

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **THE KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES** Employer identification number **35-0895832**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ %	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			1,270,223.		1,270,223.	1.35%
b Unreimbursed Medicaid (from Worksheet 3, column a)			12,139,400.	3,726,712.	8,412,688.	8.94%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			13,409,623.	3,726,712.	9,682,911.	10.29%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			310,657.	3,321.	307,336.	.33%
f Health professions education (from Worksheet 5)			223,499.	33,875.	189,624.	.20%
g Subsidized health services (from Worksheet 6)			5,326,925.	4,059,110.	1,267,815.	1.35%
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			96,244.		96,244.	.10%
j Total Other Benefits			5,957,325.	4,096,306.	1,861,019.	1.98%
k Total. Add lines 7d and 7j			19,366,948.	7,823,018.	11,543,930.	12.27%

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Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			2,703.		2,703.	.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			2,703.		2,703.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2 Enter the amount of the organization's bad debt expense (at cost)		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	20,755,547.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	20,708,271.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	47,276.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 MADISON CATHETERIZATION SERVICES, LLC	PROVIDES CATHETERIZATION SERVICES	51.00%	.00%	.00%

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: KDHHS

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8	1	X
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u>10</u>		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	X
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X
5 Did the hospital facility make its Needs Assessment widely available to the public?	5	X
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input checked="" type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	X
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>150</u> %		

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Part V Facility Information (continued) KDHS

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>250</u> %	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	X	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input checked="" type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	X	
a <input checked="" type="checkbox"/> Reporting to credit agency		
b <input checked="" type="checkbox"/> Lawsuits		
c <input checked="" type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input checked="" type="checkbox"/> Other (describe in Part VI)		

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Part V Facility Information (continued) KDHS

Policy Relating to Emergency Medical Care

	Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	X
If "No," indicate the reasons why (check all that apply): a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI) d <input type="checkbox"/> Other (describe in Part VI)		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply): a <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility c <input type="checkbox"/> The hospital facility used the Medicare rate for those services d <input checked="" type="checkbox"/> Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI.	20		X
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient? If "Yes," explain in Part VI.	21		X

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Part V Facility information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 10

Name and address	Type of Facility (describe)
1 REHABILITATION CENTER AND HOME CARE 2670 N MICHIGAN ROAD MADISON, IN 47043	PHYSICIAN MEDICAL OFFICE
2 HILLTOP CLINIC 445 CLIFTY DRIVE MADISON, IN 47250	PHYSICIAN MEDICAL OFFICE
3 VERSAILLES CLINIC - MAIN STREET 128 NORTH MAIN STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
4 KING'S DAUGHTER'S MEDICAL BUILDING 206 W TYSON STREET VERSAILLES, IN 47042	PHYSICIAN MEDICAL OFFICE
5 TRIMBLE COUNTY MEDICAL BUILDING 10235 US HIGHWAY 421 MILTON, KY 40045	PHYSICIAN MEDICAL OFFICE
6 RIVERBOURNE MEDICAL CENTER 205 MARWILL DRIVE CARROLLTON, KY 41008	PHYSICIAN MEDICAL OFFICE
7 SWITZERLAND COUNTY MEDICAL BUILDING 745 WEST HIGHWAY 56 VEVAY, IN 47043	PHYSICIAN MEDICAL OFFICE
8 HANOVER CLINIC 36 MEDICAL PLAZA HANOVER, IN 47243	PHYSICIAN MEDICAL OFFICE
9 VEVAY CLINIC 213 WEST MAIN STREET VEVAY, IN 47043	PHYSICIAN MEDICAL OFFICE
10 CONVENIENT CARE CENTER 443 EAST CLIFTY DRIVE MADISON, IN 47043	PHYSICIAN MEDICAL OFFICE

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Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: THE HOSPITAL USES A SLIDING FEE SCALE ARRANGEMENT TO

PROVIDE DISCOUNTED CARE TO LOW INCOME INDIVIDUALS. THE SCALE IS AS

FOLLOWS:

INCOME EQUAL TO 0-150% OF FPG = 100% WRITEOFF

INCOME EQUAL TO 151-175% OF FPG = 80% WRITEOFF

INCOME EQUAL TO 176-200% OF FPG = 60% WRITEOFF

INCOME EQUAL TO 201-225% OF FPG = 40% WRITEOFF

INCOME EQUAL TO 226-250% OF FPG = 20% WRITEOFF

PART I, LINE 7, COLUMN (F): THE BAD DEBT EXPENSE INCLUDED ON FORM 990,

PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING

THE PERCENTAGE IN THIS COLUMN IS \$ 13575949.

PART II: NA

PART III, LINE 4: PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE

REVENUE - THE HOSPITAL HAS AGREEMENTS WITH THIRD-PARTY PAYORS THAT PROVIDE

FOR PAYMENTS TO THE HOSPITAL AT AMOUNTS DIFFERENT FROM ITS ESTABLISHED

RATES. PAYMENT ARRANGEMENTS INCLUDE PROSPECTIVELY DETERMINED RATES PER

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Part VI Supplemental Information

DISCHARGE, REIMBURSED COSTS, DISCOUNTED CHARGES, AND FEE SCHEDULE
PAYMENTS. PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE ARE
REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS,
THIRD-PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED
RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY
PAYORS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE
PERIOD AND THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE
PERIODS AS FINAL SETTLEMENTS ARE DETERMINED.

ALLOWANCES FOR PATIENT UNCOLLECTIBLE ACCOUNTS - THE HOSPITAL ESTIMATES AN
ALLOWANCE FOR UNCOLLECTIBLE PATIENT ACCOUNTS RECEIVABLE BASED ON AN
EVALUATION OF THE AGING OF THE ACCOUNTS, HISTORICAL LOSSES, CURRENT
ECONOMIC CONDITIONS, AND OTHER FACTORS UNIQUE TO ITS SERVICE AREA AND THE
HEALTHCARE INDUSTRY.

