

DAVIESS COMMUNITY HOSPITAL

COMMUNITY BENEFITS PLAN

2011 ANNUAL REPORT FOR COMMUNITY BENEFITS PLAN



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Daviess Community Hospital has a long tradition of working in partnership with local agencies to address community health needs and serve the whole community, not only those who come to its doors. Building on a long tradition of service to local residents, our community outreach services utilize hospital strengths, alongside those of other well-established community partners. This strategy allows DCH to better understand and reach the most vulnerable sectors of the community while meeting pressing health care needs. The goal is to improve the community's health status by empowering citizens to make healthy life choices.

MISSION, VISION, VALUES

Our mission is to improve the health of the people who live in our communities by providing excellent medical care, ensuring access to that care, teaching healthy lifestyles, and working with local agencies to meet community health needs.

Our vision is four-fold: to be a leader, in partnership with physicians, in providing quality healthcare services for people throughout our communities, to provide the best value and services without compromising quality, to promote and maintain an environment that values the relationships among our employees, physicians, and communities, and to continuously improve our systems and processes as technology and healthcare needs change.

When carrying out our mission, DCH team members are directed by five values: to make patients our top priority; to appreciate and show consideration for all people; to do what is right, morally and ethically; to fulfill all obligations and commitments; and to demonstrate concern, every day, for patients and fellow workers.

THE COMMUNITY BENEFIT PLANNING PROCESS

Method for Soliciting the View of the Communities served by the Hospital

In order to ensure that outreach efforts were truly reflective of continually changing community health needs, Daviess Community Hospital worked in partnership with the United Way of Southwestern Indiana to complete a Comprehensive Regional Needs Assessment in 2004-2005 in order to develop an initial benchmark and starting point for soliciting the view of the communities served by the hospital. This was the initial mechanism for soliciting the views of the community served by the hospital. Of the approximately 16,744 surveys distributed in southwestern Indiana, 199 were returned from Daviess County participants. Respondents utilized a four point Likert-type scale, rating the items on a continuum from a "very minor issue" to a "very critical issue." The respondents provided basic demographic information and identified the needs of the community in terms of alcohol and drug use, education and economics, family, and health.

In another mechanism for soliciting the views of the community served by the hospital, Daviess Community Hospital worked with the Daviess County Community Foundation, Washington's Senior and Family Services, Daviess County Step Ahead Council, and the United Way of Daviess County to complete an additional Community Needs Assessment. This assessment included 466 residents, 88 community leaders, and 33 providers of services. Also, 150 additional participants provided information at committee meetings or in focus groups or through 3 town hall meetings. The hospital participated in the summary meetings conducted in early 2004 to finalize recommendations from the project.

Following completion of the United Way Needs Assessment survey and the Daviess County Community Needs Assessment survey, Daviess Community Hospital's Planning Committee was given the task of meeting with the representatives from the Comprehensive Regional Assessment and the Daviess County Needs Assessment survey to review findings from the health needs portions of both surveys and plans for improving health needs.

On April 13th, the hospital's Planning Committee, composed of community leaders, medical professionals, and hospital leadership, met with committee members from the community-at-large group. At the meeting, the results from the Comprehensive Assessment from Daviess County were reviewed as well as statistics on infant mortality, mortality rates, and Daviess County demographics.

From this meeting, a document outlining Daviess County Community health needs was prepared for use by the members of the hospital's Strategic Planning Committee in order to prepare the hospital's 2005-2008 Strategic Plan, relative to the health needs identified in the community.

At the Strategic Planning Retreat conducted in May, members of the community, the hospital's Medical Staff, county health officials, Jane Norton, RN, Daviess; Larry Sutton, DO, Martin, Honesto K. Fenol, Jr., MD, Pike; and Joni Albright, MPA, Assistant Commissioner of the Community Health Development Service Commission for the Indiana State Department of Health reviewed the data gained through the Needs Assessment as well as information on infant mortality, mortality rates, and Daviess County Demographics. This representative body was comprised of individuals reflecting the community's socio-demographic landscape.

