Saint Mary's Regional Medical Center
Reno, Nevada

Community Benefit Report 2009
Community Benefit Plan 2010

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I. Executive Summary

Saint Mary's Regional Medical Center is a 380-bed facility located in downtown Reno, bordered by Interstate 80 and Sierra Street. Reno is located in the northwest corner of Nevada approximately 8 miles from the California state boarder in the southern end of Washoe County. Washoe County has a population of approximately 400,000 residents. Since opening in 1908, the Regional Medical Center has been providing for a community in need of quality healthcare.

Today, Saint Mary's Regional Medical Center offers many services, including:

- Cardiac catheterization
- Cardiac rehabilitation
- Cardiac intensive care
- Emergency Department
- 4 Urgent Care facilities
- Saint Mary's Sports Medicine Clinic
- Surgery (including open heart)
- Saint Mary's Cancer Center
- Labor and Delivery
- Neonatal intensive care nursery
- Neurology
- Orthopedics
- Nephrology
- Radiology (including MRI, CT scanning and Nuclear Medicine)
- Saint Mary's Galena Outpatient Surgery Center
- Nell J Redfield Health Centers for primary care
- Saint Mary's 4 Take Care-A-Vans mobile dental and medical services
- Community outreach programs
- Rehabilitation services
- The Saint Mary's Vascular Institute
- Risk Reduction Center
- Health and Wellness programs
- Spiritual Care Services
- Home Health
- Hospice & Palliative Care
- Laboratory
- Physical Therapy
- The Saint Mary's Center for Fitness
- Saint Mary's Child Care Program

The Saint Mary's healthcare family brings together more than 2,400 employees, 850 physicians and 300 volunteers all committed to the vision and mission begun by the Dominican Sisters nearly a century ago.

In January of 2007, Saint Mary's became a member of Catholic Healthcare West, joining 40 other hospitals in California, Nevada and Arizona. Catholic Healthcare West (CHW), headquartered in San Francisco, California, is a system of 41 hospitals and medical centers in California, Arizona and Nevada. Founded in 1986, CHW is the eighth largest hospital system in the nation and the largest not-for-profit hospital provider in California.

CHW is committed to delivering compassionate, high-quality, affordable health care services in a compassionate environment that is attuned to every patient's physical, mental and spiritual needs. The CHW network of more than 9,500 physicians and approximately 50,000 employees provides quality health care services during more than four million patient visits annually. In 2008, CHW provided more than $1,183,191,267 in community benefit and free care for the poor.

By joining CHW, Saint Mary's deepened its resources and renewed its commitment to providing quality healthcare services to the community. What brought the Dominican Sisters of San Rafael to build and operate a hospital in 1908 remains true today. Caring for the community's healthcare needs is our purpose and commitment to the community.

II. Mission Statement

A Faith-Based Approach to Care

As the only faith-based healthcare organization in the region, Saint Mary's mission is at the center of everything we do. As such, it offers us exclusive opportunities to reach out to our communities in ways others cannot and at the same time bring solemn responsibilities to help those in need. In all of our actions and decisions, from the seemingly inconsequential to the most far reaching, our mission and values guide us.

Mission Statement

Saint Mary's and our Sponsoring Congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

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

Our Values

Saint Mary's is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value:

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

III. Organizational Commitment

Saint Mary's Regional Medical Center is one of 41 hospitals of Catholic Healthcare West (CHW), which is governed by corporate members representing the seven sponsoring groups of Religious Sisters and a System Board of Directors. Saint Mary's has a local Community Board of Directors accountable to the CHW System Board. The Saint Mary's Community Board is supported by the Community Benefit Sub-Committee that provides community input to the Community Benefit planning and operation process. The president of Saint Mary's leads the executive leadership team comprised of the Chief Operating Officer, Chief Financial Officer, Vice President of Community Health and Mission Integration, Vice President of Clinical Services, Vice President of Human Resources, President of the Saint Mary's Foundation, and Vice President of Performance Improvement.

The Saint Mary's Community Board (see Attachment A) participates in the community benefit planning process. A subcommittee of the Board, the Community Benefit Committee, directs the development of the community health priorities, the Community Benefit Plan, and provides program performance review. The Community Benefit Committee (see Attachment B) is comprised of Saint Mary's leadership, Saint Mary's Foundation and community members knowledgeable of community health improvement, community service agencies and representatives of targeted community populations. The Community Board and Community Benefit Community receive quarterly reports on community health initiatives, performance measurements and the economic value of the community benefit services provided by Saint Mary's. The Community Benefit Committee provides input into planning, operations, reporting and information dissemination to insure that programming is targeting prioritized community

needs using effective health improvement methodology that addresses the causal factors of burdensome health problems especially with underserved populations in the northern Nevada community.

IV. Community

Definition of Community

Washoe County has a population of approximately 406,223 and covers an area of 6,600 square miles in the northwest section of the state. The county seat is the City of Reno, which is the third largest city in Nevada and has a population of 210,255. It is located in the southern part of Washoe County, sheltered on the eastern slope of the Sierra Nevada Mountains in a valley called Truckee Meadows. Reno is known as *"The Biggest Little City in the World"* with a rich arts scene and year-round outdoor activities including some of the country's best ski resorts and spectacular Lake Tahoe. Sparks is Nevada's sixth largest city with a population of 83,959, located just east of Reno. Other cities include Carson City, Cold Springs, Crystal Bay, Empire, Incline Village, Lockwood, McCarran, Nixon, Spanish Springs, Sun Valley, Verdi, Wadsworth, and Washoe Valley.

The county is 50.8% male and 49.2% female. The majority of the county is between the ages of 19-64 at 63%, 26.6% are 18 and under, and 10.3% are 65 and older. These statistics are fairly similar to that of Nevada.

Cultural differences can adversely impact health. The population in 2005 was 69.5% Caucasian, 20.4% Hispanic origin of any race, 5.9% Asian and Pacific Islander, 2.2% African American, 1.9% Native American Indian. The county's largest and fastest growing ethnic group is of Hispanic origin followed by Asian.

Cultural barriers including limited English proficiency can lead to the inability to take advantage of available health care services and government health programs. The inability to understand written English language is associated with increased health risk. In 2006, 22% of Washoe County residents five years or older spoke a language other than English at home and 47% reported they did not speak English "very well."

Education attainment has been cited as a major indicator of health in several studies. Fourteen percent of Washoe County residents do not have a high school diploma. This is four percent less than Nevada residents. The majority of Washoe County residents have either earned a high school diploma/equivalent or some college.

Research suggests there is a strong relationship between socio-economic status and health outcomes. Those with lower incomes have reduced ability to pay for health services. In 2006, the median income for families in Washoe County increased approximately 9% over the pervious year to $66,335. This compared to a median income of $48,201 nationwide and $58,995 in Nevada. In 2006, 6.5% of Washoe County families were below poverty level with 11.0% of those families with related

children under 18 years old. In comparison, 7.6% of Nevada families and 9.8% of U.S. families were below the poverty level.

Unemployment and the lack of health insurance are barriers to medical care that can affect health status. The unemployment rate in Washoe County in June 2009 was 11.8%. This is notably higher than reported for 2006 (4%), and remains above the nationwide unemployment rate of 9.7% according to the US Bureau of Labor Statistics.

In 2006, the percent of uninsured Washoe County residents was 17.4.3%, 17.5% 2007, and 17% in 2008, according to the Great Basin Primary Care Association.

With the economic recession that began in the late fall of 2009, unemployment rates began to rise in the area. With commercial insurance tied to employment, it is projected that the rate of the uninsured will increase over the following 18 months. The Great Basin Primary Care Association projects the 2010 uninsured rates will range between 20.4% to 20.7% in the state of Nevada. The Latino ethnicity will be disproportionately impacted with both higher unemployment and uninsured rates.

Housing accommodations have been shown to affect health. Increased use of rental housing is associated with a less stable home and more transient lifestyles, which breeds an environment that deters health prevention. According to the U.S. Census Bureau, in 2006 61.2% of Washoe County residents own their home while 38.8% are living in rental accommodations. The percentage of Nevada residents who rent is similar to that of Washoe residents at 38.8%, however the percentage of U.S. citizens living in rental accommodations is slightly lower at 32.7%.

According to the American Community Survey in 2003, 81% of people one year or older were living in the same residence one year earlier. Thirteen percent had moved during the past year from another residence in the same county, one percent moved from another county in the same state, four percent moved from another state, and one percent moved from abroad.

Catholic Healthcare West (CHW), has developed a national Community Need Index (CNI) in partnership with Solucient, an information products company, to help health care organizations, not-for-profits, and policymakers identify and address barriers to health care access in their communities.

The CNI aggregates five socioeconomic indicators long known to contribute to health disparity—income, culture/language, education, housing status, and insurance coverage—and applies them to every zip code in the United States. Each zip code is then given a score ranging from 1.0 (low need) to 5.0 (high need). Residents of communities with the highest CNI scores were shown to be twice as likely to experience preventable hospitalization for manageable conditions—such as ear infections, pneumonia or congestive heart failure—as communities with the lowest CNI scores.

The CNI provides compelling evidence for addressing socioeconomic barriers when considering health policy and local health planning. The tool highlights health care disparities between geographic regions and illustrates the acute needs of several notable geographies, including inner city and rural areas. Further, it should enable health care providers, policymakers, and others to allocate resources where they are most needed, using a standardized, quantitative tool. The CNI provides CHW with an important means to strategically allocate resources where it will be most effective in maintaining a healthy community.

Saint Mary's 2008 CNI scores are listed in the figure to the right. The CNI areas included are zip codes across northern Nevada. This area ranges from urban settings to extremely rural/undeveloped or low populated areas. This represents a tremendous geographic range, population diversity and cultural variation. The distance from west to east in this area is over 300 miles and 250 miles north to south. This plan will limit its focus to the northwestern corner of the state of Nevada in order to best utilize the available resources for the population most relevant to the organizational service area.

