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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Sharp Memorial Hospital		D Employer identification number 95-3782169	
	Doing Business As		E Telephone number (858) 499-5150	
	Number and street (or P O box if mail is not delivered to street address) 8695 Spectrum Center Blvd	Room/suite	G Gross receipts \$ 1,013,351,001	
	City or town, state or country, and ZIP + 4 San Diego, CA 921231489			
F Name and address of principal officer Daniel Gross 8695 Spectrum Center Blvd San Diego, CA 921231489		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: www.sharp.com				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1981	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Sharp Memorial Hospital provides comprehensive medical services to the San Diego community		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	5,151
	6 Total number of volunteers (estimate if necessary)	6	726
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	511,554
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,100,668	7,116,998
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	799,512,977	913,168,273
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,468,605	13,134,550
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,111,082	1,776,890
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	81,742	2,069,178
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	362,021,500	381,856,771
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ⁰		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	355,223,404	387,498,552
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	717,326,646	771,424,501
19 Revenue less expenses Subtract line 18 from line 12	95,866,686	163,772,210	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,064,335,194	1,243,532,115
	22 Net assets or fund balances Subtract line 21 from line 20	425,666,301	457,185,164
		638,668,893	786,346,951

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	2012-08-09
	KEVIN THOMPSON CFO Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name Ernst & Young US LLP				Firm's EIN
	Firm's address 4370 La Jolla Village Dr Suite 500 San Diego, CA 92122				Phone no (858) 535-7200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission
See schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 723,679,504 including grants of \$ 2,069,178) (Revenue \$ 913,168,273)
The hospital provides inpatient and outpatient healthcare services to the community For fiscal year 2011, patient days totaled 192,940 and outpatient visits totaled 411,278 See Community Benefits Report on Schedule O

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 723,679,504

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> <input checked="" type="checkbox"/>	Yes	
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	Yes	

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26	Yes	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> <input checked="" type="checkbox"/>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		No
14	Does the organization have a written document retention and destruction policy?		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 Staci Dickerson
 8695 Spectrum Center Blvd
 San Diego, CA 921231489
 (858) 499-5150

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							343,302	7,638,067	521,383	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	Yes	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c				
	d Related organizations 1d	7,116,998			
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f \$	161,859			
	h Total. Add lines 1a-1f	7,116,998			
Program Service Revenue	2a Patient Services	900099	591,437,636	591,437,636	
	b Medicare/Medical	900099	319,589,614	319,589,614	
	c Medical Office Rent	532000	1,121,355	1,121,355	
	d Reference Lab and Phys	900099	511,554		511,554
	e Med Staff/MV Gift Shop	900099	145,111	145,111	
	f All other program service revenue		363,003	363,003	
	g Total. Add lines 2a-2f		913,168,273		
	3 Investment income (including dividends, interest and other similar amounts)		6,453,741		6,453,741
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents	(i) Real				
	(ii) Personal				
	b Less rental expenses				
	c Rental income or (loss)				
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	84,765,813	69,286		
	(ii) Other				
	b Less cost or other basis and sales expenses	78,132,195	22,095		
	c Gain or (loss)	6,633,618	47,191		
d Net gain or (loss)		6,680,809		6,680,809	
Other Revenue	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events				
9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
11a Parking	812930	854,536		854,536	
b Women's/Infant Store	446199	476,276		476,276	
c Cash Discounts	900099	112,764		112,764	
d All other revenue		333,314		333,314	
e Total. Add lines 11a-11d		1,776,890			
12 Total revenue. See Instructions		935,196,711	912,656,719	511,554	14,911,440

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,069,178	2,069,178		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,921,543	1,750,687	2,170,856	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	62,783	62,783		
7	Other salaries and wages	304,934,082	301,307,341	3,626,741	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,557,641	12,332,313	225,328	
9	Other employee benefits	37,555,662	36,764,957	790,705	
10	Payroll taxes	22,825,060	22,471,826	353,234	
a	Fees for services (non-employees)				
	Management	19,398,375	18,295,609	1,102,766	
b	Legal	1,533,799	318,413	1,215,386	
c	Accounting	7,416,151		7,416,151	
d	Lobbying	90,244		90,244	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	294,798		294,798	
g	Other	47,473,079	43,902,898	3,570,181	
12	Advertising and promotion	7,876,800	202,266	7,674,534	
13	Office expenses	138,642,584	138,076,975	565,609	
14	Information technology	29,372,432	27,903,810	1,468,622	
15	Royalties				
16	Occupancy	13,987,148	11,974,655	2,012,493	
17	Travel	565,699	544,852	20,847	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	566,206	131,488	434,718	
20	Interest	17,490,010	16,147,212	1,342,798	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,001,202	34,459,132	1,542,070	
23	Insurance	3,067,525	2,630,640	436,885	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Medi Cal Fee Program	27,482,528	27,482,528		
b	Other Management Serv	22,250,505	12,911,114	9,339,391	
c	Repairs and Maintenance	11,454,373	10,594,693	859,680	
d	Dues and Subscriptions	1,113,953	576,599	537,354	
e	Licenses and Taxes	837,141	463,465	373,676	
f	All other expenses	584,000	304,070	279,930	
25	Total functional expenses. Add lines 1 through 24f	771,424,501	723,679,504	47,744,997	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,588,299	1	2,545,804
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	87,432,264	4	101,375,436
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L	8,333	6	1,667
	7 Notes and loans receivable, net	117,742	7	15,417
	8 Inventories for sale or use	11,950,107	8	13,133,374
	9 Prepaid expenses and deferred charges	3,099,974	9	2,607,591
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	718,170,503		
	b Less accumulated depreciation	341,816,452	10c	376,354,051
	11 Investments—publicly traded securities	40,233,162	11	36,657,550
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	547,168,415	15	710,841,225
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,064,335,194	16	1,243,532,115	
Liabilities	17 Accounts payable and accrued expenses	54,007,684	17	60,074,806
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	371,658,617	25	397,110,358
	26 Total liabilities. Add lines 17 through 25	425,666,301	26	457,185,164
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	638,668,893	27	786,346,951
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	638,668,893	33	786,346,951	
34 Total liabilities and net assets/fund balances	1,064,335,194	34	1,243,532,115	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	935,196,711
2	Total expenses (must equal Part IX, column (A), line 25)	2	771,424,501
3	Revenue less expenses Subtract line 2 from line 1	3	163,772,210
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	638,668,893
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-16,094,152
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	786,346,951

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. (Add lines 7 through 10)						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. ▶						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. ▶		
18 Private Foundation. If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions. ▶		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 95-3782169
Name: Sharp Memorial Hospital

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Brown Chair	4 00	X		X			0	0	0	
Gary Cady Secretary	2 00	X		X			0	0	0	
Betty Cooper Director	2 00	X					0	0	0	
Stephen Cushman Director	4 00	X					0	0	0	
Rolf Ehlers MD Director	16 00	X					90,000	0	0	
Daniel Gross EVP - Hospital Ops	15 00	X		X			0	849,086	47,249	
Colleen McNally MD Director	25 00	X					75,448	0	0	
Cary Miller Treasurer	1 00	X		X			0	0	0	
Christopher Morache MD Director	6 00	X					93,155	0	0	
Michael Murphy President/CEO	4 00	X		X			0	1,190,310	83,610	
Marilyn Newhoff PhD Director	2 00	X					0	0	0	
David Slagle Trustee	2 00	X					0	0	0	
Cecil Steppe Trustee	2 00	X					0	0	0	
Geoffrey Stiles MD Trustee	22 00	X					84,699	0	0	
Susan Stone VP Patient Care Svcs	65 00	X					0	233,978	31,307	
Mark Trotter Reverend Trustee	2 00	X					0	0	0	
Timothy Watt MD Trustee	60 00	X					0	15,875	0	
Ann Pumpian Assistant Treasurer	2 00			X			0	660,858	35,987	
Carlisle C Lewis III Assistant Secretary	3 00			X			0	580,064	45,452	
Kevin Thompson CFO - SMH	50 00			X			0	275,853	25,498	
Tim Smith CEO - SMH	65 00				X		0	586,013	14,486	
Mary Henrikson CEO - SMBHWN	60 00				X		0	365,248	12,634	
Kathleen Lencioni CEO - SMV/Sharp McDonald Center	50 00				X		0	342,663	2,898	
Janie Kramer COO - SMH	60 00				X		0	284,193	29,356	
Patricia Khaleghi VP Clinical Services	50 00				X		0	232,189	24,364	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Loraine Wells VP Clinical Support	50 00				X			0	226,138	16,534
John Johnson Pharmacy Director	45 00				X			0	198,613	17,266
Cheryl Odell CNO - SMV	60 00				X			0	192,486	24,483
Maria Columbo CNO - SMBHWN	50 00				X			0	182,037	8,284
Michael Plopper Chief Medical Officer	43 00					X		0	397,771	10,672
Robert Reese Pharmacist	49 00					X		0	222,335	23,482
Rene Vasquez Pharmacist	49 00					X		0	209,173	27,057
Sandra Noon VP Campus Planning & Dev	33 00					X		0	200,631	20,551
Henry Milner Pharmacist	45 00					X		0	192,553	20,213

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Sharp Memorial Hospital

Employer identification number

95-3782169

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		90,244
j Total lines 1c through 1i			90,244
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part IV, Supplemental Information		Sharp Memorial Hospital (SMH) pays annual dues to the California Healthcare Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASDIC), and the American Hospital Association (AHA), which provides representation and advocacy at the local, state, and federal level. CHA, HASDIC, and AHA have determined that a portion of their membership dues are used for lobbying purposes. For FY 2011, SMH's annual dues calculated to have been used for lobbying purposes was \$90,244.

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	2,684,857	2,435,618	2,141,365		
b Contributions			250,000		
c Investment earnings or losses	-88,224	249,239	86,934		
d Grants or scholarships					
e Other expenditures for facilities and programs	-89,510		42,682		
f Administrative expenses					
g End of year balance	2,507,123	2,684,857	2,345,618		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 3 000 %
- b** Permanent endowment ▶ 97 000 %
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,061,172		9,061,172
b Buildings		444,686,561	155,737,798	288,948,763
c Leasehold improvements		2,315,660	1,869,471	446,189
d Equipment		220,804,059	179,336,571	41,467,488
e Other		41,303,051	4,872,612	36,430,439
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				376,354,051

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Intercompany receivable	706,335,398
(2) Unamortized Financing Costs	3,833,471
(3) Receivable from Foundation designated fund	604,823
(4) Other Assets	67,533
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	710,841,225

Part X Other Liabilities. See Form 990, Part X, line 25.

1	(a) Description of Liability	(b) Amount
	Federal Income Taxes	
	2003 A&B Mark to Market Swap	900,057
	Long Term Pension Liability	23,830,429
	Allocated Tax Exempt Bonds	368,639,472
	Deferred Rent Expense	183,473
	Other Deferred Liabilities	436,738
	Capital Leases	9,284
	Long term workers compensation	41,215
	Estimated settlements payable to government programs	3,025,044
	Other Long Term Liabilities	44,646
	Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	397,110,358

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	935,196,711
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	771,424,501
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	163,772,210
4	Net unrealized gains (losses) on investments	4	-19,051,010
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	2,956,858
9	Total adjustments (net) Add lines 4 - 8	9	-16,094,152
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	147,678,058

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	911,644,632
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-19,051,010
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,854,267
e	Add lines 2a through 2d	2e	-17,196,743
3	Subtract line 2e from line 1	3	928,841,375
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	294,798
b	Other (Describe in Part XIV)	4b	6,060,538
c	Add lines 4a and 4b	4c	6,355,336
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	935,196,711

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	771,129,703
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	771,129,703
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	294,798
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	294,798
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	771,424,501

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	Sharp HealthCare Foundation holds 15 board designated and permanent endowments for Sharp Memorial Hospital that are restricted for a variety of purposes, such as emergency services, women's research, oncology, nursing education, laboratory, hospital equipment and technology, hospital library, and more
		Part XI, Line 8 i \$1,854,267 - Bone Marrow Program reported on Sharp HealthCare's Form 990 ii \$1,102,591 - Change in Minimum Pension Liability Part XII, Line 2d \$1,854,267 - Bone Marrow Program reported on Sharp HealthCare's Form 990 Part XII, Line 4b i \$5,915,427 - Donated Capital ii \$145,111 - Medical Staff/Gift Shop Revenue Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria At September 30, 2011 and 2010, no such assets or liabilities were recorded

Additional Data

Software ID:
Software Version:
EIN: 95-3782169
Name: Sharp Memorial Hospital

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Amount
	2003 A&B Mark to Market Swap	900,057
	Long Term Pension Liability	23,830,429
	Allocated Tax Exempt Bonds	368,639,472
	Deferred Rent Expense	183,473
	Other Deferred Liabilities	436,738
	Capital Leases	9,284
	Long term workers compensation	41,215
	Estimated settlements payable to government programs	3,025,044
	Other Long Term Liabilities	44,646

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. 3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? 3b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? 4 Did the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Does the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance and Means-Tested Government Programs (a-d) and Other Benefits (e-k).

Part II Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			88,211		88,211	0.010 %
2 Economic development						
3 Community support			5,665		5,665	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			93,876		93,876	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?			No
2 Enter the amount of the organization's bad debt expense (at cost)	2 17,532		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3 0		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 128,658,383		
6 Enter Medicare allowable costs of care relating to payments on line 5	6 153,570,400		
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7 -24,912,017		
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a Yes	
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 4

Name and address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	Sharp Memorial Hospital 7901 Frost Street San Diego, CA 92123	X	X					X		
2	Sharp Mary Birch Hospital for Women 3003 Health Center Drive San Diego, CA 92123	X	X							
3	Sharp Mesa Vista Hospital 7850 Vista Hill Avenue San Diego, CA 92123	X								
4	Sharp Vista Pacifica 7989 Linda Vista Road San Diego, CA 92111	X								

Part V Facility Information (continued)**Section B. Facility Policies and Practices.**

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

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

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

Part V Facility Information (continued)

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

Billing and Collections

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

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate the reasons why (check all that apply)

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility did not have a policy relating to emergency medical care
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
18		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)

- a** The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c** The hospital facility used the Medicare rate for those services
- d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?

If "Yes," explain in Part VI

20		
21		

Part V Facility Information (continued)**Section B. Facility Policies and Practices.**

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

Name of Hospital Facility: Sharp Mary Birch Hospital for Women**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** 2

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

Part V Facility Information (continued)

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

Billing and Collections

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

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate the reasons why (check all that apply)

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility did not have a policy relating to emergency medical care
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
18		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)

- a** The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c** The hospital facility used the Medicare rate for those services
- d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?

If "Yes," explain in Part VI

20		
21		

Part V Facility Information (continued)**Section B. Facility Policies and Practices.**

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

Name of Hospital Facility: Sharp Mesa Vista Hospital**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** 3

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

Part V Facility Information (continued)

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

Billing and Collections

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

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate the reasons why (check all that apply)

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility did not have a policy relating to emergency medical care
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
18		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)

- a** The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c** The hospital facility used the Medicare rate for those services
- d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?

If "Yes," explain in Part VI

20		
21		

Part V Facility Information (continued)**Section B. Facility Policies and Practices.**

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

Name of Hospital Facility: Sharp Vista Pacifica**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** 4

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

Part V Facility Information (continued)

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

Billing and Collections

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

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate the reasons why (check all that apply)

- a** The hospital facility did not provide care for any emergency medical conditions
- b** The hospital facility did not have a policy relating to emergency medical care
- c** The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d** Other (describe in Part VI)

	Yes	No
18		

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)

- a** The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b** The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c** The hospital facility used the Medicare rate for those services
- d** Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI

21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?

If "Yes," explain in Part VI

20		
21		

Part V Facility Information (continued)**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (Describe)
1 Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123	Outpatient Services
2 Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123	Outpatient Services
3 Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123	Outpatient Services
4 Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123	Outpatient Services
5 Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123	Outpatient Services
6 Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123	Outpatient Services
7 Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123	Outpatient Services
8 Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123	Outpatient Services
9 Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123	Outpatient Services
10	

Part VI Supplemental Information

Complete this part to provide the following information

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

Identifier	ReturnReference	Explanation
		Part I, Line 6a Sharp Memorial Hospital's community benefit report is prepared by Sharp HealthCare

Identifier	ReturnReference	Explanation
		<p>Part I, Line 7 Historical charity care percentages are applied to current revenues to estimate charity on a monthly basis Actual charity transactions are applied against the estimate and any increase or decrease over estimated amounts is accounted for Other Cost includes State/County programs included in the S-10 for Medicare Cost Reporting primarily for prison/in custody patient care Ratio of Cost to Charges (RCC) were calculated using the Medicare Cost Report from Worksheet C The Revenue and Expense tie to the general ledger with no exclusions, representing direct revenue and expense plus stepdown from Overhead departments The RCC by CMS line was then applied to the applicable revenue departments broken down by payer to obtain the fully weighted cost by payer</p>

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) Bad debt expense is a deduction from revenue and is separately identified in the audited statement of operations. As such, \$0.00 was backed out of total expenses for column (f) calculation.

Identifier	ReturnReference	Explanation
		Part II Sharp Memorial Hospital at times provides a provision for housing for vulnerable patients upon discharge Sharp Memorial Hospital incurred expenses for disaster preparedness training and capital expenditures

Identifier	ReturnReference	Explanation
		<p>Part III, Line 4 Bad Debt represents amounts that go unpaid where the patient was determined to have the ability to pay. If an inability to pay is demonstrated, then full or partial Charity is granted and not considered Bad Debt. Bad Debt at Cost should be included as a Community Benefit because, like other shortfall programs, Sharp Memorial Hospital is required to accept these patients through the Emergency Room or as a referral with "good faith" in collecting. Sharp Memorial Hospital consolidates into Sharp HealthCare's audited financial statements. The audited financial statements of Sharp HealthCare include a footnote discussing accounts receivable and allowance for doubtful accounts which is included below:</p> <p>* Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, Sharp analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, Sharp analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For services associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), Sharp records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. Sharp HealthCare's audited financial statements include a deduction from revenue line on the Combined Statement of Operations titled Provision for Doubtful Accounts. Additionally, the accounts receivable line on the Combined Balance Sheet details the amount of allowance for doubtful accounts that is netted against the receivable balance.</p>

Identifier	ReturnReference	Explanation
		<p>Part III, Line 8 Medicare shortfall should be included as a community benefit because participation in the Medicare program requires all patients be accepted whether through the Emergency Room or as a referral and Sharp Memorial Hospital must accept the Medicare established rates whether they cover the cost or not. Ratio of Cost to Charges (RCC) were calculated using the Medicare Cost Report from Worksheet C. The Revenue and Expense tie to the general ledger with no exclusions, representing direct revenue and expense plus stepdown from Overhead departments. The RCC by CMS line was then applied to the applicable revenue departments broken down by payer to obtain the fully weighted cost by payer.</p>

Identifier	ReturnReference	Explanation
		Part III, Line 9b It is Sharp's policy to recall/cancel accounts assigned to a collection agency if it is determined, at any time, a patient is eligible for Financial Assistance or Charity care

Identifier	ReturnReference	Explanation
		<p>Sharp HealthCare prepares an annual Community Benefits Report in accordance with the requirements of California Senate Bill (SB) 697, community benefits legislation. According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHPD). Sharp HealthCare submits an annual Community Benefits Report to the Calif OSHPD. For purposes of the Sharp HealthCare Community Benefits Plan and Report, financials and narratives are provided in distinct sections for each hospital noted under Sharp Memorial Hospital's Tax ID, including Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital. In addition, consolidated financials for these hospitals is also provided in the FY 2011 Sharp HealthCare Community Benefits Plan and Report under the section entitled Sharp Metropolitan Medical Campus. The Sharp HealthCare Community Benefits Plan and Report, Fiscal Year 2011 is available online at www.sharp.com/community. No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity. The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS. This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall. A reconciliation of what the organization classifies as Medicare shortfall is as follows:</p> <p>Medicare revenue received reported on Parts I and III - 133,659,446 Medicare allowable costs reported on Parts I and III - 161,483,111 Shortfall included on Parts I and III - (27,823,865) Actual Medicare revenue received - 134,510,358 Actual Medicare cost - 179,103,580 Actual Medicare shortfall - (44,593,222) Additional Medicare shortfall not on Parts I and III - (16,769,357)</p>

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 2 Since 1995, Sharp has participated in a countywide collaborative - including a broad range of hospitals and health care organizations - to conduct a triennial community health needs assessment (CHNA) Findings from the community health needs assessments conducted by the Community Health Improvement Partners (CHIP) and the expertise in programs and services of each Sharp hospital form the basis for community benefits planning at Sharp In 2010, the CHIP Needs Assessment Advisory Council, under the direction of the CHIP Steering Committee, determined a methodology and approach to the sixth edition of the triennial CHNA, which included a community priority-setting process composed of the following steps Review of the 38 Healthy People 2020 focus areas by the Needs Assessment Advisory Council, comprised of more than 30 community stakeholders Seventeen health issues emerged as a result of the combining and streamlining of these areas by the Council Division of the 17 health issues into the following three categories Overarching Issues, Health-Related Behaviors and Health Outcomes Health issue briefs were developed to provide detailed information on each of the 17 identified health issues Invitation to community leaders throughout San Diego County (72 out of 379 invitees participated) to prioritize each health issue with information from the health issue briefs and based on the following criteria *Size of the health issues*Seriousness of the health issue*Community resources available to address the health issue*Availability of data/information to evaluate the health issue's outcomes *Each of the health issues were scored separately within the three categories noted above (Overarching Issues, Health-Related Behaviors and Health Outcomes)Utilization of the Spectrum of Prevention Framework to determine which issues prioritized by the community were most impacted by prevention activities (as opposed to treatment) *Health access and delivery*Social determinants of health*A combination of nutrition, weight status, physical activity and fitness*Injury and violence*Mental health and mental disordersDiscussion of the above identified issues in community forums held in the six regions of San Diego County in order to *Allow community stakeholders to identify root causes related to each health issue*Begin the process of understanding each issue from a regional perspective*Foster community relationships and promote the voice(s) of San Diego's various regional and sub-regional communities in the needs assessment processIn-depth analysis of each of the five health issues selected for the 2010 CHNA, identified as *Health access and delivery*Social determinants of health*Combination of nutrition, weight status, physical activity and fitness*Injury and violence*Mental health and mental disordersDepending on the level of available data, these analyses included an overview of the health issue and its importance, seriousness of the health issue in terms of economic costs, use of resources and/or loss of functional status, incidence data, prevalence of morbidity and mortality in the populations most impacted by the health issue, and the local impact of the health issue In addition to a review of the results from the priority-setting process, the 2010 CHNA utilized information from the following *Analysis of health-related statistics gathered and analyzed by the County of San Diego Health and Human Services Agency (HHS), supplemented by data from the California Health Interview Survey (CHIS), California Office of Statewide Planning and Development (OSHPD), the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System and census data from the San Diego Association of Governments (SANDAG) *Review of health-related scientific literatureReview of the results from facilitated discussions of six community regional forums held with a cross-section of stakeholders from the San Diego County communitySpecifically, Sharp Memorial Hospital reviewed the needs assessment priorities, specifically focusing on issues relevant to their region and subregional areas with the goal of matching community benefits programs and services to the unique needs of the region, with special attention to *Reducing the incidence of neonatal morbidity and mortality associated with preterm delivery*Providing professional education and development*Meeting the needs of new mothers and their loved ones*Outreach for flu vaccines*Health education and screening for seniors*Diabetes education and testing*Health education and wellness*Support of community nonprofit health organizations*Health professions education and training, and promotion of interest in health care careers*Education, support, and screening for stroke*Orthopaedic / osteoporosis community education*Prevention of unintentional injuries*Mental health and substance abuse education for the community*Improving outcomes for seniors at risk*Mental health and substa</p>

Identifier	ReturnReference	Explanation
		<p> nce abuse education for health care professionals In addition, Sharp Memorial Hospital *Incorporates community priorities and community input into its strategic plan and develops service line- specific goals*Estimates an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels*Consults with representatives from a variety of departments to discuss, plan, and implement community activities*Hosts a bimonthly committee to discuss, plan, and implement community activities*Participates in programs and workgroups to review and implement services to improve the health status and emotional well-being of women and infants </p>

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 3 Sharp HealthCare's financial assistance policy is in furtherance of its charitable mission. The policy identifies eligibility for, and circumstances under which, financial assistance will be extended to Sharp HealthCare's hospital patients for medically necessary services. Information regarding the availability of charity care and financial assistance is posted at all emergent/urgent access points of the hospital. "Charity Care" is that portion of Sharp HealthCare's charges for medically necessary patient care services provided by a hospital that a patient (either individually or through a third party payer) is unable to pay. Charity Care does not include bad debt, contractual adjustments, or un-reimbursed costs of providing care to patients eligible under government programs for health care services to low-income and medically indigent patients. "Financial Assistance", means any reduction of charges for medically necessary services as defined herein that may be made by Sharp HealthCare either for, or on behalf of, a patient who applies to Sharp HealthCare for Financial Assistance and meets Sharp HealthCare's financial eligibility requirements or criteria as described in this policy. For purposes of the policy Financial Assistance includes "charity care" which means a 100% reduction in charges for medically necessary services and "partial charity care" which means a reduction in a portion of charges for such services. All patients are screened at the time of admission or at registration for ability to pay for services, including whether or not they are candidates for Financial Assistance. Care for patients presenting with a known or possible emergency medical condition or in active labor are not delayed in order to assess financial status. For those patients arriving via the emergency room, once stabilization has occurred, an unfunded patient is provided with information regarding public funding options and information on Sharp HealthCare's financial assistance policy. Every unfunded urgent/emergent patient is provided with information on qualifications, in addition to an application for financial assistance/charity care. All self-pay patients are informed again regarding the availability of financial assistance on each patient statement. The availability of financial assistance and the application to apply are readily accessible on the Sharp.com website. In order to both inform patients of the various programs they may be entitled to, and assist them in the application process, Uncompensated Care Specialists provide patient(s) with a Financial Assistance Form. The Uncompensated Care Specialists direct the patient (or their guarantor) to complete a Patient Financial Statement, include specified financial items for both the patient and spouse (if any), direct the patient to return all information within ten days and document in patient's account history notes the substance of any patient discussions and that the Patient Financial Statement was provided. Following internal processing of the Financial Assistance Form, Sharp Uncompensated Care Specialists and/or Private Pay Representatives notify patient of Financial Assistance Application results, document the decision in all approved and denied Financial Assistance Accounts and secure payment arrangements for remaining balance of partial Financial Assistance or denied Financial Assistance accounts. All follow-up and patient interaction is documented in the patient's account history notes.</p>

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 4 The community served by Sharp Memorial Hospital includes the North Central Region of San Diego County, including the sub-regional areas of Kearny Mesa and Clairemont, and the Central Coast of San Diego from Del Mar to the Point Loma area As specialty hospitals reported under Sharp Memorial Hospital, Sharp Mary Birch Hospital for Women and Newborns, Sharp Mesa Vista Hospital, and Sharp Vista Pacifica Hospital serve the entire community of San Diego County The race/ethnicity breakdown of the community served by Sharp Memorial Hospital is 45.7% White, 32.4% Hispanic, 5.9% Black, 11.8% Asian/Pacific Islander, and 0.4% Native American In the County's North Central Region in 2009, 97 percent of children ages 0 to 11, 96 percent of children ages 12 to 17, and 90.4 percent of adults age 18 and older had health insurance, while 99 percent of children ages 0 to 11, 94.7 percent of children ages 12 to 17, and 89.1 percent of adults ages 18 and older had a regular source of medical care - failing to meet the Healthy People (HP) 2020 national targets for health insurance coverage and regular source of medical care Among uninsured adults ages 18 to 64 years in the North Central Region, 11.4 percent were not currently insured in 2009</p>

Identifier	ReturnReference	Explanation
		Part VI, Line 6 Sharp Memorial Hospital has an open medical staff and a community board Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical equipment with the intent of continually improving patient care

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 7 Sharp HealthCare is an integrated, regional health care delivery system based in San Diego, Calif The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 22 medical clinics, five urgent care facilities, four skilled nursing facilities, two inpatient rehabilitation programs, home health, hospice and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp also has a Knox-Keene-licensed health maintenance organization, Sharp Health Plan Serving a population of approximately three million in San Diego County, Sharp is licensed to operate 2,092 beds, has approximately 2,600 Sharp-affiliated physicians and more than 15,000 employees It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp is known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health and well being of those it serves The new tower of Sharp Memorial Hospital opened in January 2009 The 400-bed hospital features private patient rooms, sleeper sofas for loved ones, state-of-the-art surgery suites and the largest and most modern emergency and trauma center in San Diego Sharp Memorial Hospital is also a Magnet hospital for nursing and patient care excellence Sharp Memorial Hospital received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC) The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence In January 2012, Sharp Memorial was designated a Planetree Patient-Centered Hospital Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective Sharp Memorial has been a part of San Diego health care history for more than 50 years</p>

Identifier	ReturnReference	Explanation
Reports Filed With States	Part VI, Line 7	CA

Schedule H (Form 990) 2010

**Schedule I
(Form 990)**

OMB No 1545-0047

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

2010

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) San Diego Family Care 6973 Linda Vista Rd San Diego, CA 92111	95-2700856	501(c)(3)	65,000	0			Program support
(2) San Diego Crew Classic 1875 Quivira Way C-6 San Diego, CA 92109	95-3276681	501(c)(3)	10,000	0			Program support
(3) California Institute for Nursing & Health Care 633 13th Street Oakland, CA 94612	82-0570413	501(c)(3)	7,500	0			Program support
(4) Mental Health America of San Diego County 4069 30th Street San Diego, CA 92104	95-1948185	501(c)(3)	5,250	0			Program support
(5) California Health Foundation & Trust 1215 K Street Suite 800 Sacramento, CA 95814	94-1498697	501(c)(3)	1,956,019	0			Medi-Cal Program

- 2** Enter total number of section 501(c)(3) and government organizations ▶ 5
- 3** Enter total number of other organizations ▶

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The Management team evaluates requests for contributions from outside organizations taking into account how they align with the organization's mission No monitoring is done after grants are made

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	Non-management staff were paid superior performance awards which were grossed up so the net payment would be a specified amount based on each staff member's productive hours worked during the year. The net payments per staff member ranged from \$100 to \$300.
	Part I, Line 4b	Part I, Line 4b Exec Benefits Plan Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following: - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance.
Supplemental Information	Part III	Part I, Line 3 The Compensation Committee of Sharp HealthCare, the parent organization, establishes the compensation of the Chief Executive Officer. The Compensation Committee engages independent compensation consultants and the amount is approved by both the Compensation Committee and Board of Directors.

Software ID:
Software Version:
EIN: 95-3782169
Name: Sharp Memorial Hospital

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Daniel Gross	(i)	0	0	0	0	0	0	0
	(ii)	672,643	137,530	38,913	36,689	10,560	896,335	0
Michael Murphy	(i)	0	0	0	0	0	0	0
	(ii)	950,995	188,310	51,005	69,124	14,486	1,273,920	0
Susan Stone	(i)	0	0	0	0	0	0	0
	(ii)	196,373	32,824	4,781	16,335	14,972	265,285	0
Ann Pumpian	(i)	0	0	0	0	0	0	0
	(ii)	534,881	109,477	16,500	25,427	10,560	696,845	0
Carlisle C Lewis III	(i)	0	0	0	0	0	0	0
	(ii)	464,958	98,606	16,500	31,533	13,919	625,516	0
Kevin Thompson	(i)	0	0	0	0	0	0	0
	(ii)	211,683	40,001	24,169	14,893	10,605	301,351	0
Tim Smith	(i)	0	0	0	0	0	0	0
	(ii)	482,044	87,469	16,500	0	14,486	600,499	0
Mary Henrikson	(i)	0	0	0	0	0	0	0
	(ii)	295,652	53,096	16,500	2,103	10,531	377,882	0
Kathleen Lencioni	(i)	0	0	0	0	0	0	0
	(ii)	275,245	50,918	16,500	1,898	1,000	345,561	0
Janie Kramer	(i)	0	0	0	0	0	0	0
	(ii)	224,882	40,574	18,737	18,073	11,283	313,549	0
Patricia Khaleghi	(i)	0	0	0	0	0	0	0
	(ii)	194,065	31,728	6,396	13,939	10,425	256,553	0
Loraine Wells	(i)	0	0	0	0	0	0	0
	(ii)	155,488	32,623	38,027	10,040	6,494	242,672	0
John Johnson	(i)	0	0	0	0	0	0	0
	(ii)	175,852	22,530	231	10,957	6,309	215,879	0
Cheryl Odell	(i)	0	0	0	0	0	0	0
	(ii)	149,586	20,702	22,198	13,619	10,864	216,969	0
Maria Columbo	(i)	0	0	0	0	0	0	0
	(ii)	155,027	19,844	7,166	7,493	791	190,321	0
Michael Plopper	(i)	0	0	0	0	0	0	0
	(ii)	321,335	43,687	32,749	9,712	7,083	414,566	0
Robert Reese	(i)	0	0	0	0	0	0	0
	(ii)	214,913	316	7,106	20,604	10,639	253,578	0
Rene Vasquez	(i)	0	0	0	0	0	0	0
	(ii)	205,298	316	3,559	17,859	14,541	241,573	0
Sandra Noon	(i)	0	0	0	0	0	0	0
	(ii)	155,351	32,061	13,219	9,870	10,833	221,334	0
Henry Milner	(i)	0	0	0	0	0	0	0
	(ii)	188,574	316	3,663	10,564	14,560	217,677	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Eli Pumpian	Family of Officer	62,783	Salary		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Row 25 is filled with data: X, 6, 161,859, Cost.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

Table with 3 columns: Question, Yes, No. Rows 30a, 31, 32a, 33.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	These are the number of contributions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

Identifier	Return Reference	Explanation
Program Service Statement	Form 990, Part III, line 1	The corporation shall, at all times, operate a hospital under the name Donald N Sharp Memorial Community Hospital. The purpose of the corporation shall be to promote and to oversee the quality of care rendered in the hospital, to act as the governing board authority in matters of medical staff relations, clinical issues, credentialing, physician discipline and Joint Commission on Accreditation of Hospital requirements, and to establish policies to support those purposes.

Identifier	Return Reference	Explanation
Tax-exempt bonds	Form 990, Part IV, line 24a	Tax Exempt Bonds are issued for the Sharp HealthCare Obligated Group. As a result, the tax exempt bond balances are reported on the Sharp HealthCare return (EIN 95-6077327). This organization's allocated portion is included in Part X, Line 25.

Identifier	Return Reference	Explanation
Number of Employees	Form 990, Part V, Line 2a	Sharp Memorial Hospital employees' salaries and wages are paid under Sharp HealthCare's tax ID number (EIN 95-6077327), and as such are also reported on Sharp HealthCare's Form 990

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Sharp HealthCare (FEIN 95-6077327) is the sole member of Sharp Memorial Hospital

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Sharp HealthCare, as the sole member of the corporation, has the right to elect and remove most board members

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Sharp Healthcare, as the sole member of the corporation, has the right to elect and remove most board members. Sharp Healthcare also retains the approval rights afforded members for certain significant transactions (e.g. dissolution or sale or transfer of all or substantially all of the assets).

