



St. Bernardine Medical Center Community Benefit 2016 Report and 2017 Plan



A message from Darryl VandenBosch, president and CEO of St. Bernardine Medical Center, and Toni Callicott, Chair of the Dignity Health St. Bernardine Medical Center Community Board.

Dignity Health's comprehensive approach to community health improvement aims to address significant health needs identified in the Community Health Needs Assessments that we conduct with community input, including from the local public health department. Our multi-pronged initiatives to improve community health include financial assistance for those unable to afford medically necessary care, a range of prevention and health improvement programs conducted by the hospital and with community partners, and investing in efforts that address social determinants of health.

St. Bernardine Medical Center shares a commitment to improve the health of our community, and delivers programs and services to achieve that goal. The Community Benefit 2016 Report and 2017 Plan describes much of this work. This report meets requirements in California state law (Senate Bill 697) that not-for-profit hospitals produce an annual community benefit report and plan. We are proud of the outstanding programs, services and other community benefits our hospital delivers, and are pleased to report to our community.

In fiscal year 2016 (FY16), St. Bernardine Medical Center provided \$33,853,416 in patient financial assistance, unreimbursed costs of Medicaid, community health improvement services, and other community benefits. Including the unreimbursed costs of caring for patients covered by Medicare, the hospital's total community benefit expense was \$48,028,171.

Dignity Health's St. Bernardine Medical Center Board of Directors reviewed, approved and adopted the Community Benefit 2016 Report and 2017 Plan at its October 5, 2016 meeting.

Thank you for taking the time to review our report and plan. If you have any questions, please contact us at 909.475.5083.

Darryl VandenBosch

President/CEO

Chairperson, Board of Directors

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EXECUTIVE SUMMARY

St. Bernardine Medical Center (SBMC) serves a broad and diverse population residing in multiple zip codes, as it serves as a regional referral for heart procedures. While a few of the zip code communities enjoy a higher standard of living, the majority of the communities served are high need. Seventy-five percent (75%) of discharges come from twenty-two (22) zip codes concentrated in the following cities: Beaumont, Bloomington, Calimesa, Colton, Crestline, Fontana, Hemet, Hesperia, Highland, Redlands, Rialto, San Bernardino, and Yucaipa. The total population of these communities is 1.015.444.

The significant community health needs that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA), which is publicly available at http://www.dignityhealth.org/stbernardinemedical/who-we-are/serving-the-community/community-health-needs-assessment-2014. Additional detail about identified needs, data collected, community input obtained, and prioritization methods used can be found in the CHNA report.

The significant community health needs identified are: access to health care for the broader and underserved members of the surrounding community; increased programming emphasizing education for diabetes, obesity, cancer and heart disease; and programs focused on youth development.

In FY16, St. Bernardine Medical Center took numerous actions to help address identified needs. These included: programming at the Family Focus Center to provide life skills to at-risk youth; activities at the Baby & Family Center to promote healthy pregnancies and family lifestyles; a Community Health Navigator to work with the uninsured who visit our Emergency Department; a Community Grants program that promotes collaboration with local non-profit agencies that address the identified health needs; free flu shots for the community as well as community education.

For FY17, the hospital plans to continue current outreach programs, with a couple of expansions. In FY16, our Family Focus Center introduced the *Bridges Program*, a program serving young adults ages 18-25 who are seeking life-management strategies, career and post high school education support, and self-development skills that will enable them to acquire success beyond high school. Many participants enrolled in *Bridges* face various adversities that hinder their success and are often living in unstable and non-supportive households. In addition to the Stanford model Chronic Disease Self-Management Program, in FY17 SBMC will offer the Diabetes Empowerment Education Program (DEEP), an evidence-based program for those with prediabetes or diabetes.

The economic value of community benefit provided by St. Bernardine Medical Center in FY16 was \$33,853,416, excluding unpaid costs of Medicare in the amount of \$14,174,755.

This document is publicly available at http://www.dignityhealth.org/stbernardinemedical/who-we-are/serving-the-community/menub78ffb2d-73c8-4769-9b3a-07decf6facb7. Written comments on this report can be submitted to the St. Bernardine Medical Center, Community Health Department, 2101 N. Waterman Avenue, San Bernardino, CA 92404 or by e-mail to Kathleen.McDonnell@DignityHealth.org.

St. Bernardine Medical Center Community Benefit FY 2016 Report and FY 2017 Plan

MISSION, VISION AND VALUES

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

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

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

Hello humankindness tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

OUR HOSPITAL AND OUR COMMITMENT

St. Bernardine Medical Center (SBMC) was founded in 1931 by the Sisters of Charity of the Incarnate Word. Today, St. Bernardine Medical Center is a member of Dignity Health and offers a myriad of health care services both locally and to the tertiary communities within the Inland Empire. Licensed for 342 beds with an average daily census of 187 during Fiscal Year 2016, St. Bernardine Medical Center employs 1,670 employees and maintains professional relationships with 403 local physicians and 74 Allied Health Professionals. As one of two hospitals in the city of San Bernardino, St. Bernardine Medical Center has a busy Emergency Department that received 68,311 visits in FY2016.

Major programs and services include cardiac care, critical care, stroke, orthopedic, bariatric, emergency care and obstetrics. In FY2016, HealthGrades® awarded St. Bernardine Medical Center their 2016 Patient Safety Excellence Award™, a recognition that places St. Bernardine Medical Center among the top 10% of hospitals in the nation for its excellent performance. SBMC received certification as an official Neurovascular Stroke Center by the Inland Counties Emergency Medical Agency (ICEMA) and within a few months was awarded by the American Heart Association/American Stroke Association's *Get With the Guidelines*® - Stroke Silver Plus Quality Achievement Award. Additional distinctions include *Healogics Center of Distinction Award* for demonstrating exceptional wound care and Blue Distinction Center for maternity care by Blue Cross Blue Shield Association, which complements the hospital's continued designation as a *Baby Friendly*® *USA* hospital.