Saint Mary's Community Needs Index (CNI) Scores

Zip Code	Discharges	CNI	2007 Population
89506	216	2.6	43,713
89436	183	1.6	29,433
89502	179	4.4	47,763
89431	158	4.4	40,180
89523	151	3	31,741
89503	103	3.6	28,048
89512	103	5	27,239
89521	97	2.6	15,614
89433	88	3.4	19,836
89434	85	3	26,956
89509	82	3.2	35,294
Total	**1,445**	**3.4**	**345,817**

Community Needs and Assessment Results

The results of Saint Mary's Community Needs Assessment are based on the critical health issues identified in Washoe County. These health issues are derived from *Healthy People 2010's Leading Health Indicators*, leading causes of death in Washoe County, and unfavorable findings in comparison with state and national averages. Saint Mary's choose critical community health issues in which the organization, with its available resources, is best able to impact. It is vital in this process that we can attain measurable improvement in these critical health conditions afflicting our community.

An examination of community needs resulted in the following health issues being identified as significant health problems in Washoe County. Data was obtained and reviewed for each critical health issue as follows:

- Access to healthcare
  - Population that is Uninsured
  - Health Professional Shortage Area
  - Medically Underserved Population Data
- Prevention and management of Chronic Disease
  - Heart Disease/Stroke
  - Cancer
  - Chronic Lower Respiratory Disease
  - Diabetes
- Accessible Prenatal Care
  - Lack of Prenatal Care
  - Preterm Births
  - LBW/Infant Mortality
  - Teen Pregnancy
- Accessible Oral Health
  - Dentist Visits
  - Teeth Extraction
- Rates of Infectious Disease
  - Tuberculosis
  - Flu
  - HIV/AIDS
  - Lack of Immunization
- Nutritional Habits and Exercise
  - Low Fruit/Vegetable Consumption
  - Obesity/BMI
  - Lack of Physical Activity

Summary of the 2008 Community Needs Assessment by priority area

- Access to healthcare
  Access to necessary health services remains one of the most identified needs of the region. Due to geographic implications, the rate of population growth and abundance of service industry jobs causes this region to have unique health needs. One of those is a shortfall in providing adequate health care services for residents. The rate of uninsured and underinsured residents and the shortfall in most medical providers specialties makes health care difficult to access by many. Complicating the need for services is the comparatively low level of expenditures made for public health services by the public authorities. Nevada, as a result, ranks near or at the bottom in many health condition measurements. Nevada ranks 51st in the nation regarding the percentage of children, ages 0 to 17, who receive health care in a "Medical Home" (45.4% in 2007).

- Chronic Disease
  Due to lifestyle and behavioral patterns in the region, chronic disease is of great concern and incidence. The number one and two causes of mortality in the region

are heart disease and cancer. These diseases are inter-related to many environmental and lifestyle choices that are problematic in northern Nevada. A traditionally high rate of tobacco use has greatly influenced our chronic disease experience. Certain minority populations (African American) have experienced cardiovascular disease at a greater rate that the rest of the population. This disease in the African American community has been much less responsive to lifestyle changes that have improved cardiovascular rates in the rest of the population. The highest cancer rates occur with breast, cervical, lung and colon cancer. Chronic respiratory disease is very prevalent due to the region's elevation, historical heavy use of tobacco and the dry climate conditions. Diabetes continues to increase in a corresponding rate with obesity, sedentary behavior and poor food choice.

- Prenatal Care
  Access to prenatal care is critical to healthy births. Access in the first trimester is an important indicator of positive birth outcomes. In Washoe County our adjusted statistic on access to prenatal care in the first trimester is approximately 63.3% of the population. Full term labor and desired birth weights heavily correlate to obtaining care in the first trimester. Low-income women, particularly uninsured are challenged to determine that they are pregnant early in their pregnancy. Access to prenatal care, good nutritional habits and a good overall health status is vital to positive birth outcomes. Washoe County is also challenged by a very high rate of teenage pregnancy. This age group is naturally challenged to experience positive birth outcomes.

- Oral Health
  Nevada is below the US standard for number of dentists to care for the oral health needs of the population. Although gains in the number of practicing dentists have occurred in the last decade, the distribution of dentist providing services to all populations remains problematic. Metropolitan areas, higher income populations and residents with insurance coverage receive good oral health care. The prevalence of dental caries is another vital measurement of oral health of a population. Nevada's rate of untreated dental decay with children is extremely troublesome at 71% of 3rd graders versus a 50% national average. Adult oral health care in Washoe County lags behind the nation with 33.8% of adults not having been to the dentist in the past year. Use of dental sealants, periodontal practices, and other preventive measures are below national average in Nevada. Oral cancer rates are also above national average for all age groups. Complicating the response to this disease burden is the absence of optimally fluoridated drinking water in Washoe County, limited Medicaid and senior insurance benefits, and rural population centers in the state.

- Infectious Disease
  Infectious diseases are by in large preventable. Incidence of specific diseases is important, as is the state's ability to institute preventive measures to avoid the infection of the population. Nevada experiences variable infectious disease rates that are greatly influenced by environmental factors such as our population growth, harsh environment and rural population, limited access to medical care and growth

in minority and senior populations. Nevada's immunization ranking improved from 47th in the nation to 46th for vaccine coverage in 19-35 month-old children in 2007 data. Although a great deal of work needs to be done to improve the 46th ranking, the gains in recent years are encouraging.

- Nutrition and Exercise
  Nevada and Washoe County although is primarily a rural state, it has limited agricultural resources to influence residents relationship to food. Of greater influence has been the large population influx seeking low paying jobs, the wide availability of fast but nutritionally low-value food, the extensive marketing of the hospitality industry's buffet food and a sedentary population make for a dangerous environment for obesity, cardiovascular disease and diabetes.

V. Community Benefit Planning Process

Developing Saint Mary's Community Benefit Report and Plan

As a result of the founding sponsors, the Dominican Sisters of San Rafael, Catholic Healthcare West, the organizational mission and the not for-profit tax status, Saint Mary's shoulders a commitment to improving the health of the community its serves. This plan represents the organizational direction in development, operation, monitoring and reporting of the Community Benefit services for Saint Mary's in 2010.

The Community Benefit Plan for 2010 went through many levels of input, development, review and approval which represents the organizations commitment to the health needs of the community, commitment to programmatic transparency and the value placed on participatory administration:

- Community Assessment was conducted through secondary data gathering and primary source community input.
  - Focus areas were created by limiting the scope of the assessment to issues directly related to health and illness conditions
  - Community Needs Index scores were also examined to identify geographic pockets of need and resource intensity.
- Prioritization of health issues by the Community Benefit Committee
- Organizational strategic plan developed by institutional committee and reviewed by board.
  - The 3-5 year strategic initiatives include Community Benefit program structure and operations (strategic initiative #9).
- Community Benefit plan developed then reviewed by Community Benefit Committee
- Saint Mary's Executive Leadership review and plan input
- Approval by the Community Board
- Review by Catholic Healthcare West's Director of Community Benefit

A multi-step process relies on community data that is compared to state and national data. Trended data is preferred and data that can be easily verified is prioritized. Community stakeholder input was solicited through structured interviews to give further depth to the definition and implications of the identified health issues. Community Needs Index scores were used to locate problem intensity and resource limits. This assisted in identifying target communities where resources should be focused and collaboration built. Also assisting in this process is the measurements from the Federal Free and Reduced Lunch Program standards. This identifies elementary school zones where resident's income is scaled. This is an even finer measurement of resources available to residents in CNI regions.

Health issues were then reviewed by the Community Benefit Committee to identify areas where further data gathering was needed now and in the future. The committee used a rating methodology developed by the county health authority in Thurston County Washington to prioritize the health issues. The scale included a three dimension rating methodology that scored:

- Reliability, validity and replicability of the data used to define the problem
- The scope of he problem or how many residents were impacted by that health issue
- The seriousness of the impacts of the illness in question. Specifically, how serious are the consequences of the health issue when experienced by the community residents

This combined rating score was then used as one measure to prioritize community health service resources and planning focused on the community that was most impacted by the health issue as determined by the CNI and health data.

The following listing represents the prioritized list of community health needs identified for 2010 in this process.

1. <u>Prevention and management of specific Chronic Health Conditions</u>;
    a. Coronary heart disease/stroke
    b. Cancers
    c. Diabetes
    d. Lower respiratory disease
2. <u>Improve Access to Healthcare</u> through expanding available provider capability, making health care more affordable and assistance in navigating systems
3. <u>Improve access to Oral Health Care</u> services to prevent and treat oral health disease
4. <u>Improve Access and Utilization of Immunizations</u>
5. <u>Increase Physical Activity</u> and <u>Improve Dietary Habits</u>
6. <u>Improve Birth Outcomes</u> for underserved populations

Saint Mary’s Community Benefit services target community needs addressed in the prioritized community health needs list. Special emphasis is placed on the low income and poor residents of the community due to their vulnerability to the identified health issues and their limited resources or experience in improving their health conditions. Vulnerable populations identified in the community merit our resources. These include the poor, cultural diverse populations, children, women, high-risk youth and isolated geographic locations.