THE COSTING METHODOLOGY USED TO DETERMINE THE AMOUNTS REPORTED ON LINE 2
IS APPLICATION OF THE COST-TO-CHARGE RATIO (AS COMPUTED PER WORKSHEET 2 IN
990 INSTRUCTIONS).

THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT
TO PARTICIPATE IN CHARITY CARE, CANDIDATES MUST COOPERATE FULLY. IN
ADDITION, THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY
REGARDING FINANCIAL ASSISTANCE. FOR THESE REASONS, THE HOSPITAL BELIEVES
THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING
TO THE FINANCIAL ASSISTANCE POLICY, AND THE AMOUNT OF BAD DEBT
ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE
POLICY IS NEGLIGIBLE.

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Part VI Supplemental information

PART III, LINE 8: THE HOSPITAL DETERMINED AMOUNTS FROM DATA SUBMITTED
IN ITS 2010 MEDICARE COST REPORT.

PART III, LINE 9B: N/A

KDHHS:

PART V, SECTION B, LINE 1J: THE NEEDS ASSESSMENT PERFORMED BY THE HOSPITAL
ALSO EXPLORED KEY ISSUES SUCH AS:

PHYSICAL ACTIVITY, OVERWEIGHT AND OBESITY, TOBACCO USE, SUBSTANCE
ABUSE/GAMBLING/ADDICTIONS, RESPONSIBLE SEXUAL BEHAVIOR, MENTAL HEALTH,
INJURY AND VIOLENCE (INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT),
ENVIRONMENTAL QUALITY, IMMUNIZATION, ACCESS TO HEALTH CARE FOR THE INSURED
AND UNINSURED, MATERNAL AND CHILD HEALTH, INFECTIOUS DISEASE, OCCUPATIONAL
AND SAFETY HEALTH, SPECIAL NEEDS/DISABLED/IMPAIRED, AND CHRONIC DISEASE.

KDHHS:

PART V, SECTION B, LINE 3: THE FACILITY TOOK INTO ACCOUNT INPUT FROM
PERSONS IN THE COMMUNITY BY UTILIZING THE FOLLOWING COMPONENTS:

- ANALYSIS OF SECONDARY DATA TO DEVELOP A PROFILE OF THE RESIDENTS OF EACH
COUNTY AND TO INDICATE, WHERE POSSIBLE FUTURE TRENDS AND TO SHOW
COMPARISONS WITH STATE AND NATIONAL DATA;
- IN-PERSON INTERVIEWS WITH 30 KEY LEADERS WITHIN KDHHS INCLUDING BOARD,
STAFF AND MEDICAL STAFF;
- IN-DEPTH-INTERVIEWS BY TELEPHONE OR IN-PERSON WITH 32 COMMUNITY LEADERS
INCLUDING GOVERNMENT, MEDICAL, EDUCATION, AND OTHER COMMUNITY LEADERSHIP
POSITIONS IN ALL FIVE COUNTIES;
- IN-PERSON SURVEYS OF 72 INDIVIDUALS IN LOW INCOME LOCATIONS;

Part VI Supplemental Information

- IN-PERSON DISCUSSIONS WITH 23 SENIOR CITIZENS;
- A WEB-BASED SURVEY OPEN TO THE GENERAL PUBLIC WHICH RESULTED IN 61 COMPLETED INTERVIEWS.

THIS ASSESSMENT ALLOWED ALL INDIVIDUALS TO PROVIDE RESPONSES ON ANY COMMUNITY NEEDS NOT LISTED IN THE QUESTIONS AND ALLOWED INDIVIDUALS TO MAKE COMMENTS ON COMMUNITY HEALTH ISSUES ON WHICH KDHHS COULD HAVE AN IMPACT.

KDHHS:

PART V, SECTION B, LINE 5C: RESULTS OF THE NEEDS ASSESSMENT HAVE BEEN MADE AVAILABLE THROUGH A VARIETY OF SOURCES: NEWSPAPER AND RADIO RELEASES, DISTRIBUTION OF INFORMATION IN THE COMMUNITY NEWSLETTER, THE VITAL SIGNS, THROUGH PUBLIC HEALTH FORUMS AND IS ALSO AVAILABLE ON OUR WEB SITE.

KDHHS:

PART V, SECTION B, LINE 7: AS A RESULT OF THE 2010 COMMUNITY NEEDS ASSESSMENT, KDHHS WAS ABLE TO IDENTIFY 'GAPS' WHICH EXIST BETWEEN THE HOSPITAL'S COMMUNITY INVOLVEMENT AND THE UNFULFILLED NEEDS OF THE COMMUNITY WHICH IT SERVES. THESE NEEDS WERE IDENTIFIED VIA INQUIRIES OF COMMUNITY MEMBERS WHICH ARE DETAILED AT PART V LINE 3. THE EXAMPLES OF THESE ARE AS FOLLOWS:

- THERE DO NOT APPEAR TO BE LARGE GAPS IN THE TOPICS OR TYPES OF COMMUNITY OUTREACH PROGRAMS THAT KDHHS HAS CONDUCTED IN THE PAST. HOWEVER, THERE MAY BE GAPS DUE TO FUNDING LEVELS OR STAFFING LEVELS IN THE NUMBER OF PROGRAMS

Part VI Supplemental Information

AND THE GEOGRAPHIC REACH OF THE PROGRAMS THAT HAVE BEEN OFFERED.

- SOME INDIVIDUALS ALSO EXPRESSED THE IDEA THAT RESIDENTS IN THE COMMUNITY SERVED BY KDHHS MAY NOT BE AWARE OF THE EXISTING PROGRAMS AND SERVICES OFFERED AND MAY NOT BE AWARE OF THE LEVEL OF EXPERTISE OF THE STAFF. THESE ARE IDEAS THAT COULD BE ADDRESSED IN A STRATEGIC, WELL-PLANNED, LONG-TERM PUBLIC RELATIONS CAMPAIGN.

