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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GROSSMONT HOSPITAL FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8695 SPECTRUM CENTER BLVD

City or town, state or country, and ZIP + 4
SAN DIEGO, CA 921231489

D Employer identification number
33-0124488

E Telephone number
(858)499-5150

G Gross receipts $ 9,287,400

F Name and address of principal officer
ELIZABETH MORGANTE
8695 SPECTRUM CENTER BLVD
SAN DIEGO,CA 921231489

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SHARP COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶☐ 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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	9
6	Total number of volunteers (estimate if necessary)	**6**	228
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,840,944	4,195,690
	9 Program service revenue (Part VIII, line 2g)	967,449	1,033,592
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-74,176	410,273
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,398	37,927
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,757,615	5,677,482
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,392,597	3,981,528
	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)	804,625	908,504
	16a Professional fundraising fees (Part IX, column (A), line 11e)	13,049	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶790,308		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	174,364	175,796
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,384,635	5,065,828
	19 Revenue less expenses Subtract line 18 from line 12	372,980	611,654

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	13,065,795	14,835,806
	21 Total liabilities (Part X, line 26)	432,225	537,484
	22 Net assets or fund balances Subtract line 21 from line 20	12,633,570	14,298,322

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 — 2013-08-06 Date

▶ ELIZABETH MORGANTE VP PHILANTHROPY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00649485

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP
4370 LA JOLLA VILLAGE DR SUITE 500
SAN DIEGO, CA 92122

EIN ▶ 34-6565596

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 . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 4,034,215 including grants of $ 3,981,528) (Revenue $ 1,033,592)

PROVIDE SUPPORT TO GROSSMONT HOSPITAL CORPORATION

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

SEE SCHEDULE O FOR COMMUNITY BENEFITS REPORT

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** ▶ $ 4,034,215

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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, line10? *If "Yes," complete Schedule D, Part VI.*	11a		No
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? *If "Yes," complete Schedule D, Part VII.*	11b		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? *If "Yes," complete Schedule D, Part VIII.*	11c		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? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	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)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		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 ? *If "Yes," complete Schedule F, Part II and IV*	15		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 ? *If "Yes," complete Schedule F, Part III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part I*	**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? *If "Yes," complete Schedule L, Part I*	**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? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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	**1a**	29		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
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 or securities account)?			**4a**		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? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
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?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	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?			**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	2			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		No
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?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17		
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?		2		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?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	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		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	15a		No
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 made 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 made 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 92123
(858) 499-5150

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ANDREW ALONGI MD DIRECTOR	2 00	X						0	0	0
(2) JOANNE BOYLE CHAIR	2 00	X		X				0	0	0
(3) JOYCE BUTLER DIRECTOR	1 00	X						0	0	0
(4) GARY CLASEN DIRECTOR	2 00	X						0	0	0
(5) CONNIE CONARD VICE CHAIR	1 00	X		X				0	0	0
(6) ANN GOLDBERG DIRECTOR	1 00	X						0	0	0
(7) ROXANNE HON MD DIRECTOR	1 00	X						0	86,256	0
(8) MARK KOBERNICK MD DIRECTOR	2 00	X						0	0	0
(9) DONALD LEVI TREASURER	5 00	X		X				0	0	0
(10) KEN LUND DIRECTOR	2 00	X						0	0	0
(11) ROBERT MALKUS MD DIRECTOR	2 00	X						0	0	0
(12) ALEX MATUK DIRECTOR	2 00	X						0	0	0
(13) JOHN SNYDER DIRECTOR	2 00	X						0	0	0
(14) DEE AMMON SECRETARY	2 00	X		X				0	0	0
(15) JOHN DAPOLITO MD DIRECTOR	30	X						0	0	0
(16) ERWIN HANDLEY MD DIRECTOR	2 00	X						0	18,625	0
(17) WAYNE HICKEY DIRECTOR	2 00	X						0	0	0

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JIM MILLER JR DIRECTOR	2 00	X						0	0	0
(19) SHIRLEY MURPHY DIRECTOR	2 00	X						0	0	0
(20) ELIZABETH MORGANTE VP PHILANTHROPY	40 00			X				0	220,243	28,228

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	0	325,124	28,228

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	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? *If "Yes," complete Schedule J for such person*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 2,333				
	b	Membership dues	1b				
	c	Fundraising events	1c 861,315				
	d	Related organizations	1d 527,140				
	e	Government grants (contributions)	1e 118,243				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,686,659				
	g	Noncash contributions included in lines 1a-1f $ 486,184					
	h	**Total.** Add lines 1a-1f		4,195,690			
Program Service Revenue			Business Code				
	2a	FUNDRAISING ACTIVITIES	900099	1,035,456	1,035,456		
	b	HEALTHCARE EDUCATION	900099	-1,864	-1,864		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,033,592			
	3	Investment income (including dividends, interest and other similar amounts)		304,309			304,309
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,399,247				
	b	Less cost or other basis and sales expenses	3,293,283				
	c	Gain or (loss)	105,964				
	d	Net gain or (loss)		105,964			105,964
Other Revenue	8a	Gross income from fundraising events (not including $ 861,315 of contributions reported on line 1c) See Part IV, line 18	a 363,144				
	b	Less direct expenses	b 315,654				
	c	Net income or (loss) from fundraising events		47,490			47,490
	9a	Gross income from gaming activities See Part IV, line 19	a 8,020				
	b	Less direct expenses	b 981				
	c	Net income or (loss) from gaming activities		7,039			7,039
	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	MISCELLANEOUS REVENUE	900099	-16,602			-16,602
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		-16,602			
	12	**Total revenue.** See Instructions		5,677,482	1,033,592	0	448,200

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	3,981,528	3,981,528		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	246,111	12,306	49,222	184,583
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	499,570	24,978	99,914	374,678
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	44,404	2,220	8,881	33,303
9	Other employee benefits	69,374	3,469	13,875	52,030
10	Payroll taxes	49,045	2,452	9,809	36,784
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying	23	1	5	17
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	30,554		30,554	
g	Other	2,100	105	420	1,575
12	Advertising and promotion				
13	Office expenses	95,718	4,786	19,144	71,788
14	Information technology	6,800	340	1,360	5,100
15	Royalties . .				
16	Occupancy				
17	Travel	9,979	499	1,996	7,484
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,738	87	348	1,303
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	FOOD, DUES, SUBSCRIPTIO	28,884	1,444	5,777	21,663
b					
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	5,065,828	4,034,215	241,305	790,308
26	**Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	3,020,130	2	1,762,874
	3	Pledges and grants receivable, net	692,600	3	1,430,861
	4	Accounts receivable, net		4	
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,938	9	4,744
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	7,943,839	11	10,177,070
	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	1,404,288	15	1,460,257
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	13,065,795	16	14,835,806
Liabilities	17	Accounts payable and accrued expenses	66,752	17	74,393
	18	Grants payable		18	
	19	Deferred revenue	278,368	19	375,094
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	87,105	25	87,997
	26	**Total liabilities.** Add lines 17 through 25	432,225	26	537,484
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,357,876	27	1,751,386
	28	Temporarily restricted net assets	9,182,292	28	11,453,534
	29	Permanently restricted net assets	1,093,402	29	1,093,402
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	12,633,570	33	14,298,322
	34	Total liabilities and net assets/fund balances	13,065,795	34	14,835,806

Part XI Reconcilliation 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	5,677,482
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,065,828
3	Revenue less expenses Subtract line 2 from line 1	3	611,654
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	12,633,570
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,053,098
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	14,298,322

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 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a		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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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 **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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,502,062	5,099,306	3,214,749	2,840,944	4,195,690	20,852,751
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	5,502,062	5,099,306	3,214,749	2,840,944	4,195,690	20,852,751
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)						375,730
6 **Public Support.** Subtract line 5 from line 4						20,477,021

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,502,062	5,099,306	3,214,749	2,840,944	4,195,690	20,852,751
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	507,737	395,266	505,939	300,748	304,309	2,013,999
9 Net income from unrelated business activities, whether or not the business is regularly carried on		38,632	62,004	23,465	54,529	178,630
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			142,792	-67	-16,602	126,123
11 **Total support** (Add lines 7 through 10)						23,171,503

12 Gross receipts from related activities, etc (See instructions)	12	3,086,743

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 2011 (line 6 column (f) divided by line 11 column (f))	14	88 370 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	87 730 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.**

OMB No 1545-0047

2011

Open to Public Inspection

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, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
GROSSMONT HOSPITAL FOUNDATION	33-0124488

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 on behalf of or in opposition to candidates for public office 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 funtion 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

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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		
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-		

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

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? ☐ **Yes** ☐ **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) 2008	(b) 2009	(c) 2010	(d) 2011	(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) Yes	(a) No	(b) 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		23
j	Total lines 1c through 1i			23
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 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	GROSSMONT HOSPITAL FOUNDATION (GHF) PAYS ANNUAL DUES TO THE ASSOCIATION OF FUNDRAISING PROFESSIONALS (AFP) AND THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY (AHP). AFP AND AHP HAVE DETERMINED THAT A PORTION OF THEIR DUES ARE USED FOR LOBBYING PURPOSES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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 (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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