During the 3-day retreat, facilitated by Anne Carter, Director, Integration Services with QHR-Quorum Health Resources in Brentwood Tennessee, the Strategic Planners reviewed information and developed the initial plan. Information reviewed included mortality data for Daviess County and Indiana; demographics of those living in the area; population trends for the area; health needs identified from the survey of the area; physician and medical services needs; facility needs; data from community and individual surveys about needs and preferences for medical care, including a survey by Saurage Research, Inc.; and recommendations for the future. Sources for this information are identified in Appendix A.

Following the needs assessment and retreat process, findings were incorporated into the 2005-2008 Strategic Plan for the hospital and the process was repeated for the 2009-2011 Strategic Plan for the hospital. QHR, on behalf of Daviess Community Hospital, completed the initial 2005-2008 Strategic Plan. The Plan was evaluated, reviewed, and updated in 2008 for the period 2009-2011. At this time the Plan is again being reviewed and updated for the period 2012-2015.

Even though the hospital's Community Health Benefits Plan has been incorporated into the hospital's Strategic Plan and annual Management Plans, a separate Community Benefits

Plan was developed from this process and is presented in this document as required by the Indiana State Department of Health.

A mixed methodology approach was employed in order to provide a comprehensive overview of the local service area.

The hospital's primary service area is comprised of six zip codes that are spread throughout the county of Daviess. Data was compiled from a variety of sources including the following: Claritas, the Indiana State Department of Health, United States Census Bureau, Community Health Development Service Commission for the Indiana State Department of Health, the Centers for Disease Control and Prevention, Thomson Healthcare, QHR, the 2004-2005 Comprehensive Regional Needs Assessment funded by the United Way of Southwestern Indiana, and the Community Needs Assessment for Daviess County 2004-05 funded by the Lilly Foundation and the Daviess County Community Foundation, Senior and Family Services, Step Ahead Council, and the United Way of Daviess County. Additionally, qualitative data was gathered through 401 interviews conducted by Saurage Research, Inc.

As is the case with the hospital's Strategic Plan and annual Management Plan, buy-in for our Community Benefits Plan was sought from the community partners, numerous DCH Departments, DCH's Management Team, and DCH's Executive Team. And, as is the case for all the hospital's Plans, the hospital's Board of Governors approved the plan.

DEMOGRAPHY

As of 2008, Daviess Community Hospital's service area was comprised of approximately 28,394 persons, with a forecasted increase of only ½ percent by the year 2012. The 2008 demographic distribution is as follows:

Age Group

- 18 to 64 years - 58%
- Under 18 years - 28%
- 65 years and over - 14%

Race/ Ethnicity

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It is worth noting that the percentage of the population of residents 65 years and older, is greater than the percentage seen in Indiana.

INCORPORATION OF THE VIEWS OF THE COMMUNITIES SERVED BY THE HOSPITAL AND COMMUNITY HEALTH CARE NEEDS AND CONCERNS

Disclosure of Health Care Needs of the Community Considered in the Plan Development

The leading causes of mortality in Daviess Community Hospital's primary service area of Daviess County, Indiana mirror the state leaders. However, in Daviess County in 2004, the mortality rates for several diseases were above the age-adjusted death rate for the state as a whole. They were:

- Malignant neoplasms of breast (21.37 versus 15.48)
- Diabetes Mellitus (43.95 versus 27.96)
- Major Cardiovascular Diseases (385.21 versus 349.94)
- Cerebrovascular Diseases (112.72 versus 64.82)
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- Nephritis, Nephrotic Syndrome, and Nephrosis (41.81 versus 19.46)
- Certain Conditions Originating in the Perinatal period (15.02 versus 4.61)
- Motor Vehicle Accidents (18.84 versus 14.76)

The disclosure and views of the communities served by the hospital are found in the United Way health needs assessment survey. In the United Way health needs assessment surveys, the following were identified as the most critical health-related issues in Daviess County, Indiana:

