



MEDICAL CENTER

Expert care with a personal touch

COMMUNITY BENEFIT PLAN AND IMPLEMENTATION STRATEGY

PREPARED IN COMPLIANCE WITH CALIFORNIA'S COMMUNITY BENEFIT LAW
AND SECTION 501(R)(3) OF THE INTERNAL REVENUE CODE
FOR FISCAL YEAR 2021



Preface

California's Community Benefit Law

California's Community Benefit Law, referred to as Senate Bill 697 (SB 697) is found in the California Health and Safety Code, section 127340-127365. The law began in response to increasing interest from the community on contributions not-for-profit hospitals gave to their communities. The California Association of Catholic Hospitals and the California Healthcare Association co-sponsored SB 697 which was signed into law September 1994.

Senate Bill 697 requires private not-for-profit hospitals in California to describe and document the full range of community benefits they provide to their communities. Hospitals are required to provide a written document describing the hospital's charitable activities to the community as a not-for-profit organization and submit this report annually. Every three years, hospitals conduct a community needs assessment and consequently develop a formal planning process addressing those issues. The goals and intent of SB 697 is that hospitals will collaborate with regional community partners to identify community needs and to work together in developing a plan to meet those needs.

Federal Requirements

Federal requirements in Section 501(r)(3) of the Internal Revenue Code, created by The Patient Protection and Affordable Care Act (2010), require not-for-profit hospitals and healthcare organizations to conduct a triennial Community Health Needs Assessment (CHNA) and complete a companion Implementation Strategy for addressing those identified community needs. These requirements are a provision to maintaining tax-exempt status under Section 501(c)(3). In compliance with these requirements, Pomona Valley Hospital Medical Center (PVHMC) conducted a 2021 CHNA and completed an Implementation Strategy to address the significant needs identified in our assessment. A summary of the 2021 CHNA and Implementation Strategy has been included in this report and PVHMC continuously monitors performance metrics to track progress and gauge the success of our outlined programs and strategies.

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Introduction to Pomona Valley Hospital Medical Center

For more than 119 years, Pomona Valley Hospital Medical Center (PVHMC) has been committed to serving eastern Los Angeles and western San Bernardino counties with the highest quality patient and family-centered care.



Following a Christmas Eve train wreck in 1899, Pomona Valley residents knew the region needed a local hospital to ensure the well-being of the local community. Concerned citizens forged a partnership to establish Pomona's first hospital in 1903.

That same passion for our community and commitment to be constantly improving and enhancing our healthcare services is as strong today as it was when Pomona Valley Hospital Medical Center (PVHMC) opened more than 119 years ago.

Today, PVHMC is a nationally recognized and accredited 412-bed, not-for-profit community medical center, proudly serving residents in eastern Los Angeles and western San Bernardino counties. With four Centers of Excellence – The Robert and Beverly Lewis Family Cancer Care Center, Stead Heart and Vascular Center, Women and Children's Center and Trauma Center – PVHMC offers residents specialized services close to home. PVHMC is certified by The Joint Commission in the following programs: Advanced Comprehensive Stroke, Advanced Palliative Care, Diabetes, Perinatal, Sepsis, and Total Joint Replacement. Additionally, PVHMC is proud to be:

- Largest non-public Trauma Center in Los Angeles County
- One of the largest birthing hospital in Los Angeles and San Bernardino Counties
- Only maternal-fetal transport program in the region
- Largest Sweet Success (gestational diabetes) program in California
- Certified Baby-Friendly hospital
- Comprehensive Stroke Center
- STEMI Center for Los Angeles and San Bernardino Counties
- Only Chest Pain Center in Los Angeles County
- Regional Disaster Center

We have received many national designations, as well as recognition throughout the region and state for the specialized level of care and resources we offer. Our most recent awards and accolades include:

2021: American Nurse Credentialing Center –Magnet Designation
2021: American College of Cardiology, Chest Pain Center Reaccreditation
2021: American College of Cardiology, Chest Pain –MI Registry 2021 Performance Achievement Award
2021-2024: Joint Commission Reaccreditation in Sepsis and Palliative Care
2021: California Health and Human Services (CHHS) Agency, Hospital Quality Institute (HQI), and Cal Hospital Compare (CHC), Maternity Honor Roll Award
2021: Get with the Guidelines (AHA/ASA), Gold Plus Achievement Award for Treating Heart Failure – 11th year in a row
2020: Get with the Guidelines (AHA/ASA), “Stroke Gold Plus Quality Achievement Award –Target: Stroke Elite Honor Roll” – 5th year in a row
2021: US News and World Report, High Ranking Hospital in 8 Adult Conditions and Procedures, including stroke, heart failure, heart attack, heart bypass, diabetes, kidney failure, chronic obstructive pulmonary disease (COPD) and pneumonia
2021: US News and World Report, Best Regional Hospital, Top 25 in LA Metro Area
2021: American Association of Critical Care Nurses, Beacon Award for Excellence Silver level
2020: American Red Cross, Outstanding Service Award
2021: Healthgrades, Gallbladder Removal Surgery, 5 Stars- 3rd year in a row
2021: Healthgrades, Pacemaker Procedures, 5 Stars
2021: Healthgrades, Treatment of Pneumonia, 5 Stars
2020-2021: US News and World Report, Best Regional Hospital, Top 13% in Nation
2020-2021: US News and World Report, Top Performing Hospital for Heart Failure –2nd year in a row
2020-2021: US News and World Report, Top Performing Hospital for Aortic Valve Surgery –2nd year in a row
2020-2021: US News and World Report, Top Performing Hospital for Bypass Surgery
2020-2021: US News and World Report, Top Performing Hospital COPD

PVHMC continually reflects upon our responsibility to provide high-quality healthcare services, especially to our most vulnerable populations in need, and to renew our commitment while finding new ways to fulfill our charitable purpose. Part of that commitment is supporting advanced levels of technology and providing appropriate staffing, training, equipment, and facilities. More than 3,500 highly trained, professional Associates and 700 active Physicians deliver safe, high-quality, patient and family-centric care to the residents of Pomona Valley, both on our campus and through programs out in community.

As we look to the future, Pomona Valley Hospital Medical Center is embarking on a multi- year effort to bring its campus into compliance with state seismic code changes that go into effect in 2030. The project, anticipated to cost \$400,000,000 will seismically upgrade key buildings on campus while entirely replacing others.

Executive Summary

PVHMC works vigorously to meet our role in maintaining a healthy community by identifying health-related problems and developing ways to address them. In 2021, in compliance with California's Community Benefit Law and Section 501(r)(3) of the Internal Revenue Code, a Community Health needs Assessment was completed. This assessment is intended to be a resource for PVHMC in the development of activities and programs that can help improve and enhance the health and well-being of the residents of Pomona Valley. Based on the results of the 2021 Community Health needs Assessment, PVHMC determined Care Coordination and Access to Care are the overarching health need priorities for our community for the next three years (2021-2023).

Throughout 2021, PVHMC addressed our community's health need priorities through partnerships, specialized programs and community outreach initiatives. Classes and support groups were offered to the community both in-person and virtually on topics such as nutrition, stress-management, diabetes, heart-health, stroke prevention, rehabilitation, cancer, parenting, and childbirth. With a focus on disease management and raising awareness about risk factors, education and free health screenings were provided at various outdoor offerings. Through our palliative care and cancer navigation services, PVHMC offered social and emotional support and resources to improve quality of life for patients and support caregivers in the community, and transportation services, medication and durable medical equipment were offered to our most vulnerable patients at no cost.

PVHMC proudly provided support of several community-based organizations to further their missions and support minority, low-income or medically underserved residents. PVHMC subsidized emergency, trauma, and maternal-fetal transport services, to provide our community with access to high-quality specialty care 24-hours a day, 365 days a year. In keeping with our priority to enhance access to care through a grant from California Bridge Program and Inland Empire Health Plan (IEHP), PVHMC initiated the development of an emergency room nurse navigator team to help overcome barriers to care for patients experiencing Behavioral Health (BH) and/or Substance Use Disorders (SUD) presenting in the emergency room for treatment.

As a teaching hospital, PVHMC offered training for nursing, respiratory, radiology, physical and occupational therapy, pharmacy, surgery, dietetics, and social services students, and through our UCLA affiliated Family Medicine Residency Program, residents continued to be trained in underserved medicine, geriatrics, obstetrics, and family medicine, and provided services to local nursing homes, hospice, and Federally Qualified Health Centers.

In total, the economic value of community benefits provided by PVHMC in FY 2021 is estimated at \$102,448,659 including charity care, unreimbursed care, and other community health improvement benefits.

The importance of healthcare in our community is represented in all of the work we do. PVHMC demonstrates its profound commitment to improve the status of health for our community and welcomes this occasion to share our 2021 Community Benefit Plan.

Our Mission, Vision and Values

Our Mission:

Pomona Valley Hospital Medical Center is dedicated to providing high-quality, cost-effective health care services to residents of the greater Pomona Valley. The Medical Center offers a full range of services from local primary acute care to highly specialized regional services. Selection of all services is based on community need, availability of financing and the organization's technical ability to provide high quality results. Basic to our mission is our commitment to strive continuously to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious and cultural community.

Our Vision:

PVHMC's vision is to:

- Be the region's most respected and recognized Medical Center and market leader in the delivery of quality healthcare services;
- Be the Medical Center of choice for patients and families because they know they will receive the highest quality care and services available anywhere;
- Be the Medical Center where physicians prefer to practice because they are valued customers and team members supported by expert healthcare professionals, the most advanced systems and state-of-the-art technology;
- Be the Medical Center where health care workers choose to work because PVHMC is recognized for excellence, initiative is rewarded, self-development is encouraged, and pride and enthusiasm in serving customers abounds;
- Be the Medical Center buyers demand (employers, payors, etc.) for their healthcare services because they know we are the provider of choice for their beneficiaries and they will receive the highest value for the benefit dollar; and,
- Be the Medical Center that community leaders, volunteers and benefactors choose to support because they gain satisfaction from promoting an institution that continuously strives to meet the health needs of our communities, now and in the future.

Our Values:

C = *Customer Satisfaction*

H = *Honor and Respect*

A = *Accountability: The Buck Stops Here*

N = *New Ideas!*

G = *Growing Continuously*

E = *Excellence: Do the Right Things Right!*

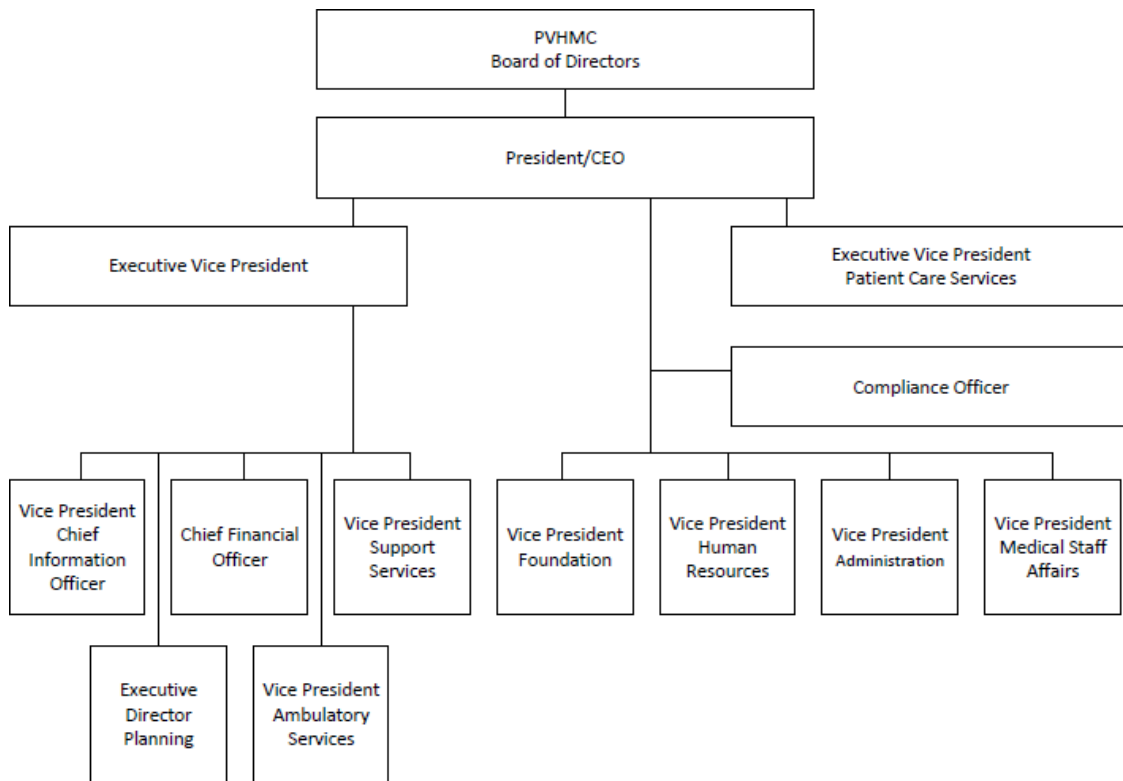
Our Leadership

PVHMC is governed by a Board of Directors whose members are representative of the community, hospital and medical staff leadership. The Board of Directors has been integrally involved from the earliest days of the Senate Bill 697 process. The President/CEO is charged with the day-to-day administrative leadership of the organization and is assisted by an executive team of vice presidents who oversee specific departments.

President/Chief Executive Officer: Richard E. Yochum, FACHE

Chairman, Board of Directors: William C. McCollum

Community Benefit Executive: Leigh C. Cornell, FACHE



Our Services

Emergency Care Services

- Level II Adult Trauma Center
- EDAP - Emergency Department Approved Pediatrics Los Angeles STEMI receiving Hospital Comprehensive Stroke Center
- Los Angeles County Disaster Resource Center

Adult Services

- General Medical and Surgical Services
- Critical Care Services
- Cardiac Cauterization and Surgery

Pediatric Services

- General Pediatric Medical and Surgical Services
- Level IIIB Neonatal Intensive Care Unit
- Neonatal Transportation Services
- Pediatric Specialty Outpatient Clinic

Obstetric Services

- Perinatology
- High Risk Obstetrics
- Maternal/Fetal Transport Services

Ambulatory Services

- Urgent and Primary Care Clinics
- Radiation and Medical Oncology
- Gastroenterology Lab
- Kidney and Urological Services
- Sleep Disorders Center
- Radiology
- Rehabilitation Services including physical, occupational, speech and cardiovascular



PVHMC has more than 700 physicians and 3,500 Associates who are supported by over 500 PVHMC volunteers to deliver the most comprehensive health services to our patients.

Statistics

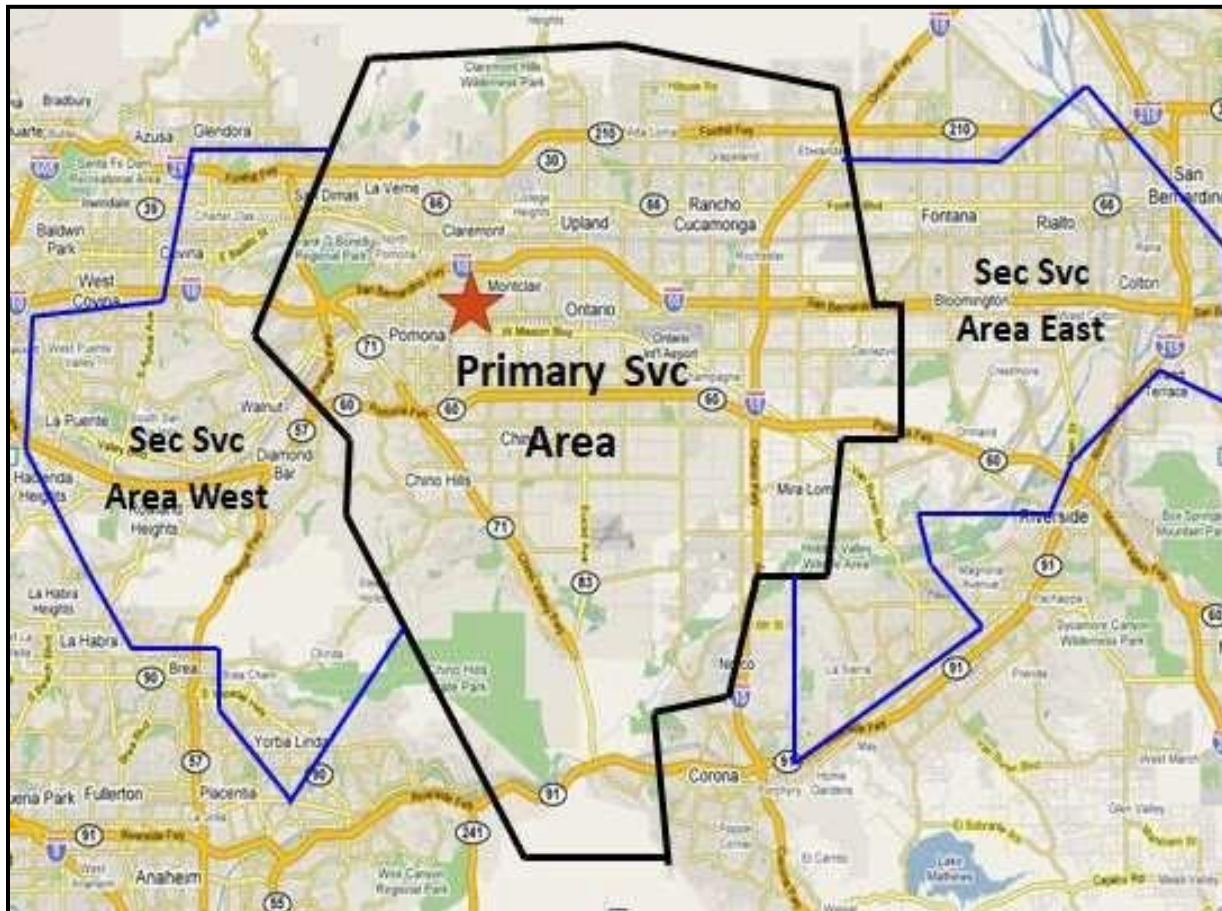
PVHMC Statistics	2019	2020	2021
Total Patient Days	88,964	87,417	93,479
Total Admissions	20,164	18,431	19,253
Overall Hospital Length of Stay	4.4	4.7	4.8
Average Daily Census	244	239	256
Emergency Visits	98,409	79,025	85,785
Emergency Room Admissions	11,031	11,674	12,141
Deliveries	6,735	5,272	5,529
Inpatient Surgery	5,602	5,045	5,446
Outpatient Surgery	6,619	4,667	5,727
Cardiac Surgeries	140	121	159
Cath Lab Procedures (inpatient & outpatient)	2,027	1,748	1,717
Radiology Procedures (inpatient & outpatient)	240,555	205,933	228,881
Laboratory Procedures (inpatient & outpatient)	1,521,905	1,576,109	1,681,898
Physical Therapy and Rehab Visits (inpatient & outpatient)	126,278	102,731	125,287
Radiation Oncology Procedures	25,759	28,010	25,114
Urgent Care & Primary Care Visits	165,976	143,672	153,135

Our Community

Pomona Valley Hospital is located in Los Angeles County within Strategic Planning Area 3 (SPA 3) and closely borders San Bernardino County. Our community is defined by our primary service area, which encompasses the cities of Pomona, Claremont, Chino, Chino Hills, La Verne, Ontario, Rancho Cucamonga, Alta Loma, Upland, and San Dimas and make up a total population of 886,768 (Source: U.S. Census Bureau, 2020). Our secondary service area includes additional surrounding cities in San Gabriel Valley and western San Bernardino County.