Key community based programs operated or substantially supported by Saint Mary’s relate to these populations and the prioritized health issues. Those are:

- Preventing and/or Managing Chronic Health Conditions
    - Conversion of Saint Mary’s to a “Tobacco Free Campus” along with the other two hospitals in the region
    - Saint Mary’s Tobacco Prevention Program
    - Saint Mary’s Tobacco Cessation Program-Fresh Start
    - Coronary Heart Failure Readmission Initiative
    - Saint Mary’s Nell J Redfield Health Centers in Sun Valley and on Neil Road
    - CHF Readmission Prevention Program
    - Home Care/Hospice Services
    - Personal Assistance Services
    - Outpatient Palliative Care
    - Well Check Program Community Health Fairs
    - CHW Community Grant Program

- Improving Access to Healthcare
    - Charity Care for uninsured/underinsured and low income residents
    - Saint Mary’s Nell J Redfield Health Centers in Sun Valley and on Neil Road
    - Project New Hope-surgical program
    - Access to Healthcare Network
    - Clinical experience for medical professional students
    - Kids to Senior Korner Program
    - Emergency Department Physician Services for Indigent Patients
    - CHW Community Grant Program

- Improving access to Oral Health Care and improving oral health status
    - Dental Restorative program
    - Dental Sealant and Oral Health Prevention Program
    - Northern Nevada Dental Health Program
    - Oral Surgery Program

- Improving Access to and Utilization of Immunizations
    - Nevada Immunization Coalition
    - Saint Mary’s Immunization Program
    - CHW Community Grant Program

- Improving Physical Activity and Dietary Habits
  - Women Infant and Children (WIC) nutrition program
  - Well Check Program Community Health Fairs
  - Saint Mary's Center for Fitness
  - CHW Community Grant Program

- Improving Birth Outcomes
  - Women Infant and Children (WIC) nutrition program
  - Dental Restorative program

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Committee, Executive Leadership, the Community Board and Catholic Healthcare West receive quarterly updates on program performance and news.

Core Principles of Community Benefit Programming

Saint Mary's adopts the five core principles of Community Benefit programming as outlined in the Advancing the State of the Art of Community Benefit. These five principles were developed by a community health task force to guide the development of effective programming. The core principles are:

1. Address community health issues that are Disproportionately Unmet Health Needs (DUHN). Address health needs in communities with a high rate of unmet health-related needs and/or high-risk populations who have a disproportionately higher incidence of the health issue.
2. Focus on Prevention. Endeavor to identify and address the underlying causes of persistent health problems
3. Develop a Continuum of Care. Establish operational connections between clinical programs and community health improvement activities, ensuring that the right level of service is accessible at the right time and in the right place.
4. Build Community Capacity. Work in partnership with the community to ensure that the charitable resources are utilized to mobilize at build the capacity of existing community assets.
5. Operate using Shared Governance. Engage diverse community stakeholders in the selection, design, implementation and evaluation of programs to foster better design and mutual accountability.

Planning for the Uninsured/Underinsured Patient Population

Saint Mary's is committed to serving the un/underinsured and low-income patient population through a planned and systematic approach. This includes access to charity care, targeted and specialized community based services to the un/underinsured and underserved. Several approaches are utilized to operate a broad based approach to

serving the uninsured/underinsured patient population in our community while targeting the prioritized health issues previously identified:

- Financial assistance of charity care for in and out patients treated at Saint Mary's
- Support and collaboration with Access to Healthcare Network to help residents access a full continuum of health care services in the community.
- Medicaid, Medicare, County Indigent and Nevada Check-Up enrollment assistance through community health programs and inpatient care programs.
- Medicaid program advocacy
- Doubling of the size of the Emergency Department in 2008 to better serve residents who rely upon that service for medical care regardless of their ability to pay for services.
- Prioritization of populations with community health services who live in the 7 targeted CNI zip code areas.
- Development of the Coronary Heart Failure readmission initiative for residents living in the 7 zip code CNI areas.
- Development of donor funding to help offset the costs of treatment for un/underinsured and low-income residents. The Saint Mary's Foundation works with governmental and private sources to obtain financial resources for program operation in order to subsidize care to residents.
- Maintaining a minority language interpretation and translation capability. This includes signage and printed materials for non-English speaking customers.
- Develop and operate relevant programming delivered during hours of operation that are sensitive to residents who need after-hours and weekend access.
- Many community bases services are strategically provided through the use of mobile facilities. Our 4 mobile units (2 dental trucks, 1 medical truck & 1 WIC truck) specifically target un/underinsured and low-income residents in the 7 CNI zip code target areas to bring services closer to the resident.
- Development of medical professional students who need clinical or professional experience in working with community health or underserved populations in order to promote their understanding of the population and encourage community health as a career path.
- Recruitment of licensed clinicians to specifically work with the underserved and low-income patients.

Saint Mary's commitment to providing needed and high quality medical care for all patients regardless of financial ability to pay is reflected in these organizational measures.

- CHW patient financial assistance policy implemented with policy, training and communications to patients.
- Ongoing work to inform patients of the availability of charity care. Staff has been trained in the new policy and procedures.
- Trained and dedicated personnel visit all uninsured inpatients to assist with enrollment in Medicaid, SCHIP and County Assistance.

- Posters in English and Spanish are at all hospital entrances notifying patients of their right to treatment regardless of ability to pay.
- Brochures in English and Spanish that explain the availability of and the application process for charity care.
- On-line information on the Saint Mary's and CHW web site regarding the availability of charity care and the process for application.
- External and internal communication campaigns informing patient, community and employees of the availability and process for obtaining charity care.
- Patients who received services at the hospital but have demonstrated difficulty meeting their financial arrangements and have not contacted the business office for assistance are contacted to discuss financial assistance.
- Committed to implementing a Community Benefit program meeting national and state standards that is mission driven.
- CHW mission statement and values for the organization.
- Use of standardized definition of Community Benefits as defined by CHA and VIH. Also use the Advancing the State of the Art of Community Benefits for further definition and direction in program development and operation.

Saint Mary's Community Benefit services are systematically planned, provided and reported according to CHW policies. The Advancing the State of the Art of Community Benefit guidelines, the Catholic Health Association and Volunteer in Health's Social Accountability Standards are adopted in policy and practice to accomplish this planning and reporting. Reporting is provided on program expenditures and performance outcomes quarterly to the Saint Mary's Community Benefit Committee, Community Board, Saint Mary's Executive Leadership and the CHW system headquarters.

Additionally, annual reporting to the State of Nevada will occur in 2010. This utilized standards dictated by state statute requiring voluntary adoptions of reporting standards as negotiated by the Nevada Hospital Association.

For the calendar year of 2010, it is expected that the Internal Revenue Service, according to standards currently being developed, will mandate revised and enhanced reporting. Saint Mary's will utilize the newly revised IRS 990 Schedule H reporting standards developed for not for-profit hospitals.

VI. Plan Report including Measurable Objectives and Timeframes

a. Summary of Key Programs and Initiatives – FY 2009

Saint Mary's Nell J Redfield Health Centers in Sun Valley and Neil Road

- Asthma management program for uninsured children including screening, medication assistance and telephonic disease management
- Women's health services at the Nell J Redfield Health Centers

Project New Hope

- 11 cosmetic, ENT, and orthopedic surgical cases for uninsured children were conducted in 2009

Clinical experience for medical professional students

- Providing supervised clinical placement experience for a wide variety of licensed health care professions

Colon Cancer Task Force

- Leadership and operational support for a statewide initiative to promote the increase in the use of colon cancer screening

Community Grants Program

Saint Mary's participated for the third year in the CHW Community Grants program distributing over $137,000 to 6 community organizations

- Access to Healthcare Network for a bi–lingual care navigator placed at the Nell J Redfield Health Centers
- Food Bank of Northern Nevada's program to provide fresh fruits and vegetables to after-school programs
- Orvis School of Nursing Clinic's expansion of their immunization program though the purchase of equipment
- Care Chest's eternal and prescription medication services for the uninsured.
- Catholic Community Services for operating a food pantry and food kitchen for the homeless
- American Lung Association's school based asthma screening, education and management program

Tobacco Prevention Program

- Second hand smoke media campaign created and in use
- Education program for medical professionals teaching them how to promote cessation attempts with their patients

Tobacco Cessation Program

- Tobacco cessation promotion for all inpatients at admission and throughout treatment
- Tobacco cessation promotion activities at community events
- Conversion of all Saint Mary's properties/facilities to a "Tobacco Free Campus" status

Dental Restorative program

- 3 chair mobile dental program providing restorative care at schools, Head Start office, Redfield Health Center and Scolari's grocery stores

Dental Sealants

- 3 county school districts, 32 elementary schools received school based services

Northern Nevada Dental Health Program

- Providing dental care for 487 low-income children valued at more than $482,300

Oral Surgery program

- Oral surgical services for low-income children and special needs adults

Kids to Senior Korner program

- An outreach partnership of community agencies providing medical, social and protective services in low-income, transient housing settings

Women Infant and Children nutrition program

- Providing nutritional assistance to low to moderate income pregnant women and children ages 1-5 years

Saint Mary's Personal Assistance Services

- Providing assistance to disabled and homebound patients with activities of daily living in Reno and Las Vegas

Support for community organizations

- Access to Healthcare Network-a not for-profit medical discount plan
- Nevada Immunization Coalition- promoting immunization use
- Coronary Heart Failure Readmission Initiative
- Saint Mary's Center for Fitness
- General fitness services for adults wanting to maximize their health condition

b. Summary of Key Programs and Initiatives FY 2010

Key initiatives for 2010 include the Coronary Heart Failure (CHF) Readmission Initiative which has established a goal of reducing the readmission of CHF patients within a 30 day period for patients from the 7 zip codes that score a 3.6 or higher in the Community Needs Index (CNI). This is a multi disciplinary initiative involving inpatient and outpatient departments as well as private contractors.

CHF Initiative

The CHF initiative uses a Home Health/Hospice Liaison who is stationed within the hospital that works as a discharge coordinator. That Liaison identifies all CHF inpatients from the 7 zip code areas who are either private pay, Medicare or Medicaid patients and assess their need for home health services. If the patient meets Medicare homebound criteria, the patient is admitted to Home Health at discharge for immediate home-based follow-up. The patient is also assisted with a follow-up visit with their attending CHF physician in their office post discharge. If the patient does not have an outpatient physician, they are assisted in establishing care with a physician or clinic of their

choosing. Several outpatient clinics are taking these admissions to their program and payor source limitations are managed.
In January of 2009, a telephonic home health service (CHAMP) was implemented for these patients at no cost to them. The telephonic system monitors patients' condition watching for symptoms indicating a worsening of CHF condition. The CHAMP nurse can initiate protocols for the patient at home that are intended to minimize the CHF symptoms, managing the disease and avoiding hospital readmission if possible.

