire? If you are new to the area, what brought you here?

Data for question 1 was analyzed individually for each focus group and as an aggregate. A mean and range was calculated for each focus group and a mean, median and range was calculated for the aggregate data. Among all participants, 4.3% stated they lived in the Inland Empire their entire life. This information was not incorporated in the analysis as the number of years living in the Inland Empire was not identified for these participants. Among all participants, the highest frequency of individual years living in the Inland Empire was six and eight years; 8.7% for each.

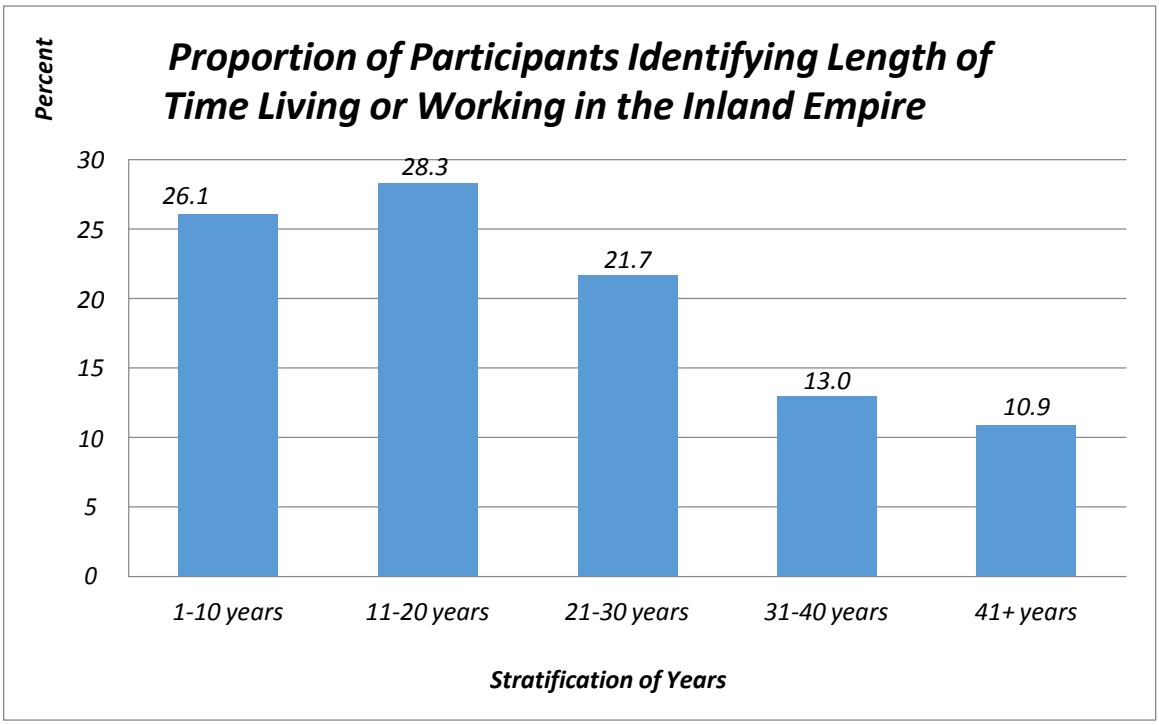
Redlands

a. Mean – 32.8 years
b. Range – (6-50 years)

Overall Participating Hospitals (Aggregate)

Mean – 21.8 years
Median – 19 years Range – 1-56 years

Figure 7.
Proportion of Participants Identifying Length of Time Living or Working in the Inland Empire



Question #2 – What if anything is different about your community now that was not the case five years ago?

1. Built Environment/Environmental Factors
   - traffic (increase in traffic and accidents)
   - housing (affordable)
   - crime
   - drugs/gangs
   - increased industrial environment (warehouses) impacting citrus in area – increase in chemical sprays
2. Increase in Senior community

Question #3 – What kind of projects, if any, have people in your community worked on together in the past five years? (Note: Participants stated they were members of organizations who assist with services)

1. Addressing the need for clothing and providing clothing for individuals and families
   - Salvation Army – providing interview attire for men
   - Angels – providing clothing for high school students
   - Kiwanis – takes kids shopping
   - Santa Claus Incorporated – community donates and choose clothing for kids
2. Addressing homeless population – youth and homeless count
3. Programs addressing new immigrant support with language services, and providing space for Narcotics Anonymous to meet – churches and congregations – pick up community duties and assist with rent reduction.

Question #4 – Think about your community over the next five years, what changes would you make or not make and why?

1. Transportation – re-addressing issues regarding public transportation, this involves rail San Antonio

1. Physical activity – increase physical activity in schools, perhaps offering yoga, invest more in parks so people can be active, eliminate smoking in parks so people can be active, programs that allow kids to walk and bike to school, increase number of bike routes in community, increase programs for kids to be active, increase safe walking areas
2. Healthier food options – decrease fast food restaurants in community and increase more healthier food options is schools, more community gardens that will allow people to participate

Question #5 – If you knew someone was thinking about moving to your community, what would you tell them or her about the area to convince them to move or not to move?

I – Positive

1. Physical beauty and close proximity to mountains, desert and ocean
2. Has own hospital, police and fire department
3. Weather
4. Community involvement
5. Education
6. Rich history

II – Negative

1. Traffic congestion

Question #6 – Describe how your community could be improved.

1. Transportation – re-addressing issues regarding public transportation, this involves rail system, access to transportation for seniors
2. Youth – organizations for youth, programs to address childhood obesity, programs that teach students and parents about active nutrition and teach parents about healthier cooking habits for kids, also programs that encourage physical activity
3. Volunteering – increase programs for senior and youth volunteering, increase community service
4. Access to community services – get word out about community services available to community, i.e. free clinics

Question #7 – What makes your community a healthy community?

1. The environment which offers access to recreational activities such as running, swimming, walking, basketball, horseback riding, hiking, biking, football, baseball, scouting, gardening
2. The weather
3. The existence of farmer's market

Question #8 – What makes your community unhealthy?

1. The abundance of crime
2. The Environment, specifically pollution, smog, and lack of water. With the lack of water there has been an increase in the amount that is paid for water, thus less money for other things
3. There is a lower level of education
4. The economics of the community. Economy is poor in the community and this impacts the number of jobs available for those living here. People do not have enough money to do extracurricular activities.
5. Lack of medical resources, such as primary care physicians, ER's, OB/GYNs, nurses, urgent care centers

Question #9 – Describe barriers that may pose challenges to achieving positive community health.

1. Low paying jobs as a result of the economy
2. Issues pertaining to advanced education. For instance, increased student loan debts, community colleges being overcrowded which prevents students from enrolling in the classes they need to takes so it takes longer for students to graduate so accrue larger student debt
3. An increased number of renters who are not invested in community because they are not home owners
4. Language barriers. For undocumented population they fear being deported or arrested so they do not access services

Question #10 – From what health problems do people in your community suffer?

1. Health problems impacting seniors
2. Chronic diseases – diabetes, high blood pressure, lymphedema, asthma, COPD, depression, arthritis, pelvic pain, incontinence
3. Sedentary lifestyle

Question #11 – Where do people in your community go to receive health care?

1. Lymphedema program at Hospitals
2. Clinics

Question #12 – What, if any, environmental health concerns do you face in your community?

1. Lack of good urban planning and infrastructure with affordable housing for seniors (single story) and open area with parks

Question #13 – Think about the issues we have talked about today. What issues do you think are the most important for your community to address? Why?

1. Urban planning that addresses transportation, water conservation and its sustainability
2. Childhood obesity, lack of education among children regarding healthy lifestyles (eating and exercise)

Question #14 – Think about the strengths in your community we have talked about today. What do you think is the community's greatest asset?

1. Environment that offers recreational activities such as running, swimming, walking, basketball, horseback riding, hiking, biking, football, baseball, scouting, gardening
2. Weather
3. Farmer's market
4. Physical Activities at parks, safe routes to school for children

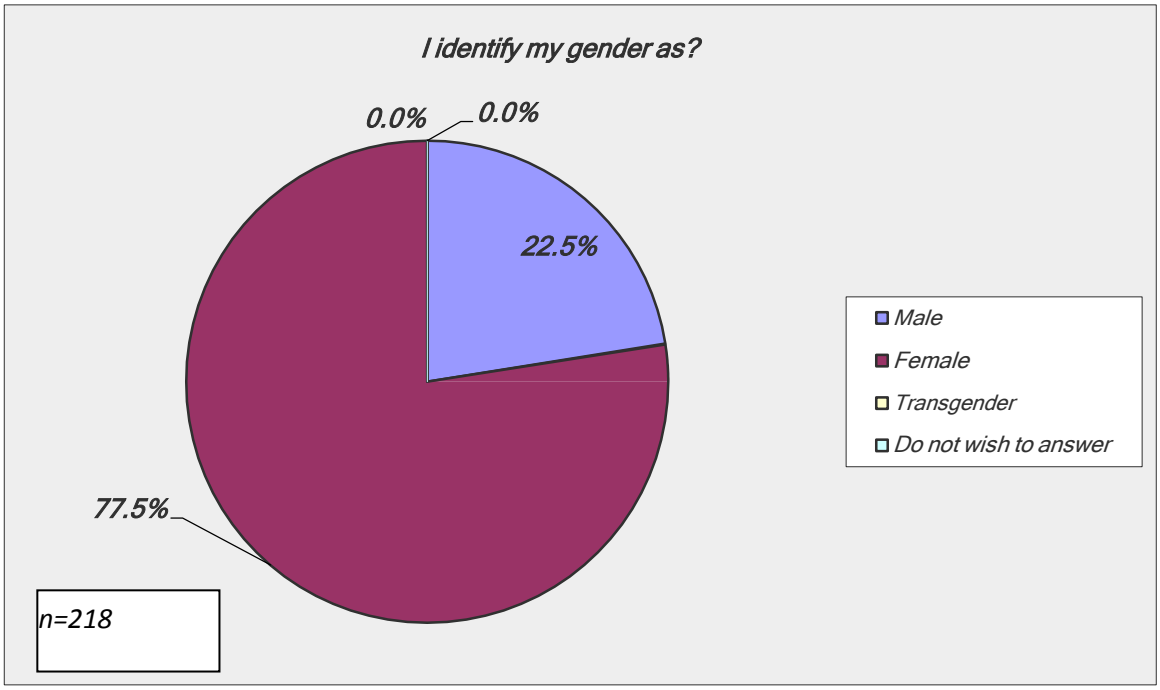
5. Healthy living, free classes on nutrition and diabetes, healthy food in schools, community gardens

Question #15 – Is there anything else we have not asked about that is important for us to know about in your community?

Participants had nothing to add.

Redlands QOLS Service Area Results

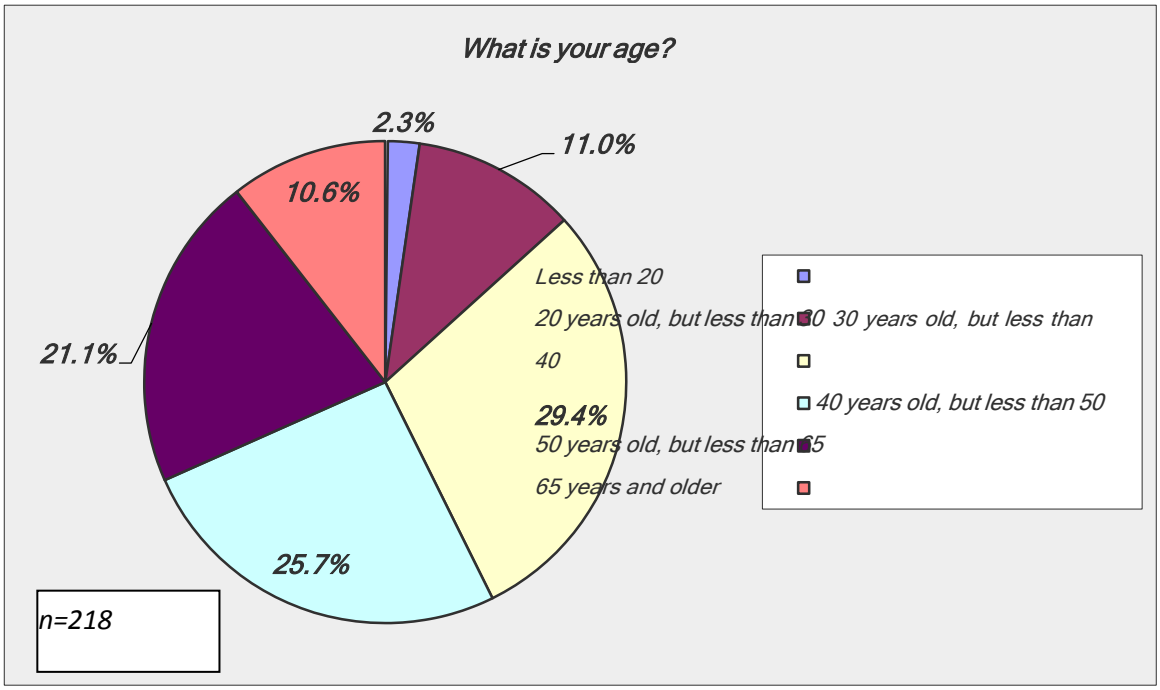
Question 1



Question 2

What is your zip code?	
Answer Options	**Response Count**
	222
answered question	**222**

Question 3



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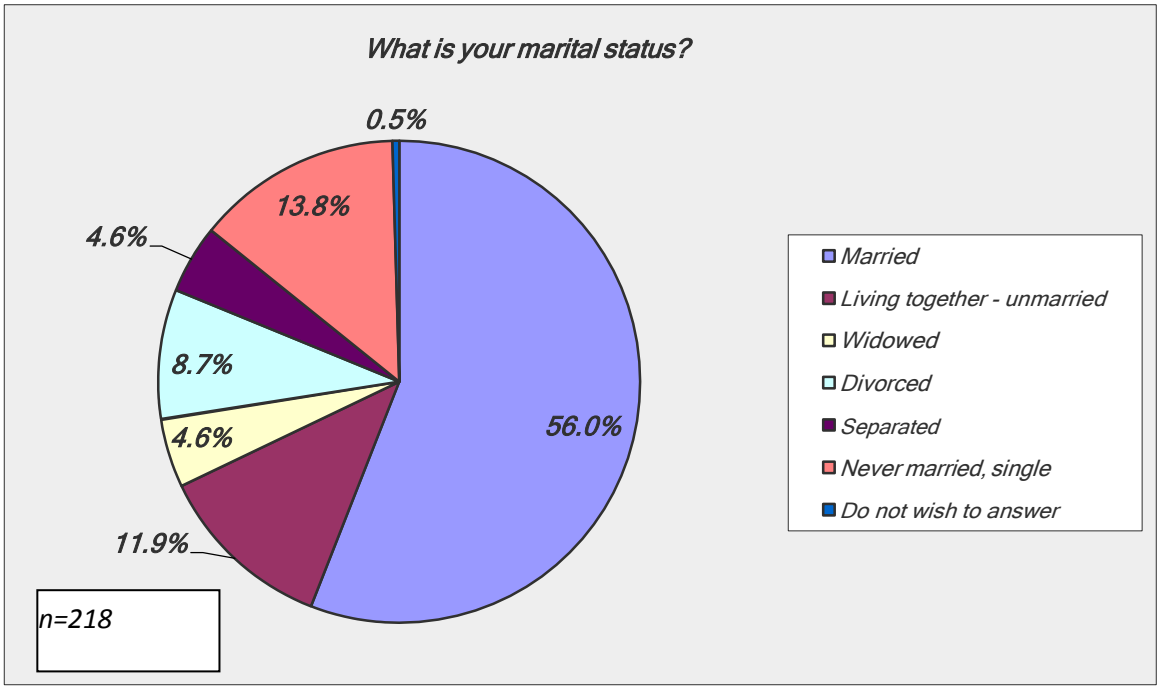

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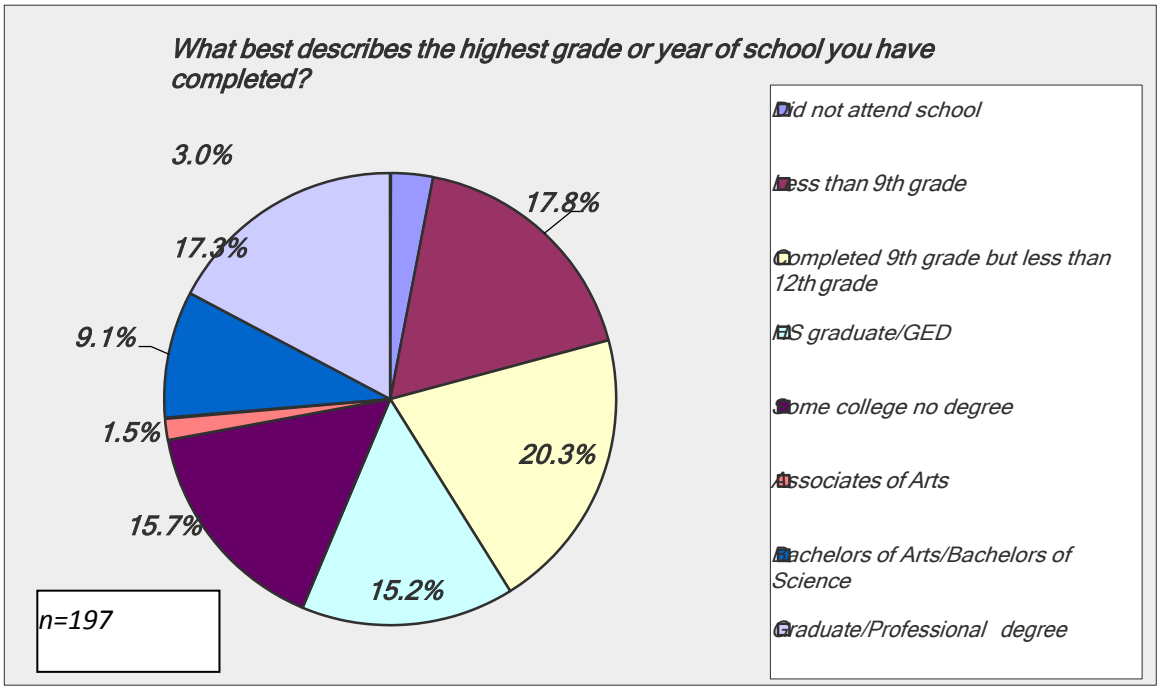

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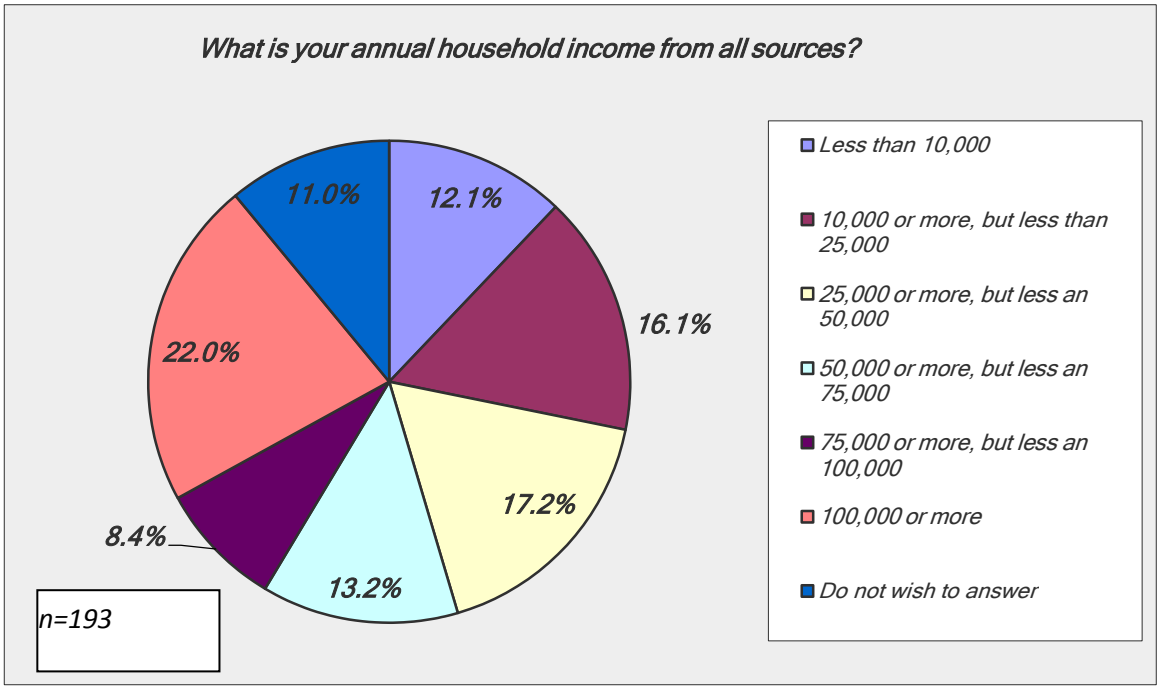