For the purposes of the California Community Benefit Law, our service area was determined and defined by analyzing inpatient admissions data and discharge data from the Department of Health Care Access and Information (HCAI).

The Communities We Serve



PVHMC's Primary Service Area Population

City	County	2020 Population
Pomona	Los Angeles	153,052
Claremont	Los Angeles	35,487
La Verne	Los Angeles	32,484
Chino	San Bernardino	83,111
Chino Hills	San Bernardino	78,284
Ontario	San Bernardino	176,493
Upland	San Bernardino	79,293
Montclair	San Bernardino	39,734
San Dimas	Los Angeles	34,985
Rancho Cucamonga Alta Loma	San Bernardino	173,845

Source: U.S. Census Bureau, 2020; (1) Alta Loma data were not available separately (included with Rancho Cucamonga data)

Ethnic Diversity of Our Community

City	White	Hispanic Latinx	Black African-America	American Indian	Asian	Hawaiian/Pacific Islander	Other	Two or More Races
Pomona	12.5%	70.5%	6.7%	0.2%	8.3%	0.2%	0.2%	1.4%
Claremont	58.6%	20.1%	4.4%	0.3%	12.8%	0.1%	0.2%	3.5%
La Verne	54.9%	31.2%	3.1%	0.3%	7.7%	0.2%	0.2%	2.5%
Chino	26.4%	54.9%	5.8%	0.3%	10.5%	0.1%	0.2%	1.7%
Chino Hills	31.6%	30.0%	4.4%	0.2%	30.7%	0.1%	0.2%	2.7%
Ontario	17.7%	69.3%	5.8%	0.2%	5.1%	0.3%	0.2%	1.3%
Upland	43.2%	38.5%	6.8%	0.3%	8.6%	0.2%	0.2%	2.2%
Montclair	14.3%	70.0%	4.7%	0.2%	9.2%	0.2%	0.1%	1.2%
San Dimas	51.5%	31.8%	3.1%	0.2%	10.4%	0.1%	0.2%	2.7%
Rancho Cucamonga /Alta Loma	41.0%	36.0%	8.8%	0.3%	10.5%	0.2%	0.2%	2.9%

Source: U.S. Census Bureau, 2020; (1) Alta Loma data were not available separately (included with Rancho Cucamonga data)

2021 Community Health Needs Assessment Summary

Grounded in a longstanding commitment to address the health needs of our community, Pomona Valley Hospital Medical Center (PVHMC) partnered with California State University San Bernardino's Institute of Applied Research (IAR) to conduct a formal Community Health Needs Assessment (CHNA). The complete 2021 CHNA process consisted of primary and secondary data collection, including valuable community, stakeholder, and public health input, that was examined to prioritize the most critical health needs of our community and serve as the basis for our Community Benefit Plan and Implementation Strategy.

Methodology

Primary data was collected via an online survey which consisted of input of 819 from the eleven cities within PVHMC's service area, resulting in a 95 percent level of confidence and an accuracy of +/- 3.4%. A total of 18 out of 819 of the surveys (2.2% response) were conducted in Spanish. In addition, 337 online surveys were received through IAR's Viewpoint panel resulting in a 95 percent level of confidence and an accuracy of +/- 5.38%. In total PVHMC received 1,156 completed surveys. The surveys were conducted between June 21, 2021 and August 1, 2021. The Principal Investigator was Barbara Sirotnik, PhD and the Project Coordinator was Lori Aldana, MBA. Primary data was obtained through IAR's executive interviews with Los Angeles Public Health official, Ms. Jocelyn Estiandan, on July 22, 2021. Ms. Estiandan submitted her input by email. In addition, IAR conducted a virtual interview with four representatives of the San Bernardino County Department of Public Health on August 2, 2021. Participants included Ms. Jennifer Baptiste Smith, Chief of Clinical Health and Prevention Services, Ms. Monique Amis, Chief of Community and Family Health, and two Clinic Supervisors/nurses. Additional primary data were collected through two virtual focus group meetings with 15 community-based organizations within PVHMC's primary and secondary service areas whose organizations serve and represent minority, low-income and medically underserved individuals. Secondary supporting data highlighting health status indicators and major health influencers was collected from several sources, and when appropriate, compared to Healthy People 2020 goals.

Every attempt was made to solicit primary, secondary, and health-related information relative to the communities we serve. In some instances, PVHMC's ability to assess the health needs was limited by lack of existing data at the city and county level. Additionally, in some instances, comparable health-related data was limited across both counties in which our primary service area encompasses.

Objectives

The objectives of the 2021 CHNA were consistent with those of previous CHNA's, in that PVHMC desired to: 1) objectively look at demographic and socioeconomic aspects of the community, health status, and barriers to receiving care, 2) identify opportunities for collaboration with other community based organizations, 3) identify communities and groups that are experiencing health disparities, and 4) to assist PVHMC with the development of resources and programs that will improve and enhance the well-being of the residents of the communities we serve.

In the first phase of PVHMC's assessment process, primary data was collected via an online survey from residents within PVHMC's service area to determine their perceptions and needs regarding various health issues, and to see if there have been any changes since the previous studies. Specific issues and questions included:

- Demographic profile of survey respondents: city of residence, gender, marital status, education, income, ethnicity, age, years living in the community, number of people and number of children in the household;
- Health status indicators: Self-reported health evaluation, impact of the pandemic on overall health, chronic illnesses, other health issues, children's health conditions, and advanced directives;
- Major health influencers: healthy eating, use of tobacco and vaping (and follow-up health screening), health insurance coverage (and reasons for no coverage), barriers to receiving needed health services, utilization of health care services for routine primary/preventative care, safety (accidents, injuries, and other concerns), COVID-19 pandemic, experience with and evaluation of PVHMC; and
- "Other" issues: issues of DEI (diversity, equity, and inclusion), biggest health-related issue or service needed, and best ways of disseminating information about classes/support groups/events.

Secondary data was collected from a variety of sources regarding health status indicators and major health influencers for PVHMC's service area:

- Health status indicators: cardiovascular disease, diabetes, cancer, high blood pressure, obesity, and other leading causes of death. These indicators were compared to Healthy People 2020 goals at the SPA (Service Planning Area) 3 level, Los Angeles County level, and San Bernardino County level.
- Major health influencers: smoking/tobacco use, physical activity levels, health insurance coverage. These indicators were compared to Healthy People 2020 goals at the SPA 3 level, Los Angeles County level, and San Bernardino County level.

Third, IAR conducted executive interviews with officials of both the Los Angeles County and San Bernardino County Public Health offices in order to gain their perspective of:

- Unmet needs in the community relative to support for patients and families (e.g., support groups, classes, caregiver services);
- Unmet needs in the community relative to chronic disease management;
- Health needs priorities of the community;
- Barriers to receiving routine and urgent health care;
- Ways in which PVHMC can help improve the health and wellness of the general community as well as the subgroups of low-income, minority, and medically under-served populations.

Finally, PVHMC conducted virtual focus groups with individuals representing various community based organizations in PVHMC's service area, including organizations serving low income, minority and medically under-served populations.

Findings

PVHMC reviewed the 2021 Community Needs Assessment and through analysis of primary, secondary, focus group and public health input received, the following were identified as significant health needs in PVHMC's primary service area:

- Mental Health services/resources
- Care Coordination Services/Patient Navigator Resources/Support/Outreach for Homeless
- Chronic Disease
 - Diabetes
 - Hypertension; Cardiovascular Disease
 - Mental Health
- Disease Prevention & Education
- Obesity & Weight Management
- Nutrition Education and Support Groups-Physical Activity Programs
- Access to Affordable Primary Care/Prevention Services and Screenings
- Awareness of Available Resources in the Community

Major Influencers of Health Identified (Social-Determinants of Health)

- Health Insurance Status (city-specific)
- Cost of Healthy Food/Access to Healthy Food (city-specific)
- Poverty/Economic standing
- Education level/health literacy
- Language and Cultural Barriers as Influencers of Trust

Prioritized Health Needs

Community health needs were determined to be significant through evaluation of primary and secondary data, whereby the identified significant community health needs were grouped into two overarching areas: Access to Care and Care Coordination. The following table shows PVHMC's prioritized health needs and selected areas of focus for 2021-2023 CHNA cycle.

2021 Community Health Needs Assessment Priority Health Needs

The 2021 Community Health Needs Assessment identified the need for assuring health equity for our Community's most vulnerable populations and collaborating with community partners to address:

PRIORITY AREA	COMMUNITY HEALTH NEED PRIORITIES
Access to Care	Access to affordable/low-cost preventative care and health screenings.
	Access to Primary Care and mental health care resources.
	Improved Awareness of Services/Resources and Health Education
Care Coordination	Care coordination and disease management, particularly for prevalent common chronic diseases: <ul style="list-style-type: none"> • Diabetes/Obesity • Hypertension/Cardiovascular Disease

In response to these findings, PVHMC will actively seek ways to build-upon existing partnerships, establish new partnerships, and support community benefit programs to meet these priority health needs.

Prioritization Process

Identified health needs were prioritized based upon:

1. Community respondents and key informants identified the need to be significant, or largely requested specific services that they would like to see Pomona Valley Hospital Medical Center provide in the community.
2. Feasibility of providing interventions for the unmet need identified in the community, in such that Pomona Valley Hospital Medical Center currently has, or has the current means of developing the resources to meet the need within the next triennial CHNA cycle, and
3. Alignment between the identified health need and Pomona Valley Hospital Medical Center's mission, vision, and strategic plan.

Full Report

PVHMC's comprehensive 2021 Community Health Needs Assessment is widely available on our website at: <https://www.pvhmc.org/about-us/community-services/>.

2021 – 2023 Implementation Strategy

In response to the assessment’s findings, an Implementation Strategy was developed to operationalize PVHMC’s community benefit goals. These goals include: improving access to primary and specialty care, especially for our most vulnerable residents, through hospital and community-based medical services and financial assistance that directly meets their needs; improving health outcomes for patients suffering from stroke, cardiovascular disease, cancer, and diabetes through low cost or no-cost health screenings, patient navigation services, support groups, and community collaboration; increasing awareness about risk factors for disease and prevention through community education and outreach; and, to improve the overall health and well-being of our community through social, emotional and mental health support services.

In support of PVHMC’s 2020 Community Health Needs Assessment (CHNA), and ongoing Community Benefit Plan initiatives, Pomona Valley Hospital Medical Center’s FY2021 – FY2023 Implementation Strategy documents the priority health needs for which PVHMC will address in the community and translates our CHNA data and research into actual strategies and objectives that can be carried out to improve health outcomes. PVHMC determined a broad, flexible approach was best as strategies and programs for community benefit are budgeted annually and may be adjusted as new programs are developed. Accordingly, the Implementation Strategy will be continuously monitored for progress in addressing our community’s health needs and will serve as a tool around which our community benefit programs will be tailored.

Priority Area One: Access to Care

Identified Community Need: Access to Care (Examples: Primary and Specialty Care, Access to Mental Health Services, Care Coordination/Patient Navigation)

Summary: The COVID-19 pandemic has greatly impacted access to care for community members, particularly those who are uninsured or underinsured. PVHMC’s free screenings and clinics continue to provide valuable resources and touch points for the community members. The partnerships with local community clinics such as Park Tree and East Valley Community Health Center provide important resources for the underinsured and uninsured populations and continued partnership is needed to address community needs. Transportation needs for patients being discharged to home has increased with the pandemic, therefore, it is worth exploring avenues to support patient transportation so they can receive follow up care in a clinic or primary care setting. With behavioral and mental health needs increasing in the community, it is important PVHMC continues supporting these needs as well as exploring additional avenues of support to ensure patients’ access to care.

Strategies to Address the Need:

- Continue to provide free or reduced cost screenings and immunizations at local health fairs
- Continue to provide free, low-cost or reduced-cost health services, medications, and medical devices

- Continue collaborating with primary care providers and clinics (Park Tree and East Valley Community Health Center as examples) to improve access to preventative and specialty care
- Promote community awareness about health services offered through; wellness classes, support groups in both English and Spanish and educational resources
- Continue to increase PVHMC's capacity to care for patients needing emergency treatment, trauma services, surgery, primary care, behavioral and mental health services
- Provide discharge transportation for vulnerable patients who are otherwise unable to get home and explore transportation opportunities for follow up care at primary care offices and clinics.
- Provide enrollment assistance for appropriate health insurance plans both in person and online and participation in the hospital presumptive eligibility program
- Pediatric tertiary care provided within the community
- Continue support of PVHMC's Family Medicine Residency Program to increase the number of primary care physicians in the region.

Anticipated Impact:

Through the above strategies, PVHMC anticipates the following improvements in community health:

- Increased awareness of established resources available in the community to meet health needs
- Increased access to emergency, urgent, specialty, and primary care
- Increased participation in PVHMC programs, support groups and education classes
- Increased insurance coverage.

Metrics and/or Methods of Evaluation:

- Number of immunizations and screenings provided in the community
- Number of patient encounters among general, specialty, and community outreach services
- Amount of transportation services provided
- Amount of medical device and medication assistance provided

Priority Area Two: Care Coordination (chronic disease population)

Identified Community Need: High Blood Pressure, Diabetes, Obesity

Summary: While there has been a decline in in-person events and opportunities due to COVID-19, PVHMC will continue to be present at and participate in as many events as possible to reach the highest number of community members.

Participating in partner events continues to be the best opportunity to reach the community, build relationships and provide awareness, prevention, screening, education and support for chronic conditions such as high blood pressure and diabetes. While PVHMC has many resources for the community, there continues to be a high need for education materials in Spanish and multi-lingual caregivers or team members who can address questions and follow up with patients after initial community engagement.

Strategies to Address this Need:

- Continue participating in partner events, health fairs and community events to provide:
 - Blood pressure screenings at community events
 - Glucose screenings
 - Promote cardiovascular health and risk reduction
- Provide free or low-cost diabetes and nutrition education classes and resources
- Provide resources in Spanish and English in order to assist patients with the following:
 - Resources and guidance for cardiovascular health, high blood pressure, diabetes
- Provide care coordination services in Spanish and English to ensure patients:
 - Discharge home safely with positive health outcomes and increased awareness and understanding of their healthcare needs and follow up care needed.
 - Have resources available to make follow up appointments, apply for financial assistance, and enroll in support groups
 - Understand their access to additional treatment and resource options for behavioral and mental health needs
 - Understand that PVHMC's emergency department will identify, appropriately treat, refer to treatment, and provide follow up for patients experiencing behavioral health or substance use disorders.
 - Utilize existing patient documents while adding fields for "approval to send PVHMC materials" and request email and phone number.

Anticipated/Expected Impact:

Through the above strategies, PVHMC anticipates the following improvements in community health over time:

1. Increased awareness about self-management tools and follow up care needed,
2. Increased awareness of risk factors associated with targeted chronic diseases,
3. Improved community-wide program collaboration to address health needs collectively
4. Reduced prevalence rate of targeted chronic diseases.

Metrics/Methods of Evaluation:

Although the COVID-19 pandemic has impacted the ability to be present at and host as many community events in years past, community outreach continues to be a primary focus in reaching our community members. Therefore, we will continue to measure:

- Attendance and participation numbers for screenings at health fairs and events
- Quantity of publications and materials distributed to community members
- Number of sources and avenues in which PVHMC promotes what is offered to the community
- Number of participants in classes for cardiovascular and heart health, diabetes, support groups, and lectures provided by PVHMC

The following pages further demonstrates how PVHMC addresses access to care and care coordination through the various programs and services we provide to our community.

Community Benefit Activities – FY 2021 Update

The following Community Benefit Plan update for FY 2021 provides a comprehensive summary of the programs and services dedicated to addressing the priority health needs that were identified through our 2021 Community Health Needs Assessment process – access to care and care coordination.

Community Benefit activities and programs in this report have been categorized into eight overarching areas:

Stroke and Cardiovascular Disease Diabetes

Cancer Care Services

Emergency and Trauma Services Access Women's and Children's Services

Access to Care & Support Services

Partnership & Outreach Professional Education and Training

Within these areas, activities were further organized according to the major categories within the Schedule H of the Internal Revenue Service (IRS) Form 990: Community Health Improvement Services; Health Professions Education; Scholarships/Funding; Subsidized Health Services; Research; Financial and In-Kind Contributions; and Community Building Activities.

While measuring outcomes of community benefit activities and programs may not always tell the true story of community benefits; its purpose, however, is doing something that makes a difference in the lives of people, whether they affected hundreds of residents or impacted only one; whether they required thousands of dollars, or were free of cost – these programs and services are insights into an organization and a community actively involved in improving the health status of residents living in the Pomona Valley and in the communities beyond.

Stroke and Cardiovascular Disease

Since 1986, Pomona Valley Hospital Medical Center’s Stead Heart Center has been a leader in innovative cardiovascular care, offering exceptional patient care with the most complete lines of cardiac and vascular services in Los Angeles and San Bernardino Counties. The Stead Heart and Vascular Center provides our community with access to pre-eminent diagnostic, treatment, and rehabilitation services, as well as community education and learning activities focused on the prevention and treatment of disease. Pomona Valley Hospital Medical Center (PVHMC) is also a regional leader in innovative stroke treatment. The Stead Heart and Vascular Center at PVHMC is committed to providing advanced coordinated clinical care for patients and families in the midst of a health crisis. Our care has been nationally recognized for saving lives by the American Heart Association, American Stroke Association, Healthgrades, and several other independent national organizations.



Recognizing that heart disease and stroke remain a leading cause of death in Los Angeles County, it is clear why cardiovascular health appeared as a priority health need in PVHMC’s 2021 Community Health Needs Assessment. In response to these findings, PVHMC’s Stead Heart and Vascular Center works vigorously year after year to address this critical need and is continually committed to proactively fighting stroke and cardiovascular disease with rapid-response intervention, coordinated care, education and rehabilitation.

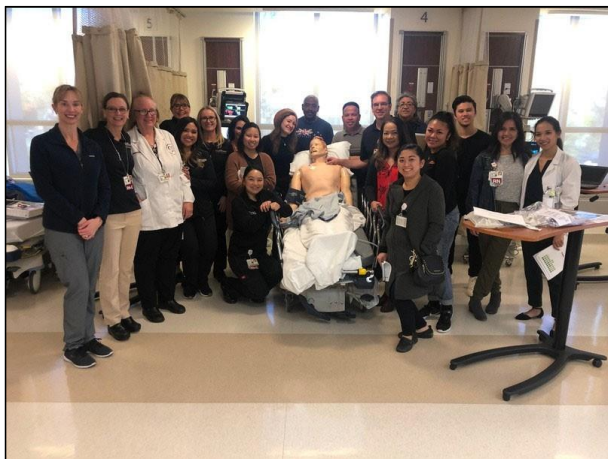
To uphold our continuous dedication to cardiac and stroke care, and to maintain our respected status as a Comprehensive Stroke Center (CSC) and a Chest Pain Center certified by the American College of Cardiology, PVHMC showed its leadership through countless responsible acts in promoting cardiovascular health throughout 2020, despite facing insurmountable challenges related to COVID-19.

PVHMC's stroke and cardiovascular programs continued to provide an extensive annual training program for Associates and provided outreach, education, and training for our local and regional community partners, including outpatient clinics, local hospitals and Emergency Medical Systems teams (EMS). Additionally, PVHMC's Stead Heart and Vascular Center continued to provide our patients and community residents with direct education and tools to prevent stroke and cardiovascular disease as well as manage recovery, within COVID-19 guidelines, such as through various outdoor and virtual offerings throughout the year.

