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Reid Hospital & Health Care Services

Reid Hospital & Health Care Services
Annual Report of Community Benefits

Completed: May 2009

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SECTION 1. MISSION STATEMENT

Wholeness -- in body, mind and spirit -- is basic to fulfillment of human potential. Reid Hospital & Health Care Services and its people work with others to enhance wholeness for all those we serve.

Our convictions include commitment to:

- compassion
- service
- excellence
- value

These convictions are expressed daily through C.A.R.E. principles, the active demonstration of:

- Courtesy
- Attitude
- Respect
- Enthusiasm

These principles are directed toward those people we are privileged to serve and among all of us who serve.

SECTION 2. MAJOR FUNCTIONS

The major functions of Reid Hospital & Health Care Services are:

1. Providing a broadly defined range of health care that:
 - address community and service area needs
 - can be offered in a high quality manner
 - provide cost-effective value
2. Supporting, alone or collaboratively, educational efforts directed toward:
 - entry level preparation of health care workers
 - life long learning for those serving in health care
 - enhancing healthy lifestyles and choices in the people we serve
3. Initiating, participating or cooperatively supporting community efforts that enhance the general health status, well-being and total quality of life in our community and service area.

Reid Hospital & Health Care Services' Mission, continued

SECTION 3. PHILOSOPHY

Reid Hospital & Health Care Services is a private (voluntary), not-for-profit institution, responsive to the needs of our service area. Reid Hospital & Health Care Services is organized for charitable, scientific and educational purposes as a not-for-profit corporation. Our activities shall be conducted so that no part of our net earnings will inure to the benefit of any member, director, officer or individual. Any operating surplus will be used to establish or enhance facilities, services and programs compatible with our mission.

Accordingly, we believe:

1. That basic to everything we do is the recognition of the inherent worth and dignity of each individual; those served and those serving.
2. That the services we render should contribute to the physical, psychological, and spiritual well-being of those we serve.
3. That each patient and family is inherently endowed with certain rights which we recognize, respect and will attempt to meet. We believe that each patient should actively accept responsibility with respect to his/her own care and recovery.
4. That employees, both individually and collectively, are essential to the fulfillment of our mission. Accordingly, employees are entitled to personal dignity, respect, appropriate compensation (material and emotional) and opportunities for personal growth.
5. That the medical staff is essential to the fulfillment of our mission. Therefore, time and resources will be committed on the part of the hospital to the ongoing development of our medical staff.
6. That race, creed, sex, religion or financial status as the basis for access to basic services, employment or volunteer opportunities is contrary to our beliefs and practice.

Action Plan and Timetable

Adopt mission statement	December 1998
Identify community	June 2007
Select vendor for needs assessment	July 2007
Gather data	November 2007
Identify community benefit expenditures (2008)	January 2008
Identify priorities	January 2008
Establish plan and budget	February 2008
Administration approval of plan	March 2008
File plan and post notice	May 2008

Introduction

Reid Hospital & Health Care Services has a long history of providing for the community it serves. This report contains the Community Benefit data for 2007.

Reid Hospital completed a community needs assessment in December 2007. PRC of Omaha, Nebraska did the assessment and provided comparison data to the assessment done 1999. While the focus of this annual report to the Indiana State Department of Health is for 2007, it is also the beginning of planning for future needs. Included in this report are the priorities identified from the needs assessment data and area of focus for 2008 and 2009.

The community identified for the needs assessment was the Reid Hospital service area, which includes Wayne, Randolph, Henry, Union and Fayette counties in Indiana, and Darke and Preble counties in Ohio.

Demographics

The following population characteristics were identified in the 2007 needs assessment:

- ◆ Men- 48.4%
- ◆ Women- 51.6%
- ◆ Age 18 to 39-35.8%
- ◆ Age 40 to 64-43%
- ◆ Age 65+ 21.2%
- ◆ 10.3% are below the federal poverty level
- ◆ 93.7% are white
- ◆ 6.3% are identified as other

Reid Hospital & Health Care Services
Community Benefits Plan

Community Benefits Profile and History

Reid Hospital's mission of "wholeness in body, mind and spirit for all those we serve" is the foundation for Community Benefit outreach. While Reid Hospital has always served the community by providing care regardless of ability to pay, in 1991 outreach began beyond the walls of the hospital.

The Social Responsibility Grant was implemented in 1991 to creatively and proactively support specific efforts and programs in the service area that were outside the scope of Reid's usual services. Community not-for-profit agencies were able to apply for funds to assist in development of programs that were consistent with Reid's charitable mission and focused on improving the health of the community. A budget to allow hourly employees to participate in community service during work hours was also established.