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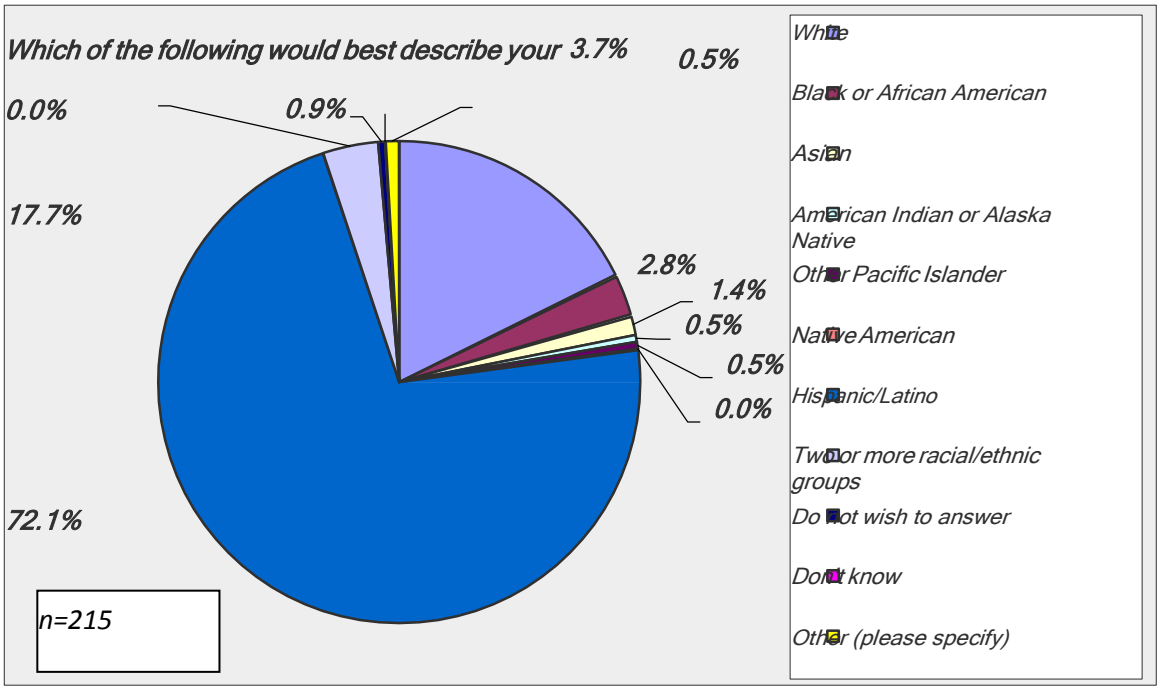

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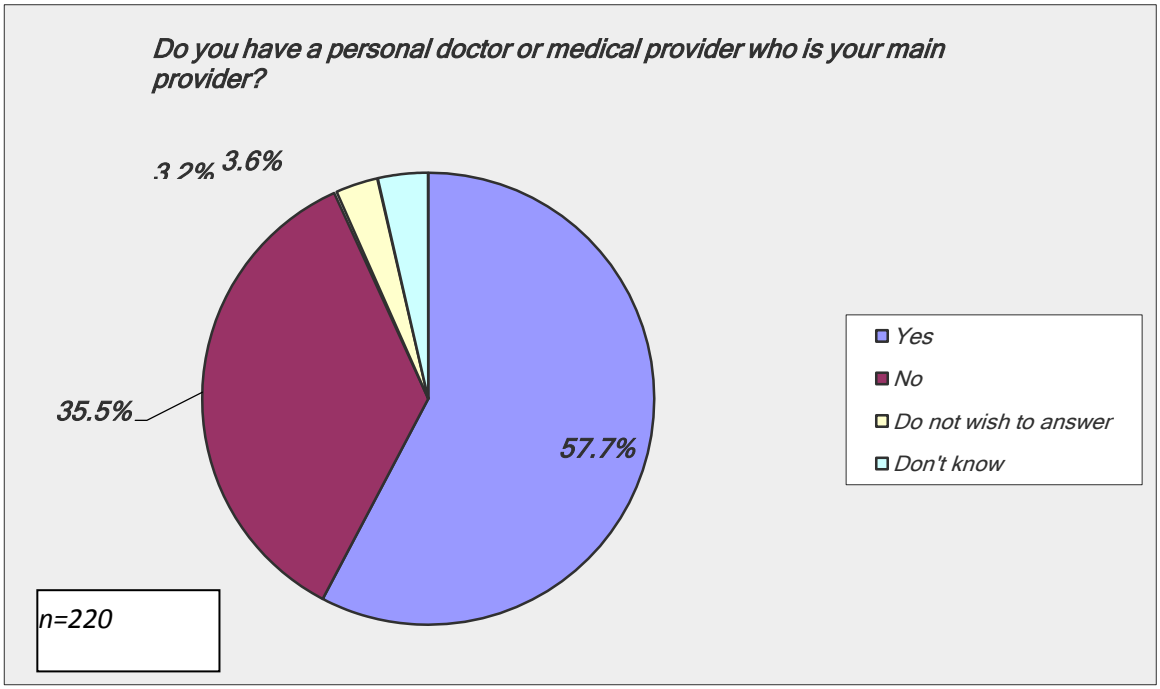

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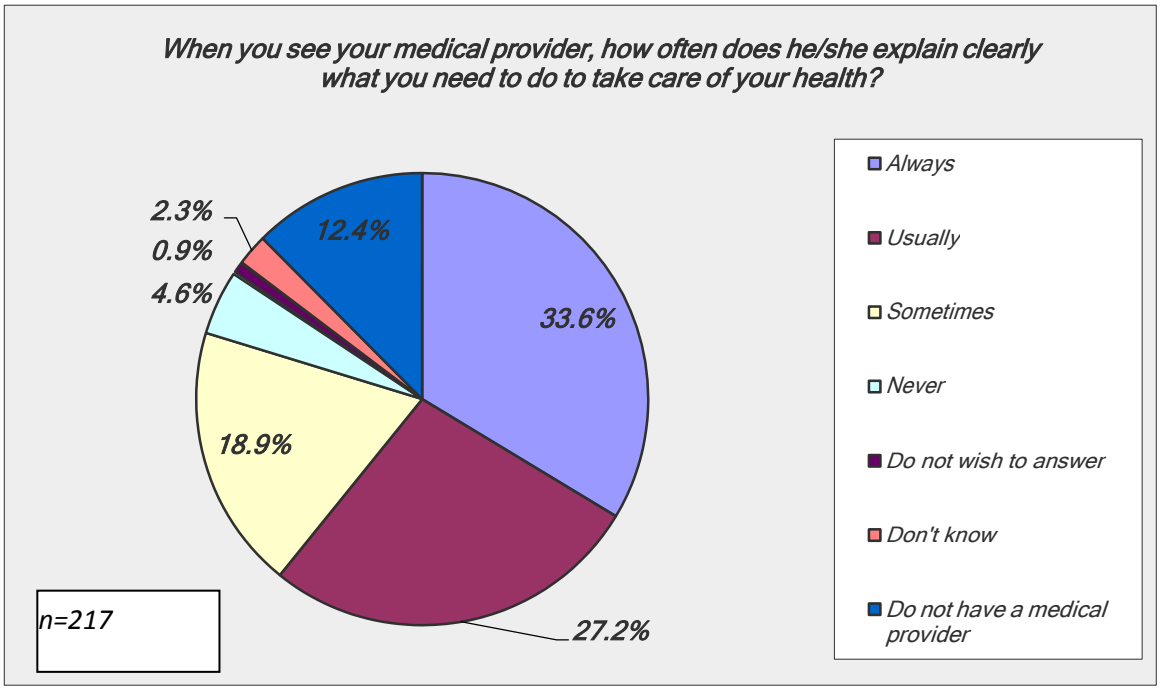

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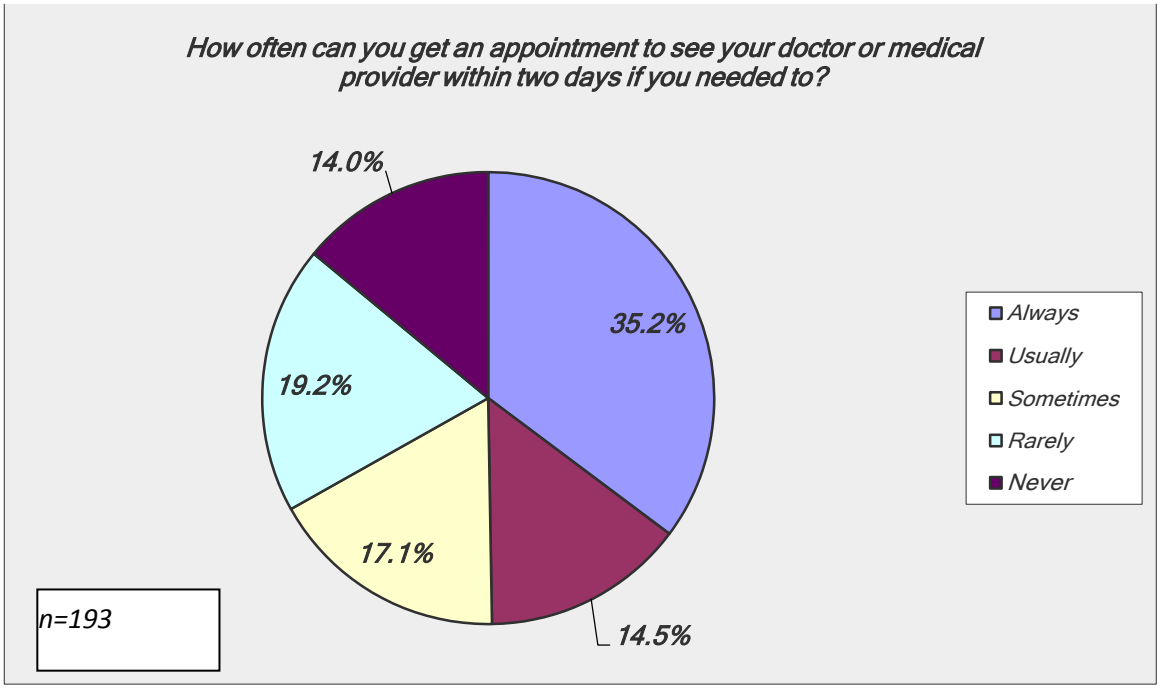

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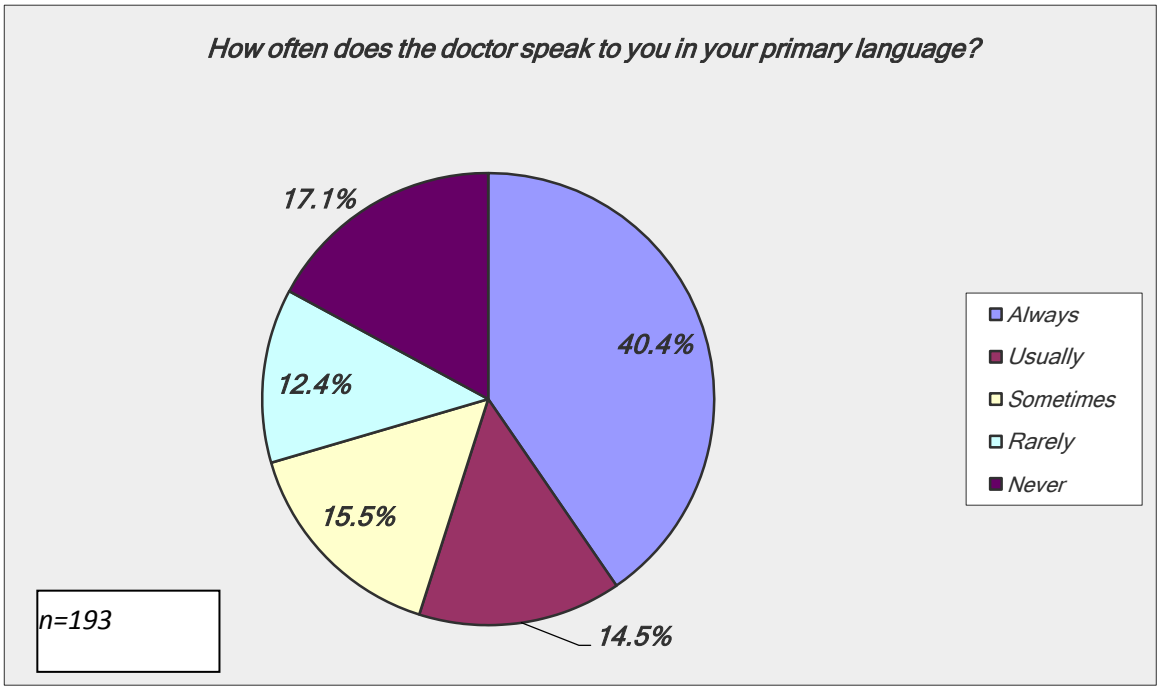

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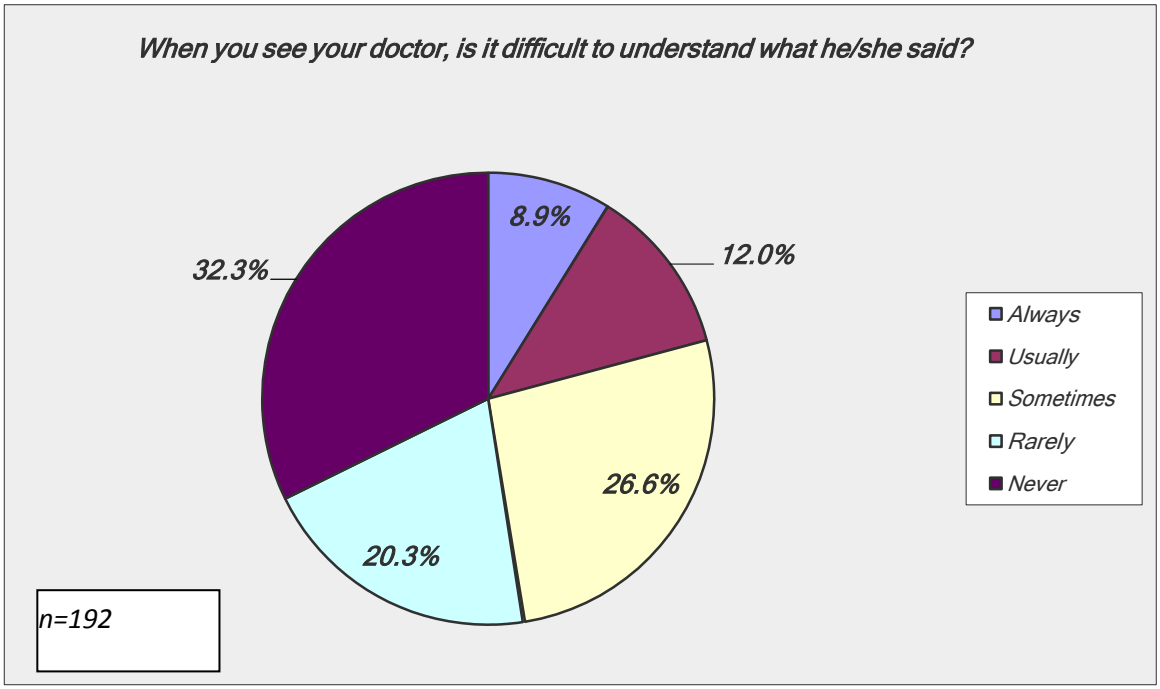

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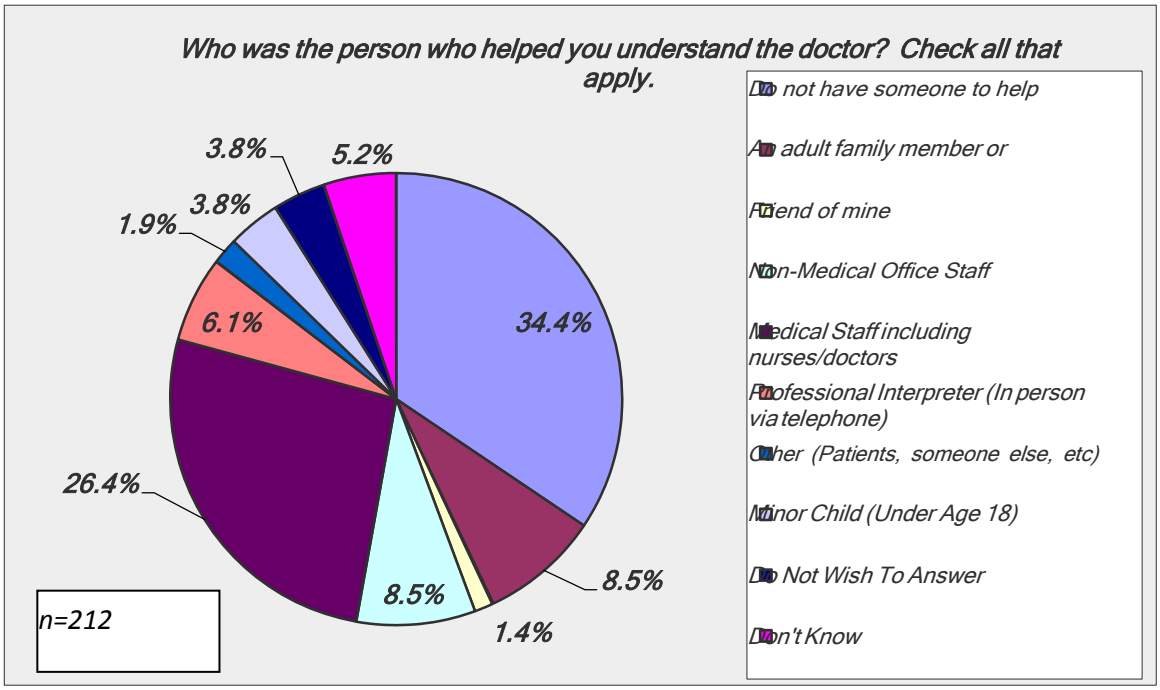

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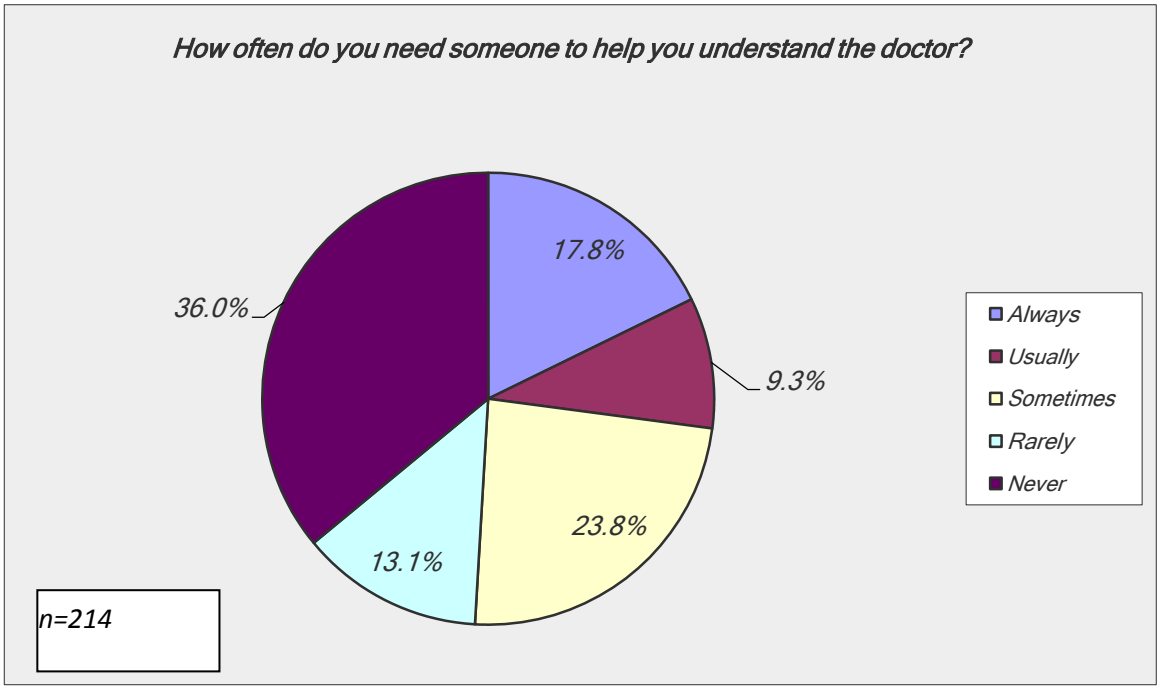