The following summarizes activities and services provided in FY 2021 to support stroke and cardiovascular disease treatment, prevention, recovery and education for our community:

Health Professions Education


- 1,800 dedicated education and training hours for 250 Associates, which included Simulation Labs, Continuing Education DIRECT Online, and Didactic lectures. Training focused on utilizing new research into practice and how to use new, state-of-the-art technology to yield better health results
- Inter-disciplinary neuroscience case reviews
- Tuesday Noon Continuing Medical Education (CME) Stroke lectures and updates open to all medical professionals in the community





- 2021 Neuro-Symposium: On October 23, 2021, PVHMC sponsored our Sixth Annual Neuro Symposium, titled "An Interesting Year in Stroke Management." The interactive, four-hour event was offered virtually. Attendees were provided with evidenced-based practice knowledge and case presentations.
- The June 19, 2021 Cardiac Symposium: Cardiovascular Care and Treatment.
- EMS education
 - Chino Valley Fire
 - West Covina Fire
 - La Verne Fire
 - AMR flight teams
 - LA County Fire, Pomona
 - LA County Fire, San Dimas
 - San Bernardino County, Montclair, Claremont, Chino Valley
- Skilled Nursing and Rehab stroke education at Inland Valley Rehab, Claremont Care Center and Mt San Antonio Gardens
- Community Education Group Lectures: Five (5) lectures for physicians in the community at PVHMC's Tuesday Noon Conferences for professional development and continuing education in the area of cardiovascular disease, hypertension, and stroke were provided in 2021.
- Community Hospitals Stroke Update and In-service Training



STROKE MONTH
VIRTUAL EDUCATION SERIES



May is National Stroke Awareness Month and we're excited to invite you to join us for a three-part virtual education series! To join any of the sessions, scan the QR code with the camera on your smart device or enter the GoToMeeting link:
<https://global.gotomeeting.com/join/223897157>
United States: +1 (872) 240-3412
Access Code: 223-897-157

WEDNESDAY, MAY 12 2:00 PM	Advances in Stroke Care <i>Adeel Popalzai, DO, Neurologist</i> Review of Stroke Care 101 and overview of the most up-to-date treatments and care of stroke.	
WEDNESDAY, MAY 19 2:00 PM	Building the Resilience of a Stroke Survivor during a Pandemic <i>Angela Yi, PhD, Neuropsychologist & Rehabilitation Psychologist</i> Learn practical ways to strengthen your resilience muscle during times of continual change and stress.	
WEDNESDAY, MAY 26 2:00 PM	Interactive Chair Exercises <i>Amy Newmark, PT, NCS, Neurological Physical Therapist</i> Are you ready to get moving? Learn simple stretching and strengthening exercises for your arms and legs that can be done in the comfort of your home using items you already have. The class will include modifications for stroke survivors that have increased difficulty moving one arm or leg.	






CONTACT US: Family Education & Resource Center | 909.865.9858
 Learn more about stroke and cardiovascular services at PVHMC by visiting pvhmc.org.

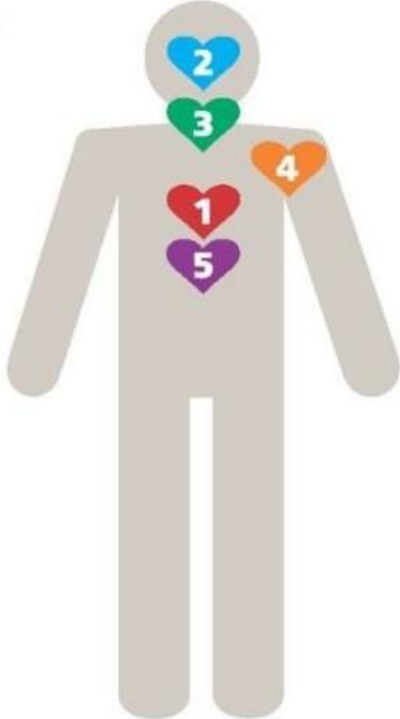


According to the American Heart Association (AHA) and the American College of Cardiology Foundation (ACCF), referral to cardiac rehabilitation (CR) is a Class 1 recommendation for patients following heart surgery, myocardial infarction, or coronary intervention and for stable angina or heart failure. Yet, according to a recent report in *Circulation: Cardiovascular Quality and Outcomes*, alarmingly only 1 in 4 CR-eligible Medicare patients, just 25%, are routinely referred by their physician or health care providers.

Cardiac rehabilitation and secondary prevention programs (CR/SPPs) include diet and exercise programs, but they are much more than that. These programs offer a multifaceted approach to optimize the physical, mental, and social functioning of people with cardiovascular disease. CR/SPPs include cardiovascular risk reduction, foster healthy behaviors and improved compliance with these behaviors. Patients may also be prescribed cardio-protective drugs that reduce the risk of future cardiac events. The goal of cardiac rehabilitation and secondary prevention is to stabilize, slow, or even reverse the progression of cardiac disease, which in turn reduces the risk of a future cardiac event.

Common Heart Attack Warning Signs

-  Pain or discomfort in the chest
-  Lightheadedness, nausea or vomiting
-  Jaw, neck or back pain
-  Discomfort or pain in arm or shoulder
-  Shortness of breath



As a result of COVID-19, several activities that were previously offered in the community to share resources and raise awareness about cardiovascular health and stroke were temporarily placed on hold to adhere to social distancing guidelines; these included various speaking engagements, health fairs, survivor days celebrations, support group celebrations, and PVHMC's annual Stead Heart for Women event that provides education, outreach and resources for women's health. Despite the restrictions from COVID-19, PVHMC was successfully able to provide limited patient and community health improvement services through various outdoor and virtual offerings throughout 2021. These include:

- La Verne Rotary Club Stroke Presentation
- Claremont Links Organization Women's Heart Event



- Hands-Only CPR: The Hands Only CPR program is a one-day event that provides basic hands-on Cardio-Pulmonary Resuscitation (CPR) training to individuals in the community. Using the American Heart Association's Family & Friends CPR Anytime kit - which includes a demonstration manikin and training video –PVHMC's Education and Emergency Department collaborated with local fire departments and spend the day at various locations in the community teaching the laypers on life-saving CPR.
- Survivor Recognition: PVHMC attended several Chino Valley Fire Cardiac Arrest survivor celebrations. The bystander who performed bystander CPR and the cardiac arrest survivor are reunited to celebrate the results of their heartfelt service.



Diabetes

Diabetes Program Summary 2021

U.S. News Best Hospitals Rankings, 2021-22

PVHMC was designated a high performing hospital for the treatment of diabetes. Hospitals that earned a high performing rating were determined significantly better than the national average. For over 30 years, U.S. News has evaluated hospital performance in both complex and routine care in support of patient decision-making for emerging and chronic conditions. A hospital's diabetes score is based on multiple data categories, including patient survival, volume and more. Over 6,000 hospitals were evaluated, and eligible hospitals received one of three ratings: high performing (399 hospitals), average (1,568 hospitals) and below average (795 hospitals). The balance were found not to offer the service or to be performing too few of the procedure to be rated.



Community Health Improvement Services

Pomona Valley Hospital Medical Center continues to play an important role in the lives of people in our community with diabetes. We are committed to continuously developing and utilizing proven strategies that have improved the health and quality of life of individuals suffering with diabetes. Managing diabetes is a team effort that involves health care providers, diabetes self-management education, family and friends and community support. As shown below, we also participated in virtual lectures and,

Free Diabetes Community Lectures				
Date	#Attendees	# Nurses	# Hours	Event Name
Monthly Diabetes 101	48	2	24	Monthly Diabetes 101 Lecture in English and Spanish
3/25/2021	16	1	1	Club HOPE (Diamond Bar High school) -Nurse Careers in Diabetes
4/23/2021	24	1	1	PVHMC Junior Volunteer Seminar - Nurse Careers in Diabetes
8/25/2021	65	1	1	Tzu Chi Health Center & PVHMC Diabetes 101 Lecture (Spanish)
9/23/2021	16	1	1	La Verne Rotary - COVID-19 and Chronic Disease
11/1/2021	40	1	1	Mt. SAC School of Nursing - Diabetes Month Care Lecture
11/3/2021	24	1	1	Glendora After Stroke - Diabetes Month Lecture
11/17/2021	30	2	2	Pomona Police - Diabetes Month Lecture x 4
Total	263	10	32	

when local mandates allowed, performed blood glucose screenings, hosted classes and provided education to the community.

Free Blood Sugar Community Screenings				
Date	#Screenings	# Nurses	# Hours	Event Name
7/24/2021	20	14	2	Assembly member Freddie Rodriguez's Annual Community Awards
7/31/2021	113	11	4	La Verne Health & Wellness Community Expo
8/3/2021	27	9	3	La Verne Community Night Out
8/7/2021	79	8	3	Pomona Community Network Kickoff
10/2/2021	38	12	4	La Verne Public Safety Open House
10/16/2021	34	7	3	Pomona 5k/10K Run/Walk
10/30/2021	48	12	3	Assembly member Freddie Rodriguez's 5th Annual Women's Health Fair Pomona
11/6/2021	110	8	3	Pomona Connect Resource Fair
11/17/2021	4	2	2	Pomona Police Diabetes Screenings
11/17/2021	16	8	2	Claremont Presbyterian Church Health Fair
12/12/2021	23	7	3	Diabetes Awareness Walk, Pomona
Total	512	98	32	

Pictured: PVHMC provides free blood sugar screenings at Assembly Member Freddie Rodriguez's 5th Annual Women's Health Fair at Washington Park, Pomona.

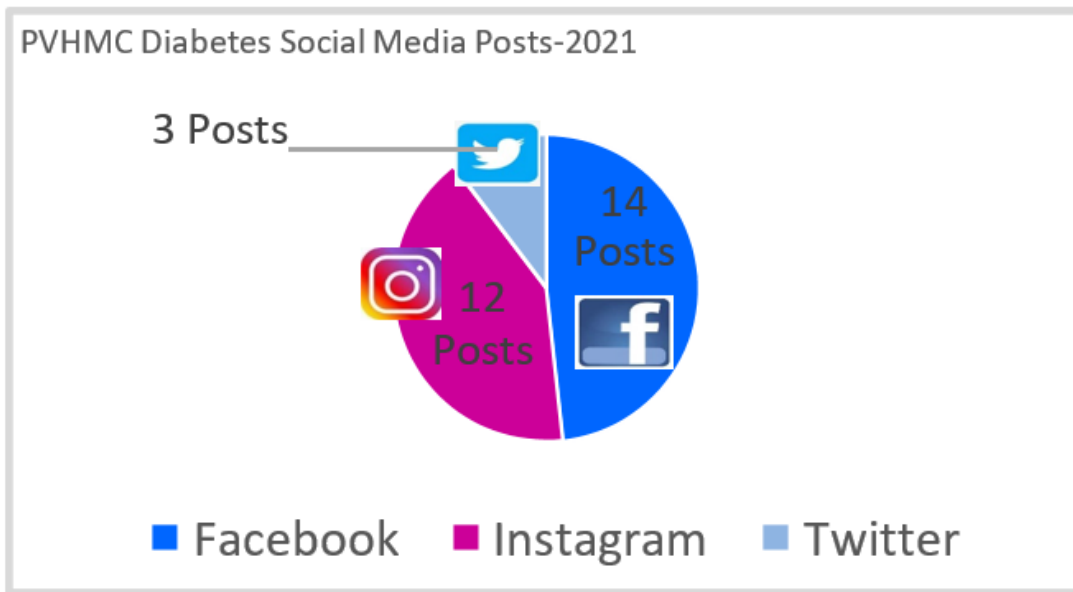




Pictured: PVHMC provides free blood sugar screenings at the La Verne Public Safety Open House

Reaching Our Community through Social Media

The use of social media in health education has been increasing, due to its ability to remove physical barriers that can impede access to healthcare education and resources. PVHMC was very active in 2021, posting engaging content about diabetes across three different social media platforms (Facebook- nearly 11,000 followers, Instagram –3,600+ followers and Twitter –nearly 1,000 followers) as follows:



pvhmc

Liked by [jcswifey_12](#) and **224 others**

pvhmc More than 32 million Americans have [#diabetes](#). That's 1 in 10 people who are at a high risk of heart disease, stroke and other serious complications, such as kidney failure, blindness and amputation of a toe, foot or leg, according to [@cdcgov](#).

Today, our [#PVHMCHeroes](#) were asked to wear blue to bring awareness to diabetes and prediabetes and to show support for those who are affected by diabetes, such as their fellow Associates and loved ones.

Who would you [#WearBlue](#) for? ❤️

Pomona Valley Hospital Medical Center added an event.
Dec 8, 2021 · 🌐

DIABETES 101 CLASS

Diabetes 101 Class
Pomona Valley Hospital Medical Center

TUESDAY, DEC 14, 2021 6:30 PM – 7:30 PM	TUESDAY, JAN 11 6:30 PM – 7:30 PM
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[Going](#) [Going](#)

PVHMC
[@PVHMC](#)

Last week our diabetes team headed to [@PomonaPD](#) to discuss risk factors, prevalence in our community, how to spot a diabetes emergency & to identify equipment indicating diabetes (insulin, syringe, etc.). Thankful for this opportunity to support their efforts to protect & serve!

12:01 PM · 11/24/21 · [Hootsuite Inc.](#)

Samples of our social media posts to the Community about Diabetes

PVHMC Diabetes Program at Community Meetings:

Many different health care providers support people with diabetes with a focus on coordinating their care. Doctors, nurses/nurse practitioners, community health workers, and medical assistants can help people with diabetes and their families' education about how to manage diabetes and how to find resources in the community. PVHMC Diabetes program staff attended monthly and/or quarterly community meetings to learn about valuable health resources for patients and to share our available resources with the following community based organizations:

- Los Angeles Diabetes Coalition
- Healthy in Pomona
- Health Consortium of Greater San Gabriel Valley

Inpatient Diabetes Care

Pomona Valley Hospital Medical Center has recognition in Advanced Inpatient Diabetes Care from the Joint Commission Advanced Inpatient Diabetes Certification Program, based on the American Diabetes Association's (ADA) Clinical Practice Recommendations. Diabetes currently affects 3.73 million Americans and another 96 million Americans are estimated to have pre-diabetes. On a monthly basis, Pomona Valley Hospital Medical Center cares for approximately 300-400 in-patients with a diagnosis of diabetes. The Joint Commission-ADA Advance Inpatient Diabetes Certification represents a clinical program of excellence, improved processes of coordinated care, access to providers, ability to create an environment of teamwork, and heightened communication within the organization.

Some of the accomplishments for our inpatient program include:

- All (55 Health Care Providers) PVHMC Diabetes Care Champions, completed the American Diabetes Association's Standards of Medical Care in Diabetes training for 2021
- Monthly New Nurse Orientation and New Graduate Nurse Seminar
- Diabetes Care in the Fundamental Critical Care Support (FCCS), March 2021
- November Associate Newsletter Article for Diabetes Month
- Internal Diabetes Awareness Education and Activities (Wear Blue Day on Nov. 14- for Diabetes Awareness)
- Incorporation of Social Determinants of Health into program policy from the ADA Guidelines
- Updated Diabetic ketoacidosis (DKA) and new Hyperosmolar hyperglycemic syndrome (HHS) care order sets
- Insulin Practice Change (individually assigned insulin vials)
- Standardized Documentation- for Insulin Pump Use & Hypoglycemia (low blood sugar)
- Participation in the Magnet Nursing Journey
- Pharmacy Management of Hyperglycemia and Transition of Care Pharmacy Program

Additional Diabetes Program Staff Training in 2021:

- Los Angeles County's 5th Annual Diabetes Symposium, January 2021
- Social Determinants of Health in Diabetes Care: Addressing Disparities and Inequities
- The Increasing Importance of Managing Diabetes in the Inpatient Setting
- FDA Update on the Nutrition Facts Label and Education Campaign

- Insulin Pump Therapy for Type 2 Diabetes: A Clinical-Evidence Based Approach
- Transforming the Future of Diabetes Care including Smart Pen Technology, CGM and Automated Systems
- Diabetes Update: Roles and Benefits of SGLT-2 Inhibitors and GLP-1 Agonists

Inpatient Pharmacy Managed Insulin Protocol and Transition of Care

In early 2021, the Pharmacy team at PVHMC established a procedure to initiate and adjust insulin management therapy for hospitalized patients. Our pharmacists are responsible for reviewing subcutaneous insulin needs in adult patients that meet the inclusion criteria. Upon receiving a consultation request, the pharmacist will manage and monitor insulin therapy utilizing established guidelines. Insulin glargine will be used for basal long acting insulin. Insulin lispro will be used for short acting prandial or correctional scale insulin. Retrospective chart review indicates the incidence of hyperglycemia (high blood sugar) has decreased and further implantation and evaluation of this program continues.

Around this same time, PVHMC's transition of care program through the pharmacy was initiated. The goal of this program is to ensure care coordination and continuity of health care as patients transfer from hospital to home/facility. The Transitions of Care Pharmacist (TCP) provides transition of care services with the goal of optimizing continuity of care, managing successful discharge and reducing medication related errors as patient's transfers from the inpatient setting to the next level of care. Many patients with diabetes meet the inclusion criteria below and are included in this innovative transition of care program:

Inclusion Criteria	Details
Medication non-compliance	Medication related admission/re-admission
Financial barriers	Medication acquisition challenges
High risk and problematic medications	Admitted with or will be started on high risk medications
Polypharmacy	>5 home medications at admission or discharge
Multiple chronic disease states	Require multiple medication changes for comorbidities
New/Unstable Disease state	Newly diagnosed or uncontrolled requiring new medications or change in medication therapy
Multiple re-admission	Patient who have multiple re-admission, excluding CHF IV drug induced
Antibiotics at Discharge	New or continuation of antibiotic at discharge

For example, if a patient with diabetes is discharged or pending discharge and is in need of diabetic supplies, the TCP may send an electronic/verbal prescription to the patients preferred pharmacy and facilitate getting supplies per a standardized procedure. Diabetic Supplies, such as: Glucometer, Lancets, Test strips, Pen needles, and Syringes. This unique program enhances care of all patients and especially those with diabetes who qualify.

In conclusion, the diabetes program continues to grow at PVHMC and has remained resilient and flexible as it adapted to the challenges of the ongoing COVID-19 pandemic. Our program staff are dedicated to caring for patients with and without diabetes, serving the community and looking for new ways to elevate care to highest clinical standards.

Cancer Care

The Robert and Beverly Lewis Family Cancer Care Center, a part of PVHMC, has been helping our community battle cancer since 1993, and is dedicated to education, prevention, diagnosis, treatment, support and recovery. Located one block northeast of the Hospital's main campus, our Cancer Care Center is home to the Breast Health Center, Radiation Oncology, Medical Oncology, Nurse Navigators, a Social Worker, and our Community Library. Outpatient services include educational sessions, diagnostic tests and screenings, chemotherapy, infusion therapy, blood transfusion treatments, radiation therapy, and more. Cancer specialists all trained to provide the most sophisticated, technologically advanced cancer care available in a non-threatening, homelike atmosphere, tailoring coordinated care to each person's individual situation. We make every effort to keep our patients fully informed so that they are involved every step of the way. We never forget that we are dealing with people – not just a disease.

