



M E D I C A L   C E N T E R

*Expert care with a personal touch*

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# 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 2020



# Preface

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## **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 2018 CHNA and completed an Implementation Strategy to address the significant needs identified in our assessment. A summary of the 2018 CHNA and Implementation Strategy has been included in our 2020 Community Benefit Plan (report for fiscal year 2020) and PVHMC continuously monitors performance metrics to track progress and gauge the success of our outlined programs and strategies. Additionally, in accordance with these state and federal requirements, PVHMC is in the process of conducting our next triennial needs assessment for FY 2021.

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# Introduction to PVHMC

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*For more than 118 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 118 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, Total Joint Replacement. Additionally, PVHMC is proud to be:

- Largest non-public Trauma Center in Los Angeles County
- 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:

- U.S. News & World Report “Best Regional Hospital” (2020-2021), Top 13% in Nation
- US News and World Report - Top Performing Hospital for Heart Failure (2020-2021)
- US News and World Report - Top Performing Hospital, Aortic Valve Surgery (2020-2021)
- US News and World Report - Top Performing Hospital for Bypass Surgery (2020-2021)
- US News and World Report - Top Performing Hospital COPD (2020-2021)
- 2020: Healthgrades - Patient Safety
- 2020: Healthgrades - Treatment of Sepsis, 5 Stars
- 2020: Healthgrades - Treatment of Heart Failure, 5 Stars
- 2020: Healthgrades - Gallbladder Removal Surgery, 5 Stars
- 2020: Healthgrades - Chronic Obstructive Pulmonary Disease, 5 Stars,
- 2020: Healthgrades - Coronary Bypass Surgery, 5 Stars
- 2020: Get with the Guidelines (AHA/ASA) - Gold Plus Achievement Award for Treating Heart Failure – 10th year in a row
- 2020: Get with the Guidelines (AHA/ASA) - “Stroke Gold Plus Quality Achievement Award – Target: Stroke Elite Honor Roll” – 4th year in a row

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. Upon completion, PVHMC will be providing the community a modern healthcare facility with a focus on patient comfort and privacy, up-to-date technology, and patient safety.



# Executive Summary

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PVHMC works vigorously to meet our role in maintaining a healthy community by identifying health-related problems and developing ways to address them. In 2018, 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 2018 Community Health Needs Assessment, PVHMC determined Chronic Disease, Obesity, and Access to Care to be the three overarching health need priorities for our community for the next three years (2018-2020).

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.

Throughout 2020, PVHMC continued to achieve these goals and 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 donated more than five-thousand pounds of food to support low-income community members facing hunger, successfully delivered more than one-thousand free flu vaccines through

our drive-thru vaccination clinics, and provided more than \$80,000 in additional 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, and through a grant from 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. Over the next two years, these navigators will identify, appropriately treat, refer to treatment, and provide follow up for these patients. Additionally, PVHMC continued to provide financial assistance for patients without the ability to pay 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 2020 is estimated at \$79,746,288 , including charity care, unreimbursed care, and other community health improvement benefits.

Our community is central to us and it 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

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## 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

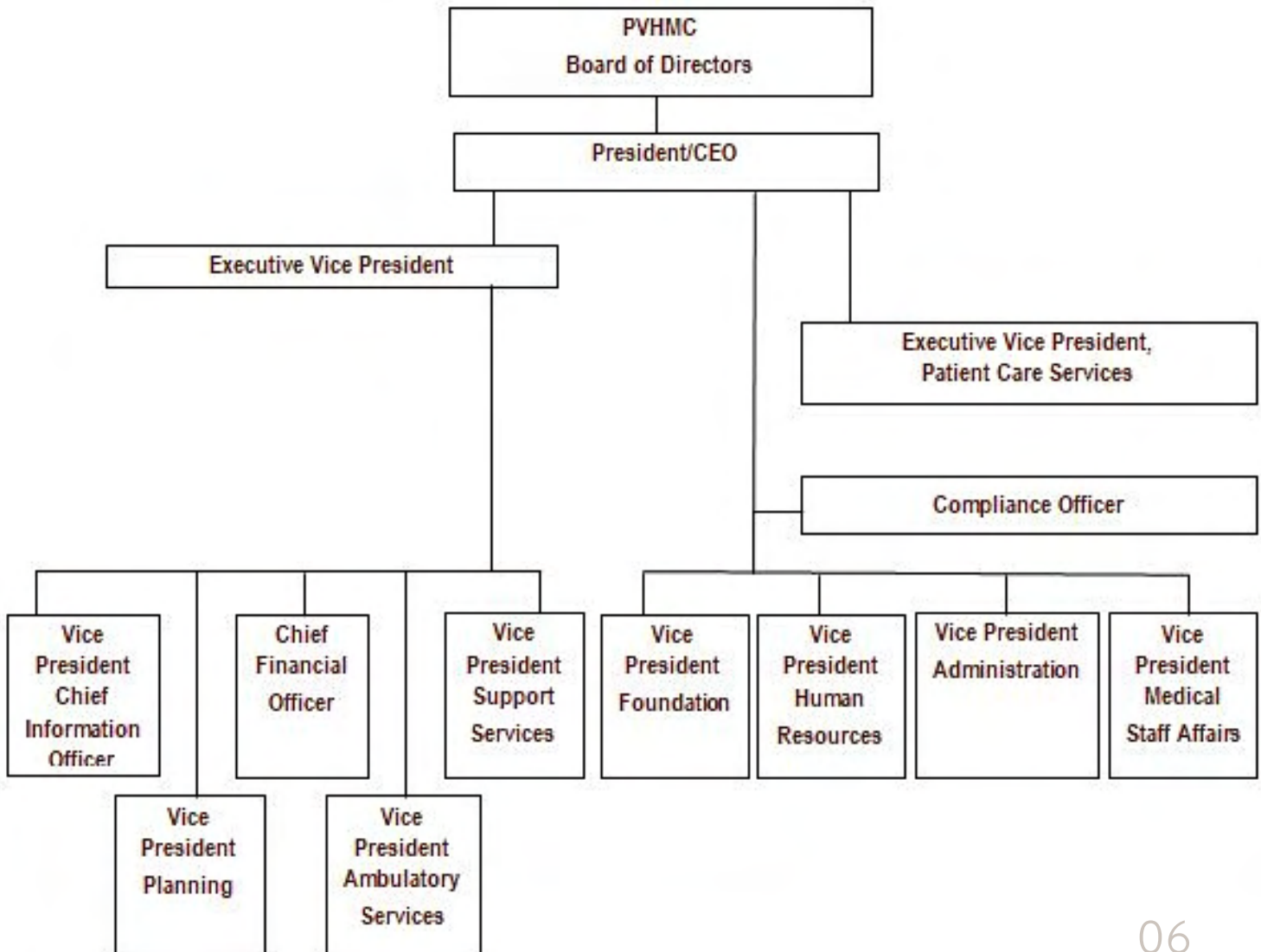
- C = *Customer Satisfaction*
- H = *Honor and Respect*
- A = *Accountability: The Buck Stops Here*
- N = *New Ideas!*
- G = *Growing Continuously*
- E = *Excellence: Do the Right Things Right!*



# 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

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## 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

- Radiation and Medical Oncology
- GI Lab
- Kidney and Urological Services
- Sleep Disorders Center
- Radiology
- Rehabilitation Services including physical, occupational, speech and cardiovascular

## Family Medicine Residency Program

- Affiliated with the David Geffen School of Medicine at UCLA



**PVHMC has more than 700 physicians and 3,500 Associates who are supported by over 1,000 PVHMC volunteers to deliver the most comprehensive health services to our patients.**