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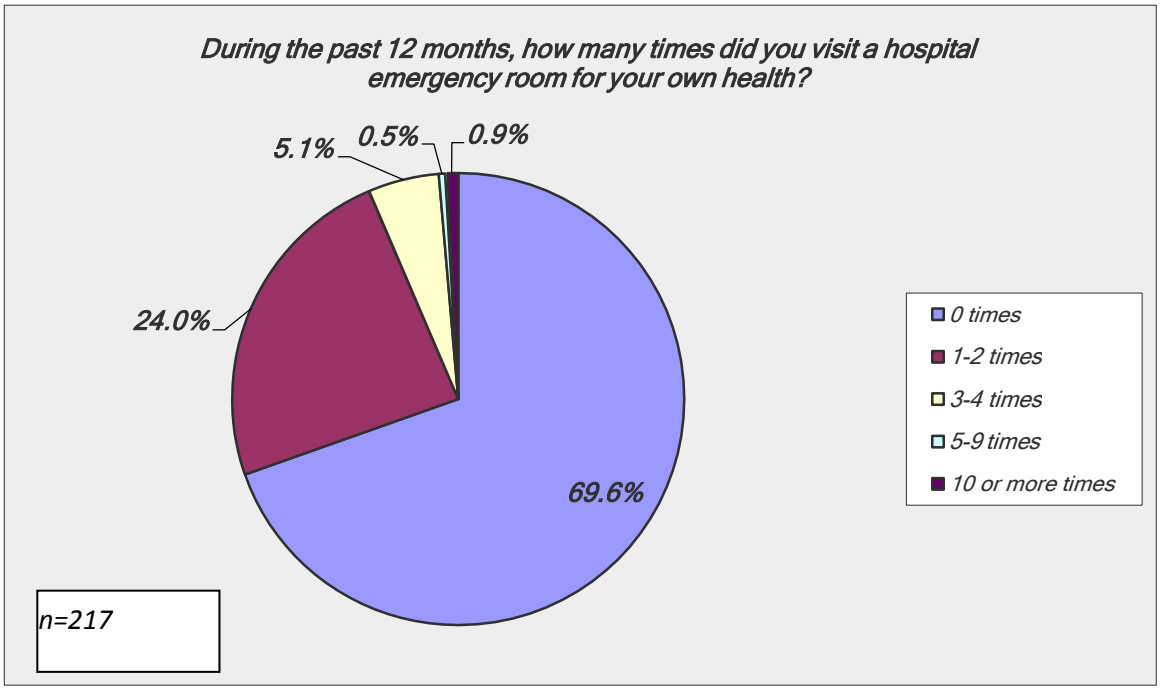

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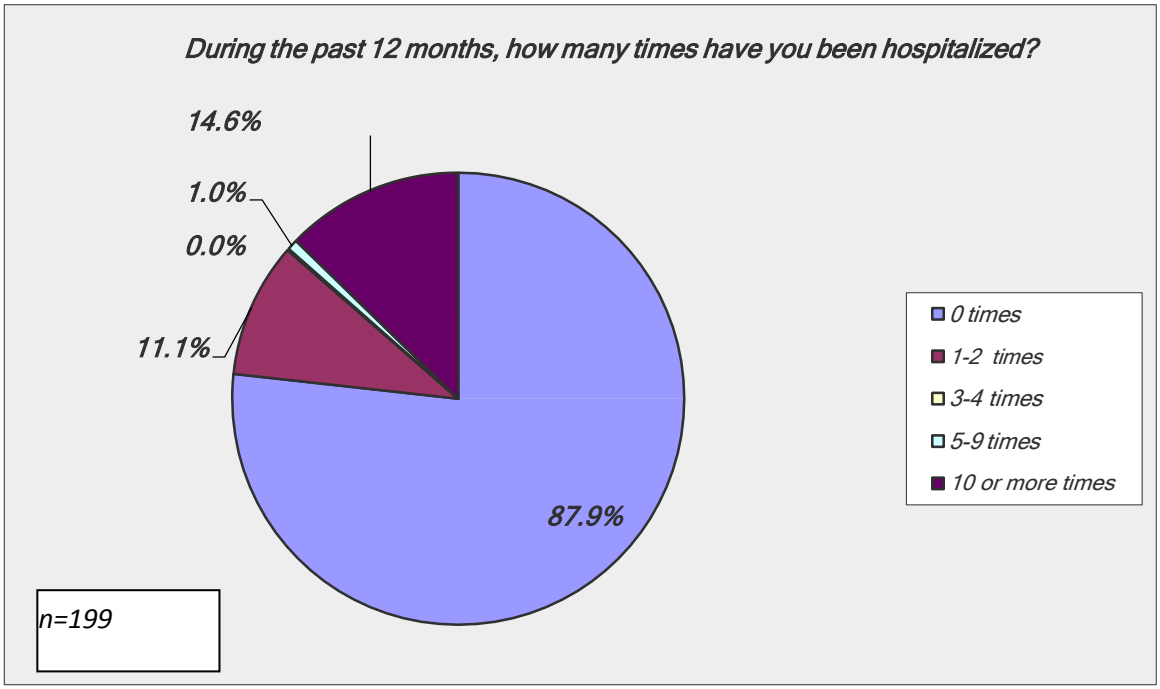

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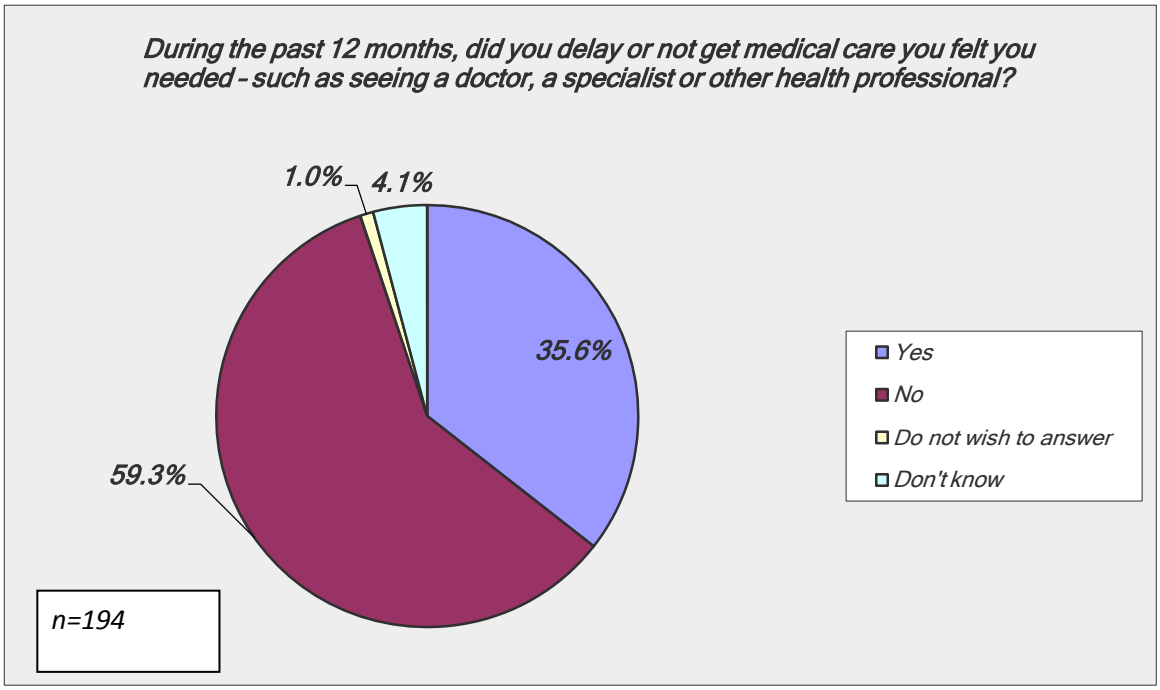

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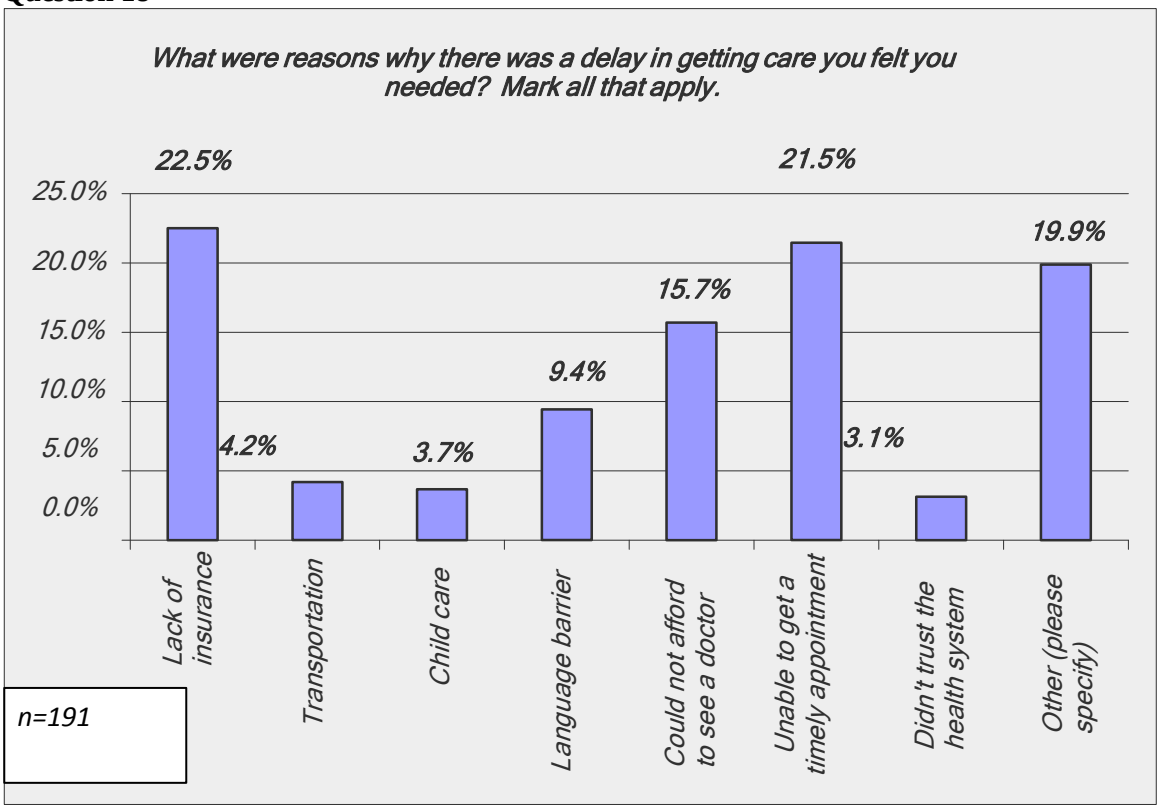

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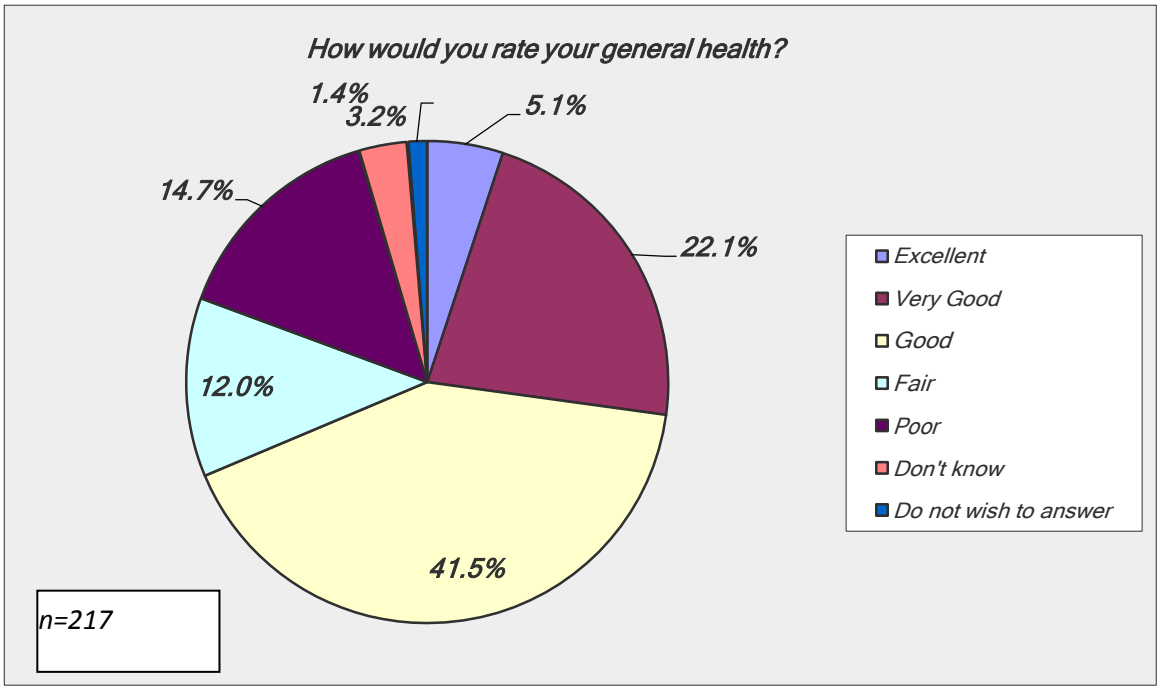

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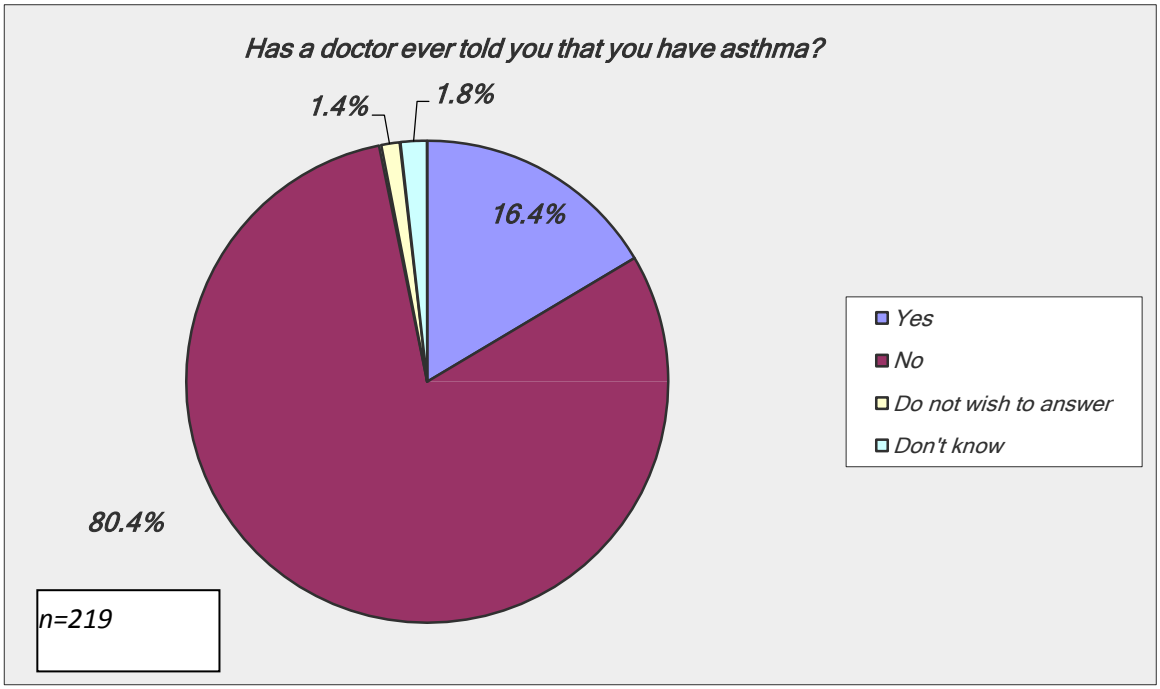

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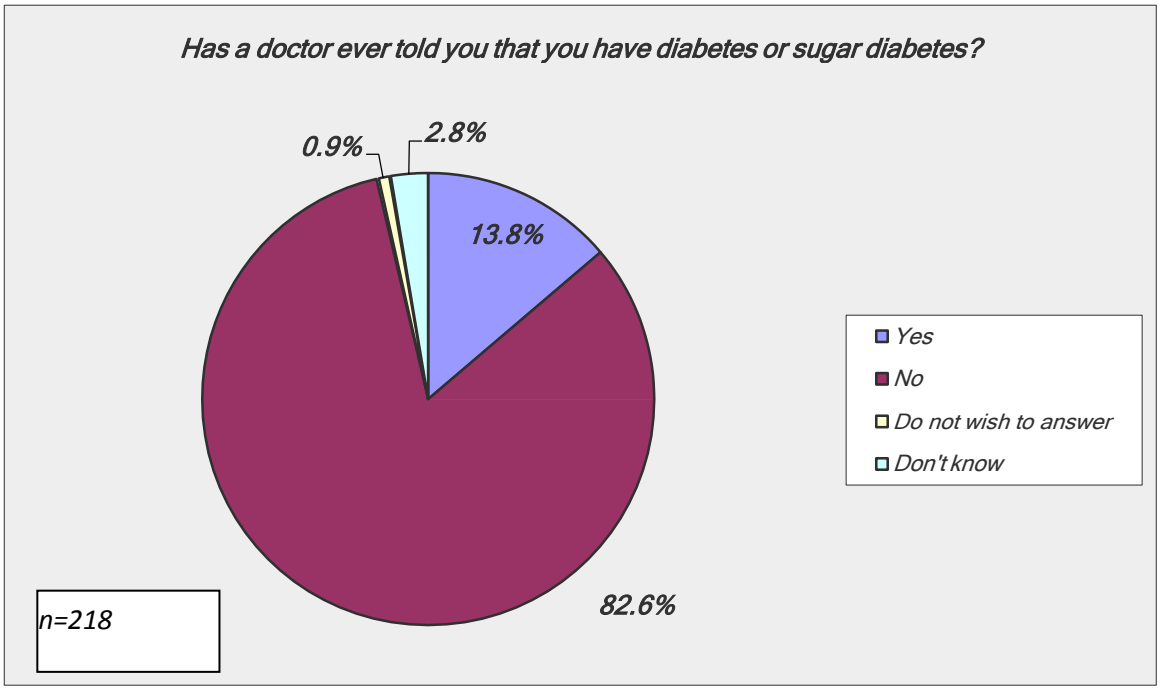

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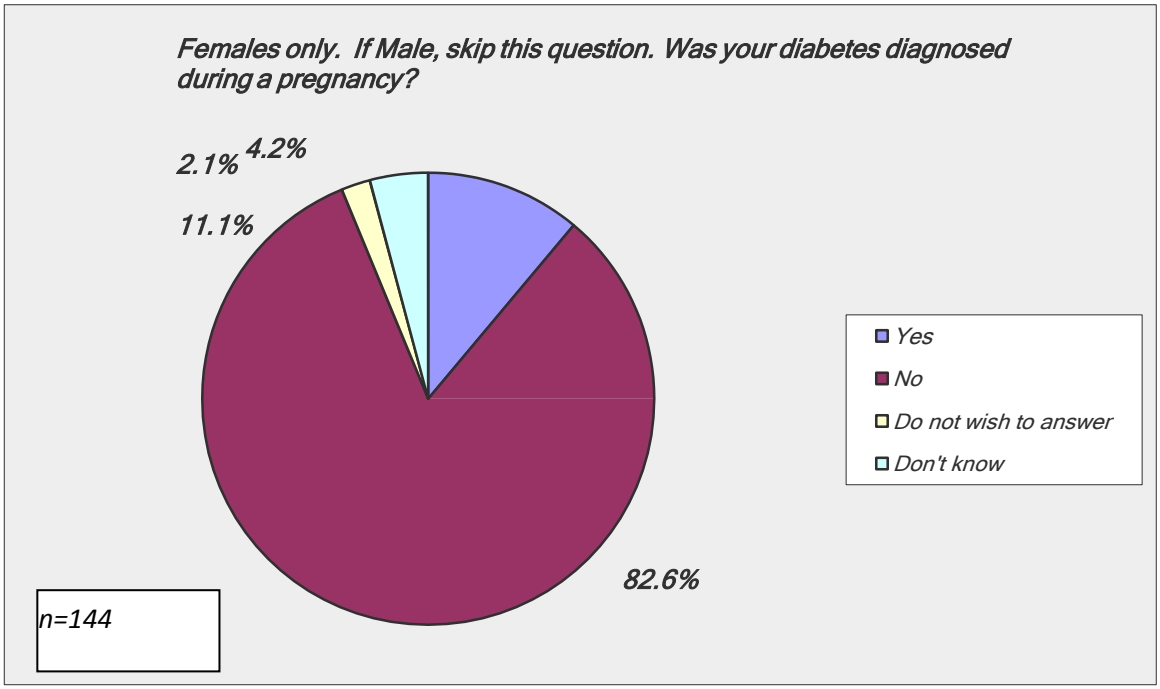