<u>Access to Healthcare Network</u>

Through 2010, financial assistance and program support services will be provided to Access to Healthcare Network to help expand the provider panel and enroll more members.

Access to Healthcare Network serves approximately 3000 members by navigating them to a full continuum of medical, dental, vision and mental health services at affordable prices. Continued development of membership, provider panels, navigation services, disease management and financial assistance components are the primary goals for 2010.

<u>Tobacco Free Campus Initiative</u>

On January 1, 2010, all of Saint Mary's properties and facilities will be tobacco free. All patients, vendors, visitors, volunteers and employees will not be able to use tobacco products on campus. A multi-disciplinary planning/implementation committee has been planning for patient intervention services, signage changes, policy and protocol changes, cessation and replacement strategies, communications and coordination. The other two regional hospitals are going tobacco free at the same time in a coordinated act.

<u>Colon Cancer Partnership</u>

Saint Mary's participates on a coalition on medical provides who work to improve the colon cancer screening rates of Nevada residents over the age of 50 or who are at high risk of colon cancer at any age. By coordinating our health plan's health enhancement services, clinical resources and advocacy resources, with other key community entities (NV Cancer Institute, local gastrointestinal physicians, 3 party payors, referral and service organizations), Nevada's high rate of mortality from colon cancer will be reduced.

<u>Rural Community Specialty Clinics</u>

Specialty and sub specialty health services are in demand throughout the frontier areas of rural Nevada. Most rural town have small hospitals (under 25 patient beds), however due to the remoteness, low numbers of residents and the inability to attract and maintain specialty physicians, most specialty health services in rural/frontier areas are not sustainable by resident specialists. Therefore, most specialty health needs are obtained in Reno or Salt Lake City. This requires patients to travel great distances to receive services. Saint Mary's is developing specialty services in these frontier

communities in conjunction with physicians and local health care providers. This approach would help improve access to healthcare throughout northern Nevada.

VIII. Community Benefit and Economic Value

a. Report – Classified Summary of Unsponsored Community Benefit Expenses

The fiscal year 2009 economic value of Community Benefit is based upon rigorous national guidelines developed by the Catholic Health Association and Volunteers In Health. This is the leading national criterion that is adopted by Saint Mary's Regional Medical Center, Catholic Healthcare West, Catholic Health Association and most states that require Community Benefit reporting. The guide for this criterion can be obtained from Catholic Health Association.

Saint Mary's also utilized database software developed by Lyon Software to inventory community benefit programming, track outcomes and account for program expenses and revenues. This software, Community Benefit Inventory for Social Accountability is the state of the art data management tool for community benefit program operations.

a. Quantifiable Benefits

Saint Mary's 2009 Community Benefit Financial Report

	Persons	Total Expense	Offsetting Revenue	Net Benefit
Benefits for Living in Poverty				
Traditional Charity Care	**2,406**	**4,998,373**	**184,245**	**4,814,128**
Unpaid Cost of Medicaid	**11,265**	**16,484,058**	**10,159,448**	**6,324,610**
Means-Tested Programs	**1,003**	**2,393,981**	**1,074,436**	**1,319,545**
Community Services				
Community Benefit Operations	12	407,648	0	407,648
Community Building Activities	12	7,828	0	7,828
Community Health Improvement Services	83,096	6,722,316	4,193,378	2,528,938
Financial and In-Kind Contributions	263	418,385	0	418,385
Subsidized Health Services	1,306	5,997,274	3,633,425	2,363,849
Totals for Community Services	84,689	13,553,451	7,826,803	5,726,648
Totals for Living in Poverty	**99,363**	**37,429,863**	**19,244,932**	**18,184,931**

Benefits for Broader Community				
Community Services				
Community Benefit Operations	0	27,493	0	27,493
Community Building Activities	39,997	677,657	433,322	244,335
Community Health Improvement Services	65,126	5,651,856	4,620,289	1,031,567
Financial and In-Kind Contributions	79	340,558	0	340,558
Health Professions Education	28,625	345,586	16,030	329,556
Totals for Community Services	133,827	7,043,150	5,069,641	1,973,509
Totals for Broader Community	**133,827**	**7,043,150**	**5,069,641**	**1,973,509**
Totals - Community Benefit	**233,190**	**44,473,013**	**24,314,573**	**20,158,440**
Unpaid Cost of Medicare	36,562	96,738,911	64,139,994	32,598,917
Totals with Medicare	269,752	141,211,924	88,454,567	52,757,357
Totals Including Medicare	269,752	141,211,924	88,454,567	52,757,357

b. Non-quantifiable Benefit

Non-quantifiable benefits to the community include

- Leadership participation on community based non-profit boards
- Leadership participation on community based committees
- Participation in community cause walks and runs
- Assistance and resources provided to Access to Healthcare Network

c. Telling the Story

The Saint Mary's report of Community Benefit for 2009 will be mailed to targeted community members, available at the hospital facility, and published on the Saint Mary's and the CHW Internet site. News media will be asked to publish reports of Saint Mary's Community Benefit services, and opportunities to publicly contribute to news stories will be vigorously perused.
The annual community benefit report will be posted on line at www.saintmarysreno.org.

IX. Attachments

A. Saint Mary's Community Board
B. Saint Mary's Community Benefit Committee
C. Saint Mary's Community Needs Index map
D. Community Needs Assessment Results

Attachment A:

Sister Patricia Boss, O.P. – Dominican Sisters of San Rafael, California

Brian Callister, MD

Barbara Campbell

Sister Janet Capone, OP- Dominican Sisters of Santa Cruz

Ronald Sobczak, MD - Chief of Staff

Clarke Cole, MD

Debbie Day

Frank Gallagher

Magdalena Martinez-Hoffman

Pete Landis

Leopoldo (Leo) Ramos – Board Chair

Sister Shari Roeseler, RMS – Sisters of Mercy of the Americas

Stan Thompson, M.D.

Larry Tuntland

Mike Uboldi - President & CEO, Saint Mary's Regional Medical Center

Attachment B:

Michael Johnson, Vice President
Community Health & Mission Integration
Saint Mary's

Lisa Dettling
Director, Health Enhancement Services
Saint Mary's

Sigrid Sattler
Latino Community Advocate

Missy Shuman
Manager, Case Management
Saint Mary's

Dana Balchunas
Director, Student Health Services
Washoe County School District

Patty Sredy
Director, Oncology Services
Saint Mary's

Susen Speth-Briganti
Grants Manager,
Saint Mary's

Sherri Rice
Executive Director,
Access to Healthcare Network

Paul Laxalt
President, Foundation
Saint Mary's

Kathy Barlow
Manager, Mission Outreach
Saint Mary's

Allene Andress
Reimbursement Specialist, Decision Support
Saint Mary's

Leo Ramos,
Saint Mary's Community Board Member
Managing Partner
CNS Media

Cari Rovig
Director,
Nevada Immunization Coalition

John Packham, Ph.D.
Director,
NV Rural Hospital Flexibility Program

Cherie Jameson
Executive Director,
Food Bank of Northern Nevada

Attachment C: Saint Mary's Community Needs Index

Attachment C

Community Needs Index - 2008

PRESENTED BY:

Saint Mary's Regional Medical Center

Catholic Healthcare West

Community Need Index

- CHW's CNI index is a tool used to measure community need in a specific geography through analyzing the degree to which a community has the following health care access barriers
  - Income Barriers
  - Educational Barriers
  - Cultural Barriers
  - Insurance Barriers
  - Housing Barriers
- Using statistical modeling, the combination of above barriers results in a score between 1 (less needy) and 5 (most needy)
- Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions.
- Communities with scores of "5" are more than twice as likely to need inpatient care for preventable conditions (ear infection, etc.) than communities with a score of "1"

Saint Mary's Regional Medical Center Reno – 2008

CNI Score by ZIP Code

1.0 Less Needy

3.0

5.0 Most Needy

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Catholic Healthcare West

Saint Mary's Regional Medical Center – Reno

Zip Code	Discharges	CNI	2007 Population
89506	216	2.6	43,713
89436	183	1.6	29,433
89502	179	4.4	47,763
89431	158	4.4	40,180
89523	151	3	31,741
89503	103	3.6	28,048
89512	103	5	27,239
89521	97	2.6	15,614
89433	88	3.4	19,836
89434	85	3	26,956
89509	82	3.2	35,294
Total	**1,445**	**3.4**	**345,817**

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PROGRAM DIGEST

PROGRAMS

Center for Fitness	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here ❑ Priority Area 1- Prevention and management of chronic disease ❑ Priority Area 2 -Access to healthcare services ❑ Priority Area 3 –Improving access to oral health care ❑ Priority Area 4 -Access to immunizations X Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services ❑ Priority Area 7 –Mental Health and Substance Abuse
Program Emphasis	Please select the emphasis of this program from the options below: ❑ Disproportionate Unmet Health-Related Needs X Primary Prevention ❑ Seamless Continuum of Care X Build Community Capacity ❑ Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	Increasing Physical Activity is one of our 6 community health priority areas as identified in our community needs assessment and Community Benefit Plan. Improving physical activity levels for patients with chronic diseases and members with no existing health problem is beneficial to overall health.
Program Description	The Saint Mary's Center for Fitness is a health and fitness club located on the hospital campus specifically designed to help members improve their overall health through exercise. The center caters to adults who want to obtain and maintain overall fitness that promotes health. Many members have chronic diseases or acute illness from which they are recovering. This relates to our "improving physical activity" health priority area.
FY 2009	
Goal FY 2009	To provide fitness services in order for members to obtain and maintain overall fitness that promotes health. Many members have chronic diseases or acute illness from which they are recovering. This relates to our "improving physical activity" health priority area.
2009 Objective Measure/Indicator of Success	Overall membership numbers.
Baseline	3771 members
Intervention Strategy for Achieving Goal	Promotion of membership benefits, integration of services into other Saint Mary's service lines and improving member satisfaction.
Result FY 2009	2934 members
Hospital's Contribution / Program Expense	$261,459
FY 2010	
Goal 2010	To provide fitness services in order for members to obtain and maintain overall fitness that promotes health. Many members have chronic diseases or acute illness from which they are recovering. This relates to our "improving physical activity" health priority area.
2010 Objective Measure/Indicator of Success	1. Maintain overall membership base 2. Grow employee participation in membership and programs 3. Development of clinical/medical integration programs and systems 4. Increase non-dues revenue by 5% 5. Reduce attrition by 10%