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The final Form 990 is placed on the organization's intranet, prior to the filing date, where it is view able for comment from all members of the governing body. The review process includes multiple levels of review including key corporate and entity finance department personnel comprised of the Director of Accounting & Tax, Vice President of Finance, Senior Vice President and Chief Financial Officer, and entity Chief Financial Officer. Additionally, the organization contracts with Ernst & Young, an independent accounting firm, for review of the Form 990.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12	<p>The Corporation is a member of a controlled group under the parent Sharp HealthCare (FEIN 95-6077327) Policies and procedures for the entire Sharp system are developed and approved under Sharp HealthCare and these policies and procedures are applied uniformly across the Sharp system Sharp HealthCare has a written conflict of interest policy which has been reviewed and approved by the Sharp HealthCare governing board, and this policy applies to all Sharp HealthCare entities The Corporation is committed to preventing any Participant of the Corporation from gaining any personal benefit from information received or from any transaction of Sharp One component of the written conflict of interest policy requires that Board Members, Corporate Officers, Senior Vice Presidents and Chief Executive Officer(s) submit a conflict of interest statement annually to Legal Services/Senior Vice President of Legal Services who will review all statements In addition, all Vice Presidents and any employees in the Purchasing/Supply Chain, Audit and Compliance, and Case Management/Discharge Planning departments are required to complete an online conflict of interest questionnaire annually that is reviewed by the Conflict Review Committee comprised of employees from Sharp's Legal, Compliance, and Internal Audit departments In connection with any transaction or arrangement, which may create an actual or possible conflict of interest, the person shall disclose in writing the existence and nature of his/her financial interest and all material facts Board Members, Corporate Officers, Senior Vice Presidents, and the Chief Executive Officer(s) shall make such disclosures directly to the Chairman of the Sharp HealthCare Board, and to the members of the committee with the board designated powers considering the proposed transaction or arrangement Upon disclosure of the financial interest and all material facts, the Board Member, Corporate Officer, Senior Vice President or the Chief Executive Officer(s) making such disclosures shall leave the board or the committee meeting while the financial interest is discussed and voted upon The remaining board or committee members shall decide if a conflict of interest exists In certain instances, such as if someone takes a board seat on a competitor's board of directors or has a role with an organization whereby the information that they may obtain from Sharp would put them in a consistent conflict with their two roles, the conflict could call for the individual's removal from the board The bylaws for the organization provide for the ability to remove directors in accordance with Section 5222 of the California Corporations Code This can generally be done on a "for cause" or a "no cause" basis by the action of the member Form 990, Part VI, Section B, Line 13 The Corporation is a member of a controlled group under the parent Sharp HealthCare (FEIN 95-6077327) Policies and procedures for the entire Sharp system are developed and approved under Sharp HealthCare and these policies and procedures are applied uniformly across the Sharp system Sharp HealthCare has a written whistleblower policy which has been reviewed and approved by the Sharp HealthCare governing board, and this policy applies to all Sharp HealthCare entities Form 990, Part VI, Section B, Line 14 The Corporation is a member of a controlled group under the parent Sharp HealthCare (FEIN 95-6077327) Policies and procedures for the entire Sharp system are developed and approved under Sharp HealthCare and these policies and procedures are applied uniformly across the Sharp system Sharp HealthCare has a written document retention and destruction policy which has been reviewed and approved by the Sharp HealthCare Policy and Procedure Committee, and this policy applies to all Sharp HealthCare entities</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	<p>The Personnel Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Personnel Committee of the Board of Directors by the independent consultant. The Personnel Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Personnel Committee approves the total compensation for the President/Chief Executive Officer and reviews and approves the compensation and compensation salary ranges for the remainder of the executive team. The Personnel Committee presents its decision to the Board of Directors. The Personnel Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in February/March 2011.</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Policies are considered proprietary information, however in Sharp HealthCare's publicly available Code of Conduct, Sharp outlines its Conflict of Interest policies in a user friendly manner. The annual audited financial statements of the consolidated group are published on the dacbond.com website (www.dacbond.com), are attached to the Form 990 filed for each of the Sharp hospitals, and are available upon request. The annual audited financial statements include combining schedules which disclose the financial results (Balance Sheet, Statement of Operations, Statement of Changes in Net Assets) for each entity of the consolidated group. Quarterly financial statements of Sharp's obligated group are published on the dacbond.com website (www.dacbond.com).

Identifier	Return Reference	Explanation
Hours per week dedicated to related organizations	Form 990, Part VII, Section A	<p>The following officers and directors dedicated hours to the following organizations which are related to Sharp Memorial Hospital Michael Murphy - 60-Sharp HealthCare, 4-Grossmont Hospital Corporation, 2-Sharp Chula Vista Medical Center, 2-Sharp Coronado Hospital and Healthcare Center, 4-Sharp Health Plan, 4-Sharp HealthCare Foundation Carlisle C Lewis III - 60-Sharp HealthCare, 2-Grossmont Hospital Corporation, 1-Sharp Chula Vista Medical Center, 1-Sharp Coronado Hospital and Healthcare Center Ann Pumpian - 55-Sharp HealthCare, 2-Grossmont Hospital Corporation, 2-Sharp Chula Vista Medical Center, 2-Sharp Coronado Hospital and Healthcare Center, 3-Sharp Health Plan Daniel Gross - 60-Sharp HealthCare, 10-Sharp Sharp Chula Vista Medical Center Colleen P McNally, M D - 1-Sharp Healthcare Foundation Geoffrey Stiles, M D - 2-Sharp HealthCare James Brown - 3-Sharp HealthCare</p>

Identifier	Return Reference	Explanation
Independent Contractors	Form 990, Part VII, Section B	Independent Contractors are paid under Sharp HealthCare's tax identification number (95-6077327) and are reported on Sharp HealthCare's tax return

Identifier	Return Reference	Explanation
Tax Exempt Bonds	Form 990, Part X, line 25	Tax Exempt Bonds are issued for the Sharp HealthCare Obligated Group. As a result, the tax exempt bond balances are reported on the Sharp HealthCare return (EIN 95-6077327) and this organization has reported zero on Form 990, Part X, Line 20 and has reported the allocated balance on Line 25.

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -19,051,010 Change in minimum pension liability 1,102,590 Bone Marrow Program reported on Sharp HealthCare's return 1,854,268 Total to Form 990, Part XI, Line 5 -16,094,152

Identifier	Return Reference	Explanation
Single Audit Act	Form 990, Part XII, line 3a	Sharp HealthCare, on a consolidated basis, was required to undergo an audit as set forth in the Single Audit Act and OMB Circular A-133, and such an audit was performed as required

Identifier	Return Reference	Explanation
	Form 5471	Form 5471 has been filed on behalf of by Sharp HealthCare (FEIN 95-6077327)

Identifier	Return Reference	Explanation
Community Benefit Report	Form 990, Part III, line 4a	<p>An Overview of Sharp HealthCare Sharp is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 20 medical clinics, five urgent care facilities, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp offers a full continuum of care, including emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation, and urgent care. Sharp also has a Knox-Keene-licensed health maintenance organization, Sharp Health Plan (SHP). Serving a population of approximately 3 million in San Diego County, as of September 30, 2011, Sharp is licensed to operate 2,092 beds, has approximately 2,600 Sharp-affiliated physicians and nearly 15,000 employees. Four acute-care hospitals:</p> <ul style="list-style-type: none"> * Sharp Chula Vista Medical Center (343 beds) The largest provider of health care services in San Diego's rapidly expanding South Bay, Sharp Chula Vista Medical Center (SCV MC) operates the region's busiest Emergency Department (ED) and is the closest hospital to the busiest international border in the world. * Sharp Coronado Hospital and Healthcare Center (204 beds) Sharp Coronado Hospital and Healthcare Center (SCHHC), an acute-care hospital, provides services that include sub-acute and long-term care, rehabilitation therapies, joint replacement surgery, hospice and emergency services. * Sharp Grossmont Hospital (536 beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County, and has one of the busiest EDs in San Diego County. * Sharp Memorial Hospital (656 beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation. <p>Three specialty-CARE hospitals:</p> <ul style="list-style-type: none"> * Sharp Mary Birch Hospital for Women & Newborns (188 beds) A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other private hospital in California. * Sharp Mesa Vista Hospital (149 beds) The largest private freestanding psychiatric hospital in California, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services. * Sharp McDonald Center (16 beds) Sharp McDonald Center (SMC) is San Diego County's only licensed chemical dependency recovery hospital. Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the nonprofit public benefit corporation of SMH, and are referred to herein as The Sharp Metropolitan Medical Campus (SMMC). The operations of Sharp Rees-Stealy Medical Centers (SRS) are included within the nonprofit public benefit corporation of Sharp, the parent organization. The operations of Sharp Grossmont Hospital (SGH) are reported under the nonprofit public benefit corporation Grossmont Hospital Corporation. <p>Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations, and are provided in a caring, convenient, cost-effective and accessible manner. Vision Sharp's vision is to become the best health system in the universe. Sharp will attain this position by transforming the health care experience through a culture of caring, quality, service, innovation and excellence. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves.</p> <p>Values Integrity - Trustworthiness, Respect, Commitment to Organizational Values, and Decision Making Caring - Service Orientation, Communication, Teamwork and Collaboration, Serving and Developing Others, and Celebration Innovation - Creativity, Continuous Improvement, Initiating Breakthroughs, and Self-Development Excellence - Quality, Safety, Operational and Service Excellence, Financial Results, and Accountability Culture. The Sharp Experience For more than 11 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance and experience improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purpose, worthwhile work, and creating the kind of h</p>

Identifier	Return Reference	Explanation
Community Benefit Report	Form 990, Part III, line 4a	<p>health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people. Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be the best place to work. Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe." The best place to practice medicine. Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader. The best place to receive care. Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate. Through all of this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than half a century.</p> <p>Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, the six Pillars of Excellence serve as a guide for team members, providing a framework and alignment for everything the Sharp does. The six pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:</p> <ul style="list-style-type: none"> * Demonstrate and improve clinical excellence and patient safety to set community standards and exceed patient expectations * Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence * Create a workforce culture that attracts, retains, and promotes the best and brightest people, who are committed to Sharp's mission, vision and values * Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology and investment in the organization * Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development * Be an exemplary community citizen <p>Awards Sharp recently received the following recognition: Sharp is a recipient of the 2007 Malcolm Baldrige National Quality Award, the nation's highest Presidential honor for quality and organizational performance excellence. Sharp is the first health care system in California and eighth in the nation to receive this recognition. Sharp was named the No. 1 "best integrated health-care network" in California and No. 12 nationally by Modern Healthcare magazine in 2012. The rankings are part of the "Top 100 Most Highly Integrated Healthcare Networks (IHN)", - an annual survey conducted by health care data analyst IMS. This is the 14th year running that Sharp has placed among the top in the state in the survey.</p>

Identifier	Return Reference	Explanation
		<p>Sharp was ranked 47th by Modern Healthcare in its 2008 "100 Best Places to Work." The awards and honors program recognizes workplaces in health care that enable employees to perform at their optimum level to provide patients and customers with the best possible care and services. SMH was named "Best Hospital" by San Diego Union-Tribune readers participating in the paper's 2011 "Best of San Diego" Readers Poll, and SGH, SMBHWN, and SCVMC were ranked fifth, sixth and seventh, respectively. This marks the fourth year in a row that Sharp received the "Best Hospital" honor. SGH and SMH have both received MAGNET Designation for Nursing Excellence by the ANCC. The Magnet Recognition Program is the highest level of honor bestowed by the ANCC and is accepted nationally as the gold standard in nursing excellence. Sharp was named one of the nation's "Most Wired" health care systems from 1998 through 2009 by Hospitals & Health Networks magazine in the annual Most Wired Survey and Benchmark Study. "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff. In July 2010, SMH was named the "Most Beautiful Hospital in America" by Soliant Health, one of the largest medical staffing companies in the country. With over 10,000 votes from visitors to the Soliant Health website, SMH was voted to the top of the second annual "20 Most Beautiful Hospitals in America" list. In 2010, SCHCC was re-designated as a Planetree Patient-Centered Hospital. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective. Initially designated in 2007, SCHCC is the first hospital in California to receive this designation, and the only hospital in California to achieve re-designation. In 2010, Sharp received the Morehead Apex Workplace of Excellence Award. Morehead awards the health care industry's top achiever by objectively identifying the highest performer and acknowledging their contributions to health care. With this singular award, Morehead annually recognizes a client who has reached and sustained the 90th percentile on their employee engagement surveys. Sharp reached the 98th percentile in 2010 and the 99th percentile in 2011. In 2011, SCVMC and SCHHC each received the Energy Star designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that are awarded the designation use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere. In 2011, SCVMC and SCHHC were two of only six California hospitals to receive this designation. In 2011, Sharp Health Care was named the Crystal Winner of the 2011 Workplace Excellence Awards from the San Diego Society for Human Resource Management. This designation recognizes Sharp's Human Resources Department as an innovative and valuable asset to overall company performance. Patient Access to Care Programs. Uninsured patients with no ability to pay, and insured patients with inadequate coverage receive financial assistance for medically necessary services through Sharp's Financial Assistance Program. Sharp does not refuse any patient requiring emergency medical care. Sharp provides services to help every unfunded patient received in the emergency room find coverage options. Patients use a quick, simple online questionnaire through the Foundation for Health Coverage Education to generate personalized coverage options that are filed in their account for future reference and accessibility. Sharp also continues to offer ClearBalance - a specialized loan program for patients facing high medical bills. Through this collaboration with San Diego-based CSI Financial Services, both insured and uninsured patients have the opportunity to secure small bank loans in order to pay off their medical bills in low monthly payments - as low as \$25 per month - and thus prevent unpaid accounts from going to collections. Through this program, Sharp provides a more affordable alternative for patients that struggle with the ability to resolve their hospital bills. In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Patients receive assistance with transportation and placement, connections to community resources, and financial support for medical equipment, medications, and even outpatient dialysis and nursing home stays. Through collaboration with the San Diego Rescue Mission, SCHHC, SGH and SMH discharge their chronically homeless patients to the Rescue Mission's Recuperative Care Unit, where patients not only receive follow-up medical care through Sharp in a safe environment, but through the organization's programs they also receive psychiatric care, substance abuse counseling and guidance to help get them off the street. Since February 2011, Sharp's acute care hospitals have partnered with Father Jo</p>

Identifier	Return Reference	Explanation
		<p>e's Villages to support Project SOAR - a program designed to assist with and expedite social security and disability applications for homeless individuals with urgent health care needs. As eligible homeless patients are discharged from the hospital, hospital case managers facilitate their transition to Project SOAR workers who then continue the application process on through to completion. The program helps ensure eligible at-risk individuals are able to obtain timely access to the income and medical care benefits that they may not otherwise receive as a result of their homeless status. Also in FY 2011, Sharp collaborated with the United Way's Project 25 program to provide financial information that will help the program gauge the effectiveness of its interventions to reduce use of emergent and other front line public resources. Project 25 is a partnership between United Way of San Diego County and the City and County of San Diego with a goal to provide permanent housing (via the San Diego Housing Commission) and supportive services (via the County of San Diego) to at least 25 of San Diego County's chronically homeless, who are often the most frequent users of public resources. In FY 2011, Sharp hospitals provided services to 14 individuals enrolled in the Project 25 program. In addition, SCVMC continued its partnership with community clinics to provide timely access to primary care and behavioral health services by establishing medical homes for low-income, medically uninsured, and underserved patients in the South Bay that present in the SCVMC ED. The program seeks to support safety net patients suffering from chronic conditions to better manage their pain, diseases and overall health care with the establishment of a medical home at a community clinic, inform safety net patients about obtaining affordable medications through generic prescription access education, increase patient access and timely referrals to primary care and behavioral health services, increase patient access to follow-up primary care services and establish a medical home at either Chula Vista Family Health Clinic or other community clinics, and offer enhanced access to transportation resources to the Chula Vista Family Health Clinic. It is this ability to schedule timely follow-up appointments for safety net patients that has contributed greatly to the success of this program, and since the program's inception SCVMC has served a total of 1,248 safety net patients, 55 percent of whom were referred to the Chula Vista Family Health Clinic. Health Professions Training Internships Students and recent health care graduates are a valuable asset to the community, and Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid and career pipeline programs. In FY 2011, there were 3,933 student interns within the Sharp system, providing more than 534,000 hours in disciplines that include nursing, allied health and professional educational programs. Sharp provides education and training programs for students across the continuum of nursing (e.g., critical care, medical/surgical, behavioral health, women's services and wound care) and allied health professions such as rehabilitation therapies (speech, physical, occupational and recreational therapy), pharmacy, dietetics, lab, radiology, social work, psychology and public health. Students from local community colleges such as Grossmont College (GC), San Diego Mesa College (MC), and Southwestern College (SWC), local and national university campuses such as San Diego State University (SDSU), University of California, San Diego (UCSD), University of San Diego (USD), Point Loma Nazarene University (PLNU), and University of Oklahoma (OU), and vocational schools such as Kaplan College (KC) participate in Sharp's health professions training.</p>

Identifier	Return Reference	Explanation
		<p>Table 1 presents the students and student hours at each of the Sharp entities in FY 2011</p> <p>Table 1 Sharp HealthCare Internships - FY 2011 Sharp Chula Vista Medical Center Nursing 7 21 Students 63,894 Group Hours 20,440 Precepted Hours Ancillary 138 Students 24,675 Hours Total 859 Students 109,009 Hours Sharp Coronado Hospital and Healthcare Center Nursing 443 Students 82,776 Group Hours 3,600 Precepted Hours Ancillary 127 Students 22,624 Hours Total 570 Students 109,000 Hours Sharp Grossmont Hospital Nursing 566 Students 48,974 Group Hours 16,183 Precepted Hours Ancillary 222 Students 39,914 Hours Total 788 Students 105,071 Hours Sharp Mary Birch Hospital for Women & Newborns Nursing 176 Students 13,548 Group Hours 4,028 Precepted Hours Ancillary 112 Students 8,498 Hours Total 288 Students 26,074 Hours Sharp Memorial Hospital Nursing 547 Students 39,084 Group Hours 21,365 Precepted Hours Ancillary 333 Students 61,626 Hours Total 880 Students 122,075 Hours Sharp Mesa Vista Hospital Nursing 271 Students 27,548 Group Hours 1,470 Precepted Hours Ancillary 12 Students 4,148 Hours Total 283 Students 33,166 Hours Sharp HealthCare Nursing 144 Students 3,008 Group Hours 5,684 Precepted Hours Ancillary 121 Students 20,923 Hours Total 265 Students 29,615 Hours Total Nursing 2,868 Students 278,832 Group Hours 72,770 Precepted Hours Ancillary 1,065 Students 182,408 Hours Total 3,933 Students 534,010 Hours</p> <p>College Collaborations In FY 2011, Sharp completed its partnership with the OU College of Nursing and SWC in providing clinical, real-world experience in San Diego County for students enrolled in the OU Online Accelerated Second Degree Bachelor of Science in Nursing (BSN) Program and the OU Career Mobility Registered Nurse (RN) to BSN Program. The partnership sought to boost the number of new nurse graduates by offering programs with increased flexibility and access for students. The Accelerated Second Degree BSN Program is for individuals with a bachelor's degree or higher in a non-nursing major. The program included more than 600 hours of online coursework and nearly 900 hours of clinical experience at Sharp facilities. The Health Academy For six consecutive years, the SCVMC Health Academy program provided education to the next generation of health care professionals by introducing local elementary school students to a wide variety of health care careers. This program has provided hospital tours to hundreds of fifth graders who have benefited from interactive learning in various areas of the hospital, including the laboratory, pharmacy and billing departments. In addition, a grant from the California Endowment allowed for the expansion of the program to provide a diversity initiative to high school students. The initiative, entitled the Health Care Career Pipeline Partnership (HCCPP), represents collaboration among the hospital, Barrio Logan College Institute (BLCI), San Ysidro High School (SYHS), SWC, Harder and Associates and the San Diego chapter of the National Association of Hispanic Nurses. The program provided local high school students from diverse backgrounds, many of whom are the first in their family to attend college, a greater chance of attending college and succeeding in a career in health care. The HCCPP provided tours of SCVMC, as well as opportunities for students to volunteer or intern at the hospital. The program has had tremendous success since its inception - providing tours to nearly 650 students, paid internships to 24 students, and contributing to the 100 percent high school graduation rate of participating students. In FY 2009, SCVMC won a partnership award from the San Diego Science Alliance for its work in the HCCPP. The award recognizes a San Diego business or employer that partners with youth in the community. Health Sciences High and Middle College Sharp has teamed up as an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide students broad exposure to careers available in health care. During FY 2011, 329 HSHMC students connected to Sharp campuses for a total of more than 58,600 student hours. The collaboration between Sharp and HSHMC prepares high school students to enter health science and medical technology careers in the following five career pathways: Biotechnology Research and Development, Diagnostic Services, Health Informatics, Support Services and Therapeutic Services. During a 16-week period, supervised students rotate through instructional pods in various departments such as nursing, OB-GYN, occupational and physical therapy, behavioral health, Surgical Intensive Care Unit (SICU), Medical Intensive Care Unit (MICU), imaging, rehabilitation, laboratory, pharmacy, pulmonary, cardiac services, and operations. HSHMC students not only receive hands-on experience in patient care, but also guidance from Sharp staff on professionalism, career ladder development and job/education requirements. HSHMC students earn high school diplomas, complete</p>

Identifier	Return Reference	Explanation
		<p>college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. With the HSHMC program, Sharp links students with health care professionals through job shadowing and internships to explore real-world applications of their school-based knowledge and skills. The program began in 2007 with HSHMC students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011. Lectures and Continuing Education Sharp contributes to the academic environment of many colleges and universities in San Diego. In FY 2011, Sharp staff committed more than 500 hours to the academic community by providing lectures, courses and presentations on numerous college/university campuses throughout San Diego. Through the delivery of a variety of guest lectures, including health information technology at San Diego Mesa College, cardiovascular technology at Grossmont College, health information lectures at San Diego Mesa College, pharmacy practice lectures at UCSD, and a variety of health administration lectures to public health graduate students at SDSU, Sharp staff remain active and engaged with San Diego's academic health care community. Sharp's Continuing Medical Education (CME) department assesses, designs, implements and evaluates educational and training initiatives for Sharp's affiliated physicians, pharmacists and other health professionals to better serve the health care needs of the San Diego community. In FY 2011 the professionals at Sharp HealthCare CME invested more than 1,800 hours in numerous CME activities open to San Diego health care providers, ranging from annual conferences on patient safety, diabetes, breast cancer, kidney-transplant, and end-of-life care, to presentations on hip preservation and hospital overcrowding. In addition, the Outcomes Research Institute (ORI) at Sharp was formed to measure long-term results of care and to promote and develop best practices for health care delivery for members of the professional health care community. With both inpatient and ambulatory locations and a diverse patient population, Sharp is well-positioned to study care processes and outcomes in a real-world setting, reflecting an authentic picture of the health care environment. Among its current and future goals, the ORI aims to ensure patient care produces outcomes consistent with evidence-based medical literature, analyze the relationships between processes and outcomes for treatments, interventions and quality improvement initiatives, establish associations between practice, costs and outcomes for patient care, as well as to develop and disseminate effective approaches to quality care delivery in the health care community. Volunteer Service Sharp Leads a Hand</p>

Identifier	Return Reference	Explanation
		<p>In FY 2011, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH), to further support the San Diego communities it serves. In October 2010, Sharp promoted the program both internally and in the community, requesting project ideas that focused on improving the health and well-being of San Diego in a broad, positive way, relied on Sharp for volunteer labor only, supported nonprofit initiatives, community activities or other programs that serve the residents of San Diego County, and could be completed by September 30, 2011. Sharp employees voted on the qualified projects posted on SharpNET (Sharp's internal website). They selected six projects: Stand Down for Homeless Veterans, San Diego Food Bank, International Coastal Cleanup Day, Special Olympics, YWCA Emergency Shelter (Becky's House), and playground beautification at the Valencia Park Drama and Dance Academy. In support of these projects, more than 1,900 Sharp employees, family members and friends volunteered over 6,700 hours. During nine days in June and July 2011, 454 Sharp employees, family members and friends volunteered at Veterans Village of San Diego. The volunteers sorted and organized clothing donations and provided on-site support, medical services and companionship to hundreds of homeless veterans at Stand Down for Homeless Veterans, an annual event sponsored by Veterans Village of San Diego and held at San Diego High School. The San Diego Food Bank feeds people in need throughout San Diego County, and advocates and educates the public about hunger-related issues. For 10 days over January, March, May, July and September, 880 SLAH volunteers inspected and sorted donated food, assembled boxes and cleaned the San Diego Food Bank warehouse. The YWCA Emergency Shelter (Becky's House) provides emergency shelter and transitional housing to women and children who have been victimized by domestic violence. Eleven SLAH volunteers gave the shelter some much needed "tender love and care" by painting the children's patio in April 2011. The Valencia Park Drama and Dance Academy provides education, health care, food, clothing and personal hygiene for some of San Diego's estimated 2,200 homeless and at-risk children. In June 2011, a group of SLAH volunteers helped improve the outside environment for the students by repairing hopscotch and four-square lines on the playground. More than 368 SLAH volunteers provided assistance to San Diego County's Special Olympics year-round training and athletic competitions including the Fall Regional Games held in Rancho Bernardo, a Floor Hockey competition and the USA Team Training event. Special Olympics of San Diego County has more than 1,400 athletes of all ages. The program provides sports training and athletic competition for all children and adults with intellectual disabilities. The volunteers assisted with timekeeping, score-keeping and cheerleading during the Team Training for the Spring Games in Athens, Greece, which included swimming, tennis, basketball, cycling and rowing. The SLAH team partnered with I Love a Clean San Diego and San Diego Coastkeeper to put the sparkle back in the San Diego community through the International Coastal Cleanup Day on September 17. Nearly 175 volunteers of all ages helped keep San Diego's coast a beautiful place to live and play by picking up and removing trash and debris from 16 selected sites in our communities. Sharp Humanitarian Service Program In FY 2011, 32 Sharp employees were funded through Sharp's Humanitarian Service Program. This program allows employees to participate in service programs that provide health care and/or other supportive services to underserved or adversely affected populations. In FY 2011, Sharp employees devoted their time and energy to organizations that included Wheels for the World, which provides wheelchairs to people with disabilities in developing countries, including Egypt and Ghana. Sharp staff brought 250 wheelchairs, crutches and walkers and worked out of a regional hospital in rural Ghana at a seating and positioning clinic. At this clinic, patients - many who had been crawling for most of their lives - received therapy sessions and their first wheelchairs and other walking supports. In addition, Sharp staff led a team of medically-focused college students on another humanitarian program serving Ghana. Over three weeks, the team traveled to several small villages in West Africa, setting up seven temporary health clinics, and treating over 700 Ghanaians for basic medical care, such as treatment for malaria, intestinal worms, severe dehydration, scorpion stings, snake bites and wound care. The team also provided health education around nutrition, sanitation issues and women's health. Training was provided to Ghanaian health workers so that they could continue the health education after Sharp staff returned to the U.S. Sharp staff also participated in a medical mission trip to El Salvador, providing three medical</p>

Identifier	Return Reference	Explanation
		<p>clinics to the community serving hundreds of patients in poverty. Additionally, a week-long free health clinic was conducted by Sharp physical therapy staff in Punta Gorda, Belize. Patients received physical therapy screening and intervention, education on the benefits of exercise, an individualized home program, and referrals to the local clinic for follow-up services. Another medical mission trip was led in Ho Chi Minh City, Vietnam, during January 2011. Eight participants, including Sharp-affiliated physicians and nurses, served for a week at a local hospital and provided critical orthopedic therapy and treatment to 20 patients. Sharp staff performed surgery for eight of these patients, attending mostly to bone fractures and non-unions. Through the Sharp Humanitarian Service Program, in FY 2011 Sharp staff continued to provide extensive support and expertise to victims of the earthquakes that devastated Haiti in January 2010. Sharp-affiliated physicians and Sharp staff provided medical services including wound care, post-op treatment, neurological and orthopedic rehabilitation, occupational therapy and general public health, in addition to equipment and supplies to those in need. Sharp staff often delivered around-the-clock care for patients affected by the earthquakes - whose ages ranged from neonates to the elderly - at various sites throughout Haiti. Sharp staff also worked with Family Friends Community Connection (FFCC), a San Diego-based nonprofit organization, to lend vital assistance to those areas of Haiti impacted by the earthquakes. In April 2011, the FFCC team and Sharp employees set up the first mobile medical clinic in Carrefour, Haiti, and treated nearly 1,000 patients in need of critical medical care. Staff provided care, comfort, support and hope amidst a situation of complete and utter chaos, including the challenges of limited medical supplies and unsanitary living conditions.</p> <p>Community Walks For the past 16 years, Sharp has proudly supported the American Heart Association (AHA) annual Heart Walk. In September 2011, more than 1,000 walkers represented Sharp at the San Diego Heart Walk held in Balboa Park. Sharp was the No. 1 Heart Walk team in San Diego and the AHA Western Region Affiliates, raising more than \$194,000 for the American Heart Association.</p> <p>Sharp Volunteers Sharp volunteers are a critical component of Sharp's dedication to the San Diego community. Sharp provides a multitude of volunteer opportunities throughout San Diego County for individuals to serve the community, meet new people, and assist programs ranging from pediatrics to Senior Resource Centers. Volunteers devote their time and compassion to patients as well as to the general public, and are an essential element to many of Sharp's programs, events and initiatives. Sharp volunteers spend their time within hospitals, in the community, and in support of the Sharp HealthCare Foundation, Grossmont Hospital Foundation, and Coronado Hospital Foundation. Sharp employees also donate time to Sharp as volunteers for the Sharp organization. In FY 2011, there were more than 2,300 total volunteers across the Sharp system, contributing 280,963 hours of their time in service to Sharp and its initiatives. More than 15,000 of these hours were provided externally to the San Diego community through activities such as delivering meals to homebound seniors and assisting with health fairs and events. Table 2 details the number of volunteers and the hours provided in service to each of Sharp's entities, as well as Sharp HospiceCare, specifically for patient and community support. Volunteers also spent additional hours supporting Sharp's three foundations for events such as Grossmont Hospital Foundation's annual Golf Tournament, the SMBHWN Stewardship Committee, galas held for SCVMC, SCHHC and SGH, and other events in support of Sharp entities and services.</p>

Identifier	Return Reference	Explanation
		<p>Table 2 Sharp Volunteers and Volunteer Hours - FY 2011 Sharp Chula Vista Medical Center 3 47 Volunteers (Individuals) 52,990 Volunteer Hours Sharp Coronado Hospital and Healthcare Center 165 Volunteers (Individuals) 8,181 Volunteer Hours Sharp Grossmont Hospital 950 Vol unteers (Individuals) 109,487 Volunteer Hours Sharp Mary Birch Hospital for Women & Newbor ns 85 Volunteers (Individuals) 14,873 Volunteer Hours Sharp Memorial Hospital 617 Voluntee rs (Individuals) 74,961 Volunteer Hours Sharp Mesa Vista Hospital 24 Volunteers (Individuals) 2,689 Volunteer Hours Sharp HealthCare 26 Volunteers (Individuals) 4,125 Volunteer Hou rs TOTAL 2,214 Volunteers (Individuals) 267,306 Volunteer Hours Sharp employees also volun teer their time for the Cabrillo Credit Union Sharp Division Board, the Sharp and Children 's MRI Board, the UCSD Medical Center/Sharp Bone Marrow Transplant Program Board, Grossmon t Imaging LLC Board, and the SCVMC - SDI Imaging Center In addition, volunteers on Sharp' s auxiliary boards and the various Sharp entity Boards volunteer their time to provide pro gram oversight, administration and decision-making regarding financial resources In FY 20 11, 129 community members contributed their time to Sharp's boards Sharp's Greater Good In FY 2011, Sharp staff volunteered their time and passion to a number of unique initiative s, underscoring Sharp's commitment to the health and w elfare of the San Diego community, a nd the greater good Below are just a few examples of how Sharp employees gave of themself es to the San Diego community At SGH, the "This Bud's for You" program brought smiles to unsuspecting patients and their loved ones with the delivery of hand-picked flow ers from t he medical campus's abundant gardens The SGH landscape team grew , cut, bundled and delive red colorful bouquets each week, bringing an element of natural beauty to help ease the ex perience of patients and visitors of both the hospital, and the SGH Hospice Houses The te am also regularly offers single-stem roses in a small bud vase to passers-by The program' s success was made possible by support from the SGH Auxiliary and volunteers who assisted the landscape crew in navigating the hospital and supplied flow er vases Another program o rganized by an SGH staff member was the "Shirt Off Our Backs" program During the 2010 hol iday season, one SGH employee orchestrated and implemented a concerted effort to bring clo thing, shoes, blankets and household items directly to San Diego's homeless population Th e SGH Engineering Department, the SGH Auxiliary and local businesses collaborated to imple ment the program, and SGH's Waste Management team provided ancillary support with loaner r ecycle bins to use for collection Hundreds of pounds of clothing, shoes, tow els, blankets , toiletries and other items that could be put to use immediately were collected, washed, folded, boxed/bagged and prepared before delivery to the San Diego population in need At SMMC, the Arts for Healing program was established to improve the spiritual and emotional health of patients that face significant medical challenges The program provides services at SMH, SMH OPP, SMBHWN, SMV and SMC Since the inception of the program in 2007, more th an 5,000 patients and their families have benefitted from the time and talent provided by dedicated staff and volunteers Trained volunteers are the primary providers of the progra m, which is coordinated by a clergy member of the Spiritual Care program The Arts for Hea ling program utilizes the power of art and music to enhance the healing process for patien ts challenged by significant illness, chronic pain and long-term hospitalization At SMH, oftentimes these are stroke patients, cancer patients, or patients facing life with newly- acquired disabilities following catastrophic events At SMBHWN, the program is provided to high-risk mothers who are in the hospital from one to four months, aw aiting childbirth an d experiencing stress and loneliness over the separation from their families The program has recently expanded to offer special interactive group art projects in the lounges of th e Stephen Birch Healthcare Center, which are open to patients, families and staff Partici pants paint and create cards and seasonal craft projects Events have attracted more than 75 people who benefit from the healing power of art In addition, Sharp sponsored the TEDx SanDiego and TEDxYouth events held in November 2010, providing support in advance of the e vent, including show direction, technical direction, experience design and registration T EDxSanDiego and TEDxYouth are events for members of the San Diego community and beyond, an d are designed to bring together innovators, explorers, teachers and learners in an enviro nment that encourages collaboration, conversation and interaction TED is a nonprofit orga nization devoted to "Ideas Worth Spreading", and has grow n over the past 25 years to suppo rt an array of world-changing ideas with multiple</p>