Community Health Improvement Services

Cancer Care Classes and Support Groups

Multiple free/no cost programs and support groups at the Robert and Beverly Lewis Family Cancer Care Center are offered to meet the needs of the community and to aid them through cancer diagnosis, treatment, and recovery. Due to the COVID-19 pandemic, all classes and support groups were subsequently placed on hold; however, PVHMC's Cancer Care Clinical Social Worker and Nurse Navigators have continued to check in with existing members to provide support, updates and information over the phone.

- **Women with Cancer:** A support group for all women with all types of cancer meets to address their needs.
- **Pomona Valley Ostomy Association:** Education and mutual support for "ostomates."
- **Leukemia/Lymphoma Support Group:** Support and education for people with leukemia, Hodgkin's disease, lymphoma, and multiple myeloma.
- **When Cancer Enters Your Life:** A sharing support group for everyone - a cancer patient, a relative, friend, loved one, or co-worker- who has been affected by someone with cancer.
- **Living Well After Cancer:** This exercise program for cancer survivors involves the staff of the Cancer Care Center, PVHMC's Physical Therapy Department, and the Claremont Club. Living Well After Cancer is targeted to aid in rehabilitation after cancer treatment and to improve fitness levels to live a better quality of life.
- **Bereavement/Loss Support Group:** This support group is for anyone who has suffered the loss of a loved one and is experiencing the grieving process; open to family members and friends.
- **Expressive Wellness Arts:** Each meeting focuses on the creative journaling to aid in healing.
- **TaijiFit:** Combines fitness, meditation, and the ancient art of Tai Chi connecting mind and body in what is called FLOW. It is movement meditation.
- **Stretch and Yoga:** A class open to all community members, especially for patients recovering from cancer treatment. The goal of the class is to improve flexibility, to gain strength and to improve circulation. Open to all fitness levels.

- **Nutritional Services during Cancer:** PVHMC's registered dietician, Nancee Perez, sees our cancer patients as requested or referred. She provides individualized nutritional evaluations and recommendations which are so important to our cancer patients.
- **Virtual Breast Education Group:** In light of the COVID-19 pandemic restrictions, the cancer care center began a pilot virtual breast education group in August 2021. This group provides support and education for the computer comfortable patients.

Patient and Community Education and Support Services:

- **Patient and Community Cancer Education Library:** Books and pamphlets on cancer-related topics are available to patients and family members at this library, as well as internet access. Approximately 500 people visit annually; however due to COVID-19 restrictions, the library remained closed to visitors, but open to patients.
- **Publications:** The Cancer Program Annual Report provides updates on diagnosis and treatments and includes statistics and survival data comparing PVHMC to the National Cancer Database. Annually, 250 copies are published and distributed to our community, more available upon request.
- **Psychosocial Support:** A dedicated licensed clinical social worker who is oncology certified is on-staff to help guide all patients through their cancer journey. Our oncology social worker can offer emotional support, advance care planning, referrals to community resources, and advocacy through the various service areas. This extended support is available to all patients regardless of insurance status or ability to pay. Additionally, we have a dedicated Lung Cancer Nurse Navigator and Breast Health Navigator to assist patients through their treatment journey, while providing education and support. Our primary goal is to promote early diagnosis and to eliminate treatment delays by expediting patients through the health care process once a suspicious radiologic screening abnormality is identified. We work to replace late stage cancer diagnoses with earlier diagnoses, and thereby improve treatment outcomes.

Preventative Health Screenings:

- **Breast Cancer:** Pomona Valley Hospital Medical Center exclusively offers digital breast tomosynthesis mammography at our Pomona, Claremont, La Verne and Chino Hills sites. Digital breast tomosynthesis (DBT) is a 3- dimensional mammogram, which allows the radiologist to examine the breast tissue in fine detail, 1 mm at a time. The technology has been shown in multiple studies to significantly increase the cancer detection rate and reduce recall rates relative to standard digital mammogram. We are a major partner with local community health clinics to provide screening and diagnostic mammography services for medically underserved patients, in conjunction with the state funded Every Woman Counts program. For women in our communities who do not have a primary doctor, we allow them to self-refer for a screening mammogram and offer low cost screening mammograms, for \$50, in the months of April and October.
- **Lung Cancer:** To promote diagnosing lung cancer at the earliest of stages, PVHMC offers the public low cost and low dose CT Chest Screening, not requiring a physician referral. While not appropriate for everyone, current publications suggest that CT screening could reduce lung cancer mortality by

20% in heavy smokers through early detection of this lethal disease. We also provide smoking cessation literature.


- During 2021, we worked in conjunction with The Commission on Cancer and American Cancer Society on a project to return to screening.** It is recognized throughout the country, that due to the pandemic, cancer screenings have been delayed. This disruption and lack of screenings can lead to more advanced cancers. In light of this, we all worked together to increase our screening mammograms. We implemented various proven interventions to increase the public awareness about the importance of early detection and screening. These included many social media posts, specific letters from providers, low cash price mammograms during April and October, videos at various sites, and letters sent to patients due for their mammograms reporting additional measures taken at the Cancer Care Center. We are happy to announce a huge success with our efforts with an increase in screening mammograms by 33% of pandemic screenings to almost pre-pandemic rates. Early detection and screening is critical to cure rates and we are happy to get the word out of its importance.

Pomona Valley Hospital Medical Center

Offering

CT Screening for Lung Cancer

for high risk patients



You can schedule a CT scan that could **save your life!**

Are you 50 years of age or older with a history of smoking?

Recent clinical trials have confirmed that CT screening can reduce the mortality from lung cancer in high-risk people by about 20%. This new screening can offer peace of mind for you, and for those who depend on you. No doctor's order is required. The examination costs only \$150, and your examination and report are entirely confidential. Call **909.469.9395** to schedule your examination.

POMONA VALLEY HOSPITAL
MEDICAL CENTER
Expert care with a personal touch

Spring Fling!

Low Cost Digital Screening Mammography for only \$50!*

April 2020 ONLY!

You are eligible for this low cost screening if:

- You are a woman over 40 years old
- You don't have breast implants
- You do NOT have a history of breast cancer in the last 5 years
- You are asymptomatic (no breast problems)

Cash, check or credit due at time of exam.

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IN PATIENT CARE

Don't let \$ get in the way of your health!
Take advantage of this opportunity by calling...
909.469.9395
* Exam must be completed by 4/30/19
You can have your exam at any of our locations:

Breast Health Center • 1910 Royalty Drive, Pomona
Located within The Robert & Beverly Lewis Family Cancer Care Center
Pomona Valley Imaging Center • 2140 Grand Ave., Suite 115, Chino Hills
Pomona Valley Health Center • 1601 Monte Vista Ave., Suite 107, Claremont
Pomona Valley Health Center • 2333 Footfall Blvd., La Verne

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pvhmc.org

In-Kind Contributions

Access to DigniCap for Chemotherapy-Induced Hair Loss: The DigniCap® Scalp Cooling System can reduce hair loss during chemotherapy for both male and female cancer patients with solid tumors, according to the FDA. Patients wear a snug-fitting cap connected to a cooling unit before, during and after chemotherapy. Cold fluid circulates through the cap, constricting blood vessels in the scalp and reducing the amount of chemotherapy that reaches hair follicles. Pomona Valley Hospital Medical Center Foundation has created a fund to assist our patients who otherwise might not have access to this technology.

Wig Program: Wigs are available, free of charge, for women who have lost their hair as a result of cancer treatment. In 2021, 24 persons were served.

Research

The Robert and Beverly Lewis Family Cancer Care Center advances medical science while offering the community cutting-edge therapy. We have enrolled over 720 patients into Non-National Cancer Institute and National Cancer Institute sponsored co-operative group clinical trials since 1995. The Cancer Care Center continues to participate and actively enroll cancer patients onto clinical trials through the National Cancer Institute, other cooperative groups such as NRG Oncology, and occasionally Pharmaceutical Company sponsored clinical trials. Each study design is created to focus on answering various scientific questions that will assist in discovering enhanced ways to prevent, diagnose and/or treat various cancers. All clinical trials are fully conducted in compliance with the FDA guidelines including but not limited to, "Good Clinical Practice" guidelines (GCP). Phase III and some Phase II Clinical Trials are made available to the community providing patients with easy access to the latest cancer research regimens. Through these clinical trials, PVHMC's physicians are able to offer patients the most current treatment available through participation in various types of clinical research studies.

Clinical research trials are currently in progress in the areas of Breast Cancer, Head and Neck Cancers, Lung Cancer, Gynecologic, and Prostate Cancer.

Emergency and Trauma Services

Pomona Valley Hospital Medical Center operates a full service Emergency Department offering immediate and effective evaluation and treatment, including Trauma care.

Although regular, on-going medical care for non-life-threatening conditions is best provided in a private physician's office, emergencies do arise. From life-threatening heart attacks and strokes to minor illness such as cold and coughs, the Emergency Department stands ready for whatever comes through its doors. Regardless of insurance coverage, all patients are treated and stabilized in our Emergency Department, per federal guidelines. Annually, PVHMC's Emergency Department provides care to more than 90,000 community members.

PVHMC's Trauma designation and community programs are a tremendous achievement and an added benefit to the community, serving more than 8,400 trauma patients since opening in 2017. PVHMC's Trauma Centers is equipped to treat life-threatening injuries 24- hours per day, seven days a week. The department's dedicated Associates are specifically trained in emergency and trauma medicine to offer prompt and accurate diagnoses and skilled medical treatment. The medical team includes; eight Trauma Surgeons who are double-board certified in general surgery and surgical critical care, board-certified emergency Physicians and nationally certified Nurses, Physician Assistants, Emergency Medical Technicians and Respiratory Therapists. They are supported by a panel of trained specialists in; surgical orthopedics, neurosurgery, and anesthesia. PVHMC's Emergency Department also has emergent available operating rooms, staffed and available CT scanners, around the clock blood bank operations, and a helipad to receive and transfer patients by air transport.

Community benefits and activities provided to our community within Emergency and Trauma Services in FY 2021 include:

Subsidized Health Services

- **Physician On-Call Coverage:** PVHMC provides physician coverage in the Emergency Department in the following specialties: Adult Medicine; Cardiology; Ear, Nose, and Throat (ENT); General Surgery; Neonatal Intensive Care Unit-Ophthalmology; Neurosurgery; Ophthalmology; Orthopedic Surgery; Urology; Vascular Surgery; and Trauma Surgery
- **Paramedic Base Station:** As a part of the PVHMC mission to provide quality comprehensive care to our community, we operate one of the 20 remaining Paramedic Base Stations in Los Angeles County. The PVHMC Base Station operates under the regulatory control of the Los Angeles County Emergency Medical Services Agency and is manned by specially trained nurses called Mobile Intensive Care Nurses (MICNs), certified by Los Angeles County. As a paramedic base station, we provide services to our surrounding communities including: Pomona, Claremont, La Verne, San Dimas, Diamond Bar and parts of Walnut. PVHMC has been a base station since July 1979. This vital component of patient care provides emergency care givers in the field (Paramedics and Emergency Medical Technicians) with a direct link to the ED, allowing direct contact with the nurse, and if necessary the ED Physician. The ED staff is better prepared for the

imminent arrival of a critically ill or injured patient, recognizing potential problems early or redirecting the paramedics if necessary to a closer or more appropriate facility.

- **Ambulance Transports:** Working with Case Management, the PVHMC Emergency Department provides appropriate level ambulance transports home or to another acute care facility or skilled nursing facility in an effort to meet the indigent or underinsured patient's continuing medical needs. Additionally, PVHMC's helipad receives and transfers critically ill patients via air transport
- **Emergency Department Approved for Pediatrics (EDAP):** PVHMC is a licensed Emergency Department that is approved by the County of Los Angeles to receive pediatrics patients from the 9-1-1 system. This specialized emergency care can greatly improve outcomes for young patients. There are currently 40 EDAP hospitals in Los Angeles County. To qualify as an EDAP, a hospital emergency department must meet specific criteria including: requirements for pediatric equipment, physician coverage, ongoing pediatric education and quality improvement, education, support services, supplies, and policies as well as having a designated Pediatric Liaison Nurse (PdLN) to coordinate pediatric emergency care.

Community Health Improvement Services

Improving safety throughout the community is a very important part of our Trauma Center's role to increase the health of our community in alignment with our mission at PVHMC. Programs and activities that PVHMC provides to improve the health and safety of our community include:



- Hospital and Morgue (H.A.M) Program: PVHMC actively participates in this program to reduce drunk driving in the teenage population.
- Stop the Bleed Program: In collaboration with local schools and police, members on how to use tourniquets (bands that help control bleeding) to prevent deaths from life-threatening bleeding wounds.
- Car Seat Safety: PVHMC partners with the Pomona Police Department to provide car seat safety information to new mothers and families.



Additionally, PVHMC's Trauma program is currently working on developing the following community benefit programs: fall prevention for the elderly (Matter of Balance), violence outreach and prevention, pedestrian safety and distracted driving.

Behavioral Health and Substance Use

Pomona Valley Hospital Medical Center's Emergency Department received a grant from Inland Empire Health Plan (IEHP) to help the ED overcome barriers to care for patients experiencing Behavioral Health (BH) and/or Substance Use Disorders (SUD) emergencies. Additionally, PVHMC also received support from the Sierra Health Foundation and the California Bridge Program to provide linkage and community resources for patients, family, staff, and community members. PVHMC implemented an ED Nurse Navigator team, which will, over the next two years, work to identify, appropriately treat, refer to treatment, and provide follow up for patients experiencing a Behavioral Health crisis or Substance Use Disorder. Evidence shows that a patient might not follow up with treatment due to lack of support (National Council for Behavioral Health, 2018), and patients may not be able to navigate healthcare due to illness and feeling overwhelmed. PVHMC's ED Navigators can provide support to follow a coordinated plan of care.

Community Building Activities

PVHMC is recognized as an Emergency Preparedness and Disaster Resource Center (DRC): As a participant in the National Bioterrorism Hospital Preparedness Program (NBHPP), Pomona Valley Hospital Medical Center is a one of 13 designated DRC's in Los Angeles County, and one of 8 DRC Hospital Trauma centers designated to be a resource to our community in the event of a declared disaster. As the DRC for the East San Gabriel Valley Region Nine, PVHMC is responsible for twelve "umbrella hospitals" and annually coordinates drills, training, and sharing of plans to bring together the community and our resources for disaster preparedness.

In 2021, PVHMC's Preparedness and Disaster Resource Team participated in the following community building, education and training activities:

- **Bi-Monthly. Disaster Resource Center Meeting:** PVHMC meets with managers of hospitals, skilled nursing facilities, and other healthcare centers in our community to discuss disaster preparations and training opportunities.

- **During COVID-19, response meetings were held on an as needed bases to access area impact.** Meetings ranged from daily, weekly, to bi-monthly as needed during 2021 with the focus being response issues. At these meeting hospitals discussed; PPE, staffing, decedent issues, vaccine and medical response equipment needs and concerns. Organizations that met included:
 - Casa Colina
 - City of Hope
 - Emanate Health – Intercommunity
 - Emanate Health - Queen of the Valley
 - Emanate Health – Foothill
 - Kaiser Foundation-Baldwin Park
 - Kindred Hospital - San Gabriel
 - Methodist Hospital of Arcadia
 - San Dimas Community Hospital

- **Area D Cities Meetings:** In 2021, PVHMC participated in monthly meetings with local senior first responder leadership, city officials, and PVHMC to discuss training, disaster preparations, and joint drills.

- **Access and Functional Needs Guidebook:** PVHMC continues to promote Emergency Preparedness with the Access and Functional Needs Community through its award winning AFN Community Disaster Risk Assessment tool and the work started on the AFN Guidebook in 2021. This Guidebook will be the first ever consolidated preparedness tool with over 1,000 website references available to assist hospitals in working with AFN communities. During the year Steven H. Storbakken and Kevin Muszynski presented at the following conferences sharing these best practice tools:
 - EGLPCDR (National Pediatric Disaster Coalition), Apr 14, virtual, Presented
 - TCAA (National Trauma Center Association), May 3-4, virtual, Presented
 - Southern California Association Hospital Risk Managers, June 17, hybrid, Presented
 - National Professional Development Center Executive Leadership Committee, Aug 2, virtual, Presented
 - Legacy Health System, Sept 7, virtual, Presented
 - California Hospital Association, Sept 14-15, virtual, (Michele Walsh Presented on active Shooter)
 - International Association of Emergency Managers, Oct 15-22, virtual, breakout
 - National Healthcare CPC, Nov 30-Dec 2, Orlando, Presented

- **LA County COVID-19 Conference Call:** In response to the COVID-19 pandemic, PVHMC's Disaster Resource Team participated in over 36 planning and coordination meetings with emergency managers of hospitals within L.A. County and L.A. County EMS Agency in 2021. PVHMC continues coordination with local hospitals as primary point of contact for our area.
- **The Joint Commission:** surveyed PVHMC in October. Best Practice areas included:
 - Covid-19 Response Planning
 - Access & Functional Needs (AFN)
 - Mass Casualty Incident set-up
 - Emergency Operations Plan (EOP)

PVHMC was designated as a “Best Practice” facility.
- **Full Scale Exercise:** In November, PVHMC facilitated a full-scale earthquake exercise responding to an influx of 60 victims, in participation from over 30 area hospitals, local Skilled Nursing, Dialysis, and Urgent Care facilities.

Women's and Children's Services

Pomona Valley Hospital Medical Center's Women's Center was built as a state-of-the-art medical facility in the 1990's in response to the growing healthcare needs of women and children in the eastern Los Angeles, San Bernardino and Inland Empire region. Now, as one of the most advanced maternal and neonatal providers in Southern California, PVHMC has a Maternal-Fetal Medicine program, an advanced Labor and Delivery program, a 53-bed, Level IIIB Neonatal Intensive Care Unit (NICU), a Sweet Success Program for Diabetes during Pregnancy. In 2014, PVHMC became the largest birthing hospital in California to receive the Baby-Friendly designation from the World Health Organization and UNICEF.

Women's and Children's Services at PVHMC offers extensive and continuously expanding services tailored to meet a variety of special needs. The IIIB Neonatal Intensive Care Unit offers specialized care for critically ill infants, since it is equipped and trained to care for infants born at less than 32 weeks' gestation or weighing less than 1500 grams. Every member of the Neonatal Intensive Care Unit (NICU) team has been specially trained to care for newborns needing advanced medical service and functions as a multi-disciplinary team. In addition, the level IIIB Neonatal unit is designated as a Surgical Center by California Children Services and provides Neonatal Transport for sick newborns who need to be transferred to PVHMC for specialized care. PVHMC also provides complete pediatric services in a compassionate, supportive and nurturing environment.

Additionally, patient education and resources are offered through our Family Education Resource Center (FERC) and provides classes and support groups for childbirth, breastfeeding, parenting, CPR, babysitting, and psychosocial support for new mothers and fathers.

Each of these programs confirms PVHMC's commitment to providing life-saving care to patients and demonstrates the range and depth of community benefit programs and commitment to the health of women and children.

The following activities and programs highlight that community benefits that were provided through Women's and Children's Services in FY 2021.