# Admission Statistics

**Table 1. Admission Statistics - Three Year Trend**

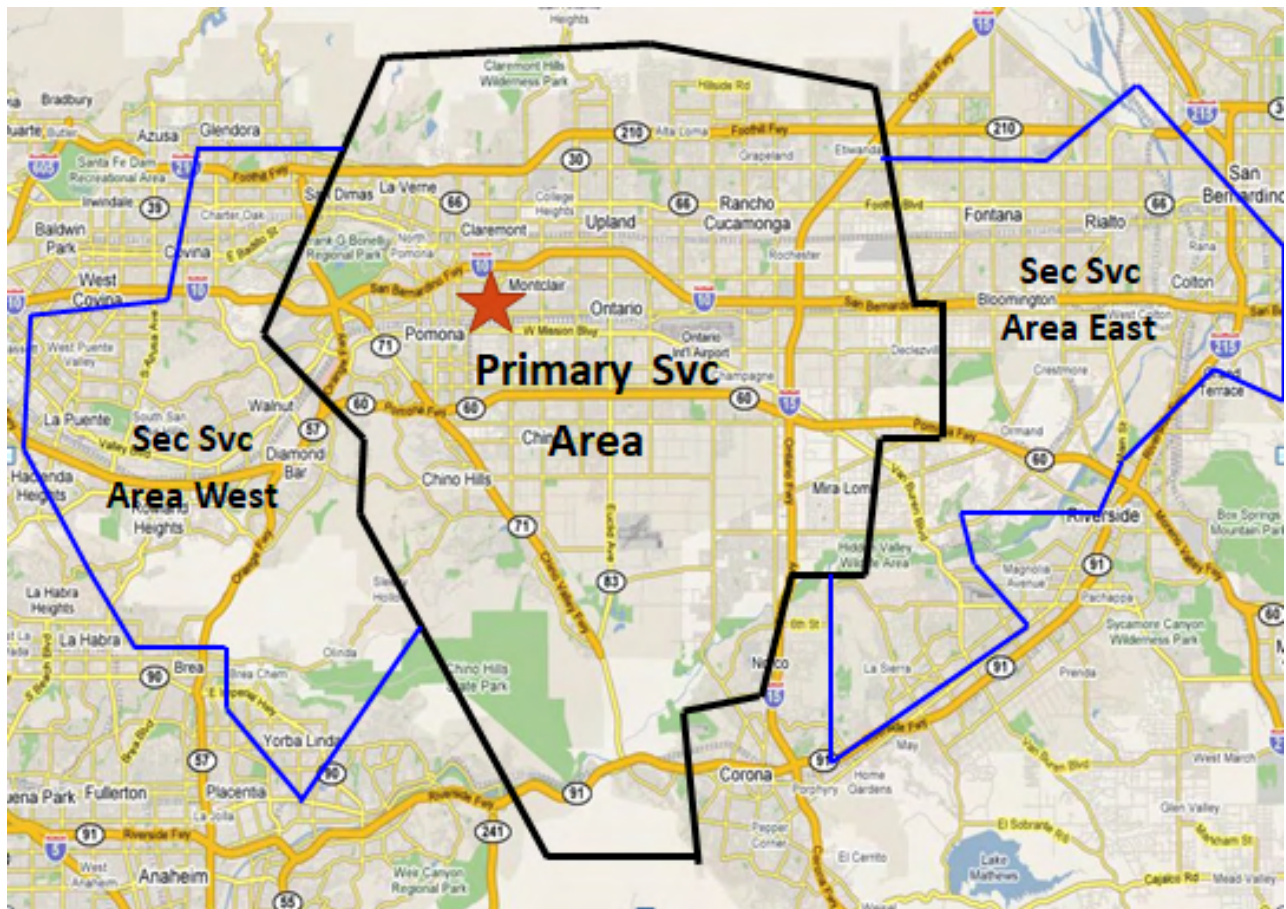
|                                   | 2018    | 2019    | 2020    |
|-----------------------------------|---------|---------|---------|
| Total Admissions                  | 21,386  | 20,164  | 18,431  |
| % Direct Admits                   | 41%     | 40%     | 36%     |
| Hospital Length of Stay           | 4.1     | 4.5     | 4.6     |
| Average Daily Census (Acute)      | 243     | 244     | 239     |
| Average Daily Census (Adult-Only) | 204     | 209     | 206     |
| Emergency Visits                  | 99,112  | 98,984  | 78,746  |
| Hours on Diversion                | 288     | 355     | 709     |
| Inpatient Surgery                 | 3,749   | 3,763   | 3,440   |
| Cardiac Surgery                   | 168     | 140     | 121     |
| Specialty Lab                     | 5,071   | 4,357   | 3,262   |
| Cath Lab - Inpatient              | 2,310   | 3,027   | 1,157   |
| Cath Lab - Outpatient             | 2,275   | 2,894   | 591     |
| Dialysis Treatments               | 3,634   | 3,919   | 3,647   |
| Radiation Oncology                | 27,021  | 25,759  | 28,010  |
| Deliveries                        | 5,986   | 5,560   | 5,045   |
| NICU Days                         | 12,191  | 10,854  | 11,190  |
| Ambulatory Visits                 | 553,085 | 496,303 | 481,597 |
| Sweet Success Visits              | 10,173  | 8,319   | 8,738   |
| Respiratory                       | 212,052 | 204,128 | 312,245 |

# 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 840,789 (Source: U.S. Census Bureau, 2010). 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 Office of Statewide Health Planning and Development (OSHPD).

**Map 1: The Communities We Serve**





**Table 2. PVHMC's Primary Service Area Population**

| City             | County         | 2010 Population  |
|------------------|----------------|------------------|
| Pomona           | Los Angeles    | 149,058          |
| Claremont        | Los Angeles    | 34,926           |
| La Verne         | Los Angeles    | 31,063           |
| Chino            | San Bernardino | 77,983           |
| Chino Hills      | San Bernardino | 74,799           |
| Ontario          | San Bernardino | 163,924          |
| Upland           | San Bernardino | 73,732           |
| Montclair        | San Bernardino | 36,664           |
| San Dimas        | Los Angeles    | 33,371           |
| Rancho Cucamonga | San Bernardino | 165,269          |
| Alta Loma        | San Bernardino | n/a <sup>1</sup> |

Source: U.S. Census Bureau, 2010; (1) Alta Loma data were not available separately (included with Rancho Cucamonga data)

**Table 3. Ethnic Diversity of Our Community**

| City                | White | Hispanic<br>Lantix | Black/<br>African-<br>American | American<br>Indian | Asian | Hawaiian/<br>Pacific<br>Islander | Other | Two or<br>More<br>Races |
|---------------------|-------|--------------------|--------------------------------|--------------------|-------|----------------------------------|-------|-------------------------|
| Pomona              | 48.0% | 70.5%              | 7.3%                           | 1.2%               | 8.5%  | 0.2%                             | 30.3% | 4.5%                    |
| Claremont           | 70.6% | 19.8%              | 4.7%                           | 0.5%               | 13.1% | 0.1%                             | 5.8%  | 5.2%                    |
| La Verne            | 74.2% | 31.0%              | 3.4%                           | 0.9%               | 7.7%  | 0.2%                             | 9.1%  | 4.5%                    |
| Chino               | 56.4% | 53.8%              | 6.2%                           | 1.0%               | 10.5% | 0.2%                             | 21.2% | 4.6%                    |
| Chino Hills         | 50.8% | 29.1%              | 4.6%                           | 0.5%               | 30.3% | 0.2%                             | 8.7%  | 4.9%                    |
| Ontario             | 51.0% | 69.0%              | 6.4%                           | 1.0%               | 5.2%  | 0.3%                             | 31.3% | 4.7%                    |
| Upland              | 65.6% | 38.0%              | 7.3%                           | 0.7%               | 8.4%  | 0.2%                             | 12.9% | 4.8%                    |
| Montclair           | 52.7% | 70.2%              | 5.2%                           | 1.2%               | 9.3%  | 0.2%                             | 27.0% | 4.4%                    |
| San Dimas           | 72.0% | 31.4%              | 3.2%                           | 0.7%               | 10.5% | 0.1%                             | 8.5%  | 4.9%                    |
| Rancho<br>Cucamonga | 62.0% | 9.2%               | 9.2%                           | 0.7%               | 10.4% | 0.3%                             | 12.0% | 5.4%                    |
| Alta Loma           | n/a   | n/a                | n/a                            | n/a                | n/a   | n/a                              | n/a   | n/a                     |

Source: U.S. Census Bureau, 2010; (1) Alta Loma data were not available separately (included with Rancho Cucamonga data)

# 2018 Community Health Needs Assessment Summary

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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 2018 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 telephone survey and consisted of input from 319 from the eleven cities within PVHMC's service area, resulting in a 95 percent level of confidence and an accuracy of +/- 5.5%. A total of 26 out of 319 of the surveys (8.15% response) were conducted in Spanish. In order to ensure that cell phone only households were well represented in the survey, IAR purchased "enhanced wireless" phone numbers which are based on the last known address of the cell phone owner. The surveys were conducted between March 2 and March 12, 2018. Surveys were conducted on a variety of days and times (Monday- Friday from 3:00 p.m. to 9:00 p.m.; and Saturday 11:00 a.m. to 5:00 p.m. and Sunday 1:00 p.m. to 7:00 p.m.) in order to maximize the chances of completing a survey. 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, Christin Mondy, on April 13, 2018, and with Dr. Maxwell Ohikhuare, San Bernardino County Public Health Dept. Health Officer, on April 18, 2018. Additional primary data were collected through two focus group meetings with 12 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 2018 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 Pomona Valley.

In the first phase of PVHMC's assessment process, primary data were collected via a telephone 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 (including self-reported health evaluation);
- Health insurance coverage: insurance coverage, type of insurance, reason(s) for no coverage;
- Barriers to receiving needed health services;
- Utilization of health care services for routine primary/preventative care: how long since last physical, children's preventative care and immunizations; adult's routine health screening tests;
- Need for specialty health care: chronic or ongoing health problems, adequate help dealing with disease, unmet needs;
- History of getting screened for cancer (and reasons for not being screened), and types of cancer of greatest concern;
- Best ways of providing information about disease prevention;
- Use of tobacco; and
- Experience with and evaluation of PVHMC: reasons for selecting PVHMC, healthcare services, classes, support groups, and emergency room experience.