- THE GAPS IN THE CURRENT MEDICAL SERVICE LINES AND THE MEDICAL SPECIALTIES DESIRED ARE WORTH EXPLORING. HOWEVER, THIS ANALYSIS FOCUSES ONLY ON EXPRESSED NEEDS AND DOES NOT CONTAIN PATIENT PROJECTION INFORMATION OR FINANCIAL ANALYSIS FOR A BUSINESS CASE ANALYSIS.

- SEVERAL OF THE TOP MAJOR COMMUNITY HEALTH CONCERNS INVOLVE ADDRESSING THE FREQUENTLY INTER-RELATED ISSUES OF OBESITY, LACK OF PHYSICAL ACTIVITY, AND SMOKING. THESE HEALTH ISSUES LEAD TO CHRONIC DISEASE AND HAVE AN IMPACT ON PATIENTS SERVED BY KDHHS FACILITIES. THE MAJORITY OF COMMUNITY LEADERS EXPECT KDHHS TO TAKE A LEADERSHIP ROLE IN ADDRESSING OVERWEIGHT AND OBESITY AND TOBACCO USE. THOSE IN OUTLYING COUNTIES HAVE ASKED THAT CURRENT KDHHS PROGRAMS AVAILABLE IN JEFFERSON COUNTY BE OFFERED IN THEIR OWN COUNTIES OR AT A MINIMUM THAT THE JEFFERSON COUNTY PROGRAMS BE PROMOTED TO CITIZENS IN THESE OTHER COUNTIES FOR THEIR POTENTIAL ATTENDANCE.

1. KDHHS SHOULD CONSIDER WAYS IN WHICH IT CAN SET AN EXAMPLE AT ITS OWN FACILITIES FOR THE COMMUNITY; TOBACCO-FREE CAMPUS, HEALTHY FOOD OFFERINGS IN ITS CAFETERIA, WELLNESS PROGRAM.

2. IT SHOULD CONSIDER ASKING FOR GRANTS TO OFFER COMMUNITY OUTREACH PROGRAMS TO EDUCATE INDIVIDUALS ON TOPICS SUCH AS NUTRITION, HEALTHY

Part VI Supplemental Information

WEIGHT, HEALTHY EATING, AND EXERCISE.

- SUBSTANCE ABUSE - PARTICULARLY NARCOTIC AND PRESCRIPTION DRUGS, WAS ANOTHER TOP MAJOR HEALTH NEED CITED BY ALL GROUPS INTERVIEWED. IT IS PREVALENT IN ALL COUNTIES SERVED BY KDHS.

1. THE LACK OF SUBSTANCE TREATMENT CENTERS AND MENTAL CARE FACILITIES TO REFER THESE TYPES OF PATIENTS TO IS A MAJOR CONCERN.

2. MANY INTERVIEWED FELT THE PUBLIC NEEDS TO BE AWARE OF HOW MUCH OF AN ISSUE SUBSTANCE ABUSE IS IN THE COMMUNITY I.E. AMOUNT OF BABIES BORN ADDICTED TO METH/DETOXIFICATION REQUIRED.

3. THE NEED FOR FURTHER DRUG EDUCATION IN THE SCHOOLS FROM ELEMENTARY ON UP WAS MENTIONED NUMEROUS TIMES

4. BETTER COMMUNICATION BETWEEN KDHS AND THE LOCAL LEGAL SYSTEM IS NEEDED. DOCUMENTATION OF OVERDOSE CASES IN THE ER WITH STATISTICS OF THE TYPES OF DRUGS CAUSING THE OVERDOSE (STREET VERSUS PRESCRIPTION) IS THE TYPE OF INFORMATION HELPFUL TO THE LEGAL SYSTEM. KDHS PHYSICIANS MENTIONED THAT THEY WOULD LIKE TO KNOW FROM THE LEGAL SYSTEM WHEN ONE OF THE DRUGS THEY PRESCRIBED IS INVOLVED IN A CASE.

5. THERE IS A NEED FOR A QUARTERLY PRESCRIPTION DRUG DISPOSAL PROGRAM WHERE SUCH DRUGS CAN BE DISPOSED WITH NO QUESTIONS ASKED.

- WHILE KDHS MAY NOT BE EXPECTED TO TAKE A LEADERSHIP ROLE IN ADDRESSING MENTAL HEALTH ISSUES, IT CANNOT IGNORE THE NEED FOR MENTAL HEALTH SERVICES IN ALL THE COUNTIES IT SERVES. MANY INTERVIEWED MENTIONED THE NEED FOR AN ON-STAFF PSYCHIATRIST OR AN IMPROVED REFERRAL PROGRAM FOR THOSE WITH MENTAL ILLNESS. KDHS LEADERS INTERVIEWED STRESSED THE HOURS OF STAFF TIME THAT IS CURRENTLY SPENT FINDING FACILITIES TO REFER PATIENTS TO WITH OPEN BEDS. THIS ISSUE IS WORTH FURTHER STUDY BY KDHS TO DETERMINE WHAT

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SUPPORTING ROLE IT CAN PROVIDE TO THE COMMUNITY IN THIS AREA.

- ACCESS TO HEALTH CARE WAS VIEWED AS A MAJOR ISSUE BY THOSE RESPONDENTS OF THE WEB-BASED SURVEY AND BY THE LOWER INCOME CATEGORY. THERE APPEARS TO BE A NEED TO MAKE INDIVIDUALS WITHIN THE COMMUNITY MORE AWARE OF HEALTH CARE SERVICES AVAILABLE TO THEM RATHER THEY BE INSURED OR UNINSURED. THE VAST MAJORITY OF COMMUNITY LEADERS EXPECT KDHHS TO TAKE A LEADERSHIP ROLE IN ACCESS TO HEALTH CARE. IN ADDITION TO CONCERNS ABOUT ACCESS FOR LOW-INCOME OR THE UNDERINSURED OR UNINSURED, THERE ARE SOME CONCERNS ABOUT ACCESS TO:

- 1. GETTING AN APPOINTMENT WITH A PHYSICIAN QUICKLY WHEN NEEDED
2. GETTING SEEN IN THE EMERGENCY DEPARTMENT QUICKLY
3. EVENING APPOINTMENTS FOR THOSE UNABLE TO LEAVE WORK DURING THE DAY

-DUE TO AN AGING WORKFORCE, IT IS ADVISABLE FOR KDHHS TO PUT A CONTINGENCY PLAN IN PLACE TO DEAL WITH ITS AGING NURSING WORKFORCE.