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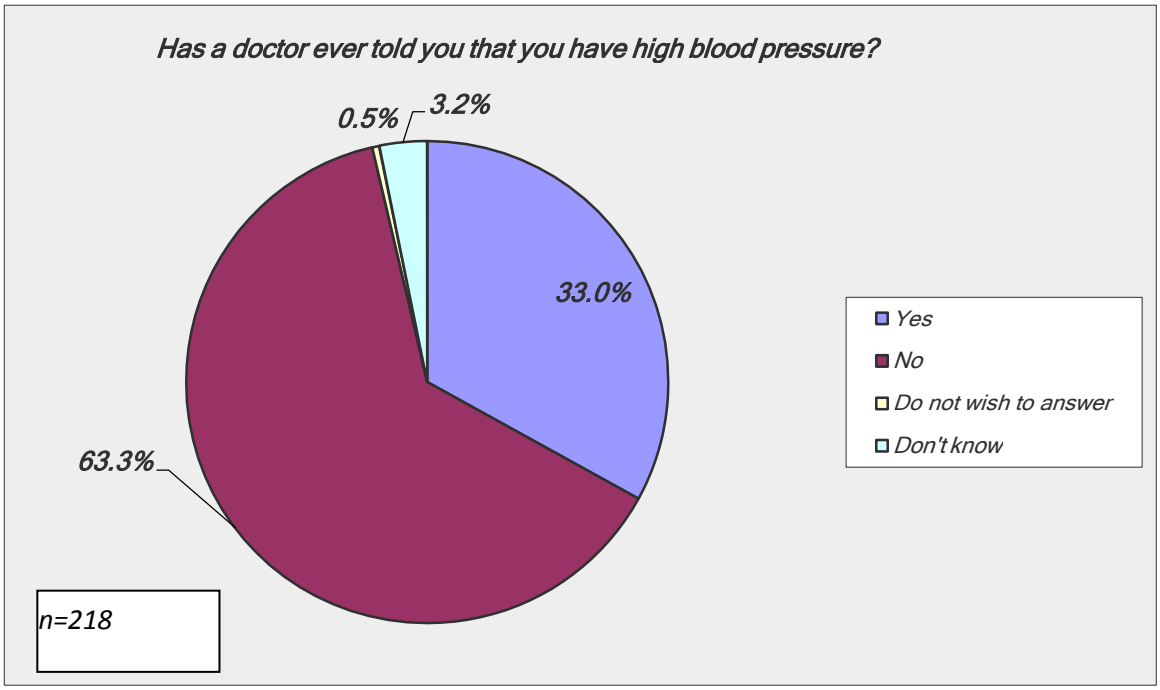

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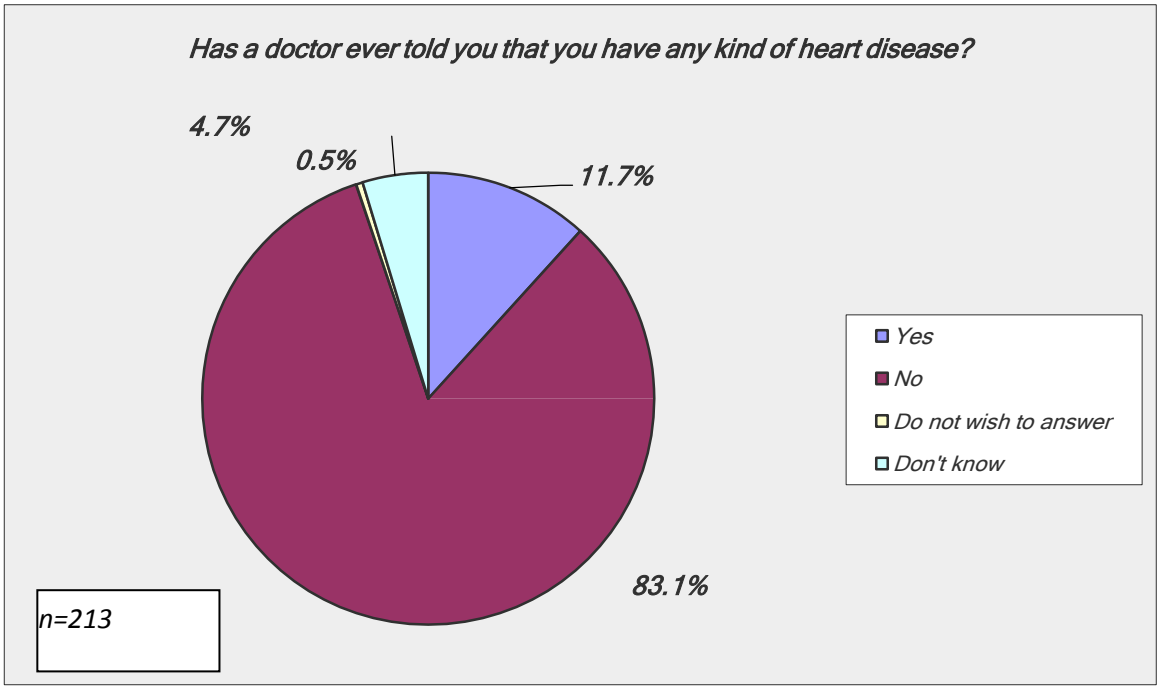

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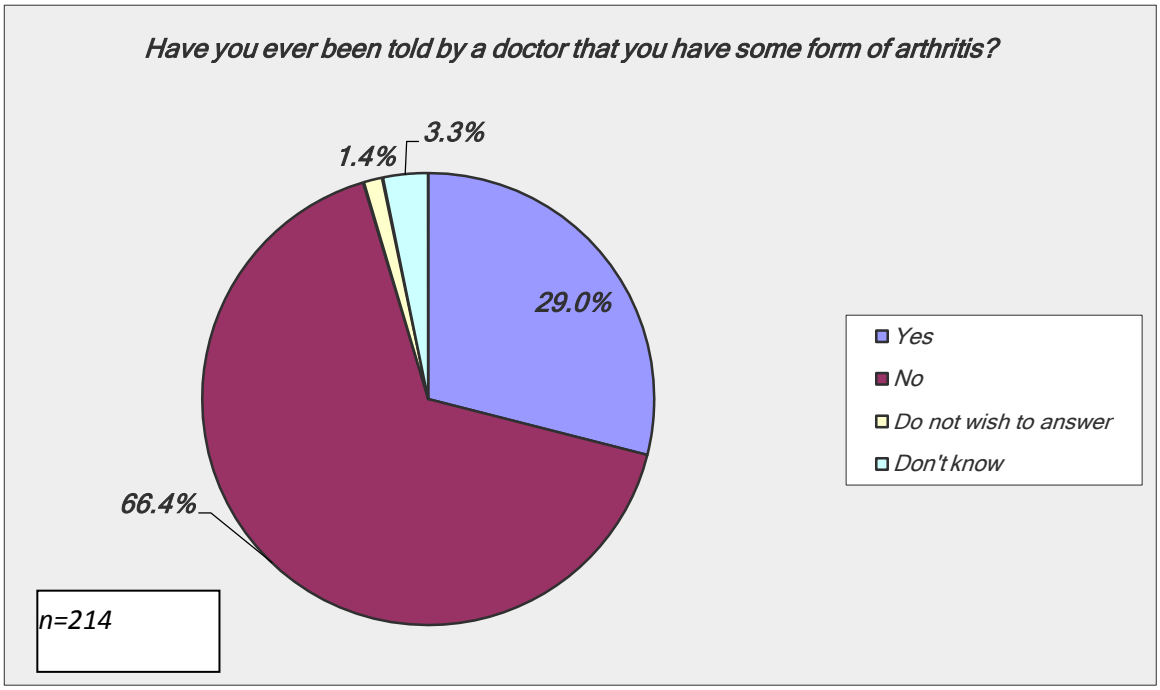

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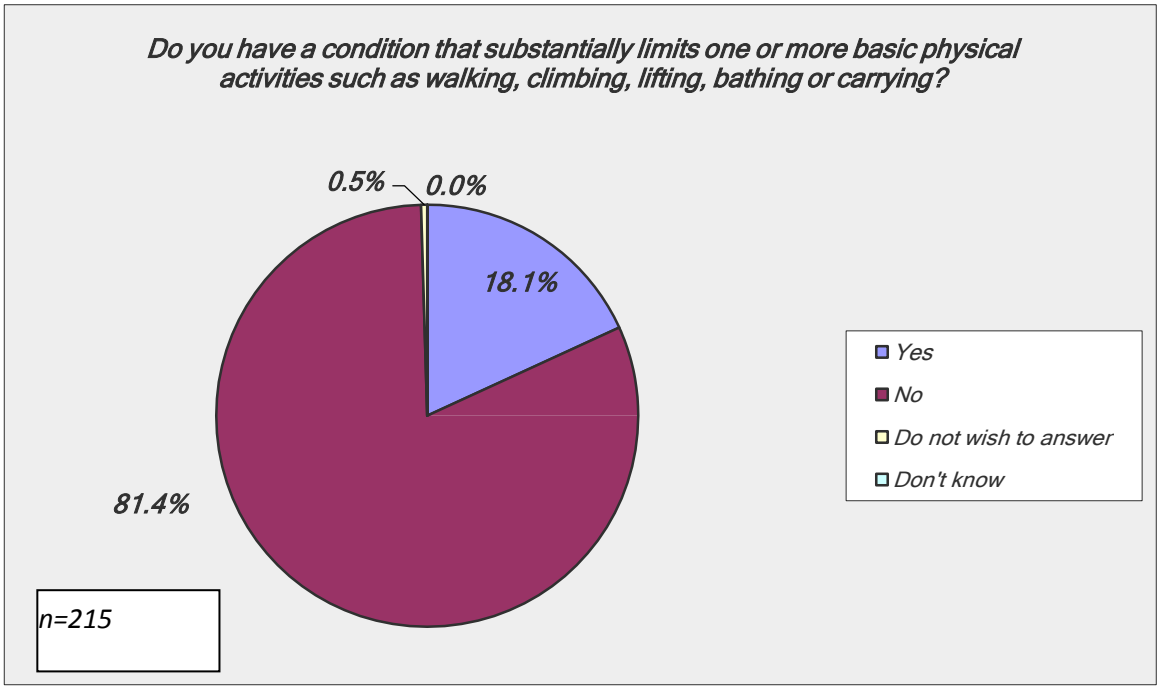

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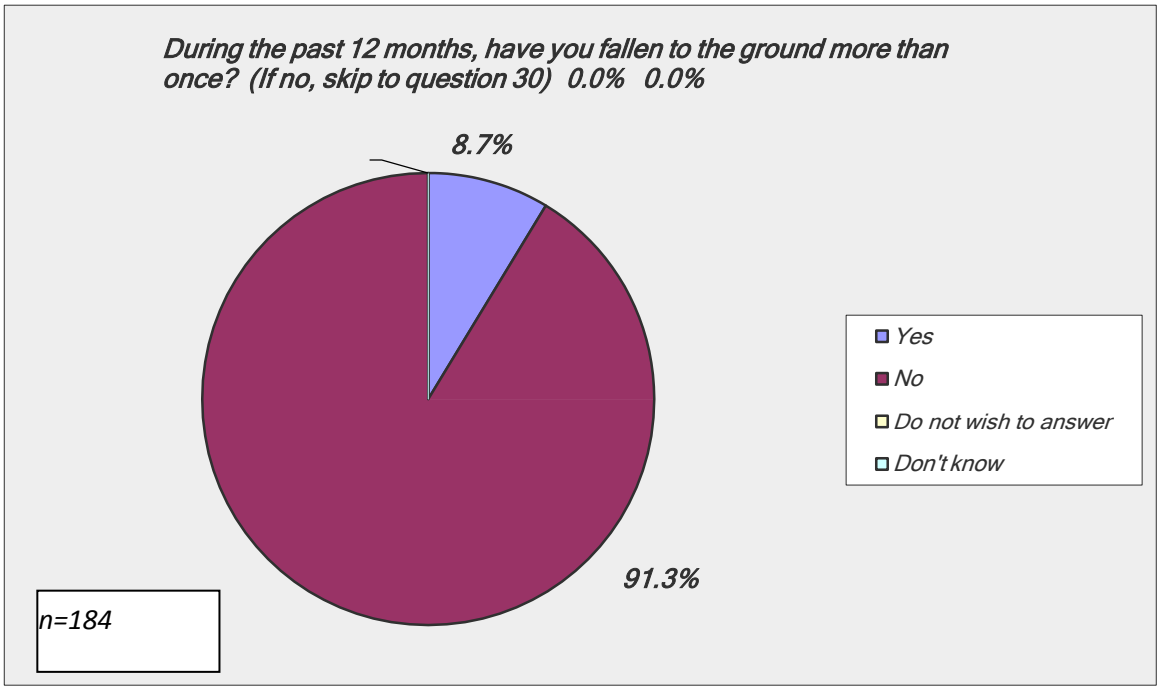

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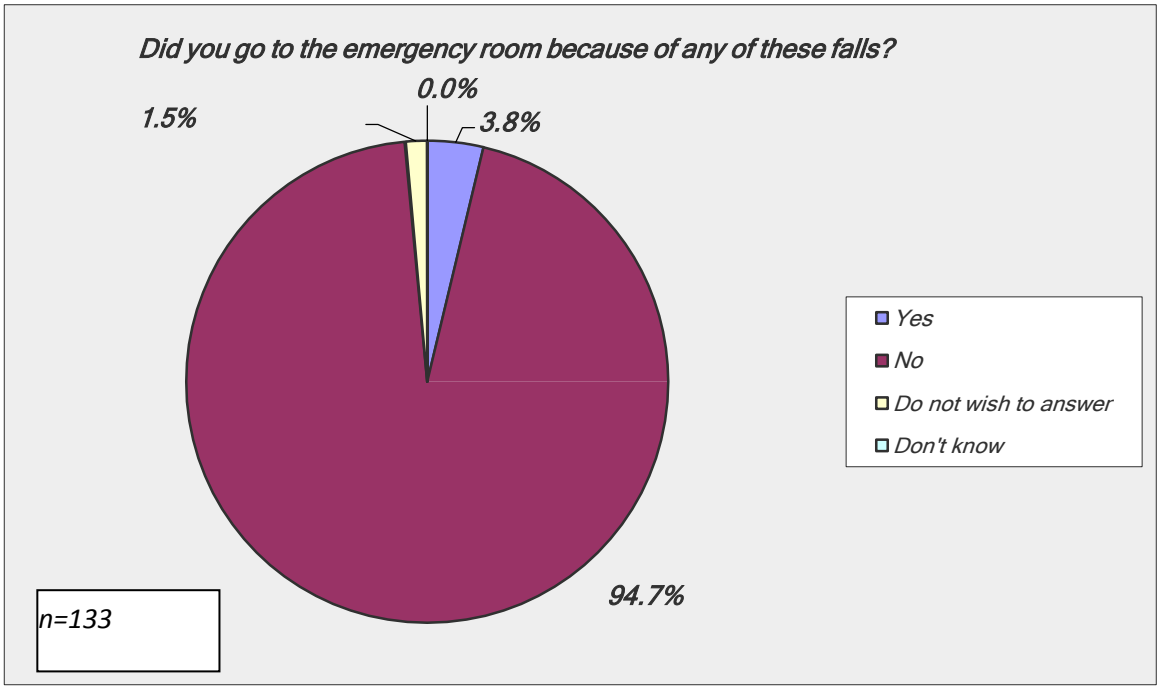

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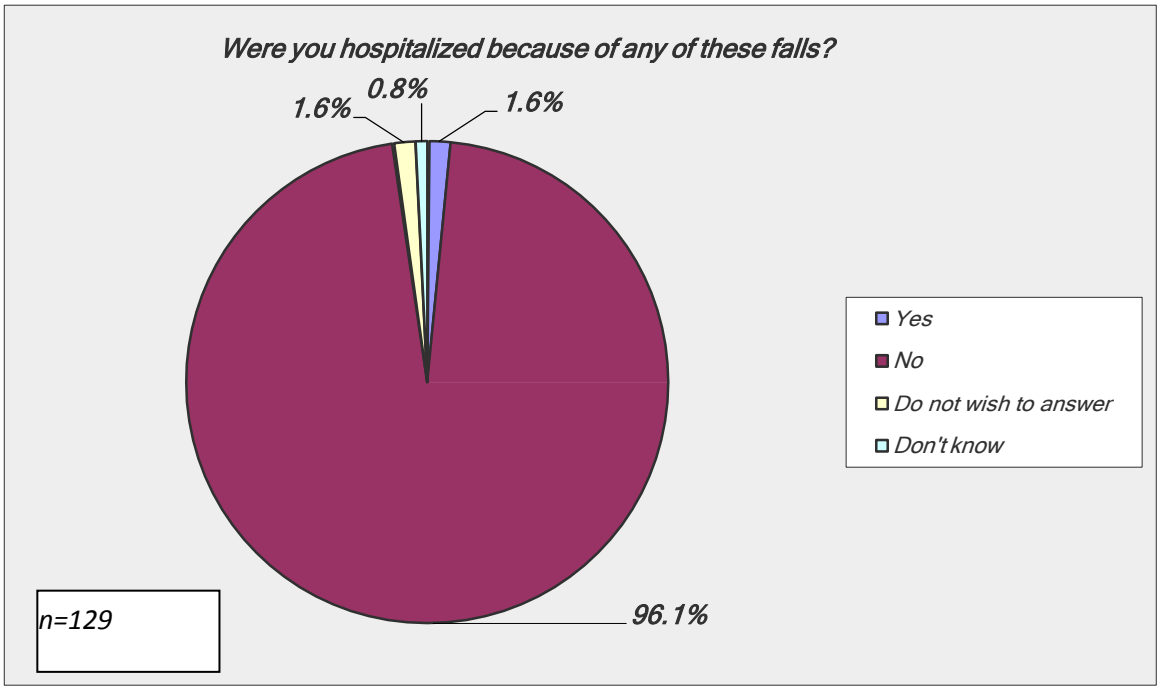

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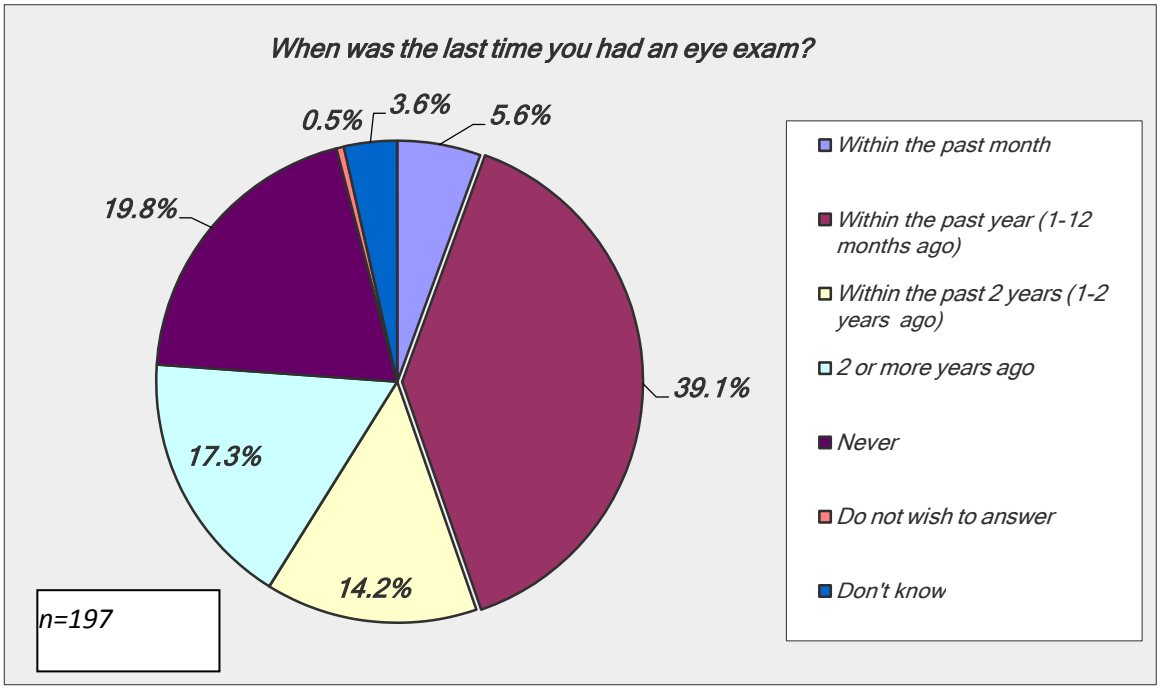

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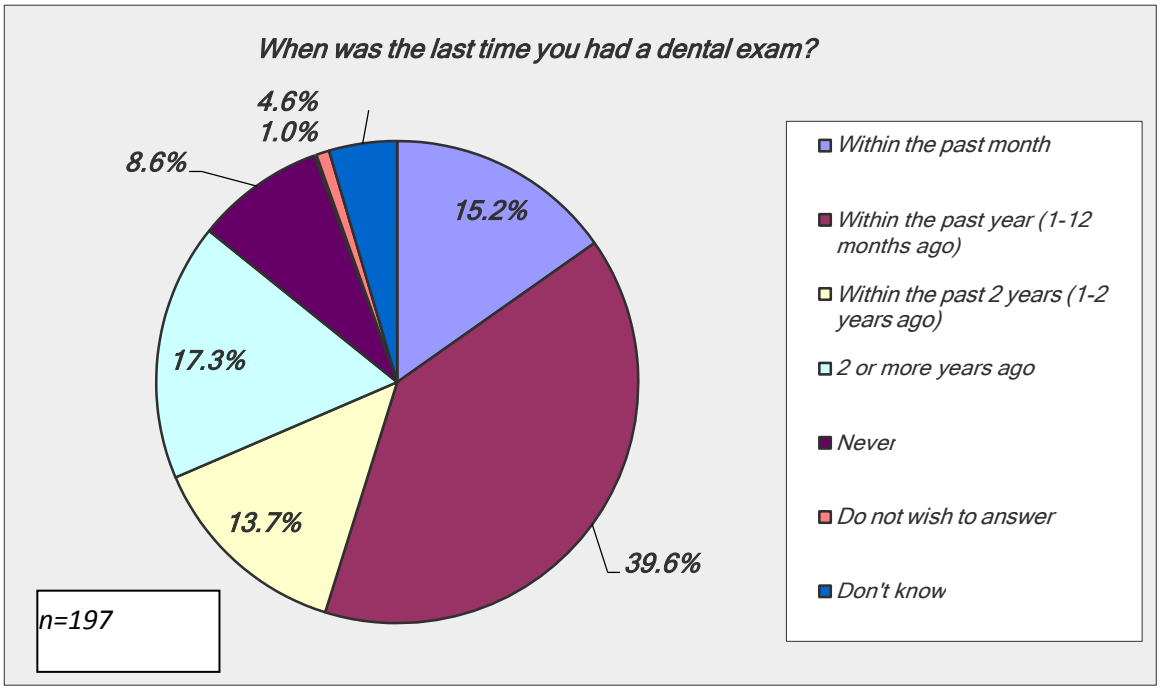