In 1992 the No Charge Mammogram Program was developed to provide free mammograms so that financially vulnerable women could have access to the same early detection and screening exams of women with the ability to pay.

The Community Health Education Program followed in 1993 to help the community achieve healthier lives through education and promotion of early detection and prevention of disease. In addition to health education, low cost or no cost screenings became part of Reid's continued outreach to vulnerable populations.

Health care needs can be quite unique and resources are not always available to meet those needs. The Sara Ronald Care Fund was established in 1995 to meet these identified needs. Discharge planners are able to use these funds to assist those patients in meeting their health care needs.

In 1997 No Charge Prostate Specific Antigen testing for prostate cancer was added as a community benefit, and in 1998 the Reid Health Ministries program was started to provide health information in places of worship. Reid Hospital's care and concern for vulnerable populations is part of the organization's history.

Health and spirituality, once regarded as the separate domains of medicine and religion are currently regarded as complementary aspects of the whole person's health care. In 1998 Reid Hospital developed the Health Ministries Program to bring these domains together. Volunteers in local churches serve as Health Ministers to their congregation by sharing health information provided by Reid Hospital. The Health Minister serves as an advisor, resource person, educator and facilitator.

The Safe Quarters Car Seat Program began in 2002 to ensure that every child leaving Reid Hospital would be properly restrained in the family vehicle. Both inpatients and outpatients are eligible for the program and any staff member can initiate the process

after determining the child leaving the hospital does not have a proper restraint device. Infant, toddler and booster seats are available to guard the safety of children of all ages.

Every day, in many ways, Reid Hospital reaches out to serve the community as a whole as well as those in need. These services have been provided over the last one hundred years, not because of federal or state scrutiny, but because it is the right thing to do.

Current Environment of Community Benefits

Over the past several years there has been a renewed interest in the identification and accounting of Community Benefits by not-for-profit hospitals. In this time of scarce resources there is an effort at the federal level to ensure that hospitals are being good stewards of their not-for-profit status. The difficulty in determining the nature of a hospital's stewardship in comparison to other hospitals is a complex task as each individual hospital community faces particular and unique needs. What may serve as a community benefit in one community may not be a community benefit in another part of the country. Each hospital is challenged to serve their community but comparison is difficult.

To deal with this challenge the Catholic Health Association, in conjunction with VHA, developed a set of guidelines for identifying and counting Community Benefits, *A Guide for Planning and Reporting Community Benefits*. Reid Hospital has chosen to adopt these guidelines for reporting of Community Benefits. To further the ability of comparison of hospital to hospital data, software was developed by Doug Lyon, in cooperation with the CHA and VHA that is based on the CHA guidelines. Reid Hospital has chosen to adopt the use of this software (CBISA) in tracking Community Benefits.

The adoption of these guidelines is a process change, not a philosophical change. Reid Hospital will continue its 100+ year history of stewardship to the community.

Strategic Direction of Community Benefits Outreach

In accordance with the Indiana Hospital Financial Disclosure Act, the guidelines from the Catholic Health Association, and the mission of Reid Hospital, commitment of Community Benefit resources will be based on identified need. The 2007 Community Needs Assessment done by PRC identified the following needs in the Reid Hospital service area:

- ◆ depression and stress
- ◆ elevated blood pressure and cholesterol
- ◆ obesity and lack of physical activity
- ◆ asthma and chronic lung disease.

While it is often worthwhile to provide programs and screenings on other topics, addressing these identified needs will be the focus in the allocation of Community Benefit resources in 2008 and 2009.

Reid Hospital also believes the needs assessment is a tool that can be used the entire service area. For that reason the results of the needs assessment are posted on the Reid Hospital website, www.reidhosp.com Reid Hospital encourages local organizations and agencies to use the data contained in the assessment in any manner that may be useful to the organization. Collaboration among agencies is a good first step in meeting the needs of the community.

Objectives and Strategies

While health needs for programming and screening have been identified, other strategic objectives have been developed to guide the community benefit operations.

Objective #1:

Establish guidelines to be followed for Community Benefit giving.

Strategy 1:

Review history of community benefit to evaluate trend in giving to external organizations for fundraising activities.

Designate a specific amount allotted in the budget to be used by external agencies as requested for fundraising activities.

Strategy 2:

Review history of community benefit to evaluate trend in giving to external organizations for grants and projects.

Designate a specific amount allotted in the budget to be used for grants and projects requested by external agencies.

Strategy 3:

Review history of community benefit to evaluate trends in giving for socially responsible activities that do not qualify as community benefit.

Designate a specific amount allotted in the budget to be used for socially responsible activities by external agencies that do not qualify as community benefit.

Objective #2:

Identify and establish priorities for community benefit to be used as a guideline for community benefit giving and programs offered.