KDHHS:

PART V, SECTION B, LINE 17E: IN ADDITION TO THE ACTIONS PREVIOUSLY LISTED, A FINANCIAL AID COUNSELOR WILL MEET WITH ANY UNINSURED INPATIENTS PRIOR TO DISCHARGE TO DISCUSS THE FINANCIAL ASSISTANCE POLICY.

KDHHS:

PART V, SECTION B, LINE 19D: PATIENTS WITHOUT INSURANCE COVERAGE WILL RECEIVE A DISCOUNT BASED ON THE GREATER OF THE FOLLOWING:

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1) 20% DISCOUNT FROM GROSS CHARGES (WHICH IS HIGHER THAN ANY NEGOTIATED
COMMERCIAL INSURANCE DISCOUNT FROM CHARGES CONTRACT)

2) THE APPLICABLE SLIDING FEE SCALE ADJUSTMENT BASED ON THE PATIENT'S
COMPLETED FINANCIAL ASSISTANCE APPLICATION

PART VI, LINE 2: KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES

CONDUCTED A COMMUNITY NEEDS ANALYSIS DURING 2010 THAT INVOLVED BOTH ITS
PRIMARY SERVICE AREA (JEFFERSON COUNTY, RIPLEY COUNTY, AND SWITZERLAND
COUNTY, INDIANA) AND ITS SECONDARY SERVICE AREA (TRIMBLE COUNTY AND
CARROLL COUNTY, KENTUCKY). THE LAST TIME A COMMUNITY NEEDS ASSESSMENT WAS
CONDUCTED WAS IN 2007. THE FOCUS OF THIS ASSESSMENT WAS ON THE HEALTH
NEEDS THAT COULD BE ADDRESSED BY KDHS AND CAN BE USED BY KDHS IN
PLANNING FUTURE SERVICES, APPLYING FOR GRANTS AND PLANNING OUTREACH
EFFORTS.

THE STUDY INCLUDED THE FOLLOWING COMPONENTS:

- ANALYSIS OF SECONDARY DATA TO DEVELOP A PROFILE OF THE RESIDENTS OF EACH COUNTY AND TO INDICATE, WHERE POSSIBLE FUTURE TRENDS AND TO SHOW COMPARISONS WITH STATE AND NATIONAL DATA;
- IN-PERSON INTERVIEWS WITH 30 KEY LEADERS WITHIN KDHS INCLUDING BOARD, STAFF AND MEDICAL STAFF;
- IN-DEPTH-INTERVIEWS BY TELEPHONE OR IN-PERSON WITH 32 COMMUNITY LEADERS INCLUDING GOVERNMENT, MEDICAL, EDUCATION, AND OTHER COMMUNITY LEADERSHIP POSITIONS IN ALL FIVE COUNTIES;
- IN-PERSON SURVEYS OF 72 INDIVIDUALS IN LOW INCOME LOCATIONS;
- IN-PERSON DISCUSSIONS WITH 23 SENIOR CITIZENS;
- A WEB-BASED SURVEY OPEN TO THE GENERAL PUBLIC WHICH RESULTED IN 61

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COMPLETED INTERVIEWS.

- THIS ASSESSMENT ALLOWED ALL INDIVIDUALS TO PROVIDE RESPONSES ON ANY COMMUNITY NEEDS NOT LISTED IN THE QUESTIONS AND ALLOWED INDIVIDUALS TO MAKE COMMENTS ON COMMUNITY HEALTH ISSUES ON WHICH KDHS COULD HAVE AN IMPACT.

KEY HEALTH ISSUES EXPLORED WERE THE FOLLOWING:

- PHYSICAL ACTIVITY
- OVERWEIGHT AND OBESITY
- TOBACCO USE
- SUBSTANCE ABUSE/GAMBLING/ADDICTIONS
- RESPONSIBLE SEXUAL BEHAVIOR
- MENTAL HEALTH
- INJURY AND VIOLENCE (INCLUDING DOMESTIC VIOLENCE AND SEXUAL ASSAULT)
- ENVIRONMENTAL QUALITY
- IMMUNIZATION
- ACCESS TO HEALTH CARE FOR THE INSURED AND UNINSURED
- MATERNAL AND CHILD HEALTH
- INFECTIOUS DISEASE
- OCCUPATIONAL AND SAFETY HEALTH
- SPECIAL NEEDS/DISABLED/IMPAIRED
- CHRONIC DISEASE

PART VI, LINE 3: THE HOSPITAL HAS SIGNAGE WHICH ENCOURAGES PATIENTS TO CONTACT CUSTOMER SERVICE FOR INFORMATION REGARDING BILLS, ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL/STATE GOVERNMENT PROGRAMS AND THE HOSPITAL'S CHARITY CARE POLICY. SIGNS ARE POSTED IN SEVERAL AREAS FREQUENTLY ACCESSED BY PATIENTS. DISCUSSIONS REGARDING FINANCIAL ISSUES,

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AVAILABILITY OF FINANCIAL AID PROGRAMS, ELIGIBILITY REQUIREMENTS AND THE ASSOCIATED APPLICATION PROCESS ARE TYPICALLY DISCUSSED AT THE TIME OF REGISTRATION. THE HOSPITAL HAS A REPRESENTATIVE ON SITE TO ASSIST PATIENTS WITH THE FINANCIAL AID APPLICATION PROCESS. INFORMATION REGARDING THE HOSPITAL'S CHARITY CARE POLICY IS MADE AVAILABLE TO PATIENTS UPON REQUEST VIA A BROCHURE WHICH SUMMARIZES THE PROGRAM ELIGIBILITY REQUIREMENTS AND APPLICATION PROCESS. PATIENTS ARE REMINDED TO CONTACT CUSTOMER SERVICE REGARDING FINANCIAL AID AND FEDERAL/STATE ASSISTANCE DIRECTLY ON THE PATIENT BILL ITSELF. FURTHER, THE HOSPITAL'S WEBSITE INCLUDES LINKS TO THE FOLLOWING: "REQUEST A PRICE ESTIMATE", "ASK A BILLING QUESTION", "VIEW A SAMPLE BILL", "FINANCIAL AID APPLICATION", AND "INSURANCE PROVIDERS".