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Baseline	2940 is the adjusted goal for FY 2010 due to the economy
Intervention Strategy for Achieving Goal	Development of new services, discounting of membership, promotion of membership benefits, member satisfaction, co-marketing with other Saint Mary's service lines

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PROGRAM DIGEST

A. PROGRAMS

Children's Dental Referral Service	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here ❑ Priority Area 1- Prevention and management of chronic disease ❑ Priority Area 2 -Access to healthcare services X Priority Area 3 –Improving access to oral health care ❑ Priority Area 4 -Access to immunizations ❑ Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services ❑ Priority Area 7 –Mental Health and Substance Abuse
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	Children to age 18 from low-income homes with no insurance of Medicaid are target. Untreated decay is a high need priority
Program Description	Dental referral service to 128 dental providers who provide pro bono care for children. Administrated through Saint Mary's Mission Outreach, the services provided include not only preventive care like fluoride varnish, but also hard-to-find general dentistry and specialty care. for underserved children.
FY 2009	
Goal FY 2009	• The Northern Nevada Dental Health Program will place a minimum of 40 children a month (480 annually) with dentists participating in the program. • 50% of children eligible for Medicaid/SCHIP will be linked with services (3 month rolling total)
2009 Objective Measure/Indicator of Success	• How will you measure the success of this program and the achievement of your goal? • *The number of unduplicated children placed and the number of visits completed.* • *Percent of eligible children who are a part of Medicaid/SCHIP.*
Baseline	*70% of Nevada's third grade students have tooth decay as compared to 50% nationwide…Nearly twice as many adolescents in Nevada suffer with untreated tooth decay than their national counterparts. The primary reason children don't receive needed dental care is because of the lack of affordability, lack of insurance and the challenge of finding a dentist who accepts Medicaid. "The Burden of Oral Disease in Nevada – 2006" State of Nevada Publication*
Intervention Strategy for Achieving Goal	What type of actions have you planned to achieve you goal in FY 2009? *NNDHP not only screens children for eligibility for Medicaid/SCHIP, but also "connects" children who have been referred with significant dental needs to participating dentists from the Northern Nevada Dental Society who agree to provide pro bono care*
Result FY 2009	Please describe the result this project achieved in the community. 487 patients served and 30% of Medicaid applications qualified.
Hospital's Contribution / Program Expense	Please describe what kind of contribution your hospital provided for the success of this program Hospital's contribution includes staffing, office space and equipment, admin support and supervision. Financial net = $65,337 contribution from the hospital.
FY 2010	
Goal 2010	• The Northern Nevada Dental Health Program will place a minimum of 45 children a month (540 annually) with dentists participating in the program. • 50% of children eligible for Medicaid/SCHIP will be linked with services (3 month rolling total)
2010 Objective Measure/Indicator of Success	How will you measure the success of this program and the achievement of your goal? • The number of unduplicated children placed and the number of visits completed. • Percent of eligible children who are a part of Medicaid/SCHIP (in a rolling 3-month period)
Baseline	70% of Nevada's third grade students have tooth decay as compared to 50% nationwide…Nearly twice as many adolescents in Nevada suffer with untreated tooth decay than their national counterparts. The primary reason children don't receive needed dental care is because of the lack of affordability, lack of insurance and the challenge of finding a dentist who accepts Medicaid.

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	"The Burden of Oral Disease in Nevada – 2006" State of Nevada Publication
Intervention Strategy for Achieving Goal	What type of actions have you planned to achieve you goal in FY 2010? NNDHP not only screens children for eligibility for Medicaid/SCHIP, but also "connects" children who have been referred with significant dental needs to participating dentists from the Northern Nevada Dental Society who agree to provide pro bono care.

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PROGRAM DIGEST

A. PROGRAMS

Community Benefit Program	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here X Priority Area 1- Prevention and management of chronic disease X Priority Area 2 -Access to healthcare services X Priority Area 3 –Improving access to oral health care X Priority Area 4 -Access to immunizations X Priority Area 5 -Increasing physical activity and improving diet habits X Priority Area 6 -Prenatal care services X Priority Area 7 –Mental Health and Substance Abuse
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	The Community Benefit Program is a systematic administrative approach to managing the community benefit process for Saint Mary's, Reno.
Program Description	Community Benefit dedicated departmental expenses for operating the Community Benefit Program. This includes salary, supply and purchased service expense for community needs assessment, planning, collaborating, reporting, and operations oversight. These are dedicated expenses only for Community Benefit Operations.
FY 2009	
Goal FY 2009	• Develop and implement a 2009 Community Benefit Plan • Quarterly MMOR reporting of Community Benefit programs • Monthly CBIAS reporting to CHW • 4 Semi-annual reports to Community Board, Quarterly reports to Community Benefit Committee
2009 Objective Measure/Indicator of Success	• Plan acceptance and implementation • MMOR submission by target dates • Monthly data input by target dates • Board and committee presentation biannually and quarterly
Baseline	• Meeting the health care needs of Saint Mary's catchment area
Intervention Strategy for Achieving Goal	• Plan development through data and community input • Data gathering and program reporting • Data input into on-line database (CBISA) • Written and verbal presentations and meetings
Result FY 2009	All 4 goals were met in 2009 (plan, data, CBISA input, presentations)
Hospital's Contribution / Program Expense	The hospital provides staff, support, office space and technical support to this program. . In 2009 $83,199 in hospital contribution t was provided.
FY 2010	
Goal 2010	• Develop and implement a 2010 Community Benefit Plan • Quarterly MMOR reporting of Community Benefit programs • Monthly CBIAS reporting to CHW • 4 Semi-annual reports to Community Board, Quarterly reports to Community Benefit Committee

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2010 Objective Measure/Indicator of Success	• Plan acceptance and implementation • MMOR submission by target dates • Monthly data input by target dates • Board and committee presentation biannually and quarterly
Baseline	• Meeting the health care needs of Saint Mary's catchments area
Intervention Strategy for Achieving Goal	• Plan development through data and community input • Data gathering and program reporting • Data input into on-line database • Written and verbal presentations and meetings

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PROGRAM DIGEST

A. PROGRAMS

Community Grants	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here X Priority Area 1- Prevention and management of chronic disease X Priority Area 2 -Access to healthcare services X Priority Area 3 –Improving access to oral health care X Priority Area 4 -Access to immunizations X Priority Area 5 -Increasing physical activity and improving diet habits X Priority Area 6 -Prenatal care services
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	Sponsorship assistance to local not for profits are prioritized to our 2009 Community Benefit Community Health Priority Areas.
Program Description	This annual grants program provides grants to not for-profits organizations that provide services to he community that address our six community health priority areas. Saint Mary's solicits annual proposals, reviews proposals within an ad hoc sub committee of the Community Benefit Committee and makes awards determinations. Semi and annual reports are received describing project outcomes.
FY 2009	
Goal FY 2009	Provide CHW funding for non profit community agencies that request funding to address one or more of the Saint Mary's community health priorities
2009 Objective Measure/Indicator of Success	Award over $149,000 in grant funding to non profit community agencies for calendar year 2009 that demonstrate competency in meeting proposal objectives.
Baseline	$149,000 in CHW funding
Intervention Strategy for Achieving Goal	Request letters of intent from community agencies and then detailed proposals for the selected letters of intent. Have a dedicated community committee make funding awards according to CHW and Saint Mary's criteria
Result FY 2009	$149,147 was awarded to 8 non profit agencies
Hospital's Contribution / Program Expense	$149,147
FY 2010	
Goal 2010	Award over $133,000 in CHW funding to non profit agencies meeting CHW and Saint Mary's criteria
2010 Objective Measure/Indicator of Success	Award $133,000 in funds to proposals meeting award criteria
Baseline	$133,000 to be awarded for calendar year 2010
Intervention Strategy for Achieving Goal	Develop a community committee to review solicited letters of intent and full proposals from local non profit community agencies that strategically address one or more of the community health priority areas.