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		<p>initiatives TEDxSanDiego and TEDxYouth are not-for-profit events organized entirely by local, unpaid volunteers. Between 40 to 60 Sharp staff volunteered their time on-site at each event, delivering The Sharp Experience as wayfinders, ushers, stage managers, speaker shadows, and in other roles. Lastly, Sharp's 2011 All-Staff Assembly drew from the spirit of giving back with its theme of "Greater Good." To inspire Sharp staff to make a difference, brown paper "bags of goodness" were mailed to all Sharp employees in September, with the simple request to fill the bag "with love and generosity" and to pass it on "to create unexpected delight." Hundreds of Sharp employees shared stories of their bags of goodness, ranging from bags of recycled eyeglasses distributed to those in need in third world countries by the La Mesa Lion's Club, to safety supplies and necessities for neighbors during a blackout, granola bars and other foods for those in need, and treats and useful items for soldiers in Iraq and Afghanistan. In addition, a group of Sharp staff organized a trip to the YWCA "C" Street Shelter, a temporary housing facility for women and children that are victims of domestic violence. They delivered over 50 bags of goodness, filled with toilet paper, snacks, gift cards, books and other kind gestures. Through these and many other simple, yet powerful acts, Sharp employees demonstrated that a single good deed can ignite a spark of possibility, setting in motion a chain reaction of kindness - all for the greater good.</p> <p>All Ways Green Initiative As San Diego's largest private employer, Sharp recognizes that the health of its patients and employees is directly tied to the health of their environment. Sharp leadership promotes a culture of environmental responsibility by providing education and outreach to employees to improve the health of those they serve as well as their own. Sharp continues to improve its systemwide All Ways Green program, which is aimed at increasing energy efficiency, water conservation and waste minimization, as well as the promotion of other initiatives to lower Sharp's carbon footprint. Sharp created its All Ways Green logo to brand its environmental activities, and has established a Green Team at each entity to foster and communicate sustainable activities. Sharp has also instituted a systemwide environmental policy. According to the EPA, inpatient hospital facilities are now the second-most energy-intensive industry after food service and sales, with energy utilization rates 2.7 times greater than that of office buildings on a square-foot basis. Unlike other industries, hospitals must operate 24 hours a day, seven days a week, and must provide service during power outages, natural disasters and other emergencies. Given this reality, Sharp has embarked on several green initiatives to enhance energy efficiency through energy-efficient lighting, retro-commissioning, occupancy sensors, energy audits, energy-efficient plant motor replacements, equipment modernization and training of staff to conserve energy. In addition, all Sharp entities participate in the EPA Energy Star database and monitor their Energy Scores on a monthly basis. In FY 2010 and FY 2011, SCHHC earned the EPA Energy Star Award. SCHHC was also named as an "Honorable Mention" at the 2011 San Diego Gas & Electric (SDG&E) annual showcase awards. SCVMC earned the EPA Energy Star Award in FY 2009, FY 2010 and FY 2011 and was the only hospital in California to be eligible for the award during this consecutive three-year period.</p>

Identifier	Return Reference	Explanation																								
		<p>In an effort to conserve natural resources, Sharp has researched and implemented infrastructure changes to ensure Sharp's facilities are optimally operated while monitoring and measuring water consumption. Such changes include installation of motion-sensing faucets, drip irrigation systems, mist eliminators, water-saving devices and equipment, water monitoring and control systems, water practice and utilization evaluations, and drought-resistant plants and other landscape redesigns. These changes have been implemented operationally with no negative impact to patient care, resulting in significant financial savings and reduced natural resource consumption. Sharp employees also donated or recycled personal cell phones and proceeds were given to the Community Health Improvement Partners (CHIP) Gift of Health program. CHIP uses the proceeds to provide medical and dental care for uninsured children in San Diego. In addition, Sharp employees were encouraged to recycle personal eye glasses and sunglasses through the Lion's Club Recycle Sight program, which distributes recycled glasses to people in need both locally and globally. In April 2011, Sharp held its second-annual systemwide Earth Week event, partnering with 11 of Sharp's vendors to elevate awareness of green initiatives. Sharp also held its first corporate electronic waste event at its corporate office location in Kearny Mesa. The EPA and Hospitals for a Healthy Environment have reported that each patient generates approximately 15 pounds of waste each day, while U.S. medical centers generate approximately 2 million tons of waste each year. In recognition of this dramatic environmental impact, Sharp has implemented a systemwide single-stream recycling program to divert waste from going to landfills. Facilities also began using reusable sharps containers that can be reused up to 500 times, sterile processing equipment that allows for the elimination of blue-wrapped instrument trays, and reprocessing of surgical instruments. Other efforts to reduce waste include the use of recyclable paper for printing brochures and other marketing materials, electronic patient bills and paperless payroll, recycling of exam paper at SRS, and encouragement of reduced paper use at meetings through electronic correspondence. In addition, Sharp negotiated a contract with Office Depot to allow for 30 percent recycled copy paper to be used at all entities. Items received from Office Depot are also now delivered in a small re-useable bag rather than a large single-use cardboard box. At the SMMC, volunteers continue to pick up unwanted flower vases following patient discharge to reuse them in the hospital gift shop. The impact of the waste reduction programs has been significant. In FY 2011, Sharp facilities diverted some 6.8 million pounds of paper, cardboard, plastic containers, glass containers, aluminum and metal cans from local landfills. In addition, SCHHC and SMMC diverted 39,960 pounds of waste through utilization of reusable sharps and pharmaceutical waste containers in FY 2011. Sharp recycled/reclaimed 180,669 pounds of hazardous and universal waste (e.g., batteries, solvents, fluorescent light bulbs, etc.) and diverted 27,088 pounds of waste through the reprocessing of surgical devices. Table 3 presents the quantity of waste diversion at Sharp shown as pounds (lbs.) diverted. Table 3: Sharp HealthCare Waste Diversion - FY 2011</p> <table border="1"> <thead> <tr> <th>Entity</th> <th>Pounds Recycled</th> <th>Total Waste</th> <th>Recycled %</th> </tr> </thead> <tbody> <tr> <td>Sharp Chula Vista Medical Center</td> <td>352,954</td> <td>3,229,152</td> <td>10.9%</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center</td> <td>227,119</td> <td>937,656</td> <td>24.2%</td> </tr> <tr> <td>Sharp Grossmont Hospital</td> <td>1,422,201</td> <td>4,176,332</td> <td>34.1%</td> </tr> <tr> <td>Sharp Metropolitan Medical Campus</td> <td>1,960,931</td> <td>6,355,666</td> <td>30.9%</td> </tr> <tr> <td>Total Sharp HealthCare</td> <td>7,009,641</td> <td>20,097,407</td> <td>34.9%</td> </tr> </tbody> </table> <p>Recycled. In FY 2011, Sharp promoted various other All Ways Green initiatives to enhance environmental responsibility. Green building designs are utilized throughout the Sharp system and the new SRS Downtown medical office building is designed to be LEED (Leadership in Energy and Environmental Design) Gold certified with a co-generation system which uses natural gas to produce electricity on-site. Sharp is also implementing sustainable food practices including removal of Styrofoam from the cafeterias, use of green-label soaps and cleaners, new dishwashing systems to reduce the use of plastics, electronic cafe menus, flatware and plates made from recycled materials, recycling of all cardboard, cans and grease from cafes, and partnering with vendors who are committed to reducing product packaging. Other sustainable food practices include organic markets at each hospital and the corporate office, purchasing of hormone-free milk, and increased pur</p>	Entity	Pounds Recycled	Total Waste	Recycled %	Sharp Chula Vista Medical Center	352,954	3,229,152	10.9%	Sharp Coronado Hospital and Healthcare Center	227,119	937,656	24.2%	Sharp Grossmont Hospital	1,422,201	4,176,332	34.1%	Sharp Metropolitan Medical Campus	1,960,931	6,355,666	30.9%	Total Sharp HealthCare	7,009,641	20,097,407	34.9%
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		<p>chasing of locally grown fruits and vegetables, approaching 65 percent at some entities. In addition, SMH and SCHHC are in the process of implementing composting systems in their kitchens, and close to having the first County-approved organic gardens. Ride sharing, public transit programs and other transportation efforts contribute to the reduction of Sharp's transportation emissions. Sharp ensures carpool parking spaces and designated bike racks and motorcycle spaces are available at each employee parking lot. In addition, Sharp offers discounted monthly bus passes for purchase by employees. In partnership with the San Diego Association of Governments (SANDAG), a vanpool and carpool match-up program has also been created to help employees find convenient ride share partners. In FY 2011, the Sharp system participated in the SANDAG iCommute corporate challenge, achieving first place in the large employer category. Sharp is also in the process of installing electric vehicle (EV) chargers across the Sharp system, as part of the national EV Project. Sharp is the first health care system in San Diego to offer the EV chargers and is on the forefront of helping create the national infrastructure required for the promotion of EVs. In addition, Sharp uses centralized patient scheduling to improve patient vanpools, and has replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. At SMMC, battery-operated golf carts are also used to shuttle patients between campus buildings.</p> <p>Table 4 highlights the All Ways Green efforts at Sharp entities. Going forward, Sharp remains committed to the All Ways Green initiative and will continue to investigate other green opportunities to reduce Sharp's carbon footprint. Green purchasing methods will be explored as a first line of defense to reduce waste volume and toxicity with less packaging, fewer toxic materials and more recyclable packaging. Sharp's All Ways Green Committee will continue to work with our employees, physicians and corporate partners to develop new and creative ways to reduce, reuse and recycle.</p> <p>Table 4 All Ways Green Initiatives by Sharp Entity - FY 2011</p> <p>SMH/SMBHWN Energy Efficiency -Lighting retrofit -Energy Star award -Energy-efficient motors installed -Occupancy sensors Water Conservation - Drip irrigation - Hardscaping -Water-saving practices/utilization evaluations -Mist eliminators -Landscape water reduction systems - Drought-tolerant plants Waste Minimization -Reprocessing (surgical instruments, etc) -Recycling -Reusable supplies Education and Outreach -Recycling education -Green Team -Earth Week activities -Environmental policy</p> <p>SMV/SMC Energy Efficiency -Lighting retrofit -Energy Star participation -Motor and pump replacements Water Conservation - Drip irrigation -Hardscaping -Water-saving practices/utilization evaluations -Landscape usage reduction -Landscape water reduction systems -Drought-tolerant plants Waste Minimization -Recycling -Waste reduction -Styrofoam elimination Education and Outreach -Green Team -Earth Week activities -Environmental policy</p> <p>SGH Energy Efficiency -Lighting retrofit -Energy Star participation -Retro-commissioning Water Conservation -Drip irrigation -Hardscaping -Water-saving practices/utilization evaluations -Landscape water reduction systems -Drought-tolerant plants Waste Minimization -Recycling -Sustainable supplies -Surgical instrument reprocessing Education and Outreach -Update and enforce No Smoking Policy -Green Team -Earth Week activities -Environmental policy</p> <p>SCVMC Energy Efficiency -Energy Star participation -Lighting retrofit -Energy-efficient chillers/motors Water Conservation -Drip irrigation - Hardscaping -Water-saving practices/utilization evaluations -Landscape water reduction systems</p>

Identifier	Return Reference	Explanation
		<p>-Drought-tolerant plants Waste Minimization -Recycling -Compactor renovation -Surgical instrument reprocessing Education and Outreach -Recycling/ride sharing promotion -Green Team -Earth Week activities -Environmental policy SCHHC Energy Efficiency -Lighting retrofit -Energy Star award -Elevator/chiller modernizations -A/C replacement - Energy efficient chillers/motors -SDG&E "honorable mention" award Water Conservation -Drip irrigation -Hardscaping -Water-saving practices/utilization evaluations -Landscape usage/water reduction -Drought-tolerant plants Waste Minimization -Recycling -Reusable supplies -Reprocessing -Surgical instrument reprocessing Education and Outreach -Recycling education -Green Team -Earth Week activities -Environmental policy -Farmer's Market SRS Energy Efficiency -Lighting retrofit -Energy Star participation -Energy audits Water Conservation -Drip irrigation -Hardscaping -Water-saving practices/utilization evaluations -Landscape usage/water reduction -Drought-tolerant plants -Low-flow systems Waste Minimization -Recycling Education and Outreach -Contractor education -Green Team -Earth Week activities -Environmental policy SHP Energy Efficiency -Lighting retrofit -Energy Star participation -Occupancy sensors Water Conservation -Drip irrigation -Hardscaping -Water-savings practices/utilization evaluations - Landscape water reduction systems -Drought-tolerant plants -Water-saving devices Waste Minimization -Recycling - Spring Cleaning events Education and Outreach -Mass transit education -Green Team -Earth Week activities - Environmental policy Sharp System Services Energy Efficiency -Energy Star participation -Energy efficient chillers/motors -Thermostat control software -Occupancy sensors Water Conservation -Drip irrigation -Hardscaping - Water-saving practices and utilization evaluations -Landscape usage/water reduction -Drought-tolerant plants Waste Minimization -Green Grocer's market -Recycling -e-Waste event Education and Outreach -Sharp-sponsored mass transit and carpooling program -Green Team -Earth Week activities -Environmental policy Executive Summary This Executive Summary provides an overview of community benefits planning at Sharp, a listing of community needs addressed in this Community Benefits Report, and a summary of community benefits programs and services provided by Sharp in Fiscal Year (FY) 2011 (October 1, 2010, through September 30, 2011) In addition, the summary reports the economic value of community benefits provided by Sharp, according to the framework specifically identified in SB 697, for the following *Sharp Chula Vista Medical Center *Sharp Coronado Hospital and Healthcare Center *Sharp Grossmont Hospital *Sharp Mary Birch Hospital for Women & Newborns *Sharp Memorial Hospital *Sharp Mesa Vista Hospital and Sharp McDonald Center *Sharp Health Plan Community Benefits Planning at Sharp HealthCare</p>

Identifier	Return Reference	Explanation
		<p>Sharp bases its community benefits planning on the triennial community health needs assessment (CHNA) conducted by San Diego Community Health Improvement Partners (CHIP) combined with the expertise in programs and services of each Sharp hospital. Listing of Community Needs Addressed in This Community Benefits Report. The following community needs are addressed by one or more Sharp hospitals in this Community Benefits Report:</p> <ul style="list-style-type: none"> *Access to care for individuals without a medical provider *Focused education and screening programs on health conditions such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health *Health education and screening activities for seniors *Outreach for flu vaccinations *Special support services for hospice patients and their loved ones, and for the community *Support of community nonprofit health organizations *Education and training of health care professionals *Collaboration with local schools to promote interest in health care careers *Welfare of seniors and disabled people *Cancer education, patient navigator services, and participation in clinical trials *Women's and prenatal health services and education *Meeting the needs of new mothers and their loved ones *Mental health and substance abuse education for the community <p>Highlights of Community Benefits Provided by Sharp in FY 2011. The following are examples of community benefits programs and services provided by Sharp hospitals and entities in FY 2011:</p> <p>Unreimbursed Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty and retired members of the uniformed services, their loved ones and survivors, and unreimbursed costs of workers' compensation programs. This also included financial support for on-site workers to process Medi-Cal eligibility forms.</p> <p>Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, financial and other support to community clinics to assist in providing health services, and improving access to health services. Project HELP, Project CARE, contribution of time to the YWCA Emergency Shelter (Becky's House), Stand Down for Homeless Veterans, and the San Diego Food Bank, financial and other support to the Sharp Humanitarian Service Program, and other assistance for the needy.</p> <p>Other Benefits for the Broader Community included health education and information, and participation in community health fairs and events addressing the unique needs of the community, plus providing flu vaccinations and health screenings. Sharp collaborated with local schools to promote interest in health care careers, made Sharp facilities available for use by community groups at no charge, and executive leadership and staff actively participated in numerous community organizations, committees and coalitions to improve the health of the community. See Appendix A for a listing of Sharp's involvement in community organizations.</p> <p>Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care professionals, as well as student/intern supervision. Sharp also completed its partnership with Southwestern College (SWC) and University of Oklahoma (OU) College of Nursing to provide clinical experience in SDC for students enrolled in the OU Online Accelerated Second Degree BSN Program.</p> <p>Economic Value of Community Benefits Provided in FY 2011. In FY 2011, Sharp provided a total of \$297,942,782 in community benefits programs and services that were unreimbursed. Table 1 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. In FY 2011, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the period April 1, 2009 through December 31, 2010, resulting in increased reimbursement of \$120.7 million and an assessment of a quality assurance fee totaling \$82.7 million. The net impact of the program totaling \$38.1 million reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, but was fully recorded in FY 2011, thereby understating the true unreimbursed medical care services performed for FY 2011.</p> <p>Table 1: Total Economic Value of Community Benefits Provided Sharp HealthCare Overall - FY 2011. Senate Bill 697 Category: Programs and Services Included in Senate Bill 697 Category. Estimated FY 2011 Unreimbursed Costs: Medical Care Services Shortfall in Medi-Cal: \$29,099,719. Shortfall in Medicare: \$159,888,631. Shortfall in San Diego County Indigent Medical Services: \$29,099,719.</p>

Identifier	Return Reference	Explanation
		rvices \$26,653,890 Shortfall in CHAMPVA/TRICARE \$2,608,868 Shortfall in Workers' Compensation \$124,996 Charity Care and Bad Debt \$68,569,532 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$3,092,761 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events \$3,125,051 Health Research, Education, and Training Programs Education and training programs for students, interns, and health care professionals \$4,779,334 TOTAL \$297,942,782

Identifier	Return Reference	Explanation
		<p>Table 2 shows a listing of these unreimbursed costs provided by each Sharp entity Table 2 Total Economic Value of Community Benefits Provided Sharp HealthCare Entities - FY 2011 Sharp HealthCare Entity Estimated FY 2011 Unreimbursed Costs Sharp Chula Vista Medical Center \$53,843,127 Sharp Coronado Hospital and Healthcare Center \$9,922,973 Sharp Grossmont Hospital \$103,258,405 Sharp Mary Birch Hospital for Women & New borns \$3,530,274 Sharp Memorial Hospital \$119,458,481 Sharp Mesa Vista Hospital and Sharp McDonald Center \$7,753,855 Sharp Health Plan \$175,667 ALL ENTITIES \$297,942,782 Table 3 includes a summary of unreimbursed costs for each Sharp entity based on the categories specifically identified in SB 697 Sharp leads the community in unreimbursed medical care services among San Diego County's SB 697 hospitals and health care systems Table 3 FY 2011 Detailed Economic Value of Community Benefits at Sharp HealthCare Entities Based on Senate Bill 697 Categories Sharp HealthCare Entity SENATE BILL 697 CATEGORY Medical Care Services Other Benefits for Vulnerable Populations Other Benefits for the Broader Community Health Research, Education and Training Programs Estimated FY 2011 Unreimbursed Costs Sharp Chula Vista Medical Center \$52,084,235 \$489,363 \$450,848 \$818,681 \$53,843,127 Sharp Coronado Hospital and Healthcare Center \$9,305,632 \$26,881 \$194,701 \$395,759 \$9,922,973 Sharp Grossmont Hospital \$100,479,517 \$633,152 \$1,109,244 \$1,036,492 \$103,258,405 Sharp Mary Birch Hospital for Women & New borns \$2,665,218 \$42,169 \$233,139 \$589,748 \$3,530,274 Sharp Memorial Hospital \$116,152,668 \$906,896 \$804,684 \$1,594,233 \$119,458,481 Sharp Mesa Vista Hospital and Sharp McDonald Center \$6,258,366 \$984,422 \$171,845 \$339,222 \$7,753,855 Sharp Health Plan - \$9,878 \$160,590 \$5,199 \$175,667 ALL ENTITIES \$286,945,636 \$3,092,761 \$3,125,051 \$4,779,334 \$297,942,782 Community Benefits Planning Process</p>

Identifier	Return Reference	Explanation
		<p>For the past 15 years, Sharp has based its community benefits planning on findings from the triennial Community Health Needs Assessment (CHNA) conducted by San Diego Community Health Improvement Partners (CHIP), as well as the combination of expertise in programs and services of each Sharp hospital and knowledge of the populations and communities served by those hospitals. Methodology to Conduct the 2010 Community Health Needs Assessment</p> <p>Since 1995, Sharp has participated in a countywide collaborative - including a broad range of hospitals, health care organizations, and community agencies - to conduct a triennial CHNA. The 2010 CHNA is publicly available at http://www.sdchip.org/initiatives/charting-the-course-vi.aspx. In 2010, the CHIP Needs Assessment Advisory Council, under the direction of the CHIP Steering Committee, determined a methodology and approach to the sixth edition of the triennial needs assessment, which included a community priority-setting process composed of the following steps:</p> <ul style="list-style-type: none"> * Review of the 38 Healthy People 2020 focus areas by the Needs Assessment Advisory Council, comprising more than 30 community stakeholders. Seventeen health issues emerged as a result of the combining and streamlining of these areas by the Council. * Division of the 17 health issues into the following three categories: Overarching Issues, Health-Related Behaviors and Health Outcomes. Health issue briefs were developed to provide detailed information on each of the 17 identified health issues. * Invitation to community leaders throughout San Diego County (72 out of 379 invitees participated) to prioritize each health issue with information from the health issue briefs and based on the following criteria: <ul style="list-style-type: none"> - Size of the health issues - Seriousness of the health issue - Community resources available to address the health issue - Availability of data/information to evaluate the health issue's outcomes - Each of the health issues was scored separately within the three categories noted above (Overarching Issues, Health-Related Behaviors and Health Outcomes). * Utilization of the Spectrum of Prevention Framework to determine which issues prioritized by the community were most impacted by prevention activities (as opposed to treatment): <ul style="list-style-type: none"> - Health access and delivery - Social determinants of health - A combination of nutrition, weight status, physical activity and fitness - Injury and violence - Mental health and mental disorders * Discussion of the above identified issues in community forums held in the six regions of San Diego County in order to: <ul style="list-style-type: none"> - Allow community stakeholders to identify root causes related to each health issue - Begin the process of understanding each issue from a regional perspective - Foster community relationships and promote the voice(s) of San Diego's various regional and sub-regional communities in the needs assessment process * In-depth analysis of each of the five health issues selected for the 2010 CHNA, which were the same issues identified through the Spectrum of Prevention Framework. Depending on the level of available data, these analyses included an overview of the health issue and its importance, seriousness of the health issue in terms of economic costs, use of resources and/or loss of functional status, incidence data, prevalence of morbidity and mortality in the populations most impacted by the health issue, and the local impact of the health issue. In addition to a review of the results from the priority-setting process, the 2010 CHNA utilized information from the following: <ul style="list-style-type: none"> * Analysis of health-related statistics gathered and analyzed by the County of San Diego Health and Human Services Agency (HHS A), supplemented by data from the California Health Interview Survey (CHIS), California Office of Statewide Planning and Development (OSHPD), the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System and census data from the San Diego Association of Governments (SANDAG) * Review of health-related scientific literature * Review of the results from facilitated discussions of six community regional forums held with a cross-section of stakeholders from the San Diego County community. <p>Sharp HealthCare. Each Sharp hospital reviewed the 2010 CHNA and used it to determine priority needs for their hospital's communities. In identifying these priorities, each entity considered the expertise and mission of the hospital in providing programs and services, in addition to the needs of the unique, ever-changing demographics and/or health topics that comprise the entity's service area and region. For example, the specialty hospitals - SMBHWN, SMV, and SMC - reviewed the needs assessment priorities, specifically focusing on issues relevant to women and infants, behavioral health, and substance abuse, respectively. Sharp's general acute-care hospitals reviewed the needs assessment with a focus on the regional and/or sub-regional area.</p>

Identifier	Return Reference	Explanation
		<p> eas, with the goal of matching community benefit programs and services to the unique needs of the region Steps Completed to Prepare an Annual Community Benefits Report On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefits Report * Establishes and/or reviews hospital-specific measurable objectives * Verifies the need for an ongoing focus on identified community needs and/or adds new identified community needs * Reports on activities conducted in the prior fiscal year - FY 20 11 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2012 Plan * Reports and categorizes the economic value of community benefits provided in FY 2011, according to the framework specifically identified in SB 697 * Reviews and approves a Community Benefits Plan * Distributes the Community Benefits Plan and Report to members of the Sharp Board of Directors and Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year Ongoing Commitment to Collaboration In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of San Diego County residents, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, statewide California Hospital Association, Hospital Association of San Diego & Imperial Counties and other local collaboratives such as the CHIP Access to Health Literacy Initiative and the CHIP Behavioral Health Work Team Sharp Metropolitan Medical Campus The SMMC comprises SMBHVN, SMH, SMV, SMC, and the Sharp Memorial Outpatient Pavilion FY 2011 Community Benefits Program Highlights </p>

Identifier	Return Reference	Explanation
		<p>SMMC provided a total of \$130,742,610 in community benefits in FY 2011. See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefits Provided Sharp Metropolitan Medical Campus - FY 2011 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2011 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal \$10,290,475 Shortfall in Medicare \$76,799,454 Shortfall in San Diego County Indigent Medical Services \$9,416,752 Shortfall in CHAMPVA/TRICARE \$1,382,620 Shortfall in Workers' Compensation \$6,367 Charity Care and Bad Debt \$27,180,584 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$1,933,487 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations, and cost of fundraising for community events \$1,209,668 Health Research, Education, and Training Programs Education and training programs for students, interns, and health care professionals \$2,523,203 TOTAL \$130,742,610</p> <p>Sharp Mary Birch Hospital for Women & New borns SMBHVN is located at 3003 Health Center Drive, in San Diego, ZIP code 92123. FY 2011 Community Benefits Program Highlights SMBHVN provided a total of \$3,530,274 in community benefits in FY 2011. See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefits Provided Sharp Mary Birch Hospital for Women & New borns - FY 2011 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2011 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal \$118,851 Shortfall in Medicare \$397,303 Shortfall in San Diego County Indigent Medical Services \$71,403 Shortfall in CHAMPVA/TRICARE \$617,260 Shortfall in Workers' Compensation \$6,367 Charity Care and Bad Debt \$1,454,034 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$42,169 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations, and cost of fundraising for community events \$233,139 Health Research, Education, and Training Programs Education and training programs for students, interns, and health care professionals \$589,748 TOTAL \$3,530,274</p> <p>Key highlights</p>

Identifier	Return Reference	Explanation																																																							
		<p>* Unreimbursed Medical Care Services included uncompensated care for patients who were unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, and CHAMPVA/TRICARE, unreimbursed costs of workers' compensation programs, and financial support for on-site workers to process Medi-Cal eligibility forms. In FY 2011, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the period April 1, 2009 through December 31, 2010 resulting in increased reimbursement of \$31.5 million to SMBHWN and an assessment of a quality assurance fee totaling \$10.8 million from SMBHWN. The net impact of the program on SMBHWN (totaling \$20.7 million) reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, but was fully recorded in FY 2011 thereby understating the true unreimbursed medical care services performed for FY 2011.</p> <p>* Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, "bags of goodness" for the YWCA "C" Street Shelter, contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans, and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for the needy.</p> <p>* Other Benefits for the Broader Community included health education and information on a variety of topics, support groups, participation in community health fairs and events, and collaboration with local schools to promote interest in health care careers. SMBHWN also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as the American Cancer Society (ACS), the American Heart Association (AHA), Miracle Babies, the National Perinatal Information Center, the Council of Women's and Infant's Specialty Hospitals (CWI SH), the Southern California Association of Neonatal Nurses (SCANN), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), the Young Women's Christian Association (YWCA) Tribute to Women in Industry (TWIN), the International Lactation Consultants Association (ILCA), the National Association of Neonatal Nurses (NANN), the American Hospital Association, the Perinatal Social Work Cluster, and the Regional Perinatal System.</p> <p>* Health Research, Education and Training Programs included education and training of health care professionals, and student and intern supervision.</p> <p>Definition of Community As a specialty hospital, SMBHWN serves the community of San Diego County.</p> <p>Description of Community Health In San Diego County in 2009, 95.4 percent of children ages 0 to 11, 95.6 percent of children age 12 to 17, and 84.8 percent of adults ages 18 and older had health insurance, while 97.2 percent of children ages 0 to 11, 87.3 percent of children ages 12 to 17, and 88.3 percent of adults ages 18 and older had a regular source of medical care - failing to meet the Healthy People (HP) 2020 national targets for health insurance coverage and regular source of medical care. Among adults ages 18 to 64 years in San Diego County, 17.7 percent were not currently insured in 2009. See Table 2 for a summary of key indicators of access to care, and Table 3 for data regarding eligibility for Medi-Cal Healthy Families.</p> <p>Table 2 Health Care Access in San Diego County, 2009</p> <table border="1"> <thead> <tr> <th>Year</th> <th>2020 Target</th> <th>Health Insurance Coverage</th> <th>Children 0 to 11 Years</th> <th>95.4%</th> <th>100%</th> <th>Children 12 to 17 Years</th> <th>95.6%</th> <th>100%</th> <th>Adults 18 + Years</th> <th>84.8%</th> <th>100%</th> </tr> </thead> <tbody> <tr> <td>Regular Source of Medical Care</td> <td>Children 0 to 11 Years</td> <td>97.2%</td> <td>100%</td> <td>Children 12 to 17 Years</td> <td>87.3%</td> <td>100%</td> <td>Adults 18 + Years</td> <td>88.3%</td> <td>89.4%</td> <td>Not Currently Insured</td> <td>Adults 18 to 64 Years</td> <td>17.7%</td> </tr> </tbody> </table> <p>Source: 2009 CHS Table 3 Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults ages 18 to 64 years), 2009</p> <table border="1"> <thead> <tr> <th>Year</th> <th>2020 Target</th> <th>Medi-Cal Eligible</th> <th>8.3%</th> <th>Healthy Families Eligible</th> <th>0.8%</th> <th>Not Eligible</th> <th>90.9%</th> </tr> </thead> <tbody> <tr> <td>Source</td> <td>2009 CHS</td> <td>On average, there were 46,415 live births a year in San Diego County during the three-year period from 2007 through 2009. During this time, San Diego County met the HP 2020 national targets for all maternal and infant health indicators. Additionally, in 2007, fetal mortality in San Diego County was 4.0, also meeting the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths. See Table 4 for a summary of maternal and infant health indicators.</td> </tr> </tbody> </table> <p>Table 4 Maternal and Infant Health Indicators in San Diego County Three-Year Average (2007 through 2009)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>2020 Target</th> <th>First Trimester Prenatal Care</th> <th>81.9%</th> <th>77.9%</th> <th>Preterm Births</th> <th>10.2%</th> <th>11.4%</th> <th>Very Low Birth Weight (VLBW) Infants</th> <th>1.1%</th> <th>1.4%</th> <th>Low Birth Weight (LBW) Infants</th> <th>6.7%</th> <th>7.8%</th> <th>Infant Mortality</th> <th>4.8%</th> <th>6.0%</th> </tr> </thead> <tbody> <tr> <td>Notes</td> <td>Preterm bir</td> </tr> </tbody> </table>	Year	2020 Target	Health Insurance Coverage	Children 0 to 11 Years	95.4%	100%	Children 12 to 17 Years	95.6%	100%	Adults 18 + Years	84.8%	100%	Regular Source of Medical Care	Children 0 to 11 Years	97.2%	100%	Children 12 to 17 Years	87.3%	100%	Adults 18 + Years	88.3%	89.4%	Not Currently Insured	Adults 18 to 64 Years	17.7%	Year	2020 Target	Medi-Cal Eligible	8.3%	Healthy Families Eligible	0.8%	Not Eligible	90.9%	Source	2009 CHS	On average, there were 46,415 live births a year in San Diego County during the three-year period from 2007 through 2009. During this time, San Diego County met the HP 2020 national targets for all maternal and infant health indicators. Additionally, in 2007, fetal mortality in San Diego County was 4.0, also meeting the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths. See Table 4 for a summary of maternal and infant health indicators.	Year	2020 Target	First Trimester Prenatal Care	81.9%	77.9%	Preterm Births	10.2%	11.4%	Very Low Birth Weight (VLBW) Infants	1.1%	1.4%	Low Birth Weight (LBW) Infants	6.7%	7.8%	Infant Mortality	4.8%	6.0%	Notes	Preterm bir
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Identifier	Return Reference	Explanation
		<p>ths are births with less than 37 weeks gestation Very low birth weight infants weigh less than 1,500 grams, approximately 3.5 pounds Low birth weight infants weigh less than 2,500 grams, approximately 5.5 pounds Fetal mortality describes the death of the fetus after at least 20 complete weeks of gestation, commonly referred to as stillbirths Infant mortality refers to the death of infants less than one year of age Infant mortality rates are per 1,000 live births Fetal mortality rates are per 1,000 live births and fetal deaths</p>

Identifier	Return Reference	Explanation
		<p>Sources County of San Diego, HHS, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services During the three-year period from 2007 through 2009, San Diego County regions met all HP 2020 national targets except for preterm births in the Central and East Regions Additionally, in 2007, fetal mortality was 2.9 (fetal deaths per 1,000 live births and fetal deaths) in the North Coastal Region, 3.7 in the North Central Region, 5.6 in the Central Region, 4.0 in the South Region, 4.8 in the East Region and 3.4 in the North Inland Region In 2007, the Central Region was the only region failing to meet the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths See Table 5 for a summary of maternal and infant health indicators by region Table 5 Maternal and Infant Health Indicators by Region in San Diego County, Three-Year Average (2007 through 2009) Indicator Prenatal Care * North Coastal - 78.8% * North Central - 89.9% * Central - 80.6% * South - 84.4% * East - 78.3% * North Inland - 79.4% Preterm Births * North Coastal - 9.4% * North Central - 10.1% * Central - 11.8% * South - 9.5% * East - 11.6% * North Inland - 9.1% VLBW Infants * North Coastal - 1.1% * North Central - 1.0% * Central - 1.2% * South - 1.0% * East - 1.2% * North Inland - 1.0% LBW Infants * North Coastal - 6.4% * North Central - 6.8% * Central - 7.2% * South - 6.4% * East - 6.9% * North Inland - 6.4% Infant Mortality * North Coastal - 4.4% * North Central - 4.1% * Central - 5.6% * South - 5.0% * East - 5.1% * North Inland - 4.5%</p> <p>Sources County of San Diego, HHS, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services Community Benefits Planning Process In addition to the steps outlined regarding community benefits planning, SMBHWN * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals * Estimates an annual budget for community programs and services based on community needs, the prior year's experience, and current funding levels * Participates in programs and workgroups to review and implement services that improve the health status and emotional well-being of women and infants (Note This is beyond the scope of current efforts of CHIP) Priority Community Needs Addressed in Community Benefits Report The following identified community needs are addressed in the SMBHWN Community Benefits Report * Reducing the incidence of neonatal morbidity and mortality associated with preterm delivery * Providing professional education and development * Meeting the needs of new mothers and their loved ones For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2011 Report of Activities conducted in support of the objective(s), and FY 2012 Plan of Activities Identified Community Need Reducing the Incidence of Neonatal Morbidity and Mortality Associated With Preterm Delivery Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated Rationale * CHIP members identified maternal, infant and child health/family planning as the fifth-most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA * Preterm births account for 75 percent of new born deaths Preterm infants are 40 times more likely to die in the neonatal period than full-term infants and 22 times more likely to develop neurodevelopment handicaps such as cerebral palsy, seizure disorders and mental retardation * On average, there were 4,847 preterm births (less than 37 weeks gestation) a year in San Diego County (SDC) during the three-year period from 2006 through 2008 The preterm birth rate was 10.5 percent In 2008, preterm births were higher in male newborns when compared to females, and highest among black mothers when compared to mothers of other race/ethnicity and mothers age 35 years and older when compared to mothers in two other age groups (15 to 24 years and 25 to 34 years) * On average, 229 infants died each year before their first birthday in SDC during the three-year period from 2005 through 2007 The infant mortality rate was 4.9 infant deaths per 1,000 live births In 2007, infant mortality was equal in males when compared to females and highest among black infants when compared to infants of other race/ethnicity * Behavioral and social risk factors for infant mortality include substance use, medical complications, lack of prenatal care, environmental exposures, poor nutrition and lack of social supports Demographic risk factors for infant mortality include race/ethnicity, genetics/family history, maternal age (young, older), socioeconomic status and cultural stress * The cost of caring for a premature infant in a hospital</p>