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	3,277,151	3,421,590	2,331,612	2,245,171	
b Contributions	1,000	-31,966	821,647	75,087	
c Investment earnings or losses	513,052	-112,858	268,716	11,354	
d Grants or scholarships	0	0	0	0	
e Other expenditures for facilities and programs	0	-385	385	0	
f Administrative expenses	0	0	0	0	
g End of year balance	3,791,203	3,277,151	3,421,590	2,331,612	

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

- a Board designated or quasi-endowment ▶ 55 000 %
- b Permanent endowment ▶ 45 000 %
- c Term endowment ▶ 0 %

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0

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) DEFERRED PLANNED GIFTS	1,008,494
(2) LONG-TERM RECEIVABLE FROM SHARP HEALTHCARE FOUNDATION	375,653
(3) MISCELLANEOUS RECEIVABLE	4,995
(4) BENEFICIARY TO LIFE INSURANCE POLICY	3,420
(5) INTERCOMPANY RECEIVABLE	67,695
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,460,257

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED PLANNED GIFT LIABILITIES	87,997
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	87,997

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 (ASC740)

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	5,677,482
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,065,828
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	611,654
4	Net unrealized gains (losses) on investments	4	1,139,523
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-86,425
9	Total adjustments (net) Add lines 4 - 8	9	1,053,098
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,664,752

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	2,562,136
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,139,523		
b	Donated services and use of facilities	2b	96,051		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	230,210		
e	Add lines **2a** through **2d**			2e	1,465,784
3	Subtract line **2e** from line **1**			3	1,096,352
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	28,901		
b	Other (Describe in Part XIV)	4b	4,552,229		
c	Add lines **4a** and **4b**			4c	4,581,130
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	5,677,482

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

1	Total expenses and losses per audited financial statements			1	3,168,626
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	96,051		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	316,635		
e	Add lines **2a** through **2d**			2e	412,686
3	Subtract line **2e** from line **1**			3	2,755,940
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	28,901		
b	Other (Describe in Part XIV)	4b	2,280,987		
c	Add lines **4a** and **4b**			4c	2,309,888
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	5,065,828

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	GROSSMONT HOSPITAL FOUNDATION HOLDS 21 BOARD DESIGNATED AND PERMANENT ENDOWMENTS FOR GROSSMONT HOSPITAL CORPORATION THAT ARE RESTRICTED FOR A VARIETY OF PURPOSES, SUCH AS HOSPICE AND HOSPICE HOMES, DIABETES, NURSING EDUCATION, CANCER TREATMENT, HOSPITAL EQUIPMENT AND TECHNOLOGY, AND MORE
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNCOLLECTIBLE PLEDGES -84,575 REFUNDS OF CONTRIBUTIONS -1,850 TOTAL TO SCHEDULE D, PART XI, LINE 8 -86,425
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES FOR FUNDRAISING EVENTS & GAMING ACTIVITIES 316,635 UNCOLLECTIBLE PLEDGES -84,575 REFUNDS OF CONTRIBUTIONS -1,850
PART XII, LINE 4B - OTHER ADJUSTMENTS		BANK FEES NETTED WITH BANK INCOME ON AUDIT 20,877 TEMPORARILY RESTRICTED REVENUE 4,531,352
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES FOR FUNDRAISING EVENTS & GAMING ACTIVITIES 316,635
PART XIII, LINE 4B - OTHER ADJUSTMENTS		BANK FEES NETTED WITH BANK INCOME ON AUDIT 20,877 TEMPORARILY RESTRICTED EXPENSES 2,260,110
		PART X, LINE 2 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, 2012 AND 2011, NO SUCH ASSETS OR LIABILITIES WERE RECORDED

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF (event type)	(b) Event #2 GALA (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	485,176	422,212	317,071	1,224,459
	2 Less Charitable contributions	340,532	300,474	220,309	861,315
	3 Gross income (line 1 minus line 2)	144,644	121,738	96,762	363,144
Direct Expenses	4 Cash prizes	0	0	0	
	5 Non-cash prizes	57,461	35,802	24,919	118,182
	6 Rent/facility costs	23,361	0	0	23,361
	7 Food and beverages	30,042	61,885	53,368	145,295
	8 Entertainment		17,788	5,150	22,938
	9 Other direct expenses	5,880	0	0	5,880
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(315,656)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				47,488

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(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) GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DRIVE LA MESA,CA 91942	33-0449527	501(C)3	3,483,181				PROGRAM SERVICE SUPPORT
(2) GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DRIVE LA MESA,CA 91942	33-0449527	501(C)3		36,287	FMV	EQUIPMENT	PROGRAM SERVICE SUPPORT
(3) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO,CA 921231489	95-0651579	501(C)3	35,041				PROGRAM SERVICE SUPPORT
(4) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO,CA 921231489	95-6077327	501(C)3	404,584				PROGRAM SERVICE SUPPORT
(5) SAN DIEGO STATE UNIVERSITY5250 CAMPANILE DR SAN DIEGO,CA 921821948	95-6042721	501(C)3	21,500				PROGRAM SERVICE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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 ORGANIZATION RAISES FUNDS ON BEHALF OF AND PROVIDES ASSISTANCE TO GROSSMONT HOSPITAL CORPORATION THE FUNDS RAISED MAY BE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR MAY BE UNRESTRICTED GROSSMONT HOSPITAL CORPORATION SUBMITS REQUESTS FOR SUPPORT BASED ON THE AVAILABILITY OF THESE SPECIFICALLY DESIGNATED FUNDS THE ORGANIZATION MAY ALSO UTILIZE UNRESTRICTED FUNDS TO PROVIDE ADDITIONAL SUPPORT IN THESE INSTANCES, A COMMITTEE COMPRISED OF ORGANIZATION MANAGEMENT AND BOARD MEMBERS REVIEWS PROPOSALS AND REQUESTS FOR FUNDING AND DETERMINES WHICH PROJECTS TO FUND IN ALL CASES, THE HOSPITAL SUBMITS DOCUMENTATION VERIFYING COMPLETION AND PAYMENT OF THE PROJECT AND IS SUBSEQUENTLY REIMBURSED BY THE ORGANIZATION ADDITIONALLY, THE MANAGEMENT TEAM EVALUATES REQUESTS FOR CONTRIBUTIONS FROM OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THEY ALIGN WITH THE ORGANIZATION'S MISSION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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?	**2**		
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) ELIZABETH MORGANTE	(i)	0	0	0	0	0	0	0
	(ii)	186,231	33,109	903	12,668	15,560	248,471	0

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
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE 3 THE COMPENSATION AND BENEFITS DEPARTMENT OF SHARP HEALTHCARE, THE PARENT ORGANIZATION, ESTABLISHES THE COMPENSATION RANGES FOR THE EXECUTIVE DIRECTOR THE COMPENSATION AND BENEFITS DEPARTMENT ENGAGES INDEPENDENT COMPENSATION CONSULTANTS AND THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE SENIOR VICE PRESIDENT

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art	X	3	3,475	DONOR VALUATION
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications	X		62	DONOR VALUATION
5	Clothing and household goods	X		26,389	DONOR VALUATION
6	Cars and other vehicles	X	1	1,100	SALE PRICE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	378,420	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	7	5,895	DONOR VALUATION
19	Food inventory	X	20	2,424	DONOR VALUATION
20	Drugs and medical supplies	X	2	35,848	DONOR VALUATION
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (OFFICE EQUIPMENT)	X	3	1,759	DONOR VALUATION
26	Other ▶ (GIFT CERTIFICATES)	X	41	22,858	DONOR VALUATION
27	Other ▶ (FUEL AND OTHER)	X	9	7,954	DONOR VALUATION
28	Other ▶ ( )				

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 | 2

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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)	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATED GIFTS OR GIFT PACKAGES
THIRD PARTY USE	PART I, LINE 32B	STOCK GIFTS ARE TRANSFERRED TO THE INVESTMENT MANAGER TO BE SOLD VEHICLES (EXCEPT THOSE DONATED FOR ORGANIZATIONAL USE) ARE SOLD AT AUCTION

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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

2011

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION MISSION	FORM 990, PART I, LINE 1	GROSSMONT HOSPITAL FOUNDATION IS A NON-PROFIT, PHILANTHROPIC ORGANIZATION THAT WAS ESTABLISHED IN 1985 TO ENHANCE THE CURRENT AND FUTURE HEALTH CARE NEEDS OF EAST COUNTY AND SAN DIEGO COMMUNITIES GROSSMONT HOSPITAL FOUNDATION FUNDS PATIENT CARE SERVICES, HOSPICE, HEALTH EDUCATION, CLINICAL RESEARCH AND MAJOR CAPITAL PROJECTS AFFILIATED WITH SHARP GROSSMONT HOSPITAL

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 1	THE PURPOSE OF THIS CORPORATION IS TO PROVIDE ASSISTANCE AND SUPPORT TO GROSSMONT HOSPITAL CORPORATION IN THE DEVELOPMENT OF HIGH QUALITY, ACCESSIBLE AND AFFORDABLE INPATIENT AND OUTPATIENT SERVICES