PART VI, LINE 4: THE KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES IDENTIFIES THE FOLLOWING AREAS AS ITS PRIMARY AND SECONDARY SERVICE AREAS: JEFFERSON COUNTY, IN: POPULATION 33,010 PORTIONS OF RIPLEY COUNTY, IN PORTIONS OF SWITZERLAND COUNTY, IN PORTIONS OF TRIMBLE AND CARROLL COUNTIES, KY

JEFFERSON COUNTY

- JEFFERSON COUNTY IS EXPERIENCING A SLOW GROWTH IN TOTAL POPULATION, CURRENTLY AT 33,010, AND IS EXPERIENCING AN INWARD MIGRATION. BY 2020, THE POPULATION IS EXPECTED TO BE ABOUT 34,209. IT HAS A MEDIAN AGE OF 39.6, A SOMEWHAT OLDER POPULATION THAN THE STATE AVERAGE OF 36.7. THE UNEMPLOYMENT RATE OF 10.6% IS ABOVE THE INDIANA RATE OF 10.1%. THE POPULATION IS FAIRLY HOMOGENEOUS WITH A LARGELY CAUCASIAN POPULATION, 95%. THE AVERAGE HOUSEHOLD INCOME, OF \$42,646, IS LOWER THAN THAT FOR INDIANA AND THE

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NATION. IN JEFFERSON COUNTY, ABOUT 13.2% OF THE INDIVIDUALS, OR ABOUT 4,357, LIVE BELOW THE POVERTY LEVEL, SIMILAR TO THE 12.9% POVERTY RATE OF INDIVIDUALS IN INDIANA AND MIRRORING THE 13.2% RATE FOR THE ENTIRE U.S. 53.9% OF ALL FAMILIES IN JEFFERSON COUNTY ARE SINGLE PARENT FAMILIES WITH 27.8% OF THESE FAMILIES IN POVERTY. IN INDIANA, 32.4% OF ALL FAMILIES ARE SINGLE PARENT FAMILIES WITH 27.6% OF THESE FAMILIES IN POVERTY. JEFFERSON COUNTY RANKS FIRST IN INDIANA IN TERMS OF THE NUMBER OF ACRES DEVOTED TO TOBACCO WITH TOBACCO CROP SALES OF \$1.6 MILLION IN 2007. 30% OF ADULTS IN JEFFERSON COUNTY USE TOBACCO COMPARED TO 23% OF ADULTS LIVING IN THE STATE OF INDIANA. AN ESTIMATED 26.9% OF THE POPULATION AGE 18+ IS UNINSURED. 6% OF INDIVIDUALS WITH INSURANCE HAVE MEDICAID, A HIGHER PERCENT THAN INDIANA/4.9% OR THE NATION/4.5%. ACCORDING TO THE INDIANA STATE DEPARTMENT OF HEALTH 2009 REPORT, JEFFERSON COUNTY WAS NOT LISTED AS A COUNTY THAT HAD A SHORTAGE OF HEALTHCARE PROFESSIONALS OR OF MENTAL HEALTH PROFESSIONALS. HOWEVER, THE 2009 REPORT LISTS MILTON, SHELBY AND SMYRNA TOWNSHIPS AS MEDICALLY UNDERSERVED. THE RATE OF ALL CANCER INCIDENCE IS HIGHER IN JEFFERSON COUNTY, AT 521.6 FOR 100,000 POPULATION, THAN FOR INDIANA, AT 479.4 FOR 100,000 POPULATION. THE RATE OF LUNG AND BRONCHUS CANCER IS HIGHER IN JEFFERSON, AT 101.6 PER 100,000 POPULATION THAN FOR INDIANA AT 79.8 PER 100,000. THE RATE OF PROSTATE CANCER IS HIGHER IN JEFFERSON, AT 166.2 PER 100,000 POPULATION THAN FOR INDIANA AT 137.5 PER 100,000. THE RATE OF BREAST CANCER IN JEFFERSON IS HIGHER, AT 126.4 PER 100,000 POPULATION THAN FOR INDIANA AT 113.8 PER 100,000 POPULATION. THE RATE OF COLORECTAL CANCER IS LOWER IN JEFFERSON, AT 50.3 PER 100,000, THAN THE RATE FOR INDIANA, AT 52.2 PER 100,000. THE RATE OF ADULT ASTHMA IN JEFFERSON COUNTY, AT 7.13%, IS HIGHER THAN THE RATE FOR INDIANA, AT 6.88%, AS IS THE RATE OF CHRONIC BRONCHITIS (3.4% FOR JEFFERSON; 3.2% FOR INDIANA) AND FOR EMPHYSEMA (1.4% FOR JEFFERSON; 1.28% FOR INDIANA.) THE