Rooted in Dignity Health's mission, vision and values, St. Bernardine Medical Center is dedicated to delivering community benefit with the engagement of its management team, Community Board and Community Benefit Initiative Committee. The board and committee include community members who provide stewardship and direction for the hospital as a community resource.

The Community Benefit Initiative Committee (CBIC) ensures our community programs offer access for diverse communities, facilitate institution-wide alignment and accountability and deepen hospital engagement in local communities. The CBIC is a committee of the Community Board and is charged with oversight and decision making on community benefit issues. The Committee is responsible for developing policies and programs which address the identified disproportionate unmet health needs of the poor and disenfranchised in the Inland Empire Service Area. The CBIC also provides oversight in the development and implementation of the triennial Community Health Needs Assessment and annual Community Benefit Report and Plan. The Vice President of Mission Integration chairs the CBIC and membership includes members of the Community Hospital Board, key staff from St. Bernardine Medical Center and Community Hospital of San Bernardino, including the Director of Community Health who has oversight of our outreach programs. Key community stakeholders also participate on the committee and provide valuable insight into the special needs of the populations they serve.

The Community Benefit Initiative Committee has specific roles and responsibilities as follows:

- Community Health Needs Assessment (CHNA)
 - O Determine key stakeholder interviews and focus groups.
 - o Based on results of CHNA, prioritize unmet health-related needs to provide for the development of the Implementation Strategy to address these needs.
 - o Review and approve the CHNA with recommendation to the Community Board for the same.

- Program Content & Design
 - o Review and approve new community benefit program content.
- Review and approve overall program design that will best meet the health related need and make optimal use of existing assets in the local community.
- Program Targeting
 - o Ensure access for populations and communities with disproportionate unmet health needs.
- Program Continuation or Termination
 - Approve continuation or termination of community benefit programs after receiving evaluation findings and other program information from community benefit staff.
- Program Monitoring
 - o Regular reports are made to the CBIC regarding program progress.

Rosters of Community Board and CBIC members are included in Appendix A.

St. Bernardine Medical Center's community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, health professions education and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit community organizations that are working together to improve heath on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

In addition, we are investing in community capacity to improve health – which includes addressing the social determinants of health – through Dignity Health's Community Investment Program. Dignity Health provides a line of credit to the Inland Caregiver Resource Center (ICRC) of working capital for health-related programs. ICRC provides an array of supportive services to family caregivers of adults with brain-impaired conditions (e.g., Alzheimer's disease, traumatic brain injury, etc.).

DESCRIPTION OF THE COMMUNITY SERVED

St. Bernardine Medical Center serves a broad and diverse population residing in multiple zip codes, as it serves as a regional referral for heart procedures. While a few of the zip code communities enjoy a higher standard of living, the majority of the communities served are high need. Seventy-five percent (75%) of discharges come from twenty-two (22) zip codes concentrated in the following cities: Banning, Beaumont, Bloomington, Calimesa, Colton, Crestline, Fontana, Hesperia, Highland, Redlands, Rialto, San Bernardino and Yucaipa.

The Inland Empire continues to suffer the effects of the Great Recession of 2008. Within the service area, unemployment had risen as high as 16.2% in 2010. Currently, 7.5% to 48.5% of the population lives at or below 100% of the Federal Poverty Level. In San Bernardino 92401, 88.5% of individuals live at or below the 200% poverty level, followed by 92411 (72.5%) and 92410 (71.0%). Confirming the difficult economics of the region, in July 2012 the City of San Bernardino filed for Chapter 9 bankruptcy protection. In 2016, San Bernardino County was ranked 47th (out of 56) among counties in California for Health Outcomes by County Health Rankings & Roadmaps¹. Of special significance is the terrorist shooting that took place on December 2, 2015, claiming the lives of 14 county employees and sending our local hospitals into high alert as they tended to the injured as well as our regular patients and visitors.

The following² reflects demographics for the service area:

• Total Population: 1,015,444

• Diversity: Hispanic (60.4%), Caucasian (23.7%), African American (8.4%), Asian & Pacific Islander (5.0%), All Others (2.5%)

• Median Household Income: \$53,715

Uninsured: 7.6%Unemployment: 8.3%

• No High School Diploma: 25.9%

• CNI Score: 4.3

MediCal Population: 37.5%³
Other Area Hospitals: 6

• Medically Underserved Areas or Populations: Yes

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores. The CNI map for St. Bernardine Medical Center can be found on page 8 of this report.

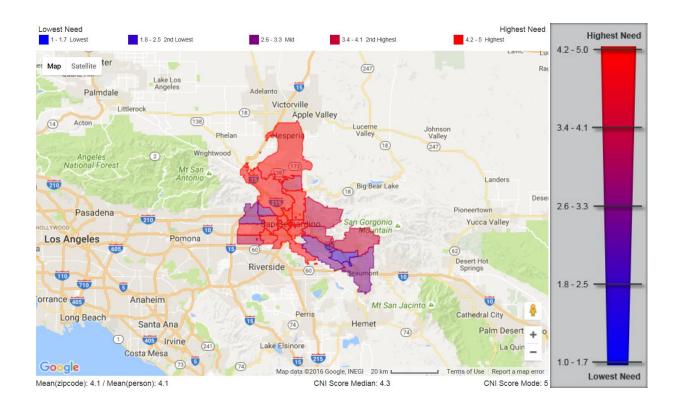
St. Bernardine Medical Center

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¹ A collaboration between the Robert Wood Johnson Foundation & the University of Wisconsin Population Health Institute

 $^{^2}$ Source: © 2016 The Nielsen Company, © 2016 Truven Health Analytics, Inc.

³ Does not include individuals dually-eligible for MediCal and Medicare.