Identifier	Return Reference	Explanation
NUMBER OF EMPLOYEES	FORM 990, PART V, LINE 2A	GROSSMONT HOSPITAL FOUNDATION EMPLOYEES' SALARIES AND WAGES ARE PAID UNDER GROSSMONT HOSPITAL CORPORATION'S TAX ID NUMBER (EIN 33-0449527), AND AS SUCH ARE ALSO REPORTED ON GROSSMONT HOSPITAL CORPORATION'S FORM 990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	GROSSMONT HOSPITAL CORPORATION (FEIN 33-0449527) HAS THE RIGHT TO ELECT DIRECTORS TO GROSSMONT HOSPITAL FOUNDATION'S GOVERNING BODY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	GROSSMONT HOSPITAL CORPORATION (FEIN 33-0449527) APPROVES CHANGES TO GROSSMONT HOSPITAL FOUNDATION'S BYLAWS AND APPROVES THE ELECTION OF GROSSMONT HOSPITAL FOUNDATION BOARD MEMBERS

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 VIEWABLE 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 TAX & ACCOUNTING, VICE PRESIDENT OF FINANCE, SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, AND ENTITY EXECUTIVE DIRECTOR 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 12C	GROSSMONT HOSPITAL FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE GROSSMONT HOSPITAL FOUNDATION GOVERNING BOARD GROSSMONT HOSPITAL FOUNDATION 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 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

Identifier	Return Reference	Explanation
		FORM 990, PART VI, SECTION B, LINE 15 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

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	JOANNE BOYLE 2-SHF SHIRLEY MURPHY 0 5-GHC ELIZABETH MORGANTE 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO GROSSMONT HOSPITAL FOUNDATION

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,139,523 UNCOLLECTIBLE PLEDGES -84,575 REFUNDS OF CONTRIBUTIONS -1,850 TOTAL TO FORM 990, PART XI, LINE 5 1,053,098

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 BENEFITS REPORT	FORM 990, PART III, LINE 4B	AN OVERVIEW OF SHARP HEALTHCARE SHARP IS AN INTEGRATED, REGIONAL HEALTH CARE DELIVERY SYST EM BASED IN SAN DIEGO, CALIF THE SHARP SYSTEM INCLUDES FOUR ACUTE CARE HOSPITALS, THREE S PECIALTY HOSPITALS, TWO AFFILIATED MEDICAL GROUPS, 20 MEDICAL CLINICS, FIVE URGENT CARE FA CILITIES, THREE SKILLED NURSING FACILITIES, TWO INPATIENT REHABILITATION CENTERS, HOME HEA LTH, 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 C ARE, LONG-TERM CARE, MENTAL HEALTH CARE, OUTPATIENT CARE, PRIMARY AND SPECIALTY CARE, REHA BILITATION, AND URGENT CARE SHARP ALSO HAS A KNOX-KEENE-LICENSED CARE SERVICE PLAN, SHARP HEALTH PLAN (SHP) SERVING A POPULATION OF APPROXIMATELY 3 MILLION IN SAN DIEGO COUNTY, A S OF SEPTEMBER 30, 2012, SHARP IS LICENSED TO OPERATE 2,069 BEDS, HAS APPROXIMATELY 2,600 SHARP-AFFILIATED PHYSICIANS AND NEARLY 15,500 EMPLOYEES FOUR ACUTE CARE HOSPITALS 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 (SCVMC) OPERATES THE REGION'S BUSIEST EMERGENCY DEPARTMENT (ED) AND IS THE CLOSEST HOSPITAL TO THE BUSIEST INT ERNATIONAL BORDER IN THE WORLD SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (181 BEDS) S HARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC), AN ACUTE CARE HOSPITAL, PROVIDES SER VICES THAT INCLUDE SUB-ACUTE AND LONG-TERM CARE, REHABILITATION THERAPIES, JOINT REPLACEME NT SURGERY, HOSPICE AND EMERGENCY SERVICES SHARP GROSSMONT HOSPITAL (536 BEDS) SHARP GROS SMONT HOSPITAL (SGH) IS THE LARGEST PROVIDER OF HEALTH CARE SERVICES IN SAN DIEGO'S EAST C OUNTY, AND HAS ONE OF THE BUSIEST EDS IN SAN DIEGO COUNTY (SDC) SHARP MEMORIAL HOSPITAL (675 BEDS) A REGIONAL TERTIARY CARE LEADER, SHARP MEMORIAL HOSPITAL (SMH) PROVIDES SPECIALI ZED CARE IN TRAUMA, ONCOLOGY, ORTHOPEDICS, ORGAN TRANSPLANTATION, CARDIOLOGY AND REHABILIT ATION THREE SPECIALTY CARE HOSPITALS SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (169 BEDS) A FREESTANDING WOMEN'S HOSPITAL SPECIALIZING IN OBSTETRICS, GYNECOLOGY, GYNECOLOGIC ONCOLOGY, AND NEONATAL INTENSIVE CARE, SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (SM BHWN) 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 A ND SMC ARE REPORTED UNDER THE NONPROFIT PUBLIC BENEFIT CORPORATION OF SMH, AND ARE REFERRE D 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 RE PORTED UNDER THE NONPROFIT PUBLIC BENEFIT CORPORATION GROSSMONT HOSPITAL CORPORATION MISS ION STATEMENT IT IS SHARP'S MISSION TO IMPROVE THE HEALTH OF THOSE IT SERVES WITH A COMMIT MENT 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 B EST HEALTH SYSTEM IN THE UNIVERSE SHARP WILL ATTAIN THIS POSITION BY TRANSFORMING THE HEA LTH CARE EXPERIENCE THROUGH A CULTURE OF CARING, QUALITY, SERVICE, INNOVATION AND EXCELLEN CE SHARP WILL BE RECOGNIZED BY EMPLOYEES, PHYSICIANS, PATIENTS, VOLUNTEERS AND THE COMMUN ITY AS THE BEST PLACE TO WORK, THE BEST PLACE TO PRACTICE MEDICINE AND THE BEST PLACE TO R ECEIVE CARE SHARP WILL BE KNOWN AS AN EXCELLENT COMMUNITY CITIZEN, EMBODYING AN ORGANIZAT ION OF PEOPLE WORKING TOGETHER TO DO THE RIGHT THING EVERY DAY TO IMPROVE THE HEALTH AND W ELL-BEING OF THOSE IT SERVES 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 * EXCE LLENCE - QUALITY, SAFETY, OPERATIONAL AND SERVICE EXCELLENCE, FINANCIAL RESULTS, AND ACCOU NTABILITY CULTURE THE SHARP EXPERIENCE FOR MORE THAN 12 YEARS, SHARP HAS BEEN ON A JOURNE Y TO TRANSFORM THE HEALTH CARE EXPERIENCE FOR PATIENTS AND THEIR FAMILIES, PHYSICIANS AND STAFF THROUGH A SWEEPING ORGANIZATION-WIDE PERFORMANCE AND EXPERIENCE IMPROVEMENT INITIAT IVE CALLED THE SHARP EXPERIENCE, THE ENTIRE SHARP TEAM HAS RECOMMITTED TO PURPOSE, WORTHWH ILE WORK, AND CREATING THE KIND OF HEALTH CARE PEO