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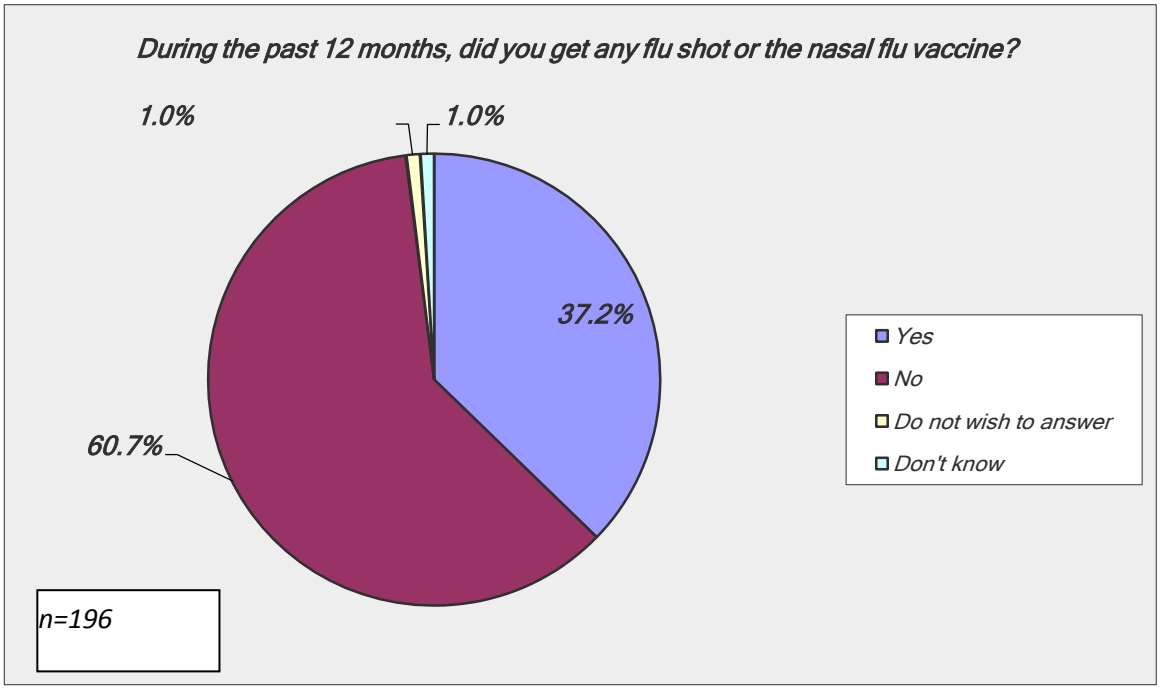

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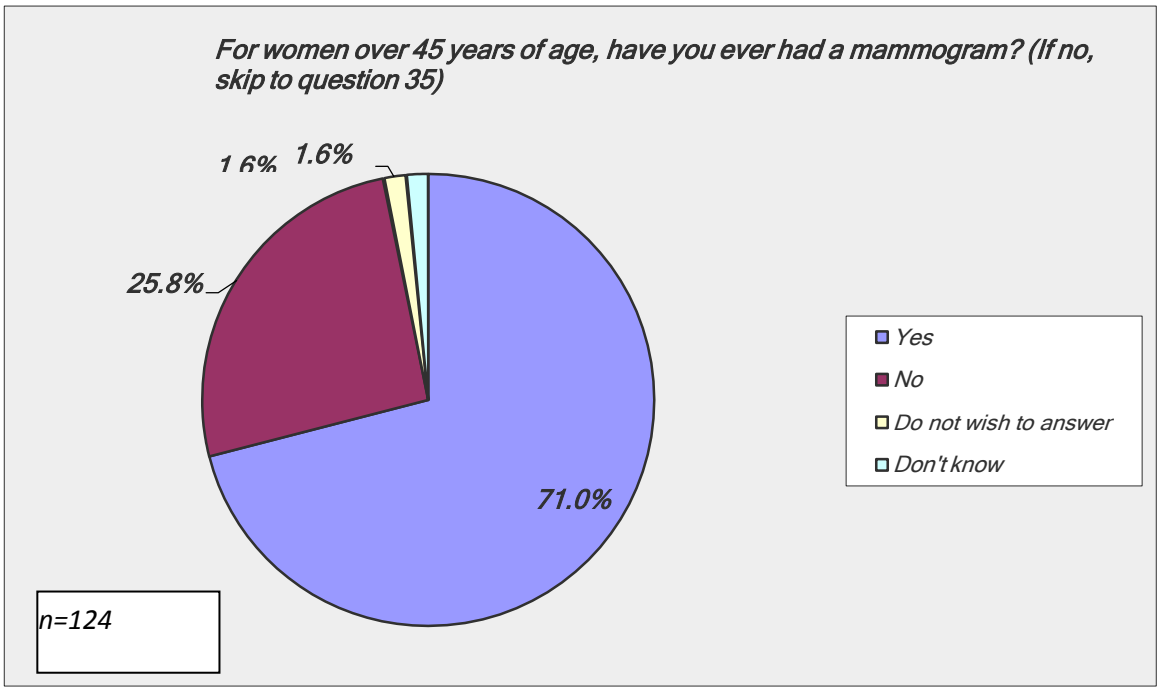
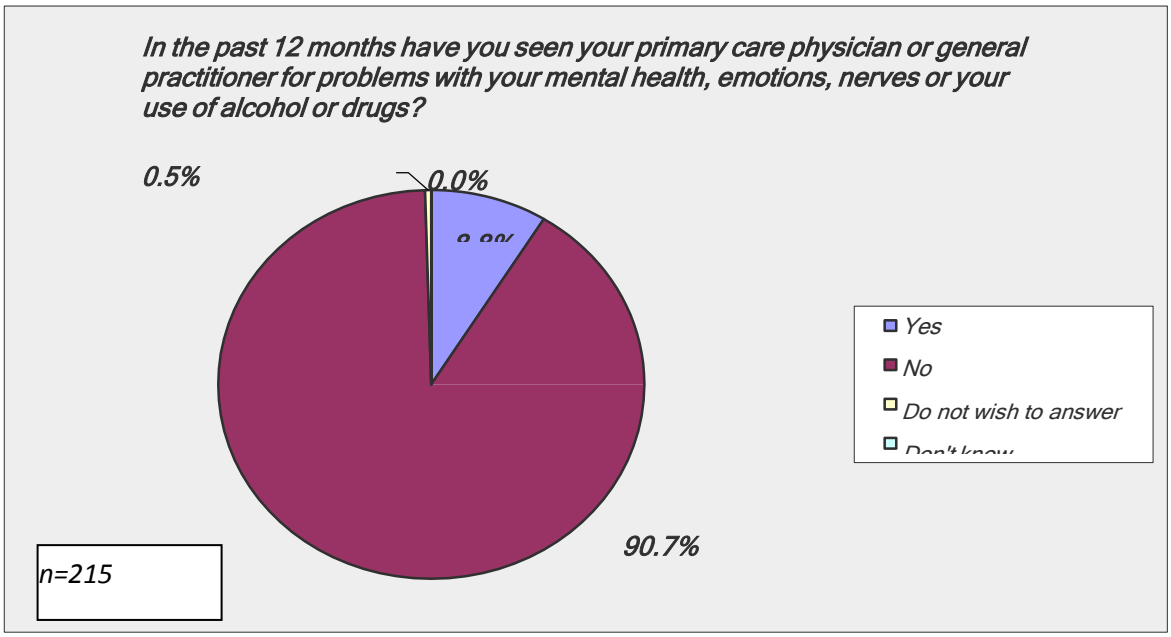


Question 34

How long ago did you have your most recent mammogram?	
Answer Options	**Response Count**
	97
answered question	**97**

Question 35



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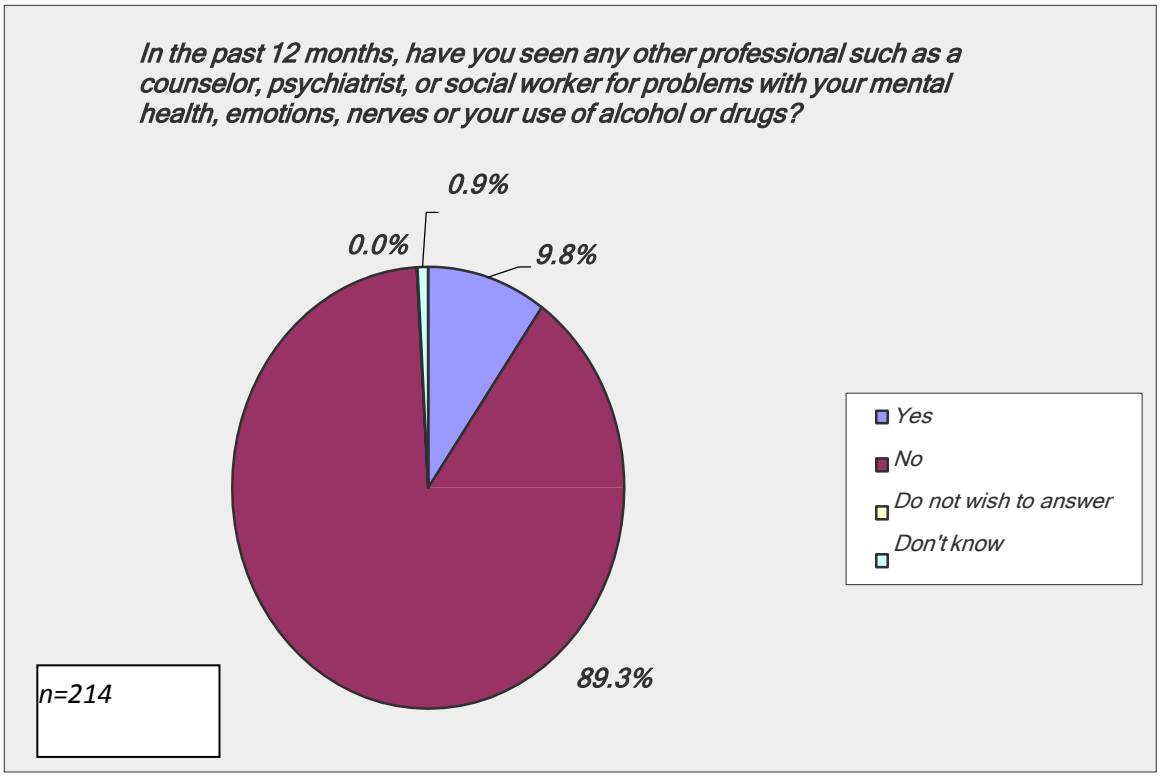
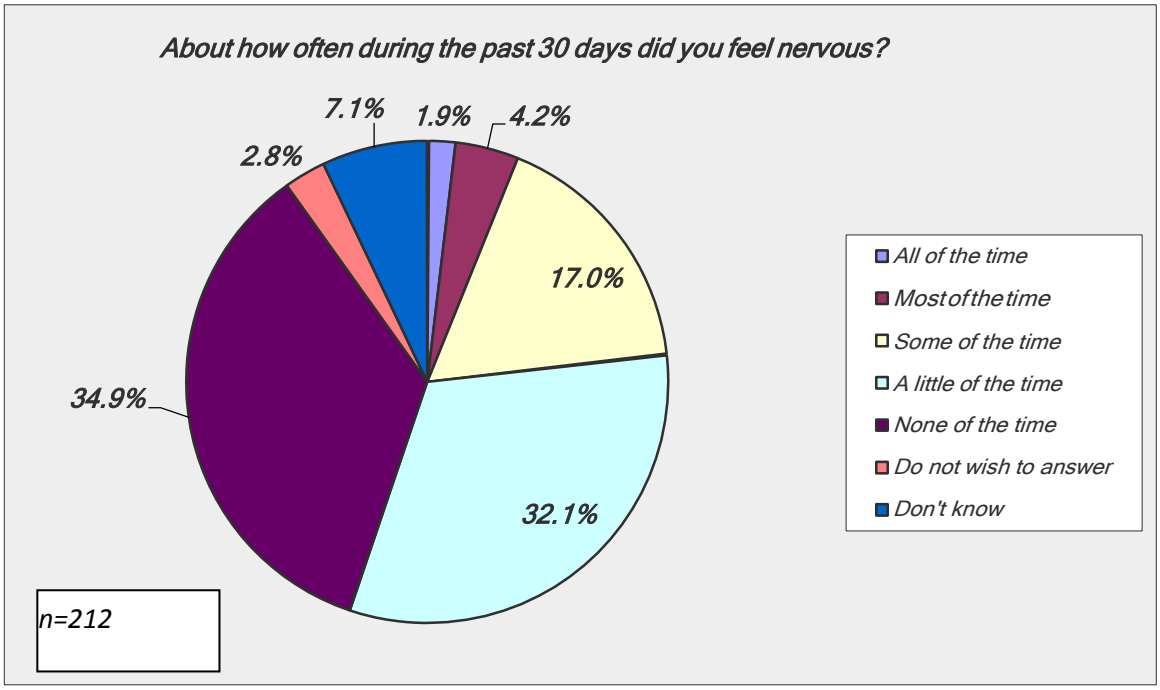


Question 37

How many days out of the past 30 days were you unable to work or carry out your normal activities because of your feeling nervous, depressed or emotionally stressed?	
Answer Options	**Response Count**
	134
answered question	**134**

Question 38



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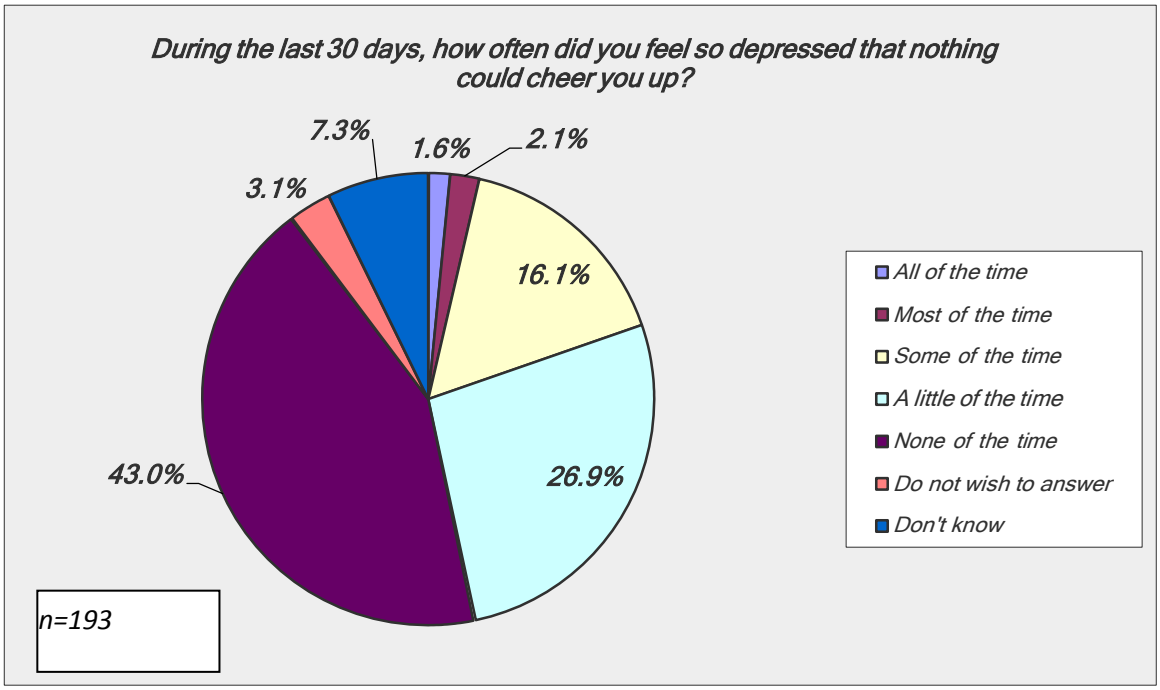

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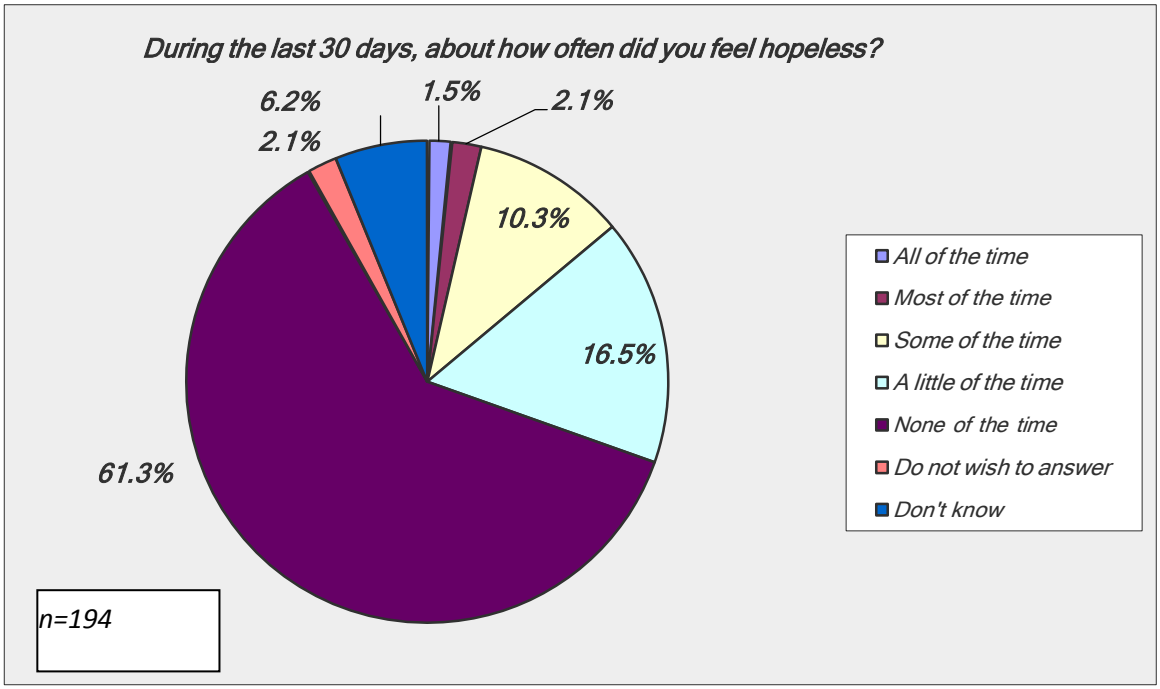

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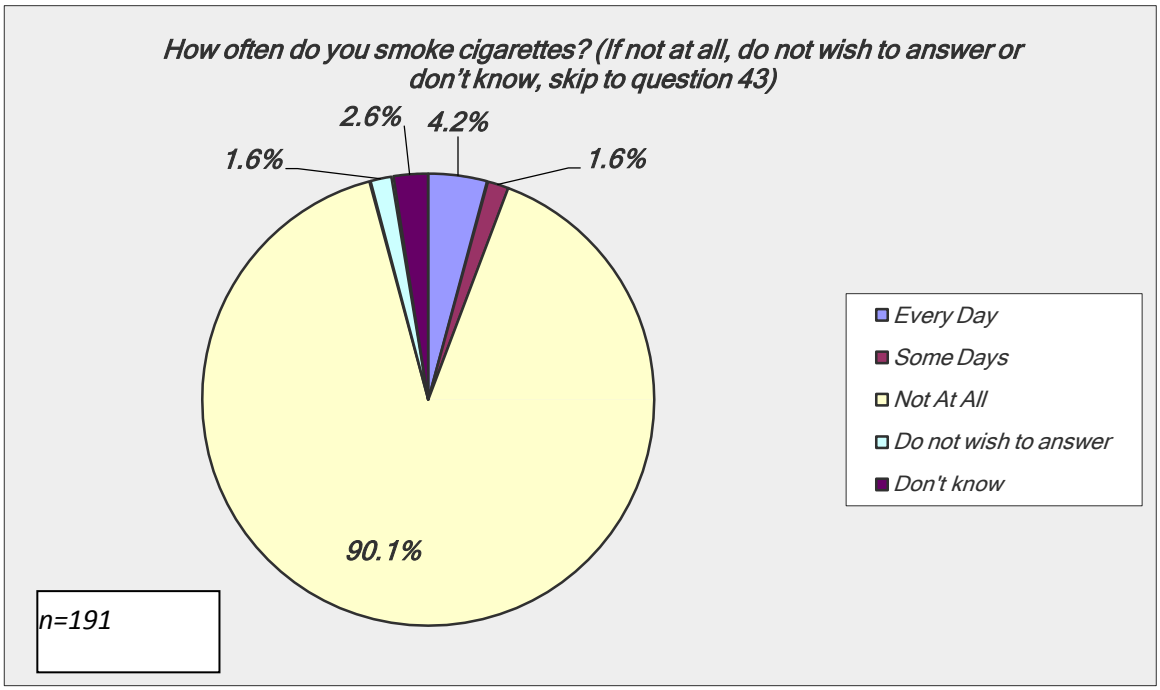