Secondary data were 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, leading cause 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 perspectives of:

- Unmet needs in the community relative to primary care and preventive care;
- 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 underserved populations.

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

### **Findings**

PVHMC's Community Benefit Committee reviewed the 2018 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
- Care Coordination Services/Patient Navigators
- Resources/Support/Outreach for Homeless
- Chronic Disease
  - Diabetes
  - High Blood Pressure; Cardiovascular Disease
  - Mental Health
- Disease Prevention & Education
- Obesity & Weight Management
- Nutrition Education and Support Groups
- Physical Activity Programs
- Access to Affordable Preventative and Specialty Healthcare Services/Access to No-Cost Screenings
- Primary Care, Psychiatry, and Gerontology Providers
- 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
- 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 three overarching areas: Chronic Disease Management, Obesity, and Access to Care. The following table shows PVHMC's prioritized health needs and selected areas of focus for 2018-2020 CHNA cycle.

| Prioritized Health Needs |   |
|--------------------------|---|
| 1. Chronic Disease       | Diabetes, High Blood Pressure, Mental Health  |
| 2. Obesity               | Classes & Support Groups Targeting Nutrition, Weight Management and Physical Activity; Affordable, Healthy Food Access  |
| 3. Access to Care        | Access to Primary Care, Specialty Care, and Mental Health Services; Improved Awareness of Services and Resources; Care Coordination/Patient Navigation Services; Homelessness |

### **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 2018 Community Health Needs Assessment is widely available on our website at: <https://www.pvhmc.org/about-us/community-services/>

# 2018-2020

# Implementation Strategy

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In support of PVHMC's 2018 Community Health Needs Assessment (CHNA), and ongoing Community Benefit Plan initiatives, Pomona Valley Hospital Medical Center's FY2018 – FY2020 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 1: Chronic Disease Management**

Identified Community Need: High Blood Pressure, Diabetes, Mental Health

Strategies to address this need:

- Provide glucose screenings at health fairs and events (local and on-campus)
- Provide free or low cost diabetes and nutrition education classes and resources
- Provide education to promote cardiovascular health and risk reduction
- Offer blood pressure screenings at health fairs and events (in-community and on-campus)
- Publish information on stroke, cardiovascular health, diabetes, cancer treatment, and available resources to address these conditions
- Provide care coordination services that seek to assure patients are positioned for a safe discharge home, with positive health outcomes and increased awareness and understanding of their healthcare needs after discharge
- Provide Cancer Care Patient Coordinators (Navigators) and Social Services to guide patients with making appointments, receiving financial assistance, and enrolling in support groups
- Identify, appropriately treat, refer to treatment, and provide follow up for emergency department patients experiencing Behavioral Health or Substance Use Disorders.

Anticipated Impact: Through the above strategies, PVHMC anticipates the following improvements in community health over time: 1) reduced prevalence rate of targeted chronic diseases, 2) increased awareness about self-management tools, 3) increased awareness of risk factors associated with targeted chronic diseases, and 4) improved community-wide program collaboration to address health needs.

Metrics and/or Methods of Evaluation:

- Number in attendance at health fairs and events in which PVHMC participates; number of screenings performed
- Number of publications distributed; number of sources and avenues in which PVHMC promotes what is offered to the community
- Number of participants in cardiovascular, diabetic, and cancer classes, support groups, and lectures provided by PVHMC

### **Priority Area 2: Obesity**

Identified Community Need: Obesity as a precursor for disease, with determined need for Education, Classes and Support Groups targeting Nutrition, Weight Loss/Management and Physical Activity

Strategies to address this need:

- Collaborate with community partners and participate in community-wide initiatives centered around obesity, diabetes, and food/nutrition
- Develop free or low-cost education, resources, and/or classes that promotes healthy eating, disease prevention, and weight loss/management

Anticipated Impact: Through the above strategies, PVHMC anticipates the following improvements in the health of our community: 1) increased awareness of disease-specific risk factors, early intervention, and prevention strategies, and 2) improved awareness of community benefit programs offered at PVHMC and throughout the community.

Metrics and/or Methods of Evaluation:

- Number of classes, workshops, and support groups and other designated community benefit programs PVHMC provides to the community
- Number of community participants in attendance or aware of the programs that are available to them

### **Priority Area 3: Access to Care**

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

Strategies to address this need:

- Provide on-site enrollment assistance and for appropriate health insurance plans; participation in the hospital presumptive eligibility program
- Promote community awareness about health services offered, wellness classes, and support groups
- Provide discharge transportation for vulnerable patients who are otherwise unable to get home
- Provide free, low-cost or reduced-cost health services, medications, and medical devices
- Provide free or reduced cost screenings and immunizations at local health fairs
- Collaborate with primary care providers and clinics to improve access to preventative and specialty care
- Continue working with PVHMC's Family Medicine Residency Program through UCLA to increase the number of primary care physicians in the region
- Continue to increase PVHMC's capacity to care for patients needing emergency treatment, trauma services, surgery, and primary care
- Continue providing enrollment assistance in appropriate health plans for our community's vulnerable populations

Anticipated Impact: Through the above strategies, PVHMC anticipates the following improvements in community health: 1) increased access to emergency, specialty, and primary care, 2) increased awareness of established resources available in the community to meet health needs, and 3) increased insurance coverage.

Metrics and/or Methods of Evaluation:

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



# Community Benefit Activities FY 2020 Update

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The following Community Benefit Plan update for FY 2020 provides a comprehensive summary of the programs and services dedicated to addressing the priority health needs that were identified through our 2018 Community Health Needs Assessment process.

Community Benefit activities and programs in this report have been categorized into 8 overarching areas:

*Stroke and Cardiovascular Disease*  
*Diabetes*  
*Cancer Care Services*  
*Emergency and Trauma Services*  
*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 & 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 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 coronary heart disease is the leading cause of death in Los Angeles County and Stroke is the 2nd leading cause of death in Los Angeles County, it is clear why cardiovascular health appeared as a priority health need in PVHMC's 2018 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 fight stroke and cardiovascular disease with rapid-response intervention, coordinated care, education and rehabilitation.

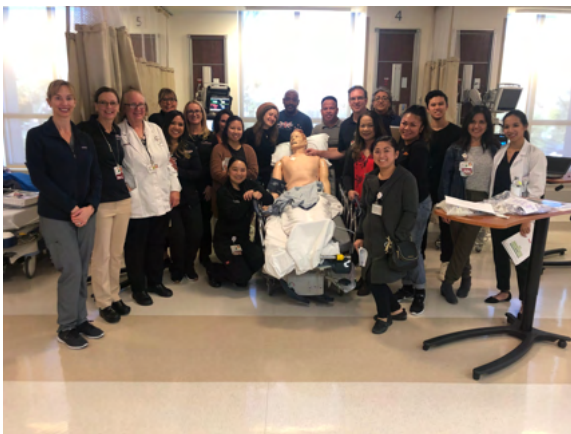
To uphold our continuous dedication to cardiac and stroke care, and to maintain our status as a Comprehensive Stroke Center (CSC), PVHMC showed its leadership through countless responsible acts in promoting cardiovascular health throughout 2020, despite facing insurmountable challenges related to COVID-19.

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 2020 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 225 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.



- o 2020 Neuro-Symposium: On October 24, 2020, PVHMC sponsored our Fifth 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.
- o 2020 Cardiac Symposium: The theme for the presentation was "Perspectives in Cardiovascular Care and Treatment."
- o EMS education
  - West Covina Fire
  - La Verne Fire
  - AMR flight teams
  - LA County Fire, Pomona
  - LA County Fire, San Dimas
  - SBC Montclair, Claremont, Chino Valley
- o Skilled Nursing and Rehab stroke education at Inland Valley Rehab, Claremont Care Center and Mt San Antonio Gardens
- o Community Education Group Lectures: Six (6) 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 2020.
- o Community Hospitals Stroke Update and In-service Training





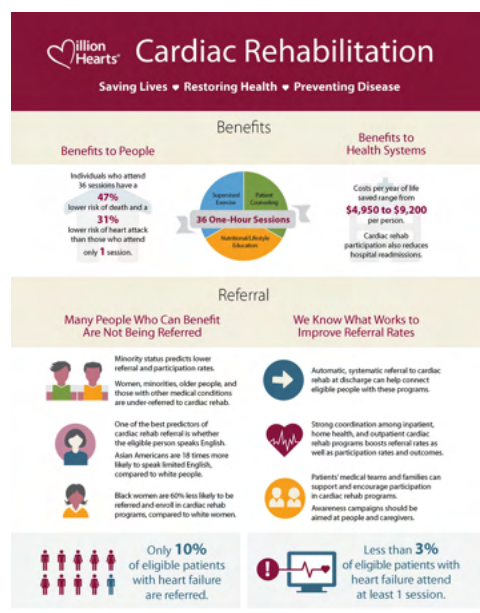
## Cardiac Rehabilitation - TAKEheart Initiative

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 also 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.