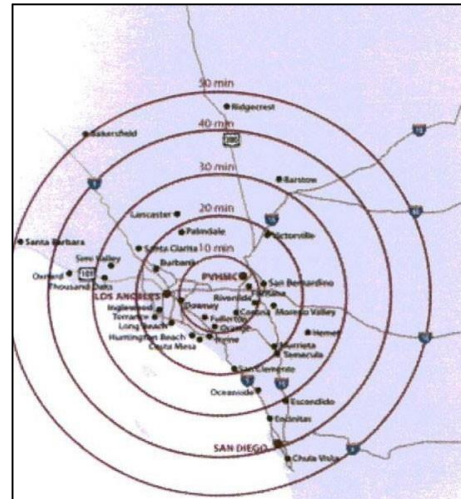
Maternal-Fetal Transport

Due to quality outcomes and access-to-care needs, the Maternal-Fetal Transport Program was established in 1994 and was first and the only one of its kind in California. By 2000, PVHMC was only one of three hospitals providing this type of benefit in the state. Since establishing this program, more than 23 hospitals in Imperial, Inyo, Kings, Los Angeles, Mono, Riverside, and San Bernardino Counties have requested PVHMC's Maternal-Fetal Transport assistance. PVHMC Maternal-Fetal Transport Team also provides training and education to healthcare providers on this specialty service.

Pregnant women who experience complications often require special attention and need rapid medical care during their pregnancy. The PVHMC Maternal-Fetal Transport Unit is equipped to handle any emergency when high-risk expectant mothers need to be quickly and safely transported to PVHMC from other near and far hospitals. These units are ambulances, helicopters and/or fixed wing aircrafts that provides a mobile intensive care environment for pregnant patients' en-route to the hospital. In 2021,

we transferred 151 high-risk pregnant women safely and quickly regardless of their diagnosis, race, ethnicity or financial status. This program is truly a testament to PVHMC's thoughtful, purposeful and strategic approach to community-wide health - beginning with health in the womb.

The goals of the Maternal-Fetal Transport Program include serving the needs of expectant mothers in seven outlying counties, providing maternal-fetal ambulance and air transports for mothers needing emergency maternal services. The IIIB Neonatal Intensive Care Unit (NICU) is on-site and provides fully trained labor & delivery RNs to assist with emergency care and transport. This program is unique because it meets patients where they are, 24 hours/day, and deploys within 30 minutes of accepting a transport.



Neonatal Transport

Established in 1994, the Neonatal Transport Team at PVHMC is a highly skilled group of registered nurses and respiratory therapists working with Board Certified Neonatologists to provide safe and efficient ground and air transport of sick newborns to a level IIIB intensive care unit. The associated costs of the program's training, coordinating, travel-time and hands-on specialized care in the field by our mobile team is provided to the patient at no cost. The patient and requesting facility can be confident that PVHMC will be available 24-hours a day, 7-days a week to meet their access-to-care needs, regardless of ability to pay.

In-House Obstetrics Coverage

PVHMC has hospital-based Obstetrics and Gynecology Physicians that provide 24-hours a day/365 days a year coverage for deliveries. In 2021, 1,618 deliveries were completed by our in-house OB panel.

Health Professions Education

In addition to the program's clinical services and specialized training, PVHMC has active involvement with our referring facilities. PVHMC provides formal and informal professional educational opportunities for regional hospital staff and physicians regularly at their site location at no cost to the requesting facility.

PVHMC's specialized team of Maternal-Fetal Medicine Associates offer classes in OB Emergencies, Obesity in Pregnancy, Prolapsed Cord/Breech/Shoulder Dystocia Deliveries, The Art of Perinatal Care, Labor Management, Pain Management, Induction, Breastfeeding, Stroke and Pregnancy, Newborn Assessment, Cultural Care & Perinatal Loss, Review of the New NRP Guidelines, Diabetes in the Perinatal Period, Bleeding/ Hemorrhage, Shock, and High-Risk Pregnancies. In 2021, we provided 12 different classes for 9 different facilities equaling 158 hours in person training at no cost to the requesting facility.

Annually, Labor and Delivery and Neonatal education is also provided to the medical community (physicians and nurses) through PVHMC's Annual Perinatal Symposium. Education topics include management of various clinical situations that arise in practice with emphasis on optimizing the outcome for mother and infant. In 2021, this benefit was unable to take place in observance of COVID-19 guidelines.

Community Health Improvement Services

- **Baby Express:** A three-hour class designed to help parents get ready for the new baby experience. Baby Express education includes baby care, bathing and diapering, how to calm and soothe your baby, car seat safety, and breastfeeding basics.
- **Big Brother/Big Sister:** Children three to six years of age are prepared for their first meeting with the new baby in the hospital and learn to help care for him/her at home. In 2021, this benefit was unable to take place in observance of COVID-19 guidelines.
- **Boot Camp for Dads:** A unique workshop designed to provide education to new dads. Boot camp veterans return with their 2-3 months old infant and give soon-to-be dads tips and support to head in the right direction with their new family.
- **Breastfeeding Class:** This class is designed to give expectant parents the knowledge and skills necessary for a successful breastfeeding experience.
- **Breastfeeding Clinic:** Our free 5 day-a-week clinic is open to breastfeeding mothers and provides education, emotional support, pump rentals, and problem-solving techniques for successful breastfeeding. A lactation consultant is on hand to assist with their need.
- **Cesarean Birth Preparation:** Question and answer sessions provide information to prepare families for what to expect during their special delivery.

- **Childbirth Preparation Class:** Offered in a 3-week series, weekend two-day class or a one-day course, our Childbirth Preparation Class provides community education on the physical and emotional aspects of the labor process. This class is designed to prepare the parent with hands on learning, comfort and breathing techniques, parenting, and the role of the support person.
- **Mommy n' Me:** For moms with infants, birth to 6 months. Mother's enjoy fun activities with baby and other moms, as well as share and compare ideas, experiences and information. Breastfeeding and postpartum assistance is offered.
- **Family and Friends CPR:** This class provides infant/child Cardiopulmonary Resuscitation (CPR) skills for parents, grandparents and babysitters. Additional education provided on choking prevention how to handle other emergencies.
- **Safe Sitter Class:** Safe sitter is a class to teach adolescents safe babysitting techniques. Students receive hands on practice in basic lifesaving techniques and education is provided on child development and age-appropriate activities.
- **The Caring Connection:** A support network for parents and families while their babies are in the Neonatal Intensive Care Unit (NICU), and even after they have gone home. Trained nurses and social workers offer parents emotional support, guidance, information and community resource referrals. This group is also offered in Spanish.
- **Walk to Remember:** Each October during National Perinatal Bereavement Month, PVHMC invites families who have experienced the loss of an infant or child to participate in a "Walk to Remember." The evening includes an inspirational program of sharing, a memorial service and a candlelight walk.
- **Dadvice:** This group is for dads who may be experiencing or living with someone experiencing stress, depression, anxiety or other issues related to pregnancy, birth and the postpartum period.
- **Maternity Orientation:** Expectant families are invited to take a complimentary tour and orientation to help them get acquainted with our labor and delivery, recovery, and postpartum suites. Tours are also offered in Spanish and Chinese.
- **Postpartum Depression Support:** This is an emotional support group for pregnant and new Moms. This support group discusses stress, depression, anxiety, and difficulty adjusting to changes. Participants learn coping skills, relaxation techniques, and communication skills. Lunch and childcare is provided.

Access to Care and Support Services

In addition to our commitment to provide our patients and community with access to specialized coordinated care and treatment through our nationally recognized, high-quality inpatient hospital services, PVHMC has also worked vigorously to develop resources and create opportunities to access care for our most vulnerable residents through a variety of ancillary and ambulatory services. The following update summarizes some of these additional benefits provided to support our community members in accessing quality, affordable healthcare and related resources throughout FY 2021:

Pomona Valley Health Centers

To meet our community's healthcare needs, Pomona Valley Health Centers has established five convenient locations in PVHMC's primary service area: Chino Hills, Claremont, Pomona, and La Verne. These community-based centers offer Primary Care, Urgent Care, Occupation Medicine, Physical Therapy, Radiology, Laboratory, Sleep Disorders, and Child Development Services.

Each PVHC facility is filled with state-of-the-art equipment and staffed by friendly, compassionate physicians, nurses and care providers and accept patients regardless of insurance status.

POMONA VALLEY HOSPITAL MEDICAL CENTER

Urgent Care	Emergency Care
<p>To supplement your family doctor's care after hours, on the weekend or if you are unable to get an appointment, go to an Urgent Care Center.</p> <p>Should be to use for:</p> <ul style="list-style-type: none"> Allergies Asthma Bronchitis Cold, Flu, Fever Cough Dizziness Earaches Insect Bites Nausea Minor Burns Minor Cuts/Lacerations Pink Eye Rash/Poison Ivy Sore Throat Sprains and Strains Stitches (minor) Toothaches Urinary Tract (Bladder) Infections 	<p>For accidents or illness not treatable at your physician's office or matters of life or death, call 911 or go to your nearest Emergency Department.</p> <p>Should be to use for:</p> <ul style="list-style-type: none"> All Animal Bites Chest Pain Dehydration Electric Shock Fainting/Loss of Consciousness Fractures/Dislocations High Fever Ingestion of Obstructive Objects Ingestion of Poisons Major Head Injury/Headaches Pneumonia Rectal Bleeding Seizures Severe Abdominal Pain Severe Asthma Attack Severe Burns Shock Snake Bites Uncontrollable Bleeding Weakness/Stroke
<p>URGENT CARE LOCATIONS</p> <p>Chino Hills Crossroads 3110 Chino Ave. • 909.630.7868</p> <p>Claremont 1601 Monte Vista Ave. #190 909.865.9977</p> <p>La Verne 2333 Foothill Blvd. • 909.392.6511</p>	<p>EMERGENCY DEPARTMENT</p> <p>Pomona Valley Hospital Medical Center 1736 N. Garey Ave., Pomona • 909.865.9500</p> <p>PVHMC is a designated Emergency Department Approved for Pediatrics. We have equipment specially designed for pediatric patients and all of our staff are trained to meet the needs of children of all ages.</p>

POMONA VALLEY HOSPITAL MEDICAL CENTER
Expert care with a personal touch

- Primary Care: Our family medicine physicians are highly experienced in the science of medicine and the art of compassionate patient care. Routine exams and treatment for a wide range of illnesses and injuries in infants, children, adolescents, adults and seniors is available. Care is also provided for chronic conditions such as diabetes, high blood pressure, and heart disease. Highly individualized care is available through our Women's Health services, including prenatal, obstetrics, genetic counseling, and fertility services.
- Urgent Care: Urgent Care offers extended hours 365 days a year at all PVHC Urgent Care locations.

- **Sleep Disorders:** As an Accredited Member of the American Academy of Sleep Medicine (AASM) for more than twenty years, our Sleep Disorders Center located in the Pomona Valley Health Center at Claremont is a multi-disciplinary specialty clinic that provides diagnosis and treatment for people of all ages experiencing problems with poor sleep. The Center provides both in-lab and at-home sleep study services for the diagnosis and monitoring of sleep-related disorders, including snoring, sleep apnea, insomnia, restless legs, narcolepsy, fatigue, excessive daytime sleepiness, sleep behaviors such as sleep walking and adjustment to shift work. In addition to comprehensive diagnostic services, PVHMC's Sleep Disorders Center offers the most advanced treatment modalities available.
- **Child Development:** Certified by the Joint Commission and authorized (“paneled”) to treat children with California Children’s Services-eligible medical conditions, Milestones Center for Child Development is staffed with a team of experts consisting of Occupational Therapists, Physical Therapists, including a board-certified Pediatric Clinical Specialist, and Speech- Language Pathologists certified by the American Speech Language Hearing Association, who are dedicated to the developmental and special needs of children from birth through adolescence. Services include Pediatric Physical Therapy, Pediatric Occupation Therapy, and Pediatric Speech-Language Therapy. These specialties are available to treat a wide variety of diagnoses and conditions, such as abnormal gait patterns, attention disorders, Autism, Cerebral Palsy, cleft lip/cleft palate, developmental disorders, Down Syndrome, feeding disorders, motor delays, scoliosis, Spina bifida, speech-language, hearing disorders, sensory processing, toe-walking, and self-care (dressing, grooming, hygiene).



- **Sports Medicine Clinic:** As one of the first hospital-based Sports Medicine Programs in the area, the Sports Medicine Center (SMC) at Pomona Valley Hospital Medical Center (PVHMC) has consistently set the pace in the education, prevention, treatment, and rehabilitation of injuries for local athletes of all ages and skill levels since 1983. Today our affiliation with Premier Family Medicine and the PVHMC Family Medicine Residency Program expands our services with further medical expertise and innovative programs. Providing support, education, service, and assessment to local students and schools for over three decades has made us one of the leading sports medicine centers in the region.
- **SUPPORT** of local athletic trainers who need additional assistance with event coverage are provided through the SMC's network of Physicians and Physical Therapists, including on field physician game coverage during football season.
- **EDUCATION** is provided by the SMC on many levels. Resident physicians in the PVHMC Family Medicine Residency Program-Sports Medicine Track receive training as part of our weekly Sports Medicine clinic. High school sports medicine students are taught to assist with blood pressure and vision checks during sports physicals. High school athletic trainers and sports medicine club students are offered opportunities to assist the SMC at community athletic events.
- **SERVICE** to the local athletic community is provided through the SMC's performance enhancement, injury prevention and pre-participation sports physicals available to all local athletes. Partnering with local schools (Bonita High School, Charter Oak High School, Claremont High School, Damien High School, San Dimas High School, St. Lucy's Priory High School) to provide group sports physicals at PVHMC's SMC clinic, offers fundraising opportunities for the schools' athletics programs.
- **ASSESSMENT** of sports injuries are provided free of charge in our Sports Medicine Center Evening Clinic. Continuing our long tradition of providing free expert, timely, cost-effective treatment for all athletes in the community, the SMC clinic offers free injury assessment performed by a sports trained physician who is often assisted by family medicine residents. When needed, the screening also includes free Physical Therapy consultation, free x-rays, and free referrals to other medical specialists. The SMC does not require a physician referral.

- Rehabilitative Wellness and Aftercare Programs: While our therapy programs can help you “get well,” our Wellness programs are designed to help you “stay well” and healthy! Although these programs are supervised by our rehabilitation staff, they are not formal rehabilitation. Participants are usually former Rehab patients who desire ongoing “aftercare” support while transitioning to an independent fitness program. However, you do not have to be a former Rehab patient and anyone may join as a “Wellness” member. We offer five Wellness programs and a variety of low cost membership options.
 - Aquatic Wellness: Supervised group classes allow participants to work independently on aquatic exercises in warm water indoor pools. Benefits include: decreased impact on weight bearing joints while exercising, increased endurance and strength, improved balance, maintenance and development of muscle tone, and weight management.
 - Cardio-Pulmonary Wellness: Independent exercisers can work out in a medically supervised fitness gym located at PVHMC, staffed with clinical Exercise Physiologists who provide pre-participation health screening and risk stratification, blood pressure assessments, and individually tailored exercise regimens. This program is structured to assist those in need of managing heart and pulmonary-related conditions.
 - Gym Wellness: Participants utilize the equipment in our rehabilitative gym to perform an independent exercise routine. Our Associates monitor participant’s safety and are available to answer questions. Benefits include: building strength and flexibility in a safe, non- intimidating environment and is an excellent transition for former patients as they regain their independence.
- Social Services: Discharge planning and community resources for underinsured and uninsured persons beyond routine discharge planning; planning includes, but is not limited to, skilled board and care placement and referral for homeless, psychiatric and substance abuse treatment.
- Home Medications: This service provides intravenous medications as prescribed by the physician for home and ensures the continuing healthcare needs of the indigent and underinsured patients are met post discharge.
- Medications for those unable to pay: A transition supply of medications is provided for patients who cannot pay or who are uninsured, particularly children and the homeless in the Emergency Department.
- Homeless Recuperative Care Program: Provides housing for homeless who require ongoing medical care post-acute care hospitalization in order to receive services needed to recover from illness or injury.
- Home Health Visits: Provides a visiting nurse to the indigent or underinsured patient’s home to administer a service ordered by the physician. This service is able to provide treatment,

medication, and assessment of physical condition, and would allow patients to continue their treatment at home - especially when their illness prevents them from getting care outside of that environment.

- Durable Medical Equipment: Provides equipment such as walkers, wheelchairs, oxygen, glucometers, apnea monitors, beds, wound VACs (Vacuum Assisted Closure) or other durable medical equipment ordered by the physician. This benefit assists in the indigent or underinsured patient's recovery course at home.
- Mobile Phlebotomy Services: PVHMC's mobile phlebotomy team travels to local assisted living and skilled nursing facilities to draw blood and collect lab samples from patients with physician orders. The team visits scheduled locations on a rotating schedule. All patients receive a lab draw, regardless of insurance, and all samples are returned to the hospital and triaged to their respective testing facilities. PVHMC's mobile phlebotomy supports our senior community members by alleviating the burden finding transportation to an Outpatient lab location and waiting for service.
- Transportation Services: Provides taxi vouchers to needy patients and families to assist with transportation to home and/or other facilities. Approximately 1,298 persons served in 2021.
- Physician Assistance Program: This program provides loans to new physicians in specialties identified as a need, to assist them with starting their practices in our community. In 2021, PVHMC provided over \$800,000 in loans to sought after physician specialties to ensure that our community has access to care. PVHMC's rationale for providing loan assistance:
 - The recruitment and financial assistance will improve the adequacy of the number, specialty mix, and geographic distribution of medical resources to meet the needs of the community served by PVHMC and will facilitate the availability of these resources to the community's medically underserved populations.
 - The recruitment will provide support for PVHMC's Trauma, Emergency and Women's Center Programs.
 - A strong medical community is critical to the survival of PVHMC to meet patient needs as a nonprofit, charitable institution. PVHMC's leadership in assessing medical resource issues, including retention and recruitment of qualified physicians will continue to strengthen and enhance hospital-medical community relationships.

Pomona is a designated Medically Underserved Area (MUA) and PVHMC recruits physicians to fill the shortage and actively address the needed medical care to many of our Medi-Cal and indigent patients.

- Emergency Department Patient Navigators: Health Bridges is a not-for-profit organization that seeks to bridge the language gaps in health care by leveraging the multilingual skills of college students. It was founded in 2015 by three Pomona College students, who had witnessed their own immigrant parents struggle to obtain quality healthcare services because of the language barrier. Since September 2015, Health Bridges has partnered with Pomona Valley Hospital

Medical Center (PVHMC) to carry out this program in the Emergency Department. The goal of this partnership is to help address the continuing and emerging needs of the low-income, limited English proficient (LEP), and/or medically underserved population in PVHMC's service areas, specifically by addressing the need for access to care.

- Health Bridges: bilingual college volunteers are recruited and trained to engage in two main activities.
 - Increase the target populations' access to health insurance coverage by enrolling PVHMC's low-income, uninsured patients (regardless of their immigration status or English proficiency) in hospital presumptive eligibility (HPE)—a temporary full-scope Medi-Cal program, explaining to them in their native languages how to use the temporary insurance and making appointments for eligible patients with insurance enrollment counselors in order to complete the full Medi-Cal application.
 - Improve understanding of and trust in the general healthcare system by offering in-person language assistance to LEP patients who have trouble finding their way inside the hospital, and expressing their basic questions and concerns to the medical staff.

In 2021, 14 Health Bridges Volunteers contributed 342 hours of service on-site at the Hospital. When school was moved to remote learning and students were sent home, the Health Bridges Program was moved to remote volunteering. The Health Bridges Team has been reaching out to patients that they previously had contact with at the Hospital to see if they can further assist them in accessing community resources to improve their access to and navigation through their healthcare needs.