Zip Code	CNI Score	Population	City	County	State
92223	3.2	50059	Beaumont	Riverside	California
92316	4.2	32702	Bloomington	San Bernardino	California
92320	2.4	8683	Calimesa	Riverside	California
92324	4.6	58686	Colton	San Bernardino	California
92325	4	8879	Crestline	San Bernardino	California
92335	4.6	97899	Fontana	San Bernardino	California
92336	3	97498	Fontana	San Bernardino	California
92337	3.8	38466	Fontana	San Bernardino	California
92345	4.4	84404	Hesperia	San Bernardino	California
92346	4	56747	Highland	San Bernardino	California
92373	3.2	34042	Redlands	San Bernardino	California
92374	3.8	41981	Redlands	San Bernardino	California
92376	4.6	82709	Rialto	San Bernardino	California
92377	2.6	20206	Rialto	San Bernardino	California
92399	3.4	55180	Yucaipa	San Bernardino	California
92401	5	2161	San Bernardino	San Bernardino	California
92404	5	59490	San Bernardino	San Bernardino	California
92405	5	29672	San Bernardino	San Bernardino	California
92407	4.4	62807	San Bernardino	San Bernardino	California
92408	5	15228	San Bernardino	San Bernardino	California
92410	5	51463	San Bernardino	San Bernardino	California
92411	5	26482	San Bernardino	San Bernardino	California

COMMUNITY BENEFIT PLANNING PROCESS

The hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Community Benefit Initiative Committee and other stakeholders in the development and annual updating of the community benefit plan.

COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

The most recent CHNA was adopted by the Board of Directors in June, 2014, and was conducted in collaboration with Community Hospital of San Bernardino (CHSB). *Biel Consulting, Inc.* was engaged to conduct the assessment for the primary service area of the hospital. Twenty community stakeholders, identified by the Community Benefit Initiative Committee, were contacted and asked to participate in the needs assessment. Interview participants included leaders and representatives of medically underserved, low-income, and minority populations, as well as the local health department that has "current data or information relevant to the health needs of the community served by the hospital facility," per IRS requirements. *Biel Consulting, Inc.* used this list to collect primary data through stakeholder interviews.

Stakeholder	Title	Organization
Leslie Bramson, Dr.PH	Assistant Professor	Department of Pediatrics, Loma Linda University Medical Center
Aviana Cerezo	Mayor's Office Legislative Aide/ Healthy San Bernardino Coalition Co-Chair	City of San Bernardino
Ellen Daroszewski, NP	Executive Director	H Street Clinic
Deborah Davis	Executive Director	Legal Aid Society of San Bernardino
Beverly Earl	Director, Family & Community Services	Catholic Charities San Bernardino & Riverside
Alexander Fajardo	Executive Director	El Sol Neighborhood Educational Center
Alton Garrett, Jr.	President of Board of Directors	African American Health
Eric Goddard	Director of Administration	CSUSB, Re-Entry Initiative (CSRI)
Salvador Gutierrez	Program Manager	Latino Health Collaborative
Tom Hernandez	Homeless Services Manager	Office of Homeless Services, Department of Behavioral Health
Angela Jones, RN	Health Services Coordinator	San Bernardino City Unified School District
Matthew Keane	Executive Director	Community Clinic Association of San Bernardino County
Chuck Leming	Staff Analyst II	San Bernardino County Department of Public Health, Healthy Communities Program
David Nagler	Pastor/CEO	Central City Lutheran Mission
Faye Pointer	Board Member	St. Bernardine Medical Center
Fr. Stephen Porter	Pastor	St. Catherine of Siena Catholic Church
Terry Roberts	Area Director	American Lung Association of California
Candy Stallings	Executive Director	San Bernardino Sexual Assault Services
Monique Stensrud	Business Development Director, Inland Empire Division Office	American Heart Association
Michael Wright	Community Services Supervisor	City of Fontana, Community Services Department

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Additionally, six focus groups were conducted to obtain input from those who are direct recipients of services in the community and included members of medically underserved populations.

Focus Group	Total Participants	Number of Males	Number of Females	Population
El Sol Neighborhood Center	6	0	6	Spanish-Speaking Promotoras
Mary's Mercy Center	7	0	7	Spanish-Speaking Women
Al-Shifa Clinic	8	2	6	Clinic Patients and Staff
Salvation Army Transitional Living Program	12	3	9	Homeless Adults
Goodwill Industries	9	1	8	Employees
Catholic Charities	12	4	8	Program Participants, Age 18-24
TOTAL	54	10	44	

The CHNA was first shared with members of the CBIC and hospital board members, of whom many are community stakeholders. The final report was sent to all who participated in the Key Stakeholder Interviews as well as the Focus Group organizations. The complete Community Health Needs Assessment can be accessed from the Dignity Health St. Bernardine Medical Center website at http://www.dignityhealth.org/stbernardinemedical/who-we-are/serving-the-community/menub78ffb2d-73c8-4769-9b3a-07decf6facb7

This assessment incorporated both quantitative and qualitative data:

Primary Data Collection

- 20 targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the hospital (see table on page 9).
- 6 focus groups (4 English and 2 Spanish) were conducted with 54 area residents who are clients and direct recipients of community organizations in the service area.

Secondary Data

- Data was obtained from several resources, including California Department of Public Health, Housing Authority of San Bernardino County, HUD, U.S. Bureau of the Census, California Employment Development Department, California Department of Education, California Health Interview Survey, San Bernardino County 2013 Homeless Count and Subpopulation Survey, San Bernardino County: Our Community Vital Signs Data Report 2013, UDS Mapper, Inland Empire United Way and National Cancer Institute.
- Data was broken down by zip code, local, county and state to frame community profile, birth indicators, leading causes of death, access to care, chronic disease, health behaviors, social issues and school/student characteristics.
- Benchmark data compared SBMC community data findings with Healthy People 2020 objectives.