Identifier	Return Reference	Explanation
		<p>al Neonatal Intensive Care Unity (NICU) ranges from \$20,000 to \$2.5 million, depending on the degree of prematurity. In addition to the economic costs of preterm births, the human costs to families and infants are immeasurable. It is estimated that for every dollar spent on prenatal prevention services, three dollars in neonatal costs are saved. Education of parents and health care providers regarding risk reduction, early detection, and intervention is effective in preventing preterm births. Measurable Objectives</p>

Identifier	Return Reference	Explanation
		<p>* Develop, coordinate and provide educational programs on preterm labor and births, as well as prenatal and women's health to women, physicians and other health care staff * Conduct community outreach on preterm births, prenatal health and women's health FY 2011 Report of Activities In FY 2011, SMBHWN offered classes on the warning signs of preterm labor and preventing preterm births, serving 96 people (including women and partners) SMBHWN also offered its Teen Child Birth Preparation course to 42 pregnant San Diego teens in FY 2011 The program provided support and information on a variety of topics, including preparing for birth, what to expect postpartum, breastfeeding and topics selected by group members - ranging from childproofing one's home to communication skills SMBHWN actively participated in Miracle Babies in FY 2011, raising \$14,062 These funds helped provide financial assistance and support to San Diego families in need with newborns in the NICU In addition, SMBHWN hosted an informational booth and distributed health education related to preterm births at the 4S Ranch Fall Festival SMBHWN also participated in other community events, including the American Heart Association Heart Walk, the ACS Go Red for Women luncheon, Carmel Mountain Ranch Holiday Festival, Rancho Penasquitos Health Fair, Rancho Bernardo Alive and the Speaking of Women's Health Conference SMBHWN also participated in A Woman's Guide to Staying Healthy, a free seminar offered through the Cancer Institute at Sharp Memorial Hospital (SMH) providing information on risk factors, diagnosis, treatment options and technology innovations for breast and ovarian cancer, as well as education on healthy cooking and complementary therapies In April 2011, SMBHWN served as a major sponsor for the Natural Birth Fair held at Liberty Station Hospital staff manned two resource booths and provided educational materials on preterm birth, breastfeeding, natural birth and other services to approximately 500 attendees In addition, SMBHWN staff delivered a presentation on birth doulas to Fair attendees Also, as part of Sharp's "Greater Good" initiative, in late September SMBHWN and other Sharp staff personally delivered over 50 "bags of goodness" to the YWCA "C" Street Shelter - a temporary housing facility for women and children that are victims of domestic violence Bags filled with toiletries, snacks, gift cards, books and other thoughtful goodies represented a simple yet impactful gesture to San Diego's women and children in need FY 2012 Plan SMBHWN will do the following * Continue to offer preterm birth prevention classes * Continue to conduct community outreach and education at various health fairs and events * Continue to support the Miracle Babies foundation in San Diego Identified Community Need Providing Professional Education and Development Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated Rationale * The demand for RNs and other health care personnel in the United States will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010 The U.S. Department of Health and Human Services (DHHS) estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate According to the California Hospital Association (CHA), SDC will face a significant shortage of RNs over the next 20 years Currently, there is an estimated shortage of more than 2,000 nurses in the County * The DOL reports that allied health professions represent about 60 percent of the American health care workforce, and projects severe shortages of many allied health care professionals (DOL, 2010) * According to the San Diego Workforce Partnership 2011 Healthcare Workforce Development in San Diego County Recommendations for Changing Times report, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, registered nurses, medical record and health information technicians, radiologic technologists and technicians, pharmacists, and medical and clinical laboratory technologists There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign language * According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions While new graduates often possess the needed academic knowledge to be hired, they lack necessary real-world experience * The San Diego Workforce Partnership re</p>

Identifier	Return Reference	Explanation
		<p>commends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real-world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.</p> <p>Measurable Objectives</p> <ul style="list-style-type: none"> * Provide education and training for health care professionals * Participate in professional organizations to enhance staff learning and share expertise * Provide education and training for students interested in health care careers <p>FY 2011 Report of Activities</p> <p>In FY 2011, SMBHWN served as a training site for interns, residents, educators, and student nurses in the following specialized areas: paramedics, social work, pharmacy, lactation, childbirth, obstetrics/gynecology, labor and delivery, neonatal, and perioperative nursing.</p> <p>Academic institution partners included University of San Diego (USD), Point Loma Nazarene University (PLNU), National University (NU), San Diego State University (SDSU), and the University of California, San Diego (UCSD). In addition, SMBHWN participated in the San Diego Society of Health System Pharmacists (SDSHP) Classic Seniors Medication Review, precepting pharmacy students who provided counseling to seniors about their medications. The review was a "brown bag" event, where patients would collect all of their medications and bring them to the event in a brown grocery bag. Medications were screened for drug interactions and duplications, and both students and preceptors served as resources for a variety of questions, including pharmacology, adverse effects and storage conditions. The event took place at the "V", a senior housing facility in University City, where approximately 100 seniors were provided counseling and insight regarding their prescriptions.</p> <p>In FY 2011, SMBHWN continued to learn and share its expertise with staff at other hospitals and agencies through participation in organizations such as the International Lactation Consultants Association, Association of Women's Health, Obstetrics and Neonatal Nurses (AWHONN), Council of Women's and Infants' Specialty Hospitals (CWISH), National Association of Neonatal Nurses (NANN), March of Dimes, American Hospital Association, Perinatal Social Work Cluster, the National Perinatal Information Center, and the California Journal of Health System Pharmacy. In addition, SMBHWN offered professional education classes for physicians, nurses and other health care professionals in FY 2011. SMBHWN gave numerous local and national presentations to organizations, including the Regional Perinatal System (RPS), CWISH, AWHONN, the International Sigma Theta Tau annual conference, and NANN. Presentations covered a variety of topics including breastfeeding, neonatology, elective labor induction, RN-physician collaboration and intrapartum fetal heart rate monitoring. SMBHWN pharmacists also contributed to research and professional articles and letters, covering topics such as treatment options for patients with difficult-to-treat infections and optimal methods for treating deep venous thrombosis in overweight to morbidly obese patients.</p> <p>In FY 2011, SMBHWN continued its participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experiences to students in grade levels nine, 11 and 12. SBMHWN has collaborated with HSHMC since 2007. In FY 2011, SMBHWN provided 32 students with professional development opportunities where students spent more than 2,200 hours at the hospital. During a 16-week period, students were supervised as they rotated through a variety of departments, including NICU, Family Home Care classes, transportation, laboratory services, surgical services, newborn hearing screening program, and nursery.</p>

Identifier	Return Reference	Explanation
		<p>Students received instruction on educational and job requirements, as well as career ladder development FY 2012 Plan SMBHWN will do the following</p> <ul style="list-style-type: none"> * Serve as a training site for interns, residents, educators and student nurses * Participate in collaboratives to learn and share specialty expertise * Continue to participate in the HSHMC program Identified Community Need Meeting the Needs of New Mothers and Their Families <p>Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated</p> <p>Rationale</p> <ul style="list-style-type: none"> * Maternal, infant and child health/family planning was identified as the fifth-most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA * According to a report from the National Center for Health Statistics (NCHS), preterm infants are at increased risk of life-long disability and early death compared with infants born later in pregnancy The U.S. preterm birth rate (less than 37 weeks of gestation) rose by more than one-third from the early 1980's through 2006 The first two-year decline in nearly three decades occurred from 2006 to 2008, during which the preterm birth rate decreased from 12.8 percent to 12.3 percent (NCHS, 2010) * According to a 2006 report by the Centers for Disease Control (CDC), progress in the United States to improve pregnancy outcomes - including low birth weight, premature birth, and infant mortality - has slowed, in part because of inconsistent delivery and implementation of interventions before pregnancy to detect, treat, and help women modify behaviors, health conditions, and risk factors that contribute to adverse maternal and infant outcomes * Between 2005 and 2008, mothers in SDC beginning their prenatal care during their first trimester decreased from 87.2 percent to 81.3 percent, a 5.9 percent decrease * According to the CDC, maternal health conditions that are not addressed before a pregnancy can lead to complications for the mother and the infant Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy, and maternal deficiency of folic acid * Women who deliver prematurely, experience repeated miscarriages or develop gestational diabetes are at increased risk of complications with subsequent pregnancies, according to the CDC * According to the American Psychological Association (APA), between 9 and 16 percent of postpartum women will experience postpartum depression (PPD), and among women who have already experienced PPD following a previous pregnancy, some prevalence estimates increase to 41 percent <p>Measurable Objectives</p> <ul style="list-style-type: none"> * Provide outreach, education and support to new mothers and their families around preterm birth, prenatal health and women's health * Provide support and education to new mothers and their families on postpartum care * Provide NICU-specific support services to new mothers and their families <p>FY 2011 Report of Activities</p> <p>In FY 2011, SMBHWN conducted a variety of complimentary educational programs and workshops for new mothers and their families, covering various aspects of prenatal care and women's health</p> <p>The hospital's Family Home Care classes were offered daily and provided critical support and information to new mothers and their families</p> <p>Topics included car seat safety, sudden infant death syndrome (SIDS), shaken baby syndrome, signs and symptoms of illness for mothers and babies, breastfeeding, and jaundice</p> <p>In FY 2011, staff devoted more than 550 hours to the classes and reached nearly 3,600 mothers and their family members</p> <p>SMBHWN offered new mothers and their families free outpatient breastfeeding support groups</p> <p>Facilitated by an experienced lactation educator, the groups met two to three times per week and provided support to mothers and education on the joys and challenges of breastfeeding for more than 4,000 individuals</p> <p>In addition, SMBHWN provided a weekly NICU Breastfeeding Support Group - the Mother's Milk Club - open to all mothers in the community with a baby who spent any length of time in the NICU</p> <p>The group provides support and counseling for specific topics of concern in this particular population, including milk supply, latching, sleeping, the stress of having a baby who is having problems and any other concerns of the group</p> <p>Mothers are provided the opportunity to talk and share their experiences, as well as to feed and show off their babies</p> <p>In addition, there is a scale at the support group for mothers to measure and track their baby's growth</p> <p>In FY 2011, nearly 50 mothers in the community attended the Mother's Milk Club</p> <p>SMBHWN also provided specialized education and support to more than 190 mothers in FY 2011 through its open, ongoing, free postpartum support groups</p> <p>Support groups met weekly and were open to new mothers and babies of newborns</p>

Identifier	Return Reference	Explanation
		<p>ge up to 12 months. The groups were led by licensed social workers and provided emotional support to women and their families dealing with the challenges associated with new motherhood. SMBHWN also offered its multiple loss support in FY 2011, providing support and education for 24 mothers and families who lost a child during their pregnancy with twins or more. SMBHWN also offers a unique opportunity for patients and families who have spent time in the NICU to continue the celebration of their care even after they leave the hospital through the NICU Little Graduate Reunion. At this annual event, young children and babies who spent more than 10 days in the NICU are invited to reunite with their medical team, and to celebrate with great festivities, including a bounce house and a petting zoo. Often, former patients well into their teens continue to attend the event. The reunion offers free developmental screenings, with connection to the Developmental Follow-up Program provided as needed. In addition, parents are invited to volunteer for the NICU Navigator Program, where they provide emotional support to families whose infants are current patients in the NICU.</p> <p>FY 2012 Plan</p> <ul style="list-style-type: none"> * Continue to offer a variety of free educational classes, workshops and outreach activities targeting new mothers and their families * Continue to offer free postpartum and breastfeeding support groups to new mothers and their families * Continue to provide the NICU Little Grad Reunion for former NICU patients and their families SMBHWN Program and Service Highlights * Antenatal Diagnostic Center * Breast Milk Depot * Gynecologic oncology * Lactation services * Labor and delivery * Mother and baby services * NICU * New Beginnings boutique * Obstetrical and women's triage services * Parent education programs * Perinatal Special Care Unit * Robotic gynecologic surgery * Prenatal Diagnostic Center * Spiritual care and education * Teen pregnancy program * Van services * Women's and infants' pathology services * Women's education programs * Women's surgery services

Identifier	Return Reference	Explanation
		<p>Sharp Memorial Hospital * SMH is located at 7901 Frost Street, in San Diego, ZIP code 92123 * Sharp Memorial Outpatient Pavilion is located at 3075 Health Center Drive, in San Diego, ZIP code 92123 * Sharp Home Care is located at 8080 Dagget Street, in San Diego, ZIP code 92111 * Sharp Senior Health Center Downtown is located at 956 10th Avenue, in San Diego, ZIP code 92101, Sharp Senior Health Center Clairemont is located at 4320 Genesee Avenue, ZIP code 92117 FY 2011 Community Benefits Program Highlights SMH provided a total of \$119,458,481 in community benefits in FY 2011 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefits Provided Sharp Memorial Hospital - FY 2011 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2011 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms \$9,672,076 Shortfall in Medicare \$74,368,244 Shortfall in San Diego County Indigent Medical Services \$9,337,194 Shortfall in CHAMPVA/TRICARE \$694,170 Charity Care and Bad Debt \$22,080,984 Other Benefits for Vulnerable Populations Patient transportation, Project HELP and other assistance for the needy \$906,896 Other Benefits for the Broader Community Health education and information, health screenings, health fairs, support groups, meeting room space, donations of time to community organizations, and cost of fundraising for community events \$804,684 Health Research, Education, and Training Programs Education and training programs for students, interns, and health care professionals \$1,594,233 TOTAL \$119,458,481 Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who were unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare and San Diego County Indigent Medical Services, and financial support for on-site workers to process Medi-Cal eligibility forms In FY 2011, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the period April 1, 2009 through December 31, 2010 resulting in increased reimbursement of \$23.1 million to SMH and an assessment of a quality assurance fee totaling \$18.6 million from SMH The net impact of the program on SMH (totaling \$4.5 million) reduced the amount of unreimbursed medical care service for the Medi-Cal population This reimbursement helped offset prior years' unreimbursed medical care services, but was fully recorded in FY 2011 thereby understating the true unreimbursed medical care services performed for FY 2011 * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, Project HELP, contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans, and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for the needy * Other Benefits for the Broader Community included health education and information on a variety of topics, participation in community health fairs and events, support groups, health screenings for diabetes, stroke, osteoporosis, depression, blood pressure, heart disease, hearing, balance, hand, arthritis, nutrition, and BMI, and the Breast Cancer Patient Navigator Program SMH collaborated with local schools to promote interest in health care careers A dedicated Senior Resource Center and Senior Health Centers offered flu vaccinations and specialized education and information for seniors SMH also offered meeting room space at no charge to community groups In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as the American Cancer Society (ACS), the American Heart Association (AHA), Health Sciences High and Middle College (HSHMC) Board, San Diego Association of Diabetes Educators, San Diego Eye Bank Nurse Advisory Board, University of California, San Diego (UCSD) Advisory Board, Emergency Nurses Association - San Diego Chapter, YMCA, Association for Clinical Pastoral Education (ACPE), San Diego Community Health Improvement Partners (CHIP), Healthcare Association of San Diego and Imperial Counties (HASDIC), San Diego Emergency Medical Care Committee (SDEMC), San Diego Blood Bank, San Diego Healthcare Disaster Council, and San Diego Interreligious Committee See Appendix A for a listing of Sharp community involvement * Health Research, Education and Training Programs included education and training of health care professionals, and student and intern supervision Definition of Community The community served by SMH includes the North Central Region of San Diego County, including the sub-regional areas of Kearny Mesa and Clairemont, and the Central Coast of San Diego County from Del Mar to the Point Loma area Description of Community</p>

Identifier	Return Reference	Explanation
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		<p>In the County's North Central Region in 2009, 97 percent of children ages 0 to 11, 96 percent of children ages 12 to 17, and 90 4 percent of adults age 18 and older had health insurance, while 99 percent of children ages 0 to 11, 94 7 percent of children ages 12 to 17, and 89 1 percent of adults ages 18 and older had a regular source of medical care - failing to meet the Healthy People (HP) 2020 national targets for health insurance coverage and regular source of medical care Among adults ages 18 to 64 years in the North Central Region, 11 4 percent were not currently insured in 2009 See Table 2 for a summary of key indicators of access to care, and Table 3 for data regarding eligibility for Medi-Cal Healthy Families Table 2 Health Care Access in San Diego County's North Central Region, 2009 Description Rate Year 2020 Target Health Insurance Coverage Children 0 to 11 Years 97 0% 100% Children 12 to 17 Years 96 0% 100% Adults 18 + Years 90 4% 100% Regular Source of Medical Care Children 0 to 11 Years 99 0% 100% Children 12 to 17 Years 94 7% 100% Adults 18 + Years 89 1% 89 4% Not Currently Insured Adults 18 to 64 Years 11 4% Source 2009 CHIS Table 3 Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults Ages 18 to 64 years), 2009 Description Rate Medi-Cal Eligible 8 3% Healthy Families Eligible 0 8% Not Eligible 90 9% Source 2009 CHIS Heart disease and cancer were the top two leading causes of death in the County's North Central Region See Table 4 for a summary of leading causes of death in the North Central Region Table 4 Leading Causes of Death in San Diego County's North Central Region, 2009 Cause of Death Number of Deaths Percent of Total Deaths Malignant neoplasms 885 25 7% Disease of heart 811 23 5% Alzheimer's disease 196 5 7% Cerebrovascular diseases 194 5 6% Chronic lower respiratory diseases 168 4 9% Accidents (unintentional injuries) 158 4 6% Diabetes mellitus 78 2 3% Intentional self-harm (suicide) 77 2 2% Influenza and pneumonia 63 1 8% Essential (primary) hypertension and hypertensive renal disease 59 1 7% Chronic liver disease and cirrhosis 53 1 5% Parkinson's disease 52 1 5% Nephritis, nephritic syndrome and nephrosis 29 0 8% Septicemia 28 0 8% Viral hepatitis 14 0 4% All Other Deaths 581 16 9% Total Deaths 3,446 100 0%</p>

Identifier	Return Reference	Explanation
		<p>Notes Ranking of leading causes of death based on the countywide rank among San Diego residents in 2009 Source County of San Diego, HHSA, Public Health Services, Community Epidemiology Branch Community Benefits Planning Process In addition to the steps outlined regarding community benefits planning, SMH * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals * Estimates an annual budget for community programs and services, based on community needs, the prior year's experience, and current funding levels * Consults with representatives from a variety of departments, to discuss, plan and implement community activities Priority Community Needs Addressed in Community Benefits Report The following identified community needs are addressed in the SMH Community Benefits Report * Outreach for flu vaccines * Health education and screening for seniors * Diabetes education and testing * Health education and wellness * Support of community nonprofit health organizations * Health professions education and training, and promotion of interest in health care careers * Education, support and screening for stroke * Orthopedic and osteoporosis community education * Prevention of unintentional injuries For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2011 Report of Activities conducted in support of the objective(s), and FY 2012 Plan of Activities Identified Community Need Outreach for Flu Vaccinations Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated Rationale * CHIP members identified keeping immunizations current as the seventh-most important health-related behavior overall in the 2010 CHNA * Pneumonia and influenza ranked as the ninth-leading cause of death in SDC * In 2009, there were 63 deaths due to pneumonia and influenza in the County's North Central Region The region's age-adjusted death rate due to pneumonia and influenza was 8.8 per 100,000 population * In SDC, an estimated 72 percent of seniors age 65 years and older were vaccinated for influenza in 2007, failing to meet the Healthy People (HP) 2020 target of at least 90 percent of adults age 65 years and older vaccinated annually for influenza * The Centers for Disease Control (CDC) recommends annual vaccination against influenza for the following people age 50 years and older, adults and children with a chronic health condition, children aged six months up to their 19th birthday, pregnant women, people who live in nursing homes and other long-term care facilities, and people who live with or care for those at high risk for complications from flu, including health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children younger than 5 years of age * Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost, or other barriers Measurable Objective * In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations FY 2011 Report of Activities The SMH Senior Resource Center participated in the San Diego Immunization Coalition, both to educate high-risk adults about the importance of seasonal flu immunizations and organize seasonal flu clinics at convenient locations for seniors and high-risk adults The SMH Senior Resource Center coordinated notification of availability and provision of seasonal flu vaccines in selected community settings through activity reminders, newspaper notices and Sharp's website, Sharp.com In FY 2011, seasonal flu vaccinations were offered to seniors and high-risk adults The SMH Senior Resource Center and the Sharp Senior Health Centers (Clairemont and Downtown) sponsored 14 community seasonal flu clinics, serving more than 883 seniors and others with chronic illnesses Seasonal flu clinics were held in a variety of locations including Sharp Senior Health Center Clairemont, Sharp Senior Health Center Downtown, Live Well San Diego, Jewish Family Services, Bayside Community Center, the Potiker Family Senior Residence, City Heights Senior Residence and Downtown Community Center on Broadway, All Souls' Episcopal Church, the Gary and Mary West Senior Wellness Center, and the Orchard Apartments (low-income senior housing) Additional sites included senior community centers, senior centers, senior health centers, nutrition sites and community health fairs At these community sites, the SMH Senior Resource Center provided calendars of the activities at the Senior Resource Center and upcoming community events, including blood pressure clinics, community senior programs, and health services FY 2012 Plan The SMH Senior Resource Center and</p>

Identifier	Return Reference	Explanation
		<p>the Sharp Senior Health Centers will do the following</p> <ul style="list-style-type: none"> * Provide seasonal flu vaccinations at 16 community sites for seniors with limited mobility and access to transportation, as well as for high-risk adults, including low-income, minority and refugee populations * Coordinate the notification of seniors regarding the availability of seasonal flu vaccines and the provision of flu vaccines to high-risk individuals in selected community settings * Direct seniors and other chronically ill adults to available seasonal flu clinics, including physicians' offices, pharmacies and public health centers * Work with community agencies to ensure seasonal flu immunizations are offered at sites convenient to seniors and chronically ill adults * Expand outreach for provision of seasonal flu immunizations to include food bank sites across SDC * Publicize flu clinics through media and community partners <p>Identified Community Need</p> <p>Health Education and Screening for Seniors</p> <p>Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated</p> <p>Rationale</p> <ul style="list-style-type: none"> * CHIP members identified heart disease and stroke, cancer, diabetes, arthritis, overweight and obesity, and chronic respiratory disease as the top six health issues facing seniors ages 65 years and older in the 2010 CHNA * In 2008, the top 10 leading causes of death among senior adults age 65 years and older in SDC were heart disease, cancer, Alzheimer's disease, stroke, chronic lower respiratory diseases, diabetes, influenza and pneumonia, unintentional injuries, hypertension and hypertensive renal disease, and Parkinson's disease * In 2007, there were 83,906 visits by seniors aged 65 years and older that were treated and discharged from a SDC ED (23,883 per 100,000), or one out of every four senior residents of SDC. The rate of ED discharge increased with age group and was higher among females than males. Black and Hispanic seniors had the highest rates of ED discharge, and rates were highest among residents of the County's Central and East Regions * In 2008, rates of hospitalization among senior adults age 65 years and older in SDC were higher than the general population due to coronary heart disease, cancer, stroke, diabetes, chronic lower respiratory diseases, non-fatal unintentional injuries (including falls), arthritis and dorsopathy (diseases of the spine) * In 2008, the top causes of ED utilization among persons age 65 years and older were falls, arthritis, chronic lower respiratory diseases, diabetes and stroke. Older adults utilize more ambulatory care, hospital services, nursing home services and home health services than young people * Seniors in SDC use the 9-1-1 system at higher rates than any other age group. In 2007, 58,060 calls were made to 9-1-1 for seniors ages 65 years and older needing pre-hospital (ambulance) care in SDC, at a rate of 16,526 per 100,000 population, or one out of every six seniors. The rate increased with increasing age group to one out of three seniors ages 85 years and older, and was higher for females than for males * There are an estimated 4 million family caregivers in California today, according to the California Caregiver Resource Center. Whether aging Californians live in their own homes, with a relative, in an assisted-living residential facility, or in a nursing home, one of the keys to their care is family caregiving - defined as those family members and informal care providers who assist with the care of disabled elderly relatives. Reaching out to families and community members who are caring for older adults helps to maintain the health of older adults as well as their caregivers. <p>Measurable Objective</p>

Identifier	Return Reference	Explanation
		<p>* Coordinate and host a variety of senior health programs, including education, information and screenings Programs are based on topics identified in recent CHNAs and other expressed interests of seniors FY 2011 Report of Activities In FY 2011, SMH Senior Resource Center provided free health education programs to 582 seniors, caregivers and loved ones of the elderly In addition, the SMH Senior Resource Center served more than 420 seniors through health screenings and provided follow up referrals to 103 individuals with abnormal screening results The SMH Senior Resource Center also participated in 12 community health fairs in FY 2011, reaching more than 2,400 attendees In addition, the SMH Senior Resource Center coordinated health promotion classes on topics such as lung disease, fall prevention, nutrition, hearing, incontinence, memory loss, end-of-life issues, Vials of Life, Medicare and insurance, advance directives for health care, and communication with health care providers Screenings were provided for blood pressure, heart disease, stroke, hearing, balance, hand, arthritis, nutrition and diabetes In FY 2011, SMH Senior Resource Center distributed 556 Vials of Life - providing important medical information to emergency personnel for seniors and disabled people living in their homes - and 38 advance directives for health care The Senior Health Center also presented educational health information to seniors regarding advance directives, and Medicare and Medi-Cal benefits Throughout FY 2011, the SMH Senior Resource Center provided education and resources to seniors through a variety of community health fairs and events Among these, the SMH Senior Resource Center attended and provided information at the SDC Aging and Independent Services (AIS) Vital Aging Conference held at Liberty Station, offering resources to 1,000 attendees In addition, the SMH Senior Resource Center participated in the San Diego County Action Network's End-of-Life Conference, Caregiver Conferences held at Pt Loma Presbyterian, United Methodist Church, and the Stevens Senior Center, an Aging, Planning, and Coping Conference held at St Peter's by the Sea Lutheran Church, and two events held at the War Memorial in Balboa Park Through a presence at these community venues, the SMH Senior Resource Center provided education and resources to a total of 503 community members The SMH Senior Resource Center also coordinated a senior health fair in Point Loma that provided 325 attendees with flu vaccinations, health screenings, health resources, and community services Calendars highlighting SMH's Senior Resource Center activities were mailed four times a year to more than 3,000 households In addition, the Senior Health Center provided two lectures in FY 2011 including, Ten Ways to Stay Healthy and Heart Disease to approximately 60 attendees In FY 2011, the SMH Senior Resource Center and/or Sharp Senior Health Centers maintained active relationships with Peninsula Shepherd Senior Center, Senior Community Centers of San Diego, Bayside Community Center, Jewish Family Services, Live Well San Diego, AIS Caregiver Coalition, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's Association, American Parkinson Disease Association, Inc., Arthritis Foundation, San Diego Action Network, and Health Insurance Counseling and Advocacy Program (HICAP) - ensuring ongoing networking among community professionals and the provision of quality programs for seniors The Senior Health Center's collaboration with HICAP included the provision of biweekly counseling and education by a HICAP representative to community members at the Senior Health Center HICAP staff offered objective counseling on Medicare rights, benefits, and insurance policy options to address senior needs FY 2012 Plan The SMH Senior Resource Center and/or Sharp Senior Health Centers will do the following</p> <ul style="list-style-type: none"> * Coordinate, publish and mail a quarterly calendar of activities to more than 3,000 San Diego households * Provide information on various senior issues such as senior depression, memory loss, hospice, senior services, healthy aging, and balance and fall prevention * Provide health information, health promotion classes and health screenings to the community * Participate in community health fairs * Coordinate two conferences, one dedicated to family caregiver issues in collaboration with San Diego Caregiver Coalition and one focused on end-of-life issues in collaboration with Sharp HospiceCare * Continue support of the Vials of Life program by distributing 1,000 vials * Maintain active relationships with other organizations serving seniors in the City of San Diego, Point Loma, the county's North Central and Central Regions, and downtown San Diego * Sharp Senior Health Center physicians will provide educational presentations on general senior health <p>Identified Community Need Diabetes Education and Testing Ratio nale references the findings of the 2010 Community</p>

Identifier	Return Reference	Explanation
		<p>Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated Rationale * CHIP members identified diabetes as the most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA * In 2009, there were 78 deaths due to diabetes in the County's North Central Region The region's age-adjusted death rate due to diabetes was 11.7 per 100,000 population (Note Diabetes is also a contributing cause of death) * In 2008, there were 413 hospitalizations due to diabetes in the County's North Central Region The rate of hospitalizations for diabetes was 68.4 per 100,000 population The hospitalization rate in the region was the lowest among SDC's regions and lower than the County average of 126.2 diabetes hospitalizations per 100,000 population * In 2008, there were 465 diabetes-related ED visits in the County's North Central Region The rate of visits was 77.0 per 100,000 population The diabetes-related ED visit rate in the region was the lowest in SDC and lower than the County average of 136.7 per 100,000 population * 7.4 percent of adults in SDC's North Central Region participating in the 2009 CHS indicated that they were ever diagnosed with diabetes, lower than the County statistic of 7.8 percent * According to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County's Health and Human Services Agency (HHS), the most common risk factors associated with Type II diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol (Note Two out of three Americans are now overweight or obese)</p> <p>Measurable Objective * Provide diabetes education and testing in SDC's North Central Region FY 2011 Report of Activities The SMH Diabetes Education Program is recognized by the American Diabetes Association and meets national standards for excellence and quality in diabetes education In FY 2011, the SMH Diabetes Education Program conducted two community educational lectures about living with diabetes for transplant staff in the community The program also conducted a blood glucose screening event at the SMH Senior Resource Center, testing 10 people and identifying one attendee with elevated blood glucose levels In addition, the SMH Diabetes Education Program provided a variety of educational events and lectures to the San Diego community, including the We are Well women's support group entitled Connecting the Dots Diabetes, Blood Pressure, Cholesterol providing education to a total of 72 attendees In February, a talk on nutrition was also provided to 15 students at the Logan Heights Elementary School SMH's Diabetes Education Program also provided nutrition education through Channel 10 News In addition, the SRS Diabetes Education Program conducted screening and education at a variety of events throughout San Diego, including Mana San Diego de la Mujer Latina Festival, Celebrando! (Hispanic women's health event), December Nights, and the Speaking of Women's Health Conference The SRS Diabetes Education Program tested 568 people, and as a result of these screenings, 100 people were identified with elevated blood glucose levels The SRS Diabetes Education Program also provided a screening event to the YMCA Mission Valley, screening 101 people and identifying 16 with elevated blood glucose levels In collaboration with Sharp Multicultural Services, the SRS Diabetes Education Program offered educational sessions to the Vista Promotoras entitled Facts and Myths of Diabetes, as part of the Con vival y Aprende (Share and Learn) educational series provided by Sharp Multicultural Services These events targeted Spanish-speaking community members and provided education, resources and screenings to 60 attendees As a result of these screenings, three people were identified as having elevated blood glucose levels</p>

Identifier	Return Reference	Explanation
		<p>FY 2012 Plan SMH's Diabetes Education Program will do the following</p> <ul style="list-style-type: none"> * Coordinate and implement blood glucose screenings at community and hospital sites in the County's North Central Region * Conduct educational lectures at various community venues * Support the American Diabetes Association's Step Out for Diabetes Walk * Continue to collaborate with the Diabetes Behavioral Institute to host community lectures that will assist diabetes patients and their loved ones * Conduct educational symposiums for health care professionals that include a focus on special population needs such as transplant patients * Keep current on resources to support the community identified Community Need Health Education and Wellness <p>Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated</p> <p>Rationale</p> <ul style="list-style-type: none"> * CHIP members identified improving nutrition and achieving a healthy weight status as the most important health-related behavior overall (when considering a total of six health-related behaviors) in the 2010 CHNA Other health-related behaviors considered to be important components in long-term health included (ranked in priority order) physical activity and fitness, substance abuse and tobacco use, injury and violence prevention, oral health, and immunization * CHIP members also identified the most important health outcomes (ranked in priority order) as diabetes, heart disease and stroke, mental health and mental disorders, cancer, maternal, infant and child health/family planning, infectious disease, and respiratory diseases * According to findings presented in the 2010 CHNA, nationally, the prevalence of obese adults has increased by 68 percent since 1995, from 16 percent to almost 27 percent * 2009 Behavioral Risk Factor Surveillance System (BRFSS) data for SDC indicate that almost 59 percent of the adult population is considered either overweight or obese * Obese children are 70 percent more likely to continue being obese into adulthood and more likely to die prematurely before the age of 55, compared with healthy-weight children, according to the Robert Wood Johnson Foundation (RWJF, 2010) Additionally, they are at greater risk for a variety of serious medical issues including heart disease, high cholesterol, high blood pressure, diabetes, sleep apnea and cancer In addition to the clinical consequences of obesity, these children are more likely to experience social discrimination, low self-esteem and depression * According to research presented in the 2010 CHNA, being overweight or obese as an adult increases the risk for coronary heart disease, congestive heart failure, Type II diabetes, certain cancers, hypertension, dyslipidemia, stroke, liver and gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, gynecological problems, psychological disorders, and discrimination * Many factors contribute to overweight and obesity including genetic predisposition, environmental influences, behavior (dietary patterns and physical activity), cultural influences, and socioeconomic status, according to research presented in the 2010 CHNA <p>Measurable Objective</p> <ul style="list-style-type: none"> * Coordinate and host a variety of health education and wellness offerings for the community <p>Programs are based on topics identified in recent Community Health Needs Assessments and other expressed interests of the community</p> <p>FY 2011 Report of Activities</p> <p>The Sharp Memorial Outpatient Pavilion (the Pavilion) and various departments of the hospital conduct a broad spectrum of health education classes</p> <p>In FY 2011, classrooms were booked for 2,012 hours and set up for 13,280 students</p> <p>Topics discussed included integrative medicine, holistic healing, breast cancer, diabetes, fall prevention, brain health, spine health, caregiver issues, arthritis, yoga, aromatherapy, acupuncture, massage, healing touch, hearing loss, urinary incontinence, healthy families, guided imagery, reflexology, stress reduction, time-efficient exercise, Healthy Steps (Lebed exercises), cooking classes, senior resources, advance directives, estate planning, high blood pressure and Celebration of Life classes for cancer survivors</p> <p>In addition, the Pavilion hosted numerous health screenings for diseases such as osteoporosis, stroke, diabetes and depression, and included blood pressure and BMI screenings</p> <p>The Pavilion also delivered a presentation on preventative cardiology to community members at the Mission Valley YMCA</p> <p>Various support groups - for diabetes, cancer, heart disease, breastfeeding, postpartum support, bereavement, disability support groups and heart transplantation - were also conducted at the Pavilion</p> <p>Community Conference Center and SMH Rehabilitation Services</p> <p>Cancer support groups included Cancer Survivors, Young Cancer Survivors, Friends and Family of Cancer Patients, Breast Cancer, and Stage IV Cancer</p> <p>The cancer support groups were provided for approximately</p>