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PROGRAM DIGEST

A. PROGRAMS

Horizon 2010	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here X Priority Area 1- Prevention and management of chronic disease X Priority Area 2 -Access to healthcare services ❑ Priority Area 3 –Improving access to oral health care ❑ Priority Area 4 -Access to immunizations ❑ Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services ❑ Priority Area 7 –Mental Health and Substance Abuse
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs ❑ Primary Prevention X Seamless Continuum of Care ❑ Build Community Capacity ❑ Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	Coronary heart disease is the number one cause of death in our community. Additionally, patients originating in our 7 target zip codes are less likely to have the ability or resources to manage their coronary heart disease effectively, thus risking readmission to inpatient care that is avoidable with proper post discharge care.
Program Description	The Horizon 2010 Initiative is a cross departmental initiative to reduce the readmission of CHF patients residing in Community Needs Index identified target zip code areas. Saint Mary's provides discharge planning/referral services, home health, hospice and telephonic disease management services. This addresses our chronic disease management priority area.
FY 2009	
Goal FY 2009	5% reduction in the 32.5% rate of readmission.
2009 Objective Measure/Indicator of Success	Rate of readmission in the target population.
Baseline	32.5% as determined in 2007
Intervention Strategy for Achieving Goal	Use of Home Health Liaison to help identify all CHF patients, referrals to Home Health, referrals to primary care providers, and telephonic CHF services.
Result FY 2009	In the fiscal year 2009, 102 admissions from this patient population occurred. 12 were readmitted. This constitutes a 11.8% readmission rate. The goal was a 27.5% readmission rate that was eclipsed by 15.5 points, saving the readmission of 21 patients in our focus group population.
Hospital's Contribution / Program Expense	Hospital's contribution includes staffing, office space and equipment, admin support and supervision. Financial net = $22,978 contribution from the hospital.
FY 2010	
Goal 2010	5% reduction from the 2007 baseline of 32.5% for the target population as measured monthly and annually = 27.5% annual readmission rate
2010 Objective Measure/Indicator of Success	• Number of target group patients admitted to inpatient • Number of target group patients readmitted within 30 days for the reporting month • Number of target group patients enrolled in the telemetric, home health and

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	hospice programs.
.	Saint Mary's has a 32.5% readmission rate in a 30 day period for inpatients with CHF, Medicare, Medicaid or no insurance and who reside in a 7 zip code target area. The zip code area is determined by a score of 4 or greater in the 2007 CNI system and represents patients with lower overall health status and greater vulnerability to readmission.
Intervention Strategy for Achieving Goal	Inpatient identification, discharge planning, CHF symptom management education, home health service evaluation and referral, referral to physicians, referral to telephonic monitoring service, hospice evaluation and referral.

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PROGRAM DIGEST

Kids to Senior Korner Program	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here X Priority Area 1- Prevention and management of chronic disease X Priority Area 2 -Access to healthcare services ❑ Priority Area 3 --Improving access to oral health care X Priority Area 4 -Access to immunizations ❑ Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	Community needs assessment indicate the shortfall of medical services and immunization utilization as well as violence and safety issues. Most impacted by these issues are the poor and vulnerable. Program targets CNI zip code areas.
Program Description	Mobile medical, social and protective outreach services to underserved children, their families and seniors in targeted low-income, high transient and underserved residental locations in Washoe county. This 7 partner program brings door step services by utilizing a door-to-door service delivery model at weekly motels/hotels, campgrounds, subsidized and senior housing locations. Clients are then followed-up one week later to promote referral compliance and active participation in the service.
FY 2008	
Goal FY 2009	• To provide access to basic and preventive medical services to 50% of total clients seen. • Through the provision of follow-up case management services, identify clients with no medical insurance and/or primary care provider and link with appropriate resources, as eligible. 1. Medicaid/NV Check-Up: 66% 2. Primary Care Provider: 76%
2009 Objective Measure/Indicator of Success	• Clients receiving medical services during outreach activities are measured as a percentage of total clients served. • Clients linked with a medical home and payer sources are measured as a percentage of total clients identified as lacking such.
Baseline	Lack of health care access reduces preventive care and delays diagnosis of health problems, leading to unnecessary hospitalizations and possible irreversible health problems. Lack of health care access for children can delay assessment of physical and/or cognitive needs, hurting quality of life and readiness for school. In 2006, Nevada ranked 49th in access to medical, dental, and mental health care based on federal designations of provider shortages, lack of insurance and other barriers to access. Nevada also ranked 37th in ratio of primary care physicians to total population. Further, in 2006 Nevada was ranked 49th in childhood immunization rates. Unfortunately, most immunization programs in Nevada charge a fee and many low-income families struggle to find resources to provide 'even the basic needs' for their families. This 'gap' in services has earned Nevada the highest ranking in the nation among households (with at least one child) with no insurance.
Intervention Strategy for Achieving Goal	The program brings a team of professionals into targeted low-income neighborhoods. An assessment is conducted to identify whether clients have a health care provider, insurance, up-to-date immunizations, source of income, shelter, sufficient nutrition. Direct services are provided on-site to include health assessments and immunizations. Follow-up case management services include home visits and/or phone assistance to ensure clients complete application processes and obtain the resources necessary to meet basic needs and obtain a medical home.
Result FY 2009	43% of clients seen provided medical care and 76% of medical cases were installed in medical home.
Hospital's Contribution / Program Expense	The hospital provides staff, mobile facility, support, office space and technical support to this program. In 2009 $233,057 in hospital contribution t was provided.
FY 2010	
Goal 2010	• To provide access to basic and preventive medical services to 50% of total clients seen. • Through the provision of follow-up case management services, identify clients with no medical insurance 'willing' to receive assistance with the process of obtaining insurance, as eligible. a) Clients without medical ins., receiving assistance: 70% b) Clients assisted, receiving benefits: 70% • Through the provision of follow-up case management services, identify clients with no primary care provider 'willing' to receive assistance with the process of obtaining a primary care provider, as eligible. a) Clients without primary care provider, receiving assistance: 70% b) Clients assisted, established with PCP: 80%
2010 Objective	• Clients receiving medical services during outreach activities are measured as a percentage of total clients

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Measure/Indicator of Success	served. • Clients linked with a medical home and a payer source are measured as a percentage of total clients identified as lacking such.
Baseline	Lack of health care access reduces preventive care and delays diagnosis of health problems, leading to unnecessary hospitalizations and possible irreversible health problems. Lack of health care access for children can delay assessment of physical and/or cognitive needs, hurting quality of life and readiness for school. In 2006, Nevada ranked 49th in access to medical, dental, and mental health care based on federal designations of provider shortages, lack of insurance and other barriers to access. Nevada also ranked 37th in ratio of primary care physicians to total population. Further, in 2006 Nevada was ranked 49th in childhood immunization rates. Unfortunately, most immunization programs in Nevada charge a fee and many low-income families struggle to find resources to provide 'even the basic needs' for their families. This 'gap' in services has earned Nevada the highest ranking in the nation among households (with at least one child) with no insurance.
Intervention Strategy for Achieving Goal	The program brings a team of professionals into targeted low-income neighborhoods. An assessment is conducted to identify whether clients have a health care provider, insurance, up-to-date immunizations, source of income, shelter, and sufficient nutrition. Direct services are provided on-site to include health assessments and immunizations. Follow-up case management services include home visits and/or phone assistance to ensure clients complete application processes and obtain the resources necessary to meet basic needs and obtain a medical home.

PROGRAM DIGEST

A. Clinical Programs

Mobile Dental Outreach: Restorative Services	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here ❑ Priority Area 1- Prevention and management of chronic disease ❑ Priority Area 2 -Access to healthcare services X Priority Area 3-Improving access to oral health care ❑ Priority Area 4 -Access to immunizations ❑ Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care ❑ Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	Nevada ranks among the worst in the nation for oral health access. High rates of untreated decay in children.
Program Description	Mobile restorative dental services for disproportionately under served populations.
FY 2009	
Objective	• The number of appointments possible per month will compared with number of filled appointments. This percentage will be calculated and presented as an indicator of success. • Each appointment will be screened each month and assessment will be made as to if uninsured patients have been referred.
Goal FY 2009	• Improve appointment utilization to 95% of appointments available. • Refer 100% of patients from dental clinic that are uninsured to appropriate staff to assist with potential Medicaid eligibility.
Results FY 2009	• Appointment time achieved: 92% • Patients Referred: 100%
Hospital's Contribution / Program Expense	The hospital provides staff, mobile facility, support, office space and technical support to this program. In 2009 $401,844 in hospital contribution t was provided.
FY 2010	
Goal 2010	What will you achieve through this program? Please clearly define your goal for this program for the next fiscal year • Increase appointment utilization to 95% of available time. • Dental Clinic days per month will be 100% of scheduled days. • Patient surveys will be given to 10% of all (unduplicated) patients and maintain a 98% satisfaction level.
2010 Objective Measure/Indicator of Success	How will you measure the success of this program and the achievement of your goal? • The number of appointments possible per month will compared with number of filled appointments. This percentage will be calculated and presented as an indicator of success. • Each appointment will be screened each month and assessment will be made as to if uninsured patients have been referred
Baseline	• Although appointment time is available, at times it is poorly utilized which subsequently impacts completed treatment for these patients. • Patients that are uninsured should be referred to appropriate source to be informed of and assisted with application process.
Intervention Strategy for Achieving Goal	What type of actions have you planned to achieve you goal in FY 2009? • Front desk staff will keep list of patients available to fill appointments on short notice. Staff will give reminder call 24 hours prior to scheduled appointment. When appoints are scheduled, scheduler will iterate or reiterate cancellation policy. • Front desk will keep log of patients who are not eligible for Medicaid with status of referral. Patient given information of contact will count as referred.