CHNA SIGNIFICANT HEALTH NEEDS

Based on the results of the primary and secondary data collection, significant health needs were identified. Each health need was confirmed by more than one indicator or data source (i.e., the health need was suggested by more than one source of secondary or primary data). In addition, the health needs

were based on the size of the problem (relative portion of population afflicted by the problem) or the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of a problem, the health need indicators identified in the secondary data were measured against benchmark data, specifically county or state rates or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources were asked to identify community and health issues based on the perceived size or seriousness of a problem. The identified significant health needs included:

- Access to care
- Alcohol/drugs/tobacco
- Chronic diseases (asthma, cancer, heart disease, diabetes)
- Community growth and enrichment (safety, homelessness, education, economic development)
- Dental health
- Mental health
- Overweight/obesity (healthy eating and physical activity)
- Preventive health care (screenings, immunizations)

The Community Benefit Initiative Committee convened to review the significant health needs identified in the Community Health Needs Assessment and to establish the process and criteria to prioritize the health needs. The following criteria were used to prioritize the significant health needs:

- Size of the problem the relative portion of population afflicted by the problem.
- Existing infrastructure hospital has programs, systems, staff and support resources in place to address the issue.
- Ongoing investment existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus area hospital has acknowledged competencies and expertise to address the issue.

Significant health needs identified in the CHNA that will not be addressed are alcohol/drugs/tobacco and community growth and enrichment (safety, homelessness, education, economic development) specific to adult populations. We are strongly committed to breaking the cycle of phenomena (i.e. education, poverty, and employment) that impact the social determinants of health. Therefore our efforts at community growth and enrichment are targeted to youth. The CBIC identified the hospital has limited resources. Therefore, the committee elected to focus on this issue specific to at-risk youth populations as there are existing programs in place with community partners to address these issues with the adult population. Dental and mental health will be considered under the access to care topic, and overweight/obesity is incorporated in the chronic disease category.

CREATING THE COMMUNITY BENEFIT PLAN

As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- Focus on Disproportionate Unmet Health-Related Needs: Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Emphasize Prevention**: Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.

- Contribute to a Seamless Continuum of Care: Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity**: Target charitable resources to mobilize and build the capacity of existing community assets.
- **Demonstrate Collaboration**: Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

SBMC staff provided CBIC with information regarding current programs already addressing identified health needs as well as evidence of success. Programs continue to be impacted by growing need, and it was determined these programs are valuable tools in improving community health. Discussion also focused on programs in the community and the importance of collaborating with local non-profits through the Dignity Health Community Grants Program. These programs and strategies are highlighted on page 13.

PLANNING FOR THE UNINSURED/UNDERINSURED PATIENT POPULATION

St. Bernardine Medical Center seeks to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised. In furtherance of this mission, the hospital offers financial assistance to eligible patients who may not have the financial capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C. The amount of financial assistance provided in FY16 is listed in the Economic Value of Community Benefit section of this report.

St. Bernardine Medical Center notifies and informs patients about the Financial Assistance Policy by offering a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process. At the time of billing, each patient is offered a conspicuous written notice containing information about the availability of the Policy.

Notice of the financial assistance program is posted in locations visible to the public, including the emergency department, billing office, admissions office, and other areas reasonably calculated to reach people who are most likely to require financial assistance from the hospital. The hospital provides brochures explaining the financial assistance program in registration, admitting, emergency and urgent care areas, and in patient financial services offices.

The Financial Assistance Policy, the Financial Assistance Application, and plain language summary of the Policy are widely available on the hospital's web site, and paper copies are available upon request and without charge, both by mail and in public locations of the hospital. Written notices, posted signs and brochures are printed and available online in appropriate languages.

2016 REPORT AND 2017 PLAN

This section presents strategies, programs and initiatives the hospital is delivering, funding or on which it is collaborating with others to address significant community health needs. It includes both a report on actions taken in FY16 and planned programs with anticipated impacts and measurable objectives for FY17. Programs that the hospital plans to deliver in 2017 are denoted by *.

The strategy and plan specifies planned activities consistent with the hospital's mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital's limited resources to best serve the community.

STRATEGY AND PROGRAM PLAN SUMMARY

Initiative I: Access to Care including preventive care, dental care resources and mental health resources.

- Financial assistance for uninsured/underinsured and low income residents* The hospital provides discounted and free health care to qualified individuals, following Dignity Health's Financial Assistance Policy.
- Dignity Health Community Grants Program* The following agencies were funded for programs addressing Access to Care:
 - Legal Aid of San Bernardino/San Bernardino Sexual Assault Services/Libreria del Pueblo
 - Mary's Mercy Center/Inland Behavioral Health Services/Volunteers of America
 - Lestonnac Free Clinic/Well of Healing Mobile Medical Clinic/ El Sol Neighborhood Education Center
 - Salvation Army
 - o San Bernardino Sexual Assault Services/Children's Assessment Center of San Bernardino
 - Central City Lutheran Mission/Highland Avenue Lutheran Church/Lutheran Church of our Savior
- Baby & Family Center* Provides dedicated support of breast feeding, free bilirubin checks to all new babies within 48 hours of delivery and is the site for multiple support groups.
- Community Education* Offered free of charge to community members, addressing a variety of health issues.
- Health Professionals Education Programs* As the leading heart hospital in the Inland Empire, we offer a Cardiac Symposium to local physicians and health professionals sharing information and latest research. A Diabetes Symposium also brings current information to health professionals.
- Community Health Navigator* The Navigator contacts all uninsured individuals seen but not admitted in the Emergency Department in an effort to find a more suitable medical home as well as connection to other social services agencies providing basic needs.
- Free flu shots to the community* In an effort to keep the community healthy, free flu shots will be offered through a variety of flu shot clinics, as well as going to various social agencies to serve their population.

• Residents Training Program* - In an attempt to address the shortage of physicians in the Inland Empire, SBMC created a Resident Training Program with a long-term strategy to grow the program, providing more physicians to the local community.

Initiative II: Chronic Health Conditions: diabetes/obesity, heart disease, cancer, asthma, COPD.