Identifier	Return Reference	Explanation
		<p>y 124 hours and served 790 patients Heart disease and stroke support groups included Women with Heart Disease, Congestive Heart Failure, and Young Enthusiastic Stroke Survivors (YESS) Sharp Rehabilitation Services (Sharp Rehab) also offered the Challenged Women's Support Group (CWSG) Initiative and Men with Disabilities support groups The CWSG strives to empower women with disabilities by offering facilitated support groups, peer support, lectures and social events In FY 2011, the group met monthly at the Sharp Memorial Rehabilitation Center, where women gathered to share thoughts and emotions about their current life challenges, victories and visions The CWSG also held several social events, including the Lois Herr Holiday Tea, educational meetings and cooking demonstrations facilitated by two experienced Sharp Rehab licensed social workers and included 50 participants With 125 disabled women and/or community partners on their email list, the CWSG is the only support group strictly for women with disabilities in the San Diego area In addition, Sharp Rehab gave numerous professional presentations and published professional articles contributing to the advancement and improvement of rehabilitation services in the community In FY 2011, the Pavilion participated in a variety of events for women's health, including Sharp's annual Speaking of Women's Health Conference, providing massage, reflexology, acupuncture and breast cancer screening to attendees The Pavilion also held a session on women's health issues and provided massage, reflexology, acupuncture, women's imaging and mammography information, as well as discussions on a variety of women's health issues In addition, the Pavilion provided health awareness booths to over 50 community members at a women's health event in Escondido, and to 375 community members at the Between Women annual breast cancer fundraiser in El Centro in September The Pavilion continued to conduct additional free outreach and educational services to prevent lymphedema among breast cancer patients and survivors in FY 2011 The program, partially sponsored by grant funding from the Susan G Komen Breast Cancer Foundation, served over 600 women through education, a weekly exercise course called Healthy Steps, quarterly Nutrition, Exercise and Complimentary Therapy courses, two Food for Life nutrition courses and services for the uninsured In addition, staff held community seminars on lymphedema - Lymphedema What It Is and Lymphedema What to Do If You Get It - at no cost to participants Uninsured patients at risk for or suffering from lymphedema were referred to appropriate preventive services and resources for need-based compression sleeves and gauntlets available in the community The Pavilion also includes a Community Health Library featuring DVDs, CDs, books, pamphlets, access to the Internet and two staff members to help consumers locate health information The library publishes and distributes a quarterly newsletter, as well as a classroom community calendar for the Pavilion and other pertinent health news and information In FY 2011, 150 newsletters were mailed and 450 newsletters were delivered electronically The library also collaborates with and provides resources to all the Sharp entities as needed In FY 2011, outreach to the local community was a high priority The Consumer Health Librarian and library staff attended 12 health fairs and community events, and delivered presentations on health literacy topics to several community organizations</p>

Identifier	Return Reference	Explanation
		<p>Presentations were held for the Sharp Senior Health Fair at the Presbyterian Church of Point Loma, the LGBT Senior Health Fair at the San Diego LGBT Community Center, the Speaking of Women's Health Conference, the Southern California Indian Health Fair for Women, the National Association of Women Insurance Professionals, the East County Senior Service Providers, and the Earth Fair at Balboa Park. In addition, presentations were provided to two senior communities - the Remington Senior Community and the Wesley Palms Senior Community. The Consumer Health Librarian and staff also presented on health literacy at Newbridge College as well as at a public event entitled Women's Health Issues at the Pavilion. Presentations provided health literacy education and self-advocacy training for community members who utilize traditional, complementary and/or alternative medicine. Further, the Consumer Health Librarian served on the CHIP Health Literacy Task Force and developed health literacy resources for other consumer health librarians and consumers, as well as provided educational talks on health literacy on behalf of CHIP and Sharp. To further extend education to community members, the Pavilion has created the Text-a-Health-Librarian Program through which community members have the capability to text questions to and receive responses from Sharp's health librarians. In addition, SMH served over 200 hours in a variety of community education activities through their Breast Cancer Patient Navigator Program. The SMH Breast Cancer Patient Navigator Program held two Celebration of Life events at the Pavilion. The two events were open to all cancer patients in the community, and provided a total of 110 cancer patients with a celebratory meal as well as interactive healing music. The SMH Breast Cancer Patient Navigator program also held two lymphedema seminars in FY 2011, providing 52 community members with free lymphedema education, including risk factors, steps for prevention and next steps for dealing with the condition. In addition, weekly Healthy Steps exercise classes were offered to all community members at the Pavilion free of charge, serving a total of 384 community members throughout FY 2011. Four breast cancer education classes were also offered to the community, serving a total of 65 women with new diagnoses of breast cancer. Classes provided education from five specialty physicians on all aspects of breast cancer treatment, including surgery, reconstruction, pathology and medical and radiation oncology. In addition, 790 people were served through five breast cancer support groups that were open to all community members. The SMH Breast Cancer Patient Navigator Program also participated in multiple community events including the Making Strides Breast Cancer Walk, Daffodil Days, the Women's Health Event in North County, and San Diego Women's Week. SMH also provided its Arts for Healing Program in FY 2011, through which student volunteers from Point Loma Nazarene University (PLNU) and San Diego Mesa College (MC) provided healing through art activity. In December, Arts for Healing provided art activities for children at Saturday with Santa, a public event hosted by the SMH auxiliary for children to have their picture taken with Santa. Approximately 250 people attended this event. In February, SMH hosted registration for the second annual Chelsea's Run, serving as the primary fundraiser for the Chelsea's Light Foundation Sunflower Scholarship Fund, which provides scholarships for SDC college-bound teens. Arts for Healing offered art activities to approximately 100 community members attending this event. Throughout FY 2011, Arts for Healing also provided art therapy for the Pavilion cancer support group on Saturday mornings.</p> <p>FY 2012 Plan SMH will do the following:</p> <ul style="list-style-type: none"> * Develop and coordinate quarterly calendars and newsletters of community health education and screening events * Continue to host community support groups on a variety of topics * Continue to partner with local and national organizations to increase health literacy in the community as well as train front and back office staff on health literacy * Continue to increase awareness of the Pavilion Community Health Library and its resources * Continue to provide health information, health promotion classes and health screenings to community members * Continue to participate in community health fairs <p>Identified Community Need: Support of Community Nonprofit Health Organizations. Rationale: references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated. Rationale: Support of community nonprofit health organizations is an effective means to raise awareness of various health conditions, such as heart disease and cancer, collaborate to maximize community efforts without needless duplication of resources, and continue to share experiences and/or leadership capacity with other</p>

Identifier	Return Reference	Explanation
		<p>rs that share similar goals To this end, SMH participates in community-sponsored events, assists with coordination, supports and fundraises for health-related causes, and particip ates in community boards and committees</p> <p>Measurable Objective * Participate in community-s ponsored events and support nonprofit health organizations FY 2011 Report of Activities I n FY 2011, SMH participated in numerous community-sponsored health fairs, providing first- aid booths, health screenings and health information to the general community Events incl uded the Fresenius Health Fair, San Diego Earth Fair, San Diego Crew Classic, December Nig hts, March of Dimes March for Babies Walk, American Heart Association Heart Walk, Fiesta d e los Penasquitos, Rancho Bernardo Alive!, and the Multiple Sclerosis Society Challenge Wa lk SMH also provided public hospital tours of its newly redesigned facility to various ho spitals and not-for-profit organizations, including San Diego Society for HR Management, S age Consulting, IBM, Nautilus Designs, Community Medical Centers, Fresno, and Stanford Uni versity School of Medicine's Center for Compassion and Altruism Research and Education (CC ARE) In addition, SMH provided coordination, support and related fundraising activities f or nonprofit organizations in FY 2011, including the American Heart Association Heart Walk , Susan G Komen Race for the Cure, the American Diabetes Association's Step Out to Fight Diabetes Walk, the San Diego Crew Classic, the March of Dimes March for Babies and the San Diego Blood Bank (quarterly blood drives) In FY 2011, executive leadership and others do nated their time to multiple community organizations and agencies, such as * American Can cer Society * American Heart Association * Association for Clinical Pastoral Education * C HIP * Emergency Nurses Association * Healthcare Association of San Diego and Imperial Coun ties * San Diego Association of Diabetes Educators * San Diego Blood Bank * San Diego Emer gency Medical Care Committee * San Diego Eye Bank Nurse Advisory Board * San Diego Healthc are Disaster Council * San Diego Interreligious Committee * Universities and colleges in S an Diego FY 2012 Plan SMH will conduct the follow ing *</p> <p>Participate in community-sponsored events to provide health information and education, first-aid and health screenings as re quested by community partners * Provide coordination, support and fundraising-related acti vities for local nonprofit organizations * Participate in community and public organizatio ns, donating time and expertise to important issues facing the community Identified Communit y Need Health Professions Education, Training, and Promotion of Interest in Health Care Careers Rationale references the findings of the 2010 Community Health Needs Assessment o r the most recent San Diego County community health statistics, unless otherwise indicated Rationale</p>

Identifier	Return Reference	Explanation
		<p>* The demand for RNs and other health care personnel in the U S will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010. The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate. * According to the 2010 SDC Healthcare Shortage Areas Atlas from the County of San Diego's HHS, SDC is one of 27 counties in California listed as a Registered Nurse Shortage Area. * In 2010, the DOL reported that allied health professions represent about 60 percent of the American health care workforce and projected severe shortages of many allied health care professionals. * According to the San Diego Workforce Partnership 2011 report titled Healthcare Workforce Development in San Diego County Recommendations for Changing Times, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, registered nurses, medical record and health information technicians, radiologic technologists and technicians, pharmacists, and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign language. * According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions. While new graduates often possess the needed academic knowledge to be hired, they lack necessary real world experience. * The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers. Measurable Objectives * In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions. * Provide training for health care professionals in SDC. FY 2011 Report of Activities SMH is a recipient of the MAGNET designation, the highest honor given by the American Nurses Credentialing Center (ANCC) for nursing excellence and quality patient care. In FY 2011, SMH offered students and interns throughout San Diego various placement and professional development opportunities. Students and interns from 15 nursing and 34 allied health programs from a variety of colleges and universities spent more than 121,000 hours at SMH in FY 2011. Among some of the nursing program schools were San Diego State University (SDSU), PLNU, University of Oklahoma (OU), California State University San Marcos, National University (NU) and University of San Diego (USD). The allied health programs hosted students from EMSTA College, Palomar Community College, Alliant International University, Emory University, MC and the University of Phoenix, among others. Students from a variety of disciplines were represented including nurses, marriage and family therapy students, radiology and pharmacy technicians, health administration students, and clinical pastoral students. Ten Clinical Pastoral Education Program chaplain interns received 200 hours of training. Through affiliations with Southwestern College (SWC), Palomar Community College, EMSTA College and National University Polytechnic College, SMH provided clinical training and observation for paramedic interns and Emergency Medical Technicians (EMTs). Students included 39 EMT students who received eight hours of observation each, two EMT dive students who received 40 hours of observation each, and 59 paramedic interns who spent 144 hours each in clinical training in the ED, which included rotations to other specialties on campus such as Labor & Delivery, Trauma, NICU, the Operating Room, Cath Lab and Pulmonary departments. SMH staff contributed a total of 8,496 hours of clinical training and supervision to these specialized community programs in FY 2011. In addition, SMH provided training, leadership and space for nursing students in the San Diego area through affiliations with the OU College of Nursing, USD, SDSU, PLNU, Kaplan College, SWC, InterAmerican College and other colleges and universities. Degree programs ranged from Associate degrees to Master of Science degrees in Nursing. In FY 2011, nearly 589 nursing students received more than 61,800 preceptor hours at SMH. SMH also continued its participation in the Health Sciences High and Middle College (HSHMC) program to provide early professional development for students at all levels of high school.</p>

Identifier	Return Reference	Explanation
		<p>During the school year, October through May, students in grades nine, 11, and 12 spent an estimated 5,192 supervised hours at SMH and 412 hours at the Pavilion. The majority of departments at SMH participated in the program, including inpatient nursing and the ED, ancillary support departments (laboratory, non-invasive, rehabilitation and radiology), as well as hospital operations (cafeteria, engineering and security). In addition, several students worked in specialized departments such as wound healing, pathology and the operating room. SMH also expanded the HSHMC program to include leadership training for students. The program included a special focus not only on patient-and-family-centered care, but also on professionalism, the culture of a professional environment and helping students to identify a personal vision. In FY 2011, SRS also devoted nearly 770 hours to 12 HSHMC students. Also in FY 2011, SMH provided its Junior Volunteer Program to high school students in the community. The program is open to all grade levels, and most new volunteers are placed as Guest Ambassadors at the concierge desk. Junior volunteers augment and enhance the services of staff by greeting and escorting patients and their loved ones, answering questions for visitors, and running errands throughout the SMMC. They also have the opportunity to transfer to different departments such as gift shops, nursing units and the ED, allowing them to explore different careers offered in medically related fields. In FY 2011, there were 76 active junior volunteers, providing a total of 5,700 hours of service to the program. In addition, SMH and SGH have partnered to provide one of only two new Mobile Intensive Care Nurse (MICN) training programs in SDC. Together, they offer an extensive six-week training program - open to any San Diego base station emergency nurse - three to four times a year. The course is a 48-hour classroom program. Certification is provided through County Emergency Medical Services (EMS) upon successful completion of the classroom program, passing the County EMS final examination of SDC protocols with a score of 85 percent or higher, and completion of the mandatory ride-along hours in a paramedic unit. The program has been very successful and continues to receive positive reviews from the nurses who completed the program. SMH also leads the Consortium for Nursing Excellence, San Diego. For the past five years, this consortium has sought to inspire clinical excellence through the promotion of evidence-based practices in the nursing community. The consortium represents a partnership between Sharp HealthCare, Scripps Health, Rady Children's Hospital - San Diego, UC San Diego Medical Center, and San Diego VA Medical Center, as well as three academic institutions - PLNU, SDSU and USD. Six full-day workshops are provided over one year, where staff nurses are paired with Master's-prepared mentors to guide and assist them through the process of evidence-based practice. In FY 2011, approximately 60 nurses graduated from the program. FY 2012 Plan * Continue to provide intern and professional development opportunities to health professions students throughout SDC * Continue to collaborate with HSHMC to provide opportunities for students to explore health care careers, including leadership training and a junior volunteer program * Provide professional development opportunities to massage therapy and other art students through the Integrative Healing Program * Implement new systemwide HSHMC student orientation * Annually review and evaluate HSHMC program. Identified Community Need: Education, Support and Screening for Stroke. Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated. Rationale</p>

Identifier	Return Reference	Explanation
		<p>* CHIP members identified heart disease and stroke as the second-most important health outcomes overall (when considering a total of seven health outcomes) in the 2010 CHNA. According to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County's Health and Human Services Agency (HHS), in 2007, stroke was the third-leading cause of death in SDC. On average, there were 202 deaths a year due to stroke in the County's North Central Region during the three-year period from 2005 through 2007. In SDC, the age-adjusted death rate due to stroke during this period was 38.8 deaths per 100,000 population, higher than the HP 2020 target of 33.8 deaths per 100,000. If no changes are made in risk behavior, based on current disease rates it is projected that by the year 2020 the total number of deaths from heart disease and stroke will increase by 38 percent, according to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County of San Diego HHS. In 2008, there were 1,103 hospitalizations due to stroke in the County's North Central Region. The rate of hospitalizations for stroke was 182.6 per 100,000 population. According to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County of San Diego HHS, in 2007, nearly 63 percent of hospitalizations were due to heart disease and stroke. If no changes are made in risk behavior, based on current rates, it is projected that by the year 2020 the total number of hospitalizations will increase by 31 percent for stroke. In 2008, there were 231 stroke-related ED visits in the County's North Central Region. The rate of visits was 38.2 per 100,000 population. According to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County of San Diego HHS, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.</p> <p>Measurable Objective * Provide stroke education and screening services for the community, with an emphasis on seniors. FY 2011 Report of Activities Note: SMH is certified by The Joint Commission as a Primary Stroke Center (recertified in FY 2011). The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SMH is also a recipient of the Get With the Guidelines (GWTG) Gold Plus Achievement Award for Stroke. The American Heart Association's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients. In conjunction with the seasonal flu clinics conducted by the SMH Senior Resource Center in FY 2011, the SMH Stroke Center provided stroke screenings to seniors and high-risk adults. In FY 2011, SMH held its annual Senior Health and Safety Fair at the Point Loma Community Presbyterian Church, providing stroke screenings for 32 seniors as well as stroke education to attendees. In collaboration with the Sharp Senior Resource Center, SMH also provided a presentation to community members, in which a neurologist spoke about stroke prevention and warning signs. At this event, approximately 12 seniors also received a stroke screening. SMH Rehabilitation Center provided meeting space for Young Enthusiastic Stroke Survivors (YESS), a free weekly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators. Education topics included coping skills, adjustment, family and intimacy, work and school re-entry, and support. SMH also offered specialized assistance to YESS, as well as the Challenged Women's Support Initiative and Men with Disabilities, to help these groups prioritize their learning needs, and plan and implement successful educational presentations. In addition, SMH actively participated in the quarterly San Diego County Stroke Consortium - a collaborative effort to improve SDC stroke care and discuss issues impacting stroke care in SDC. In FY 2011, SMH collaborated with SDC to provide data for their stroke registry.</p> <p>FY 2012 Plan SMH Stroke Center will do the following: * Participate in stroke screening and education events in SDC, including events targeting seniors and high-risk adults. * Provide a stroke prevention presentation for the community during Stroke Month (May). * Provide education for individuals with identified risk factors. * Participate with other SDC hospitals in the Stroke Consortium. * Collaborate with the state of California to develop a Stroke Center Registry. * Continue to offer and support stroke support groups through Sharp Memorial Rehabilitation Services Identified Community Need: Orthopedic and Osteoporosis Community Education. Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated. Rationale: According to the Centers for Disease Control (CDC), arthritis is the nation's most common cause of disability.</p>

Identifier	Return Reference	Explanation
		<p>bility An estimated 50 million U S adults (about one in five) report doctor-diagnosed ar thritis As the U S population ages, these numbers are expected to increase sharply to 67 million by 2030, and more than one-third of these adults will have limited activity as a result In addition, a recent study indicated that some form of arthritis or other rheumat ic condition affects one in every 250 children (CDC, 2011) * According to the National In stitute of Health (NIH), osteoporosis is responsible for more than 1.5 million fractures e ach year, including 250,000 wrist fractures, 300,000 hip fractures, 700,000 vertebral frac tures and 300,000 fractures at other sites (2006) * According to a Healthy People (HP) 20 10 Progress Review released in 2006, osteoporosis is responsible for more than \$14 billion in health care costs annually * According to the 2007 CHNA, in the U S , the age-adjuste d prevalence of doctor-diagnosed arthritis is estimated to be 21.3 percent among adults ag es 18 and over * According to HP 2020, approximately 80 percent of Americans experience low back pain (LBP) in their lifetime Each year, it is estimated that 15 to 20 percent of the population develop protracted back pain, 2 to 8 percent have chronic back pain (pain t hat lasts more than three months), 3 to 4 percent of the population is temporarily disable d due to back pain and 1 percent of the working-age population is disabled completely and permanently due to LBP * In addition, research for HP 2020 reveals that Americans spend \$ 50 billion each year for LBP, which is the third-most common reason to undergo a surgical procedure and the fifth-most frequent cause of hospitalization (2009) * In the County's North Central Region from 2006 to 2008, the number of arthritis-related hospitalizations in creased from 1,525 to 1,693, while the rate of arthritis-related hospitalizations increase d from 258 to 280 per 100,000 population * In SDC's North Central Region from 2006 to 200 8, the number of arthritis-related ED discharges increased from 1,727 to 1,794, while the rate of arthritis-related ED discharges increased from 292 to 297 per 100,000 population * In 2008, females had a higher hospitalization rate for arthritis-related diagnosis than males in the County's North Central Region (310 and 251 per 100,000 population, respective ly) * In the County's North Central Region in 2008, blacks had a higher ED discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups, and person s ages 65 and over had higher ED discharge rates for arthritis-related diagnosis than youn ger persons</p> <p>Measurable Objective * Provide education on orthopedics and osteoporosis to t he community FY 2011 Report of Activities In FY 2011, in collaboration with the Scoliosis Research Society, SMH provided a free, live spine tutorial to both national and internati onal physicians on minimally invasive scoliosis surgery Via live Web feed from the Operat ing Room, 15 physicians attended an educational session at SMH to observe innovative, mini mally invasive spinal surgical techniques In addition, an educational session on MRI Comp lexities of the Hip was provided at the SMH Hip Preservation Center for national and commu nity physicians, residents, interns and Navy The SMH Hip Preservation Center provides spe cialized treatment of orthopedic hip conditions In addition, in collaboration with the Sharp Senior Resource Center, SMH provided tw o presentations on Minimizing the Effect of Art hritis in Your Hands for 67 seniors, as well as three community hand screening events for 32 seniors during FY 2011 Hand screenings allow ed seniors in the community to meet indivi dually with a hand therapist for a 15-minute session to discuss concerns such as difficult ies with their hands, decreased function and pain FY 2012 Plan</p>

Identifier	Return Reference	Explanation
		<p>* Offer arthritis and osteoporosis educational presentations to the community * Continue to offer live, on-site tutorials for minimally invasive spinal surgeries to physicians in the local, national and international communities * Provide three continuing education lectures to community physicians, residents, interns and Navy at the SMH Hip Preservation Center * Provide an orthopedic conference for community physicians</p> <p>Identified Community Need Prevention of Unintentional Injuries Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated Rationale * CHIP members identified injury and violence prevention as the fourth-most important health-related behaviors overall (when considering a total of six health-related behaviors) in the 2010 CHNA * Injury, including both intentional and unintentional, is the number one killer and disabling of persons aged 1 to 44 in California * Unintentional injuries - motor vehicle accidents, falls, firearms, fire/burns, drowning, poisoning (including drugs and alcohol, gas, cleaners and caustic substances) and injuries at work - are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region * During 2008, unintentional injury was the leading cause of death for persons ages 1 to 4 years and 15 to 34 years, and the sixth-leading cause of death overall in SDC * Between 2000 and 2008, 6,725 San Diegans died as a result of unintentional injuries, and the rate of death has increased by 98 percent * In 2009, there were 158 deaths due to unintentional injury in the County's North Central Region The region's age-adjusted death rate due to unintentional injuries was 23.5 deaths per 100,000 population * In 2008, there were 3,545 unintentional hospitalizations related to injury in SDC's North Central Region The rate of hospitalizations due to unintentional injury was 587 per 100,000 population The hospitalization rate in the region was lower than the County average of 661 per 100,000 population * In 2008, there were 22,894 unintentional injury-related ED visits in the County's North Central Region The rate of visits due to unintentional injury was 3,789 per 100,000 population The ED visit rate in the region was the lowest in SDC and lower than the County average of 4,764 per 100,000 population * According to HP 2020, most events resulting in injury, disability or death are predictable and preventable There are many risk factors for unintentional injury and violence, including individual behaviors and choices such as alcohol use or risk-taking, the physical environment both at home and in the community, access to health services and systems created for injury-related care, and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods, and communities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations) Measurable Objective * To offer an injury and violence prevention program for children, adolescents and young adults throughout SDC FY 2011 Report of Activities In FY 2011, ThinkFirst/Sharp on Survival participated in an after-school educational event at Caesar Chavez Elementary School, serving 50 elementary school students and their parents During this event, students and parents learned about modes of injury, the importance of protecting the brain and spinal cord, and the permanency of these injuries The presentation was offered in both English and Spanish and post-event informational booths were provided for families to obtain handouts and further information The event not only provided injury prevention information, but also served as a good disability awareness venue Students interacted one-on-one with Voices for Injury Prevention (VIP) volunteers, who are also spinal cord injury survivors Opportunities for learning included the physical consequences of making poor choices as well as raising awareness of the similarities that people with disabilities share with students, as opposed to their differences In October, ThinkFirst/Sharp on Survival partnered with the American Automobile Association (AAA) and the Trauma Research and Education Foundation (TREF) in a teen driving safety event Nearly 500 teens and parents received safety information from the ThinkFirst/Sharp on Survival booth, and had the opportunity to talk with several VIPs who sustained spinal cord injuries as a result of a car crash The event focused on the reduction of teen car crashes in San Diego's North County and aimed to raise awareness for parents about safe driving practices as their teenagers become licensed drivers ThinkFirst/Sharp on Survival also par</p>

Identifier	Return Reference	Explanation
		<p> participated in the HSHMC program in FY 2011. Several students spent one or two semesters in the physical rehabilitation center learning about different therapies and how the multidisciplinary team works together to treat the patient as a whole. Students were assigned an outpatient to "shadow" each day as they went through their various therapy sessions. Weekly activities included physical, occupational and speech therapy sessions as well as community therapy sessions (shopping, bowling, parks and museums). This shadowing provided students with an understanding of the benefits of different therapies in treating individual clients, and thus offered further insight into each unique patient experience. In addition, ThinkFirst/Sharp on Survival expanded into San Diego's South Bay Region in FY 2011. ThinkFirst/Sharp on Survival health educators and VIPs provided a presentation for 40 students at Sweetwater High School in the South Bay about the consequences of poor behavioral choices. The group was also a part of the Health and Science Pipeline Initiative (HASPI), and thus presentations also offered a focus on physical rehabilitation careers within health care. </p> <p> FY 2012 Plan * With funding support from grants, provide educational programming and presentations for local schools and organizations * Increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community events and health fairs using grant funding * Continue to evolve program curricula to meet the needs of health career pathway classes as part of the HASPI partnership SMH Program and Service Highlights Sharp Memorial Hospital * 24-hour emergency services with heliport and base station * Acute care * Bariatric * Breast health, including mammography * Cancer care * Cardiac care * Cardiac rehabilitation * Chest Pain Center, specializing in emergency chest pain treatment * Congestive Heart Failure Management Program * Warfarin Clinic * CT Scan * EEG * EKG * Group and art therapy * Home health * Home infusion services * Hospice * ICU * Laboratory services * Mechanical Assist Device Program * Nutrition and metabolic services * Organ transplantation (heart, kidney, pancreas) * Orthopedics Program * Pathology services * Primary care * Radiology services * Rehabilitation Center * Robotic surgery * Senior health services * Senior Resource Center * Sharp and Rady Children's MRI Center * Spiritual Care and Education * Stroke Center * Surgical services * Trauma Center * Van services * Wound and Ostomy Center </p>

Identifier	Return Reference	Explanation
		<p>Sharp Memorial Outpatient Pavilion * Cancer Services * Cushman Wellness Center, including health screening and the Community Health Library and Resource Center * Diabetes services - recognized by American Diabetes Association * Diagnostic services * Endoscopy Center * Executive Health Program * Eye and Laser Treatment Center * General and Diagnostic Imaging Center * Integrative Medicine * Outpatient surgery * Pain Management Center * Radiation Oncology and Infusion Center * SRS Ophthalmology * Virtual Colonoscopy * Women's Imaging Center Sharp Senior Health Center Downtown * Community health education programs * Community health services * Primary and comprehensive physical and mental health care services to seniors Sharp Senior Health Center Clairemont * Community health services * Primary and comprehensive health care services to seniors Sharp Mesa Vista Hospital and Sharp McDonald Center * SMV is located at 7850 Vista Hill Avenue, in San Diego, ZIP code 92123 * SMC is located at 7989 Linda Vista Road, in San Diego, ZIP code 92111 * SMV Mid-City Outpatient Program is located at 4275 El Cajon Boulevard, Suite 100, in San Diego, ZIP code 92115, SMV East County Outpatient Program is located at 1460 East Main Street, in El Cajon, ZIP code 92021 FY 2011 Community Benefits Program Highlights SMV and SMC provided a total of \$7,753,855 in community benefits in FY 2011 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 Table 1 Economic Value of Community Benefits Provided Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital - FY 2011 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2011 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal \$499,548 Shortfall in Medicare \$2,033,907 Shortfall in San Diego County Indigent Medical Services \$8,155 Shortfall in CHAMPVA/TRICARE \$71,189 Charity Care and Bad Debt \$3,645,567 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$984,422 Other Benefits for the Broader Community Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations, and cost of fundraising for community events \$171,845 Health Research, Education, and Training Programs Education and training programs for students, interns, and health care professionals \$339,222 TOTAL \$7,753,855 Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who were unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare and CHAMPVA/TRICARE, and financial support for on-site workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, free psychiatric assessments and referrals, monthly VIP volunteer-served lunch at Father Joe's Villages/St Vincent de Paul Village, Ticket to Work Employment Network program, Cross Cultural Mental Health Program to address barriers to mental health services for disadvantaged, culturally diverse urban seniors, contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for the needy * Other Benefits for the Broader Community included health education and information on a variety of topics, participation in community health events, and collaboration with local schools to promote interest in health care careers SMV also offered meeting room space at no charge to community groups In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as Mental Health America, Residential Care Council, San Diego Committee on Employment of People with Disabilities, Schizophrenics in Transition, Recovery Innovations of California (RICA), Community Health Improvement Partners (CHIP) Behavioral Health Work Team, Association of Ambulatory Behavioral Healthcare, Employee Assistance Professionals Association, Parents for Addiction, Treatment, and Healing (PATH), National Council on Alcoholism and Drug Dependence (NCADD), California Behavioral Health Board, and the American College of Healthcare Executives (ACHE) See Appendix A for a listing of Sharp community involvement * Health Research, Education and Training Programs included education and training of health care professionals, and student and intern supervision Definition of Community</p>

Identifier	Return Reference	Explanation
		<p>As specialty hospitals, SMV and SMC serve the community of San Diego County. Description of Community Health In San Diego County in 2009, 95.4 percent of children ages 0 to 11, 95.6 percent of children age 12 to 17, and 84.8 percent of adults ages 18 and older had health insurance, while 97.2 percent of children ages 0 to 11, 87.3 percent of children ages 12 to 17, and 88.3 percent of adults ages 18 and older had a regular source of medical care - failing to meet the Healthy People (HP) 2020 national targets for health insurance coverage and regular source of medical care. Among adults ages 18 to 64 years in San Diego County, 17.7 percent were not currently insured in 2009. See Table 2 for a summary of key indicators of access to care, and Table 3 for data regarding eligibility for Medi-Cal Healthy Families. Table 2: Health Care Access in San Diego County, 2009. Description: Rate Year 2020 Target. Health Insurance Coverage: Children 0 to 11 Years 95.4% 100%; Children 12 to 17 Years 95.6% 100%; Adults 18+ Years 84.8% 100%. Regular Source of Medical Care: Children 0 to 11 Years 97.2% 100%; Children 12 to 17 Years 87.3% 100%; Adults 18+ Years 88.3% 89.4%. Not Currently Insured: Adults 18 to 64 Years 17.7%. Source: 2009 CHS Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults ages 18-64 yrs), 2009. Description: Rate. Medi-Cal Eligible 8.3%; Healthy Families Eligible 0.8%; Not Eligible 90.9%. Source: 2009 CHS.</p> <p>Heart disease and cancer were the top two leading causes of death in San Diego County. Suicide was the ninth-leading cause of death. See Table 4 for a summary of leading causes of death in San Diego County. Table 4: Leading Causes of Death in San Diego County Three-Year Average (2007 through 2009). Cause of Death: Number of Deaths, Percent of Total Deaths. Malignant neoplasms: 4,754 (24.7%); Diseases of Heart: 4,731 (24.6%); Cerebrovascular diseases: 1,108 (5.8%); Alzheimer's disease: 1,092 (5.7%); Chronic lower respiratory diseases: 1,006 (5.2%); Accidents (unintentional injuries): 959 (5.0%); Diabetes mellitus: 549 (2.9%); Intentional self-harm (suicide): 361 (1.9%); Chronic liver disease and cirrhosis: 319 (1.7%); Influenza and pneumonia: 317 (1.7%); Essential (primary) hypertension and hypertensive renal disease: 265 (1.4%); Parkinson's disease: 203 (1.1%); Nephritis, nephrotic syndrome and nephrosis: 176 (0.9%); Septicemia: 115 (0.6%); Viral hepatitis: 114 (0.6%); All other deaths: 3,146 (16.4%). Total Deaths: 19,213 (100.0%).</p>

Identifier	Return Reference	Explanation
		<p>Note Ranking of leading causes of death based on the countywide rank among San Diego residents in 2009 Source County of San Diego, HHSA, Public Health Services, Community Epidemiology Branch Community Benefits Planning Process In addition to the steps outlined in Section 3 regarding community benefits planning, SMV and SMC</p> <ul style="list-style-type: none"> * Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals * Estimate an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels * Host a bimonthly committee to discuss, plan and implement community activities <p>Priority Community Needs Addressed in Community Benefits Report The SMV and SMC Community Benefits Report addresses the following identified community needs</p> <ul style="list-style-type: none"> * Mental health and substance abuse education for the community * Improving outcomes for seniors at risk * Mental health and substance abuse education for health care professionals <p>For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2011 Report of Activities conducted in support of the objective(s), and FY 2012 Plan of Activities</p> <p>Identified Community Need Mental Health and Substance Abuse Education for the Community Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated</p> <p>Rationale</p> <ul style="list-style-type: none"> * Mental health and mental disorders were identified as the third-most important overall health outcome (when considering a total of seven health outcomes) in the 2010 CHNA * Substance abuse and tobacco use were identified as the third-most important overall health-related behaviors (when considering a total of six health-related behaviors) in the 2010 CHNA * According to 2007 prevalence estimates presented in the 2010 CHNA, there are 141,420 persons in SDC with serious mental illness This represents 4.9 percent of the household population in SDC * According to findings presented in the 2010 CHNA, primary care clinics in SDC reported 73,269 patient encounters with a diagnosis of mental disorder in 2009, representing 4 percent of all clinic encounters * According to findings presented in the 2010 CHNA, the number of clients served by the Children's Mental Health Services (CMHS) of the County of San Diego Health and Human Services Agency (HHSA) increased by 4.3 percent, from 16,874 in FY 2005/2006 to 17,600 in FY 2007/2008 Since FY2006/2007, clients served by the Adult Mental Health Services (AMHS) increased by 8 percent, with 41,132 adults and older adults served in FY2007/2008 * Between 2006 and 2008, 60,246 persons in SDC were discharged from hospital EDs with a principal diagnosis related to mental disorders, averaging 23,081 persons per year During this three-year period, the annual number of ED discharges following treatment related to mental disorders increased by 21.8 percent The age-adjusted ED discharge rate has increased from 682 per 100,000 in 2006 to 810 per 100,000 in 2008, a change of 18.7 percent * In 2009, suicide was the eighth-leading cause of death in SDC, responsible for 365 deaths The age-adjusted death rate due to suicide was 11.2 deaths per 100,000, failing to meet the HP 2020 target of 10.2 deaths per 100,000 * In SDC, between 1998 and 2007, suicide was the second-leading cause of non-natural death for all ages In 2008, males, whites, persons between the ages of 35 and 64, and those ages 85 and older were most impacted by suicide, as measured by the age-adjusted rate per 100,000 * Between 2000 and 2008, there was a 3.3 percent increase in the number of suicides * In 2008, the age-adjusted rate of self-inflicted injury ED discharges in SDC was 76 per 100,000 population * Between 2006 and 2008, the annual number of ED discharges following treatment for self-inflicted injuries increased by 27.4 percent, and the age-adjusted ED discharge rate increased by 24.6 percent * In 2008, females, whites, blacks and persons ages 15 or 64 were those most impacted by self-inflicted injury based on ED utilization, measured by the age-adjusted rate per 100,000 * The causes of mental illness are thought to be related to a variety of biochemical, genetic and environmental factors, including having biological relatives with mental illness, malnutrition or exposure to other viruses before birth, stressful life situations, chronic medical conditions, combat, taking psychoactive drugs during adolescence, childhood abuse or neglect, and lack of friendships or healthy relationships, according to findings presented in the 2010 CHNA * During the three-year period from 2007 to 2009, the average rate of age-adjusted overdose/poisoning hospitalizations among SDC residents increased from 69 hospitalizations per 100,000 population in 2007 to 73 hospitalizations per 100,000 in 2009