Question 42

On average, how many cigarettes do you smoke a day?	
Answer Options	**Response Count**
	113
answered question	**113**

Question 43

In the past 12 months, about how many times did you have 1 or 2 alcoholic drinks in a single day?	
Answer Options	**Response Count**
	186
answered question	**186**

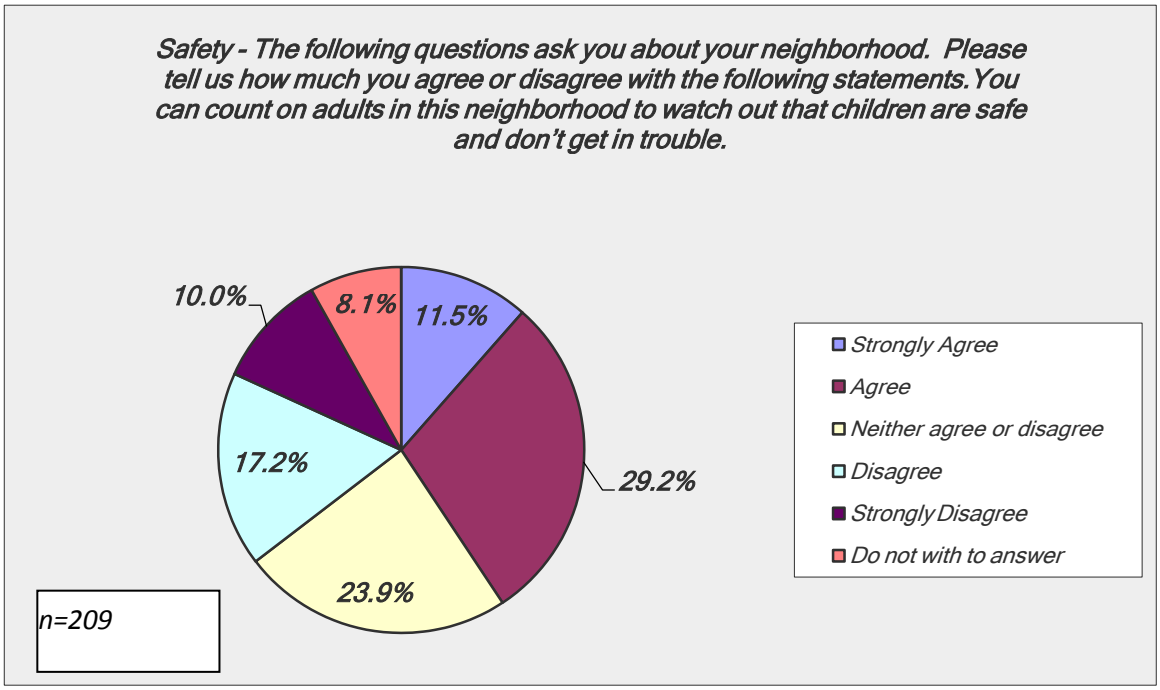
Question 44

In the past 12 months, about how many times did you have 3 or 4 alcoholic drinks in a single day?	
Answer Options	**Response Count**
	177
answered question	177

Question 45

In the past 12 months, about how many times did you have 5 or more alcoholic drinks in a single day?	
Answer Options	**Response Count**
	181
answered question	**181**

Question 46



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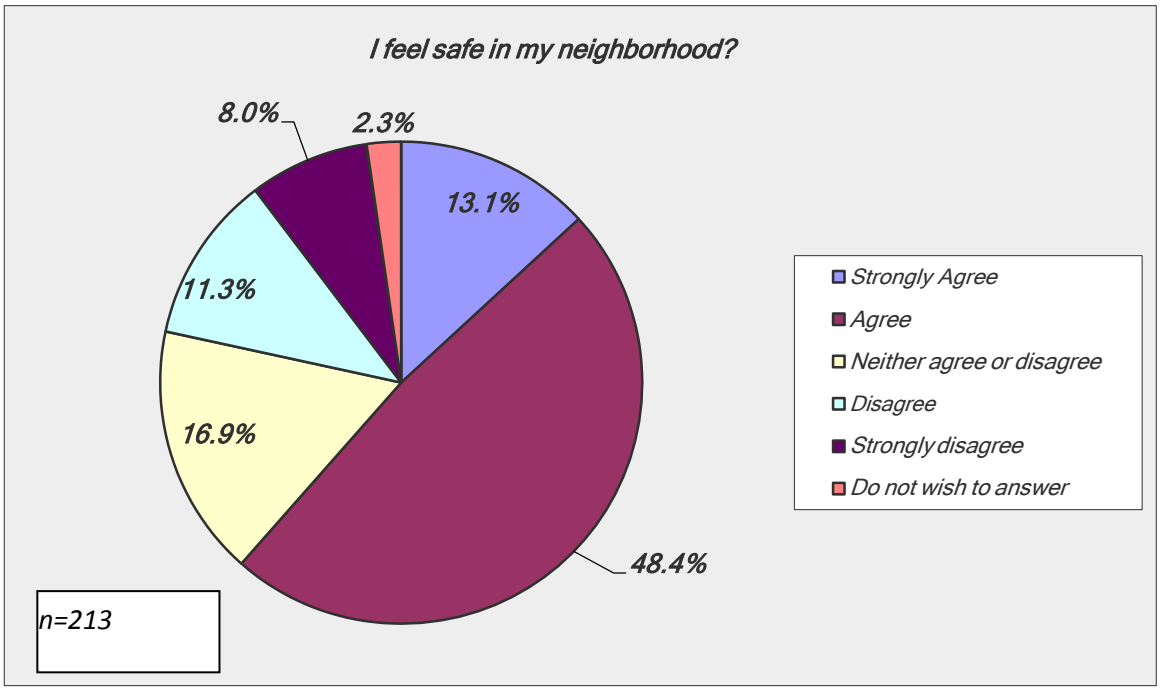

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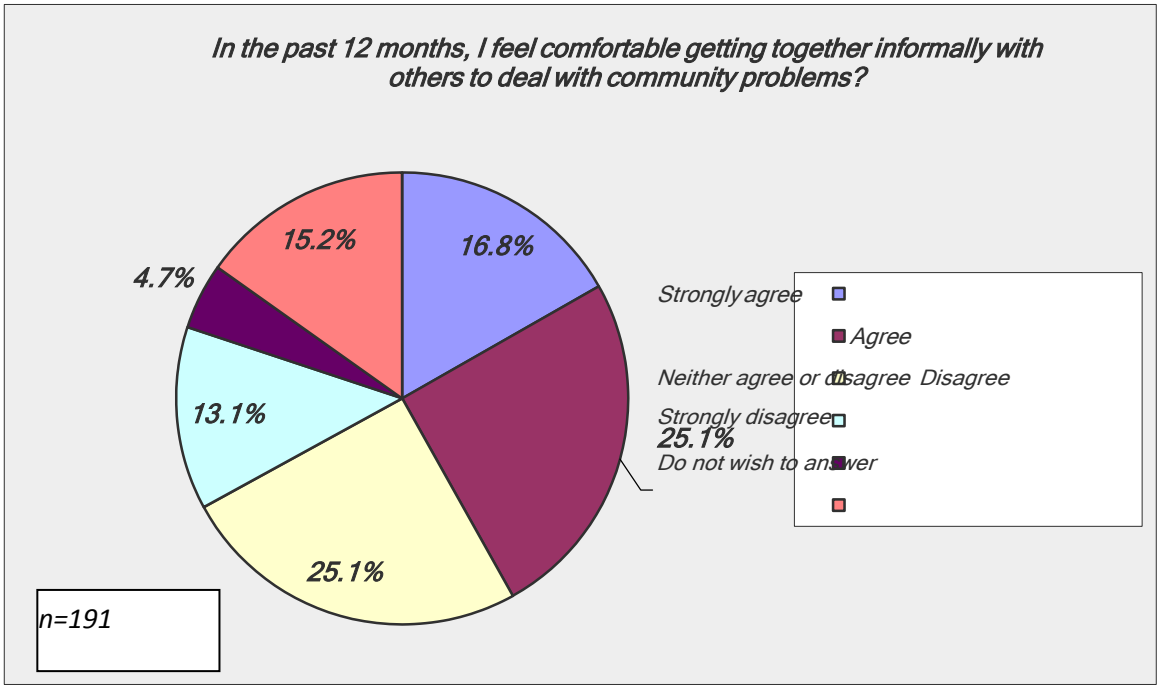

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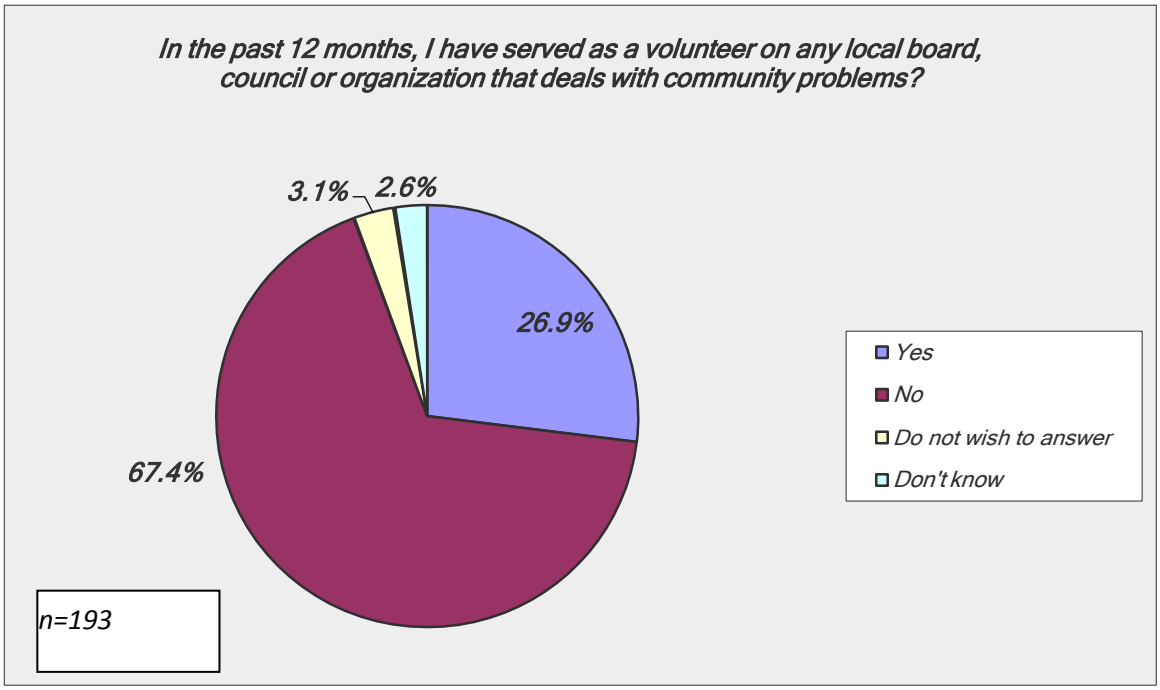

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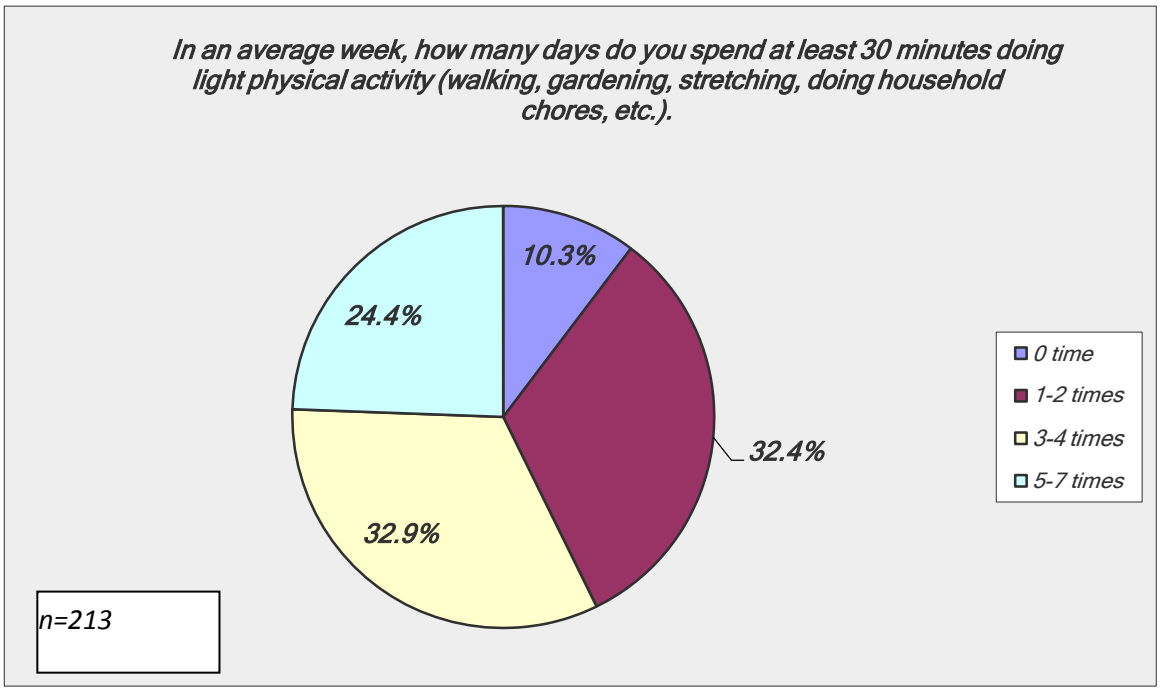

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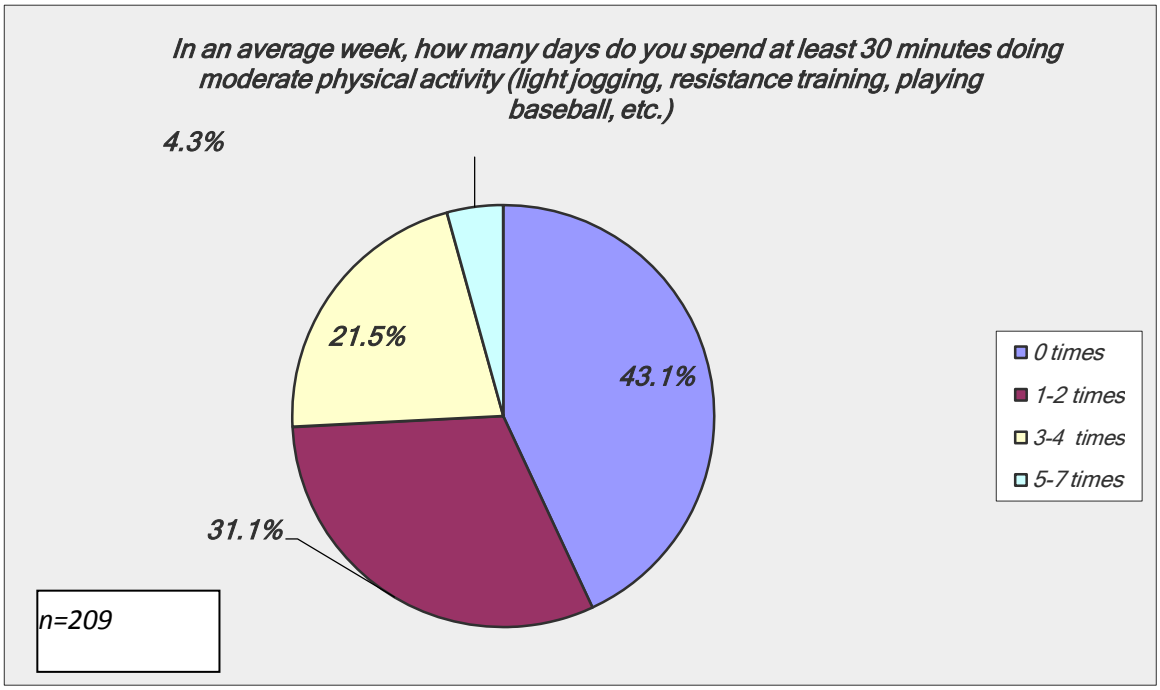

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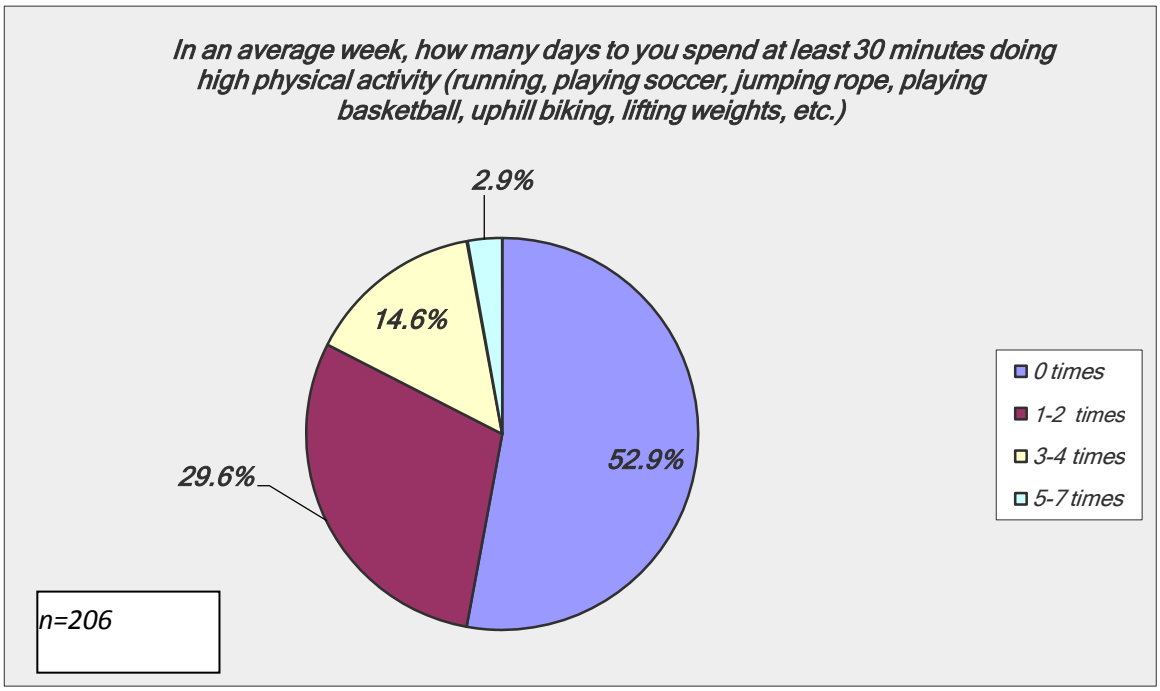


V. OVERVIEW OF HOSPITAL'S COMMUNITY BENEFIT PROGRAMS

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

REDLANDS FAMILY CLINIC

US Census Bureau (2015) reports that 9.1% of the population nationwide is without health insurance, and for children as a category, 5.3% are without health insurance (http://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-257.pdf, January 23 2017). For covered individuals, Medicaid accounts for 19.6% and Medicare 16.3%. Barriers to health care such as culture and low socioeconomic status continue to be a serious issue. Redlands Community Hospital addresses this issue 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 and support staff
2. The services are managed by Redlands Community Hospital's Board of Directors not associated with other organizations
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. 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. BioData and Lab Corp Medical Laboratories: provides clinical laboratory services
2. Community Clinic Association of San Bernardino County
3. CVS/Caremark

4. 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.
5. Inland Empire Health Plan
6. Local Pharmacies

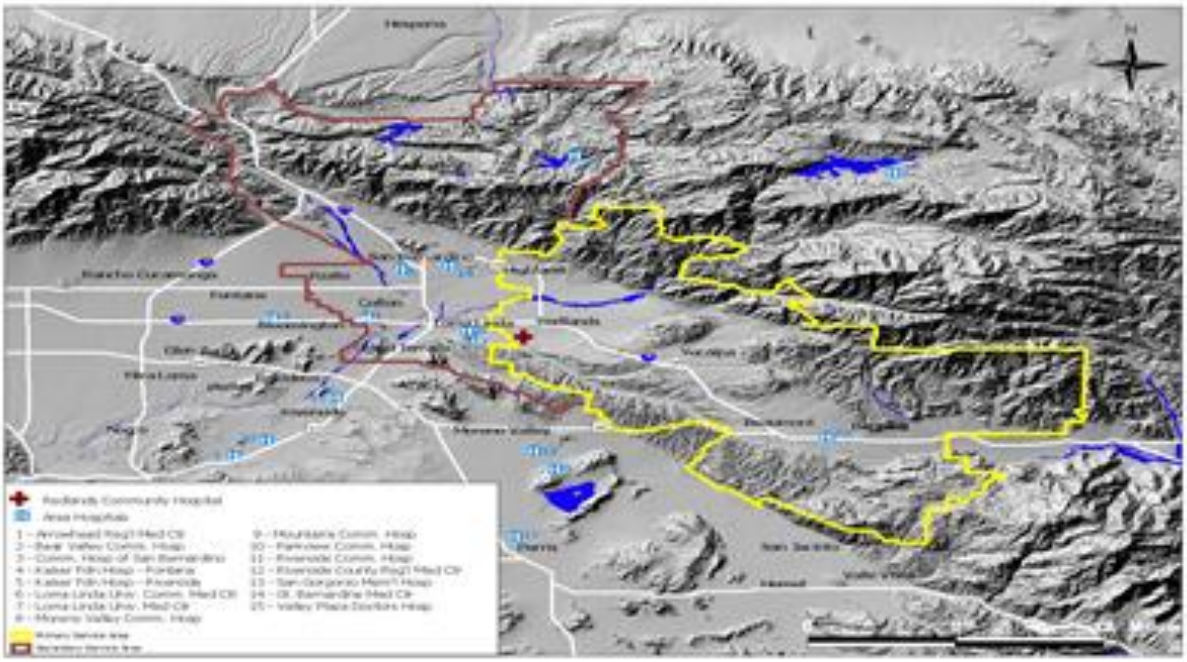
Goals and Milestones Accomplished in 2016

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. Acquired grant support for smoking cessation program

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

Essential hypertension
Obesity
Anxiety
Chronic Pain Syndrome
Anemia
Overweight
Diabetes Mellitus
Depressive Disorder
Lower back pain
Arthropathy

Redlands Family Clinic
Serving communities of Redlands, Loma Linda, San Bernardino, Highland, Yucaipa and Mentone.