- Stanford model Chronic Disease Self-Management Programs* Classes for both chronic disease and diabetes specific will be offered in English and Spanish to community members free of charge.
- Dignity Health Community Grants Program* The following agencies were funded for programs addressing Chronic Health Conditions:
 - Lestonnac Free Clinic/Well of Healing Mobile Medical Clinic/ El Sol Neighborhood Education Center
 - o Inland Caregiver Resource Center/California State University San Bernardino/Shella Care Foundation
- Heart Care Clinic* The HCC provides free services to referred patients diagnosed with heart disease from SBMC and CHSB as well as drop-ins from the community.
- Sweet Success Program* Sweet Success Program provides monitoring and education to gestational diabetic women to ensure a healthy birth with a second goal of ensuring better health for the mother post-partum.
- Community Education* Classes centering on healthy eating and active living will be provided at hospital outreach centers.
- Support Groups* Support groups for chronic health conditions include obesity, breast cancer (groups in both English and Spanish); *Look Good Feel Better* is offered to women undergoing breast cancer treatments; a bereavement support group meets twice a month with a hospital chaplain.

Initiative III: **Youth Development** with focus on: healthy lifestyle alternatives, teen pregnancy avoidance, education promotion and career development

- Family Focus Center* A program geared to at-risk youth in the community. The hospital has space off-site, located across the street from San Bernardino High School offering after school programs.
- Stepping Stones*- Stepping Stones provides an opportunity to teens and young adults to gain valuable hospital workplace experience through both volunteer and mentor activities.

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

The Dignity Health Community Grants Program works to achieve collective impact for some of our community's most challenging issues. Individual agencies are no longer awarded grants; rather, a collaboration of at least three (3) agencies must come together and partner effectively to promote change. The collaboratives receiving funding in FY2016 are listed on page 15.

Dignity Health SBMC/CHSB Community Grants Program FY2016

Figure 7 Fig				
Collaborating Organizations	Amount	Program		
Central City Lutheran Mission				
Highland Avenue Lutheran Church	\$27,700	Care Supplies & Self-Care Skills		
Lutheran Church of our Savior				
Inland Caregiver Resource Center				
California State University San Bernardino	\$24,750	Family Caregiver Short Term Counseling		
Shella Care Foundation				
Legal Aid of San Bernardino				
Libreria del Pueblo	\$32,519	Building Bridges		
San Bernardino Sexual Assault Services				
Lestonnac Free Clinic				
Well of Healing Mobile Medical Clinic	\$75,000	Community Health & Education Collaborative		
El Sol Neighborhood Education Center				
Mary's Mercy Center				
Inland Behavioral Health Services	\$25,000	Better Health Through Partnership		
Volunteers of America				
Salvation Army				
Dr. Garcia, DDS (In-Kind)	\$33,750	Salvation Army San Bernardino		
Dr. Nguyen, DDS (In-Kind)				
San Bernardino Sexual Assault Services				
Children's Assessment Center of San	\$33,750	Putting Children First		
Bernardino	ψου, του	r dailing of maron i not		
Gwen Washington, LCSW				
TOTAL	\$252,469 ⁴			

ANTICIPATED IMPACT

The anticipated impacts of specific program initiatives, including goals and objectives, are stated in the Program Digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Benefit Initiative Committee, hospital executive leadership, Community Board, and Dignity Health receive and review program updates. In addition, the hospital evaluates impact and sets priorities for its community benefit program by conducting Community Health Needs Assessments every three years.

PLANNED COLLABORATION

St. Bernardine Medical Center is dedicated to community building in the surrounding neighborhoods. As a member of the Hospital Association of Southern California (HASC) Community Benefit Stakeholders Committee, SBMC gathers regularly with other local hospitals to address health needs and disparities in the Inland Empire.

⁴ Total reflects the combined commitment from both SBMC and CHSB. SBMC's contribution was \$156,705.

St. Bernardine Medical Center Community Benefit FY 2016 Report and FY 2017 Plan

SBMC staff has been integral in a three year process to develop a countywide Community Vital Signs Transformational Plan, beginning with multiple community meetings to define key issues to developing a multi-agency plan to lead change through Education, Economy, Access to Health & Wellness and Safety.

Lastly, the following agencies are involved in our community programs: American Cancer Society, Aquinas High School, California State University San Bernardino, Childhelp USA, Department of Public Health, Diocese of San Bernardino, Fontana Community Assistance Program (CAP), Inland Empire Access to Cancer Care Coalitions, Inland Empire Baby Friendly Coalition, Inland Empire Breastfeeding Coalition, Inland Empire Palliative Care Coalition, Latino Health Collaborative, Option House, San Bernardino Sexual Assault Services, San Bernardino High School and Victor Community Support Services.

PROGRAM DIGESTS

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report.

Di	ignity Health Community Grants Program
Significant Health Needs Addressed	X Access to Care X Chronic Disease Self-Management X Youth Development
Program Emphasis	 X Focus on Disproportionate Unmet Health-Related Needs X Emphasize Prevention X Contribute to a Seamless Continuum of Care X Build Community Capacity X Demonstrate Collaboration
Program Description	Award funds to local non-profit organizations to be used to effect collective impact, addressing the health priorities established by the hospital (based on the most recent Community Health Needs Assessment). Awards will be given to agencies with a formal collaboration and a link to the hospital.
Community Benefit Category	E1a – Cash Donation
	FY 2016 Report
Program Goal / Anticipated Impact	Build community capacity and expand outreach by identifying and funding CBO collaborative programs that align with hospital priority areas and are based on a Collective Impact Model to address complex health issues.
Measurable Objective(s) with Indicator(s)	Funding will be provided to implement programs that support hospital priorities. Funded programs will report objectives as a result of SBMC Community Grants on an annual basis.
Intervention Actions for Achieving Goal	Access to care as well as chronic diseases continue to plague our community. Improved opportunities for youth address some of the social determinants of health and are needed if we are to see an improvement in education levels, reduction of youth violence and improved nutrition as our youth enter adulthood.
Planned Collaboration	Agencies receiving funding will demonstrate a strong collaborative partnership with at least two other agencies. Awardees will also have a strong link to a hospital program in order to strengthen the continuum of care.
Program Performance / Outcome	7 collaborative proposals, representing 18 local non-profit agencies, were awarded grants ranging from \$24,750 to \$75,000 addressing access to care and chronic disease.
Hospital's Contribution / Program Expense	\$156,705
	FY 2017 Plan
Program Goal / Anticipated Impact	Focused attention on high utilizers in the hospital will provide connections to needed medical care and social services, thereby providing more appropriate care to the individual and reducing unnecessary financial burden to the hospital.
Measurable Objective(s) with Indicator(s)	Funding will be provided to implement programs that support hospital priorities and demonstrate strong collaboration with the hospital. 100% of funded programs will report objectives as a result of SBMC Community Grants on an annual basis.
Intervention Actions for Achieving Goal	All awarded agencies will work with Director of Community Health to ensure programs are meeting the objectives stated in their grant proposals.
Planned Collaboration	Not only will awarded agencies collaborate with the partners stated on their grant proposal, but they will also continue to work with the Director of Community Health to ensure hospital collaboration. Case Management and Community Health Navigators will play vital role in collaboration.