Identifier	Return Reference	Explanation
		<p>In 2009, age-adjusted rates for overdose/poisoning hospitalizations were higher in females when compared to males, highest among senior adults ages 65 years and older when compared to other age groups, and highest among blacks when compared to other race/ethnic groups * In FY 2008, the age-adjusted rate of overdose/poisoning-related ED visits in SDC was 14.7 per 100,000 population. Age-adjusted rates were higher in females when compared to males, highest among adolescents and young adults ages 15 to 24 years when compared to other age groups, and highest among blacks when compared to other race/ethnic groups * In 2009, 3.8 percent of adolescents ages 12 to 17 in SDC reported engaging in binge drinking in the past month. The rate of binge drinking is lower than the HP 2020 target of no more than 8.5 percent of adolescents ages 12 to 17 engaging in binge drinking during the past month. (Male binge drinking is defined as having five or more drinks on one occasion in the past month, and female binge drinking is defined as having four or more drinks on one occasion in the past month) * In 2009, 6.1 percent of adolescents ages 12 to 17 in SDC reported to have used marijuana in the past year.</p> <p>* Behavioral and social risk factors associated with substance abuse include negative peer pressure, poor role models, depression and poor self-image, social isolation, and lack of education about consequences, according to findings presented in the 2007 CHNA. Environmental risk factors associated with substance abuse include genetics and family history, poverty, lack of employment, media promotion, accessibility of substances, and poor family functioning. Intermediate outcomes associated with substance abuse include binge drinking and illicit drug use.</p> <p>* According to the National Institute of Health (NIH) National Institute of Drug Abuse website, important risk factors for drug abuse among children and adolescents include early aggressive behavior, lack of parental supervision, substance abuse, drug availability and poverty. As a child gets older, interactions with family, classmates and the community can affect that child's risk for later drug abuse. In adolescents, association with drug-abusing peers is often the most immediate risk for exposure to drug abuse and delinquent behavior. Other factors - such as drug availability, trafficking patterns and beliefs that drug abuse is generally tolerated - are risks that can influence young people to start abusing drugs.</p> <p>* According to HP 2020, substance abuse has a major impact on individuals, families and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems, including teenage pregnancy, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide.</p> <p>Measurable Objective * Provide mental health and substance abuse education for patients, their loved ones and the community, and facilitate community reintegration through community service activities.</p> <p>FY 2011 Report of Activities In FY 2011, SMV psychiatric evaluation and intake teams provided approximately 8,500 free psychiatric evaluations and referrals for the general community. On an ongoing basis, a SMV Psychiatric Evaluation Team provided 16 hours a week to senior community centers for senior clients and eight hours a week at Potiker Family Senior Center, a residential site for low-income, at-risk seniors. Seniors received a variety of early intervention services, including examination by a nurse or psychiatrist, medication, referrals, and/or counseling to reduce risks of hospitalization and/or homelessness.</p>

Identifier	Return Reference	Explanation
		<p>To increase awareness of mental health and substance abuse, SMV and SMC hosted numerous community speaking engagements and workshops, addressing a variety of behavioral health topics including cognitive therapy and child psychiatry, and also hosted a geriatric psychiatry session entitled Battling the Blues. In addition, monthly lectures were delivered through a cognitive therapy lecture series and included topics such as anxiety, anger, depression, stress and post-traumatic stress disorder. SMV offered two sessions focused on Transitional Age Youth (TAY) to the community, entitled Understanding TAY with Mental Illness, and provided education and resources to a total of 120 attendees. In recognition of Mental Health Month in May, SMV assisted with coordinating a community-wide drum circle, making a powerful statement to end the stigma around mental illness. More than 100 community members participated in the drum circle held at Balboa Park, where SMV provided educational resources, an awareness campaign, as well as a patient speaker on mental illness. In FY 2011, SMV and SMC sponsored and participated in four walks to increase awareness and raise funds for mental health services, including the National Alliance on Mental Illness (NAMI) walk, National Suicide Prevention Walk, Save a Life San Diego (for suicide prevention), and San Diego Alzheimers Association Annual Memory Walk. In addition, SMV contributed \$2,500 to the NAMI walk and SMV employees and patients contributed an additional \$2,500 through fundraising activities. In response to the need for information and support for caregivers of individuals with mental illness, SMV continued its partnership with the San Diego chapter of NAMI to provide monthly support groups at the hospital, serving residents of SDC. In addition, SMV continued to collaborate with the Independent Living Association to advocate in community forums for safer living options for people with serious mental illness. SMV also collaborated with CHIP to organize the first gathering of independent living operators and mental health professionals. The meeting was held at the War Memorial in Balboa Park, where SMV provided a resource fair and education on safer living conditions and mental illness to more than 75 attendees. Throughout the year, SMV provided free meeting space for a variety of self-help groups on a weekly basis including Alcoholics Anonymous, Al-Anon, Alcoholics Anonymous - Dual Diagnosis, Women's Alcoholics Anonymous, Child and Adolescent Support Group, Men's 12-Step Group, Supporting Adolescents and Families in Recovery, Serenity Promotions, Narcotics Anonymous, Teenage Narcotics Anonymous, Co-Dependents Anonymous, Gambler's Anonymous, Nicotine Anonymous, Shyness and Social Anxiety Group, San Diego Phobia Foundation, Supporting Adolescents and Families in Recovery, National Association of Anorexia Nervosa and Associated Disorders (ANAD), RICA's Wellness Recovery Action Plan (WRAP) Classes, and the NAMI - Electroconvulsive Therapy Support Group. In January 2009, SMV launched its Volunteers Inspiring Possibilities (VIP) group. This volunteer group of current and former SMV mental health consumers, as well as their friends and loved ones, participated alongside Sharp staff at a variety of community events, including Sharp Lends a Hand - Stand Down for Homeless Veterans, the American Heart Association (AHA) Heart Walk, and the NAMI walk. In addition, VIP volunteers served lunch each month at Father Joe's Villages/St. Vincent de Paul Village and helped provide support to SMV's free outpatient boutiques. In FY 2011, more than 75 community members participated in the VIP group. The group not only provides an invaluable service to the San Diego community, but also empowers and mobilizes mental health care consumers, helps reduce the stigma associated with mental illness, and provides mental health care consumers with further opportunities for recovery. The VIP group is one element of SMV's Psychiatric Rehabilitation Program, which is dedicated to creating possibilities for social reintegration of individuals with mental illness by involving them in community service activities. The program's community service activities included the Green Thumbs Club, where patients of the outpatient programs maintain a community garden in a transitioning neighborhood, Sharp Sluggers, where current and former SMV patients as well as community members with mental illness participate on a co-ed softball team, the Client Advisory Board, where outpatients provide feedback on how to improve programs, empower patients, promote advocacy, and better serve the community, and Transit Training, where clients learn to utilize public transportation. In addition, SMV has been the first and only hospital-based Ticket to Work Employment Network in California, providing a variety of services to the entire disabled community. Services include counseling and advice, and/or information and referrals on post-employment.</p>

Identifier	Return Reference	Explanation
		<p>t topics such as benefits (Social Security Income / Social Security Disability Insurance cash and insurance benefits), regulations (American Disabilities Act, Family Medical Leave Act, disclosure and requests for accommodations), conflict resolution (relating to employment needs, goals, and opportunities), and interactions (Social Security, supervisors, coworkers, etc) FY 2012 Plan SMV and SMC will do the following</p> <ul style="list-style-type: none"> * Provide free psychiatric assessments and referrals for the community * Participate in community events to raise awareness and funds for behavioral health services * Host and facilitate various monthly support group meetings * In association with the Creative Arts Consortium, participate in and host art classes for mental health care consumers that are also facilitated by consumers * Participate in key mental health events and activities alongside patients * Provide free meeting space for use by a variety of self-help groups * Continue participation in the VIP group and other psychiatric rehabilitation programs and activities that benefit the San Diego community * Continue to participate in the Ticket to Work program * Host a variety of community education events as well as provide educational programs to the mental health community * Continue collaboration with community providers and provide education to independent living facilities to improve living conditions for individuals with mental illness * Continue serving as the media's go to experts for information on mental health conditions and treatment * Continue to strategically align with nonprofit allies and key community partners through board and committee membership <p>Identified Community Need Improving Outcomes for Seniors at Risk Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated Rationale</p> <ul style="list-style-type: none"> * According to the Centers for Disease Control (CDC), among adults ages 65 and over, 28 percent of those who had Medicaid and Medicare health care coverage experienced feelings of sadness for all, most or some of the time, compared with 12 percent of those who had Medicare-only health care coverage and 10 percent of those who had private health insurance Also, adults ages 65 and over who had Medicaid and Medicare health care coverage were at least two times as likely to feel hopeless, worthless or that everything is an effort for all, most, or some of the time, as adults ages 65 and over who had either Medicare-only health care coverage or private health insurance (National Health Interview Survey, 2009) * The 2009 California Health Interview Survey (CHIS) revealed that 67 percent of adults over the age of 65 in SDC saw any health care provider for emotional mental health problems and/or alcohol-drug issues in the past year * Older adults at particularly high risk for depression include those who are unmarried, widowed and/or lack a strong social support network (SDC Network of Care) * According to the National Institute of Mental Health (NIMH), older Americans are disproportionately likely to die by suicide Of every 100,000 people ages 65 and older, 143 died by suicide in 2007, higher than the national average of 113 suicides per 100,000 people in the general population (NIMH, 2007) * According to findings presented in the 2010 CHNA, suicide was the leading cause of non-natural death in SDC among adults ages 55 to 74 between 1998 and 2007 * In 2008, adults ages 65 and older had the highest suicide rate (190 per 100,000 population) among all age groups (15 to 24 and 25 to 64) in San Diego Adults ages 85 or older were among the groups most impacted by suicide during 2008, as measured by the age-adjusted rate per 100,000

Identifier	Return Reference	Explanation
		<p>* Since 2000, the population of those over 65 or older has increased by 20 percent and is expected to grow steadily over the next 20 years. Current projections indicate that by the year 2030, this population will account for almost one in five residents in SDC. An aging population presents challenges for the treatment of older adults, such as an increase in the number of new cases of depression and risk of suicide, an increase in the number of new cases of dementia and the associated cost of treatment, and the co-occurrence of depression and chronic diseases associated with aging. * According to the Substance Abuse and Mental Health Services Administration (SAMSHA), 20 to 25 percent of the homeless population in the United States suffers from some form of severe mental illness (NIMH, 2009). * According to the International Journal of Geriatric Psychiatry, a recent study of how uninsured or publicly insured older adults with severe mental illness access mental health services in SDC revealed that older adults were more likely to access the public mental health system PERT (Psychiatric Emergency Response Team), a combined law-enforcement and psychiatric service that responds to psychiatric-related 9-1-1 calls. Older adults were also less likely to receive follow-up care, due to both the initial site of service - and an associated lower rate of follow-up among PERT clients - as well as a lower rate of follow-up among older adult clients initiating services in other sectors (Gilmer, et al., 2009). * According to the Community Mental Health Journal, in a qualitative study of unmet mental health needs of Latino older adults in SDC, barriers to appropriate mental health care included housing, transportation, social support, as well as language and cultural barriers secondary to a lack of translators, lack of information on available services, and scarcity of providers representative of the Latino community (Barrio, et al., 2008).</p> <p>Measurable Objective * Provide culturally competent outreach services to high-risk seniors in San Diego's disadvantaged communities. FY 2011 Report of Activities In FY 2011, SMV continued to collaborate with Potiker Family Senior Residence and Senior Community Centers of San Diego to operate the Cross Cultural Mental Health Program. The program coordinates community-based mental health services for disadvantaged, culturally diverse urban seniors. In addition, the program seeks to provide prevention and early intervention methods to improve the utilization and effectiveness of mental health services for high-risk seniors. The program is designed to address barriers to mental health services for older adults, including stigma, isolation and lack of services. In FY 2011, approximately 400 high-risk seniors were screened through the program's efforts, whereupon assessments and appropriate referrals were provided. Assessments, interventions and resources were provided by two skilled, culturally competent psychiatric RNs stationed at Potiker Family Senior Residence, Downtown Senior Community Centers and City Heights Senior Housing. In addition, psychiatric services were provided by a culturally diverse psychiatrist contracted with SMV. Regardless of their income or ability to pay, seniors were provided with both early intervention services and additional medical services that potentially prevented hospitalization and homelessness. FY 2012 Plan * In collaboration with Sharp Senior Health Center Downtown, provide outreach and education to seniors without stable housing. * Continue participation in the Cross Cultural Mental Health Program.</p> <p>Identified Community Need Mental Health and Substance Abuse Education for Health Care Professionals. Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated. Rationale * According to the 2010 CHNA, the projected growth of the aging population will present the challenge of an insufficient geriatric mental health workforce to provide treatment and care for this population. * There is a critical shortage of individuals trained to meet the needs of children and youth, and their families, as well as older adults (An Action Plan for Behavioral Health Workforce Development, 2007). * An important component of strengthening the workforce involves increasing the relevance, effectiveness, and accessibility of training and education. * The 2008 County of San Diego Mental Health Services Workforce Education and Training Needs Assessment revealed that limited opportunities and/or training for job advancement and leadership skills exist among behavioral health staff. In addition, the lack of a clearly defined career pathway in mental health before the graduate level of education poses a challenge to SDC's behavioral health workforce. Measurable Objectives * Provide mental health and substance abuse education for health care professionals. * Further collaborate with</p>

Identifier	Return Reference	Explanation
		<p>the behavioral health community through health professions education and training FY 2011 Report of Activities In FY 2011, SMV provided a variety of educational offerings for behavioral health care professionals, including continuing education classes, conferences and trainings These opportunities were provided to a variety of audiences including psychologists, psychiatrists, community physicians, social workers, nurses and other health care providers, as well as the community at large Topics covered included wellness and resilience, recognizing stress, substance abuse, treating depression, anxiety, panic, agoraphobia, and caring for individuals who have schizophrenia, bipolar and schizoaffective disorders SMV staff participated in four of San Diego's PERT police officer trainings on understanding psychiatric emergencies and community psychiatric services In FY 2011, SMV staff participated in an online psychiatric education project for the Emergency Nurses Association (ENA), which is expected to be available in early 2012 The project was initiated as a response to surveyed ENA members who reported that their priority educational need was information on caring for patients with psychiatric problems in the emergency room In collaboration with the American Psychiatric Nurses Association (APNA), the online curriculum includes lessons on safety, suicide assessment, restraint use, psychiatric disorders, communication skills, documentation and regulatory consideration Throughout the year, SMV participated in internship and clinical training programs for psychology students, rehabilitation counseling students, and social work students, and also served as a clinical placement site for medical students and nursing students SMV trained 10 psychology interns, four post-doctoral psychology fellows, and five social work student interns, with psychology students serving approximately 20,000 hours on the SMV campus In addition, 321 nursing students completed placements at SMV over an eight- to 14-week period Nursing students completed clinical rotations of eight or 12 hours in length, often with two clinical rotations in one day (day and evening), and spent more than 23,500 hours at SMV in FY 2011 SMV also presented two lectures for San Diego State University's MS in Rehabilitation Counseling course entitled Medical and Psychosocial Aspects of Disability Also in FY 2011, SMV continued to participate in the Health Sciences High and Middle College (HSHMC) program The program provided 11 students with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Older Adults, and Chemical Dependency Recovery), as well as nutrition services Students also received instruction on educational and job requirements, as well as career ladder development HSHMC students spent more than 712 hours at SMV in FY 2011 In addition, in FY 2011 SMV launched its Peer Support Specialist Internship Program, a pilot project to develop and implement an emerging best practice of peer support on mental health inpatient units The internship is the first of its kind in San Diego, providing a transformational opportunity for superior mental health care training and delivery, and also supporting a community partnership with Recovery Innovations of California (RICA), a local peer-run provider funded by the County of San Diego through the Mental Health Services Act The project identifies RICA graduates to serve as Peer Support Specialist Interns (PSSIs), or essentially, recovery counselors PSSIs are then placed in one of SMV's programs to help newly-diagnosed or recurrent patients develop coping mechanisms that allow them to address and manage their disease PSSIs provide non-judgmental, reflective listening and share the experience, strength, and hope of someone who has endured the same challenges as many patients</p>

Identifier	Return Reference	Explanation
		<p>In addition, PSSIs have not only successfully emerged on the other side of their recovery intact, but have thrived in their recovery. In FY 2011, the first group of three PSSIs worked alongside ICU staff at SMV - where patients are typically in their most acute phase - and provided support as well as a message of hope for a successful recovery through the healing process. In FY 2011, staff at SMV and SMC regularly led and/or attended various boards, committees, and advisory and work groups in the area of behavioral health. Community and professional groups included the San Diego HHS's Adult Council, Association of Ambulatory Behavioral Healthcare, CHIP Behavioral Health Work Team, Disabled Services Advisory Board, The Meeting Place, Mental Health Coalition, Residential Care Council, San Diego Committee on Employment of People with Disabilities, Employee Assistance Professionals Association, Parents for Addiction, Treatment, and Healing (PATH), Schizophrenics in Transition, National Council on Alcoholism and Drug Dependence (NCADD), California Behavioral Health Board, the American College of Healthcare Executives (ACHE), and the CHIP Suicide Prevention Work Team. FY 2012 Plan SMV and SMC will conduct the following activities:</p> <ul style="list-style-type: none"> * Offer internship programs in psychology, social work and peer support * Serve as a placement site for medical and nursing students * Continue to offer the Peer Support Specialist program with RICA * Provide educational offerings for behavioral health care professionals * Actively participate on boards, committees, and advisory and work groups to address behavioral health issues * Expand the mental health careers curriculum within the HSHMC program to 12 students, and provide them with experience in a broader range of programs including therapeutic activities services, environmental services, and health information services * Conduct a professional education event at SMC for the Employee Assistance Professionals Association to provide substance abuse lectures on current trends and fads in substance abuse SMV and SMC Program and Service Highlights Sharp Mesa Vista Hospital * Child and adolescent psychiatric services * Clinical supervision site for graduate psychology doctorate interns * Cognitive behavioral therapy program * Eating disorders outpatient and partial hospitalization programs * Geriatric inpatient and specialized outpatient program * Inpatient psychiatric treatment services * Intensive outpatient programs * Medication research studies * On- and off-campus outpatient programs * Psychosocial rehabilitation services * Van services Sharp McDonald Center * Chemical dependency and substance abuse treatment services for teens, adults and seniors * Dual-diagnosis outpatient treatment services for adults and seniors * Family and aftercare programs * Inpatient and outpatient treatment for chemically dependent teens, adults and seniors * Sober living and substance abuse education programs * Inpatient detoxification services Sharp Mesa Vista Mid-City Outpatient Program * Caring for adults with severe and persistent mental health issues * Individualized treatment planning and medication management * Group and art therapies * Psychosocial rehabilitation services * Transitional Age Youth programs Sharp Mesa Vista El Cajon Outpatient Program * Caring for adults with severe and persistent mental health issues * Individualized treatment planning and medication management * Group and art therapies * Psychosocial rehabilitation services * Adult and adolescent programs <p>Appendix A - Sharp HealthCare Involvement in Community Organizations</p>

Identifier	Return Reference	Explanation
		<p>The list below shows the involvement Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2011. Community organizations are listed alphabetically.</p> <ul style="list-style-type: none"> * 211 San Diego Board * Academy of Medical-Surgical Nurses * ACS * AF * AIS * ALA * Alzheimer's Association * American Association of Critical Care Nurses San Diego Chapter * American College of Healthcare Executives * American Diabetes Association * American Health Information Management Association * American Heart Association * American Hospital Association * American Psychiatric Nurses Association * American Red Cross of San Diego * Arthritis Foundation * Association for Ambulatory Behavioral Health Care (National) * Association for Ambulatory Behavioral Health Care of Southern California * Association for Clinical Pastoral Education * Association of California Nurse Leaders * Association of Rehabilitation Nurses * AWHONN * BLCI * Boys and Girls Club of San Diego * Breast Feeding Coalition Advisory Board * Breast Health Coordinators * California Association of Health Plans * California Association of Medical Staff Services * California Association of Physician Groups * California Council for Excellence * California Dietetic Association, Member Council * California HealthCare Foundation * California Health Information Association * California Hospice and Palliative Care Association * CHA * California Perinatal Quality Care Collaborative * California Physical Therapy Association * California Society of Health System Pharmacists * California State Bar, Health Subcommittee * California Teratogen Information Service * California Women Lead * CHIP Access to Care Committee * CHIP Access to Care Committee Health Literacy * CHIP Access to Care Gift of Health * CHIP Behavioral Health Work Team * CHIP Board * CHIP Executive Partners Committee * CHIP Health Literacy Task Force * CHIP Needs Assessment Committee * CHIP Public Policy Committee * CHIP Steering Committee * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * City of Chula Vista Wellness Program * City of Poway Housing Commission * College Area Pregnancy Services * Community Emergency Response Team * Consortium for Nursing Excellence, San Diego * Coronado Chapter of Rotary International * Coronado Christmas Parade * Coronado Flower Show * Creative Arts Consortium * CWISH * Cycle Eastlake * Diabetes Behavioral Institute * Disabled Services Advisory Board * DOVIA * East County Chamber Health Committee * East County Pregnancy Care Center * East County Refugee Center * East County Senior Service Providers * ECOLIFE Foundation * El Cajon Rotary * Emergency Nurses Association, San Diego Chapter * Employee Assistance Program Association * Family Health Centers of San Diego * First Five Commission * Gay Men's Spiritual Retreat Board * Grossmont College * Grossmont Healthcare District * Grossmont Union High School District * Health Care Communicators Board * Healthcare Financial Management Association San Diego/Imperial Chapter * Hospital Association of San Diego and Imperial Counties * HSHMC Board * Huntington's Disease Society of America * Immunize San Diego Coalition * Institute of Internal Auditors San Diego Chapter Board * International Lactation Consultants Association * Kiwanis Club of Bonita * Komen Board * Komen Breast Cancer Coalition Committee * Komen Race for the Cure Committee * La Mesa Lion's Club * La Mesa Park and Recreation Finance Committee * La Mesa Park and Recreation Foundation Board * Las Hermanas * LEAD, San Diego, Inc * Leukemia & Lymphoma Society * March of Dimes * Meals-on-Wheels East County * Medical Library Group of Southern California and Arizona * Mended Hearts * Mental Health America Board * Mental Health Coalition * Mesa College * Miracle Babies * Mountain Health and Community Services, Inc Board * NAMI * NAMI Schizophrenics in Transition Board of Directors * NANN * National Association of Hispanic Nurses, San Diego Chapter * National Association of Psychiatric Healthcare Systems * National Foundation for Trauma Care * National Hospice and Palliative Care Association * National Kidney Foundation * National Ovarian Cancer Coalition * National Perinatal Information Center * National Trauma Foundation Board * Neighborhood Healthcare Community Clinic - Board of Directors * NurseWeek * Parents for Addiction, Treatment, and Healing * Partnership for Philanthropic Planning of San Diego (formerly San Diego Planned Giving Roundtable) * Partnership for Smoke-Free Families * Peninsula Shepherd Senior Center * Perinatal Social Work Cluster * Planetree Board of Directors * Planned Parenthood of San Diego and Imperial Counties * Potiker Family Senior Residence * Port of San Diego Marketing Committee * Premier, Inc HIT Collaborative * Premier, Inc Medication Use Committee * Professional Oncology Network * Project CARE Council * Public Health Nurse Advisory Board * Recovery Innovations of California * Regional Home Care Council * Regi

Identifier	Return Reference	Explanation
		<p>onal Perinatal System * Residential Care Council * SAFE Foundation * Safety Net Connect * SanDi-Can * San Diegans for Healthcare Coverage * San Diego Healthcare Disaster Council * San Diego Asian Film Festival Foundation * San Diego Association for Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Association for Health care Recruitment * San Diego Blood Bank * San Diego Brain Injury Foundation * San Diego Breastfeeding Coalition * San Diego Caregiver Coalition * San Diego Center for Patient Safety Task Force * San Diego Chapter of Rotary International * San Diego City Parks and Recreation * San Diego Committee on Employment of People with Disabilities * San Diego Council of Hospital Volunteers * San Diego County Perinatal Care Network * San Diego County Pharmacists Association * San Diego County Safety Net Workgroup * San Diego County Social Services Advisory Board * San Diego County Taxpayer Association * San Diego Delta Leadership Academy * San Diego Diabetes Coalition * San Diego Dietetic Association Board * San Diego East County Chamber of Commerce Board * San Diego Emergency Medical Care Committee * San Diego Eye Bank * San Diego Foundation * San Diego Health Information Association * San Diego Healthcare Disaster Council * San Diego Immigrants' Rights Consortium * San Diego Interreligious Committee * San Diego Mental Health Coalition * San Diego North Chamber of Commerce * San Diego Nutrition Council * San Diego Organization of Healthcare Leaders, a local ACHE Chapter * San Diego Patient Safety Consortium * San Diego Regional Energy Office * San Diego Regional Homecare Council * San Diego Restorative Justice Mediation Program * San Diego Society for Human Resource Management * San Diego Society of Hospital Pharmacists, California Society of Health System Pharmacists Chapter * San Diego Urban League * San Diego-Imperial Council of Hospital Volunteers * San Diego Regional Chamber of Commerce * Santee Chamber of Commerce * Santee-Lakeside Rotary * Schizophrenics in Transition * Scoliosis Research Society * SDCOI * SDSU * SDSU Nursing Evidence-Based Practice Institute * Senior Community Centers of San Diego * Serra Foundation * Sidney Kimmel Cancer Center * Sigma Theta Tau International Honor Society of Nursing * Society of Trauma Nurses * South Bay Community Services * South Bay Community Services, Baby First Program * South County Economic Development Council * South County Education Board and Policy Committee * Southern California Association of Neonatal Nurses * Southern California Society of Gastroenterology Nurses and Associates * Southwestern College * Susan G. Komen Breast Cancer Foundation * Sustainable San Diego * SYHS * The Meeting Place Clubhouse * The Polinsky Center * Trauma Intervention Programs of San Diego County, Inc * Trauma Managers Association of California * Union of Pan Asian Communities * United Behavioral Health Medical Credentials Committee * United Way of San Diego County</p>

Identifier	Return Reference	Explanation
		* UCSD * VA San Diego Healthcare System * Vista Hill ParentCare * Wellpoint/US Behavioral Health Clinical Advisory Board * WIC * YMCA * YWCA Becky's House * YWCA Board of Directors * YWCA Executive Committee * YWCA In the Company of Women Luncheon * YWCA TWIN Event

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) Continuous Quality Insurance SPC PO Box 1092 Grand Cayman CJ	Captive Insurance Company	CJ	N/A	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j		No
1k	Yes	
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**

Software ID:
Software Version:
EIN: 95-3782169
Name: Sharp Memorial Hospital

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Sharp HealthCare (SHC) 8695 Spectrum Center Blvd San Diego, CA921231489 95-6077327	Healthcare organization	CA	501(c)3	3	SharpCare		No
Sharp Coronado Hospital (SCHHC) 8695 Spectrum Center Blvd San Diego, CA921231489 95-0651579	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
Grossmont Hospital Corporation (SGH) 8695 Spectrum Center Blvd San Diego, CA921231489 33-0449527	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
Sharp Chula Vista Medical Center (SCVMC) 8695 Spectrum Center Blvd San Diego, CA921231489 95-2367304	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
Sharp Health Plan (SHP) 8695 Spectrum Center Blvd San Diego, CA921231489 33-0519730	Health Plan	CA	501(c)4	N/A	Sharp HealthCare	Yes	
Sharp Healthcare Foundation (SHF) 8695 Spectrum Center Blvd San Diego, CA921231489 95-3492461	Healthcare Foundation	CA	501(c)3	7	Sharp HealthCare	Yes	
SharpCare 8695 Spectrum Center Blvd San Diego, CA921231489 61-1637133	Healthcare Organization	CA	501(c)3	3	N/A		No
Grossmont Hospital Foundation (GHF) 8695 Spectrum Center Blvd San Diego, CA921231489 33-0124488	Hospital Foundation	CA	501(c)3	7	Grossmont Hospital Corporation	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) Sharp Coronado Hospital	K	438,733	Accrual Method
(2) Sharp Coronado Hospital	R	55,873	Accrual Method
(3) Sharp Coronado Hospital	Q	136,483	Accrual Method
(4) Sharp Chula Vista Medical Center	K	2,015,533	Accrual Method
(5) Sharp Chula Vista Medical Center	O	60,118	Accrual Method
(6) Grossmont Hospital Corporation	L	553,016	Accrual Method
(7) Grossmont Hospital Corporation	K	3,739,672	Accrual Method
(8) Grossmont Hospital Corporation	O	146,967	Accrual Method
(9) Grossmont Hospital Corporation	Q	2,244,291	Accrual Method
(10) Sharp HealthCare Foundation	C	7,116,998	Accrual Method
(11) Sharp Health Plan	K	71,526,763	Accrual Method

AUDITED COMBINED FINANCIAL
STATEMENTS

Sharp HealthCare
Years Ended September 30, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP



Sharp HealthCare

Combined Financial Statements and Other Financial Information

Years Ended September 30, 2011 and 2010

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Sharp HealthCare
Combined Balance Sheets

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Assets		
Current assets		
Cash and cash equivalents	\$ 166,012	\$ 155,242
Short-term investments	71,733	44,656
Accounts receivable, net of allowance for doubtful accounts of \$195,597 in 2011 and \$173,026 in 2010	197,262	177,397
Estimated settlements receivable from government programs, net	4,204	-
Inventories	34,095	31,641
Prepaid expenses and other	63,205	33,114
Total current assets	536,511	442,050
Assets limited as to use		
Designated for property	644,786	516,857
Under bond indentures	74,304	51,774
Other restricted investments	36,601	38,039
Under self-insurance programs	8,390	8,043
Total assets limited as to use	764,081	614,713
Property and equipment, net	860,687	790,670
Unamortized financing costs	7,351	4,448
Other assets	70,985	36,751
Total assets	\$ 2,239,615	\$ 1,888,632
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued liabilities	\$ 191,736	\$ 163,687
Accrued compensation and benefits	110,871	100,623
Current portion of long-term debt	11,679	18,673
Estimated settlements payable to government programs, net	-	1,043
Accrued interest	3,026	3,065
Discontinued operations	-	996
Total current liabilities	317,312	288,087
Long-term liabilities	136,160	135,998
Reserves for professional liability	12,900	13,000
Long-term debt	603,493	489,799
Total liabilities	1,069,865	926,884
Net assets		
Unrestricted	1,116,763	906,360
Temporarily restricted	47,583	48,884
Permanently restricted	5,404	6,504
Total net assets	1,169,750	961,748
Total liabilities and net assets	\$ 2,239,615	\$ 1,888,632

See accompanying notes

Sharp HealthCare

Combined Statements of Operations

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Revenues:		
Patient service	\$ 1,512,267	\$ 1,431,551
Provider tax revenue	120,733	–
Provision for doubtful accounts	(25,259)	(41,929)
Net patient service	1,607,741	1,389,622
Premium	811,258	720,599
Other	75,312	66,667
Total revenues	2,494,311	2,176,888
Expenses:		
Salaries and wages	904,745	863,128
Employee benefits	218,856	200,366
Medical fees	306,655	271,324
Purchased services	240,792	225,828
Supplies	286,543	279,904
Provider tax	82,678	–
Maintenance, utilities and rentals	101,504	96,358
Depreciation and amortization	87,474	81,899
Business insurance	7,169	7,056
Interest	24,577	24,849
Other	27,165	25,669
Total expenses	2,288,158	2,076,381
Income from operations	206,153	100,507
Other non-operating loss	(4,092)	(4,053)
Investment (loss) income	(15,341)	38,460
Income from continuing operations	186,720	134,914
Income from discontinued operations	–	132
Excess of revenues over expenses	186,720	135,046
Net assets transferred from related party	5,426	9,344
Net assets released from restrictions used for purchase of property, plant and equipment	8,162	8,737
Pension-related changes other than net periodic pension cost	5,998	29
Other changes in net assets	4,097	720
Increase in unrestricted net assets	\$ 210,403	\$ 153,876

See accompanying notes

Sharp HealthCare

Combined Statements of Changes in Net Assets

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Unrestricted net assets:		
Excess of revenues over expenses	\$ 186,720	\$ 135,046
Net assets transferred from related party	5,426	9,344
Net assets released from restrictions used for purchase of property and equipment	8,162	8,737
Pension-related changes other than net periodic pension cost	5,998	29
Other changes in net assets	4,097	720
Increase in unrestricted net assets	210,403	153,876
Temporarily restricted net assets:		
Contributions	10,516	10,550
Investment income	872	1,146
Change in net unrealized (losses) gains on investments	(1,043)	1,038
Net assets released from restrictions	(11,782)	(12,344)
Other	136	790
(Decrease) increase in temporarily restricted net assets	(1,301)	1,180
Permanently restricted net assets:		
Contributions	-	677
Other	(1,100)	-
(Decrease) increase in permanently restricted net assets	(1,100)	677
Increase in net assets	208,002	155,733
Net assets, beginning of the year	961,748	806,015
Net assets, end of the year	\$ 1,169,750	\$ 961,748

See accompanying notes

Sharp HealthCare

Combined Statements of Cash Flows

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Operating activities		
Increase in net assets	\$ 208,002	\$ 155,733
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Income from discontinued operations	–	(132)
Net assets transferred from related party	(5,426)	(9,344)
Provision for doubtful accounts	25,259	41,929
Non-cash gains	(149)	211
Depreciation of operating and nonoperating facilities	87,487	81,907
Amortization, including deferred financing costs	996	2,423
Change in fair value of interest and basis rate swaps	1,022	311
Restricted contributions and investment income, net	(11,036)	(12,373)
Pension-related changes other than net periodic pension cost	(5,998)	(29)
Changes in assets and liabilities		
(Increase) decrease in		
Accounts receivable	(45,124)	(37,719)
Inventories	(2,454)	(469)
Short-term investments	(27,077)	31,103
Assets limited to use	(149,368)	(184,019)
Prepaid expenses and other	(30,091)	(2,797)
Increase (decrease) in		
Accounts payable and accrued liabilities, long-term liabilities and other liabilities	34,070	18,209
Accrued compensation and benefits	10,248	7,583
Estimated settlements payable to government programs, net	(5,247)	(7,993)
Net cash provided by operating activities of continued operations	<u>85,114</u>	<u>84,534</u>
Net cash used in (provided by) operating activities of discontinued operations	<u>(996)</u>	<u>607</u>
Net cash provided by operating activities	<u>84,118</u>	<u>85,141</u>
Investing activities		
Acquisition of property and equipment, net of retirements	(95,065)	(75,842)
(Increase) decrease in other assets	(34,235)	2,624
Net cash used in investing activities	<u>(129,300)</u>	<u>(73,218)</u>
Financing activities		
Current maturities and payments on long-term debt	(97,902)	(19,323)
Payments under capital lease obligations	(1,062)	(207)
Proceeds from the issuance of long-term debt	143,880	–
Restricted contributions and investment income, net	11,036	12,373
Net cash provided by (used in) financing activities of continued operations	<u>55,952</u>	<u>(7,157)</u>
Net increase in cash and cash equivalents	<u>10,770</u>	<u>4,766</u>
Cash and cash equivalents, beginning of the year	<u>155,242</u>	<u>150,476</u>
Cash and cash equivalents, end of the year	<u>\$ 166,012</u>	<u>\$ 155,242</u>

Sharp HealthCare

Combined Statements of Cash Flows (continued)

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Supplemental disclosures of cash flow information:		
Capital lease obligations for building and equipment	<u>\$ 56,863</u>	<u>\$ (20)</u>
Cash paid for interest	<u>\$ 26,069</u>	<u>\$ 24,491</u>
Net assets transferred from related party	<u>\$ 5,426</u>	<u>\$ 9,344</u>

See accompanying notes

Sharp HealthCare

Notes to Combined Financial Statements

September 30, 2011

1. Summary of Significant Accounting Policies

Organization

Sharp HealthCare (SHC) is a California nonprofit public benefit corporation with corporate offices in San Diego, California. SHC, together with its affiliated entities (collectively Sharp), constitute a regional integrated health care delivery system which does business as Sharp HealthCare, primarily serving the residents of San Diego County. The combined financial statements of Sharp include the accounts of the following:

- Sharp Memorial Hospital (SMH), including Stephen Birch Healthcare Center, Sharp Mary Birch Hospital for Women & Newborns, Sharp Outpatient Pavilion, Sharp Mesa Vista Hospital, and Sharp McDonald Center (formerly Sharp Vista Pacifica)
- Sharp Chula Vista Medical Center (SCVMC)
- Sharp Grossmont Hospital (SGH)
- Sharp Coronado Hospital and HealthCare Center (SCHHC)
- Sharp Health Plan (SHP)
- Continuous Quality Insurance SPC (CQI SPC)
- Sharp HealthCare Foundation (SHF)
- Grossmont Hospital Foundation (GHF)

SHC, SMH, SCVMC, and SGH are collectively the “Obligated Group” under certain bond indentures (see Note 6).