Identifier	Return Reference	Explanation
COMMUNITY BENEFITS REPORT	FORM 990, PART III, LINE 4B	PLE WANT AND DESERVE. THIS WORK HAS ADDED DISCIPLINE AND FOCUS TO EVERY PART OF THE ORGANI ZATION, 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 O F THE HEALTH CARE EQUATION: THE PEOPLE. THROUGH THIS EXTRAORDINARY INITIATIVE, SHARP IS TR ANSFORMING 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, CELEBRA TION, AND PROFESSIONAL AND PERSONAL GROWTH. THIS COMMITMENT TO SERVING PATIENTS AND SUPPOR TING ONE ANOTHER WILL MAKE SHARP "THE BEST HEALTH SYSTEM IN THE UNIVERSE." * THE BEST PLAC E TO PRACTICE MEDICINE. CREATING AN ENVIRONMENT IN WHICH PHYSICIANS ENJOY POSITIVE, COLLAB ORATIVE RELATIONSHIPS WITH NURSES AND OTHER CAREGIVERS, EXPERIENCE UNSURPASSED SERVICE AS VALUED CUSTOMERS, HAVE ACCESS TO STATE-OF-THE-ART EQUIPMENT AND CUTTING-EDGE TECHNOLOGY, A ND ENJOY THE CAMARADERIE OF THE HIGHEST-CALIBER MEDICAL STAFF AT SAN DIEGO'S HEALTH CARE L EADER. * 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 INDIVIDUAL S WHO SEE IT AS THEIR PRIVILEGE TO EXCEED THE EXPECTATIONS OF EVERY PATIENT - TREATING THE M 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 THI S TRANSFORMATION, SHARP WILL CONTINUE TO LIVE ITS MISSION TO CARE FOR ALL PEOPLE, WITH SPE CIAL CONCERN FOR THE UNDERSERVED AND SAN DIEGO'S DIVERSE POPULATION. THIS IS SOMETHING SHA RP HAS BEEN DOING FOR MORE THAN HALF A CENTURY. PILLARS OF EXCELLENCE IN SUPPORT OF SHARP' S ORGANIZATIONAL COMMITMENT TO TRANSFORM THE HEALTH CARE EXPERIENCE, THE SIX PILLARS OF EX CELLENCE SERVE AS A GUIDE FOR TEAM MEMBERS, PROVIDING A FRAMEWORK AND ALIGNMENT FOR EVERYT HING SHARP DOES. THE SIX PILLARS LISTED BELOW ARE A VISIBLE TESTAMENT TO SHARP'S COMMITMEN T TO BECOME THE BEST HEALTH CARE SYSTEM IN THE UNIVERSE BY ACHIEVING EXCELLENCE IN THESE A REAS: * QUALITY - DEMONSTRATE AND IMPROVE CLINICAL EXCELLENCE AND PATIENT SAFETY TO SET CO MMUNITY STANDARDS AND EXCEED PATIENT EXPECTATIONS * SERVICE - CREATE EXCEPTIONAL EXPERIENC ES AT EVERY TOUCH POINT FOR CUSTOMERS, PHYSICIANS AND PARTNERS BY DEMONSTRATING SERVICE EX CELLENCE * PEOPLE - CREATE A WORKFORCE CULTURE THAT ATTRACTS, RETAINS AND PROMOTES THE BES T AND BRIGHTEST PEOPLE, WHO ARE COMMITTED TO SHARP'S MISSION, VISION AND VALUES * FINANCE - ACHIEVE FINANCIAL RESULTS TO ENSURE SHARP'S ABILITY TO PROVIDE QUALITY HEALTH CARE SERVI CES, NEW TECHNOLOGY AND INVESTMENT IN THE ORGANIZATION * GROWTH - ACHIEVE CONSISTENT NET R EVENUE GROWTH TO ENHANCE MARKET DOMINANCE, SUSTAIN INFRASTRUCTURE IMPROVEMENTS AND SUPPORT INNOVATIVE DEVELOPMENT * COMMUNITY - BE AN EXEMPLARY COMMUNITY CITIZEN BY MAKING A DIFFER ENCE IN OUR COMMUNITY AND SUPPORTING THE STEWARDSHIP OF OUR ENVIRONMENT. AWARDS SHARP RECEN TLY 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 ORGANIZATI ONAL PERFORMANCE EXCELLENCE. SHARP IS THE FIRST HEALTH CARE SYSTEM IN CALIFORNIA AND EIGHT H IN THE NATION TO RECEIVE THIS RECOGNITION. SHARP WAS NAMED THE NO. 1 "BEST INTEGRATED HE ALTH-CARE NETWORK" IN CALIFORNIA AND NO. 12 NATIONALLY BY MODERN HEALTHCARE MAGAZINE IN 20 12. 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 RUNNI NG THAT SHARP HAS PLACED AMONG THE TOP IN THE STATE IN THE SURVEY

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		SHARP REES-STEALY MEDICAL GROUP, PRACTICING AS THE SHARP REES-STEALY MEDICAL CENTERS, WAS NAMED "BEST MEDICAL GROUP" BY U-T SAN DIEGO READERS PARTICIPATING IN THE PAPER'S 2012 "BES T OF SAN DIEGO" READERS POLL SMH AND SGH WERE RANKED SECOND AND THIRD "BEST HOSPITALS" WH ILE SCVMC, SCHHC AND SMBHWN WERE HONORED AS FINALISTS SGH AND SMH HAVE BOTH RECEIVED MAGN ET DESIGNATION FOR NURSING EXCELLENCE BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) THE MAGNET RECOGNITION PROGRAM IS THE HIGHEST LEVEL OF HONOR BESTOWED BY THE ANCC AND IS A CCEPTED NATIONALLY AS THE GOLD STANDARD IN NURSING EXCELLENCE. SHARP WAS NAMED ONE OF THE NATION'S "MOST WIRED" HEALTH CARE SYSTEMS IN 2012 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 LARGE ST 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 H OSPITALS IN AMERICA" LIST IN 2012 SMH WAS DESIGNATED AS A PLANETREE PATIENT-CENTERED HOSP ITAL, JOINING SCHHC AS THE SECOND HOSPITAL IN THE STATE TO EARN THE HONOR SMH IS THE LARG EST AND MOST COMPLEX HOSPITAL IN THE WORLD TO RECEIVE DESIGNATION SCHHC WAS ORIGINALLY DE SIGNATED IN 2007 AND IS THE ONLY HOSPITAL IN THE STATE TO BE RE-DESIGNATED, OCCURRING IN 2 010 PLANETREE IS A COALITION OF MORE THAN 100 HOSPITALS WORLDWIDE THAT IS COMMITTED TO IM PROVING MEDICAL CARE FROM THE PATIENT'S PERSPECTIVE. IN 2010, SHARP RECEIVED THE MOREHEAD APEX WORKPLACE OF EXCELLENCE AWARD MOREHEAD AWARDS THE HEALTH CARE INDUSTRY'S TOP ACHIEVE R BY OBJECTIVELY IDENTIFYING THE HIGHEST PERFORMER AND ACKNOWLEDGING THEIR CONTRIBUTIONS T O HEALTH CARE. WITH THIS SINGULAR AWARD, MOREHEAD ANNUALLY RECOGNIZES A CLIENT WHO HAS REA CHED AND SUSTAINED THE 90TH PERCENTILE ON THEIR EMPLOYEE ENGAGEMENT SURVEYS SHARP REACHED THE 98TH PERCENTILE IN 2010 AND THE 99TH PERCENTILE IN 2011 IN FY 2012, SCHHC RECEIVED E NERGY 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 PERCEN T LESS ENERGY THAN OTHER BUILDINGS AND RELEASE 35 PERCENT LESS CARBON DIOXIDE INTO THE ATM OSPHERE. SCVMC IS ELIGIBLE TO RECEIVE THIS DESIGNATION FOR 2012, AND BOTH SCHHC AND SCVMC RECEIVED THE DESIGNATION FOR THE PREVIOUS THREE YEARS SHARP HEALTHCARE WAS NAMED THE CRYS TAL WINNER OF THE 2011 WORKPLACE EXCELLENCE AWARDS FROM THE SAN DIEGO SOCIETY FOR HUMAN RE SOURCE MANAGEMENT THIS DESIGNATION RECOGNIZES SHARP'S HUMAN RESOURCES DEPARTMENT AS AN IN NOVATIVE AND VALUABLE ASSET TO OVERALL COMPANY PERFORMANCE. PATIENT ACCESS TO CARE PROGRAM S UNINSURED PATIENTS WITH NO ABILITY TO PAY, AND INSURED PATIENTS WITH INADEQUATE COVERAGE RECEIVE FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY SERVICES THROUGH SHARP'S FINANCIAL A SSISTANCE PROGRAM SHARP DOES NOT REFUSE ANY PATIENT REQUIRING EMERGENCY MEDICAL CARE. SHA RP PROVIDES SERVICES TO HELP EVERY UNFUNDED PATIENT RECEIVED IN THE EMERGENCY DEPARTMENT F IND COVERAGE OPTIONS PATIENTS USE A QUICK, SIMPLE ONLINE QUESTIONNAIRE THROUGH THE FOUNDA TION FOR HEALTH COVERAGE EDUCATION TO GENERATE PERSONALIZED COVERAGE OPTIONS THAT ARE FILE D IN THEIR ACCOUNT FOR FUTURE REFERENCE AND ACCESSIBILITY THE RESULTS OF THE QUESTIONNAIR E ALLOW SHC STAFF TO HAVE AN INFORMED DISCUSSION ABOUT COVERAGE OPTIONS WITH THE PATIENT, SO THAT THE PATIENT BECOMES PART OF THE SOLUTION THROUGH THIS PROGRAM, BY JUNE 2012 SHARP PROVIDED APPROXIMATELY 32,000 SELF-PAY PATIENTS WITH GUIDANCE THROUGH THE MAZE OF GOVERNM ENT HEALTH COVERAGE PROGRAMS WHILE MAINTAINING THE PATIENT'S DIGNITY THE PATIENT ASSISTAN CE TEAM WORKS HARD TO HELP PATIENTS IN NEED OF ASSISTANCE GAIN ACCESS TO FREE OR LOW-COST MEDICATIONS PATIENTS ARE IDENTIFIED THROUGH USAGE REPORTS, OR REFERRED THROUGH CASE MANAG EMENT, NURSING, PHYSICIANS OR EVEN OTHER PATIENTS IF ELIGIBLE, UNINSURED PATIENTS ARE OFF ERED ASSISTANCE, WHICH CAN HELP DECREASE READMISSIONS DUE TO LACK OF MEDICATION ACCESS TH E TEAM MEMBERS RESEARCH ALL OPTIONS AVAILABLE INCLUDING PROGRAMS OFFERED BY DRUG MANUFACTU RERS, GRANT-BASED PROGRAMS OFFERED BY FOUNDATIONS, COPAY ASSISTANCE, LOW-COST ALTERNATIVES , OR RESEARCH WHERE THE PATIENT MIGHT FIND THEIR MEDICATION AT A LOWER COST SHARP ALSO CO NTINUES TO OFFER CLEARBALANCE - A SPECIALIZED LOAN PROGRAM FOR PATIENTS FACING HIGH MEDICA L BILLS THROUGH THIS COLLABORATION WITH SAN DIEGO-BASED CSI FINANCIAL SERVICES, BOTH INSU RED 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 PREV ENT UNPAID ACCOUNTS FROM GOING TO COLLECTIONS THROUGH THIS PROGRAM, SHARP PROVIDES A MORE AFFORDABLE ALTERNATIVE FOR PATIENTS THAT STRUGGLE