Scope of Services

Hours of Operation	8:00-4:30 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
	Cardio pulmonary
	Emergency room
	Inpatient Services
	Special procedures
Referred Services	ARMC: outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies
	Loma Linda University Medical Center

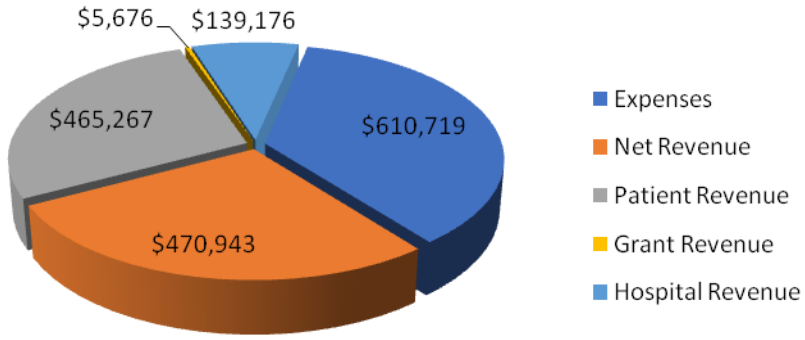
Total Visits - Historical 2013 to 2016

	2013	**2014**	**2015**	**2016**
Redlands Family Clinic	5,410	4,467	5,073	5,195

Patient visits increased slightly, 2%, in 2016. The number of IEHP patients assigned to the clinic increased by 55% in 2016 compared to 2015. Although patient visits slightly increased the number of new patients at the Redlands Family Clinic decreased by 25%.

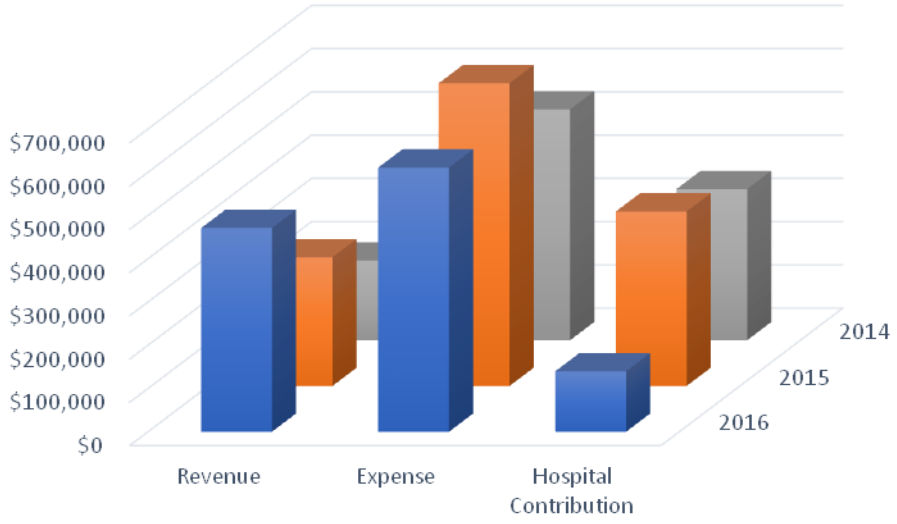
Financial Summaries Redlands Family Clinic, 2016

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2016 was $139,176.



Expenses	$610,719
Net Patient Revenue	$470,943
Patient Revenue	$465,267
Grant Revenue	$ 5,676
Hospital Contribution	$139,176

Financial Summary Comparison, 2014, 2015, 2016



	Revenue	Expense	Hospital Contribution
2014	$184,219	$533,496	$349,277
2015	$297,509	$700,924	$403,415
2016	$470,943	$610,719	$139,776

Goals and Objectives for 2017

1. Continue to provide primary care services for low-income and underserved individuals
2. Continue to support community-based programs and organizations
4. Enhance technology towards implementing electronic health records

Summary

During a time when healthcare dollars continue to shrink and increased financial risk is going to community hospitals, Redlands Community Hospital continues to demonstrate that healthcare resources can be made available to everyone. We at Redlands Community Hospital have not only proven it can be done, but witnessed the continuation and growth of services to the under-served population. We have addressed critical elements needed for early intervention by providing primary care services, controlled and reduced co-morbidities and made every attempt to prevent use of the Emergency Room as a source of primary health care services. Most importantly, we have demonstrated successfully how to help patients take control of their health care by providing patient-centered services and assisting with the transition to public assistance programs, whenever they qualify. If patients do not qualify for public assistance, we will continue to provide them with the healthcare they require.

We are encouraged by the positive recognition staff received from the patients and families served. During 2016, patients indicated 87% overall patient satisfaction. We will continue to network with the community to share our challenges and successes.

Our 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. 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 and support staff
2. The services are managed by Redlands Community Hospital's Board of Directors not associated with other organizations
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. 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. BioData and Lab Corp Medical Laboratories: provides clinical laboratory services
2. Community Clinic Association of San Bernardino County
3. 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.
4. Inland Empire Health Plan
5. Local Pharmacies

Goals and Milestones Accomplished in 2016

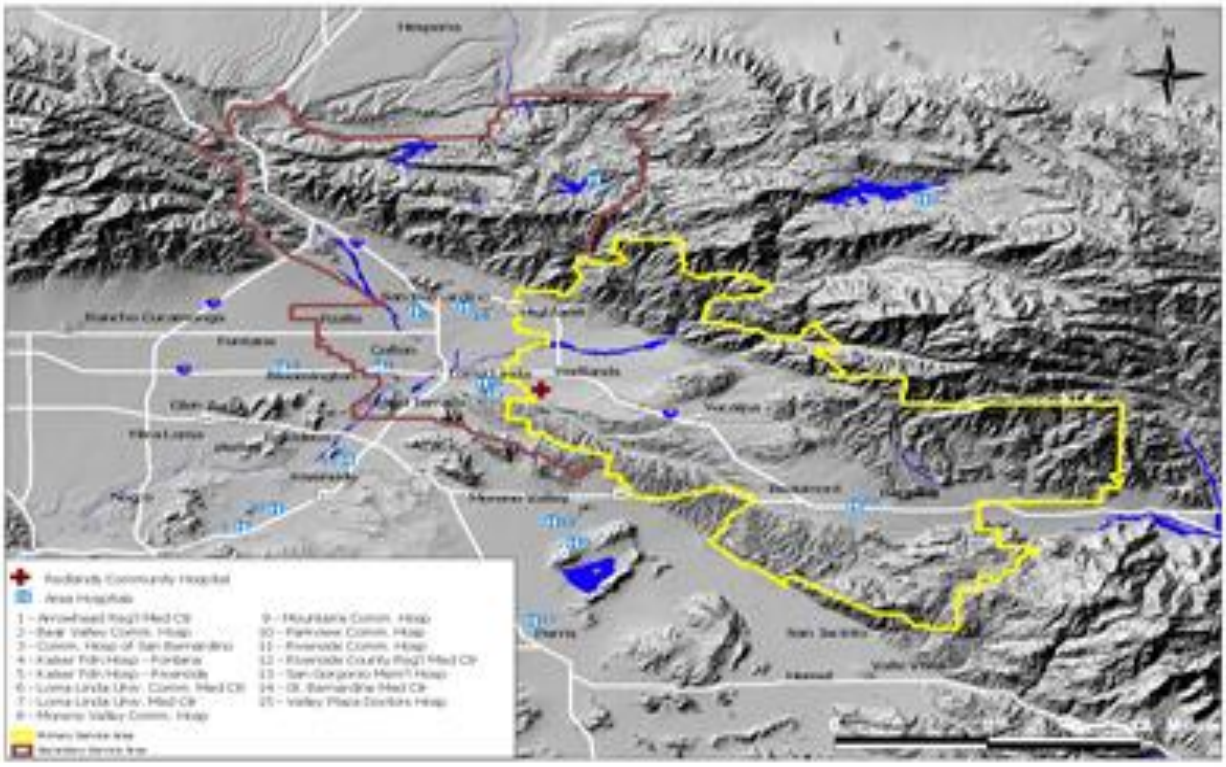
1. Expanded primary care services and access for community members with IEHP
2. Provided no-cost seasonal flu vaccinations to the community-at-large

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

Anxiety
Obesity
Anemia
Essential (Primary) Hypertension
Arthropathy
Overweight
Depressive Disorder
Allergic Rhinitis
Asthma
Gastro-Esophageal Reflux (GERD)

Yucaipa Family Clinic

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



Scope of Services

Hours of Operation	8:00-4:30 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
	Cardio pulmonary
	Emergency room
	Inpatient Services
	Special procedures
Referred Services	ARMC outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies

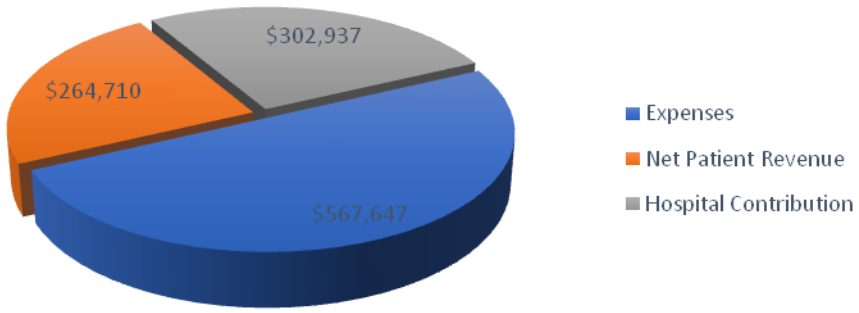
Total Visits – Historical

	2013	**2014**	**2015**	**2016**
Yucaipa Family Clinic	186 (opened 6/3/2013)	1033	1863	2700

Patient visits increased by 45% during 2016. The number of IEHP patients assigned to the clinic increased by 50% in 2016 compared to 2015. The number of new patients served at the Yucaipa Family Clinic remained stable.

Financial Summaries Yucaipa Family Clinic, 2016

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2016 was $302,937.



Expenses	$567,647
Net Patient Revenue	$264,710
Hospital Contribution	$302,937

Goals and Objectives for 2017

1. Expand primary care services for low-income and underserved individuals
2. Continue to support community-based programs and organizations
3. Enhance technology towards implementing electronic health records

Summary

Redlands Community Hospital is committed to serving the community and providing high-quality and affordable healthcare. For 2016, the Yucaipa Family Clinic's overall patient satisfaction rating was 93%. Our 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 on-on-one education. Services are provided by an International Board Certified Lactation Consultant.

The Childbirth preparation courses prepare the pregnant women and family for childbirth. Classes are designed to provide practical and useful tools in preparation of childbirth.

Partnerships

1. Baby Friendly USA
2. California Diabetes and Pregnancy Program Sweet Success
3. County of San Bernardino (Public Health/CPSP)
4. Disney
5. Inland Empire Health Plan
6. Molina
7. Participating CPSP medical groups and community physician offices

Goals and Outcomes Accomplished in 2016

1. Provided patient focused breast feeding education.
2. Expanded awareness of the education services provided by Perinatal Services to the local community and OB physicians.
3. Achieved 98.5% patient satisfaction rating.

Goals and Outcomes set for 2017

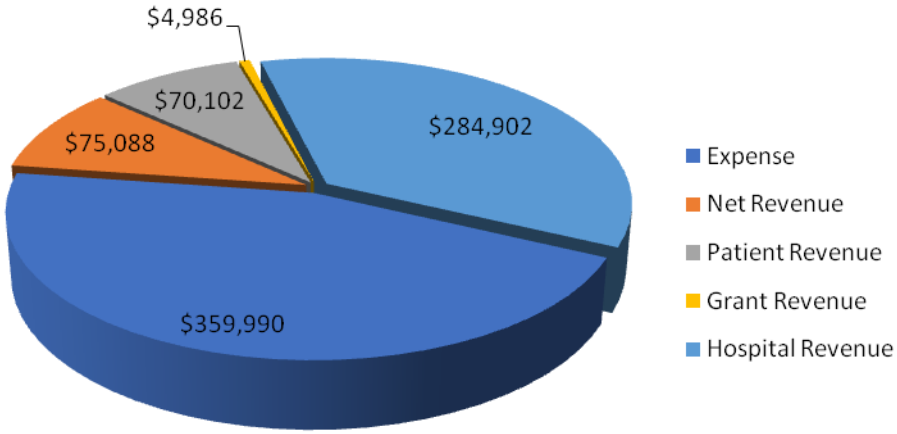
1. Meet or exceed patient expectations
2. Emphasize the benefit of the various education programs to our patients and the community-at-large
3. Promote breastfeeding initiatives and increase lactation visits.

Total Visits, 2011 through 2016

2011	2012	2013	2014	2015	2016
1,429	2,181	2,387	2,082	1,435	1,832

Financial Summaries Perinatal Services, 2016

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2016 was $284,902.



Expenses		$359,990
Net Revenue		$75,088
Patient Revenue	$70,102	
Grant Revenue	$4,986	
Hospital Contribution		$284,902

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 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 healthcare of the population served, as well as improving their relationships with their individual healthcare providers.

Problem

Real and perceived barriers (not limited to financial, medical access, social, transportation...) for the under insured, 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 specific disease processes and management, to provide community resources, to facilitate the relationship between the patient and his/her healthcare 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 by either the physician or a case manager. 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 2016

1. Increased referrals to the program through RCH and EPIC management jointly focusing on identifying at risk patients.
2. Met/exceed patient expectations especially in the area of facilitating referrals in a timely manner and assisting in securing the initial appointment, and assisting the patient/family to navigate their healthcare.
3. Program productivity has increased by proactively identifying at risk individuals.
4. Routine participation in the monthly JOC meetings, RCH capitated patient meetings, and internal case management meetings, thus sharing the positive impact and outcomes of the program with the referral sources.
5. 93% of participants had a decrease in Emergency Room visits after interventions.
6. 88% of participants had a decrease in Inpatient Days after interventions.

Goals for 2017

1. Increase referrals to the program.
2. Increase productivity.
3. Continue to meet or exceed patient expectations.
4. Decrease the number of inpatient days and emergency room visits of the participants.
5. Formalize a resource list for patients and families.

Financial Summary of the Community Case Management Program

The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2016, which includes nursing salary, taxes and benefits of 26%, and mileage reimbursement, was $152,257.

PASTORAL CARE– VOLUNTEER PASTORAL CARE - LAY MINISTRY – GRIEF PROGRAM

Clinical Chaplain

Pastoral Services at Redlands Community Hospital has been busy about the care of the spirit in the lives of hundreds of patients over the past year the clinical chaplain performs and supervises multiple services which contribute to the spiritual well-being of those within the hospital, addressing the spiritual concerns of our patients who request pastoral support. The chaplain additionally serves as a part of the ICU and Emergency department clinical team, providing professional spiritual assessment and support for patients and families. Further, the chaplain is an active member of the advanced illness management program. The chaplain responds to referrals from health care professionals throughout the hospital to assist with addressing life threatening illnesses, end of life concerns and issues of spiritual distress.

Pastoral Care's No One Dies Alone Program has been successful and continues to provide a valuable service; sixteen patients who would have otherwise been alone while dying were comforted, and supported through this program over the past year. Two patients were hospice patients in local nursing facilities and fourteen were in house. The clinical chaplain partners with spiritual care providers in the greater Redlands area to facilitate spiritual care. The clinical chaplain is often requested to participate as a representative of RCH through multiple community faith activities. Some activities include speaking at community events, membership in the Redlands Area Interfaith Council and participating in the community's interfaith movement to provide spiritual care to those in need throughout the community.

Volunteer Pastoral Care Services

Our Volunteer Chaplains provide ongoing spiritual support for patients and families. Our pastoral care visitors and volunteer chaplains are encouraged to participate in their spiritual development by being exposed to spiritual practices from many faith traditions and are encouraged to explore the significance for their own ministry. In addition to patient visitation, Pastoral care volunteers participate in 8 hours of initial training and monthly in service provided by the Chaplain and receive on-going evaluation by the Chaplain and peers. Participation in on going pastoral care training provides the framework for pastoral accountability and the development of skills which enhance the care of our patients. Pastoral care services provide opportunities to people of all faith traditions in becoming a pastoral care visitor and have grown more diverse in its offerings.

Visiting Clergy/Lay Ministry

Faith community leaders who provide support to patients within their own faith community while they are hospitalized at RCH have been a valuable resource. These visitors receive a brief orientation on the visiting policies of Redlands Community Hospital provided by the Chaplain and once vetted; a visitor badge and parking pass are issued.

Grief Recovery

Follow-up grief care is an important service for families who have lost loved ones at Redlands Community Hospital. Included in a personalized letter to surviving family members is a list of several local grief support groups. In March, July and November, the clinical chaplain provided grief workshops for those throughout our community who have experienced the loss of a loved one. In some cases, the Chaplain initiates grief support to families, thereafter providing an appropriate referral to local support groups.

Community Partners

1. All faith communities in the Redlands and neighboring areas: Churches, mosques and temples who provide a spiritual support to those residing throughout the community.
2. Redlands Area Interfaith Council: helping to promote understanding and mutual respect of the diverse faith communities

Goals and Milestones Accomplished in 2016

1. Continued expansion of the No One Dies Alone Program collaborating with Redlands Hospice to provide a compassionate companion to allow families with minimal support to leave the bedside knowing their loved one is not alone
2. Initiated three, 8 week grief workshops for grieving families and community.
3. Provided on-going spiritual care that is purposeful in its inclusiveness of all faiths.
4. Continued to facilitate interest in hospital visitations throughout the local faith community by meeting with local clergy and other faith community leadership.
5. Hosted successful clergy appreciation luncheon in October to acknowledge the local faith community for their involvement.
6. Continued integral part of the ICU rounds and palliative care program
7. Provided ongoing pastoral care training to pastoral care volunteers to provide the framework for accountability and the development of skills which enhance the care of our patients.

Goals for 2017

1. Provide on-going spiritual care to RCH patients and families.
2. Support the Pastoral Care Visitor and Volunteer Chaplain in his/her personal ministry.
3. Facilitate interest in hospital visitations throughout the local Faith Community by meeting with local clergy and other faith community leadership.
4. Increase the pastoral care volunteer base to help continue facilitating our patients' spiritual wellness.
5. Provide spiritual care to surgical patient's at their request.

Financial Summary

Unreimbursed costs to Redlands Community Hospital for the Pastoral Care Program during 2016 were $21,443.

BEHAVIORAL HEALTH PROGRAM

Mental illnesses are common in the United States. According to information provided by the National Institute of Mental Health (NIMH), 1 in 5 individuals nationwide are suffering from a form of mental illness (Statistics: Any Mental Illness (AMI) Among U.S. Adults, 2017). This is a highly stigmatized population where the symptoms are severe, recurrent, and frequently co-concurrent with the growing epidemic of substance abuse. The shortage of mental health professionals, facilities, and financial resources nationwide make behavioral health patient care a key societal stressor, as it not only affects the individual but also the family unit and the community at large. Inadequate available resources to care for this patient population negatively affects local services: the police department, fire department, ambulance services, and emergency departments suffer strain and compromise effective treatment and recovery for patients.