Strategy 1:

Identify the top four priorities of health care needs based on the 2007 Community Health Care Needs Assessment.

Plan program activities for Community Health Education and Reid Hospital based on the identified health priorities

Strategy 2:

Identify three Community and Economic Development needs based on data collected from a variety of community resources.

Research and collect data, review data collected, identify three priorities.

Plan program activities for Community Health Education and Reid Hospital based on the identified priorities.

Objective #3:

Identify methods to evaluate program success.

Strategy 1:

Review various program evaluation methods.

Choose appropriate evaluation method for each program activity.

Objective #4:

Communicate community benefit strategic plan, health care needs assessment results, and program activities planned for 2008 to the larger community and key stakeholders.

Strategy 1:

Identify key stakeholders throughout the community.

Schedule presentations throughout the community to convey the community benefit strategic plan, health care needs assessment results, and program activities planned.

Strategy 2:

Identify key stakeholders internal to Reid Hospital.

Schedule presentations for Administration, Board of Directors, Foundation Board, and the Leadership Group to communicate the community benefit strategic plan, health care needs assessment results, and program activities planned.

Objective #5:

Develop policies and procedures on Community Benefit.

Strategy 1:

Identify policies and procedures that need to be developed on Community Benefit.

Write policies and procedures.

Present policies and procedures to Administration for approval.

Strategy 2:

Communicate policies and procedures to the Leadership Group using various methods of communication.

Evaluation

Evaluation of community benefit outreach is difficult at best, but in a time of scarce resources every attempt must be made to evaluate the outcomes of community benefit outreach. Evidence-based programming will be utilized where possible, individual program evaluations will be done as well as obtaining anecdotal feedback on outcomes by program participants.

2008 Community Education Plan

Identified Areas for Improvement (Health Indicator)

1. Obesity/Lack of Physical Activity
2. Chronic Lung Disease/Asthma
3. Stress/Depression
4. Cardiac Indicators-Elevated Blood Pressure & Cholesterol
5. Misc.

Short Term= up to 1 year
Long Term= 1-3 years

<u>Intervention</u>	<u>Short Term Goal</u>	<u>Long Term Goal</u>	<u>Measurement</u>	<u>Indicator</u>
Exercise Sampler	<ol style="list-style-type: none"> 1. Attract 1st time exercisers 2. Highlight various ways to ↑ physical activity 3. Collaborate with local agencies 	<ol style="list-style-type: none"> 1. ↑ # of people who exercise 2. ↓ # of obese people 	<ol style="list-style-type: none"> 1. # attending program 2. # continuing to exercise 3. Program evaluation 4. Repeat assessment 	1, 3, 4
Walking Program	<ol style="list-style-type: none"> 1. ↑ # of people who are active on a regular basis 2. Support local programs 3. Encourage activity by providing incentives 	<ol style="list-style-type: none"> 1. ↑ # of people who exercise 2. ↓ # of obese people 	<ol style="list-style-type: none"> 1. Miles walked /run/ swam 2. # participating 3. Program evaluation 4. Repeat assessment 	1, 3, 4
Smoking Cessation	<ol style="list-style-type: none"> 1. Assist those who want to quit 2. ↓ # of smokers 	<ol style="list-style-type: none"> 1. ↓ chronic lung disease 2. ↓ heart disease 3. ↓ lung cancer 	<ol style="list-style-type: none"> 1. # of people who quit 2. # of people who stay quit 3. Program evaluation 4. Repeat assessment 	2, 4
Asthma Education for School Personnel	<ol style="list-style-type: none"> 1. ↑ knowledge of asthma 2. Provide plan for dealing with asthma attacks 	<ol style="list-style-type: none"> 1. ↓ # days absent due to asthma 2. ↓ # of asthma episodes while at school 	<ol style="list-style-type: none"> 1. # days missed due to asthma 2. Repeat assessment 3. Program evaluation 	2
Pulmonary function tests for community & business	<ol style="list-style-type: none"> 1. Early identification of chronic lung conditions 	<ol style="list-style-type: none"> 1. ↓ chronic lung disease 2. ↑ prognosis by early identification of disease 	<ol style="list-style-type: none"> 1. # participating physician 2. # who follow up with 3. Repeat assessment 	2