SHC has certain contractual obligations with its affiliates that govern its operations and the use of certain assets. All significant transactions among Sharp’s combined entities have been eliminated in the accompanying combined financial statements.

Use of Estimates

The preparation of Sharp’s combined financial statements in conformity with accounting principles generally accepted in the United States (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Reclassifications

The 2010 financial statements have been reclassified to conform to the 2011 presentation resulting from the adoption of a new accounting standard related to the presentation of the provision for doubtful accounts. Certain other reclassifications were made to the 2010 financial statements to conform to the 2011 presentation.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with original maturities of three months or less. Sharp routinely invests its surplus operating funds in money market mutual funds. These funds generally invest in highly liquid U.S. government and agency obligations.

Short-Term Investments

Short-term investments are classified as trading and include corporate and government obligation securities, which are included in professionally managed portfolios, and are measured at fair value in the balance sheet. The maturities of these securities do not exceed one year. Investment income or loss (including unrealized and realized gains and losses) is included in the combined excess of revenues over expenses.

Inventories

Inventories, consisting principally of supplies, are stated at the lower of average cost or market value.

Derivative and Hedging Instruments

Sharp recognizes all derivatives on its combined balance sheets at fair value. Derivatives that are not effective hedges are adjusted to fair value through the combined statements of operations. If the derivative is an effective hedge, depending on the nature of the hedge, changes in the fair values of the derivatives are offset against either the change in fair value of assets or liabilities. The ineffective portion of a derivative's change in fair value, if any, is immediately recognized in the combined excess of revenues over expenses.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

In 2003, Sharp entered into a floating-to-fixed interest rate swap which is designed to hedge the variability of the cash flows for Sharp's variable rate revenue bonds. In 2004, Sharp entered into a fixed-spread basis swap. The fixed-spread basis swap is designed to improve Sharp's cash position through the term of the contract. In 2006, Sharp entered into a fixed-spread yield curve swap. The yield curve swap is designed to hedge the variability of cash flows on Sharp's variable rate bonds and variable rate swap agreements in exchange for an improved cash position through the term of the contract (see Note 6).

Assets Limited as to Use

Assets limited as to use invested in equity securities with readily determined fair values and investments in debt securities are measured at fair value in the balance sheet and are classified as trading. Investment income or loss (including unrealized and realized gains and losses) is included in the combined excess of revenues over expenses unless the income or loss is restricted by donor or law.

Assets limited as to use primarily include amounts held by trustees under indenture agreements and designated assets set aside by Sharp's Board of Directors (the Board) for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes. Assets limited as to use consist of the following:

Designated for property – Cash resources not required for operations have been designated as funded depreciation to be used for future capital improvements. This designation may be changed and such funds used for other purposes – \$29,308,000 at September 30, 2011, and \$28,429,000 at September 30, 2010, of such assets are pledged as collateral for notes payable and other liabilities.

Under bond indentures – In accordance with the terms of Sharp's various bond indentures, certain bond proceeds and principal and interest payments have been deposited with a trustee and are limited as to use in accordance with the related indentures.

Other restricted investments – Certain cash and investments are limited as to use for future community benefit and for other purposes.

Under self-insurance programs – Certain cash and investments are restricted under Sharp's professional liability self-insurance program.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset from 3 to 40 years and is computed using the straight-line method. Property and equipment under capital lease obligations is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the combined financial statements. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Unamortized Financing Costs

Costs incurred in obtaining long-term financing are amortized over the terms of the related obligations using the effective interest method.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by Sharp has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by Sharp in perpetuity.

Accounting for the Impairment or Disposal of Long-Lived Assets

Sharp accounts for the impairment or disposal of long-lived assets using a future cash flow model to determine whether assets have been impaired. Sharp regularly reviews long-lived assets for circumstances which could indicate carrying values may not be recoverable. No impairments were recorded in 2011 or 2010.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Income from Operations

Sharp's primary purpose is to provide diversified health care services to the community served by its affiliates. Only those activities directly associated with the furtherance of this purpose are considered operating activities and classified as operating revenues and expenses. Items excluded from income from operations consist of investment income, gains and losses on disposition of property and equipment, changes in the fair value of interest rate swaps, and net income from SHF and GHF (Foundations).

Excess of Revenues over Expenses

The accompanying combined statements of operations include excess of revenues over expenses and other changes in unrestricted net assets. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, long-lived assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets, and pension-related changes other than net periodic pension cost.

Net Patient Service Revenues

Sharp has agreements with third-party payors that provide for payments to Sharp at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. In the opinion of management, adequate provision has been made for such adjustments.

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, Sharp analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

associated with services provided to patients who have third-party coverage, Sharp analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), Sharp records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Sharp's allowance for doubtful accounts for self-pay patients was 95 percent of self-pay accounts receivable at September 30, 2011 and 2010. In addition, Sharp's self-pay write-offs increased \$1,200,000 from \$33,500,000 for fiscal year 2010 to \$34,700,000 for fiscal year 2011. The increase was the result of increased revenues from self-pay patients in fiscal year 2011. Sharp has not changed its charity care or uninsured discount policies during fiscal years 2010 or 2011. Sharp does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Premium Revenues

Sharp has agreements with various employers and health maintenance organizations to provide medical services to subscribing participants. Under these agreements, Sharp receives monthly capitation payments based on the number of participants who have selected Sharp, regardless of services actually performed by Sharp.

Other Revenues

Other revenues include unrestricted donations, retail pharmacy gross profits, management services, and joint venture income.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Health Care Service Costs

Sharp contracts with certain health care providers for the provision of medical services to eligible members. These services include primary care and specialty physician services, inpatient and outpatient facility services, pharmacy, and other medical services. Providers are paid on capitated, per diem, and structured fee-for-service bases.

Health care service costs (included in medical fees and purchased services in the accompanying combined statements of operations) are accrued in the period in which the services are provided to enrollees, based in part on estimates, including estimates of medical services provided but not yet reported to Sharp.

Charity Care

Sharp provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because Sharp does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue. Net patient service revenue reported is net of charity care charges foregone of approximately \$301,745,000 in 2011 and \$294,604,000 in 2010.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to Sharp are reported at fair value at the date the promise is received. Conditional promises to give and indications or intentions to give are reported at fair value at the date the gift becomes unconditional. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the combined statements of operations as other operating revenues. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the combined financial statements.

Income Taxes

The principal operations of Sharp are exempt from taxation pursuant to Section 501(c)(3) of the Internal Revenue Code and related California provisions.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2011 and 2010, no such assets or liabilities were recorded.

Adoption of New Accounting Pronouncements

In July 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-07, *Health Care Entities (Topic 954), Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which requires health care entities that recognize significant amounts of patient service revenue at the time the services are rendered, even though a patient's ability to pay is not assessed, to reclassify the provision for doubtful accounts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). The standard also requires enhanced disclosures of policies for recognizing patient service revenue and assessing provisions for doubtful accounts. Sharp adopted ASU 2011-07 as of the current reporting period and applied its presentation and disclosure requirements retrospectively.

Recent Accounting Pronouncements

In August 2010, the FASB issued ASU 2010-23, *Health Care Entities (Topic 954), Measuring Charity Care for Disclosures*, which requires that cost be used as a measurement for charity care disclosure purposes and that cost can be identified as the direct and indirect costs of providing the charity care. It also requires disclosure of the method used to identify or determine such costs. The adoption of ASU 2010-23 is required for Sharp on October 1, 2011, and is not expected to have a material impact on Sharp's combined financial statements.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

In August 2010, the FASB issued ASU 2010-24, *Health Care Entities (Topic 954), Presentation of Insurance Claims and Related Insurance Recoveries*, which clarifies that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. The adoption of ASU 2010-24 is effective for Sharp beginning October 1, 2011, and management is currently evaluating the effect of this guidance on its combined financial statements.

In May 2011, the FASB issued ASU 2011-04, *Fair Value Measurement (Topic 820)*, which clarifies the intent of existing fair value measurement and disclosure requirements under Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*. The adoption of ASU 2011-04 is effective for Sharp beginning October 1, 2012, and management is currently evaluating the effect of this guidance on its combined financial statements.

2. Fair Value Measurements

FASB ASC 820 clarifies that fair value is an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement that should be determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, FASB ASC 820 establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1: Pricing is based on observable inputs such as quoted prices in active markets. Financial assets and liabilities in Level 1 include U.S. Treasury securities and listed equities.
- Level 2: Pricing inputs are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Financial assets and liabilities in this category generally include corporate bonds, U.S. government agency securities, commercial paper, fixed income funds, mortgage-backed securities, interest rate swaps, and commingled plan trust funds.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

- Level 3: Pricing inputs are generally unobservable and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities. The fair values are therefore determined using factors that involve considerable judgment and interpretations, including but not limited to private and public comparables, third-party appraisals, discounted cash flow models, and fund manager estimates. Sharp does not hold any financial assets that would be included in this category.

Assets and liabilities measured at fair value are based on one or more of three valuation techniques noted in FASB ASC 820 as identified below. The valuation techniques are as follows:

- (a) Market approach. Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. This technique was utilized for all Level 1 investments.
- (b) Cost approach. Amount that would be required to replace the service capacity of an asset (replacement cost). This technique was utilized for all Level 2 investments except for the interest rate swaps.
- (c) Income approach. Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing, and excess earnings model). This technique was utilized for the interest rate swaps.

Sharp's investments in partnerships, limited liability companies, and similarly structured entities amounting to approximately \$7,941,000 and \$6,703,000 as of September 30, 2011 and 2010, respectively, are accounted for using the equity method of accounting, which is not a fair value measurement.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

The following table provides the composition of certain investment assets as of September 30, 2011. Only assets and liabilities measured at fair value are shown in the three-tier fair value hierarchy.

September 30, 2011	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>			
Cash and cash equivalents	\$ 166,012	\$ 166,012	\$ –
Short-term investments:			
U.S. Treasury obligations	\$ 12,453	\$ 12,453	\$ –
Corporate bonds	53,535	–	53,535
U.S. government agencies	2,317	–	2,317
Commercial paper	2,860	–	2,860
Interest receivable	568	–	568
	\$ 71,733	\$ 12,453	\$ 59,280
Assets limited as to use:			
Designated for property:			
Cash and cash equivalents	\$ 2,468	\$ 2,468	\$ –
Equities	233,998	233,998	–
U.S. Treasury obligations	97,085	97,085	–
Corporate bonds	231,889	–	231,889
U.S. government agencies	75,577	–	75,577
Interest receivable	3,769	–	3,769
	\$ 644,786	\$ 333,551	\$ 311,235

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	September 30, 2011	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Assets limited as to use (continued):				
Under bond indentures:				
Cash and cash equivalents	\$ 30,772	\$ 30,772	\$ —	\$ —
U.S. Treasury obligations	7,469	7,469	—	—
Corporate bonds	12,221	—	12,221	—
U.S. government agencies	23,564	—	23,564	—
Interest receivable	278	—	278	—
	\$ 74,304	\$ 38,241	\$ 36,063	\$ —
Other restricted investments:				
Cash and cash equivalents	\$ 1,835	\$ 1,835	\$ —	\$ —
Equities	15,998	15,998	—	—
U.S. Treasury obligations	3,610	3,610	—	—
Corporate bonds	5,749	—	5,749	—
U.S. government agencies	1,980	—	1,980	—
Fixed income funds	6,283	5,689	594	—
Mortgage-backed securities	282	—	282	—
Commodities	765	765	—	—
Interest receivable	99	—	99	—
	\$ 36,601	\$ 27,897	\$ 8,704	\$ —
Under self-insurance programs:				
U.S. Treasury obligations	\$ 1,685	\$ 1,685	\$ —	\$ —
Corporate bonds	4,687	—	4,687	—
U.S. government agencies	2,018	—	2,018	—
	\$ 8,390	\$ 1,685	\$ 6,705	\$ —
Interest rate swap liability	\$ 4,872	\$ —	\$ 4,872	\$ —
	\$ 4,872	\$ —	\$ 4,872	\$ —

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

The following table provides the composition of certain investment assets as of September 30, 2010. Only assets and liabilities measured at fair value are shown in the three-tier fair value hierarchy.

	September 30, 2010	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Cash and cash equivalents	\$ 155,242	\$ 155,242	\$ –	\$ –
Short-term investments:				
U.S. Treasury obligations	\$ 23,816	\$ 23,816	\$ –	\$ –
Corporate bonds	7,285	–	7,285	–
U.S. government agencies	6,096	–	6,096	–
Commercial paper	5,979	–	5,979	–
Interest receivable	1,480	–	1,480	–
	<u>\$ 44,656</u>	<u>\$ 23,816</u>	<u>\$ 20,840</u>	<u>\$ –</u>
Assets limited as to use:				
Designated for property:				
Cash and cash equivalents	\$ 3,513	\$ 3,513	\$ –	\$ –
Equities	147,383	147,383	–	–
U.S. Treasury obligations	68,398	68,398	–	–
Corporate bonds	208,965	–	208,965	–
U.S. government agencies	86,300	–	86,300	–
Interest receivable	2,298	–	2,298	–
	<u>\$ 516,857</u>	<u>\$ 219,294</u>	<u>\$ 297,563</u>	<u>\$ –</u>

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	September 30, 2010	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Under bond indentures:				
Cash and cash equivalents	\$ 661	\$ 661	\$ —	\$ —
U.S. Treasury obligations	26,304	26,304	—	—
Corporate bonds	1,178	—	1,178	—
U.S. government agencies	15,644	—	15,644	—
Commercial paper	7,765	—	7,765	—
Interest receivable	222	—	222	—
	\$ 51,774	\$ 26,965	\$ 24,809	\$ —
Other restricted investments:				
Cash and cash equivalents	\$ 2,858	\$ 2,858	\$ —	\$ —
Equities	19,331	19,331	—	—
U.S. Treasury obligations	3,938	3,938	—	—
Corporate bonds	6,083	—	6,083	—
U.S. government agencies	2,353	—	2,353	—
Fixed income funds	2,779	2,038	741	—
Mortgage-backed securities	697	—	697	—
	\$ 38,039	\$ 28,165	\$ 9,874	\$ —
Under self-insurance programs:				
U.S. Treasury obligations	\$ 2,141	\$ 2,141	\$ —	\$ —
Corporate bonds	3,894	—	3,894	—
U.S. government agencies	2,008	—	2,008	—
	\$ 8,043	\$ 2,141	\$ 5,902	\$ —
Interest rate swap liability	\$ 3,850	\$ —	\$ 3,850	\$ —
	\$ 3,850	\$ —	\$ 3,850	\$ —

Sharp HealthCare

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue

Patient Service Revenues

Sharp has agreements with third-party payors that provide for payments to Sharp at amounts different from its established rates.

The Medicare program reimburses Sharp at prospectively determined rates for the major portion of inpatient and outpatient services rendered to patients, primarily on the basis of Medicare Severity Diagnosis Related Groups (MS-DRGs) and Ambulatory Payment Classification Groups (APCs), respectively.

Nonacute inpatient services, defined capital costs, and certain outpatient costs are paid based on a cost reimbursement methodology. When paid under cost reimbursement, Sharp is reimbursed at the interim rate with final settlement determined after submission of annual cost reports and audits by the fiscal intermediaries. The Medi-Cal program reimburses Sharp primarily on prospectively determined rates for inpatient and outpatient services.

Revenue from the Medicare and Medi-Cal programs accounted for approximately 32% and 18%, respectively, of Sharp's gross patient charges for the year ended September 30, 2011, and 31% and 19%, respectively, of Sharp's gross patient charges for the year ended September 30, 2010. Laws and regulations governing Medicare and Medi-Cal programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Net patient service revenue includes changes in estimate which increased revenue by \$21,696,000 in 2011 and \$13,618,000 in 2010 which includes the impact of settlements of prior years' reimbursement from Medicare, Medi-Cal, and Champus programs.

Sharp also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to Sharp under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

Sharp grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net receivables from significant payors was as follows:

	September 30	
	2011	2010
Medicare	15%	14%
Medi-Cal	12%	15%
Private Pay	29%	28%

Provider Tax Revenue

The California Hospital Quality Assurance Program (the Program) was signed into law by the Governor of California and became effective on January 1, 2010. Amending legislation, to confirm to changes requested by the Centers for Medicare and Medicaid Services (CMS) during the approval process, the Program was signed into law by the Governor of California and became effective September 8, 2010. CMS granted final approval of the program in December 2010. The primary and amending legislations contains two components. The Quality Assurance Fee Act governs the “hospital fee” or “Quality Assurance Fee” (QA Fee) paid by participating hospitals. The Medi-Cal Hospital Provider Stabilization Act governs supplemental Medi-Cal payments (Supplemental Payments) made to providers from the fund. Hospital participation is mandatory with limited exceptions.

Sharp received Supplemental Payments in the amount of \$120,733,000 pertaining to the Program period from April 1, 2009 to December 31, 2010, and recorded these amounts within Provider Tax Revenue for the year ended September 30, 2011. Sharp made payments to the Department of Health Care Services (DHCS) for the QA fee in the amount of \$79,761,000 pertaining to the Program period from April 1, 2009 to December 31, 2010, and recorded these amounts within Provider Tax Expenses. The California Health Foundation and Trust (CHFT) is administering a private program to aggregate and disburse financial resources to support charitable activities at various independent hospitals for measures to alleviate losses resulting from the implementation of the Program. Sharp paid pledge payments totaling \$2,917,000 to the CHFT pertaining to the Program period from April 1, 2009 to December 31, 2010, and recorded these amounts within Provider Tax Expense for the year ended September 30, 2011.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

DHCS began assessing fees and making supplemental payments pertaining to the Program period from January 1, 2011 to June 30, 2011, in May 2011. As of September 30, 2011, CMS had not formally approved the Program pertaining to the period from January 1, 2011 to June 30, 2011. As a result, Sharp recorded Supplemental Payments pertaining to the Program period from January 1, 2011 to June 30, 2011, totaling \$41,381,000 within accounts payable and accrued liabilities in the combined balance sheet as of September 30, 2011. Sharp recorded payments to DHCS for QA fees of \$26,938,000 and pledge payments of \$813,000, pertaining to the Program period from January 1, 2011 to June 30, 2011, within prepaid expense and other in the combined balance sheet as of September 30, 2011.

4. Investment Income (Loss)

Investment income (loss) for assets limited as to use, short-term investments, and cash equivalents are comprised of the following:

	Year Ended September 30	
	2011	2010
	<i>(In Thousands)</i>	
Interest income	\$ 13,072	\$ 12,580
Unrealized (losses) gains, net	(48,458)	22,389
Realized gains, net	20,045	3,491
	\$ (15,341)	\$ 38,460

Sharp HealthCare

Notes to Combined Financial Statements (continued)

5. Property and Equipment

Property and equipment consists of the following:

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Land and improvements	\$ 50,928	\$ 50,309
Buildings and improvements	979,366	896,935
Equipment and furniture	760,984	716,752
Construction-in-progress	80,178	53,527
	1,871,456	1,717,523
Less accumulated depreciation and amortization	(1,010,769)	(926,853)
	\$ 860,687	\$ 790,670

Depreciation and amortization expense for the years ended September 30, 2011 and 2010, amounted to approximately \$87,520,000 and \$81,250,000, respectively. Included in these amounts is amortization for buildings and equipment under capital lease obligations. Sharp has approximately \$64,709,000 and \$8,160,000 at September 30, 2011 and 2010, respectively, of buildings and equipment under capital lease, at cost. Sharp has outstanding commitments to complete construction-in-progress totaling approximately \$79,315,000 at September 30, 2011.

On May 29, 1991, Sharp leased the Grossmont Hospital (the Hospital) existing campus land, buildings, and equipment from the Grossmont Healthcare District (the District). The lease provides for a 30-year term ending May 29, 2021, at \$1 per year. Unless extended, the buildings, improvements, and equipment acquired by the Hospital since the inception of the lease will revert to the District at the end of the lease term.

The Hospital and the District initiated, in 2006, a project for the construction of three shelled floors in the Emergency and Critical Care Center, central plant upgrades, infrastructure improvements, and facility renovations (the Project). The Project is being funded using the proceeds of general obligation (GO) bonds. In July 2007 and February 2011, \$85,500,000 and \$136,860,000, respectively, in GO bonds were issued by the District. The next offering of the GO bonds is expected in 2014. Sharp considers the District to be a related party based upon these relationships between Sharp and the District.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

5. Property and Equipment (continued)

The Hospital is not required to make any payments to the District with respect to the contribution to the Project of assets constructed using the GO bond proceeds. Therefore, the GO bonds have not been included in the combined financial statements as a liability of Sharp. The portion of the Project funded with the GO bonds is being recognized as a transfer of net assets from the District as the Project is completed. In fiscal 2011 and 2010, the Hospital recorded \$5,426,000 and \$9,344,000, respectively, of construction in progress and a related transfer of net assets for the portion of the Project completed during the year with proceeds of the GO bonds.

6. Long-Term Debt

Long-term debt consists of the following:

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
<p>Series 2009B Revenue Bonds (Series 2009B Bonds) collateralized by revenues of the Obligated Group. Principal due in annual amounts ranging from \$1,640,000 in 2022 to \$24,900,000 in 2039. Interest payable semiannually at rates ranging from 6.00% to 6.38%. The borrowing amount is net of the unamortized original issue discount of \$2,512,000 at September 30, 2011. The bonds include issuer call features totaling \$30,025,000 and \$109,975,000 in 2014 and 2019, respectively.</p>	\$ 137,488	\$ 137,386
<p>Series 2009C and Series D Variable Rate Revenue Bonds (Series 2009C and D Bonds), collateralized by a three-year direct-pay letter of credit reimbursement agreement between Obligated Group and a bank. Principal is due in annual amounts ranging from \$145,000 in 2022 to \$11,805,000 in 2035. Letter of Credit is renewable in 2014. Interest is payable monthly at a variable rate (0.13% at September 30, 2011).</p>	99,880	99,880

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
<p>Series 2011A Revenue Bonds (Series 2011A Bonds) collateralized by revenues of the Obligated Group. Principal due in annual amounts ranging from \$2,985,000 in 2014 to \$8,180,000 in 2030. Interest payable annually at rates ranging from 3.50% to 6.00%. The borrowing amount is net of the unamortized original issue premium of \$408,000 at September 30, 2011. The bonds include issuer call features totaling \$54,490,000 in 2021.</p>	\$ 78,118	\$ —
<p>County of San Diego Certificates of Participation issued in 1998 (1998 COP Bonds) collateralized by revenues of the Obligated Group. Principal due in annual installments ranging from \$3,870,000 in 2012 to \$5,705,000 in 2028 (no principal payments are due in 2013 through 2018). Interest payable semiannually at rates ranging from 4.70% to 5.25% through 2028. The borrowing amount is net of the unamortized original issue discount of \$555,000 at September 30, 2011.</p>	51,335	82,408
<p>Series 2009A Variable Rate Revenue Bonds (Series 2009A Bonds) collateralized by a direct-pay letter of credit reimbursement agreement between Obligated Group and a bank. Principal due in annual amounts ranging from \$3,260,000 in 2012 to \$5,360,000 in 2024. Letter of Credit is renewable in 2016. Interest is payable monthly at a variable rate (0.16% at September 30, 2011).</p>	50,885	54,010
<p>Series 2010A Variable Rate Revenue Bonds (Series 2010A Bonds) collateralized by revenues of the Obligated Group. Principal due in quarterly amounts ranging from \$185,000 to \$450,000 through 2035. Interest payable quarterly at a variable rate (0.91% at September 30, 2011).</p>	29,075	—

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Series 2003C Revenue Bonds collateralized by revenues of the Obligated Group. Principal due in annual amounts ranging from \$550,000 in 2012 to \$16,265,000 in 2021. Interest payable annually at rates ranging from 5.13% to 5.38% through 2021. The borrowing amount is net of the unamortized original issue discount of \$63,000 at September 30, 2011.	\$ 25,877	\$ 26,449
Reverse Repurchase Agreement collateralized by U.S. Treasury securities. Principal due in February 2013. Interest payable quarterly at a variable rate (0.54% at September 30, 2011).	15,500	15,500
Series 1988A Insured Hospital Revenue Bonds collateralized by revenues of the Obligated Group. Principal due in annual amounts ranging from \$1,300,000 in 2012 to \$1,900,000 in 2018. Interest payable every 35 days at a variable rate (0.26% at September 30, 2011).	11,100	12,300
Series 2001A Revenue Bonds (Series 2001A Bonds) collateralized by revenues of the Obligated Group. The series 2001A Bonds were refunded with the proceeds from the Series 2011A Bonds.	–	56,086
Tax-Exempt Financing collateralized by equipment. Interest and principal paid in monthly installments at a rate of 3.86% through 2011.	–	5,422
Construction loan agreement. Interest ranging from .90% to 1.26% payable quarterly. Principal due in quarterly installments beginning in 2018 to final maturity in 2041.	39,315	–
Medical office building mortgage collateralized by the building. Interest and principal paid in monthly installments at a rate of 5.39% through 2014 when a final principal payment of \$7,735,000 is due.	8,218	8,388

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Capital lease obligations at imputed rates of interest ranging from 5.46% to 7.27%, collateralized by leased building or equipment.	\$ 62,500	\$ 6,698
Other debt including the fair value of interest rate swaps	5,881	3,945
Total	615,172	508,472
Less current portion	(11,679)	(18,673)
	\$ 603,493	\$ 489,799

In 2011, Sharp issued Series 2010A Bonds in the amount of \$30,000,000. The Series 2010A Bonds proceeds are being utilized to finance the acquisition, construction, equipping and improvement of facilities of the Obligated Group.

In 2011, Sharp issued Series 2011A Bonds in the amount of \$77,710,000 that had a net original issue premium of \$430,000. The proceeds, in conjunction with the 2001A Debt Service Reserve Fund of \$7,800,000, were utilized to refinance the Series 2001A Bonds in the amount of \$56,110,000 and partially refinance the 1998 COP Bonds in the amount of \$27,590,000.

In 2011, Sharp borrowed \$39,315,000 to finance the construction of certain facilities and equipment (the Project) under a financing structured to qualify for New Market Tax Credits. The New Market Tax Credit program is administered by the Federal government and provides tax incentives for the benefit of low-income communities. In order to comply with this program, investors formed a group of entities (the Lenders), which were capitalized by a \$10,371,000 equity contribution and by a \$29,319,000 loan from Sharp HealthCare Foundation. This resulted in the Lenders accumulating funds totaling \$39,315,000, which were then loaned to Sharp. The loan is collateralized by the tangible personal property of the Project.

In 2011, Sharp executed a master lease agreement for three medical office buildings for a term of 15 years with the option to renew for two terms of five years. Each property was analyzed and accounted for on an individual basis. The fair market value of the land associated with two of the medical office buildings was in excess of twenty-five percent of the fair market value of the entire property, the point at which the land and building components of a lease must be classified independently. The land components of these two medical office buildings were classified as operating leases while the building components were classified as capital leases. The fair market

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

value of the land associated with the third medical office building was less than twenty-five percent of the fair market value of the entire property so the entire property was classified as a capital lease. The associated assets and debt obligations of the capital leases were recorded in the financial statements at fair market value totaling \$56,863,000, including the estimated residual value of \$9,015,000

The medical office buildings are being amortized over the lease term. Rent payments paid by Sharp are recorded as debt service payments on the debt obligation with the portion not relating to interest reducing the principal balance based on interest rates ranging from 5.46% to 7.27%. The long-term lease obligation is \$45,824,000 and the current portion of the obligation is \$1,158,000 at September 30, 2011.

Under the terms of the 2001A (refunded in 2011), 2003C, and 2009B Revenue Bonds, Sharp is required to maintain certain deposits with a trustee. Such deposits are included with assets limited as to use. Sharp's loan agreements include, among other things, certain financial covenants, limitations on additional indebtedness, and limitations on sales/leaseback transactions. Sharp was in compliance with such covenants and limitations at September 30, 2011 and 2010.

Scheduled principal payments on long-term debt and payments on capital lease obligations for years ending September 30 are as follows (in thousands):

	<u>Long-Term Debt</u>	<u>Capital Lease Obligations</u>
2012	\$ 10,314	\$ 1,365
2013	22,110	1,627
2014	17,294	1,885
2015	11,085	2,117
2016	11,410	2,404
Thereafter	478,310	53,101

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

A summary of interest cost on borrowed funds follows:

	Year Ended September 30	
	2011	2010
	<i>(In Thousands)</i>	
Interest cost:		
Capitalized	\$ 1,147	\$ 579
Charged to operations	24,577	24,849
	\$ 25,724	\$ 25,428

Interest Rate Swaps

During 2003, Sharp entered into a floating-to-fixed interest rate swap on the Series 2003A and B Bonds which were refunded in 2009. The swap agreement hedges an initial notional amount of \$109,650,000 at a fixed payer rate of 3.01% for the entire swap term which expires on August 1, 2024, and will receive 59% of one-month LIBOR plus 0.14%, for the remaining term of the swap. Settlements are made weekly. Cash paid on the interest rate swap was \$2,184,000 in 2011 and \$2,314,000 in 2010, which increased Sharp's overall cost of borrowing and was included in interest expense. The change in fair value of the swap decreased non-operating income by \$416,000 in 2011 and \$2,326,000 in 2010.

During 2004, Sharp entered into a fixed-spread basis swap with a bank. The swap arrangement hedges an initial notional amount of \$80,000,000 at a fixed payer rate of one-month BMA for the entire swap term which expires on February 3, 2024, and will receive 67% of one-month LIBOR plus 0.55%. Settlements are made quarterly. Cash received on the interest rate swap was \$424,000 in 2011 and \$399,000 in 2010, which reduced Sharp's overall cost of borrowing and was offset against interest expense. The change in fair value of the swap increased non-operating income by \$155,000 in 2011 and \$265,000 in 2010.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

During 2006, Sharp entered into a fixed-spread yield curve swap with a bank. The swap arrangement hedges an initial notional amount of \$80,000,000 and entails Sharp paying Citibank 67% of one-month LIBOR and receiving 67% of ten-year LIBOR less a market determined fixed spread. Under the terms of the agreement, Sharp may terminate the swap at any time. Cash received on the interest rate swap was \$1,246,000 in 2011 and \$1,309,000 in 2010, which reduced Sharp's overall cost of borrowing and was offset against interest expense. The change in fair value of the swap decreased non-operating income by \$761,000 in 2011 and increased non-operating income by \$1,750,000 in 2010.