	Baby & Family Center
Significant Health Needs Addressed	X Access to Care X Chronic Disease Self-Management
Program Emphasis	 X Youth Development X Focus on Disproportionate Unmet Health-Related Needs X Emphasize Prevention X Contribute to a Seamless Continuum of Care X Build Community Capacity X Demonstrate Collaboration
Program Description	The Baby & Family Center (BFC) is an education site providing a multitude of services targeted to pregnant women and their families. In addition to breastfeeding support and education, the site provides health educators who lead a variety of support groups. Vulnerable populations are of highest priority. The Sweet Success program is housed at the BFC to focus on gestational diabetes. Incorporating Sweet Success in the BFC enhances the continuum of care effort to make families aware of all of the services of the BFC and encourages healthy lifestyles post-partum.
Community Benefit Category	A1a – Community Education
	FY 2016 Report
Program Goal / Anticipated Impact	Improve the health of pregnant mothers and their families through education with an emphasis on breastfeeding and diabetes education. Participants in the program will understand that breastfeeding is best for baby and results in reduced obesity rates.
Measurable Objective(s) with Indicator(s)	Increase in-hospital breastfeeding (any and exclusive) rates by 2%. <i>Sweet Success</i> participants will deliver full-term infants and experience zero fetal demise. Hospital will maintain its <i>Baby Friendly</i> designation.
Intervention Actions for Achieving Goal	Encourage breastfeeding for inpatient and community members; conduct breastfeeding support groups; offer Sweet Success counseling to women with gestational diabetes.
Planned Collaboration	Staff collaborates with Inland Empire Breastfeeding Coalition to ensure adherence to most up-to-date practices and techniques.
Program Performance / Outcome	Exclusive breast feeding rose from 55% to 62%. Mothers providing "any" breastfeeding was 83%. The Sweet Success Program educated 193 women with gestational diabetes. Zero pre-term labor, and one fetal demise.
Hospital's Contribution / Program Expense	\$26,369
	FY 2017 Plan
Program Goal / Anticipated Impact	Improve the health of pregnant mothers and their families through education with an emphasis on breastfeeding and diabetes education. Participants in the program will understand that breastfeeding is best for baby and results in reduced obesity rates.
Measurable Objective(s) with Indicator(s)	Increase in-hospital breastfeeding (any and exclusive) rates by 2%. <i>Sweet Success</i> participants will deliver full-term infants and experience zero fetal demise. Hospital will maintain its <i>Baby Friendly</i> designation.
Intervention Actions for Achieving Goal	Encourage breastfeeding for inpatient and community members; conduct breastfeeding support groups; offer Sweet Success counseling to women with gestational diabetes.
Planned Collaboration	Continued collaboration with Inland Empire Breastfeeding Coalition.

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	Community Health Navigator
Significant Health Needs Addressed	 X Access to Care □ Chronic Disease Self-Management □ Youth Development
Program Emphasis	 X Disproportionate Unmet Health-Related Needs X Primary Prevention X Seamless Continuum of Care X Build Community Capacity □ Collaborative Governance
Program Description	The Community Health Navigator follows up by phone all uninsured and homeless patients who were seen in the ED but not admitted. Uninsured patients are provided with community resources (English and Spanish), including the sites offering specialty care. Assistance is provided for enrolling in government sponsored plans as well as arranging referrals for needed services from local non-profit agencies.
Community Benefit Category	A3 – Healthcare Support Services Information & Referral
Program Goal /	FY 2016 Assist the homeless and uninsured in finding a medical home instead of using the
Anticipated Impact	ED as a regular source of health care.
Measurable Objective(s) with Indicator(s)	5% of those contacted by the Navigator will receive a referral to a free clinic.
Intervention Actions	Navigator follows up by phone all uninsured non-admitted patients who were seen
Flanned Collaboration	in the ED. ED Admitting staff also provides Navigator information to patients. Navigator works closely with Director of Community Health and Care Coordination Team from the hospital, as well as several local non-profit social services agencies. Community Health Navigator is now housed in the free clinic across the street from the hospital ED to ensure maximum accessibility to free health care.
Program Performance / Outcome	In FY2016 5,091 uninsured patients were seen in ED and not admitted. Navigator made contact with 50.5%. Of the 2,571 contacted, 487 (18.94%) received a referral to a free clinic. Unfortunately, during the last two months of the fiscal year, this position was reduced to a half-time position reducing the ability of the Navigator maximize contacts.
Hospital's Contribution / Program Expense	\$85,611
	FY 2017
Program Goal / Anticipated Impact	Assist the uninsured in finding a medical home instead of using the ED as regular source of health care. Connection to social service agencies will be provided as appropriate.
Measurable Objective(s) with Indicator(s)	10% of those contacted by the Navigator will receive a referral to a free clinic.
Intervention Actions for Achieving Goal	Navigator will continue to follow up by phone all uninsured non-admitted patients who were seen in the ED. ED Admitting staff also provides Navigator information to patients.
Planned Collaboration	Community Health Navigator works closely with Director of Community Health and Care Coordination Team from the hospital, as well as several local non-profit social services agencies. Navigator works on-site at the free clinic, but follow-up information is difficult to confirm due to HIPAA concerns and hospital policies.