In an effort to increase CR/SPP participation, the Agency for Healthcare Research and Quality (AHRQ) designed the TAKEheart Initiative to assist hospitals and health systems increase cardiac rehabilitation referrals, improve enrollment and enhance retention.

As a TakeHEART Learning Hospital, PVHMC's Cardiac Rehabilitation team is participating in a year-long virtual education program that highlights:



- Strategic insights from leading cardiac rehabilitation experts to achieve the goals above
- Ongoing support through individualized coaching and technical assistance through an effective, expert-led, training curriculum providing guidance on each step of the quality improvement journey
- Peer-to-peer knowledge sharing and tools

## Community Health Improvement Services

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, support group celebrations, and PVHMC's annual Stead Heart for Women event that provides education, outreach and resources for women's health. However, PVHMC was successfully able to provide patient and community health improvement services through various outdoor and virtual offerings throughout 2020. These include:

- Stead Heart and Vascular Center's New Beginnings Newsletter provided education and resources to heart failure, cardiac surgery and stroke patients and their caregivers. The newsletter is distributed annually.
- PVHMC's Heart Failure Support Group and Heart to Heart Support Group offer monthly cardiovascular education for heart failure survivors, their caregivers and community members who would like to learn about heart health. Topics include cardiovascular education on topics such as hypertension, exercise, weight management, stress management, nutrition, and smoking. Additionally, attendees receive pharmacology and psychosocial support. Two support groups were held in early 2020.
- PVHMC's Stroke Support Group was offered virtually due to COVID-19. Group meetings were held the second Thursday of the month for four consecutive months.
- La Verne Rotary Club Stroke Presentation





- Women's Heart Walk: In partnership with the American Heart Association, Go Red for Women, Pomona Valley Runners, and Day One, PVHMC's Cardiovascular team attended the City of Pomona's 2nd Annual Women's Heart Walk on February 1, 2020. Together with Western University of Health Sciences students, the PVHMC's team provided heart health education and Hands-Only CPR and AED demonstrations to educate the public on how to respond to a cardiac emergency.



- 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 layperson life-saving CPR.



# Diabetes

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Pomona Valley Hospital Medical Center (PVHMC) is fighting back against diabetes with rigorous standards of care for hospital inpatients education, screenings and community outreach. This vigilant approach has placed PVHMC among the top hospitals in the nation treating the disease. Pomona Valley Hospital Medical Center (PVHMC) is recognized by the Joint Commission for Advanced Certification in Inpatient Diabetes Care. Our comprehensive hospital-wide program is designed to improve clinical outcomes for patients with diabetes by reducing variation in practice and implementing evidence-based care. The diabetes team is prepared to help in taking the necessary steps to manage diabetes and any health-related conditions. Managing diabetes as early as possible can help prevent diabetes-related health problems such as kidney disease, vision loss, heart disease, and stroke.

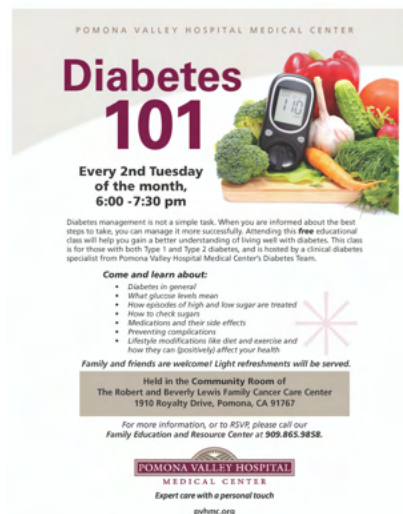
## *Community Health Improvement Services*

PVHMC was the lead partner in Stopping Diabetes in its Tracks (SDIT), a collaborative demonstration of an integrated systemic approach to diabetes prevention and diabetes self-management education (DSME). Starting in late 2017, program partners include the Pomona Valley Health Center, Claremont Graduate University, the Community Translational Research Institute, and Heluna Health for the 3 year UniHealth grant funded project. Both the unanticipated arrival of COVID-19 and the societal precautions required to control it, profoundly compounded the risk of serious morbidity and mortality from type-2 diabetes and its potential complications, including heart disease and stroke. COVID-19 has presented significant challenges for PVHMC and its collaborating health and partner agencies. PVHMC concluded its partnership in SDIT in 2020. However, PVHMC applied for American Diabetes Association (ADA) DSME program recognition in early January 2020, and was awarded recognition in February 2020. The PVHMC DSME program is 1 of 3 such programs within a 25-mile radius in the region, and recognition is effective through 2023. A meta-analysis review of DSME programs generally indicates that most programs facilitate a 1% decrease in A1c (3-month average of the blood glucose).

In response to the COVID-19 pandemic, PVHMC converted the evidence-based DSME programs from in-person group sessions to online telehealth meetings, via HIPAA-compliant GoTo meetings for most participants. Much staff time was dedicated to transforming the in-person DSME curriculum to an online platform, testing and refining with enthusiastic participants, and working with participants who experienced technology hurdles but were motivated to get better control of their diabetes.

Participants in the 2020 program ranged in age from 23 to 76, with an average of 53 years old. Emphasis was placed on the importance of controlling diabetes and avoiding risk for COVID-19 and was comprehensively discussed with virtual participants. The pandemic has profoundly heightened our responsibility to both those who already were participating in our evidence-based diabetes programs, and to the general at-risk community. Program results in 2020 averaged an A1c decrease of 3% for PVHMC's DSME participants, exceeding the average 1% decrease among other DSME programs nationally.

Additionally, PVHMC's free Diabetes 101 class continued to be offered monthly in-person and beginning April 2020, it was offered online.



**Table 4. Free Community Blood Sugar Screening and Education Events:**

| Date       | Event Name/Location               | # Screenings       |
|------------|-----------------------------------|--------------------|
| 01/25/2020 | Chino Hills Health & Wellness     | 41                 |
| 02/08/2020 | Azusa High School                 | 130                |
| 02/25/2020 | Pomona Pathways to Career Success | Education Provided |
| 02/29/2020 | Annual Latino Family Symposium    | 19                 |
| 03/06/2020 | STEAM at the Fairplex             | Education Provided |
| 03/07/2020 | STEAM at the Fairplex             | Education Provided |
| 06/03/2020 | Leaders in the Community Series   | Education Provided |
| Monthly    | Diabetes 101 at PVHMC (Virtual)   | Education Provided |
| Total      |                                   | 190                |

### Azusa Community Resource Fair:

Together with SoCal Gas, God's Pantry, Hilda Solis and Azusa Unified School District, PVHMC participated in the Azusa Community Resource Fair on February 10, 2020. PVHMC's nurses provided information about available healthcare resources and completed free blood screenings for families in attendance.



### *Health Professions Education*

The Centers for Disease Control and Prevention (CDC) states that people with chronic conditions, such as diabetes, are at increased risk for serious illness and death from COVID-19. Recent CDC data concluded that COVID-19 patients with underlying conditions, such as diabetes, were six times more likely to be hospitalized and twelve times more likely to die. While we learned much as the pandemic progressed, PVHMC and its staff kept up to date on the medical literature, best practices, and research regarding care for people with diabetes who contract the coronavirus. Clinicians at PVHMC attended virtual meetings and reviewed best practices regarding diabetes care and COVID-19 from the American Diabetes Association, and participated in the following webinars:

- ADA Webinar: Global Perspective on COVID-19: A Clinical Update
- Town Hall: Updates on COVID-19 and Diabetes Treatment in the Hospital Setting
- Town Hall: Real-World Cases--Inpatient care for People with Diabetes and COVID-19
- Caring for your Patients with Diabetes Who Recently Have Been Unemployed due to COVID-19
- COVID-19 and the Diabetes Care Team: Challenges and Opportunities to Help Vulnerable Populations
- COVID-19 and Cardiovascular Concerns
- Inpatient Care Questions April 15 Update
- Deeper Dive into Meds and COVID-19
- Inpatient Care and COVID-19
- COVID-19 and Diabetes – Considerations for Health Care Professionals



## *Inpatient Diabetes Care*

Only 1% of hospitals in the United States have earned a Certificate of Distinction for Inpatient Diabetes Care from the Joint Commission, the accrediting organization for hospitals – and PVHMC is at the top of that 1%. Patients in the hospital benefit from Physicians, Nurses and other allied healthcare professionals who are up to date on the latest in ever-changing diabetes research and care guidelines. Every Hospital unit has at least one, and sometimes several, Diabetes Champions – Nurses armed with information and data about diabetes best practices who ensure every patient gets the best care possible. Ninety-nine percent of patients in the hospital are tested for diabetes, and those who have it are achieving better blood sugar control while there. When patients leave the Hospital, their diabetes conditions are printed on the discharge instructions so they can be shared with their Doctor or for use to help improve on their own.