- Eligibility Services: PVHMC's Eligibility Services Department staff consists of Financial Counselors and Department of Public Social Services (DPSS) workers. Collaboratively the Hospital staff and DPSS workers strive to make the application process timely and seamless. Our Financial Counselors undergo various training programs that include Certified Enrollment Counselor training through Covered California. The DPSS workers are stationed in the Eligibility department to process patient's Medi-Cal cases and allow staff to track their case from start to finish. PVHMC Financial Counselors assist with obtaining coverage through the California Health Benefit Exchange (Covered CA), Medicare, Medi-Cal, California Children's Services Program, or applicable charity care. PVHMC assists with completing the coverage application, schedule appointments for patients with a DPSS Worker and follows up with patient's to return all required documentation. PVHMC will also assist patients in setting up payment arrangements on cash discounted and or charity discount payments.
- Cancer Care Navigators: PVHMC's Lung Cancer Nurse Navigator and Breast Health Navigator assist patients through their treatment journey, while providing education and support. Our primary goal is to promote early diagnosis and to eliminate treatment delays by expediting patients through the health care process once a suspicious radiologic screening abnormality is identified. We work to replace late stage cancer diagnoses with earlier diagnoses, and thereby improve treatment outcomes.

- Palliative Care: Palliative care services are not reimbursable by insurance, and PVHMC sponsors our half-a-million dollar a year Palliative Care program so that it is available to all patients, regardless of ability to pay.



Palliative Care is an interdisciplinary service provided to patients who have a chronic, life-limiting illness like congestive heart failure, kidney or liver disease, stroke, dementia, cancer, trauma, and many other conditions. While PVHMC only provides Palliative Care while patients are hospitalized, we work with many external agencies to continue palliative care treatments outside of the Hospital.

Palliative Care can begin at any stage of illness and PVHMC's palliative care team works with the patient's other treating physicians to manage discomfort and symptoms such as pain, anxiety, depression, nausea, and lack of appetite. The team – made up of a Physician, Nurse, Social Worker, and Chaplain – work together to optimize the quality of life for all patients, while allowing the patient to define their course of treatment. Many times, the team becomes familiar with a patient because of readmissions to the Hospital, so their palliative care treatments become an ongoing conversation, and if patients wish to change directions with their treatments, the team works to support their decisions.

PVHMC's mission supports the Palliative Care program because we recognize the value it is to the physical, emotional, psychological, and spiritual health of our patients and community. PVHMC's Palliative Care program provided services to 1,113 patients and their family members in 2021.

- Laboratory COVID-19 Testing: Pomona Valley Hospital Medical Center (PVHMC) is one of the only hospitals in the region to do all of its COVID-19 testing in-house, resulting in fast turnaround times that help caregivers quickly provide the most appropriate care to patients. Every person admitted to the Hospital or who undergoes outpatient surgery is tested for the virus whether they have symptoms or not. The ability to get the results in one to three hours allows our Physicians to make faster and better decisions about delivering the best care.

When the pandemic first hit, PVHMC had only one instrument to do COVID-19 testing and sent many of its tests to outside labs. The Hospital had to wait anywhere from two to eight days to get the results back. The Hospital purchased three additional FDA-authorized rapid testing analyzers, reconfigured part of its internal Laboratory and hired additional staff so that it could do all of its own COVID-19 testing.

Partnership and Outreach

Pomona Valley Hospital Medical Center actively works to support local community organizations that share our mission and vision for a healthy community through various donations and outreach activities. Pomona Valley Hospital Medical Center continually seeks to form new strategic partnerships and find opportunities to provide community support services such as assistance to victims of domestic violence, sexual assault crisis and prevention services, healthcare support services, social service, socio-economic development, and child development.

Parktree Community Health Center:

A part of PVHMC's mission is our dedication to "continuously strive to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious and cultural community." PVHMC has partnered in initiatives like the ParkTree Community Health Center, formerly known as the Pomona Community Health Center (PCHC), that allow the Hospital to reach out to the medically underserved local community.

Initially founded by Pomona Valley Hospital Medical Center in August 1995, in response to the high volume of emergency care services sought by the most vulnerable members of our community, ParkTree Community Health Center (PCHC) provides comprehensive primary care services and medication at no or reduced cost.

In March, 2007, under the stewardship of PVHMC Family Medicine Residency Program graduate, Dr. Jamie Garcia, the original two-exam room clinic in the Department of Public Health achieved Federally Qualified Health Center (FQHC) status and re-located to a new 12 room exam clinic in the Village complex located on Indian Hill and Holt Avenues. The Village was visited by Barack Obama in 2008 and recognized for its innovative "one stop - wrap around social services" for the homeless and working poor.

Today there are four locations situated in the cities of Pomona and Ontario to better serve the needs of Pomona Valley and San Bernardino residents, offering:

- Primary healthcare including diagnosis, treatment, medications, and laboratory tests
- Mental health services
- Pediatric care such as well child visits, immunizations, and WIC health screenings
- Reproductive healthcare for men and women including contraceptive services, screening and treatment of sexually transmitted infections, and cancer detection
- Prenatal care/obstetrics
- Teen services
- Homeless healthcare and case management
- Chronic disease management for diabetes, asthma, and other illnesses
- Dental services for children and adults
- Medi-Cal and Covered California enrollment assistance

The mission of the Parktree Community Health Center is to provide preventive and primary care services to the underserved and uninsured in the community. Accomplishing this mission depends on the generous support of a number of foundations, corporations, and caring individuals. Parktree Community Health Center collaborates with Pomona Valley Hospital Medical Center, Blue Shield of California Foundation, California Community Foundation, LA Care Health Plan, Inland Empire Health Plan, Kaiser Permanente, The Ahmanson Foundation, The Rose Hills Foundation, The UniHealth Foundation, and the Valley Academics Foundation. Additional Information, including locations and hours, can be found by visiting PVHMC's website (pvhmc.org) or the Parktree Community Health Center website (www.ParktreeCHC.org).

Blood Drives:

In 2021, Pomona Valley Hospital Medical Center hosted a total of 13 blood drives and collected 582 units of blood. According to the American Red Cross, our role was critical since many of the blood drive host sites were closed down due to the pandemic.

On the few occasions when PVHMC was unable to host onsite, we partnered with the Church of Latter Day Saints in Pomona located directly across the street from the hospital. PVHMC also committed to promoting the collection of convalescent plasma through the American Red Cross and although we could not collect onsite, PVHMC promoted the cause via website and social media. Convalescent plasma was collected to provide to patients hospitalized with COVID-19.



Food Finders Partnership:

PVHMC supports Food Finders, a food rescue nonprofit organization with a primary focus of reducing hunger while also reducing food waste. Food Finder's "Food Rescue" program ensures millions of pounds of wholesome food helps feed people, not landfills. Through Food Finders, PVHMC was able to donate 8,700 pounds of food for a total of 7,250 meals to local communities.

Hospital Website:

The website is designed to inform the public of all services, programs, classes and special events that take place at PVHMC. The community can access information 24/7, and provides a place to submit requests for additional information that is sent directly to Associates to reply.

Hospital Tours:

Tours can be scheduled for community residents and schools interested in learning more about the Hospital and what services are available.

Coalition Building:

PVHMC has been a longstanding contributor and supporter of the Health Consortium of the Greater San Gabriel Valley (formerly known as Los Angeles County Service Planning Area (SPA) 3 Health Planning Group). In 2021, PVHMC contributed \$2,500 to support The Consortium's mission to strengthen the health care safety net and optimize seamless access to high quality care for physical health, mental health, and substance use disorder services in the Greater San Gabriel Valley.



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COVID-19 Vaccination Administration and Planning:

In 2021, PVHMC followed state guidance for the distribution of the vaccine and the hospital diligently worked on acquiring as many doses as possible in anticipation of meeting the needs and vaccinating our community. More than 38,000 vaccinations were administered.



Speakers Bureau:

Physicians, clinicians, dietitians and other healthcare providers speak to local community-based groups (i.e. Kiwanis, Rotary, retirement communities, employer-based audiences, etc.) on a multitude of health topics. The speakers' bureau events did not take place in 2021 due to COVID-19 guidelines.

Hospital Information:

Essential Hospital information is provided to all who enter the Hospital via the "Patient Guide." This guide includes all state and federal required patient rights and responsibilities along with how and where to find services (i.e. Food Court, visitor guidelines, etc.)

Volunteer Services:

Volunteers at PVHMC help make a difference in the lives of our patients and their families. We had a total of 594 Volunteers (adults, college, and high school students) in 2021 totaling 41,080 hours of service. We are proud of our Volunteers and the invaluable service they provide to our community.

Volunteers may choose to participate in direct patient care services or in non-patient care services. Programs and activities provided through our volunteer services include:

- **Children's Services:** The Volunteer Services Department provides comfort items to children (patients, visitors, siblings) including blankets, plush toys, games, pediatric toy box items, crayons, and coloring books.
- **Scholarships:** The Auxiliary of PVHMC grants scholarships to high school and college Volunteers that are pursuing careers in the medical field. In 2021, a total of \$10,000 was awarded to nine Pomona Valley Hospital Medical Center Volunteers.
- **Infant Layette Sets:** Infant layette sets are given to families in need for their new baby, including clothing and blankets.
- **Car Seats:** A safety rated infant car seat is provided to low income and needy families with a newborn infant.
- **NICU Parent Transportation Assistance:** PVHMC's NICU serves many low-income families; a percent of this population is unable to afford regular trips to and from PVHMC to visit their babies. The Auxiliary of PVHMC provides gas cards for distribution as seen fit by the assigned social worker to assist with the cost of transportation to and from the NICU.

Support for Local Community-Based Organizations:

In 2021, PVHMC donated over \$83,000 to local community based organizations that support the needs of our broader community and our most vulnerable populations. Such organizations include:

- Hillcrest Senior Center
- St. Lucy's Benedictine Guild Shoes that Fit
- Youth and Family Club of Pomona Valley
- Boys Republic
- Pomona Community Foundation
- The Napier Initiative
- VNA Hospice and Palliative Care
- Keck Graduate Institute
- Casa Colina Health Foundation

Materials and Supply Donations:

- Throughout the pandemic, PVHMC utilized our supplies, resources, and relationships to save lives.
- PVHMC assisted Casa Colina with COVID-19 testing, as our testing capacity helped them to screen patients prior to surgery.

Community Partners

Pomona Valley Hospital Medical Center invests in partnerships with community organizations that share our mission and vision for serving the health needs of our diverse ethnic and cultural community. It is essential to work closely to help strengthen our community and create solutions. We are very fortunate to have partnered with dozens of organizations over the years. Organizations that PVHMC has partnered with identified to potentially address the health needs of our service area include:

- Western University of Health Sciences
- Pomona Chamber of Commerce
- Claremont Chamber of Commerce
- Chino Valley Chamber of Commerce
- Pomona Host Lions Club
- San Gabriel Pomona Regional Center
- Prototypes
- dA Center for the Arts
- Bright Prospect
- CAHHS Volunteer Services
- InterValley Health Plan
- Cal Poly Pomona University
- Boys and Girls Club of Pomona
- Care Harbor
- American Heart Association
- National Health Foundation
- Pomona Valley Ostomy Association
- San Gabriel Valley NAACP
- Latino/Latina Roundtable
- House of Ruth
- Pomona Valley Health Center, Chino
- Pomona Valley Health Center, Chino Hills
- Pomona Valley Health Center, Claremont
- Pomona Valley Health Center, Pomona
- Health Consortium of the Greater San Gabriel Valley
- Tri City Mental Health
- Youth & Family Club of Pomona Valley
- Upland Kiwanis
- Chino Kiwanis
- Pomona Rotary
- Pomona Unified School District
- Claremont Unified School District
- Bonita Unified School District
- American Stroke Association
- American Cancer Association
- American Health Journal
- American Red Cross
- Auxiliary of PVHMC
- Casa Colina Hospital
- Parktree Community Health Center
- East Valley Community Health Center
- Emanate Health
- Chino Valley Medical Center
- Montclair Hospital
- San Dimas Community Hospital
- Aging Next

Professional Education and Training

Family Medicine Residency Program:

Many physicians, including those who practice Family Medicine, stay in areas where they complete their residency. PVHMC provides a Family Medicine Residency program that aims at retaining physicians in the Pomona Valley region.

The program, which currently has 24 residents and has graduated over 137 residents in the past 23 years, is committed to developing compassionate physicians with strong clinical and communication skills to care for our community. Our belief is that the clinical and academic goals of residents are best achieved working alongside experienced family physicians in a facility dedicated to the care of patients and families. Residents function in a team environment emphasizing integrity, compassion, innovation, and the care of patients and families from the beginning to the end of life. Recognizing the cultural richness and ethnic diversity of our community, we select residents and faculty who mirror that diversity and share a common set of values and commitment to caring for this population.

Adjacent to the hospital, the program is centered at our Family Health Center (FHC). The center is staffed by faculty, resident physicians, and a nurse practitioner. The FHC offers comprehensive care through the continuum of life, this includes: adult and well child care, complete maternity care, specialty gynecologic, dermatologic, and musculoskeletal procedures. Our physicians also care for the elderly in the community at skilled nursing facilities and hospice. Our residents are trained in underserved medicine through a Federally Qualified Health Center (FQHC) system in the community.

Specialized tracks to augment learning in geriatrics, sport's medicine, women's health, and care of the underserved are available in the second and third year of training. These tracks are coordinated by faculty with added qualifications in geriatrics, palliative and hospice medicine, sports medicine as well as fellowship training in obstetrics. All tracks include academic faculty development and additional conference stipend. Track residents are selected based on their interest and good academic standing at the end of first year of residency.

- **Geriatrics:** The Geriatrics Track is an opportunity for those residents considering a geriatrics fellowship, inpatient work or caring for the elderly with a strong interest in internal medicine and/or end of life issues to pursue a more intense geriatric experience.
- **Obstetrics and Women's Health:** Obstetrics and Women's Health are vital components of Family Medicine. The OB and Women's Health track was instituted to provide interested residents with greater exposure, training and mentoring in this area.
- **Sports Medicine:** The sports medicine track trains residents to be competent in management of musculoskeletal health. The curriculum provides the resident with a solid foundation for care of individuals with athletic injuries.
- **Medically Underserved Health:** The Medically Underserved Health track was instituted to provide interested residents with greater exposure, training, and mentoring in health care disparities, the patient-centered medical home and community clinics.

Medical Student Clerkships: In addition, the program offers a Family Medicine Residency Clerkship, offering medical students the opportunity to accompany residents and faculty in an inpatient and ambulatory setting. The clerkship integrates concepts of resource utilization, continuous quality improvement and clinical effectiveness into the curriculum. Based upon our community's demographic profile, issues related to minority and underserved populations are our highest priorities. In 2021 over 257 medical students from varying specialties were processed and oriented to the hospital through the Department of Academic Affairs, an administrative role served by the staff of the family medicine residency program.

Medical Library: All types of library services, including printing and online resources, reference and research assistance, guidance and instruction on research skills, and evaluation of information, are available to the community and to students in health-related programs, as well as to affiliated physicians and other health care providers.

Dietetic Internships: PVHMC is a clinical and management site for Dietetic student interns from California State Polytechnic University, Pomona (CPP) and California State University, Los Angeles .

Food and Nutrition Regional Opportunity Program (ROP): Training for high school students enrolled in an ROP program.

Clinical Experience for Rehab (PT, OT, SLP) Students: Provides orientation and training for Physical Therapy, Occupational Therapy, and Speech-Language Pathology Students in clinical areas.

Clinical Experience for Histology Students: Histology externships for students from Mount San Antonio College. Four students served in 2021.

Radiology Technologist Internship: PVHMC is a training facility for Radiology students from Chaffey College.

Ultrasound, Nuclear Medicine, CT and MRI Training: PVHMC is a training facility for Ultrasound, Nuclear Medicine, CT and MRI students from Loma Linda University.

Mount San Antonio College Students: PVHMC's adult Intensive Care Unit (ICU) is a hospital-based training location for students enrolled in the Respiratory Program at Mount San Antonio College; Six students served in 2021.

San Joaquin Valley College Students: PVHMC is a clinic site for respiratory students from San Joaquin Valley College; 36 Respiratory students served in 2021.

NICU Student Rotation: Respiratory Therapy students are provided with a Neonatal Intensive Care Unit (NICU) rotation with clinical education relating to the diagnosis, assessment, and treatment of respiratory diseases in the neonatal population; 20 students served in 2021.

Continuing Medical Education (CME): Pomona Valley Hospital Medical Center is accredited by the Institute for Medical Quality, and the California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. CME courses are provided by PVHMC to increase the knowledge, performance, and competence of our physicians, residents, and associates. The most frequently attended CME activity is the Tuesday Noon Conference which Medical Staff members, Hospital Associates and any other interested physicians in the community are welcome to attend. Physicians do not have to be on staff with PVHMC to participate. Most of our CME events, with the exception of several full and half-day seminars, are provided free of charge.

Nurse Practitioner Training: Training at the Pomona Family Health Center to Nurse Practitioner students from Western University of Health Sciences and other colleges.

Nursing Student Preceptorship: Senior nursing students work clinically with staff nurses in Medical/Surgical and Telemetry units

Clinical Nursing Experience: The Education Department offers clinical experience for nursing students from community colleges, and universities (public and private). Instructors from the Education Department are oriented on how to competently supervise in clinical areas and assist in orienting these nursing students.

Nursing Advisory Board: The Education Department serves on Nursing Advisory Boards as advisors to local schools (e.g., Chaffey College, Western University of Health Sciences, Mount San Antonio College, Citrus College), to assist in meeting requirements for their Nursing programs.

Social Services Internships: PVHMC partners with the University of Southern California (USC) and California State University, Long Beach (CSULB) to provide onsite training for Masters of Social Work (MSW) students. Also, educational in-services offered to health professionals on mental health topics in the community.

Health Equity, Diversity and Inclusion

In April 2021, Pomona Valley Hospital Medical Center (PVHMC) embarked on a journey to enhance diversity, equity and inclusion awareness. Since then, the Hospital has created a Health Equity, Diversity and Inclusion (HEDI) Committee.

The membership of the HEDI Committee includes over 14 PVHMC Associates representing all departments.

The HEDI committee's purpose is as follows:

PVHMC values equity, diversity and inclusion, and works to create a culture of excellence in which all patients, families, visitors, stakeholders and Associates feel valued, connected, treated fairly and safe, and where differences are both respected and supported.

We always welcome opportunities to LISTEN. LEARN. ACT. We aim to ensure that our Associates, patients and partners reflect the incredible mosaic of people and communities we so proudly serve. Despite navigating the challenges of meetings during the COVID-19 pandemic, the HEDI Committee has been able to meet and achieve several accomplishments, including:

- Drafted a policy (included pgs. 20-21)
- Setting goals for 2022-2023 and beyond
- Developing plans for HDEI training beyond the implicit bias training required by the State
- Creating subcommittees dedicated to attaining goals for education, house-wide awareness, etc.
- Expanding membership on the committee
- Launching an Intranet HEDI page to host related information as well as an anonymous tool for Associates to safely share their feedback with the Committee

CHAPTER TITLE: HEALTH EQUITY, DIVERSITY, AND INCLUSION (HEDI)

I. PURPOSE:

- A. PVHMC is committed to building a workforce through the use of equity and inclusion that reflects the diversity of the community we serve, that provides equal opportunities, and a collaborative, empowering work environment, and that is free of discrimination and harassment.
- B. Fostering diverse workforce benefits both Associates and patients by offering an inclusive place to provide and receive care. Associates from different backgrounds serve in a number of roles in our organization. While we may come from different experiences, we all share the same goal of providing high quality patient care that also promotes a climate of inclusion for patients and families.
- C. We are also committed to developing and implementing programs and initiatives to promote health equity, diversity and inclusion in all areas of employment and in patient care.