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		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 SA FE HOME ENVIRONMENT PATIENTS RECEIVE ASSISTANCE WITH TRANSPORTATION AND PLACEMENT, CONNEC TIONS TO COMMUNITY RESOURCES, AND FINANCIAL SUPPORT FOR MEDICAL EQUIPMENT, MEDICATIONS, AN D EVEN OUTPATIENT DIALYSIS AND NURSING HOME STAYS THROUGH COLLABORATION WITH THE SAN DIEG O 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 AL SO RECEIVE PSY CHIATRIC CARE, SUBSTANCE ABUSE COUNSELING AND GUIDANCE TO HELP GET THEM OFF THE STREET SINCE 2011, SHARP'S ACUTE CARE HOSPITALS HAVE PARTNERED WITH FATHER JOE'S VILL AGES TO SUPPORT PROJECT HOPE (FORMERLY PROJECT SOAR) - A PROGRAM DESIGNED TO ASSIST WITH A ND EXPEDITE SOCIAL SECURITY AND DISABILITY APPLICATIONS FOR HOMELESS INDIVIDUALS WITH URGE NT HEALTH CARE NEEDS THROUGH THIS PROGRAM, SHARP PROVIDES COMMUNITY AGENCIES WITH THE MED ICAL INFORMATION NECESSARY TO TREAT AND ASSIST THESE HIGH-RISK INDIVIDUALS SHARP PROVIDES THIS INFORMATION AT NO COST TO THE AGENCY AS ELIGIBLE HOMELESS PATIENTS ARE DISCHARGED F ROM THE HOSPITAL, HOSPITAL CASE MANAGERS FACILITATE THEIR TRANSITION TO PROJECT HOPE WORKE RS WHO THEN CONTINUE THE APPLICATION PROCESS ON THROUGH TO COMPLETION THE PROGRAM HELPS E NSURE ELIGIBLE AT-RISK INDIVIDUALS ARE ABLE TO OBTAIN TIMELY ACCESS TO THE INCOME AND MEDI CAL CARE BENEFITS THAT THEY MAY NOT OTHERWISE RECEIVE AS A RESULT OF THEIR HOMELESS STATUS SHARP ALSO CONTINUED TO COLLABORATE WITH THE UNITED WAY'S PROJECT 25 PROGRAM TO PROVIDE FINANCIAL INFORMATION THAT WILL HELP THE PROGRAM GAUGE THE EFFECTIVENESS OF ITS INTERVENTI ONS TO REDUCE USE OF EMERGENT AND OTHER FRONT LINE PUBLIC RESOURCES PROJECT 25 IS A PARTN ERSHIP 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 SE RVICES (VIA THE COUNTY OF SAN DIEGO) TO AT LEAST 25 OF SAN DIEGO COUNTY'S CHRONICALLY HOME LESS, WHO ARE OFTEN THE MOST FREQUENT USERS OF PUBLIC RESOURCES IN ADDITION, IN FY 2012 S CVMC CONTINUED TO PROVIDE TIMELY ACCESS TO PRIMARY CARE HEALTH SERVICES BY ESTABLISHING ME DICAL 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 ABO UT OBTAINING AFFORDABLE MEDICATIONS THROUGH GENERIC PRESCRIPTION ACCESS EDUCATION, INCREAS E PATIENT ACCESS AND TIMELY REFERRALS TO PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES, INCR EASE PATIENT ACCESS TO FOLLOW-UP PRIMARY CARE SERVICES AND ESTABLISH A MEDICAL HOME AT EIT HER 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 T O SCHEDULE TIMELY FOLLOW-UP APPOINTMENTS FOR SAFETY NET PATIENTS THAT HAS CONTRIBUTED GREA TLY TO THE SUCCESS OF THIS PROGRAM, AND SINCE THE PROGRAM'S INCEPTION APPROXIMATELY 20 PER CENT OF SCVMC'S ED PATIENTS WERE REFERRED TO THE CHULA VISTA FAMILY HEALTH CLINIC

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		HEALTH PROFESSIONS TRAINING INTERNSHIPS STUDENTS AND RECENT HEALTH CARE GRADUATES ARE A VA LUABLE 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 CA REER PIPELINE PROGRAMS IN FY 2012, THERE WERE MORE THAN 4,000 STUDENT INTERNS WITHIN THE SHARP SYSTEM, PROVIDING MORE THAN 517,000 HOURS IN DISCIPLINES THAT INCLUDED NURSING, ALLI ED HEALTH AND PROFESSIONAL EDUCATIONAL PROGRAMS SHARP PROVIDES EDUCATION AND TRAINING PRO GRAMS 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), PHARM ACY, RESPIRATORY THERAPY, DIETETICS, LAB, RADIOLOGY, SOCIAL WORK, PSYCHOLOGY, BUSINESS, HE ALTH INFORMATION MANAGEMENT, AND PUBLIC HEALTH STUDENTS FROM LOCAL COMMUNITY COLLEGES SUC H 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), UNIVERSI TY OF CALIFORNIA, SAN DIEGO (UCSD), UNIVERSITY OF SAN DIEGO (USD), AND POINT LOMA NAZARENE UNIVERSITY (PLNU), AND VOCATIONAL SCHOOLS SUCH AS KAPLAN COLLEGE (KC) PARTICIPATE IN SHAR P'S HEALTH PROFESSIONS TRAINING TABLE 1 PRESENTS THE STUDENTS AND STUDENT HOURS AT EACH O F THE SHARP ENTITIES IN FY 2012 TABLE 1 SHARP HEALTHCARE INTERNSHIPS - FY 2012 SHARP CHU LA VISTA MEDICAL CENTER NURSING STUDENTS - 850 NURSING GROUP HOURS - 62,474 NURSING PRECEP TED HOURS - 20,273 ANCILLARY STUDENTS - 120 ANCILLARY HOURS - 24,863 TOTAL STUDENTS - 970 TOTAL HOURS - 107,610 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER NURSING STUDENTS - 346 NURSING GROUP HOURS - 58,011 NURSING PRECEPTED HOURS - 3,516 ANCILLARY STUDENTS - 138 ANC ILLARY HOURS - 28,360 TOTAL STUDENTS - 484 TOTAL HOURS - 89,887 SHARP GROSSMONT HOSPITAL N URSING STUDENTS - 693 NURSING GROUP HOURS - 45,648 NURSING PRECEPTED HOURS - 16,105 ANCILL ARY STUDENTS - 206 ANCILLARY HOURS - 40,829 TOTAL STUDENTS - 899 TOTAL HOURS - 102,582 SHA RP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS NURSING STUDENTS - 173 NURSING GROUP HOURS - 1 2,195 NURSING PRECEPTED HOURS - 3,300 ANCILLARY STUDENTS - 48 ANCILLARY HOURS - 5,289 TOTA L STUDENTS - 221 TOTAL HOURS - 20,784 SHARP MEMORIAL HOSPITAL NURSING STUDENTS - 511 NURSI NG GROUP HOURS - 35,934 NURSING PRECEPTED HOURS - 20,509 ANCILLARY STUDENTS - 314 ANCILLAR Y HOURS - 58,683 TOTAL STUDENTS - 825 TOTAL HOURS - 115,126 SHARP MESA VISTA HOSPITAL NURS ING STUDENTS - 381 NURSING GROUP HOURS - 25,772 NURSING PRECEPTED HOURS - 3,856 ANCILLARY STUDENTS - 19 ANCILLARY HOURS - 6,945 TOTAL STUDENTS - 400 TOTAL HOURS - 36,573 SHARP HEAL THCARE NURSING STUDENTS - 168 NURSING GROUP HOURS - 158 NURSING PRECEPTED HOURS - 20,164 A NCILLARY STUDENTS - 91 ANCILLARY HOURS - 24,155 TOTAL STUDENTS - 259 TOTAL HOURS - 44,478 TOTAL NURSING STUDENTS - 3,122 NURSING GROUP HOURS - 240,192 NURSING PRECEPTED HOURS - 87, 723 ANCILLARY STUDENTS - 936 ANCILLARY HOURS - 189,124 TOTAL STUDENTS - 4,058 TOTAL HOURS - 517,039 COLLEGE COLLABORATIONS IN FY 2012, SHARP DONATED $500,000 TO SDSU'S COLLEGE OF H EALTH AND HUMAN SERVICES IN ORDER TO ESTABLISH THE SHARP HEALTHCARE PROFESSIONAL EDUCATION AND RESEARCH INSTITUTE THE DONATION ALLOWED FOR THREE NEW SCHOLARSHIPS AT SDSU, INCLUDIN G SDSU'S NEW DOCTOR OF NURSING PRACTICE (DNP) PROGRAM, WHICH BEGAN IN FALL 2012 SCHOLARSH IPS WILL ALSO BE CREATED FOR NURSING STUDENTS IN THE BACHELOR'S AND MASTER'S PROGRAMS, AS WELL AS A GENERAL SCHOLARSHIP FOR STUDENTS IN SDSU'S COLLEGE OF HEALTH AND HUMAN SERVICES THE DONATION WILL PROVIDE A TOTAL OF SIX STUDENTS WITH SCHOLARSHIPS EACH YEAR, RANGING FR OM $1,200 TO $2,000 THE SCHOLARSHIPS ARE A COMPONENT OF THE SHARP HEALTHCARE PROFESSIONAL EDUCATION AND RESEARCH INSTITUTE, WHICH INCLUDES THE ALREADY ESTABLISHED SHARP HEALTHCARE HUMAN PATIENT SIMULATION CENTER AND THE NURSES NOW PROGRAM THE NEW DONATION BRINGS SHARP 'S TOTAL GIVING TO THE UNIVERSITY TO $2 4 MILLION, MAKING SHARP ONE OF SDSU'S LARGEST CORP ORATE CONTRIBUTORS HEALTH SCIENCES HIGH AND MIDDLE COLLEGE SHARP HAS TEAMED UP AS AN INDU STRY PARTNER WITH CHARTER SCHOOL HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) TO PROVID E STUDENTS BROAD EXPOSURE TO CAREERS AVAILABLE IN HEALTH CARE DURING FY 2012, MORE THAN 3 30 HSHMC STUDENTS CONNECTED TO SHARP CAMPUSES FOR A TOTAL OF MORE THAN 52,800 STUDENT HOUR S THE COLLABORATION BETWEEN SHARP AND HSHMC PREPARES HIGH SCHOOL STUDENTS TO ENTER HEALTH SCIENCE AND MEDICAL TECHNOLOGY CAREERS IN THE FOLLOWING FIVE CAREER PATHWAYS BIOTECHNOLO GY RESEARCH AND DEVELOPMENT, DIAGNOSTIC SERVICES, HEALTH INFORMATICS, SUPPORT SERVICES AND THERAPEUTIC SERVICES DURING A 16-WEEK PERIOD, SUPERVISED STUDENTS ROTATE THROUGH INSTRUC TIONAL PODS IN VARIOUS DEPARTMENTS SUCH AS NURSING, OB-GYN, OCCUPATIONAL AND PHYSICAL THER APY, BEHAVIORAL HEALTH, SURGICAL INTENSIVE CARE UN