- Driving under alcohol/drug influence – Rank 1
- Use and manufacture of Methamphetamine – Rank 3
- Lack of awareness about consequences of alcohol and drugs – Rank 4
- Use of tobacco by youth – Rank 5
- Problems of working poor – Rank 6
- Lack of dental services for the low-income – Rank 7
- Problems of single-parent families – Rank 8
- High cost of health insurance for business – Rank 10
- High cost of prescription medicine – Rank 14
- Lack of preventative health care – Rank 20

The disclosure and views of the communities served by the hospital are also found in the 2004-2005 Daviess County Community Needs Assessment survey. In the 2004-2005 Daviess County Community Needs Assessment, these two issues were identified as the most critical by the community:

- Need for more physician locally and healthcare affordability were rated as major problems
- Job issues and opportunities were also identified as major problems

THE COMMUNITY BENEFITS PLAN

INITIAL 3-YEAR PLAN FOR PERIOD 2007, 2008, 2009 WITH MEASURABLE OBJECTIVES

The initial 3-year plan period from 2007-2009 was developed to address 6 concerns identified in the assessment of community health needs. The plan identified the following measurable outcomes to be achieved within the first three years. Although all the concerns of the surveys were incorporated into some or each of the main focuses of the Community Benefits Plan, six key outcomes were addressed through the Strategic Plan and Management Plans for the hospital. They were:

- Reduce the Diabetes Mellitus mortality rate in Daviess County from 43.95 to 30.00 (2004 to 2008)
- Reduce the mortality rate from Breast Cancer in Daviess County from 21.37 to 16 (2004 to 2008)
- Develop a free program to assist community in finding free or reduced cost prescription drugs.
- Assess physician needs for the community and develop and implement a physician recruitment plan.
- Recruit at least 2 primary care physicians by the end of 2008.
- Provide a charity care plan for health services and communicate plan participation and amount of care delivered through an annual report that is posted on the hospital's website.

MECHANISMS TO EVALUATE THE INITIAL 3-YEAR PLAN

At the Strategic Planning Retreat conducted with community members, medical staff, and hospital administration in January of 2009, the initial outcomes of the first 3-year plan – including the annual management plans were reviewed. The measurement of progress toward the initial community health outcome goals revealed that:

- Diabetes mellitus mortality rate in Daviess County was 44.72 in 2008, and no progress was made toward the goal using the hospital's current efforts.
- Mortality rate from Breast Cancer in Daviess County was 9.57 in 2008 with goal being met through current efforts and programs of the hospital.
- A medication assistance program was implemented by the hospital and in place already providing over \$1 million in free or reduced cost medications to the community.
- A physician needs assessment was completed for the hospital by QHR (Quorum Health Resources) and the hospital's Governing Board approved a plan for physician recruitment
- A charity care plan was in place providing \$711,702 in charity care during 2008.

DEVELOPMENT/UPDATE OF 3-YEAR PLAN FOR PERIOD 2010, 2011, 2012

New goals and plans were developed for the 3-year period 2010, 2011, and 2012, based on progress toward the initial goals set in 2005 from the community needs assessments that were identified in the community surveys. Also, new information provided in the 2008 mortality data from Daviess County, an updated demographic review of Daviess County's populations, and a medical staff assessment study were reviewed to determine changing needs.

The following plan, including objectives and strategies were developed for the period of 2010, 2011, and 2012 and work in conjunction with the hospital's strategic plan and annual management plans. They objectives and strategies are in effect until the development of the 2012-2015 plan which will be implemented January 1, 2013.