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PERCENT OF MOTHERS WHO SMOKED DURING PREGNANCY IN JEFFERSON COUNTY IS 25.1% COMPARED TO THE STATE OF INDIANA AVERAGE OF 18.5%. IN 2007, THE PERCENT OF LOW-WEIGHT BIRTHS FOR JEFFERSON COUNTY WAS 8.9%, ABOVE THE 8.5% FOR INDIANA. THE NUMBER OF TEEN PREGNANCIES AMONG WOMEN 15 TO 19 YEARS OLD HAS DECREASED IN JEFFERSON COUNTY FROM 2002 TO THE MOST RECENT MEASUREMENT IN 2007. IN JEFFERSON COUNTY, THERE WERE 52 TEEN PREGNANCIES IN 2002 AND 46 TEEN PREGNANCIES IN 2007. IN INDIANA, AN OPPOSITE TREND TOOK PLACE - THERE WERE 11,378 TEEN PREGNANCIES IN 2002 AND 11,683 IN 2007. JEFFERSON COUNTY REPORTED 72 NEWLY DIAGNOSED CASES OF CHLAMYDIA IN 2008, AN INCREASE FROM THE 69 REPORTED IN 2007, BUT A DECREASE FROM THE 75 REPORTED IN 2006. THERE WERE 4 CASES OF GONORRHEA AND ONE CASE OF SYPHILIS REPORTED IN JEFFERSON COUNTY IN 2008. THE MOST RECENT INFORMATION FROM THE INDIANA FAMILY AND SOCIAL SERVICE ADMINISTRATION IN 2008 SHOWS 1,324 ADULTS IN JEFFERSON COUNTY WITH SERIOUS MENTAL ILLNESS AND 247 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN. THE RATE OF DEATHS RELATED TO MAJOR CARDIO VASCULAR DISEASES IN JEFFERSON COUNTY DECREASED FROM 2005 - 359.9 PER 100,000 POPULATION TO 2007 - 309.1 PER 100,000 POPULATION. HOWEVER, THE 309.1 PER 100,000 POPULATION RATE IN 2007 IS HIGHER THAN BOTH THE INDIANA RATE OF 267.2 PER 100,000 AND THE NATIONAL RATE OF 190.9 PER 100,000. THE STROKE DEATH RATE IN JEFFERSON, AT 53.3 PER 100,000 POPULATION IN 2007, WAS HIGHER THAN THE 44.5 PER 100,000 POPULATION FOR INDIANA AND THE 45.1 PER 100,000 FOR THE NATION.

RIPLEY COUNTY

- RIPLEY COUNTY HAS A CURRENT POPULATION OF 27,421. THERE IS A NET OUTWARD MIGRATION. BY THE YEAR 2020, THE POPULATION WILL BE ABOUT 29,855. THE POPULATION IS 96.9% CAUCASIAN. THE HOUSEHOLD INCOME IN RIPLEY IS \$51,603 - LOWER THAN THE NATIONAL AVERAGE OF \$52,029, BUT HIGHER THAN THE INDIANA

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AVERAGE OF \$48,010. THE PERCENT OF FAMILIES BELOW POVERTY IN RIPLEY IS 12.2%, LOWER THAN THE INDIANA AVERAGE OF 15.9% AND THE NATIONAL AVERAGE OF 16.5%. 42.3% OF ALL FAMILIES IN RIPLEY COUNTY ARE SINGLE PARENT FAMILIES WITH 26.8% OF THESE FAMILIES IN POVERTY. IN INDIANA, 32.4% OF ALL FAMILIES ARE SINGLE PARENT FAMILIES WITH 27.6% OF THESE FAMILIES IN POVERTY. THE PERCENT OF THOSE AGE 18+ WHO ARE UNINSURED IS 26%, COMPARED TO 27% FOR INDIANA AND 27.3% FOR THE NATION. IN RIPLEY COUNTY, 2,955 CHILDREN ARE ENROLLED IN HOOSIER HEALTHWISE. THE PERCENT OF MOTHER IN RIPLEY COUNTY WHO SMOKE DURING PREGNANCY IS 26.6%, COMPARED TO 18.5% IN INDIANA. THE PERCENT OF LOW BIRTH WEIGHT IN RIPLEY COUNTY IS 6.5%, COMPARED TO 8.5% IN INDIANA. IN RIPLEY COUNTY, THE NUMBER OF TEEN PREGNANCIES (GIRLS 15 TO 19) DECREASED FROM 48 IN 2002 TO 45 IN 2007. THIS REPRESENTS A 8.9% TEEN BIRTH RATE IN RIPLEY, COMPARED TO A 20.8% TEEN BIRTH RATE IN INDIANA. THE MOST RECENT INFORMATION FROM THE INDIANA FAMILY AND SOCIAL SERVICE ADMINISTRATION IN 2008 SHOWS 1,071 ADULTS IN RIPLEY COUNTY WITH SERIOUS MENTAL ILLNESS AND 250 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN. RIPLEY COUNTY DOES NOT HAVE A SHORTAGE OF HEALTH CARE PROFESSIONALS. THE TOWNSHIPS OF DELAWARE, CENTER AND BROWN ARE CONSIDERED MEDICALLY UNDERSERVED. RIPLEY HAS A SHORTAGE OF MENTAL HEALTH PROFESSIONALS. THE RATE OF INDIVIDUALS WITH LUNG CANCER IN RIPLEY WAS 119.7 PER 100,000 POPULATIONS COMPARED TO 59.7 FOR INDIANA IN 2007. THE PNEUMONIA/INFLUENZA DEATH RATE IN 2007 FOR RIPLEY COUNTY WAS 22.65 PER 100,000 WHICH IS HIGHER THAN INDIANA AT 16.04 AND THE NATION AT 17.5.