# Cancer Care

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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 education classes, diagnostic tests and screenings, chemotherapy, radiation oncology, wellness programs, counseling and more. Cancer specialists, trained to provide the most sophisticated, technologically advanced cancer care available in a non-threatening, homelike atmosphere, tailor 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.

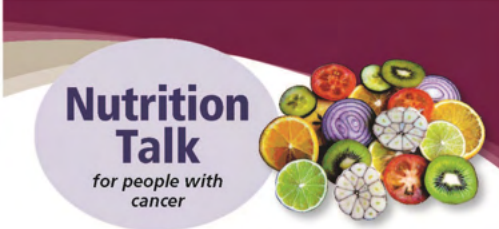
## *Community Health Improvement Services*

### Cancer Care Classes and Support Groups

Multiple 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. Between January and April 2020, 631 persons were served through our cancer care support groups. Due to the COVID-19 pandemic, all classes and support groups were subsequently placed on hold; however, PVHMC's Cancer Care Clinical Social Workers have continued to check in with existing members to provide 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. In 2019, 58 persons served.
- 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.
- Nutrition During Cancer: PVHMC's registered dietician, Nancee Perez, hosted a discussion on ways nutrition can decrease cancer risk. The lecture was hosted at The Robert and Beverly Lewis Family Cancer Care Center on February 11, 2020.



**Nutrition Talk**  
for people with cancer

Nutritional Strategies for Treatment and Beyond

PRESENTED BY  
**Nancee Perez, RD**  
Registered Dietitian

**Tuesday,  
Feb. 11, 2020  
2:00 - 3:30 pm**

The Robert & Beverly Lewis Family  
**Cancer Care Center**  
Community Room

Please RSVP: **909.865.9858**

Another **FREE** program by:

**POMONA VALLEY HOSPITAL**  
MEDICAL CENTER  
THE ROBERT & BEVERLY LEWIS FAMILY CANCER CARE CENTER  
Expert care with a personal touch  
1910 Royalty Drive • Pomona CA 91767  
pvhmc.org



Patient and Community Education and Support Services:

- o 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 to much of 2020.
- o 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.
- o 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.

**The Robert and Beverly Lewis Family CANCER CARE CENTER**

## 2020 ONGOING SUPPORT

|   |   |
|---|---|
| <p><b>Bereavement/Loss Support Group</b><br/>For those who have lost a loved one.<br/>Every Wednesday – 7:00 pm</p> <hr/> <p><b>Expressive Arts</b><br/>Stress reduction and relaxation tools to help deal with emotional upheaval and live a happier life.<br/>Second and Fourth Wednesday - 9:30 am</p> <hr/> <p><b>Leukemia/Lymphoma/Myeloma Support Group</b><br/>For those with Leukemia, Hodgkin Disease, Lymphoma &amp; Multiple Myeloma.<br/>First Wednesday – Noon</p> <hr/> <p><b>Pomona Valley Ostomy Association</b><br/>Support and education for "ostomates."<br/>Fourth Monday – 7:00 pm</p> <hr/> <p><b>TaijiFit™</b><br/>Combines fitness, meditation and the ancient art of Tai Chi, connecting the Mind and Body in what is called FLOW. It is Movement Meditation. All levels can benefit from this workout.<br/>Every Thursday - 2:00 pm</p> <hr/> <p><b>Breast Prosthesis Display</b><br/>See samples of prostheses. Not available for purchase. Call 909.865.9907 to schedule an appointment</p> | <p><b>Stretch &amp; Yoga</b><br/>For all fitness levels.<br/>Every Monday – 3:00 pm<br/>Every Wednesday – 10:00 am*<br/>* Tailored for cancer patients.<br/>Every Thursday – 5:00 pm<br/>(except 1st Thursday of each month)</p> <hr/> <p><b>When Cancer Enters Your Life Support Group</b><br/>Support for cancer patients, their loved ones, friends or co-workers.<br/>First Thursday – 6:00 pm</p> <hr/> <p><b>Women With Cancer</b><br/>Sharing support group for women with all types of cancer.<br/>Second Monday - 4:00 pm</p> <hr/> <p><b>Newly Diagnosed Orientation Meeting</b><br/>Newly diagnosed breast and lung cancer patients treated at the Cancer Care Center are invited to learn about the journey ahead. Come meet your nurse navigator and receive resources to help you manage your care. To schedule an appointment or for more information call 909.865.9907.</p> |
|---|---|

**Living Well After Cancer**


A program held at The Claret Club socially designed to improve cancer survivor's physical, mental, quality of life and self-esteem. It is offered at no charge to cancer survivors.  
For more information contact [livingwell@canccare@pvhmc.org](mailto:livingwell@canccare@pvhmc.org)

**Free Wig Program**

One free wig available for all women undergoing cancer therapy. Call 909.865.9907 to schedule an appointment.

Our Library is open to the community  
Monday – Friday 8:00 am to 5:00 pm

All groups are subject to change. To confirm the group is meeting, call 909.865.9907



POMONA VALLEY HOSPITAL  
MEDICAL CENTER  
THE ROBERT & BEVERLY LEWIS FAMILY CANCER CARE CENTER  
Expert care with a personal touch

## 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 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.



**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)

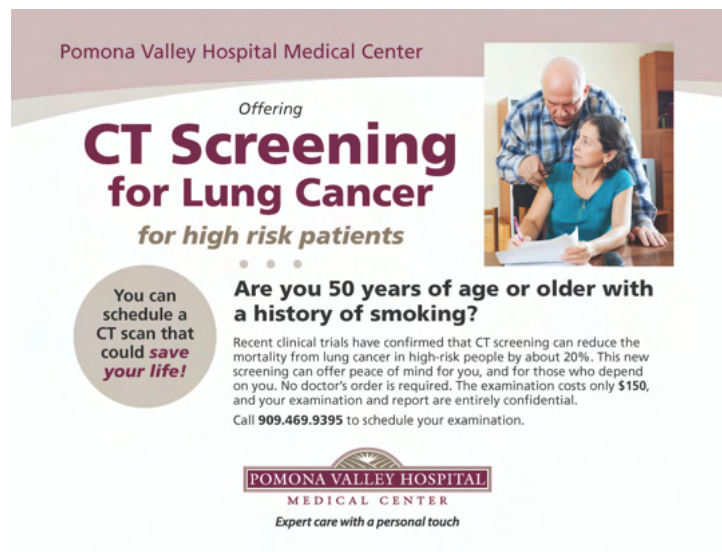
Cash, check or credit due at time of exam.

**genius3D**  
Proudly Offered Here  
EXCELLENCE IN BREAST HEALTH

**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 Foothill Blvd., La Verne

**POMONA VALLEY HOSPITAL**  
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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**  
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Expert care with a personal touch

## *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 2020, 11 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-NCI and NCI 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 (NCI), other Cooperative Groups such as NRG, 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 regimes. 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, Gynecology, and Prostate Cancer.

# Emergency & Trauma Services

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Pomona Valley Hospital Medical Center operates a full service Emergency 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 or urgent care setting, emergencies do arise when immediate medical care is needed. Regardless of insurance coverage, all patients are treated and stabilized in our Emergency Department, per federal guidelines. Annually, PVHMC's Emergency room provides care to more than 90k community members.

PVHMC's Trauma designation and community programs are a tremendous achievement and an added benefit to the community, serving more than 8,496 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 board-certified emergency Physicians and nationally certified Nurses, Physician Assistants, Emergency Medical Technicians and Respiratory Therapists, as well eight Trauma Surgeons who are double-board certified in general surgery and surgical critical care. They are supported by orthopedic surgeons, neurosurgeons, and anesthesia coverage. PVHMC's Emergency Department also has immediately 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 2020 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: Designated by Los Angeles County as an ED Approved for Pediatrics (EDAP), our Emergency Department provides specialized emergency care that can greatly improve outcomes for young patients. EDAP (Emergency Department Approved for Pediatrics) is a component of the Los Angeles County Emergency Medical System, which indicates the designation to receive 911-ambulance traffic of pediatric 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 policies as well as having a designated Pediatric Liaison Nurse (PdLN).



## 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:

- **Every 15 Minutes Program:** This program educates high school students of the dangers of drunk driving. It involves local fire and police departments, ambulances, schools, students, families and Pomona Valley Hospital Medical Center. A drunk-driving accident is simulated outside of a high school's premises with a teenage driver and students acting injured and killed. The Grim reaper enters the classroom every 15 minutes and escorts a student out. This symbolizes the fact that every 15 minutes someone is killed by a drunk driver. In 2020, students Claremont High School participated.



- **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, this program is designed to train community members on how to use tourniquets (bands that help control bleeding) to prevent deaths from life-threatening bleeding wounds.