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PROGRAM DIGEST

A. Clinical Programs

Mobile Preventative Dental Outreach Program	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here ❑ Priority Area 1- Prevention and management of chronic disease ❑ Priority Area 2 -Access to healthcare services X Priority Area 3-Improving access to oral health care ❑ Priority Area 4 -Access to immunizations ❑ Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care ❑ Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment **Vulnerable Population**	Untreated dental decay and inability to access oral healthcare services for low income/Medicaid children are priority focus area for Saint Mary's as indicated in the Community Needs Assessment and Community Benefit Plan. The vulnerable population is urban and rural 2nd and 6th grade children in a 4 county area that attend schools that are comprised of at least 50% free or reduced lunch program children. This designation reflects the income levels of the attending population of that school. These students are uninsured or on Medicaid.
Program Description	The program is a school-based initiative in partnership with local school districts. It provides classroom nutrition and oral health education, dental sealants and fluoride varnish to target "at-risk" students in 2nd and 6th grade classes in 4 Nevada counties who attend schools designated as 50% or higher free reduced lunch program enrolees.
FY 2009	
Objective	Percent of returned consents – minimum of 70%; number of referrals for restorative care
Goal FY 2009	• To increase access to dental prevention for 2nd and 6th grade students attending "at-risk" schools. At least 70% of eligible children will return signed consents indicating parents are aware of this vital program. • To case-manage and refer all children with significant decay (and no dentist) to the Saint Mary's Dental Clinic or the Northern Nevada Dental Health Program.
Results FY 2009	• 81% of eligible students enrolled to received oral health clinical services • Referred to Dental Clinic (182) Referred to NNDHP (436)
Hospital's Contribution / Program Expense	The hospital provides staff, mobile facility, support, office space and technical support to this program. In 2009 $183,768 in hospital contribution t was provided.
FY 2010	
Goal 2010	• To increase access to dental prevention for 2nd and 6th grade students attending "at-risk" schools. At least 75% of eligible children will return signed consents indicating parents are aware of this vital program. • To case-manage and refer all children with significant decay (and no dentist) to the Saint Mary's Dental Clinic or the Northern Nevada Dental Health Program.
2010 Objective Measure/Indicator of Success	*How will you measure the success of this program and the achievement of your goal?* Increased access in a school-based program will increase the number of children who have sealants and fluoride varnish.
Baseline	"When comparing Nevada statistics to national data, Nevada's poorer children have more untreated decay (52% vs. 29%), fewer dental sealants (41% vs. 52%) and a significantly higher proportion of minority children with untreated decay". *Nevada State Health Division: Dental Sealant Plan, June 2009*
Intervention Strategy for Achieving Goal	• In order to increase access, the Prevention Program operates in a mobile environment, using a large Take Care-a-Van. This mobile clinic visits all "at risk" elementary schools – i.e., at least 50% of the population qualifies for federal free and reduced lunch. • Dental staff provides oral health education, assessments, sealant application and fluoride varnish to children who receive parental consent for the care. A dental case manager contacts parents and refers for additional care, as appropriate.

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PROGRAM DIGEST

Nell J Redfield Health Centers	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here X Priority Area 1- Prevention and management of chronic disease X Priority Area 2 -Access to healthcare services X Priority Area 3-Improving access to oral health care X Priority Area 4 -Access to immunizations ❑ Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care ❑ Build Community Capacity ❑ Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	This primary care program addresses several health priority areas. It targets the underserved and vulnerable population exclusively and the two clinics are located in targeted Community Needs Index areas.
Program Description	Hospital newborn care and family practice outpatient medical care for disproportionately under served child, adult, and senior populations at two community clinic locations located in high CNI areas. Saint Mary's provides community based facilities, medical staff, supplies, administrative staff and support services. This addresses the improving access to health care priority area.
FY 2009	
Objective	Provide accessible primary care services to low-income populations with disproportionately unmet health needs.
Goal FY 2009	• Provide a minimum average of 21 days of service per month each clinics • Provide 27000 patient visits in 2009 • Operate evening track at an annual average of 4.25 days per week. • Score and average of 90% of patients who report being satisfied or very satisfied with their wait time for clinical services.
Results FY 2009	28,758 visits in 2009 with a patient satisfaction of 95%
Hospital's Contribution / Program Expense	Hospital's contribution includes staffing, office space and equipment, admin support and supervision. Financial net = $459,529 contribution from the hospital.
FY 2010	
Goal 2010	• Provide a minimum average of 21 days of service per month each clinics • Provide 27000 patient visits in 2009 • Operate evening track at an annual average of 4.25 days per week. • Score and average of 90% of patients who report being satisfied or very satisfied with their wait time for clinical services.
2010 Objective Measure/Indicator of Success	• Number of patients served. • 2. Patient satisfaction with care
Baseline	The limited access to health care service for low income, uninsured, Medicare and Medicaid populations
Intervention Strategy for Achieving Goal	The clinics provide primary medical care to all ages who are uninsured, underinsured, Medicare and Medicaid populations.

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PROGRAM DIGEST
A. PROGRAMS

Northern Nevada Immunization Coalition	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here ❑ Priority Area 1- Prevention and management of chronic disease ❑ Priority Area 2 -Access to healthcare services ❑ Priority Area 3 –Improving access to oral health care X Priority Area 4 -Access to immunizations ❑ Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services ❑ Priority Area 7 –Mental Health and Substance Abuse
Program Emphasis	Please select the emphasis of this program from the options below: ❑ Disproportionate Unmet Health-Related Needs X Primary Prevention ❑ Seamless Continuum of Care ❑ Build Community Capacity ❑ Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	NV ranks 46 nationally in the number of children by age 36 months who have received the mandated immunizations. Improving access and utilization of childhood immunizations is one of our 6 health priority areas as identified in the Community Benefit plan.
Program Description	This state-wide coalition works to make childhood and adult immunizations more available and utilized by poor and general population residents of Nevada. Saint Mary's provides office space, administrative and support services to this coalition. This addresses our immunization health priority area.
FY 2009	
Goal FY 2009	• Deliver parent education and tools to over 3,300 PINK portfolios thru birthing hospitals each month • Provide education and tools to health care providers thru at least 12 provider trainings during the year • Increase access to immunizations for 3,000 children during the year at various events
2009 Objective Measure/Indicator of Success	• Measure number of PINK portfolios delivered to hospitals each month • Count number of provider trainings held and the type of training • Record number of children immunized each month
Baseline	• Per the CDC National Immunization Survey, the State of Nevada ranks last at 63.1% timely completion of the 4:3:1:3:3:1 series for 2-year olds. In addition, there are immunizations needed across the lifespan.
Intervention Strategy for Achieving Goal	• This program brings together community partners to provide immunization education to the community, immunization education and tools to health care providers, increase access to immunization services, and advocate for pro-immunization policies.
Result FY 2009	• PINK Portfolios delivered – 40,000 (goal met) • Provider trainings held – 121 total programs held (goal far exceeded). Those are broken down as follows: 4 Nevada Immunization Learning Exchange trainings held, 2 billing & coding for vaccine trainings held, and 115 WebIZ immunization registry trainings held. Number of children immunized – • 700 (goal not completed due to change in vaccine distribution system statewide and focus on immunizing children in a medical home)
Hospital's Contribution /	The hospital provides staff, support, office space and technical support to this

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Program Expense	program. . In 2009 $236,334 in hospital contribution t was provided.
	FY 2010
Goal 2010	• Build a provider education program running 2-3 sessions per quarter per year • Coordinate statewide advocacy committee that meets once quarterly • Continue community outreach activities which includes distributing 35,000 PINK portfolios to new parents annually
2010 Objective Measure/Indicator of Success	• Number of educational sessions provided • Meetings of statewide advocacy committee • Number of PINK packets distributed
Baseline	Nevada's immunization rate per the CDC is currently 67.8% leaving us at 46th in the nation and below the Healthy People 2010 goal of 80%. NIC seeks to increase immunization rates for children, teens, and adults thus decreasing the incidence of vaccine preventable diseases and outbreaks.
Intervention Strategy for Achieving Goal	• Bring together regional and statewide entities to collaborate on the immunization issue. • Provide immunization education and tools to health care professionals. • Serve as a resource to the public on immunization, provide outreach on the importance of vaccinations. • Advocate for pro-immunization policies.

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PROGRAM DIGEST

Oral Surgery	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here ❑ Priority Area 1- Prevention and management of chronic disease ❑ Priority Area 2 -Access to healthcare services X Priority Area 3-Improving access to oral health care ❑ Priority Area 4 -Access to immunizations ❑ Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care ❑ Build Community Capacity ❑ Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	Links to oral health condition of the community and the lack of providers for this service to the Medicaid, underserved and developmentally/emotionally compromised patient.
Program Description	A hospital dentistry program for low income children and developmentally disabled patients who are unable to be treated in traditional office settings.
FY 2009	
Objective	• Days scheduled will be tabulated each month to determine if 9 day threshold has been met with adjustments to future months to ensure average of 9 per month is maintained. • Each month, data will be evaluated to include patients with completed paperwork and patients with scheduled treatment and a comparison made of the 2 to determine if 80% of patients have been scheduled within 30 days of paperwork completion.
Goal FY 2009	• An average of 9 days per month based on a year's time will be scheduled. • Placement of 80% of referred cases within 30 days of paperwork completion
Results FY 2009	97 surgical days were scheduled in 2009 as a result of the need as indicated by referrals received. 67% were scheduled within 45 days of referral due to demand.
Hospital's Contribution / Program Expense	The hospital provides staff, support, office space and technical support to this program. In 2009 $140,862 in hospital contribution t was provided.
FY 2010	
Goal 2010	• Scheduled Outpatient surgery days per month (goal 9) • % of patients receiving surgery will be 95% of those scheduled for surgery
2010 Objective Measure/Indicator of Success	• Days scheduled will be tabulated each month to determine if 9 day threshold has been met with adjustments to future months to ensure average of 9 per month is maintained. • Each month, data will be evaluated to include patients with completed paperwork and patients with scheduled treatment and a comparison made of the 2 to determine if 80% of patients have been scheduled within 30 days of paperwork completion.
Baseline	• Some patients are not suited for conventional dentistry in a standard dental clinic due to age, scope of treatment necessary, or disability. The number of days scheduled to provide hospital dentistry should support the need for treatment of referred patients. • Patients should be provided adequate access to care.
Intervention Strategy for Achieving Goal	• Coordinate 9 days per month to be allocated for hospital dentistry. • Case management duties to include but are not limited to mailing of packets to referred patients, ensuring timely completion of Medical Physical and linking with provider if necessary. Daily oversights to ensure patients with completed paperwork are scheduled within 30 days of completion of packet.