SWITZERLAND COUNTY

- SWITZERLAND COUNTY HAS A POPULATION OF 9,675 AND HAS A SLOW GROWTH RATE OF 0.5 WHICH MIRRORS THAT FOR INDIANA. THERE IS A NET MIGRATION INTO THE COUNTY. BY 2020, THE POPULATION WILL BE 11,041. THE ETHNICITY IS 97.6%

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WHITE. THE UNEMPLOYMENT RATE IS 7.9% IN SWITZERLAND COUNTY, LOWER THAN THE INDIANA RATE OF 10.1%. THE AVERAGE ANNUAL HOUSEHOLD INCOME IS \$42,209, COMPARED TO \$48,010 FOR INDIANA AND \$52,029 FOR THE NATION. IN SWITZERLAND, 23.9% OF THE FAMILIES ARE BELOW THE POVERTY LEVEL, COMPARED TO 15.9% OF INDIANA FAMILIES, AND 16.5% OF FAMILIES IN THE NATION. 26.8% OF THE CHILDREN IN SWITZERLAND COUNTY ARE BELOW THE POVERTY LEVEL. IN 2007, 26.3% OF ALL ADULTS AGE 25+ HAD LESS THAN A HIGH SCHOOL DIPLOMA, WHILE 26.8% OF THOSE AGE 18+ ARE UNINSURED, COMPARED TO 27% IN INDIANA AND 27.3% IN THE NATION. 864 CHILDREN IN SWITZERLAND COUNTY ARE ENROLLED IN HOOSIER HEALTHWISE. 8.1% OF INDIVIDUALS WITH INSURANCE HAVE MEDICAID, A HIGHER PERCENT THAN INDIANA/4.9% OR THE NATION/4.5%. THE TEEN BIRTH RATE FOR SWITZERLAND COUNTY IN 2007 WAS 36.3 PER 1,000 FEMALES AGE 15-17, AND IS SIGNIFICANTLY HIGHER THAN THE INDIANA RATE OF 22 PER 1,000. THE RATE OF MOTHERS SMOKING DURING PREGNANCY IS 29.6% IN SWITZERLAND COUNTY, COMPARED TO 18.5% IN INDIANA. IN SWITZERLAND, THERE IS A 9.6% LOW BIRTH WEIGHT, COMPARED TO 8.5% IN INDIANA. IN 2009, 30% OF ALCOHOL RELATED FATALITIES IN SWITZERLAND COUNTY HAD A BLOOD ALCOHOL CONCENTRATION (BAC) OF 0.1 OR HIGHER COMPARED TO 29% FOR INDIANA. SWITZERLAND COUNTY HAS A SHORTAGE OF HEALTH CARE PROFESSIONALS. ALL AREAS OF SWITZERLAND COUNTY ARE CONSIDERED MEDICALLY UNDERSERVED. SWITZERLAND COUNTY HAS A SHORTAGE OF MENTAL HEALTH PROFESSIONALS. THE RATE OF CHRONIC BRONCHITIS IN SWITZERLAND COUNTY, IS 3.4%, SIMILAR TO THE INDIANA RATE OF 3.2%. THE RATE OF EMPHYSEMA IN SWITZERLAND IS 1.38%, SIMILAR TO THE INDIANA RATE OF 1.28%. THERE ARE 379 ADULTS WITH SERIOUS MENTAL ILLNESS IN SWITZERLAND COUNTY AND 78 SERIOUSLY EMOTIONALLY DISTURBED CHILDREN. THE STROKE DEATH RATE PER 100,000 POPULATION IN 2007 WAS 67.9 FOR SWITZERLAND COUNTY COMPARED TO 44.5 FOR INDIANA AND 45.1 FOR THE NATION.

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PART VI, LINE 5: THE MAJORITY OF THE KING'S DAUGHTERS' HOSPITAL AND HEALTH SERVICES BOARD OF MANAGERS IS COMPRISED OF INDIVIDUALS WHO LIVE AND WORK IN THE HOSPITAL SERVICES AREA. THE MAJORITY OF THESE INDIVIDUALS ARE NEITHER EMPLOYEES, NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. THE HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS. THE ORGANIZATION ALSO APPLIES A PORTION OF SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE. HISTORICALLY, KDHS HAS EMPLOYED A FULL TIME COMMUNITY WELLNESS COORDINATOR. THIS POSITION PROVIDES OUTREACH SERVICES IN AREAS OF NEED TO THE COMMUNITIES WE SERVE. IN ADDITION TO THESE SERVICES, KDHS ALSO SERVES AS THE FISCAL AGENT FOR SEVERAL STATE AND FEDERAL GRANTS. ALL OF THESE SERVICES HELP US MEET THE IDENTIFIED NEEDS OF THE COMMUNITIES WE SERVE.

PARTICIPATION IN THE BELOW COMMUNITY ORGANIZATIONS IS PART OF THE HOSPITAL'S INDIANA STATE DEPARTMENT OF HEALTH COMMUNITY BENEFIT PLAN AND GOALS. IN ADDITION, IN 2007 THE HOSPITAL COMPLETED A COMPREHENSIVE NEEDS ASSESSMENT AND HAVE ADDED: OBESITY, PHYSICAL ACTIVITY, AND TOBACCO USE TO OUR LIST OF HEALTH INITIATIVES FOR THE COUNTIES SERVED BY THE HOSPITAL.