- Car Seat Safety: 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). PVHMC implemented an ED Nurse Navigator team, who 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 plan of care.

#### *Community Building Activities*

- **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 Disaster Resource Centers (DRC) in Los Angeles County, prepared to be a resource to our community in the event of a declared disaster. As the DRC for the region, PVHMC is responsible for twelve (12) 'umbrella hospitals' and annually coordinates drills, training, and sharing of plans to bring together the community and our resources for disaster preparedness.

In 2020, PVHMC's Environmental Preparedness and Disaster Resource Team participated in the following community building, education and training activities:

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

- Area D Meetings: In January 2020, PVHMC participated in two meetings senior first responder leadership, city officials, and PVHMC to discuss training, disaster preparations, and joint drills.
- Chemical, Biological, Radiological, Nuclear, and Explosive Training: In January 2020, PHVMC hosted Federal Emergency Management Agency (FEMA) class for response to CBRNE events for for the community, Community Emergency Response Team, city workers, healthcare workers, and first responders.
- Community Emergency Response Team Program: In March and October 2020, PVHMC provided instruction and training for community volunteers on disaster preparedness and response.
- Lions Club: PVHMC's Emergency Preparedness Associates provide support to the Pomona Lions Club, a volunteer organization that helps the community (e.g. feeding the homeless).
- Events and Conferences: PVHMC presented and participated in various other events throughout 2020, including the California Hospital Association Volunteer Conference, the Pomona Resiliency Coalition Meeting, the California Wildfire Respiratory Injuries, the National Earthquake Conference, and PVHMC's Annual Safety Fair open to Associates and community EMS providers.
- LA County COVID Conference Call: In response to the COVID-19 pandemic, PVHMC's Disaster Resource Team participated in 51 planning and coordination meetings with emergency managers of hospitals within L.A. County and L.A. County EMS Agency between March and December 2020.



- PPE Distribution: PVHMC's Disaster Resource Team dedicated 496 hours to the distribution of LA County provided personal protective equipment (PPE) to local hospitals, skilled nursing facilities, home health & hospice services, EMS providers and local fire departments within the local region. Total PPE & supplies distributed (March to October 2020) is 3.9 million items to umbrella hospitals, EMS, Fire Departments, Long Term Care, ancillary services, and Home, Health, Hospice Care.



# Women's and Children's Services

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Pomona Valley Hospital Medical Center's Women's Center was built as state-of-the-art medical facility in the 1990s 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 and Pregnancy, and in 2014, PVHMC became the largest birthing hospital in California to receive the Baby-Friendly designation from the World Health Organization and UNICEF. PVHMC ranked 3rd among California hospitals for the number of deliveries in 2019.<sup>1</sup>

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 2020:



## 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 26 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 nearby hospitals. The unit provides a mobile intensive care environment for pregnant patients en-route to the hospital, transferring more than 150 high-risk pregnant women safely and quickly each year 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 transport 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/7 days per week coverage for deliveries. In 2020, 1,574 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.

Annually, Labor and Delivery and Neonatal education is also provided for 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 2020, 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. In 2020, 30 persons were served.

- **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 2020, 13 persons were served.
- **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. In 2020, 21 persons were served.
- **Breastfeeding Class:** This class is designed to give expectant parents the knowledge and skills necessary for a successful breastfeeding experience. In 2020, 37 persons were served.
- **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. In 2020, 254 persons were served.
- **Cesarean Birth Preparation:** Question and answer sessions provide information to prepare families for what to expect during their special delivery. In 2019, 2 persons were served.
- **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. In 2020, 120 persons were served.
- **Mommy n' Me:** For moms with infants, birth to 6 months. Mothers enjoy fun activities with baby and other moms, as well as share and compare ideas, experiences and information. Breastfeeding and postpartum assistance is offered. In 2020, 50 persons were served.
- **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. In 2020, 31 persons were served.

- **Safesitter Class:** Safesitter 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. In 2020, 6 persons were served.
- **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. In 2020, 78 persons were served.
- **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. In 2020, 15 persons were served.
- **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. In 2019, 412 persons received tours in English, 46 persons received tours in Spanish, and 4 persons received tours in 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 & Support Services

In addition to our commitment to provide our patients and community with access to specialized 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 2020:

## 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 accepts patients regardless of insurance status.

- Primary Care: Our family doctors 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 is offered extended hours 365 days a year at all PVHC Urgent Care locations.

**PVHMC Emergency Room or PVHC Urgent Care:**  
*Which one should you go to?*  
If you're ever in doubt, call 9-1-1 and head to the nearest emergency room.

| WHEN TO GO TO E.R.   | WHEN TO GO TO URGENT CARE  |
|--|--|
| <ul style="list-style-type: none"><li>• Eye injuries</li><li>• Head injuries</li><li>• Loss of balance/dizziness</li><li>• Newborn baby with fever</li><li>• Chest pain</li><li>• Difficulty breathing</li><li>• Severe abdominal pain</li><li>• Deep cuts that require stitches</li><li>• Pregnancy-related problems</li><li>• Intestinal bleeding</li><li>• Large open wound</li><li>• Compound fracture (bone protrudes through skin)</li></ul> | <ul style="list-style-type: none"><li>• Eye irritation</li><li>• Fever without rash</li><li>• Migraine</li><li>• Cough/cold</li><li>• Mild asthma attacks</li><li>• Vomiting</li><li>• Rash</li><li>• Urinary tract infections</li><li>• Minor cuts and scrapes</li><li>• Minor cuts that may require stitches</li><li>• Sprain/strain injuries</li><li>• Minor broken bones (toe, foot, finger)</li></ul> |

The Emergency Services Department at Pomona Valley Hospital Medical Center is a full-service department open 24 hours a day, 7 days a week. We offer effective evaluation and treatment to quickly remedy any medical emergency you may have. Our facility is staffed with a committed team trained in emergency medicine to give you an accurate diagnosis for the best care. Among our experienced team are board-certified emergency physicians and nationally certified nurses, physician assistants, emergency medical technicians, respiratory therapists, and support staff.

**POMONA VALLEY HOSPITAL**  
MEDICAL CENTER  
Expert care with a personal touch  
PVHMC.org  
PVHC Emergency Room Location:  
Pomona 1588 N. Garey Ave.  
Our urgent care facilities at Chino Hills, Claremont and Claremont have approximately 300 beds per site and are not hospitals only. No appointment necessary. At PVHC Urgent Care, you'll find highly qualified professionals who take time, value your time and are committed to delivering personal care.

**PVHC** POMONA VALLEY HEALTH CENTERS  
Comprehensive. Convenient. Compassionate.  
MyPVHC.com  
PVHC Urgent Care Locations:  
Chino Hills: 2115 Chino Ave., Suite 100-B  
Claremont: 1021 Main St., Suite 190  
La Verne: 2333 Fourth Blvd.  
PVHC Urgent Care Hours:  
8:00 a.m. - 8:00 p.m. Monday through Friday  
9:00 a.m. - 5:00 p.m. weekends and most holidays



- 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 staff with team of experts consists 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 bifada, 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. In 2019, a total of \$11,390 was raised, and donated back, to five local high schools. During 2020, no physicals were able to be completed for the school sports programs, but PVHMC expects them to resume in early 2021.
- 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. In 2020, 79 free sports injury screenings and 5 x-rays were provided at no cost to individuals in need.

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; 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 (ED).

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 1,835 persons served in 2019.

Physician Assistance Program: This program provides loans to new physicians in specialties identified as a need, to help them with starting their practices in our community. 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 its pilot project in the Emergency Room. 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, understanding hospital procedures, and expressing their basic questions and concerns to the medical staff.

From January through March 2020, 16 Health Bridges Volunteers contributed 152 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 healthcare. They have also been putting together COVID-19 PPE kits and distributing to those that they and MALO have contact with throughout our community. These kits include masks, mini First-aid kits, hand sanitizer, sanitizing wipes, contactless door openers, and informational flyers on the three W's of COVID-19 safety in the recipient's native language. Health Bridges was awarded the Community Wellbeing Grant by Tri-City Mental Health for 2020-21. From April to December 2020, 33 Health Bridges Volunteers contributed 3,051 hours toward the planning and implementation of this project. Through 2020, over 3,000 kits were distributed.



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 department to process your Medi-Cal case and allow staff to track your case from start to finish. Our Financial Counselors can assist you with obtaining coverage through the California Health Benefit Exchange (Covered CA), Medicare, Medi-Cal, California Children's Services Program, or charity care. We will help you complete the application, schedule appointments for you with a DPSS Worker and follow up with you to return all required documentation. We will assist you in following up with outside Eligibility Workers if you already have a pending case. We will also assist in setting up payment arrangements on cash discounted and or charity discount payments. Whether you have an account with the hospital or if you just need to apply for coverage, we are here to help you.

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 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 1,242 patients and their family members in 2020.

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.