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	Family Focus Center			
Significant Health Needs	☐ Access to Care			
Addressed	☐ Chronic Disease Self-Management			
11441 65564	X Youth Development			
	X Disproportionate Unmet Health-Related NeedsX Primary Prevention			
Program Emphasis	X Seamless Continuum of Care			
110gram Emphasis	X Build Community Capacity			
	☐ Collaborative Governance			
	A program geared to at-risk youth in the community. The Family Focus Center is			
	located across the street from San Bernardino High School. Services provided by			
	the hospital at the center include: after school activities, career development, Late			
Program Description	Night Hoops, Summer Camp (summer months only), Drug & Violence Prevention and Health & Nutrition. <i>Values to Success</i> increases participants overall knowledge			
2	of healthy behaviors, helps build character and promotes a sense of self-worth and			
	self-efficacy. <i>Bridges</i> supports young adults who have graduated high school but			
	need assistance in navigating college, career and housing.			
Community Benefit Category	A4 – Social and Environmental Improvement Activities			
	FY 2016			
Program Goal /	Improve the lives of those attending Family Focus Center.			
Anticipated Impact	2			
Measurable Objective(s)	The number of youth completing the Values to Success Program will increase by			
with Indicator(s)	5%.Components of the program include workshops, presentations, and activities striving			
	to increase participants overall knowledge of healthy behaviors, help build character,			
Intervention Actions	and promote a sense of self-worth and self-efficacy. Each aspect of the program is			
for Achieving Goal	focused on helping our youth achieve both their short and long terms goals, while			
	creating motivated, confident, healthy youth that will acquire the knowledge and			
	resources to achieve success.			
Planned Collaboration	The Family Focus Center collaborates with several community agencies, bringing in			
	a variety of experts in multiple fields to engage with the at-risk population we serve.			
Program Performance / Outcome	FY2015: 115 enrolled in the Values to Success Program with 60 completing (52%). FY2016: 208 enrolled (80.87% increase) with 90 completing the program (43.3%).			
Hospital's Contribution / Program				
Expense	\$393,798 (for all programs at Family Focus Center)			
	FY 2017			
Program Goal /	Improve the lives of those attending Family Focus Center.			
Anticipated Impact	improve the rives of those attending Family Focus Center.			
Measurable Objective(s)	Increase the percentage of youth completing the Values to Success Program.			
with Indicator(s)	are percentage or journ completing the values to buccess Hogistin.			
Intervention Actions	Intervention Actions will be similar to FY2016.			
for Achieving Goal	The Family Focus Center collaborates with several community agencies, bringing in			
	a variety of experts in multiple fields to engage with the at-risk population we serve.			
Planned Collaboration	The following agencies are scheduled for collaboration: San Bernardino Dept. of			
	Public Health, Option House, Inc., San Bernardino Sexual Assault Services and			
	Victor Community Support Services.			

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ECONOMIC VALUE OF COMMUNITY BENEFIT

St. Bernardine Medical Center Complete Summary - Classified Including Non Community Benefit (Medicare) For period from 7/1/2015 through 6/30/2016

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Expenses
Benefits for Living in Poverty					
Financial Assistance	238	1,754,078	0	1,754,078	0.4
Medicaid	114,956	187,515,856	159,953,183	27,562,673	6.8
Community Services					
Community Health Improvement Services	7,622	772,333	0	772,333	0.2
Cash and In Kind Contributions	112	1,351,460	0	1,351,460	0.3
Community Building Activities	0	1,740	0	1,740	0.0
Community Benefit Operations	0	285,378	0	285,378	0.1
Totals for Community Services	7,734	2,410,911	0	2,410,911	0.6
Totals for Living in Poverty	122,928	191,680,845	159,953,183	31,727,662	7.8
Benefits for Broader Community Community Services					
Community Health Improvement Services	2,212	115,485	0	115,485	0.0
Health Professions Education	190	1,882,841	64,930	1,817,911	0.4
Subsidized Health Services	112	643	0	643	0.0
Cash and In Kind Contributions	4,798	40,489	0	40,489	0.0
Community Building Activities	806	151,226	0	151,226	0.0
	0.110	2.100.501	54.0 2 0	2 125 551	0.7
Totals for Community Services	8,118	2,190,684	64,930	2,125,754	0.5
Totals for Broader Community	8,118	2,190,684	64,930	2,125,754	0.5
Totals Community Benefit	131,046	193,871,529	160,018,113	33,853,416	8.3
Medicare	16,588	63,556,706	49,381,951	14,174,755	3.5
Totals with Medicare	147,634	257,428,235	209,400,064	48,028,171	11.8

Cost Accounting Method Used

St. Bernardine Medical Center Community Benefit FY 2016 Report and FY 2017 Plan

APPENDIX A:

HOSPITAL COMMUNITY ADVISORY BOARD MEMBERS ROSTER FY2016

Lawrence Walker, M.D., Board Chair

Arrowhead Orthopaedics

Sr. Deenan Hubbard, CCVI

Sponsoring Order

Sisters of Charity of the Incarnate Word

Rosella Bernal

Retired Union Bank Sr. Nancy Jurecki, OP

Providence Health and Services

Toni Callicott

Retired, President

American Red Cross Inland Empire

Wilfrid Lemann

Fullerton, Lemann, Schaefer & Dominick, LLC

Robert Carlson, PhD

Retired, Educator

California State University San Bernardino

Ashis Mukherjee, MD

June Collison, President

Community Hospital of San Bernardino

Vellore Muraligopal, M.D. Neonatology Medical Group

Osvaldo Garcia, DDS

Osvaldo R. Garcia & Associates

Ron Rezek Rezek Logistics

Jean-Claude Hage, M.D.