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		IT (SICU), MEDICAL INTENSIVE CARE UNIT (MICU), IMAGING, REHABILITATION, LABORATORY, PHARMA CY, ENGINEERING, PULMONARY, CARDIAC SERVICES, AND OPERATIONS HSHMC STUDENTS NOT ONLY HAD THE OPPORTUNITY TO OBSERVE PATIENT CARE, BUT ALSO RECEIVED GUIDANCE FROM SHARP STAFF ON CA REER LADDER DEVELOPMENT AND JOB/EDUCATION REQUIREMENTS HSHMC STUDENTS EARN HIGH SCHOOL DI PLOMAS, COMPLETE COLLEGE ENTRANCE REQUIREMENTS AND HAVE OPPORTUNITIES TO EARN COMMUNITY CO LLEGE CREDITS, DEGREES OR VOCATIONAL CERTIFICATES WITH THE HSHMC PROGRAM, SHARP LINKS STU DENTS 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 HSHMC STUDENTS ALSO DEVOTE TIME TO VARIOUS SRS SITES IN SAN DIEGO LECTURES AND CONTINUING EDUCATION SHARP CONTRIBUTES TO THE ACADEMIC E NVIRONMENT OF MANY COLLEGES AND UNIVERSITIES IN SAN DIEGO IN FY 2012, SHARP STAFF COMMITT ED MORE THAN 500 HOURS TO THE ACADEMIC COMMUNITY BY PROVIDING LECTURES, COURSES AND PRESEN TATIONS 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 S AN DIEGO MESA COLLEGE, PHARMACY PRACTICE LECTURES AT UCSD, AND A VARIETY OF HEALTH ADMINIS TRATION 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 EDUCA TION (CME) DEPARTMENT ASSESSES, DESIGNS, IMPLEMENTS AND EVALUATES EDUCATIONAL INITIATIVES FOR SHARP'S AFFILIATED PHYSICIANS, PHARMACISTS AND OTHER HEALTH CARE PROFESSIONALS TO BETT ER SERVE THE HEALTH CARE NEEDS OF THE SAN DIEGO COMMUNITY IN FY 2012 THE PROFESSIONALS AT SHARP HEALTHCARE CME INVESTED MORE THAN 2,100 HOURS IN NUMEROUS CME ACTIVITIES OPEN TO SA N DIEGO HEALTH CARE PROVIDERS, RANGING FROM CONFERENCES ON PATIENT SAFETY, CARDIOLOGY, ANT IMICROBIAL STEWARDSHIP, AND OBESITY, TO PRESENTATIONS ON THE HOSPITALIST'S EXPERIENCE AND HOSPITAL OVERCROWDING RESEARCH INNOVATION IS CRITICAL TO THE FUTURE OF HEALTH CARE, AND S HARP HEALTHCARE SUPPORTS THIS INNOVATION THROUGH ITS COMMITMENT TO QUALITY RESEARCH INITIA TIVES THAT ARE SAFE AND EFFECTIVE, PROVIDE VALUABLE KNOWLEDGE TO THE SAN DIEGO HEALTH CARE COMMUNITY, AND POSITIVE IMPACT TO PATIENTS AND COMMUNITY MEMBERS SHARP HEALTHCARE INSTIT UTIONAL REVIEW BOARD SHARP HEALTHCARE'S INSTITUTIONAL REVIEW BOARD (IRB) SEEKS TO PROMOTE A CULTURE OF SAFETY AND RESPECT FOR INDIVIDUALS WHO CHOOSE TO PARTICIPATE IN RESEARCH FOR THE GREATER GOOD OF THE COMMUNITY ALL PROPOSED SHARP RESEARCH STUDIES WITH HUMAN PARTICIP ANTS ARE REQUIRED TO BE REVIEWED BY THE SHARP HEALTHCARE IRB THE PURPOSE OF THIS REVIEW I S TO PROTECT PARTICIPANT SAFETY AND MAINTAIN RESPONSIBLE RESEARCH CONDUCT IN FY 2012, A D EDICATED IRB COMMITTEE OF 12 INDIVIDUALS - INCLUDING PHYSICIANS, PSYCHOLOGISTS, RESEARCH N URSES AND STUDY COORDINATORS - DEVOTED HUNDREDS OF HOURS TO THE REVIEW AND ANALYSIS OF BOT H ONGOING AND NEW RESEARCH STUDIES