Daviess Community Hospital
Annual Report for

2011 COMMUNITY BENEFIT PLAN

Daviess Community Hospital

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2010, 2011, 2012

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HEALTH CARE NEEDS AND CONCERNS and INCORPORATION OF THE VIEWS OF THE COMMUNITIES SERVED BY THE HOSPITAL

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- Reduce the Diabetes Mellitus mortality rate in Daviess County from 43.95 to 30.00 (2004 to 2008) and by doing so, reduce deaths from related diseases including cardiovascular diseases, cerebrovascular diseases, nephritis and nephrosis.
- Reduce the mortality rate from Breast Cancer in Daviess County from 21.37 to 16 (2004 to 2008)
- Develop a free program to assist community in finding free or reduced cost prescription drugs.
- Assess physician needs for the community and develop and implement a physician recruitment plan.
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MECHANISMS TO EVALUATE THE INITIAL 3-YEAR PLAN

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DEVELOPMENT/UPDATE OF 3-YEAR PLAN FOR PERIOD 2010, 2011, 2012

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The following plan, including objectives and strategies were developed for the period of 2010, 2011, and 2012 and are in effect until the implementation of the 2012-2015 plan which will be implemented January 1, 2013.

Objective I: Increase focus on improving and maintaining cardiovascular and kidney health, with an emphasis on addressing diabetes mellitus prevention and management and screening and education for prediabetes thereby reducing the mortality rate in Daviess County from Diabetes Mellitus in 2011 from the 2008 rate of 44.72.

Strategies

1. Internally

- a. Provide nutritional counseling by a full time Registered Dietitian to DCH's Diabetes patients on inpatient and outpatient basis.
- b. Continue providing education to employees identified as having high blood sugar during health screenings through the annual health risk assessment provided by the hospital annually.
- c. Educate and provide screenings for prediabetes at least once per quarter.

2. Externally

- a. Conduct free blood glucose and prediabetes screenings, counseling and education at community sites including Goodwill Industries, Washington Towers, Senior and Family Services, DCH-owned Clinics, and Senior Fairs in Daviess and surrounding counties.
- b. Include blood glucose and later, blood pressure at above sites.
- c. Provide low cost group classes for prediabetes that do not require a physician order at least once per year at the hospital.
- e. Provide a monthly support group to patients with diabetes, and others who are impacted (e.g., families, friends, caregivers).

Anticipated Primary Outcomes

1. Mortality rate from diabetes mellitus will be at or below the state rate in 2011.
2. DCH Diabetes patients participating in nutrition education will know more about making good nutritional choices for themselves and their families, as measured by pre- and post-test analyses
3. The community will have increased opportunities to receive health screenings, education, and referrals, as compared to previous years,
4. There will be an increased likelihood of identifying and averting the development of diabetes with early screening and prediabetes classes.
5. The community will be educated on strategies needed to effectively manage or prevent the development of diabetes as is evident by a growth in the number who attend the prediabetes classes and/or are referred to the registered dietitian for medical nutritional therapy.

Objective II: Increase cancer education and screening opportunities, while emphasizing the benefits of early detection and proper treatment of breast cancer, thereby keeping the mortality rate from breast cancer in Daviess County at or below the state rate or below the 2008 rate of 9.67. Develop way to provide cost effective preventive health screenings for breast cancer.

Strategies

1. Internally

- a. Improve community access to oncology services through recruitment of oncologist who will provide on-site consultation at least once/week in the hospital's specialist clinic.
- b. Support employee annual involvement in at least one community-wide breast cancer education and fundraising activity.

2. Externally

- a. Provide low-cost breast cancer screening opportunities for the community at least once/year.
- b. Continue providing monthly support groups for those amidst cancer treatment, and add at least one annual program that provides education and support for those who are undergoing or who have completed treatment.
 - i. Look Good Feel Better Program
 - ii. Breast Cancer Sharing Support Group
 - iii. Cancer Support Group
- c. With grant funds, provide resources for reduced and free screenings for those who lack the ability to pay for a screening mammogram.

Anticipated Primary Outcomes

1. Community will be able to obtain cancer treatment (chemotherapy) locally.
2. Those with a cancer diagnosis will have weekly access to visiting cancer specialist.
3. Cancer patients and their families will have local access to a free support group conducted by a certified oncology nurse.
4. The community will have an opportunity to receive reduced-cost breast cancer screenings, at least one month of the year.
5. There will be an increased likelihood of identifying breast cancer cases at earlier stages in all socio-economic groups.

Objective III: Continue to increase availability of no-cost and low-cost prescription drugs to the community through the hospital's Medication Assistance Program.