Family Practice Medical Group of San

Bernardino

Michael Salazar

Ex Officio Members

Darryl VandenBosch, President St. Bernardine Medical Center Jaspreet Saluja, MD Chief of Staff

COMMUNITY BENEFIT INITIATIVE COMMITTEE FY 2016

Nick Calero

District Director (Senate District 23) Office of Senator Mike Morrell

Joanne Claytor, LCSW Care Coordination

St. Bernardine Medical Center

Deborah Davis Interim Director

Legal Aid of San Bernardino

Beverly Earl

Director, Family & Community Services Catholic Charities San Bernardino/Riverside

Valthia Head

Associate Administrator

Community Hospital of San Bernardino

Michael J. Hein

Vice President/Administrator

Mary's Mercy Center

Sr. Deenan Hubbard, CCVI

Board Member & Sponsoring Order

St. Bernardine Medical Center

Stephanie Johnson

Manager Marketing & Advertising Southern California

Dignity Health

Jackie Kimball, RN

Manager, Clinical Support Services

St. Bernardine Medical Center

Lowell King

Regional Operations Officer Goodwill Southern California

Chuck Leming

Department of Public Health San Bernardino County

Linda McDonald

IESA⁵ Vice President, Mission

Integration

Kathleen McDonnell

IESA Manager, Community Benefit

Renee Paramo, RN, IBCLC

Manager, Baby and Family Center

& Family Focus Center

St. Bernardine Medical Center

Fave Pointer

Community Member

Carrie Schmidt

Manager, Volunteer Services

Community Hospital of San Bernardino

Sr. Margo Young, MD

IESA Director, Community Health

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⁵ IESA – Inland Empire Service Area (includes Community Hospital of San Bernardino and St. Bernardine Medical Center)

APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS

The hospital delivers a number of community programs and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

Dignity Health established a system-wide initiative to address the issue of Human Trafficking. St. Bernardine Medical Center has embraced this cause, understanding that this crime against the most vulnerable in our society is in direct opposition to our values of dignity and justice. In addition to training staff to recognize the red flags of human trafficking, presentations have been made to community organizations to raise awareness, and collaboration with agencies supporting victims and survivors of human trafficking is underway to build strong, multi-agency resource networks. Dignity Health advocates for laws and policies that prevent exploitation as well as those that protect victims and vulnerable populations, and St. Bernardine Medical Center's community partners have responded to our requests to express their support of these laws to their legislative representatives.

Dignity Health again partnered with Kids for Peace to sponsor *The Great Kindness Challenge*, a global program that aims to inspire people to make a lifelong commitment to service and kindness. *The Great Kindness Challenge School Edition* is an anti-bullying initiative dedicated to creating a culture of kindness in elementary, middle, and high schools worldwide. St. Bernardine Medical Center partnered with the San Bernardino City Unified School District to reach 40,000 children in our community and encourage them to perform acts of kindness. The hospital also collaborated with the Superintendent of the Diocese of San Bernardino Catholic to promote the challenge in our local Catholic elementary schools.

As part of our commitment to building healthier communities, SBMC seeks ways to be an example of a responsible employer by reducing our own environmental hazards and waste as well as partnering with others to advance ecological initiatives. Practice Greenhealth recognized St. Bernardine Medical Center's recycling and stewardship innovations with their Partner Recognition Award in 2016. This year, Styrofoam cups have been replaced in the cafeteria with plastic cups that are more easily recycled.

SBMC staff provides resources and experiences that are generously shared with and sought by the community. Working collaboratively with community partners, the hospital provides leadership and advocacy, assists with local capacity building and participates in community-wide health planning through its involvement with organizations that address specific needs for a healthier and safer community including:

- Diocese of San Bernardino Health Committee
- Community Vital Signs (CVS)
- Hospital Association of Southern California (HASC) Community Benefit Stakeholders

A new collaborative in the Inland Empire, *Convergence*, seeks to provide a larger and more diverse medical workforce to serve the region's growing population. Leadership from St. Bernardine Medical

Center supports the goals of this organization, recognizing health care worker shortages in such positions as nursing assistants, registered nurses, physicians and surgeons.

In addition to collaboration with local agencies, St. Bernardine Medical Center continues to engage in the annual California Statewide Medical and Health Exercise (SWMHE), a realistic exercise meant to aid healthcare entities and their partners in developing operational plans in the event of a community emergency. This exercise is sponsored by the California Department of Public Health and the Emergency Medical Services Authority with representatives from multiple additional agencies. The 2015 California Statewide Medical and Health Exercise was held on November 15, 2015.

This training was never more evident or appreciated than on the morning of December 2, 2015, just 2½ weeks later, when senseless acts of violence played out in our community at the hand of two terrorists. From the first call that came into the hospital, the hospital Command Center was quickly assembled, informing hospital leadership of the actions being taken to protect those in our hospital and outlying centers. As new information came in, safety measures were adjusted – always in a manner that brought confidence to our leadership and a sense of order in what could have turned into chaos. Even as the hospital went into a lockdown mode, staff and visitors were kept informed as much as possible to avoid causing panic. As victims were received in our Emergency Department, staff and visitors were kept safe and patient privacy maintained and respected.

APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

Free Care

• If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-350% of the Federal Poverty level, you may be eligible to have your bills for hospital services reduced to the highest amount reasonably expected to be paid by a government payer, which is usually the amount that Medicare would pay for the same services.
- If you are uninsured or underinsured with an annual family income between 350-500% of the Federal Poverty level you may be eligible to have your bills for hospital services reduced to the Amount Generally Billed, which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan. You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

Traducción disponible: You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

St. Bernardine Medical Center 2101 N. Waterman Ave, San Bernardino, CA 92404 Financial Counseling 909-883-8711 ext. 4408 | Patient Financial Services 909-881-4418 www.dignityhealth.org/stbernardinemedical/paymenthelp.

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