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Purchase of equipment	\$ 14,436	\$ 13,961
Hospital departments	11,184	9,954
Hospital programs	10,657	13,353
Health education	6,793	6,718
Research	3,894	4,088
Indigent care	619	810
Total	<u>\$ 47,583</u>	<u>\$ 48,884</u>

Permanently restricted net assets of \$5,404,000 and \$6,504,000 at September 30, 2011 and 2010, respectively, represent investments to be held in perpetuity, the income from which is expendable to support health care services.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

8. Endowments

Sharp's endowments consist of 44 separate endowment funds included in assets limited as to use established for a variety of purposes. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors of Sharp's affiliated foundations to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

On September 30, 2008, California Senate Bill No. 1329 was signed into law which enacted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) for California. California also adopted one of the "optional" provisions of the act, creating a rebuttable presumption of imprudence for spending more than 7% of the value of an endowment fund in one year (based on a three-year rolling average). The Board has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, Sharp classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by Sharp in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, Sharp considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund, (2) the purposes of Sharp and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of Sharp, and (7) the investment policies of Sharp.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

8. Endowments (continued)

The endowment net asset composition as of September 30, 2011, by fund type was as follows:

	Temporarily Restricted	Permanently Restricted	Total
<i>(In Thousands)</i>			
Board-designated endowment funds	\$ 1,902	\$ –	\$ 1,902
Donor-restricted endowment funds	3,202	5,404	8,606
Total funds	\$ 5,104	\$ 5,404	\$ 10,508

The endowment net asset composition as of September 30, 2010, by fund type was as follows:

	Temporarily Restricted	Permanently Restricted	Total
<i>(In Thousands)</i>			
Board-designated endowment funds	\$ 607	\$ –	\$ 607
Donor-restricted endowment funds	3,845	6,504	10,349
Total funds	\$ 4,452	\$ 6,504	\$ 10,956

Sharp has adopted investment and spending policies for endowment assets that attempt to provide a stream of funding to programs supported by its endowment while balancing the risk of investment loss with long-term preservation of purchasing power. Endowment assets include those assets of donor-restricted funds that Sharp must hold in perpetuity or for a donor-specified period as well as board-designated funds.

Sharp targets a diversified asset allocation that places greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints. Sharp's spending policy is to annually appropriate for distribution no more than 4% per year of each endowment fund's average fair value (based on a two-year rolling average).

Sharp HealthCare

Notes to Combined Financial Statements (continued)

8. Endowments (continued)

	Temporarily Restricted	Permanently Restricted	Total
	<i>(In Thousands)</i>		
Endowment net assets, September 30, 2009	\$ 3,130	\$ 5,827	\$ 8,957
Investment return:			
Investment income (loss)	453	(3)	450
Net appreciation (realized and unrealized)	785	—	785
Total investment return	1,238	(3)	1,235
Contributions	150	680	830
Appropriation of endowment asset for expenditure	(66)	—	(66)
Endowment net assets, September 30, 2010	4,452	6,504	10,956
Investment return:			
Investment income	529	—	529
Net depreciation (realized and unrealized)	(850)	—	(850)
Total investment return	(321)	—	(321)
Contributions	135	—	135
Other	923	(1,100)	(177)
Appropriation of endowment asset for expenditure	(85)	—	(85)
Endowment net assets, September 30, 2011	\$ 5,104	\$ 5,404	\$ 10,508

9. Functional Expenses

Sharp provides general health care services to residents within its geographic locations. Expenses related to providing these services are as follows:

	Year Ended September 30	
	2011	2010
	<i>(In Thousands)</i>	
Hospital patient services	\$ 1,576,796	\$ 1,472,203
Clinic patient services	340,254	317,887
General and administrative	245,149	174,008
Purchased services under capitated agreements	125,959	112,283
	\$ 2,288,158	\$ 2,076,381

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans

Sharp sponsors a voluntary retirement plan (the Plan) which consists of a defined benefit cash balance plan and a defined contribution plan. Under the defined contribution element of the Plan, Sharp made matching contributions of \$13,736,000 in 2011 and \$12,368,000 in 2010.

The following sets forth the funded status of the Sharp's defined benefit pension plan at September 30:

	2011	2010
	<i>(In Thousands)</i>	
Change in benefit obligation:		
Benefit obligation at beginning of year	\$ 232,964	\$ 202,292
Service cost	10,406	8,173
Interest cost	10,930	10,960
Actuarial (gain) loss	(275)	21,131
Benefits paid	(10,643)	(9,592)
Benefit obligation at end of year	243,382	232,964
Change in plan assets:		
Fair value of plan assets at beginning of year	158,664	128,190
Actual return on plan assets	1,332	15,784
Plan participants' contributions	5,601	5,154
Employer contributions	18,610	19,128
Benefits paid	(10,643)	(9,592)
Fair value of plan assets at end of year	173,564	158,664
Funded status	\$ (69,818)	\$ (74,300)

The net liability, recognized in the balance sheet in long-term liabilities, was \$69,818,000 and \$74,300,000 at September 30, 2011 and 2010, respectively.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

Included in unrestricted net assets at September 30 are the following amounts that have not yet been recognized in net periodic pension cost:

	2011	2010
	<i>(In Thousands)</i>	
Prior service cost	\$ 4,335	\$ 5,581
Net actuarial loss	92,704	97,456
	\$ 97,039	\$ 103,037

Additional information for the plan:

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Projected benefit obligation	\$ 243,382	\$ 232,964
Accumulated benefit obligation	226,499	214,251
Fair value of plan assets	173,564	158,664

Net periodic pension cost includes the following components for the years ended September 30:

	2011	2010
	<i>(In Thousands)</i>	
Service cost	\$ 10,406	\$ 8,173
Interest cost	10,930	10,960
Expected return on plan assets	(12,884)	(10,805)
Recognized net actuarial loss	10,429	9,774
Amortization of prior service cost	1,244	1,245
Net periodic pension cost	\$ 20,125	\$ 19,347

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

Weighted-average assumptions used to determine benefit obligations were:

	September 30	
	2011	2010
Discount rate	4.92%	4.89%
Rate of compensation increase	3.50%	4.50%

Weighted-average assumptions used to determine net periodic pension cost were:

	September 30	
	2011	2010
Discount rate	4.89%	5.63%
Expected return on plan assets	8.00%	8.00%
Rate of compensation increase	3.50%	4.50%

The expected rate of return on plan assets is updated annually, taking into consideration the plan's asset allocation, historical returns on the types of assets held in the pension trust, and the current economic environment.

Plan Assets

The Plans' assets are invested in an institutional trust company commingled employee benefit plan trust (Commingled Plan Trust). As of September 30, 2011 and 2010, the Plans' target allocation and the allocation of investments in the Commingled Plan Trust were as follows:

	Target allocation	2011	2010
Asset category:			
Equity securities	61% – 69%	62%	64%
Fixed income	31% – 39%	38%	36%
Total		100%	100%

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

Plan assets are managed according to an investment policy adopted by Sharp's Retirement Committee. Professional investment managers are retained to manage plan assets. The primary objective of the Plan is to generate a consistent total investment return sufficient to pay present and future Plan benefits to retirees. The investment policy includes an asset allocation that includes equities and fixed income instruments. The target mix represents a long-term asset allocation strategy for the Plan. Although the Retirement Committee will seek to maintain the target mix over the long-term, short-term deviations may occur due to market impact and cash flow. The timing and degree of rebalancing of the actual portfolio will be determined by the Retirement Committee.

Financial assets and financial liabilities measured at fair value are grouped in three levels, based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to estimate fair value. These levels and associated valuation methodologies are described in Note 2. All of the Plans' investments in the Commingled Plan Trust are in the Level 2 fair value group at September 30, 2011 and 2010.

Contributions

Sharp expects to contribute \$8,956,000 to the Plan in 2012.

Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid (in thousands):

2012	\$	13,636
2013		14,081
2014		14,819
2015		15,790
2016		16,442
2017 – 2021		90,462

Sharp HealthCare

Notes to Combined Financial Statements (continued)

11. Long-term Liabilities

Long-term liabilities consist of the following:

	September 30	
	2011	2010
	<i>(In Thousands)</i>	
Defined benefit pension plan unfunded liability	\$ 69,818	\$ 74,300
Worker's compensation	43,021	40,761
Deferred liabilities	14,961	13,223
Other	8,360	7,714
	\$ 136,160	\$ 135,998

12. Commitments and Contingencies

Leases

Sharp leases various equipment and facilities under operating leases expiring at various dates through 2023. Total rental expense in 2011 and 2010 for all operating leases was \$28,181,000 and \$27,659,000, respectively.

The following is a schedule by year of future minimum lease payments (in thousands) under operating leases as of September 30, 2011, that have initial or remaining lease terms in excess of one year.

2012	\$ 23,690
2013	21,734
2014	18,969
2015	17,581
2016	13,951
Thereafter	76,793
	\$ 172,718

Sharp HealthCare

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

Legal Matters

The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations are subject to ongoing government review and interpretations, and include matters such as licensure, accreditation, and reimbursement for patient services. Compliance with these laws and regulations is required for participation in government health care programs. Government activity has increased with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties as well as significant repayment of previously billed and collected revenues for patient services. Sharp believes it is in compliance with current laws and regulations.

In the normal course of business, Sharp is involved in legal proceedings. Sharp accrues a liability for such matters when it is probable that a liability has been incurred and the amount can be reasonably estimated. The accrual for a litigation loss contingency might include, for example, estimates of potential damages, outside legal fees, interest penalties, and other directly related costs expected to be incurred.

Labor Matters

Not-for-profit health care providers and their employees are under the jurisdiction of the National Labor Relations Board. As of September 30, 2011, approximately 28% of Sharp employees are represented by unions. Such unionized employees are represented by Sharp Professional Nurses Network, United Nurses of California, National Union of Hospital and Health Care Employees, American Federation of State, County and Municipal Employees, AFL-CIO. The collective bargaining agreement with the union expires in 2014.

Professional Liability and Stop-Loss Insurance

CQI SPC is a wholly owned captive insurance company which insures a portion of the medical malpractice (professional liability) claims of certain affiliates of Sharp. Malpractice losses are accrued based on estimates of the ultimate costs for both reported claims and claims incurred but not reported. Sharp's liability is limited to \$3,000,000 per individual claim and \$13,500,000 in the aggregate each year. Sharp has obtained excess loss insurance covering claims above these amounts up to \$40,000,000.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

General and professional liability costs have been accrued based upon an actuarial determination. Accrued malpractice losses have been discounted at 3% at September 30, 2011 and 2010.

Claims, including alleged malpractice, have been asserted against Sharp and are currently in various stages of litigation. Additional claims may be asserted against Sharp arising from services provided to patients through September 30, 2011. In management's opinion, however, the estimated liability accrued at September 30, 2011, is adequate to provide for potential losses resulting from pending or threatened litigation. It is management's opinion that the ultimate disposition of such litigation will not have a material adverse effect on the combined financial position, results of operations, or cash flows of Sharp.

Sharp Health Plan

SHP is required to meet certain financial responsibility regulations of the California Department of Managed Healthcare (DMHC). Pursuant to these regulations, SHP maintains a reserve totaling \$300,000 on deposit with various financial institutions. In addition, SHP is required to maintain two times the normal requirement of tangible net equity, as defined in regulations of the DMHC. At September 30, 2011 and 2010, SHP was required to maintain tangible net equity totaling \$7,985,000 and \$7,031,000, respectively. SHP's tangible net equity was \$34,175,000 at September 30, 2011, and \$30,385,000 at September 30, 2010. Management believes they are in compliance with these requirements at September 30, 2011 and 2010.

Unemployment Claims and Workers' Compensation

Sharp has elected to self-insure for unemployment claims through various group plans. Prior to January 1, 1996, Sharp was also self-insured for workers' compensation claims. Since 1996, Sharp has purchased high deductible insurance policies and has been responsible for workers' compensation claims up to amounts covered by these insurance policies (Sharp was responsible for individual claims up to \$1,000,000 in 2011 and 2010). For workers' compensation, Sharp accrues for the unpaid portion of claims that have been reported and estimates of claims that have been incurred but not reported, based on an actuarial study. Accrued workers' compensation losses have been discounted at 1.7% and 2.2% at September 30, 2011 and 2010, respectively. Workers compensation liabilities of \$43,021,000 and \$40,761,000 at September 30, 2011 and 2010, respectively, are included in long-term liabilities in the combined balance sheet.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

Seismic Standards (Unaudited)

Sharp has made significant progress toward meeting earthquake retrofit requirements for its health care facilities under a State of California law. The new Stephen Birch tower at SMH meets all new code requirements. In addition, many of the other hospitals have been further assessed and reclassified, and have received extensions for compliance until 2030. Only two of the remaining hospital buildings in the Sharp system require additional seismic improvements. These two hospital buildings received an extension for compliance with seismic standards through January 1, 2015. Permits are pending to seismically retrofit these two buildings and construction is scheduled to be completed in 2013.

Credit Facilities

Sharp has a \$50,000,000 line of credit with a bank which expires on September 1, 2013, of which \$17,600,000 was available at September 30, 2011 and 2010. As part of the workers' compensation insurance agreement, letters of credit have been provided as collateral. The total letters of credit used as collateral totaled \$32,400,000 as of September 30, 2011 and 2010. These letters of credit are each considered a decrease in the available \$50,000,000 line of credit with the bank. There are no amounts outstanding as of September 30, 2011 and 2010.

Sharp has a bank liquidity facility to provide credit enhancement and liquidity support for the \$60,000,000 of Series 2009A Bonds. The bank liquidity facility was executed in February 2009 by a bank letter of credit that expires in May 2016. The letter of credit used as collateral totaled \$51,471,000 at September 30, 2011.

Sharp has a bank liquidity facility to provide credit enhancement and liquidity support for the \$99,880,000 of Series 2009C and D Bonds. The bank liquidity facility was executed in September 2009 by a bank letter of credit that expires in July 2014. The total letters of credit used as collateral totaled \$101,391,000 at September 30, 2011.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

13. Fair Value of Financial Instruments

The following methods and assumptions were used by Sharp in estimating fair value of its financial instruments:

Cash and cash equivalents: The carrying amount reported in the balance sheet for cash and cash equivalents approximates fair value.

Short-term investments and assets limited as to use: Fair values, which are the amounts reported in the balance sheet, are based on quoted market prices.

Estimated settlements receivable from (payable to) government programs, net: The carrying amount reported in the balance sheet for estimated third-party payor settlements approximates its fair value.

Prepaid expenses and other: The carrying amount reported in the balance sheet for prepaid expenses and other approximates its fair value.

Accounts payable and accrued expenses: The carrying amount reported in the balance sheet for accounts payable and accrued expenses approximates its fair value.

Accrued compensation and benefits: The carrying amount reported in the balance sheet for accrued compensation and benefits approximates its fair value.

Long-term debt: Fair values are computed using an estimated pricing analysis based on the individual bond terms.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

13. Fair Value of Financial Instruments (continued)

The carrying amounts and fair values of Sharp's financial instruments are as follows (in thousands):

	September 30, 2011		September 30, 2010	
	Carrying Value	Fair Value	Carrying Value	Fair Value
Cash and cash equivalents	\$ 166,012	\$ 166,012	\$ 155,242	\$ 155,242
Short-term investments	71,733	71,733	44,656	44,656
Estimated settlements receivable from (payable to) government programs, net	4,204	4,204	(1,043)	(1,043)
Prepaid expenses and other	63,205	63,205	33,114	33,114
Assets limited as to use	764,081	764,081	614,713	614,713
Accounts payable and accrued liabilities	191,736	191,736	163,687	163,687
Accrued compensation and benefits	110,871	110,871	100,623	100,623
Long-term debt	615,172	635,507	508,472	502,626

14. Discontinued Operations

On July 31, 2008, Sharp sold Sharp Mission Park Medical Centers (SMP) to Scripps Health (Scripps), an unrelated health care provider. Scripps paid Sharp \$10,000,000 related to the sale.

As of September 30, 2010, SMP qualified for treatment as discontinued operations under FASB ASC 360 and ASC 205. Accordingly, the operating results and gain on disposal of SMP have been classified as discontinued operations in the combined statements of operations for all years presented. In addition, net assets and liabilities of SMP were considered discontinued operations in the balance sheet and have been segregated into "discontinued operations" in the current liabilities section of the balance sheet. Sharp recorded changes in estimate of \$132,000 in 2010, as gains on discontinued operations related to previous years' operations of SMP.

15. Subsequent Events

In preparing these combined financial statements, management has evaluated and disclosed all material subsequent events up to December 9, 2011, which is the date that the combined financial statements were issued.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

15. Subsequent Events (continued)

On December 9, 2011 Sharp entered into a Purchase Agreement for a two-story office building for a purchase price of \$15.0 million.

Other Financial Information

Sharp HealthCare

Combining Balance Sheet (In Thousands)

September 30, 2011

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Sharp Coronado Hospital and HealthCare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
Assets												
Current assets												
Cash and cash equivalents	\$ 116,646	\$ 832	\$ 1,160	\$ 27,096	\$ 124	\$ 15,412	\$ 409	\$ 1,737	\$ 2,596	\$ 166,012	\$ -	\$ 166,012
Short-term investments	52,145	-	-	11,378	-	6,338	-	1,872	-	71,733	-	71,733
Accounts receivable - net	13,952	101,393	25,392	46,772	5,396	1,688	-	4,428	559	199,580	(2,318)	197,262
Estimated settlements receivable from government programs - net	-	5,565	(1,699)	2,024	(1,686)	-	-	-	-	4,204	-	4,204
Intercompany receivables	-	706,940	90,833	-	-	-	27	-	68	797,868	(797,868)	-
Inventories	4,662	13,133	5,317	9,388	1,595	-	-	-	-	34,095	-	34,095
Prepaid expenses and other	28,453	12,497	8,388	12,932	592	315	4	19	5	63,205	-	63,205
Total current assets	215,858	840,360	129,391	109,590	6,021	23,753	440	8,056	3,228	1,336,697	(800,186)	536,511
Assets limited as to use												
Designated for property	500,823	-	-	119,927	-	24,036	-	-	-	644,786	-	644,786
Under bond indentures	36,437	36,658	820	389	-	-	-	-	-	74,304	-	74,304
Other restricted investments	-	-	-	-	-	810	-	27,424	8,367	36,601	-	36,601
Under self-insurance programs	-	-	-	-	-	-	8,390	-	-	8,390	-	8,390
Total assets limited as to use	537,260	36,658	820	120,316	-	24,846	8,390	27,424	8,367	764,081	-	764,081
Property and equipment - net	209,779	376,354	56,008	203,768	14,187	403	-	188	-	860,687	-	860,687
Unamortized financing costs	2,287	3,832	786	446	-	-	-	-	-	7,351	-	7,351
Other assets	17,087	68	2,043	1,296	2,922	120	-	52,972	1,470	77,978	(6,993)	70,985
Beneficial interest in foundations	45,027	-	-	12,634	-	-	-	-	-	57,661	(57,661)	-
Total assets	\$ 1,027,298	\$ 1,257,272	\$ 189,048	\$ 448,050	\$ 23,130	\$ 49,122	\$ 8,830	\$ 88,640	\$ 13,065	\$ 3,104,455	\$ (864,840)	\$ 2,239,615

Sharp HealthCare

Combining Balance Sheet (continued) (In Thousands)

September 30, 2011

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Sharp Coronado Hospital and HealthCare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
Liabilities and net assets												
Current liabilities												
Accounts payable and accrued liabilities	\$ 97,483	\$ 40,187	\$ 14,739	\$ 26,317	\$ 1,741	\$ 12,879	\$ 69	\$ 300	\$ 3	\$ 193,718	\$ (1,982)	\$ 191,736
Intercompany payable	763,310	-	-	847	2,688	407	-	30,602	-	797,854	(797,854)	-
Accrued compensation and benefits	30,445	36,146	13,755	24,996	3,926	1,245	-	374	64	110,951	(80)	110,871
Current portion of long-term debt	1,957	6,163	2,050	1,490	19	-	-	-	-	11,679	-	11,679
Accrued interest	315	2,220	425	66	-	-	-	-	-	3,026	-	3,026
Total current liabilities	893,510	84,716	30,969	53,716	8,374	14,531	69	31,276	67	1,117,228	(799,916)	317,312
Long-term liabilities	67,732	24,537	6,943	25,943	1,921	416	341	12,336	365	140,534	(4,374)	136,160
Reserves for professional liability	4,600	-	-	-	-	-	8,300	-	-	12,900	-	12,900
Long-term debt	139,349	363,385	58,996	41,763	270	-	-	-	-	603,763	(270)	603,493
Total liabilities	1,105,191	472,638	96,908	121,422	10,565	14,947	8,710	43,612	432	1,874,425	(804,560)	1,069,865
Net assets												
Unrestricted	(123,248)	784,634	92,140	316,353	14,206	34,175	120	673	2,359	1,121,412	(4,649)	1,116,763
Temporarily restricted	41,024	-	-	9,201	(1,641)	-	-	40,024	9,201	97,809	(50,226)	47,583
Permanently restricted	4,331	-	-	1,074	-	-	-	4,331	1,073	10,809	(5,405)	5,404
Total net assets	(77,893)	784,634	92,140	326,628	12,565	34,175	120	45,028	12,633	1,230,030	(60,280)	1,169,750
Total liabilities and net assets	\$ 1,027,298	\$ 1,257,272	\$ 189,048	\$ 448,050	\$ 23,130	\$ 49,122	\$ 8,830	\$ 88,640	\$ 13,065	\$ 3,104,455	\$ (864,840)	\$ 2,239,615

Sharp HealthCare

Combining Statement of Operations (In Thousands)

September 30, 2011

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Sharp Coronado Hospital and HealthCare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
Revenues												
Patient service	\$ 112,373	\$ 861,834	\$ 258,985	\$ 499,623	\$ 77,669	\$ -	\$ -	\$ -	\$ -	\$ 1,810,484	\$ (298,217)	\$ 1,512,267
Provider tax revenue	-	54,621	24,639	40,766	707	-	-	-	-	120,733	-	120,733
Provision for doubtful accounts	(3,915)	(6,859)	(5,029)	(8,921)	(535)	-	-	-	-	(25,259)	-	(25,259)
Net patient service	108,458	909,596	278,595	531,468	77,841	-	-	-	-	1,905,958	(298,217)	1,607,741
Premium	693,370	-	-	-	-	227,159	-	-	-	920,529	(109,271)	811,258
Other	249,885	8,261	3,400	7,461	5,364	-	5,199	-	-	279,570	(204,258)	75,312
Total revenues	1,051,713	917,857	281,995	538,929	83,205	227,159	5,199	-	-	3,106,057	(611,746)	2,494,311
Expenses												
Salaries and wages	222,114	311,297	117,814	212,173	35,322	6,025	-	-	-	904,745	-	904,745
Employee benefits	58,777	72,938	26,100	51,461	8,224	1,356	-	-	-	218,856	-	218,856
Medical fees	196,779	12,656	4,141	9,398	557	203,891	-	-	-	427,422	(120,767)	306,655
Purchased services	112,027	52,524	22,565	45,109	5,811	6,177	169	-	-	244,382	(3,590)	240,792
Supplies	29,243	130,273	39,061	76,051	11,780	138	-	-	-	286,546	(3)	286,543
Provider tax	-	29,439	19,758	31,992	1,489	-	-	-	-	82,678	-	82,678
Maintenance, utilities and rentals	50,436	28,279	6,247	15,819	2,953	730	-	-	-	104,464	(2,960)	101,504
Depreciation and amortization	35,077	36,001	10,286	23,221	3,394	482	8	-	-	108,469	(20,995)	87,474
Business insurance	(215)	3,090	1,094	2,826	293	81	5,193	-	-	12,362	(5,193)	7,169
Interest	3,806	17,490	4,257	1,862	12	1	-	-	-	27,428	(2,851)	24,577
Purchased services from affiliate	293,012	70,940	25,660	47,536	7,300	1,946	25	-	-	446,419	(446,419)	-
Other	12,720	6,204	2,101	3,294	805	2,002	39	-	-	27,165	-	27,165
Total expenses	1,013,776	771,131	279,084	520,742	77,940	222,829	5,434	-	-	2,890,936	(602,778)	2,288,158
Income (loss) from operations	37,937	146,726	2,911	18,187	5,265	4,330	(235)	-	-	215,121	(8,968)	206,153
Other non-operating income (loss)	(4,085)	47	8	(864)	12	49	-	214	439	(4,180)	88	(4,092)
Investment income (loss)	(11,149)	(6,259)	(2,309)	(3,138)	(557)	(584)	235	(482)	22	(24,221)	8,880	(15,341)
Income (loss) from continuing operations	22,703	140,514	610	14,185	4,720	3,795	-	(268)	461	186,720	-	186,720
Excess (deficit) of revenues over expenses	22,703	140,514	610	14,185	4,720	3,795	-	(268)	461	186,720	-	186,720
Net assets transferred from related party	-	-	-	5,426	-	-	-	-	-	5,426	-	5,426
Net assets released from restrictions used for purchase of property, plant and equipment	543	5,916	105	1,598	-	-	-	-	-	8,162	-	8,162
Pension related changes other than net periodic pension cost	1,039	1,103	(409)	4,298	(28)	(5)	-	-	-	5,998	-	5,998
Other changes in net assets	(1,566)	-	-	532	5,323	-	-	(1,298)	72	3,063	1,034	4,097
Increase (decrease) in unrestricted net assets	\$ 22,719	\$ 147,533	\$ 306	\$ 26,039	\$ 10,015	\$ 3,790	\$ -	\$ (1,566)	\$ 533	\$ 209,369	\$ 1,034	\$ 210,403

Sharp HealthCare

Combining Statement of Changes in Net Assets (In Thousands)

September 30, 2011

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Sharp Coronado Hospital and HealthCare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
Unrestricted net assets												
Excess (deficit) of revenues over expenses	\$ 22,703	\$ 140,514	\$ 610	\$ 14,185	\$ 4,720	\$ 3,795	\$ -	\$ (268)	\$ 461	\$ 186,720	\$ -	\$ 186,720
Net assets transferred from related party	-	-	-	5,426	-	-	-	-	-	5,426	-	5,426
Net assets released from restrictions used for purchase of property, plant and equipment	543	5,916	105	1,598	-	-	-	-	-	8,162	-	8,162
Pension related changes other than net periodic pension cost	1,039	1,103	(409)	4,298	(28)	(5)	-	-	-	5,998	-	5,998
Other changes in net assets	(1,566)	-	-	532	5,323	-	-	(1,298)	72	3,063	1,034	4,097
Increase (decrease) in unrestricted net assets	22,719	147,533	306	26,039	10,015	3,790	-	(1,566)	533	209,369	1,034	210,403
Temporarily restricted net assets												
Contributions	-	-	-	-	-	-	-	7,576	2,940	10,516	-	10,516
Investment income	-	-	-	-	-	-	-	1,007	(135)	872	-	872
Change in net realized gains (losses) on investments	-	-	-	-	-	-	-	(1,160)	117	(1,043)	-	(1,043)
Net assets released from restrictions	-	-	-	-	-	-	-	(9,242)	(2,540)	(11,782)	-	(11,782)
Other	(324)	-	-	862	(1,838)	-	-	1,495	480	675	(539)	136
Increase (decrease) in temporarily restricted net assets	(324)	-	-	862	(1,838)	-	-	(324)	862	(762)	(539)	(1,301)
Permanently restricted net assets												
Other	(202)	-	-	(898)	-	-	-	(202)	(898)	(2,200)	1,100	(1,100)
Increase (decrease) in permanently restricted net assets	(202)	-	-	(898)	-	-	-	(202)	(898)	(2,200)	1,100	(1,100)
Increase (decrease) in net assets	22,193	147,533	306	26,003	8,177	3,790	-	(2,092)	497	206,407	1,595	208,002
Net assets (deficit) beginning of the year	(100,086)	637,101	91,834	300,625	4,388	30,385	120	47,120	12,136	1,023,623	(61,875)	961,748
Net assets (deficit) end of the year	\$ (77,893)	\$ 784,634	\$ 92,140	\$ 326,628	\$ 12,565	\$ 34,175	\$ 120	\$ 45,028	\$ 12,633	\$ 1,230,030	\$ (60,280)	\$ 1,169,750

Sharp HealthCare

Combining Balance Sheet – Obligated Group (In Thousands)

September 30, 2011

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Assets							
Current assets							
Cash and cash equivalents	\$ 116,646	\$ 832	\$ 1,160	\$ 27,096	\$ 145,734	\$ –	\$ 145,734
Short-term investments	52,145	–	–	11,378	63,523	–	63,523
Accounts receivable, net	13,952	101,393	25,392	46,772	187,509	(1,445)	186,064
Estimated settlements receivable from government programs, net	–	5,565	(1,699)	2,024	5,890	–	5,890
Intercompany receivables	(762,920)	706,940	90,833	–	34,853	(796)	34,057
Inventories	4,662	13,133	5,317	9,388	32,500	–	32,500
Prepaid expenses and other	28,453	12,497	8,388	12,932	62,270	–	62,270
Total current assets	(547,062)	840,360	129,391	109,590	532,279	(2,241)	530,038
Assets limited as to use							
Designated for property	500,823	–	–	119,927	620,750	–	620,750
Under bond indentures	36,437	36,658	820	389	74,304	–	74,304
Total assets limited as to use	537,260	36,658	820	120,316	695,054	–	695,054
Property and equipment, net	209,779	376,354	56,008	203,768	845,909	–	845,909
Unamortized financing costs	2,287	3,832	786	446	7,351	–	7,351
Other assets	17,087	68	2,043	1,296	20,494	–	20,494
Beneficial interest in foundations	45,027	–	–	12,634	57,661	–	57,661
Total assets	<u>\$ 264,378</u>	<u>\$ 1,257,272</u>	<u>\$ 189,048</u>	<u>\$ 448,050</u>	<u>\$ 2,158,748</u>	<u>\$ (2,241)</u>	<u>\$ 2,156,507</u>

Sharp HealthCare

Combining Balance Sheet – Obligated Group (continued) (In Thousands)

September 30, 2011

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Liabilities and net assets							
Current liabilities							
Accounts payable and accrued liabilities	\$ 97,873	\$ 40,187	\$ 14,739	\$ 26,317	\$ 179,116	\$ (1,445)	\$ 177,671
Intercompany payable	–	–	–	847	847	(796)	51
Accrued compensation and benefits	30,445	36,146	13,755	24,996	105,342	–	105,342
Current portion of long-term debt	1,957	6,163	2,050	1,490	11,660	–	11,660
Accrued interest	315	2,220	425	66	3,026	–	3,026
Total current liabilities	130,590	84,716	30,969	53,716	299,991	(2,241)	297,750
Long-term liabilities	67,732	24,537	6,943	25,943	125,155	–	125,155
Reserves for professional liability	4,600	–	–	–	4,600	–	4,600
Long-term debt	139,349	363,385	58,996	41,763	603,493	–	603,493
Total liabilities	342,271	472,638	96,908	121,422	1,033,239	(2,241)	1,030,998
Net assets							
Unrestricted net assets	(123,248)	784,634	92,140	316,353	1,069,879	–	1,069,879
Temporarily restricted net assets	41,024	–	–	9,201	50,225	–	50,225
Permanently restricted net assets	4,331	–	–	1,074	5,405	–	5,405
Total net assets	(77,893)	784,634	92,140	326,628	1,125,509	–	1,125,509
Total liabilities and net assets	\$ 264,378	\$ 1,257,272	\$ 189,048	\$ 448,050	\$ 2,158,748	\$ (2,241)	\$ 2,156,507

Sharp HealthCare

Combining Statement of Operations – Obligated Group (In Thousands)

September 30, 2011

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Revenues							
Patient service revenue	\$ 112,373	\$ 861,834	\$ 258,985	\$ 499,623	\$ 1,732,815	\$ (288,116)	\$ 1,444,699
Provider tax revenue	–	54,621	24,639	40,766	120,026	–	120,026
Provision for doubtful accounts	(3,915)	(6,859)	(5,029)	(8,921)	(24,724)	–	(24,724)
Net patient service	108,458	909,596	278,595	531,468	1,828,117	(288,116)	1,540,001
Premium	693,370	–	–	–	693,370	–	693,370
Other	249,885	8,261	3,400	7,461	269,007	(187,506)	81,501
Total revenues	1,051,713	917,857	281,995	538,929	2,790,494	(475,622)	2,314,872
Expenses							
Salaries and wages	222,114	311,297	117,814	212,173	863,398	–	863,398
Employee benefits	58,777	72,938	26,100	51,461	209,276	–	209,276
Medical fees	196,779	12,656	4,141	9,398	222,974	(6,913)	216,061
Purchased services	112,027	52,524	22,565	45,109	232,225	(2,815)	229,410
Supplies	29,243	130,273	39,061	76,051	274,628	(3)	274,625
Provider tax	–	29,439	19,758	31,992	81,189	–	81,189
Maintenance, utilities and rentals	50,436	28,279	6,247	15,819	100,781	(2,960)	97,821
Depreciation and amortization	35,077	36,001	10,286	23,221	104,585	(19,813)	84,772
Business insurance	(215)	3,090	1,094	2,826	6,795	–	6,795
Interest	3,806	17,490	4,257	1,862	27,415	(2,820)	24,595
Purchased services from affiliate	293,012	70,940	25,660	47,536	437,148	(431,967)	5,181
Other	12,720	6,204	2,101	3,294	24,319	–	24,319
Total expenses	1,013,776	771,131	279,084	520,742	2,584,733	(467,291)	2,117,442
Income from operations	37,937	146,726	2,911	18,187	205,761	(8,331)	197,430
Other nonoperating gains, net	(4,085)	47	8	(864)	(4,894)	–	(4,894)
Investment income (loss)	(11,149)	(6,259)	(2,309)	(3,138)	(22,855)	8,331	(14,524)
Income from continuing operations	22,703	140,514	610	14,185	178,012	–	178,012
Excess of revenues over expenses	22,703	140,514	610	14,185	178,012	–	178,012
Net assets transferred from related party	–	–	–	5,426	5,426	–	5,426
Net assets released from restrictions used for purchase of property, plant and equipment	543	5,916	105	1,598	8,162	–	8,162
Pension-related changes other than net periodic pension cost	1,039	1,103	(409)	4,298	6,031	–	6,031
Other changes in net assets	(1,566)	–	–	532	(1,034)	–	(1,034)
Increase in unrestricted net assets	\$ 22,719	\$ 147,533	\$ 306	\$ 26,039	\$ 196,597	\$ –	\$ 196,597

Sharp HealthCare

Combining Statement of Changes in Net Assets – Obligated Group (In Thousands)

September 30, 2011

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Unrestricted net assets							
Excess of revenues over expenses	\$ 22,703	\$ 140,514	\$ 610	\$ 14,185	\$ 178,012	\$ –	\$ 178,012
Net assets transferred from related party	–	–	–	5,426	5,426	–	5,426
Net assets released from restrictions used for purchase of property, plant and equipment	543	5,916	105	1,598	8,162	–	8,162
Pension related changes other than net periodic pension cost	1,039	1,103	(409)	4,298	6,031	–	6,031
Other changes in net assets	(1,566)	–	–	532	(1,034)	–	(1,034)
Increase in unrestricted net assets	22,719	147,533	306	26,039	196,597	–	196,597
Temporarily restricted net assets							
Beneficial interest in foundations	(324)	–	–	862	538	–	538
Increase in temporarily restricted net assets	(324)	–	–	862	538	–	538
Permanently restricted net assets							
Beneficial interest in foundations	(202)	–	–	(898)	(1,100)	–	(1,100)
Increase in permanently restricted net assets	(202)	–	–	(898)	(1,100)	–	(1,100)
Increase in net assets	22,193	147,533	306	26,003	196,035	–	196,035
Net assets (deficit), beginning of the year	(100,086)	637,101	91,834	300,625	929,474	–	929,474
Net assets (deficit), end of the year	\$ (77,893)	\$ 784,634	\$ 92,140	\$ 326,628	\$ 1,125,509	\$ –	\$ 1,125,509

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