Community Blood Pressure Machines-monitor usage	<ol style="list-style-type: none"> 1. Provide easy access to measurement of B/P 2. Place machines in areas of high use & high risk populations 3. Early identification of disease 	<ol style="list-style-type: none"> 1. ↓ # of people with hypertension 2. ↑ # of people monitoring of B/P 3. ↑ # of people receiving medical care due to detection of disease 	<ol style="list-style-type: none"> 1. Monthly report of usage 2. Monitor use and move machines if indicated 	4
Info for Those on the Go	<ol style="list-style-type: none"> 1. Provide health information in format targeted for busy people 2. Provide timely topics of interest to community 3. Provide format that is easily duplicated for a variety of locations 	<ol style="list-style-type: none"> 1. ↑ # of people attending health programs 2. ↑ # of programs provided for community 	<ol style="list-style-type: none"> 1. # people attending 2. # of programs 3. Program evaluations 	1,2,3,4,5
Relaxation Station	<ol style="list-style-type: none"> 1. Provide hands-on technique for stress reduction 2. Provide format that is easily duplicated for a variety of locations 	<ol style="list-style-type: none"> 1. ↓ reported stress 2. Empower people to deal with stress 	<ol style="list-style-type: none"> 1. Program evaluations 2. # attending 3. Repeat assessment 	3
Monthly health screenings with education	<ol style="list-style-type: none"> 1. Early identification of disease 2. ↑ # of people being screened 	<ol style="list-style-type: none"> 1. ↓ Chronic and acute disease 2. ↑ # of people monitoring their health status 	<ol style="list-style-type: none"> 1. Program evaluations 2. # attending 3. Repeat assessment 	1,2,3,4
Education Presentations	<ol style="list-style-type: none"> 1. Provide more in-depth info than Info for Those on the Go 2. Provide timely topics 3. Provide presentations for clubs, organizations and groups 	<ol style="list-style-type: none"> 1. ↑ # of people attending health programs 2. ↑ # of programs provided for community 	<ol style="list-style-type: none"> 1. # people attending 2. # of programs 3. Program evaluations 	1,2,3,4,5

Reid Hospital & Health Care Services
 2008 Community Benefit Activities

<u>Activity</u>	<u>Expenses</u>	<u>Offsets</u>	<u>Benefit</u>	<u># Served</u>
Adopt A Street	7,555	0	7,555	Unknown
Athletic Training Services	159,014	13,500	145,514	1,933
Community Blood Drives	10,391	0	10,391	332
Community B/P Machines	408	0	408	35,096
Car Seats	2,880	0	2,880	79
Childbirth Classes	5,384	0	5,384	132
Community Benefit Grants	122,010	0	122,010	Unknown
Community Benefit Mammograms	11,046	0	11,046	263
Community Benefit Payroll	10,475	0	10,475	Unknown
Community Benefit PSA's	2,458	0	2,458	107
Community Donations	18,785	0	18,785	1,298
Community Outreach	14,903	0	14,903	225
Community Screenings	4,026	0	4,026	288
Enrollment Assistance	11,595	0	11,595	208
Health Advocacy	420	0	420	Unknown
Health Care Career Development	17,543	0	17,543	232
Health Education	22,717	0	22,717	2,959
Health Fairs	430	0	430	170
Health Ministries Program	3,295	0	3,295	Unknown
Meeting Room Space	24,249	0	24,249	Unknown
Prenatal Breastfeeding Classes	1,142	0	1,142	65
Public Agency Support	115,767	0	115,767	170
S.T.O.P.	19,939	0	19,939	32
SafeSitter Program	1,503	0	1,503	0
Sara Ronald CareFund	7,233	0	7,233	373
Scholarships	9,500	0	9,500	10
Staff Time	30,944	0	30,944	Unknown
Support Groups	1,677	0	1,677	632
Worksite Health Education	648	0	648	164
	637,937		624,437	44768

Reid Hospital & Health Care Services
2008 Community Benefit Expenditures by Category

<u>Category</u>	<u>Benefits (\$)</u>
Community Health Improvement Services	225,511
Health Professions Education	27,043
Financial & In-Kind Contributions	191,819
Community Building Activities	149,120
Community Benefit Operations	30,944
Traditional Charity Care	5,087,355
Unpaid Cost of Medicaid	22,211,668
Total Community Benefit	27,923,460

Notes:

1. Does not include bad debt and Medicare short fall
2. Beginning in 2008 community benefit expenditures were calculated using CHA/VHA guidelines

Wanted

A Healthy Community

Reid Hospital has submitted a Community Needs Assessment report to the Indiana State Department of Health as required by the Indiana Hospital Financial Disclosure Act of 1994.

The report outlines key health issues confronting the residents of Reid Hospital's service area.

Reid Hospital's Key Priorities for 2008
Stress and Depression
Elevated Blood Pressure and Cholesterol
Obesity/Lack of Physical Activity
Asthma and Chronic Lung Disease

For information about the Community Needs Assessment or other Reid Hospital Community Benefit programs call the Community Education Department at 765 983-3094 or the Community Relations Department at 765 983-3042. The entire needs assessment results are available on Reid's website www.reidhosp.com