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		THE SHARP HEALTHCARE IRB ALSO PROVIDES EDUCATION AND GUIDANCE FOR RESEARCHERS ACROSS SHARP AS WELL AS IN THE COMMUNITY NURSES, PHARMACY RESIDENTS AND OTHER MEMBERS OF THE HEALTH C ARE COMMUNITY RECEIVE EDUCATION ON VARIOUS STUDY-SPECIFIC REQUIREMENTS REGARDING THE PROTE CTION OF HUMAN SUBJECTS AND HIPAA COMPLIANCE. ADDITIONALLY, SHARP HEALTHCARE'S RESEARCH DE PARTMENT WORKS WITH THE IRB TO PROVIDE QUARTERLY RESEARCH MEETINGS (QRM) THAT ARE OPEN TO PHYSICIANS, PSYCHOLOGISTS, RESEARCH NURSES AND STUDY COORDINATORS THROUGHOUT SAN DIEGO TH ESE MEETINGS PROVIDE EDUCATION AND SUPPORT TO THE RESEARCH COMMUNITY RECENT PRESENTATIONS HAVE COVERED TOPICS SUCH AS THE ADMINISTRATION OF CLINICAL TRIALS, THE USE OF STATISTICAL ANALYSIS IN ASSESSING TEST BIAS, THE IMPORTANCE OF OUTCOMES-BASED RESEARCH AND THE DEVELO PMENT OF EFFECTIVE RESEARCH QUESTIONS OUTCOMES RESEARCH INSTITUTE THE OUTCOMES RESEARCH I NSTITUTE (ORI) AT SHARP WAS FORMED TO MEASURE LONG-TERM RESULTS OF CARE AND TO PROMOTE AND DEVELOP BEST PRACTICES OF HEALTH CARE DELIVERY FOR MEMBERS OF THE PROFESSIONAL HEALTH CAR E 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, R EFLECTING AN AUTHENTIC PICTURE OF THE HEALTH CARE ENVIRONMENT THE ORI COLLABORATES WITH A LL SHARP TEAM MEMBERS INTERESTED IN OPTIMIZING PATIENT CARE BY FACILITATING THE CREATION AND DESIGN OF PATIENT-CENTERED OUTCOMES RESEARCH PROJECTS, ASSISTING IN DATABASE DEVELOPME NT AS WELL AS DATA COLLECTION AND ANALYSIS, ASSISTING WITH GRANT WRITING AND EXPLORING FUN DING MECHANISMS FOR RESEARCH PROJECTS, AND FACILITATING IRB APPLICATION SUBMISSIONS AMONG ITS CURRENT AND FUTURE GOALS, THE ORI AIMS TO ENSURE PATIENT CARE PRODUCES OUTCOMES CONSI STENT 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, AND DEVELOP AND DISSEM INATE EFFECTIVE APPROACHES TO QUALITY CARE DELIVERY IN THE HEALTH CARE COMMUNITY THE ORI HAS COMPLETED A NUMBER OF PILOT STUDIES TO COLLECT DATA ON OPTIMAL SAMPLE SIZES AND VARIAB LES FOR EXPANDED RESEARCH MEASURING LONG-TERM INFLUENCE OF QUALITY INTERVENTIONS ON HEART FAILURE READMISSION, OPTIMAL GLYCEMIC CONTROL IN THE HOSPITAL SETTING, AND INPATIENT COMP LICATION RATES AND LENGTH OF STAY AFTER BOWEL SURGERY CURRENTLY THE ORI HAS TEN ACTIVE ST UDIES IN VARIOUS PHASES OF DEVELOPMENT AND ANALYSIS THE ORI IS COMMITTED TO EDUCATIONAL O UTREACH FOR SHARP HEALTHCARE'S CLINICIANS AND THE HEALTH CARE COMMUNITY AT LARGE, AND OFFE RS NUMEROUS EDUCATIONAL PRESENTATIONS ABOUT OUTCOMES RESEARCH AND HEALTH CARE RESEARCH MET HODS TO NURSES, PHYSICIANS AND THE BROADER COMMUNITY THROUGHOUT THE YEAR ORI STAFF HAVE A LSO BEEN INVITED TO PRESENT LECTURES ON OUTCOMES RESEARCH AND OUTCOMES RESEARCH DESIGNS TO THE BROADER HEALTH CARE COMMUNITY AND AT REGIONAL AND NATIONAL CONFERENCES ADDITIONALLY, THE ORI COLLABORATES WITH SAN DIEGO COUNTY EDUCATION AND RESEARCH COMMUNITIES TO DEVELOP AND STRENGTHEN THOSE CONNECTIONS THE ORI STUDENT RESEARCH INTERN PROGRAM OFFERS ADVANCED NURSING AND PUBLIC HEALTH STUDENTS AN OPPORTUNITY TO LEARN ABOUT AND BECOME INVOLVED IN OU TCOMES RESEARCH SINCE ITS INCEPTION IN 2011, THE PROGRAM HAS ENROLLED NINE STUDENTS (APPR OXIMATELY TWO PER SEMESTER) THE INTERNS LEARN ABOUT OUTCOMES RESEARCH, AND PRODUCE PRESEN TATIONS THAT DOCUMENT THEIR RESEARCH STUDY EXPERIENCE. IN ADDITION, THE ORI HAS REACHED OU T TO THE ACADEMIC COMMUNITY TO FOSTER PARTNERSHIP FOR OUTCOMES RESEARCH AS A RESULT, THE ORI CURRENTLY IS IN DISCUSSION WITH RESEARCHERS AT NATIONAL UNIVERSITY (NU), SAN DIEGO STA TE UNIVERSITY'S (SDSU'S) CANCER CENTER COMPREHENSIVE PARTNERSHIP, AND THE HEALTH RESEARCH AND EDUCATIONAL TRUST TO DEVELOP COMMON THEMES AS THE BASIS FOR FUTURE RESEARCH COLLABORAT IONS EVIDENCE-BASED PRACTICE INSTITUTE SHARP PARTICIPATES IN THE EVIDENCE-BASED PRACTICE INSTITUTE (EBPI), WHICH PREPARES TEAMS OF STAFF (FELLOWS) AND ADVANCE PRACTICE NURSES (MEN TORS) TO CHANGE AND IMPROVE NURSING PRACTICE AND PATIENT CARE. THIS CHANGE OCCURS THROUGH IDENTIFY ING A CARE PROBLEM, DEVELOPING A PLAN TO SOLVE IT, AND THEN INCORPORATING THE NEW KNOWLEDGE INTO PRACTICE. THE EBPI IS PART OF THE CONSORTIUM OF NURSING EXCELLENCE, SAN DIE GO, WHICH PROMOTES EVIDENCE-BASED PRACTICE IN THE NURSING COMMUNITY THE CONSORTIUM IS A P ARTNERSHIP BETWEEN SGH, SMH, SCVMC, SCRIPPS HEALTH, RADY CHILDREN'S HOSPITAL - SAN DIEGO, UCSD HEALTH, AND SAN DIEGO VA MEDICAL CENTER, AS WELL AS PLNU, SDSU AND USD IN FY 2012, T HE EBPI CONSISTED OF A NINE-MONTH PROGRAM CULMINATING WITH A GRADUATION CEREMONY IN SEPTEM BER THE PROJECT RESULTS OF ALL EBPI FELLOWS ARE SHARED AT THE CEREMONY EBPI FELLOWS PART NER WITH THEIR MENTORS AND PARTICIPATE IN A VARIETY OF LEARNING STRATEGIES MENTORS FACILI TATE THE PROCESS OF CONDUCTING AN EVIDENCE-BASED P

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		RACTICE CHANGE AND NAVIGATING THE HOSPITAL SYSTEM TO SUPPORT THE FELLOW THROUGH THE PROCES S OF EVIDENCE-BASED PRACTICE MENTORS ALSO ASSIST THE FELLOW IN WORKING COLLABORATIVELY WI TH OTHER KEY HOSPITAL LEADERSHIP PERSONNEL THE SAN DIEGO EBPI INCLUDES SIX FULL-DAY CLASS SESSIONS THAT INCORPORATE GROUP ACTIVITIES, AS WELL AS SELF-DIRECTED LEARNING PROGRAMS OU TSIDE OF THE CLASSROOM, IN ADDITION TO THE STRUCTURED MENTORSHIP PROVIDED THROUGHOUT THE P ROGRAM IN FY 2012, APPROXIMATELY 50 FELLOWS GRADUATED FROM THE EBPI PROGRAM, AND COMPLETE D PROJECTS THAT ADDRESSED COMPELLING ISSUES IN THE HEALTH CARE COMMUNITY, SUCH AS END-OF- LIFE CARE AND IMPROVING PATIENT PAIN AND SY MPTOM MANAGEMENT, DECREASING HOSPITAL-ACQUIRED INFECTIONS THROUGH ENVIRONMENTAL CLEANING, AND THE IMPACT OF EDUCATION AND PALLIATIVE CARE CONSULTS ON THE MORAL DISTRESS AND COMPASSION FATIGUE OF INTENSIVE CARE UNIT (ICU) NURSES SHARP ACTIVELY PARTICIPATES IN THE EBPI THROUGH THE PROVISION OF INSTRUCTORS AND MENTORS , AS WELL AS ADMINISTRATIVE COORDINATION VOLUNTEER SERVICE SHARP LENDS A HAND IN FY 2012, SHARP CONTINUED ITS SYSTEMWIDE COMMUNITY SERVICE PROGRAM, SHARP LENDS A HAND (SLAH), TO F URTHER SUPPORT THE SAN DIEGO COMMUNITIES IT SERVES IN OCTOBER, SHARP TEAM MEMBERS SUGGEST ED PROJECT IDEAS THAT FOCUSED ON IMPROVING THE HEALTH AND WELL-BEING OF SAN DIEGO IN A BRO AD, POSITIVE WAY, RELIED ON SHARP FOR VOLUNTEER LABOR ONLY, SUPPORTED NONPROFIT INITIATIVE S, COMMUNITY ACTIVITIES OR OTHER PROGRAMS THAT SERVE THE RESIDENTS OF SAN DIEGO COUNTY, AN D COULD BE COMPLETED BY SEPTEMBER 30, 2012 EIGHT PROJECTS WERE SELECTED STAND DOWN FOR H OMELESS VETERANS, SAN DIEGO FOOD BANK, SAN DIEGO COASTAL CLEAN-UP; SPORTS FOR EXCEPTIONAL ATHLETES BASKETBALL AND FLOOR HOCKEY TOURNAMENTS, HELEN WOODWARD ANIMAL CENTER PUPPY LOV E 5K RUN/WALK, JEWISH FAMILY SERVICE OF SAN DIEGO HAND UP YOUTH FOOD PANTRY, MEMORIAL DAY HEADSTONE CLEANING AT FORT ROSECRANS NATIONAL CEMETERY, AND HOME OF GUIDING HANDS LANDSC APE MAKEOVER IN SUPPORT OF THESE PROJECTS, MORE THAN 1,600 SHARP EMPLOY EES, FAMILY MEMBER S AND FRIENDS VOLUNTEERED NEARLY 5,500 HOURS DURING EIGHT DAYS IN JUNE AND JULY 2012, 522 SHARP EMPLOY EES, FAMILY MEMBERS AND FRIENDS VOLUNTEERED AT VETERANS VILLAGE OF SAN DIEGO, LIBERTY STATION AND SAN DIEGO HIGH SCHOOL THE VOLUNTEERS SORTED AND ORGANIZED CLOTHING D ONATIONS AND PROVIDED ON-SITE SUPPORT, MEDICAL SERVICES AND COMPANIONSHIP TO HUNDREDS OF H OMELESS VETERANS AT STAND DOWN FOR HOMELESS VETERANS, AN ANNUAL EVENT SPONSORED BY VETERAN S VILLAGE OF SAN DIEGO THE SAN DIEGO FOOD BANK FEEDS PEOPLE IN NEED THROUGHOUT SAN DIEGO COUNTY, AND ADVOCATES AND EDUCATES THE PUBLIC ABOUT HUNGER-RELATED ISSUES DURING EIGHT DA YS IN FEBRUARY, APRIL, JUNE AND AUGUST, 708 SLAH VOLUNTEERS INSPECTED AND SORTED DONATED F OOD, ASSEMBLED BOXES AND CLEANED THE SAN DIEGO FOOD BANK WAREHOUSE MORE THAN 35 SLAH VOLU NTEERS PROVIDED ASSISTANCE TO SAN DIEGO COUNTY'S SPORTS FOR EXCEPTIONAL ATHLETES, A COMMUN ITY-WIDE NONPROFIT ORGANIZATION THAT PROVIDES SPORTS TRAINING AND ATHLETIC COMPETITION FOR INDIVIDUALS AGES 5 THROUGH ADULT WITH DEVELOPMENTAL DISABILITIES DURING THE SPRING FLOOR HOCKEY AND BASKETBALL TOURNAMENTS, SHARP VOLUNTEERS ASSISTED WITH TIMEKEEPING, SCORE-KEEP ING AND CHEERLEADING FOR THE ATHLETES IN MAY, 60 SLAH VOLUNTEERS AND THEIR FAMILY MEMBERS HONORED VETERANS AT FORT ROSECRANS NATIONAL CEMETERY BY CLEANING HEADSTONES IN SEPTEMBER , THE SLAH TEAM PARTNERED WITH I LOVE A CLEAN SAN DIEGO AND SAN DIEGO COASTKEEPER TO PUT T HE SPARKLE BACK IN THE SAN DIEGO COMMUNITY THROUGH THE SAN DIEGO COASTAL CLEAN-UP NEARLY 150 VOLUNTEERS OF ALL AGES HELPED KEEP SAN DIEGO'S COAST A BEAUTIFUL PLACE TO LIVE AND PLA Y BY PICKING UP AND REMOVING TRASH AND DEBRIS FROM 16 SELECTED SITES IN THE COMMUNITY