Strategies

1. Internally
 - a. Make services available to all DCH-owned clinics so that referrals to the program remain constant.
 - b. Continue investing in support for the program through staff salaries and supplies as well as computer connectivity and programs, office space, and phone services.
2. Externally
 - a. Distribute brochures about the program at health fairs, screenings, and educational events in order to communicate availability to the public.
 - b. Provide services in an easy-to-access location.

Anticipated Primary Outcomes

1. The dollar amount of free and reduced cost medications provided to the community will continue to grow each year.
2. The community will see the hospital's Medication Assistance Program as a way to reduce the high cost of prescription medications for those who have no health insurance and limited resources.

Objective IV: Update the hospital's Physician Recruitment Plan and Recruitment focus based on a study of the community's physician needs and health concerns.

Strategies

1. Internally
 - a. Incorporate an updated physician recruitment plan into hospital operations.
 - b. Conduct physician recruitment activities to meet community needs.
2. Externally
 - a. Include community members in the recruitment process through involvement in candidate visits in order to provide for ongoing feedback and success in the recruitment process.
 - b. Promote every new physician that is recruited through a media release, advertising, a community welcome event, and when appropriate, an educational seminar open to the public.
 - c. Community will state that there are an adequate number of physicians available locally.

Objective V: Facilitate community networking and collaboration in order to collectively address identified needs and provide free screenings for glucose and high blood pressure and free health education at community partner locations throughout the year.

Strategies

1. Externally

- a. Facilitate additional community networking opportunities through community involvement on hospital committees and in specific focus groups.
 - i. Increase number of meetings held yearly over 2010 numbers.
- b. Collaborate with community partners, like the Daviess County Health Department, the Purdue Cooperative Extension Agency and others, by offering education and/or screenings in off-site locations that are open to the public.
 - i. Daviess County Senior Fair
 - ii. Senior and Family Services, Washington
 - iii. Senior and Family Services, Odon
 - iv. Washington Towers
 - v. Jamestowne Square
 - vi. Goodwill Industries
 - vii. Williams Bros. Healthcare Pharmacy
 - viii. Odon Health Fair
 - ix. FarmFest at Dinky's
- c. Continue to provide networking and educational opportunities to local school nurses and childcare providers.
- d. Continue to provide networking and educational opportunities to faith community and business partners through the flu vaccination program.
- e. Participate in committees promoting physical, social, and mental health/ wellbeing in the community.

Anticipated Primary Outcomes

1. Local service providers will be better connected with one another in an effort to help Improve life quality for underserved individuals and the health of the community in general.
2. Providers and community members will be better aligned to collectively address important community needs.

MECHANISMS TO EVALUATE THE PLAN

At the 2012 Strategic Planning Retreat that will be conducted with community members, medical staff, and hospital administration that is scheduled for April, 2012, the outcomes of the 3-year plan – including the annual management plans will be reviewed. The measurement of progress toward the 2009-2011 community health outcome goals will include:

- Diabetes mellitus mortality rate in Daviess County
- Mortality rate from Breast Cancer in Daviess County.
- Mortality rate from both Cerebrovascular in Daviess County.
- Mortality rate from both Cardiovascular in Daviess County
- Medication Assistance Program dollar amount of savings and number of participants over 3-year period.
- A physician needs assessment data comparison and recruitment efforts over the past 3 years.
- Charity care plan provisions over the past 3 years.
- A 2014-15 re-assessment of community health needs to measure progress in all areas through a survey process similar to the 2004-2005 process completed in partnership with the United Way of Southwestern Indiana, the Daviess County United Way, the Daviess County Community Foundation, Senior and Family Services, and the Daviess County Step Ahead Council.