Purpose and Program Description:

The purpose of the Redlands Community Hospital Behavioral Health Program is to focus on treating each patient as a whole person, not just his or her mental illness; and to provide the highest quality psychiatric treatment through an interdisciplinary team approach. The Behavioral Health treatment team offers a continuum of care ranging from crisis intervention to extended treatment achieving long-term stability. Our goal is to provide those individuals struggling with mental illness the tools, education, and skills needed to cope with the internal struggles they face in their daily life with absolute regard for human dignity and respect for all patient rights.

- Our inpatient treatment provides a therapeutic setting that allows the individual with acute symptoms to be immersed in the treatment environment while removing many of the triggers and stressors from the outside world, making it easier to focus exclusively on recovery. Inpatient treatment typically consists of a combination of individual and group counseling, support groups and alternative or complementary therapies.
- The Partial Hospitalization Day ("PHP") program uses an array of treatment modalities similar to those offered in inpatient facilities, except care takes place on a part-time basis while the patient continue to live at home. This treatment option may suit those with less-severe symptoms who may wish to continue participating in personal and professional duties outside of the treatment environment, such as school, work, or family life.
- The Intensive Outpatient ("IOP") program provides a step-down to a part-time intensive schedule that includes individual and group therapy designed to accommodate work and family life. Groups are small and generally do not exceed 10 people, allowing for supportive treatment in a safe environment.

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. Marriage –Family therapists (MFT's) and Recreational therapists (RT's) are staffed daily, providing group therapy focused on individualized needs of the patients
3. "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.
4. A structured daily schedule is in place to provide quality services in a stable environment.
5. The outpatient services of the BH program target stress management, coping skills, life skills, and community reintegration.

Top Medical Diagnosis treated in Behavioral Health:

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

Scope of Services:

Hours of Operation	Inpatient: 24 hours, 7 days Outpatient: 8:00 a.m. – 4:30 p.m. Mon-Fri
Personnel	Psychiatrist Physicians Registered Nurses Licensed Vocational Nurses Licensed Pharmacy Technicians Marriage and Family Therapists Recreational Therapists Licensed Clinical Social Workers Social Workers Administrative Staff Mental Health 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 listed on page 82, Community Benefits and Economic Value.

Goals Outcomes Accomplished in 2016:

- Restructured and expanded our Psychiatric Evaluation Team (PET).
- Became a SAMHSA recognized facility.
- Recertified by Joint Commission.
- Re-designated by the County as a LPS hospital.
- Implemented tools to meet new CMS quality measures.
- Ranked better than the top 10% of hospitals in Mental Health readmission rates, and length of patient stay.

Goals for 2017:

- Expand program marketing outside of primary service area.
- Increase participation in community outreach programs.
- Increase the number of community resource relationships.
- Spread knowledge of our outpatient programs to neighboring health care facilities.
- Integrate Caring Science complementary modalities into treatment plans and therapeutic relationship

ADDITIONAL COMMUNITY BENEFIT ACTIVITIES, 2016

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 participates in a wide variety of community events and provides health related services for the community at Senior Centers, churches, large employers, children events, emergency preparedness fairs, community events, high schools and the YMCA. An array of health education and health services are offered to the public.

Community Health Fairs

During 2016, the Hospital participated in 27 community health fairs providing education on the hospital's programs and services:

- Highland Senior Center
- Mentone Health Fair
- Calimesa Street Fair
- Jocelyn Senior Center
- Redlands Senior Community Center
- Sun Lakes Senior Living Community
- Beaumont Senior Health and Fitness Expo
- City of Beaumont Meet Your Merchant Expo
- The San Bernardino Project Connect
- Ride Yourself Fit Kids Day Event
- Yucaipa Health Fair
- Health Redlands Health Fair- YMCA
- YMCA Kids Fair
- YMCA Family Health Fair
- Mission Commons Health Fair (Redlands Senior Housing Facility)
- Yucaipa Senior Center Health Fair
- City of Yucaipa Health Fair
- Behavioral Medicine Health Fair
- Yucaipa Emergency Preparedness Fair
- Susan G. Komen Race for the Cure
- The Boys and Girls Club Kids Day
- Redlands Bike Classic
- Redlands Believe Walk
- Brookside Manor Health Fair
- The Lakes Assisted Living and Memory Care Health Fair
- City of Redlands Disaster Preparedness and Health Education Community Fair
- The Spine and Joint Institute Community Lecture Series

Free Immunization Programs

The Hospital provides free immunizations at various times during the year with the assistance from Marketing and Public Relations staff, Family Clinic medical and nursing staff, and the Health Ministry Program Nurse Coordinator. Flu shots were administered in 2016 as follows:

- Free Flu Shots administered to the employees and patients at various community locations including the Rotary and Kiwanis Clubs.
- 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 on the hospital website.

Senior Citizen Activities

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

Charity Care and Emergency Department Services

No patient with urgent health care needs is turned away from the RCH emergency department for inability to pay for health services. Admitting clerks seek to obtain health insurance or Medi-Cal coverage. After all avenues of financial payment have been exhausted, charity care is provided.

Community Outreach/Co-sponsored or Supported Events:

- Blood Drives- Sponsored a monthly blood drive event in collaboration with LifeStream (Formally known as the Blood Bank of San Bernardino and Riverside Counties).
- Conducted hospital tours for students and foreign visitors– hosted guests and gave educational tours of hospital facilities and services.
- Heart Health Month– provided heart health information to the community in conjunction with national “Go Red Day.”

- Run Through Redlands– provided first aid treatment and water stations to participants of the event.
- YMCA Children's Health Education- including participation in their annual Kids Care Fair
- The Believe Walk- including participation in their annual Kids Care Fair
- EMS Appreciation Day/ Luncheon- Emergency Response personnel, including Redlands Police Department, Redlands Fire and American Medical Response (AMR).
- The Redlands Bicycle Classic- provided valuable health and wellness information and giveaway items.
- Highland Springs Community Health and Wellness Fair
- Highland Springs Food Sharing (Food Bank Holiday Giveaway)
- 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 education awareness programs, including:

- Grief Recovery Classes
- Adult CPR classes in San Bernardino and Riverside County
- Infant CPR for new parents
- Various health-related topics such as:
    - Handling The Holidays- Grief seminar
    - The Spine and Joint Disease educational seminars
    - Breast Cancer Fashion Show
    - 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
    - Pain Management seminar
    - Swallowing problems community lecture
    - Advanced treatment for gynecological diseases community lecture

Hospital staff spoke at various community organization meetings about topics ranging from healthcare to expanding hospital facilities to meet the growing demand for health services.

Volunteer Services

The volunteer program adds another dimension of care within our hospital and ultimately our 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; the relieve staff of volunteer appropriate duties and provide the volunteers themselves with a mechanism to feel useful and give to their community. As one example of their community service, volunteers assist patients in voting in national and regional elections. This involves getting patient names and going to their county registrar of voters offices to facilitate this valuable community service.

Externally, the volunteers are active community members who represent the hospital and cause through support in community functions such as health fairs and through partnering with external programs.

- Volunteers assist at numerous community events conducted by the hospital.
- In 2016, Volunteers raised and donated $65,000 to the hospital Foundation to support hospital related community projects and services.

Community Sponsorships

Donated funds, gift baskets, purchased tickets and attended nearly 100 various community non-profit events and fundraising efforts for agencies that help the community, including:

- Boys and Girls Club
- The Amputee Coalition of America
- Rotary Scholarship Events
- Yucaipa Senior Center
- The Children's Fund
- Bonnes Meres Auxiliary of Redlands
- YMCA of Redlands
- The Redlands Bicycle Classic
- Kiwanis "Run Through Redlands" Marathon Fundraiser
- Redlands Northside Impact Committee Awards night for Hispanic community
- Joslyn Senior Center, Highland Community Center newsletter sponsorship
- Highland Senior Center services and programs
- Zonta Club gift baskets
- Youth sporting events sponsorship through program ad support
- Redlands Symphony
- St. Bernardines Medical Center
- San Bernardino County Firefighters fund and Burn Center
- American Cancer Society Daffodil Days
- American Cancer Society Redlands "Relay For Life"
- Building A Generation Golf Fundraiser

- Redlands Daily Facts & San Bernardino Sun Newspapers In Education
- Redlands Baseball For Youth Sponsorship
- Redlands High School
- Redlands East Valley High School
- Family Service Association Hunger Walk
- Adopt-A-Highway Beautification Project
- Redlands Symphony Annual Gala Fundraiser
- Highland Senior Center Golf Tournament fundraiser
- Highland Springs Medical Plaza
- The Great American Youth YMCA Circus
- Redlands Bowl Children's Summer Festival
- Redlands Police Officer' Association Fundraiser
- San Bernardino County Medical Society sponsor
- Calimesa Chamber of Commerce Sponsor
- Time For Change Foundation
- Yucaipa High School
- Redlands Unified School District
- Alpha Kappa Delta- University of Redlands
- Loma Linda Chamber of Commerce
- Loma Linda University Medical Center
- Loma Linda University
- Loma Linda University Medical Center Possibilities Program
- American Heart Association
- Lifestream (formally the Blood Bank of San Bernardino County) blood drives
- The National Health Foundation
- 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
- Inlands Association Continuity of Care
- Yucaipa Rotary (Brasswells) Golf Tournament
- City of Yucaipa and Calimesa Senior Easter Baskets
- Celebration of Survival Breast Cancer Fashion Show

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.

2016 - Year in Review

2,780	Free Flu Shots were given to the public by the hospital
10,000	People came to our booths at community health fairs
110	Children received a free tour of the hospital
2,509	Babies were born at the hospital
11,754	Patients stayed in the hospital
5,986	Patients received surgery at the hospital
53,139	Patients came through our 24-hour Emergency Department
109,569	Patients came in for outpatient visits, excluding emergency department visits
44,946	Volunteer Services work hours were donated. $65,000 was donated to the Hospital by over 285 active volunteers.

Community Resource Repository

The hospital's community needs assessment demonstrated individuals are unaware of health and human resources available to them. Additionally, they have some fear of the system, not knowing how to access the appropriate services they may need. Community organizations are not aware of all the programs and services provided by other agencies. There are gaps in services and duplication of other services.

Problem:

At-risk members of the community and the vulnerable populations are unable to access programs and services for assistance.

Program description:

The Inland Hospital Community Benefit Collaboration has identified over 9,000 resources available throughout the Inland Empire. This coalition is developing a mechanism to maintain a resource database and determining how this information can be accessible to various populations in the community.

Partners include:

Community Hospital of San Bernardino
Kaiser Permanente, Fontana
Pomona Valley Hospital, Pomona
Medi-Cal health educators
Redlands Community Hospital, Redlands
Riverside Community Hospital, Riverside
San Antonio Community Hospital, Upland
St. Bernardine's Medical Center, San Bernardino
Arrowhead Medical Center, San Bernardino
California State University, San Bernardino
Mt. Baldy United Way
Parkview Community Hospital, Riverside
Riverside County Public Health Officer
Arrowhead United Way Agency
Healthcare Association of Southern California
San Bernardino County Public Health Officer
Corona Regional Medical Center, Corona
United Way Agency of East Valley
Loma Linda University Health-
Loma Linda University Medical Center
Loma Linda University Medical Center-Murrieta

Goal and Milestones Accomplished in 2016:

- Maintained communication with all entities via periodic meetings and internet updates.

Goal and Milestones Set for 2017:

- Continue to provide Redlands Community Hospital's Health Ministries Program through volunteer pastoral community involvement.
- Utilize the various web sites to obtain information about collaborative programs and results.
- Continue working closely with members of the "Community Health Coalition of San Bernardino County" which meets regularly at the San Bernardino County Medical Society.
- Continue meeting with the Inland Empire Community Benefit Collaborative to identify and assess areas of need in our region.

VI. OBJECTIVES FOR THE FUTURE

CONCLUSION

Redlands Community Hospital will continue to expand current community benefit programs and add programs as needed and identified in the 2016 needs assessment. We will monitor community perception and the impact of programs on an ongoing basis. Many of the needs identified overlap and plans to respond to those needs will be integrated throughout the hospital's communication and marketing activities.

Redlands Community Hospital will continue to expand existing programs and looks for ways to develop new programs and services to address the unmet healthcare needs identified in this Community Healthcare Needs Assessment. These services and programs will be provided within the financial capabilities of the hospital and will continue to include multiple community partnerships.

COMMUNICATION EXPANSION PLAN

Focus communication efforts on those topics identified by the participants in the community healthcare needs assessment process, along with other hospital services wherever the demand and need exists, utilizing:

- Ongoing advertising of hospital services and health features in newspapers and periodicals throughout the primary and secondary service areas; and ongoing submission of feature stories and editorial articles in newspapers and periodicals.

- Continue mailing of the hospital's community newsletter, "Well Aware" (a glossy color 8-page newsletter) to 40,000 homes a minimum of three times a year.

- Maintain displays and signs throughout the hospital and community publicizing health and wellness activities, promoting a healthy lifestyle to all ages.

- Expand upon using the hospital's Website: www.redlandshospital.org to communicate more information to the public and translate areas of information to Spanish on an ongoing basis.

- Continue publishing the bi-monthly internal hospital newsletter distributed to hospital staff and volunteers to keep them informed of hospital programs and plans.

- Through monthly reports, keep the hospital's board of directors informed of community benefit activities.

- Expand efforts to communicate to the Hispanic/Latino population with Spanish brochures, advertisements, displays, and programs.

- Increase attendance and participation at community events where goals involve reaching the Hispanic population, i.e. Cinco de Mayo events, ethnic neighborhood events, Police Department cultural activities, etc.). Seek a variety of ways and opportunities to communicate health awareness and services to the Hispanic/Latino community.

- Concentrate on promoting awareness about health issues most pertinent to the Latino population, i.e. Diabetes, Heart Disease, and others identified in this report.

- Utilize the services of the Community Outreach Program wherever, an whenever, possible as they go out to homeless shelters, soup kitchens, drug and alcohol rehabilitation centers, by offering such services as Free Flu Shot Clinics, vaccinations, low cost physicals for children and adults, free health screenings, and more.

- Expand the services offered at our Family Clinics, thereby reducing the transportation barrier and need for transportation to receive healthcare services elsewhere.

- Continue seeking ways to mitigate the transportation issues, primarily by offering more outreach services throughout our service area.

- Provide health educational information and programs to all ages through the communication programs outlined on the previous page.

- Provide assistance through awareness and sponsorship of community organizations which benefit the quality of life for the general public in need, i.e. Family Services Association and others as identified in this report.

- Reach out to the community in a variety of ways, offering free health screenings and educational materials.

- Expand the hospital's CPSP and continue offering and expanding prenatal education programs for mothers of all ages, making this information accessible to mothers of all ages and throughout our service area.

VII. NON-QUANTIFIABLE COMMUNITY BENEFITS

LEADERSHIP/COMMUNITY BUILDING

Many hospital administrators and staff members are involved in community service work, including:

- Assisting the Redlands Family Services Association in providing health and human services to needy or underprivileged children and families in our service area communities

- Working with youth organizations, the school district, Boys and Girls Club, YMCA, and others to offer pro-active youth

- Anti-violence programs, neighborhood health and recreation programs, and others

- Volunteer community service work through service clubs and other non-profit organizations

- Assisting at fundraising events where the funds raised are used to help needy individuals

Community leaders, those serving on various hospital boards and committees, and leaders of community-based organizations are involved in the planning of services and programs that are expanded and/or created by the hospital to meet the unmet needs of members of the community.

The hospital's governing board is made up of community leaders and physicians who volunteer their expertise and time to provide direction for the hospital.

COLLABORATIONS/COMMUNITY PARTNERS

Redlands Community Hospital will continue to work collaboratively with other community-based organizations to improve the quality of life and health for those people most in need.

Continue working with healthcare-based collaboratives within the hospital’s service area and the Inland Empire, specifically the Inland Empire Community Benefits Collaborative, which meets monthly at various hospitals and health organizations throughout the Inland Empire for the purpose of sharing ideas and ways to improve healthcare services in all areas.

In 2010 the hospital joined the Hospital Association of Southern California sponsored San Bernardino County Hospital Community Benefits Collaborative. This collaborative includes membership from area hospitals along with the San Bernardino County Public Health Department Health Officer and public health staff. Meeting on a regular basis, the goal of the collaborative is to discuss healthcare issues, collaboration opportunities, and implementation of regional strategies to improve health and wellness of the communities.

Collaborative health and human service organizations meet on a regular basis for the sole purpose of sharing ideas and concern for the betterment of the population. The following list identifies some of the organizations:

- Inland Empire Community Benefit Collaborative, Healthy Cities
- Building a Generation
- Redlands Family Services Association
- Rotary Club of Redlands
- Kiwanis Club of Redlands
- Redlands Unified School District
- YMCA Cardiac Monitoring Program
- Health-oriented non-profit organization, such as American Cancer Society, etc.
- San Bernardino County Blood Bank
- City of Redlands, Police and Recreation Departments
- San Bernardino Children's Fund
- University of Redlands Student Community Service Committee
- Area churches and youth groups

SUPPORT GROUPS (PARTIAL LISTING)

- Alcoholic's Anonymous, (909) 825-4700
- Al-Anon & Alateen, (909) 824-1516
- Alzheimer's Support, (909) 793-9500, Co-Sponsored By Rch
- Amputee Connection Of Redlands, (909) 235-5941
- Arthritis Foundation, (909) 320-1540
- Bereavement Support, (909) 580-6360
- Breast Feeding Follow-Up, "Transitions: Mothering Today" (909) 335-5556
- Cancer Support Group, (909) 683-6415
- Child Advocacy Program, (909) 881-6760
- Compassionate Friends Bereavement Group, (909) 792-6358
- D.A.S.H. (Elder Care Support), (909) 798-1667
- Diabetes Education, (909) 335-4131; At Beaver Medical Clinic (909) 793-3311
- Fibromyalgia (Chronic Fatigue), (909) 793-2837
- Inland Empire Lupus Support Group, (909) 874-9257
- Mothers of Multiples, (909) 882-5031
- Narcotics Anonymous, (909) 795-0464
- New Beginnings Breast Cancer Support Group, (909) 335-5645
- Option House - Counseling For Women In Domestic Violence, (909) 381-3471
- Over-Eaters Anonymous, (909) 887-7972
- Resolve Through Sharing Premature Pregnancy/Child Loss, (909) 335-5645
- Toughlove International, (714) 665-6565
- United Way - Offers Full Range of Community Resources, (909) 793-2837

Hospital staff is also involved by participating through volunteering and on the boards of several other member agencies:

- American Red Cross
- Audio-Vision Radio Reading Service for the Blind
- Boys & Girls Club of Redlands
- Boy Scouts of America
- Building a Generation
- Campaign for Alcohol Free Kids
- Campfire Boys & Girls Club
- Compassionate Friends
- Developing Aging Solutions with a Heart (Dash)
- Family Service Association
- First Steps Child Development Center
- Frazee Community Center
- Girl Scouts of San Gorgonio Council
- Information and Referral Service
- Inland Aids Project
- Inland Harvest
- Kiwanis Club of Redlands
- Option House
- Partnership with Industry
- Redlands Day Nursery
- Redlands Recreation Bureau
- Redlands/Yucaipa Guidance Clinic
- Rolling Starts, Inc.
- Rotary Club of Redlands
- Salvation Army
- San Bernardino Child Advocacy Program
- San Bernardino Sexual Assault Services
- Second Harvest Food Bank
- Silverlake Youth Services
- Sac Health Systems
- The Unforgettable Foundation
- YMCA Of Redlands, Highland, Yucaipa
- Yucaipa Teen Center

VIII. FINANCIAL COMMITMENT TO COMMUNITY BENEFITS

Community Benefits and Economic Value
Summary information below identifies community benefit programs and contributions for fiscal year ending September 2016 for Redlands Community Hospital.

	Audited 2016	
A. Medical Care Services		
Medi-Cal, Co.-indigent & Other	$ 19,089,060	
Unreimbursed care		$ 19,089,060
B. Community Outreach unreimbursed care		$ 727,015
Redlands Family Clinic	$ 139,176	
Yucaipa Family Clinic	$ 302,937	
Perinatal Services	$ 284,902	
C. Behavioral Health - (cost is included in the Medical Care Services section above)		
D. Community Case Management		$ 152,257
E. Pastoral Services		$ 21,433
F. Community Benefits		$ 293,552
Sponsorship of specific community benefit programs		
In-kind sponsorship to general community benefit		
In-kind staff hours for community benefit		
G. Volunteer Services value of 44,946 hours donated*		$ 1,058,928
H. Hospital Board value of volunteer hours*		$ 26,693
I. Medical Staff value of volunteer hours*		$ 18,612
J. Funds donated to hospital by employees		$ 46,059
K. Funds donated to hospital by Volunteer Services		$ 65,000
TOTAL		**$ 21,498,609**

* This value is based on the "independentsector.org" national estimated hourly value for hospital volunteer service: $23.56 per hour (California).

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 **$265,800** 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 **$265,800.**

IX. 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 income, if the patient provides documentation of the patient's medical expenses paid

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.

iii. 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

iv. 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.

v. 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.

vi. 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.

B. A request that the patient inform RCH if the patient has third party health coverage.

C. 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.

D. 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;

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

F. 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