II. DEFINITIONS

- A. Health Equity, Diversity, and Inclusion are related and equally important concepts.
- B. Diversity includes, but is not limited to, differences in race, ethnicity, ancestry, sex, gender, sexual orientation or identity, disability, religion, age, national origin, military or veteran status, marital status, physical ability, medical condition, or any category protected under state or local law.
- C. Diversity also includes differences in backgrounds, experiences, perspectives, thoughts, interests, culture, language, education, socio-economic status, spiritual beliefs, political beliefs, and ideas.
- D. Health Equity means using fairness and justice in the way people are treated so that everyone has the opportunity and support they need to achieve excellence in their profession, wellbeing, and health.
- E. Inclusion means ensuring that all Associates are valued, respected, heard, engaged, and involved at work and have full opportunities to collaborate, contribute, and grow professionally, and similarly, for patients, that they are valued, heard, engaged with their treatment, and have full opportunities to express their viewpoints, and are treated with respect

III. POLICY:

- A. PVHMC values, health equity, diversity and inclusion, and works to create a culture of excellence in which all patients, families, visitors, stakeholders, and Associates feel valued, connected, treated fairly and safe, and where differences are both respected and supported.
- B. We always welcome opportunities to LISTEN, LEARN, ACT. We aim to ensure that our Associates, patients and partners reflect the incredible mosaic of people and communities we so proudly serve.
- C. This policy is not intended to restrict communication or actions protected or required by state or federal law.
- D. As part of this commitment, PVHMC focuses its Health Equity, Diversity & Inclusion program in the following areas:
 - i. Workforce
 - a. As an equal opportunity employer, recruit talented Associates with valuable expertise from different races, religions, genders, sexual

- orientations and other protected classes.
 - b. Retain a diverse workforce by appreciating the values, skills, experiences, and abilities of everyone we employ and not denying benefits, excluding persons, or otherwise discriminating against any Associates on a protected basis.
 - c. Provide equal employment opportunities.
 - d. Educate and engage Associates in learning opportunities to foster awareness and appreciation for the richness that diversity brings and on the concepts of equity and inclusion.
 - e. Train Associates on preventing harassment and discrimination. Conduct assessments and interventions as needed.
 - f. As an Equal Opportunity Employer, we are committed to recruiting talented Associates with valuable expertise from different races, religions, genders, sexual orientations and other protected classes.
 - g. We participate in local career fairs, work with recruiting sources to actively seek diverse applicants, and partner with colleges and schools with significant minority enrollment to identify highly qualified applicants.
- i. Experience
- h. Provide culturally responsive care that promotes a climate of inclusion for patients and families. Our Associates receive training designed to support and encourage an inclusive and accessible environment for healthcare delivery and customer service.
 - i. Additional resources are available to assist with the equitable and affirming delivery of healthcare, such as translation and technology services and responding to cultural issues for patients and families of different backgrounds
- ii. Health Equity
- j. Demonstrate a commitment to fair and equal access to healthcare through community partnerships and engagement of under-represented groups.
 - k. Foster equitable patient experiences through assessments and interventions.
 - l. In addition to internal development, we also collaborate with stakeholder groups that support health equity, diversity, and inclusion purpose.
 - m. PVHMC also strives to ensure that our health equity, diversity, and inclusion initiatives, actions, and results are transparent and synergistic.
- E. To carry out goals and programs, all Associates play a role in making PVHMC a diverse and inclusion place, for everyone, to receive care.
- F. Inclusion and diversity are critical drivers for creating the ideal experience for every patient, associate, and community member we serve. PVHMC empowers and supports our diverse workforce, patient population and community to advance PVHMC's mission of excellence patient care and quality professional education.

Economic Valuation

For 2021, PVHMC's total value of community benefits came to \$102,448,659 (Schedule H (Form 990) Part I.7.k.). The amounts for Charity Care, Means-Tested Government Programs, and Other Benefits are shown.

Economic Valuation of Community Benefit in FY 2021

Charity Care and Means-Tested Government Programs	
Charity Care	\$ 4,692,665
Medicaid	<u>\$88,271,365</u>
Total Unreimbursed Care and Charity Care	<u>\$92,964,031</u>
Other Benefits	
Community Health Improvement Services and Community Benefit Operations	\$1,872,224
Health Professions Education	\$3,213,823
Subsidized Health Services	\$4,149,258
Research	\$ 114,940
Cash and In-Kind Contributions to Community Groups	<u>\$ 134,383</u>
Total Other Benefits	<u>\$9,484,628</u>
Total Community Benefits for FY 2021	
Total Unreimbursed Care and Charity Care + Total Other Benefits	\$102,448,659

¹ Inpatient is the net unreimbursed cost (equivalent to unreimbursed cost less the than the disproportionate share payment); Outpatient is the net unreimbursed cost.

² The value of Community Building Activities is an additional \$18,520.

The process for determining the economic value of documented community benefits was as follows: uncompensated care was valued in the same manner that such services were reported in the Hospital's annual report to HCAI; charity care was valued by computing the estimated cost of charges (including charity care donations); other services were valued by estimating the costs of providing the services and subtracting any revenues received for such services - costs were determined by estimating staff and supervision hours involved in providing the services. Other direct costs such as supplies and professional services were also estimated. Any offsets, such as corporate sponsorship, attendance, fees, or other income contributed or generated were subtracted from the costs reported.

Plans for Public Review

As we end 2022 and proceed with 2023, PVHMC plans to continue supporting its varied community benefit activities and programs currently in place as described in this report, and develop new programs, when appropriate, to meet the needs of the community as identified in our Community Needs Assessment. PVHMC's next steps include:

- Continuous review of the current Implementation Strategy to track performance measures and gauge the success of strategies and programs in place
- Continue working collaboratively with other community groups (i.e. local public health departments, community based clinics) to optimize PVHMC's outreach efforts, identify where gaps exist, and identify opportunities for additional partnerships
- Continue to meet with community groups and stakeholders to gather input that will be helpful in outlining PVHMC's community benefit programs and activities; PVHMC openly welcomes comments and feedback on our current publications

The Community Benefit Plan, Implementation Strategy, and Community Health Needs Assessment (CHNA) are made widely available to all interested members in both electronic and paper format. The cost of production and distribution of these reports will be absorbed by the Hospital.

To access the Community Benefit Plan Implementation Strategy and CHNA on our website, please visit [pvhmc.org](https://www.pvhmc.org) and navigate to the Community Services tab under the About Us section on our home page. The direct link is <https://www.pvhmc.org/about-us/community-services/>

Requests for a paper copies can be made by phone, in person, by email, or by mail, by contacting:

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Appendix A: Financial Assistance Policy

Policy Name: Patient Financial Assistance Program Policy #: HW#1A.200

Division: Manual: Hospital Wide Policy

Origination Date: 12/31/2007 Revised Date: 07/01/2017 Reviewed Date: 01/05/2018

SUBJECT: Patient Financial Assistance Program Policy Full Charity Care and Discount Partial Charity Care Policies

PURPOSE:

Pomona Valley Hospital Medical Center (PVHMC) serves all persons in the Pomona Valley and greater Inland Empire community. As a community hospital provider, Pomona Valley Hospital Medical Center strives to provide healthcare services within a high quality and customer service oriented environment. Providing patients with opportunities for financial assistance coverage for healthcare services is an essential element of fulfilling the Pomona Valley Hospital Medical Center mission. This policy defines the PVHMC Financial Assistance Program including its criteria, systems, and methods.

Nonprofit acute care hospitals must comply with the California Hospital Fair Pricing Act (codified in California's Health & Safety Code Sections 127400 et seq.), and with Section 501(r) of the Internal Revenue Code requiring written policies providing discounts and charity care to financially qualified patients. This policy provides for both charity care and discounts to patients who financially qualify under the terms and conditions of the Pomona Valley Hospital Medical Center Financial Assistance Program.

The Finance Department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing, recording and accounting treatment of transactions at PVHMC. Patient Access and Business Office staff are responsible for assisting the patient with the financial assistance application as needed to include handling of patient accounting transactions in a manner that supports the mission and operational goals of Pomona Valley Hospital Medical Center. PVHMC's Board of Directors is responsible for approving this policy.

POLICY:

It is the policy of Pomona Valley Hospital Medical Center to offer financial assistance to patients who are unable to pay their hospital bills due to a financial inability to pay. Designated management will review individual cases to determine a patient's eligibility for financial assistance and determine the discount for which the patient qualifies.

All requests for financial assistance from patients, patient families, physicians or hospital staff shall be addressed in accordance with this policy. This policy will be applied to financial assistance applications approved on or after November 1, 2017.

INTRODUCTION

Pomona Valley Hospital Medical Center strives to meet the health care needs of all patients who seek inpatient, outpatient and emergency services. PVHMC is committed to providing access to financial assistance programs when patients are uninsured or under-insured and need help paying their hospital bill. These programs include state- and county-sponsored coverage programs and charity care as defined herein. This policy focuses on charity care for which eligibility for financial assistance and qualification for a discount is determined solely by the patient's and/or patient's family's ability to pay.

The Hospital makes every effort to inform its patients of the Hospital's Financial Assistance Program. Specifically:

- Every registered patient receives a written notice of the Hospital's Financial Assistance Policy written in plain language per IRC 501(r);
- Upon request, paper copies of the Financial Assistance Policy, the Financial Assistance application form and the plain language summary of the Financial Assistance Policy are made available free of charge . These documents are also available on the Hospital's website;
- Whenever possible, during the registration process, uninsured patients are screened for eligibility with government -sponsored programs and/or the Hospital's Financial Assistance Program;
- Public notices are posted throughout the Hospital notifying the public of financial assistance for those who qualify (See "Reporting & Billing: Public Notice" within this policy for more information);
- Guarantor billing statements contain information to assist patients in obtaining government –sponsored coverage and/or financial assistance provided by the Hospital (See "Reporting & Billing: Billing Statements" within this policy for more information);
- The Hospital will provide patients with a referral to a local consumer assistance center housed in a legal services office;
- In an effort to widely publicize the Hospital's Financial Assistance Policy, the Hospital has collaborated with several community clinics to provide Financial Assistance literature for clinic patients.

This policy addresses the following:

- Definitions
- Financial Assistance Eligibility Criteria
- Financial Assistance Discount
- Qualification Criteria
- Application Submission and Review Process Reporting & Billing
- General Provisions

Definitions:

Amounts Generally Billed (AGB): The amount generally billed by the hospital for emergency and other medically necessary services to patients who have health insurance. This amount does not represent the Hospital's usual and customary charge. It represents the amounts generally paid by a third-party payer as defined herein.

Essential living expenses: Expenses for any of the following: rent or house payments (including maintenance expenses), food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child and spousal support, transportation and automobile expenses (including insurance, fuel and repairs), installment payments, laundry and cleaning expenses, and other extraordinary expenses.

Full Charity: A discount representing 100% of a patient's liability. A full charity discount is equivalent to 100% of billed charges when the patient is uninsured and equivalent to the patient's unmet deductible, coinsurance and/or copay when the patient is insured.

High Medical Costs:

An insured patient with "High Medical Costs" means:

A person whose family income does not exceed 350% of the federal poverty level if the individual does not receive a discounted rate from the hospital as a result of third-party coverage, and any of the following:

- Annual out-of-pocket costs incurred by the individual at the hospital that exceed 10% of the patient's family income in the prior 12 months,
- Annual out-of-pocket expenses that exceed 10% of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months
- A lower level determined by the hospital in accordance with the hospital's charge care policy

Income:

The sum of all the wages, salaries, profits, interest payments, rents and other forms of earnings received by all members of a patient's family during a one year period of time. This includes gross receipts less cost of goods sold for self-employed family members.

Local Consumer Assistance Center:

An agency designed to provide consumers with information about health care coverage and services. In California, The Health Consumer Alliance (HCA) was designated as the CCI/CalMediconnect Ombudsprogram effective April 1, 2014. More information regarding HCA can be found at <http://healthconsumer.org>. Consumers may call 888-804-3536 for routing to the correct consumer center.

Monetary Assets:

Assets that are readily convertible to cash, such as bank accounts and publicly traded stock but not assets that are illiquid, such as real property and/or the following assets:

- Retirement funds and accounts;
- Deferred compensation plans qualified under the Internal Revenue Code;
- Nonqualified deferred compensation plans;
- The first \$10,000 of qualified monetary assets; 50% of monetary assets after the first \$10,000.

Necessary Services: Inpatient, outpatient or emergency medical care that is deemed medically necessary by a physician. Necessary services would not include purely elective services for patient comfort and/or convenience, including but not limited to a cosmetic lens implanted during cataract surgery.

Patient's Family Size: is dependent on the age of the patient as defined below:

- For patients 18 years of age and older, the patient's family includes the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not;
- For patients under 18 years of age, the patient's family includes the patient's parent(s), caretaker relatives and other children less than 21 years of age

PROCEDURE:

FINANCIAL ASSISTANCE ELIGIBILITY

Financial assistance eligibility is based upon the patient's ability to pay as determined by the Patient's Family income relative to the current Federal Poverty Level.

The primary eligibility categories are:

- Patient is uninsured AND Patient's Family Income is at or less than 400% of the Federal Poverty Level designated for the patient's family size
- Patient is insured AND Patient's Family Income is at or less than 400% of the Federal Poverty Level designated for the patient's family size AND patient meets the definition of a "High Cost Medical" patient

The following conditions must also be satisfied:

- If the patient is insured, the patient's liability is NOT a Medicaid share of cost or unmet deductible, coinsurance and/or copay related to subsidized coverage provided through a Covered CA qualified health plan or similar plan;
- Patient does not qualify for other income-based/means test government-sponsored coverage;
- A pending application for another health coverage program shall not preclude eligibility for financial assistance under this policy, however, final approval of financial assistance may be deferred until the pending application is processed and eligibility is determined
- Patient completes and submits a Financial Assistance Application;
- Patient submits all required and requested documents and responds to any questions that arise from the Financial Assistance Application.

A patient who is deemed eligible for financial assistance will not be charged for emergency or other medically necessary care more than amounts generally billed (AGB) to individuals who have insurance covering such care. Physicians providing emergency services in the hospital are required to provide discounts to uninsured and high medical cost patients whose incomes are at or below 350 percent of the Federal Poverty Level. The discounts by physicians providing emergency services in the hospital are not included in the Hospital's Financial Assistance Policy. These discounts are administered independently by the physician, physician's medical group and/or the physician billing agent. Eligible patients are offered a reasonable, extended payment plan. If an agreement is not reached, a reasonable payment formula similar to the hospital's payment formula defined in the "Payment Plans" section within this policy must be used in determining the monthly payment. See Addendum A for a complete list of emergency providers.

FINANCIAL ASSISTANCE DISCOUNT QUALIFICATION CRITERIA

Once eligibility is established, the discounted amount and/or discounted balance is determined as defined in the following section of this policy depending upon:

- The Patient's eligibility category; The Patient's Family income;
- The Patient's Family Monetary Assets;

Full Charity Discount Criteria:

The following chart summarizes the criteria that must be satisfied for a patient to qualify for full charity care:

ELIGIBILITY CATEGORY	INCOME	ASSETS
Uninsured	<400% FPL	<\$10,000
Insured with High Medical Costs	<400% FPL	<\$10,000

All patients who are eligible for financial assistance within this policy will receive full charity when the patient's family income is at or less than 400% of the Federal Poverty Level and their monetary assets are less than \$10,000. To qualify for this level of discount, the patient will apply for and submit the documentation required for full charity within this policy.

Dates of Service included in Application:

When the hospital determines that a patient qualifies for Financial Assistance, that determination will apply to the specific services and service dates for which the patient or the patient's family representative submitted the application. In cases of continuing care relating to a patient diagnosis that requires ongoing, related services, the hospital will treat continuing care as a single case for which qualification applies to all related ongoing services provided by the hospital.

Management may, based on its review, determine that other pre-existing patient account balances outstanding at the time of qualification may be eligible for a write-off. Generally, a patient will re-apply for financial assistance eligibility at least every 180 days, but management has the discretion to not require further application(s) for subsequent services following and initial application approval.

Other Eligible Circumstances qualifying for Charity: Medi-Cal Payment Denials: PVHMC deems those patients that are eligible for government-sponsored low-income assistance programs (e.g. Medi-Cal/Medicaid, California Children's Services and any other applicable state or local low-income program) to be indigent.

Therefore such patients are eligible under the Financial Assistance Policy when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients (e.g. CHDP and CCS), where the program does not make payment for all services or days during a hospital stay, are eligible for Financial Assistance Program coverage limited to the amount the payer denied instead of paid.

Consistent with Medicare cost reporting guidance for the calculation of the Hospital's low income percentage for Medi-Cal DSH, non-covered services and all other denied services provided to eligible Medicaid beneficiaries will be reported as "Uncompensated Care" for cost reporting purposes without requiring a FAP application from each patient. Specifically included as Uncompensated Care are charges related to denied stays, denied days of care, and non-

covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care.

The patient is NOT eligible for financial assistance on Medi-Cal share of cost or a patient's subsidized or discounted out-of-pocket expenses determined by Covered California or any other state or federal government insurance exchange. A patient's unsubsidized out of pocket expense may qualify for a discount as defined within this policy.

Other Eligible Circumstances qualifying for Charity: Medicare Deductibles and Coinsurance Denials:

Patients whose primary coverage is Medicare and secondary coverage is Medi-Cal are eligible for financial assistance and may qualify for full charity. The amount qualifying for full charity is limited to the Medicare coinsurance and deductible amounts unreimbursed by any other payer including Medi-Cal/Medicaid, and which is not reimbursed by Medicare as a bad debt, if:

- The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low income patients; or
- The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low income patients; or

Other Eligible Circumstances qualifying for Charity: Reassignment from Bad Debt to Charity:

Any account returned to the Hospital from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care.

Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation file.

Criteria for Re-Assignment from Bad Debt to Charity Care:

All outside collection agencies contracted with PVHMC to perform account follow-up and/or bad debt collection will utilize the following criteria to identify a status change from bad debt to charity care:

- Patient accounts must have no applicable insurance (including governmental coverage programs or other third party payers);
- The patient or family representative has not made a payment within 150 days of assignment to the collection agency;
- The patient's credit & behavior score is within the lowest 25th percentile as of November 2007, PVHMC's secondary agency has determined the credit and behavior score representing the lowest 25th percentile is 547 or lower as reported by Transunion;);
- The collection agency has determined that the patient/family representative is unable to pay; and/or
- The patient or family representative does not have a valid Social Security Number and/or an accurately stated residence address in order to determine a credit score

All accounts returned from a collection agency for re-assignment from Bad Debt to Charity Care will be evaluated by hospital personnel prior to any re-classification within the hospital accounting system and records.

Prompt Pay Discount:

A patient is not eligible for financial assistance when the patient's family income is greater than 400% of the established Federal Poverty Level. Instead, uninsured patients qualify for a prompt pay discount, which shall apply to all necessary inpatient, outpatient and emergency services provided by PVHMC. The discounted balance is dependent on the type of service provided:

- For outpatient services, the discounted balance represents the average commercial HMO/PPO collection rate on outpatient services, not to exceed established cash prices
- For inpatient services, the discounted balance represents the Medi-Cal APR DRG amount for obstetrics and pediatric services and the Medicare DRG amount for all other acute inpatient services, not to exceed established cash prices.