The Lab also performs COVID-19 antibody testing and receives convalescent plasma from the Red Cross, through a program at the Mayo Clinic, as one tool for treating patients with COVID-19. Convalescent plasma uses blood from people who've recovered from COVID-19 to help others fighting the virus. The plasma may help lessen the severity or shorten the duration of COVID-19.

# Partnership & Outreach

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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. PVHMC 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
- 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
- Mental health services

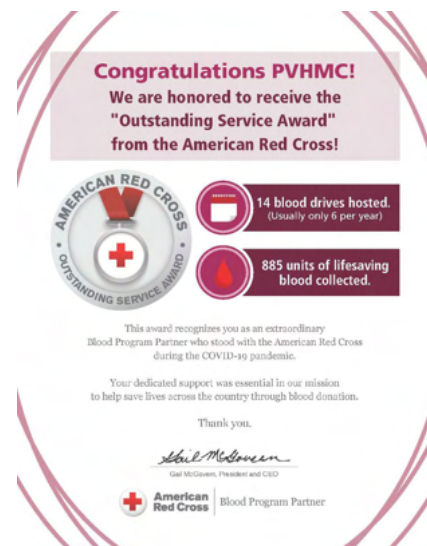
The mission of the PCHC is to provide preventive and primary care services to the needy in the community. Accomplishing this mission depends on the generous support of a number of foundations, corporations, and caring individuals. PCHC collaborates with Pomona Valley Hospital Medical Center, Blue Shield of California Foundation, California Community Foundation, LA Care Health Plan, IEHP, 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 Pomona Community Health Center website (www.PomonaCHC.org).

In 2020 PVHMC continued to provide visionary support and in-kind support to ParkTree including more than 180 hours in Information Technology Support and 60 completed Maintenance work orders.

**Blood Drives:**

In August 2020, Pomona Valley Hospital Medical Center (PVHMC) was named as a winner in the American Red Cross Pump It Up Challenge, recognizing PVHMC as a high-achieving blood driver sponsor, collecting more than 800 Red Cross blood donations for patients in need throughout 2020. In addition to scheduled blood drives, PVHMC hosted four emergency blood drives to support the Red Cross when some of its partners were forced to close their doors due to the COVID-19 pandemic. According to the Red Cross, every two seconds, someone in the U.S. needs a blood transfusion, according to the Red Cross.

PVHMC is proud to have hosted a total of 14 blood drives in the past year!





Drive-Thru Food Pantry:

On May 30, 2020, Pomona Valley Hospital Medical Center, in partnership with the USDA Farmers to Families Food Box Program, Sunrise Produce Company and Fairplex, held a Drive-Thru Food Pantry for the community. Through the USDA program, PVHMC and our partners were able to provide nearly 2,000 boxes of fresh produce to local families in need. More than 40 PVHMC Associates volunteered. Central to our mission, vision and values is our commitment to support our most vulnerable populations in need, so we are incredibly honored to have been able to host this needed food pantry, especially during very uncertain times as a result of the COVID-19 pandemic.

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Pathways to Career Success:

On February 25, 2020, PVHMC's Intensive Care Unit (ICU) Nurses participated in Pomona Unified School District's 5th Annual Pathways to Career Success event and spoke to students about the rewards and challenges of pursuing careers in nursing.



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 6,720 pounds of food for a total of 5,600 meals to local communities.

STEA2M Fair

PVHMC sponsored and participated in the Extreme STEA2M Fair, an experiential event designed to inspire students from grades K-12 to explore and pursue learning and careers in the areas of Science, Technology, Engineering, Arts and Agriculture, and Math. Demonstrations and health information was provided to thousands of children and parents in attendance.



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:

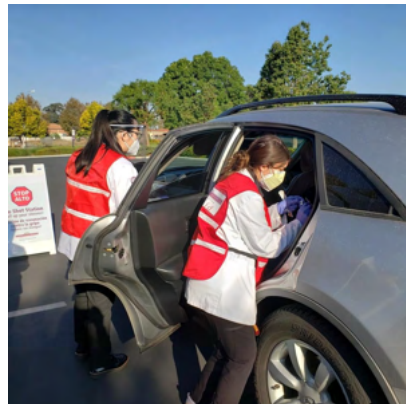
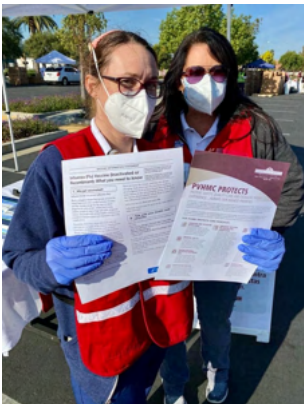
PVHMC has been a longstanding contributor and supporter of the Health Consortium of the Greater San Gabriel Valley (formerly known as Los Angeles County Service Planning Area (SPA) 3 Health Planning Group). In 2020, PVHMC contributed \$2,500 to support The Consortium's mission to strengthen the health 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. On February 6, 2020 PVHMC participated in a panel discussion, on the importance of resource and knowledge-sharing between hospitals and the need for awareness of healthcare challenges and barriers affecting our communities.



### Drive-Thru Flu Vaccine Clinic:

Hundreds of people rolled down their windows and rolled up their sleeves to get a flu shot during three free, drive-through flu shot clinics hosted by Pomona Valley Hospital Medical Center (PVHMC) between October and December 2020. The three drive-through clinics allowed PVHMC to give flu shots to a high volume of community members while adhering to social distancing and masking guidelines resulting from COVID-19. With support from local pharmacy students attending Keck Graduate Institute and Western University of Health Sciences, as well as the Los Angeles County Department of Public Health, PVHMC was able to provide a total of 1,097 flu vaccines in 2020:

- Exactly 516 community members received free shots from PVHMC “Flu Fighters” at the first clinic, held at the Fairplex Pomona on Saturday, October 17, 2020. Participants were given a free cloth face mask and the first 200 flu shot recipients also received a complimentary reusable cloth tote bag.
- At the second clinic, held on the PVHMC campus on Saturday, November 14, 2020, 444 additional community members, including infants 6 months or older, received free flu shots. PVHMC also provided hundreds of free boxes of fresh produce from Sunrise Produce Company, along with cloth masks. The produce boxes were supplied through the United States Department of Agriculture’s (USDA) Farmers to Families program, which is part of the USDA’s effort to distribute agricultural products to those in need during the COVID-19 pandemic.
- The third clinic, held on Saturday, Dec. 12, 2020 immunized 137 adults and infants 6 months and older.





### COVID-19 Vaccination Administration and Planning:

In 2020, PVHMC followed state guidance for the phased distribution of the vaccine beginning with its frontline associates and, while the vaccine was not immediately available to the public until early 2021, the hospital diligently worked on acquiring as many doses as possible to meet the needs of its healthcare workers and in anticipation of vaccinating our community. More than 920 vaccinations were administered to the hospital's frontline healthcare workers in the first 30 hours of PVHMC's COVID-19 vaccine clinic and more than 2,400 were administered through December 2020. To get the vaccine from Los Angeles County + USC Medical Center to PVHMC at the required ultra-low temperature as prescribed by the supplier, PVHMC purchased portable freezers and PVHMC's team of masterminds from IT, BioMed, Facilities and Pharmacy were instrumental in calculations and problem-solving to ensure the vaccine was able to be transported to our Hospital and maintain a six-month shelf life instead of just five days if unfrozen. This process was instrumental in allowing PVHMC to begin vaccinating community healthcare workers and frontline responders in the early months of 2021.



### 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 2020 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 687 Volunteers (adults, college, and high school students) in 2019 totaling 27,954 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 2019, a total of \$10,000 dollars was award between 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 2020, PVHMC donated over \$85,000 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:

During the pandemic, PVHMC utilized our supplies, resources and relationships to save lives.

- Early in the pandemic, PVHMC donated 2 PAPR devices and hundreds of masks to El Centro Medical Center as they sent requests for Personal Protective Equipment (PPE) to organizations throughout the state, being the first hospital to experience a surge in COVID-19 cases.
- PVHMC assisted Casa Colina with COVID-19 testing, as our testing capacity helped them to screen patients prior to surgery.
- PVHMC was able to help San Antonio Regional Hospital (SARH) by lending three (3) Servo I ventilators during the first COVID-19 patient surge. Additionally, we provided SARH with Heat Moisture Exchangers for their ventilator patients.
- PVHMC loaned 50 ventilator circuit to Emanate Health: Queen of the Valley to help them utilize state provided LTV emergency ventilators, as the state did not send supplies to use them. This undoubtedly saved lives as our region experienced a surge.