OVERVIEW OF 2010 COMMUNITY BENEFIT ACTIVITIES

1. HEALTH SCREENS

74 COMMUNITY HEALTH SCREENS

21 CORPORATE HEALTH SCREENS

51 SKIN CANCER SCREENS PERFORMED AT 1 EVENT

30 BREAST CANCER SCREENS PERFORMED AT 1 EVENT

87 COLON CANCER SCREENS PERFORMED

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370 STUDENTS BENEFITED FROM HIGH SCHOOL SPORTS PHYSICALS

265 CORPORATE FLU SHOTS GIVEN

120 FLU SHOTS SOLD TO IVY TECH FOR SELF ADMINISTRATION

2. HEALTH FAIRS

HEARTBEATS HEALTH FAIR IN VERSAILLES

RIPLEY COUNTY 4H FAIR

JEFFERSON COUNTY 4H FAIR: HOSPITAL AND CASA BOOTHS

BELTERRA EMPLOYEE HEALTH FAIR

HEALTHY KIDS DAY AT YMCA IN VEVAY

REMC HEALTH FAIR IN VERSAILLES

COMMUNITY DAY AT WINDRIDGE/PRESIDENTIAL

NORTH MADISON CHRISTIAN CHURCH HEALTH FAIR

ECO15 DAY AT IVY TECH

3. COMMUNITY EDUCATION

SPEAKERS BUREAU - 36 SPEAKING ENGAGEMENTS IN 2010

SAFE SITTER CLASSES - 3 CLASSES AND 47 GRADUATES

ACE FIT KIDS PROGRAM - 337 STUDENTS IN 9 SCHOOLS AND 17 CLASSROOMS

SMOKING CESSATION CLASSES - 14 GRADUATES IN ADULT PROGRAM, 56 YOUTH IN

TAP/TEG PROGRAM COURSE

PRIDE YOUTH PROGRAM - 40 YOUTH CONTRACTED TO PARTICIPATE AND REMAIN DRUG
AND ALCOHOL FREE

CPR AND FIRST AID CLASSES - 600 GRADUATES

CREATING POSITIVE RELATIONSHIPS/ABSTINENCE EDUCATION PROGRAM - 1,400

PARTICIPANTS FROM 4 SCHOOLS

PRENATAL AND LAMAZE CLASSES (HELD QUARTERLY BY OB DEPARTMENT) - SERVED

APPROXIMATELY 64 COUPLES AND 28 SIBLINGS

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GIRLS ON THE RUN PROGRAM - 60 PARTICIPANTS FROM LOCAL SCHOOLS (GRADES 3-5)
AND 196 PARTICIPANTS IN A 5K RUN

WELLNESS CLASSES - 8 TYPES OF CLASSES PLUS YOGA OFFERED IN 5-6 WEEKLY
CLASS SESSIONS

LIFESKILLS CURRICULUM (DRUG AND ALCOHOL AWARENESS PROGRAM FOR YOUTH) -
OFFERED AT 4 SCHOOLS FOR 6TH THROUGH 8TH GRADERS

4. EMPLOYEE HEALTH

EMPLOYEE HEALTH NEWSLETTER - ON-LINE PUBLICATION THROUGHOUT THE YEAR

EMPLOYEE WEIGHT WATCHERS - OFFERED THROUGHOUT 2010

SPECIAL EMPLOYEE WELLNESS PROGRAMS - WELLNESS COLUMN IN THE MONITOR,
WELLNESS CALENDAR DISTRIBUTION, ONE LUNCH AND LEARN EDUCATION SESSION
(WORKOUT WITH WATER, 28 PARTICIPANTS), 2 QUARTERLY WELLNESS CHALLENGES
(BIGGEST LOSER WITH 147 PARTICIPANTS, A TO Z BACK TO BETTER HEALTH: 194
PARTICIPANTS)

5. COMMUNITY SERVICE ACTIVITIES

CANCER SURVIVORS DAY (IN CONJUNCTION WITH RELAY FOR LIFE) - SERVED AROUND
300 PEOPLE

CHAUTAUQUA - FIRST AID BOOTH (SUPPLIES ONLY)

SUPPORT GROUPS - BREAST CANCER, DIABETES, SURVIVING SPOUSE, NEW MOMS

ACTIVE ATTENDANCE AND PARTICIPATION IN:

CASA (COALITION AGAINST SUBSTANCE ABUSE, JEFFERSON COUNTY)

SCAT (SWITZERLAND COUNTY AWARENESS TEAM)

ITPC (INDIANA TOBACCO PREVENTION CESSATION) JEFFERSON AND SWITZERLAND
COUNTIES

RED RIBBON WEEK CAMPAIGN - MADISON SCHOOLS, SOUTHWESTERN, AND
SWITZERLAND COUNTIES

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PRIDE NATIONAL CONFERENCE - 16 YOUTH ATTENDED

KDH CLIFTY WALK/RUN - 248 PARTICIPANTS IN 5K AND 12 IN KIDS K

PRIDE RELAY FOR LIFE TEAM

6. SUCCESSFUL GRANT ACTIVITY

ISDH PROJECT RESPECT GRANT - FUNDS THE CPR (CREATING POSITIVE RELATIONSHIPS) PROGRAM COORDINATOR FROM OCTOBER OF 1999 UNTIL SEPTEMBER 2002. EXTENDED ONE MORE YEAR (SEPT 2003). PROGRAM LOST FUNDING IN SEPTEMBER 2003. TAUGHT BY VOLUNTEERS FROM OCTOBER 2003 UNTIL DECEMBER 2005. REAPPLIED AND FUNDED IN NOVEMBER 2005 THROUGH SEPTEMBER 2007. NEW COORDINATOR HIRED. REAPPLIED IN FEBRUARY 2007 FOR FUNDING IN OCTOBER 2007. FUNDING PULLED AT THE FEDERAL LEVEL, THEN LOST STATE FUNDING. WE HAVE BEEN OPERATING SINCE THAT TIME FROM PRIVATE DONATIONS AND SCHOOL BASED FUNDING.

ITPC: INDIANA TOBACCO PREVENTION AND CESSATION:
FUNDING RECEIVED FROM THE STATE FOR JEFFERSON AND SWITZERLAND COUNTIES.
FULL TIME COORDINATOR IN PLACE FOR FULL YEAR OF 2010.

CASA/SCAT GRANTS:
TO FUND NICOTINE REPLACEMENT THERAPY FOR INDIVIDUALS WISHING TO QUIT SMOKING.

INDIANA YOUTH INSTITUTE:
RECEIVED A \$726 GRANT FROM THE INDIANA YOUTH INSTITUTE. THIS GRANT COVERED EXPENSES ASSOCIATED WITH THE GIRLS ON THE RUN PROGRAM.

7. PUBLIC RELATIONS ACTIVITIES

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EMS STAND-BY AT ALL COMMUNITY EVENTS:

EMS PROVIDES STAND-BY COVERAGE AT ALL JEFFERSON COUNTY ACTIVITIES.

PART VI, LINE 6: NA

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

IN