2011 ANNUAL BUDGET FOR PLAN

Community Screening and Educational Programs

Salaries and wages (excludes benefit costs)	\$16,000
Screening Supplies and Materials	\$26,600
Educational Supplies and Materials	\$12,400
Total	\$55,000

Medication Assistance Program **\$37,700**

Worksite Programs

Salaries and wages (excludes benefit costs)	\$ 3,800
Screening and Education Supplies, Materials	\$ 4,000
Total	\$7,800

School Programs

Salaries and wages (excludes benefit costs)	\$15,000
Screening and Education Supplies and Materials	\$ 3,000
Total	\$18,000

Other Programs

Mobile Radiology Services	\$15,000
EMS Support Services	\$10,000
Total	\$25,000

Sub Total **\$143,500**

Unreimbursed Care

Charity Care	\$ 750,000
Bad Debt and Medicaid Losses at Cost	\$4,000,000

GRAND TOTAL **\$ 4,893,500**

2011 ANNUAL REPORT FOR PLAN AND EXPENSES

Objective I: Increase focus on improving and maintaining cardiovascular and kidney health, with an emphasis on addressing diabetes mellitus prevention and management and screening and education for prediabetes thereby reducing the mortality rate in Daviess County from Diabetes Mellitus in 2011 from the 2008 rate of 44.72.

Internal Activities

1. Nutritional counseling by the hospital's Registered Dietitian was provided to 1248 inpatients and 457 outpatient at the facility.
2. A health risk assessment that included diabetes and prediabetes screening was conducted for hospital employees in January.
3. Screening on diabetes and prediabetes was provided to employees 1 time during the year at the hospital.

External Activities

1. Approximately 1000 free blood glucose and prediabetes screenings were conducted at these community locations
 - a. Senior Fair in Daviess County
 - b. Senior Fair in Pike County
 - c. Odon Health Fair
 - d. Senior and Family Services in Washington
 - e. Goodwill Industries in Washington
 - f. Washington Towers and Jamestowne Square in Washington
 - g. Dinky's Farm Fest in Amish Community
2. 4 free monthly support groups for patients with diabetes were conducted with an average attendance of 4 per session.
3. 1 class on Prediabetes was held with 3 attending.

Objective II: Increase cancer education and screening opportunities, while emphasizing the benefits of early detection and proper treatment of breast cancer, thereby keeping the mortality rate from breast cancer in Daviess County at or below the state rate or below the 2008 rate of 9.67. Develop way to provide cost effective preventive health screenings for breast cancer.

1. Internally
 - a. Visiting oncologist continues to provide weekly appointments for outpatients at the hospital and inpatient consultations provided weekly on site.
 - b. One employee team of 8 people conducted fundraising for a community-wide breast cancer education group.
2. Externally
 - a. Low cost mammograms were provided to 170 women during October.
 - b. Monthly support groups for those amidst cancer treatment were provided 10 of the 12 months to an average of 4 people attending each month and one annual program.

c. Grant funding was obtained from Susan G. Komen Foundation to provide resources for reduced and free screenings for 11 who lacked the ability to pay for a screening mammogram.

Objective III: Continue to increase availability of no-cost and low-cost prescription drugs to the community through the hospital's Medication Assistance Program.

1. Internally
 - a. Personnel traveled to 3 DCH-owned clinics to make program available in Washington, Odon, and Loogootee on a monthly basis.
 - b. Staff salaries and all supplies were funded by the hospital for the entire year.
2. Externally
 - a. 100 Brochures about the program were distributed at various health fairs, screenings, and educational events held in the community during 2011.
 - b. Services were provided in 3 different communities during 10 of 12 months of the year.

Objective IV: Update the hospital's Physician Recruitment Plan and Recruitment focus based on a study of the community's physician needs and health concerns.

Strategies

1. Internally
 - a. The hospital Board approved a new 3-year physician recruitment plan in January.
 - b. The plan was implemented by hospital Administration.
2. Externally
 - a. 24 community members were involved in the hospital's recruitment processes through involvement in candidate visits.
 - b. 3 new physicians were promoted through a media release, advertising, and a community welcome event.

Objective V: Facilitate community networking and collaboration in order to collectively address identified needs.

Strategies

1. Externally
 - a. Facilitate additional community networking opportunities through community involvement on hospital committees and in specific focus groups.
 - i. 6 meetings were held.
 - b. Education and/or screenings in off-site locations were held and open to the public with the following participation rates.