# Community Partners

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Pomona Valley Hospital Medical Center invests in partnerships with community organizations that share our mission and vision for serving the diverse ethnic and cultural needs of our community. It is essential to work closely to help strengthen our community and create solutions. We are very fortunate to have partnered with the 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
- Pomona Host Lions Club
- San Gabriel Pomona Regional Center
- Prototypes
- Executive Women International
- dA Center for the Arts
- Bright Prospect
- CAHHS Volunteer Services
- InterValley Health Plan
- Cal Poly Pomona
- Boys and Girls Club of Pomona
- Kids Come First Community Clinic
- Care Harbor
- Ladies Plastic Golf Association
- American Heart Association
- National Health Foundation
- Pomona Valley Ostomy Association
- San Gabriel Valley NAACP / NAACP
- Latino/Latina Roundtable
- House of Ruth
- Pomona Valley Runners
- Pomona Valley Health Center, Chino
- Pomona Valley Health Center, Chino Hills
- Pomona Valley Health Center, Claremont
- Pomona Valley Health Center, Pomona
- Pomona Valley YMCA
- Project Sister
- St. Lucy's Benedictine Guild
- Planned Parenthood, Pomona
- Health Consortium of the Greater San Gabriel Valley
- Youth & Family Club of Pomona Valley
- Upland Kiwanis
- Pomona Rotary
- Pomona Unified School District
- American Stroke Association
- American Cancer Association
- American Health Journal
- American Red Cross
- Auxiliary of PVHMC
- Casa Colina Hospital for Rehab Medicine
- Chino Kiwanis
- Chino Hills Chamber of Commerce
- Chino Valley YMCA
- Claremont Chamber of Commerce
- Claremont Hospice Home
- Community Senior Services Board
- Firefighters Quest for Burn Victims
- IEHP
- YMCA of San Gabriel Valley
- East Valley Community Health Center
- Mission City Community Clinic, Pomona
- Parktree Community Health Center
- San Dimas Community Hospital
- Emanate Health
- Chino Valley Medical Center
- Montclair Hospital

# Professional Education & Training

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## Family Medicine Residency Program:

Many physicians, especially those who practice Family Medicine, stay in areas where they complete their residency. Through affiliation with the David Geffen School of Medicine at UCLA and academic relationship with Western University of Health Sciences, College of Osteopathic Medicine of the Pacific, PVHMC provides a Family Medicine Residency program that aims at keeping physicians in the Pomona Valley region.

The program, which currently has 24 residents and has graduated over 122 residents in the past 24 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 creativity, innovation, integrity, 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.

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 2019 over 350 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.

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: Inpatient clerkships for medical students from Western University of Health Sciences and Family Health Center clerkships for medical students from the David Geffen School of Medicine at the University of California, Los Angeles (UCLA).

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 Phlebotomy Students: Phlebotomy externships for students from Chaffey College and Health Staff Training. 40 students served in 2019.

Clinical Experience for Histology Students: Histology externships for students from Mount San Antonio College. Eight students served in 2019.

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 2019.

San Joaquin Valley College Students: PVHMC is a clinic site for respiratory students from San Joaquin Valley College; 24 Respiratory students served in 2019.

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 2019.



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 at 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. 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.

# Economic Valuation

For 2020, PVHMC's total value of community benefits came to \$79,746,288 (Schedule H (Form 990) Part I.7.k.). The amounts for Charity Care, Means-Tested Government Programs, and Other Benefits are shown.

**Table 5. Economic Valuation of Community Benefit in FY 2020**

| <b>Charity Care and Means-Tested Government Programs</b>               |                     |
|--|---------------------|
| Charity Care   | \$4,086,417         |
| Medicaid <sup>1</sup>  | \$64,220,921        |
| <b>Total Unreimbursed Care and Charity Care</b>                        | <b>\$68,307,339</b> |
| <b>Other Benefits</b>  |                     |
| Community Health Improvement Services and Community Benefit Operations | \$1,563,273         |
| Health Professions Education   | \$4,449,109         |
| Subsidized Health Services   | \$5,190,963         |
| Research   | \$133,780           |
| Cash and In-Kind Contributions to Community Groups                     | \$101,824           |
| <b>Total Other Benefits</b>  | <b>\$11,438,949</b> |
| <b>Total Community Benefits for FY 2020<sup>2</sup></b>                | <b>\$79,746,288</b> |

<sup>1</sup> Inpatient is the net unreimbursed cost (equivalent to unreimbursed cost less the disproportionate share payment); Outpatient is the net unreimbursed cost.

<sup>2</sup> The value of Community Building Activities is an additional \$17,775.

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 OSHPD; 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

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As we end 2020 and proceed with 2021, 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
- Conducting a FY 2021 Community Health Needs Assessment in compliance with SB 697 and Section 504 of the Internal Revenue Code.

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:

Courtney Greaux, MHA, Administrative Services Coordinator  
Pomona Valley Hospital Medical Center  
1798 North Garey Avenue  
Pomona, CA 91767  
[courtney.greaux@pvhmc.org](mailto:courtney.greaux@pvhmc.org)  
(909)630-7398

# Appendix A

## Financial Assistance Policy

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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 underinsured 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, interests 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:

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

1) 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;

2) 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 FOR FINANCIAL ASSISTANCE

### 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:

| <b>ELIGIBILITY CATEGORY</b>     | <b>INCOME</b> | <b>ASSETS</b> |
|---------------------------------|---------------|---------------|
| 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 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 an 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:

- 1.The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low income patients; or
- 2.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:

- 1.Patient accounts must have no applicable insurance (including governmental coverage programs or other third party payers);
- 2.The patient or family representative has not made a payment within 150 days of assignment to the collection agency;
- 3.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;);
- 4.The collection agency has determined that the patient/family representative is unable to pay; and/or
- 5.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:

1. For outpatient services, the discounted balance represents the average commercial HMO/PPO collection rate on outpatient services, not to exceed established cash prices
2. For inpatient services, the discounted balance represents the MediCal 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 general 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 a 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 MediCal 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 MediCal 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. 76

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 communication 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:

- 1) Placing a lien on an individual's property
- 2) Foreclosing on real property
- 3) Attaching or seizing an individual's bank account or other personal property
- 4) Commencing a civil action against an individual
- 5) Causing an individual's arrest or writ of body attachment for civil contempt
- 6) 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:

- 1) Completed & signed financial assistance application;
- 2) Current pay stubs from the last two pay periods or if self-employed, current year-to-date profit & loss statement to determine current income;
- 3) Award letters for social security, SSI, Disability, Unemployment, General Relief, Alimony, etc.;
- 4) Last calendar year's filed tax return with all required schedules to determine income generating assets including monetary assets;
- 5) Last two months' bank, brokerage & investment statements;
- 6) 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; and
- 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:

- 1) Patient is not eligible for full charity care based on amount of income plus monetary assets;
- 2) Patient is uncooperative or unresponsive, preventing the Hospital from determining financial assistance eligibility and qualification;
- 3) Service provided to a full charity care patient is not considered medically necessary;
- 4) Application is incomplete;
- 5) Patient's balance results from withholding from the Hospital an insurance payment;
- 6) Patient's balance after insurance pays does not meet the definition of high medical cost;
- 7) Assistance was requested on a service provided more than 180 days after the most recent request for assistance was approved.; and
- 8) 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:

- 1) Patient is homeless;
- 2) Patient is a resident at a shelter including but not limited to Prototypes and The American Recovery Center;
- 3) Patient's address is the address for the Department of Public Social Services (DPSS) 2040 Holt Ave Pomona;
- 4) Patient is unknown;
- 5) Patient is receiving General Relief, Cal WORKS or Cal Fresh (documentation required);
- 6) 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
- 7) Non-covered and/or denied services provided to Medi-Cal eligible patients;
- 8) A patient's balance after VOVC pays;
- 9) Patient's qualifying for Susan G. Komen funding; the grant from Susan G. Komen will be recorded as Nonoperating 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:

- (1) A statement of charges for services rendered by the hospital.
- (2) A request that the patient inform the hospital if the patient has health insurance coverage, Medicare, Medi-Cal, or other coverage.
- (3) 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.
- (4) 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.
- (5) Information regarding the financially qualified patient and charity care application, including the following:
  - (A) 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.
  - (B) 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.

(C) 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.

#### OSHPD Reporting

PVHMC will report actual Charity Care provided in accordance with regulatory requirements of the Office of Statewide Health Planning and Development (OSHPD) 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 OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

In compliance with OSHPD 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 OSHPD 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

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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) Direct provision of goods and services, as well as preventive programs, should be emphasized by hospitals in the development of community benefit plans.

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
2. 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.
3. The unreimbursed cost of services included in subdivision (d) of Section 127340.
4. Financial or in-kind support of public health programs.
5. Donation of funds, property, or other resources that contribute to a community priority.
6. Health care cost containment.
7. Enhancement of access to health care or related services that contribute to a healthier community.
8. 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.
9. 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:

(a) 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.

(b) 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.

(c) 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.

(d) 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) Nonquantifiable 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**  
MEDICAL CENTER

*Expert care with a personal touch*



1798 North Garey Avenue  
Pomona, California 91767  
(909) 865 - 9500  
[pvhmc.org](http://pvhmc.org)