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PROGRAM DIGEST

A. PROGRAMS

Pallative Care	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here X Priority Area 1- Prevention and management of chronic disease X Priority Area 2 -Access to healthcare services ❑ Priority Area 3 –Improving access to oral health care ❑ Priority Area 4 -Access to immunizations ❑ Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services ❑ Priority Area 7 –Mental Health and Substance Abuse
Program Emphasis	Please select the emphasis of this program from the options below: ❑ Disproportionate Unmet Health-Related Needs ❑ Primary Prevention X Seamless Continuum of Care ❑ Build Community Capacity ❑ Collaborative Governance
Link to Community Needs Assessment **Vulnerable Population**	
Program Description	This activity works to reduce suffering associated with serious illness through expert symptom management and advanced care planning for outpatients. The team does patient consultation and professional education services to professionals, care givers, family and patients. Saint Mary's provides professionally trained staff for this service. This addressed our access to health care and chronic disease priority areas.
FY 2009	
Goal FY 2009	Provide palliative care services to 10 outpatients per month.
2009 Objective Measure/Indicator of Success	The number of outpatients receiving palliative care services during the month.
Baseline	Many patients who are facing life-limiting illness have symptoms which are uncontrolled or who may be experiencing psycho-social distress that may lead to additional health care costs.
Intervention Strategy for Achieving Goal	• Providing interdisciplinary care to patients suffering life-limiting conditions and their families. • Educate and network with referral sources to ensure patients get the care they need.
Result FY 2009	Unduplicated persons served 287
Hospital's Contribution / Program Expense	Hospital's contribution includes staffing, office space and equipment, admin support and supervision. Financial net = $102,940 contribution from the hospital.
FY 2010	
Goal 2010	Provide palliative care services to 10 outpatients per month.
2010 Objective Measure/Indicator of Success	The number of outpatients receiving palliative care services during the month..
Baseline	Many patients who are facing life-limiting illness have symptoms which are uncontrolled or who may be experiencing psycho-social distress that may lead to additional health care costs
Intervention Strategy for Achieving Goal	• Providing interdisciplinary care to patients suffering life-limiting conditions and their families. • Educate and network with referral sources to ensure patients get the care they need.

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PROGRAM DIGEST

Saint Mary's Personal Assistant Services	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here ❑ Priority Area 1- Prevention and management of chronic disease X Priority Area 2 -Access to healthcare services ❑ Priority Area 3 –Improving access to oral health care ❑ Priority Area 4 -Access to immunizations ❑ Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	Access to health care services for low income and underserved populations.
Program Description	Statewide home-based, client-directed, non-medical care program provided to clients who are frail elderly, persons with disabilities, and hospice patients. Care can be provided for as long as the client remains eligible (weeks, months, lifetime).
FY 2009	
Goal FY 2009	We will provide at least 209,000 hours of service in FY09. This equates to about 4,000 hours per week or 17,400 hours per month.
2009 Objective Measure/Indicator of Success	If an individual has this type of assistance available, he/she can get out of bed, can get dressed and groomed and go to work in the morning. Without the service that same individual would not be able to get out of bed – costing the state over 30 times as much for the resultant institutional care.
Baseline	Clients with severe disabilities will be able to remain free from institutionalization with home-based assistance. And, in many cases, will be able to maintain employment.
Intervention Strategy for Achieving Goal	Personal Care Assistants (PCAs) provide up to 35 hours/week of assistance with bathing, toileting, transferring and eating – this can include items such as meal preparation and personal laundry as well as dressing, showering, bowel care and moving an individual from a wheelchair to a bed.
Result FY 2009	100% of patients contracted were served
Hospital's Contribution / Program Expense	The hospital provides staff, support, office space and technical support to this program. . In 2009 $831,421 in hospital contribution t was provided.
FY 2010	
Goal 2010	Provide PAS in home services to qualified patients
2009 Objective Measure/Indicator of Success	Provide in home service to 148 qualified clients at 28 hours per week or 216,944 hours of service in FY2010
Baseline	209,000 hours in 2009
Intervention Strategy for Achieving Goal	Provision of service

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PROGRAM DIGEST

Tobacco Prevention	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here X Priority Area 1- Prevention and management of chronic disease ❑ Priority Area 2 -Access to healthcare services ❑ Priority Area 3 –Improving access to oral health care ❑ Priority Area 4 -Access to immunizations ❑ Priority Area 5 -Increasing physical activity and improving diet habits ❑ Priority Area 6 -Prenatal care services
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention ❑ Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	Nevada has historically high rates of tobacco use in its resident population. Also impacted are non smoking children and adults due to the exposure of second hand smoke.
Program Description	This is a prevention program to reduce the use of tobacco (direct and indirect, i.e., second-hand smoke exposure) through education as well as print and broadcast media. Saint Mary's provides personnel, administrative and support services. This addresses the chronic disease prevention priority of cancer and lower respiratory disease.
FY 2009	
Goal FY 2009	300 healthcare professionals will be trained on tobacco intervention approaches, 100% of those trained will report at least a 20% increase in confidence level; 30 RTI students will create at least 3 live media PSAs; 2 radio spots will be created and aired; ads will be placed in at least 5 print publications.
2009 Objective Measure/Indicator of Success	Healthcare professionals are a front-line to helping people quit tobacco use; youth PSAs are used as a peer-to-peer messaging approach; other media is designed to raise awareness – the "chalkings" illustrate the actual distances one must be from second hand smoke to minimize exposure to toxins.
Baseline	We hope to increase awareness and decrease acceptability of tobacco use in our community. Baseline info is taken from the BRFSS and from bi-annual community-wide attitudinal surveys (next one will be in 2010).
Intervention Strategy for Achieving Goal	Healthcare professionals (MDs and Dentists and their staffs, including RNs and Hygienists) will be trained in offices, youth are involved in PSA production, media (radio and print) is developed by R&R, guerilla marketing/street activities conducted throughout grant. Pre- and post-test conducted as well as surveys.
Result FY 2009	312 medical providers trained. PSAs for adult and adolescents created and placed
Hospital's Contribution / Program Expense	Hospital's contribution includes staffing, office space and equipment, admin support and supervision. Financial net = $ 108,876 contribution from the hospital.
FY 2010	
Goal 2010	300 healthcare professionals will be trained on tobacco intervention approaches, 100% of those trained will report at least a 20% increase in confidence level; 30 RTI students will create at least 3 live media PSAs; 2 radio spots will be created and aired; ads will be placed in at least 5 print publications.
2010 Objective Measure/Indicator of Success	Healthcare professionals are a front-line to helping people quit tobacco use; youth PSAs are used as a peer-to-peer messaging approach; other media is designed to

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	raise awareness – the "chalkings" illustrate the actual distances one must be from second hand smoke to minimize exposure to toxins.
Baseline	We hope to increase awareness and decrease acceptability of tobacco use in our community. Baseline info is taken from the BRFSS and from bi-annual community-wide attitudinal surveys (next one will be in 2010).
Intervention Strategy for Achieving Goal	Healthcare professionals (MDs and Dentists and their staffs, including RNs and Hygienists) will be trained in offices, youth are involved in PSA production, media (radio and print) is developed by R&R, guerilla marketing/street activities conducted throughout grant. Pre- and post-test conducted as well as surveys.

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PROGRAM DIGEST

WIC Program Services	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here ❑ Priority Area 1- Prevention and management of chronic disease X Priority Area 2 -Access to healthcare services X Priority Area 3 –Improving access to oral health care ❑ Priority Area 4 -Access to immunizations X Priority Area 5 -Increasing physical activity and improving diet habits X Priority Area 6 -Prenatal care services
Program Emphasis	Please select the emphasis of this program from the options below: X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity X Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	Nutritional behavior and activity levels are substandard in the community.
Program Description	Provides federally-mandated services, oral health and farmers' market food products to improve the health of nutritionally at risk low-income women, infants and children.
FY 2009	
Goal FY 2009	• Provide WIC services to eligible persons, increasing current participation by an average of 1.5% every month for a year-end total of over 3,490 clients. • Overall chart accuracy for WIC Eligibility Workers, as determined by monthly chart audits, will be 90% or higher.
2009 Objective Measure/Indicator of Success	• Percent increase in caseload each month. • Percent WIC Eligibility Worker chart accuracy each month.
Baseline	• According to research by the USDA Food and Nutrition Services, participation in WIC results in: • Improved birth outcomes and savings in health care costs. • Improved infant feeding practices, diet and diet related outcomes. • Increased immunization rates and regular source of medical care.
Intervention Strategy for Achieving Goal	• Worker every month to determine accuracy. • Discuss common charting mistakes in monthly staff meetings. • If accuracy percentage for any WIC Eligibility Worker consistently falls below 90% the Supervisor will meet individually with that person to provide additional training and coaching.
Result FY 2009	3,510 caseload an increase of 20% (goal 18%) and 152 charts auited with an accuracy rate of 88%
Hospital's Contribution / Program Expense	The hospital provides staff, mobile facility, support, office space and technical support to this program. . In 2009 $ 449,484 in hospital contribution t was provided.
FY 2010	
Goal 2010	• Provide WIC services to eligible persons, increasing current participation by an average of 1.5% every month for a year-end total of over 4,250 clients. • Average clinic observation score for WIC Eligibility Workers will be 90% or higher by the end of the fourth quarter.
2010 Objective Measure/Indicator of Success	Goal #1 – Percent increase in caseload each month. Goal #2 – Average WIC Eligibility Worker clinic observation score for the month.
Baseline	*According to research by the USDA Food and Nutrition Services, participation in WIC results in:* • *Improved birth outcomes and savings in health care costs.* • *Improved infant feeding practices, diet and diet related outcomes.* • *Increased immunization rates and regular source of medical care.*
Intervention Strategy for Achieving Goal	Goal #1 • Collaborate with local social service agencies to actively recruit WIC participants. Potential agencies include: Pregnancy Center, Northern Nevada Food Bank's Mobile Pantry, Kids to Seniors Korner, Salvation Army and Head Start. • Work with Washoe County School District to distribute WIC flyers at low-income schools. • Pursue WIC staff integration with Saint Mary's Labor and Delivery Unit.

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	Goal #2 • Complete quarterly clinic observations on each WIC Eligibility Worker focusing specifically on customer service, nutrition education and overall appointment accuracy (an average of three observations will be completed each month). • Clinic observation criteria, expectations and findings will be reviewed at each staff meeting • Ensure that each WIC Eligibility Worker is on track to complete the State CPA training within 3 years of hire.