- i. Daviess County Senior Fair - 190
 - ii. Senior and Family Services, Washington – 6
 - iii. Washington Towers - 16
 - v. Jamestowne Square - 10
 - vi. Goodwill Industries - 4
 - vii Williams Bros. Healthcare Pharmacy - 120
 - viii. Odon Health Fair – 220
 - ix. FarmFest at Dinky's - 210
- c. Networking and educational opportunities were provided to 9 local school nurses and childcare providers.
- d. Networking and educational opportunities to 3 faith community partners and over 12 business partners through the flu vaccination program.
- e. DCH participated in 2 committees promoting physical, social, and mental health/wellbeing in the community.

2011 EXPENSES FOR PLAN - SUMMARY

Unreimbursed Care

Charity Care \$773,568

Bad Debt, and Medicaid Losses at Cost \$4,579,354

Total \$ 5,352,922

Subsidized Community Health Services

EMS Support Services \$ 9,607

Subsidized Outreach Programs

Community Programs \$ 93,932

Worksite Programs \$ 8,128

School Programs \$ 17,496

Total \$ 119,556

Quick Care Clinic – Savings to Community \$ 443,860

Other Programs and Donations \$ 13,527

TOTAL COMMUNITY BENEFIT

Unreimbursed Care \$ 5,108,344

Subsidized Community Health Services \$ 9,607

Subsidized Health Education and Screening Programs \$ 119,556

Quick Care Clinic Savings \$ 443,860

Other Programs and Donations \$ 13,527

GRAND TOTAL \$ 5,939,472

2011 ANNUAL REPORT FOR PLAN

RESOURCES AND PARTNERSHIPS

- 2004-05 Comprehensive Regional Needs Assessment. United Way of Southwestern Indiana. Spring, 2005
- Community Needs Assessment. 1994-95. Daviess County United Way Needs Assessment Committee. 1995.
- Positioning Daviess Community Hospital for the Future. Quantitative Tracking Study Conducted for Daviess Community Hospital, Washington, Indiana. March 2005.
- Positioning Daviess Community Hospital for the Future. Quantitative Tracking Study Conducted for Daviess Community Hospital, Washington, Indiana. August 2008.
- Statistical Data from Daviess County, Indiana. United States Census Bureau. 2010.
- Medical Staff Recruitment Plan. Daviess Community Hospital. 2007.
- Annual Management Plans, 3-year Strategic Plans, Minutes from Committee and Board meetings. Daviess Community Hospital. 2003-2010.
- Medical Staff Development Plan. Daviess Community Hospital. November 2010.
- Internal Daviess Community Hospital Constituents
 - Emergency Department
 - Employees
 - Home Health Care Services
 - Human Resources Department
 - Laboratory Services
 - Marketing Department
 - Medical Staff
 - Medication Assistance Program
 - Nursing and Ancillary Services
 - Nutrition Services Department
 - Occupational Health Program
 - Oncology Department
 - Physical Therapy Services
 - Radiology Department
 - WellnessWorks of Daviess Community Hospital
 - Women's Health Services
- External Community Constituents

- American Cancer Society
- American Diabetes Association
- Area Childcare Providers
- Area Nursing Homes and Assisted Living Facilities
- Area School Districts (Washington, Washington Catholic, Barr-Reeve, North Daviess)
- Area 5 Council on Aging
- Community Outreach Advisory Councils
- Daviess County Chamber of Commerce
- Daviess County Community Foundation
- Daviess County Family YMCA
- Daviess County United Way
- Daviess County Step Ahead Council
- Goodwill Industries
- Jamestown Square Senior Housing Program
- Odon Business Association
- Odon Journal Newspaper
- Senior and Family Services Community Centers in Odon and Washington
- Southwest Ambulance Service
- Susan G Komen Foundation – Evansville Affiliate
- Washington Times-Herald Newspaper
- Washington Towers Activity Department
- Williams Bros Healthcare
- WAMW AM/FM Radio
- WWBL Radio