The standard term for a prompt payment discount is 30 days. However, the term may be negotiated per the Payment Plans guidelines below.

Payment Plans:

When a discount has been made by the hospital, the patient shall have the option to pay any or all outstanding amounts due in one lump sum payment, or through a scheduled term payment plan. The hospital will discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be negotiated between the hospital and patient based upon the patient's ability to effectively meet the payment terms. As a guideline, payment plans will be structured to last no longer than 12 months. The hospital shall negotiate in good faith with the patient; however there is no obligation to accept the payment terms offered by the patient. If the patient and the hospital are unable to agree on negotiated payment terms, the hospital shall offer the patient the default payment plan. Under the default payment plan, the patient's monthly payment shall not exceed 10% of the patient's family income for one month, excluding deductions for "essential living expenses" as defined herein above.

Limitation on Charges:

Amounts Generally Billed ("ABG") Patients below 400% of the current Federal Poverty Level, who meet all eligibility and qualification criteria, will not pay more than Medicare (or the applicable Medi-Cal APR DRG as defined below) would typically pay for a similar episode of service as defined by the "Prospective" method per Section 501(r) of the Internal Revenue Code ("IRC"). The applicable Medi-Cal APR DRG reimbursement applies to obstetrics, newborns, neonatal intensive care and pediatrics. The Medicare DRG and respective outpatient rates applies to all other services. A deposit collected from a patient for scheduled services will be limited to Amounts Generally Billed as defined herein. At the time a patient is determined to qualify and be eligible for financial assistance, the amount billed to the patient will be limited to the Amount Generally Billed.

Prior to submitting an application for financial assistance, the amounts billed will represent full billed charges consistent with the Hospital's usual and customary charges.

Collection Efforts

The Hospital's Business Office is responsible for billing a patient's guarantor unpaid copays, coinsurance, deductibles, balances covered under a payment arrangement and charges not covered by insurance. Guarantor statements are mailed to the guarantor's address on file.

Guarantor balances are due and payable within 30 days from the date of the first patient billing. The business office will send the guarantor a minimum of three cycle statements. A collection letter will be sent to the guarantor if the balance remains unpaid after three cycle statements.

Guarantor balances are considered past due after 30 days from the date of the first billing and

may be advanced to a collection agency after 120 days from the date of first billing and after a minimum of three cycle statements have been sent to the guarantor. A guarantor balance may be advanced to a collection agency prior to these standard timelines if it is determined the patient or guarantor provided fraudulent or inaccurate demographic or billing information.

Guarantor balances will not be forwarded to a collection agency when the guarantor makes reasonable efforts to communicate with the business office and makes good faith efforts to resolve the outstanding balance including but not limited to applying for government insurance coverage, applying for a discount under the Hospital's Financial Assistance Policy, submitting regular partial payments of a reasonable amount or negotiating a payment plan with the business office.

If the Hospital uses a collection agency, it will obtain a written agreement that the agency will abide by the hospital's standards and scope of practice.

Prior to commencing collection activities, the hospital will provide the patient with a clear and conspicuous written notice containing information regarding the patient's rights under applicable laws, certain patient rights and related information.

The Hospital will not engage in extraordinary collection activities ("ECAs"), either directly or indirectly through any purchaser of debt, collection agency or other party to which the hospital facility has referred the individual debt relating to seeking payment for care covered by the Hospital's Financial Assistance Policy including but not limited to:

- Placing a lien on an individual's property
- Foreclosing on real property
- Attaching or seizing an individual's bank account or other personal property
- Commencing a civil action against an individual
- Causing an individual's arrest or writ of body attachment for civil contempt
- Garnishing an individual's wages

For a patient that lacks coverage or has high medical costs, the hospital or its agent shall not report adverse information to a credit reporting agency or commence civil action against the patient for nonpayment at any time prior to 150 days after initial billing. Prior to authorizing any extraordinary collections activities, the Hospital will ensure a Financial Assistance Application is mailed to the guarantor's current address on file allowing the guarantor no less than 30 days to respond or inform the business office of the interest to pursue financial assistance. The Director of Patient Financial Services will ensure all reasonable efforts are taken to determine if a patient is eligible for financial assistance under this policy before engaging in Extraordinary Collection Activities. All collection efforts will be suspended while a guarantor is actively participating in the Financial Assistance Application process.

APPLICATION SUBMISSION & REVIEW PROCESS

Single, Unified Application:

The financial assistance application provides patient information necessary for determining patient qualification and such information will be used to qualify the patient or family representative for maximum coverage under the PVHMC Financial Assistance Program. The financial assistance application should be completed as soon as there is an indication that the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.

The hospital will provide guidance and/or direct assistance to patients or their family representative as necessary to facilitate completion of program applications. Financial counselors, eligibility services liaisons and/or patient account representatives are available to provide guidance over the phone or meet in person.

The application will cover all outstanding guarantor balances at the time the application is completed. Patients may be required to re-apply for financial assistance at least every 180 days.

Required Documentation:

Eligible patients may qualify for the PVHMC Financial Assistance Program by following application instructions and making every reasonable effort to provide the hospital with documentation and health benefits coverage information such that the hospital may make a determination of the patient's qualification for coverage under the program. Eligibility alone is not an entitlement to coverage under the PVHMC Financial Assistance Program. To determine eligibility and to maximize the qualifying assistance/discount amount, the following documentation is required when applicable:

- Completed & signed financial assistance application;
- Current pay stubs from the last two pay periods or if self-employed, current year-to-date profit & loss statement to determine current income;
- Award letters for social security, SSI, Disability, Unemployment, General Relief, Alimony, etc.;
- Last calendar year's filed tax return with all required schedules to determine income generating assets including monetary assets;
- Last two months' bank, brokerage & investment statements;
- Copies of prior year's 1099 for interest income, dividends, capital gains, etc.

Completion of a financial assistance application provides:

- Information necessary for the hospital to determine if the patient has income sufficient to pay for services;
- Documentation useful in determining qualification for financial assistance;
- An audit trail documenting the hospital's commitment to providing financial assistance

The Hospital may require waivers or releases from the patient or the patient's family authorizing the hospital to obtain account information from financial or commercial institutions or other entities including but not limited to credit reporting entities that hold or maintain the monetary

assets, in an attempt to verify information the patient has provided on the charity care application. Information obtained pursuant to this paragraph regarding assets of the patient or the patient's family shall not be used for collection activities.

Reasons for Denial of Assistance:

The PVHMC Financial Assistance Program relies upon the cooperation of individual patients who may be eligible for full assistance. Financial assistance may be denied for failure to submit applicable required documentation.

The hospital may deny financial assistance for reasons including, but not limited to, the following:

- Patient is not eligible for full charity care based on amount of income plus monetary assets;
- Patient is uncooperative or unresponsive, preventing the Hospital from determining financial assistance eligibility and qualification;
- Service provided to a full charity care patient is not considered medically necessary;
- Application is incomplete;
- Patient's balance results from withholding from the Hospital an insurance payment;
- Patient's balance after insurance pays does not meet the definition of high medical cost;
- Assistance was requested on a service provided more than 180 days after the most recent request for assistance was approved; and
- Patient's liability is a Medicaid share of cost or out-of-pocket expense related to means tested and/or income based coverage such as a subsidized Covered CA qualified health plan.

The financial assistance application should be completed as soon as there is an indication the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.

Approval Process:

The patient or patient's representative shall submit the financial assistance application and required supplemental documents to the Patient Financial Services department at PVHMC. The Patient Financial Services department's contact information shall be clearly identified in the application instructions.

PVHMC will provide personnel who have been trained to review financial assistance applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response. Upon receipt of a completed financial assistance application, assigned staff in the business office will prepare a "Request for Consideration of Uncompensated Care (Charity)" attaching all supporting documentation as defined within this policy and submit to an applicable manager based upon the amount of the discount requested as defined below. For the circumstances defined below which do NOT require submission of a financial assistance application, the staff will prepare a "Request for Consideration of Uncompensated Care (Charity)" clearly noting the reason an application was NOT prepared and attaching a credit report if a valid social security number is available.

A financial assistance determination will be made only by approved hospital management personnel according to the eligibility criteria specific to the patient and the amount of financial assistance requested. Financial assistance shall not be provided on a discriminatory or arbitrary basis.

The Hospital retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.

The Hospital's designee authorized to approve financial assistance applications is based on the amount of the financial assistance requested; larger discounts require a higher level of approval as indicated below:

- Discounts less than \$25,000: Director of Patient Financial Services or the Director of Patient Access
- Discounts greater than \$25,000: Chief Financial Officer

Application Exceptions:

A completed financial assistance application may not be required in certain circumstances. These circumstances are limited to situations when PVHMC determines it has sufficient patient financial information from which to make a financial assistance eligibility and qualification decision. Examples of circumstances not requiring a financial assistance application include, but are not necessarily limited to:

- Patient is homeless;
- Patient is a resident at a shelter including but not limited to Prototypes and The American Recovery Center;
- Patient's address is the address for the Department of Public Social Services (DPSS) 2040 Holt Ave Pomona;
- Patient is unknown;
- Patient is receiving General Relief, Cal WORKS or Cal Fresh (documentation required);
- Patient qualified for Medi-Cal without a share of cost (SOC) during a portion of the confinement or subsequent to their discharge/visit (proof of eligibility required); or
- Non-covered and/or denied services provided to Medi-Cal eligible patients;
- A patient's balance after VOVC pays;
- Patient's qualifying for Susan G. Komen funding; the grant from Susan G. Komen will be recorded as Non-operating revenue (904050)

Appeal Process:

In the event that a patient disagrees with the hospital's determination regarding qualification, the patient may file a written appeal for reconsideration with the hospital as follows:

- The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration.
- Any or all additional relevant documentation to support the patient's claim should be attached to the written appeal.
- Any or all appeals will be reviewed by the hospital Director of Patient Financial Services. The director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the director shall provide the patient with a written explanation of findings and determination.

In the event that the patient believes a dispute remains after consideration of the appeal by the Director of Patient Accounting, the patient may request in writing, a review by the Chief Financial Officer. The Chief Financial Officer shall review the patient's written appeal and documentation, as well as the findings of the Director of Patient Financial Services. The Chief Financial Officer shall make a determination and provide a written explanation of findings to the patient. All determinations by the Chief Financial Officer shall be final. There are no further appeals.

REPORTING AND BILLING

Billing Statements:

Consistent with Health and Safety Code Section 127420, the Hospital will include the following clear and conspicuous information on a patient's bill:

- A statement of charges for services rendered by the hospital.
- A request that the patient inform the hospital if the patient has health insurance coverage, Medicare, Medi-Cal, or other coverage.
- A statement that if the consumer does not have health insurance coverage, the consumer may be eligible for coverage offered through the California Health Benefit Exchange (Covered CA), Medicare, Medi-Cal, California Children's Services Program, or charity care.
- A statement indicating how patients may obtain an application for the Medi-Cal program, coverage offered through the California Health Benefit Exchange, or other state- or county-funded health coverage programs and that the hospital will provide these applications. If the patient does not indicate coverage by a third- party payer or requests a discounted price or charity care, then the hospital shall provide an application for the Medi-Cal program, or other state- or county-funded programs to the patient. This application shall be provided prior to discharge if the patient has been admitted or to patients receiving emergency or outpatient care. The hospital shall also provide patients with a referral to a local consumer assistance center housed at legal services offices.
- Information regarding the financially qualified patient and charity care application, including the following:
 1. A statement that indicates that if the patient lacks, or has inadequate, insurance, and meets certain low and moderate-income requirements, the patient may qualify for discounted payment or charity care .
 2. The name and telephone number of a hospital employee or office from whom or which the patient may obtain information about the hospital's discount payment and charity care policies, and how to apply for that assistance.
 3. If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a hospital charity care or discount payment program, neither application shall preclude eligibility for the other program

Public Notice:

PVHMC shall post notices informing the public of the Financial Assistance Program. Such notices shall be posted in high volume inpatient, areas and in outpatient service areas of the hospital, including but not limited to the emergency department, inpatient admission and outpatient registration areas, or other common patient waiting areas of the hospital. Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance.

These notices shall be posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. The notice states the following:

- Pomona Valley Hospital Medical Center provides financial assistance to our patients who qualify.
- Contact our Eligibility Services Department at (909) 630-7720 to speak with a representative to obtain more information.

Access to the Financial Assistance Policy:

A copy of this Financial Assistance Policy and a plain language summary is available on the Hospital's website. A hard copy of the policy will be made available to the public upon request at the Hospital's main campus or by mail.

HCAI Reporting:

PVHMC will report actual Charity Care provided in accordance with regulatory requirements of the Department of Health Care Access and Information (HCAI) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with the applicable requirement, the hospital will maintain written documentation regarding its Charity Care criteria, and for individual patients, the hospital will maintain written documentation regarding all Charity Care determinations. As required by HCAI, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

In compliance with HCAI adopted regulations approved by the Office of Administrative Law on August 8, 2007 (Title 22, Sections 96040-96050), the Director of Patient Financial Services will submit an electronic copy of its discount payment and charity care policies, eligibility procedures and review process (as defined and documented in one, comprehensive Financial Assistance Program Policy) and its Financial Assistance application form to HCAI at least every other year by January 1 beginning January 1, 2008, or whenever a significant change to the policy is made.

GENERAL PROVISIONS

Equal Opportunity:

The Hospital is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state or local laws.

Confidentiality:

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values. The Charity Care documentation will not be reviewed or accessed by staff involved in collection activities.

Good Faith:

PVHMC makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate. Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient or family representative. In addition, PVHMC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order to qualify for the PVHMC Financial Assistance Program.

Appendix B: California Health and Safety Codes

Section 127340-127365

SB 697 (Chapter 812, Statutes of 1994)

Health and Safety Code Sections 127340-127365

Article 2. Hospitals: Community Benefits

127340 The Legislature finds and declares all of the following:

- A. Private not-for-profit hospitals meet certain needs of their communities through the provision of essential health care and other services. Public recognition of their unique status has led to favorable tax treatment by the government. In exchange, nonprofit hospitals assume a social obligation to provide community benefits in the public interest.
- B. Hospitals and the environment in which they operate have undergone dramatic changes. The pace of change will accelerate in response to health care reform. In light of this, significant public benefit would be derived if private not-for-profit hospitals reviewed and reaffirmed periodically their commitment to assist in meeting their communities' health care needs by identifying and documenting benefits provided to the communities which they serve.
- C. California's private not-for-profit hospitals provide a wide range of benefits to their communities in addition to those reflected in the financial data reported to the state.
- D. Unreported community benefits that are often provided but not otherwise reported include, but are not limited to, all of the following:
 - 1. Community-oriented wellness and health promotion
 - 2. Prevention services, including, but not limited to, health screening, immunizations, school examinations, and disease counseling and education
 - 3. Adult day care
 - 4. Child care
 - 5. Medical research
 - 6. Medical education
 - 7. Nursing and other professional training
 - 8. Home-delivered meals to the homebound
 - 9. Sponsorship of free food, shelter, and clothing to the homeless
 - 10. Outreach clinics in socioeconomically depressed areas
- E. California's private not-for-profit hospitals provide a wide range of benefits to their

communities in addition to those reflected in the financial data reported to the state.
127345 As used in this article, the following terms have the following meanings:

- A. “Community benefits plan” means the written document prepared for annual submission to the Office of Statewide Health Planning and Development that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community.
- B. “Community” means the service areas or patient populations for which the hospital provides health care services.
- C. Solely for the planning and reporting purposes of this article, “community benefit” means a hospital’s activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status, including, but not limited to, any of the following:
 - 1. Health care services, rendered to vulnerable populations, including, but not limited to, charity care and the unreimbursed cost of providing services to the uninsured, underinsured, and those eligible for Medi-Cal, Medicare, California Children’s Services Program, or county indigent programs.
 - 2. The unreimbursed cost of services included in subdivision (d) of Section 127340.
 - 3. Financial or in-kind support of public health programs.
 - 4. Donation of funds, property, or other resources that contribute to a community priority.
 - 5. Health care cost containment.
 - 6. Enhancement of access to health care or related services that contribute to a healthier community.
 - 7. Services offered without regard to financial return because they meet a community need in the service area of the hospital, and other services including health promotion, health education, prevention, and social services.
 - 8. Food, shelter, clothing, education, transportation, and other goods or services that help maintain a person’s health.
- D. “Community needs assessment” means the process by which the hospital identifies, for its primary service area as determined by the hospital, unmet community needs.
- E. “Community needs” means those requisites for improvement or maintenance of health status in the community.
- F. “Hospital” means a private not-for-profit acute hospital licensed under subdivision (a), (b), or (f) of Section 1250 and is owned by a corporation that has been determined to be exempt from taxation under the United States Internal Revenue Code. “Hospital” does not mean any of the following:
 - 1. Hospitals that are dedicated to serving children and that do not receive direct payment for services to any patient.
 - 2. Small and rural hospitals as defined in Section 124840.

- G. "Mission statement" means a hospital's primary objectives for operation as adopted by its governing body.
- H. "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. 127350. Each hospital shall do all of the following:
1. By July 1, 1995, reaffirm its mission statement that requires its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization.
 2. By January 1, 1996, complete, either alone, in conjunction with other health care providers, or through other organizational arrangements, a community needs assessment evaluating the health needs of the community serviced by the hospital, that includes, but is not limited to, a process for consulting with community groups and local government officials in the identification and prioritization of community needs that the hospital can address directly, in collaboration with others, or through other organizational arrangement. The community needs assessment shall be updated at least once every three years.
 3. By April 1, 1996, and annually thereafter adopt and update a community benefits plan for providing community benefits either alone, in conjunction with other health care providers, or through other organizational arrangements.
 4. Annually submit its community benefits plan, including, but not limited to, the activities that the hospital has undertaken in order to address community needs within its mission and financial capacity to the Office of Statewide Health Planning and Development. The hospital shall, to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan. Effective with hospital fiscal years, beginning on or after January 1, 1996, each hospital shall file a copy of the plan with the office not later than 150 days after the hospital's fiscal year ends. The reports filed by the hospitals shall be made available to the public by the office. Hospitals under the common control of a single corporation or another entity may file a consolidated report.

127355 The hospital shall include all of the following elements in its community benefits plan:

- A. Mechanisms to evaluate the plan's effectiveness including, but not limited to, a method for soliciting the views of the community served by the hospital and identification of community groups and local government officials consulted during the development of the plan.
- B. Measurable objectives to be achieved within specified timeframes.
- C. Community benefits categorized into the following framework:
 1. Medical care services.
 2. Other benefits for vulnerable populations.
 3. Other benefits for the broader community.
 4. Health research, education, and training programs.
 5. Non-quantifiable benefits.

127360

Nothing in this article shall be construed to authorize or require specific formats for hospital needs assessments, community benefit plans, or reports until recommendations pursuant to Section 127365 are considered and enacted by the Legislature.

127365

The Office of Statewide Health Planning and Development shall prepare and submit a report to the Legislature by October 1, 1997, including all of the following:

- A. The identification of all hospitals that did not file plans on a timely basis.
- B. A statement regarding the most prevalent characteristics of plans in terms of identifying and emphasizing community needs.
- C. Recommendations for standardization of plan formats, and recommendations regarding community benefits and community priorities that should be emphasized. These recommendations shall be developed after consultation with representatives of the hospitals, local governments, and communities. <http://www.leginfo.ca.gov/bilinfo.htm>

**POMONA VALLEY HOSPITAL**
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