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		IN JANUARY, 29 SLAH VOLUNTEERS PROVIDED A LANDSCAPE MAKEOVER AT HOME OF GUIDING HANDS BY I NSTALLING BARK AND ROCK AT TWO DIFFERENT HOMES HOME OF GUIDING HANDS PROVIDES SUPPORT AND SERVICES FOR MORE THAN 800 CHILDREN, ADOLESCENTS AND ADULTS WITH DEVELOPMENTAL DISABILITI ES IN SAN DIEGO'S EAST COUNTY DURING TWO DAYS IN FEBRUARY, 57 SLAH VOLUNTEERS PROVIDED SU PPORT FOR THE HELEN WOODWARD ANIMAL CENTER'S PUPPY LOVE 5K RUN/WALK ON HIGHWAY 101 IN SOLA NA BEACH, INCLUDING SETTING UP EXHIBIT BOOTHS, ASSISTING WITH REGISTRATION AND WORKING AS ROUTE/ROAD MARSHALS THE HELEN WOODWARD ANIMAL CENTER IS A SAN DIEGO-BASED NONPROFIT ORGAN IZATION COMMITTED TO SAVING THE LIVES OF ANIMALS BY PROVIDING HUMANE CARE, ANIMAL ADOPTION AND OTHER PROGRAMS AND RESOURCES FOR INDIVIDUALS WHO CARE FOR ANIMALS IN MAY, 40 SLAH VO LUNTEERS OFFERED THEIR ASSISTANCE TO THE JEWISH FAMILY SERVICE OF SAN DIEGO'S HAND UP YOUT H FOOD PANTRY, A PROGRAM DEDICATED TO ALLEVIATING HUNGER BY DELIVERING FOOD TO THOUSANDS O F COMMUNITY MEMBERS IN NEED SLAH VOLUNTEERS HELPED SET UP FOOD SHOPPING AREAS, ASSISTED P ARENTS WITH SHOPPING AND CARRYING THEIR GROCERIES, AND ENTERTAINED CHILDREN WITH ARTS AND CRAFTS JEWISH FAMILY SERVICE IS ONE OF SAN DIEGO'S PREMIER HUMAN CARE SERVICE ORGANIZATIO NS EACH YEAR, THE ORGANIZATION SERVES MORE THAN 35,000 PEOPLE THROUGHOUT SDC AND THE COAC HELLA VALLEY, PROVIDING MORE THAN 50 PROGRAMS AND SERVICES TO ADDRESS HUMAN AND FAMILY NEE DS SHARP HUMANITARIAN SERVICE PROGRAM IN FY 2012, THE SHARP HUMANITARIAN SERVICE PROGRAM FUNDED 28 SHARP EMPLOYEES, ENABLING THEM TO PARTICIPATE IN SERVICE PROGRAMS THAT PROVIDE H EALTH CARE OR OTHER SUPPORTIVE SERVICES TO UNDERSERVED OR ADVERSELY AFFECTED POPULATIONS SHARP EMPLOYEES DEVOTED THEIR TIME AND EXPERTISE TO A VARIETY OF HUMANITARIAN ORGANIZATION S, INCLUDING FACING FUTURES, AN ORGANIZATION THAT PROVIDES FREE MEDICAL CARE TO CHILDREN S UFFERING FROM FACIAL ABNORMALITIES AS A RESULT OF BIRTH DEFECTS OR TRAUMA OVER A PERIOD O F TWO WEEKS, A TEAM OF SHARP PHYSICIANS, NURSES AND SUPPORT STAFF PROVIDED FREE MAXILLOFAC IAL SURGERIES FOR APPROXIMATELY 100 CHILDREN IN VIETNAM IN ADDITION, SHARP STAFF PARTNERE D WITH THE CHILDREN OF THE NATIONS (COTN) ORGANIZATION TO PROVIDE BASIC MEDICAL CARE TO MO RE THAN 180 CHILDREN BETWEEN FOUR AND EIGHTEEN YEARS OF AGE, IN LIRA, UGANDA A TEAM OF PH YSICIANS, STUDENTS AND THERAPISTS ALSO PROVIDED EDUCATION ON WOUND CARE, HYDRATION, NUTRIT ION AND SAFETY PROCEDURES, INCLUDING CPR AND THE HEIMLICH MANEUVER, TO BOTH STAFF AND CHIL DREN IN THE VILLAGE SHARP STAFF ALSO PARTICIPATED IN THE HELPING OLDER PEOPLE EQUALLY (HO PE) ORGANIZATION'S ELDERLY WEEK IN BELIZE, PROVIDING PHYSICAL THERAPY SCREENINGS AND ASSES SMENTS, AS WELL AS EDUCATION AND EXERCISE PROGRAMS TO APPROXIMATELY 100 ELDERLY COMMUNITY MEMBERS ADDITIONALLY, IN FY 2012 SHARP STAFF HELPED ORGANIZE A WEEK-LONG MEDICAL MISSION TRIP TO THE NORTHWEST MOUNTAINS OF GUATEMALA A TEAM OF 75 INDIVIDUALS INCLUDING SHARP-AFF ILIATED PHYSICIANS, NURSES, TECHNICAL STAFF, THERAPISTS, CHAPLAINS AND MANY OTHERS PARTICI PATED IN THIS EFFORT IN PARTNERSHIP WITH THE IOAMAI MEDICAL MINISTRIES AND HELPS INTERNATI ONAL DURING A SPAN OF SEVEN DAYS, THE TEAM SET UP A TEMPORARY HOSPITAL AT A LOCAL MILITAR Y BASE AND TREATED MORE THAN 1,000 PATIENTS, PERFORMING APPROXIMATELY 140 SURGERIES, INCLU DING HERNIA, CLEFT-LIP, CLEFT PALETTE, AND GYNECOLOGICAL PROCEDURES IN SOME CASES, MEMBER S OF THE IMPOVERISHED MOUNTAIN COMMUNITY TRAVELED MANY HOURS TO RECEIVE CARE AT THE HOSPIT AL SHARP ALSO DONATED NUMEROUS SUPPLIES AND EQUIPMENT TO THIS LIFE-CHANGING EXPERIENCE FO R BOTH PATIENTS AND PARTICIPANTS IN ADDITION, SHARP STAFF COLLABORATED WITH THE 2012 PACI FIC PARTNERSHIP MEDICAL MISSION THAT SERVES INDIVIDUALS IN INDONESIA, CAMBODIA, VIETNAM AN D THE PHILIPPINES OVER A SPAN OF THREE MONTHS SPECIFICALLY, SHARP STAFF PARTICIPATED IN T HE PACIFIC PARTNERSHIP TWO-WEEK MEDICAL MISSION TRIP TO CAMBODIA ALONGSIDE THE SAN DIEGO-B ASED U S NAVAL HOSPITAL SHIP, MERCY MEDICAL PERSONNEL FROM ALL BRANCHES OF THE U S MILI TARY PARTICIPATED, AS WELL AS PERSONNEL FROM OTHER COUNTRIES, SUCH AS AUSTRALIA, NEW ZEALA ND AND THE NETHERLANDS THE TEAM IMPLEMENTED FOUR MEDICAL SITES THROUGHOUT CAMBODIA, PROVI DING MEDICAL, DENTAL AND OPHTHALMIC CARE TO APPROXIMATELY 12,700 PATIENTS AND PERFORMING M ORE THAN 200 SURGERIES IN ADDITION, TEAM MEMBERS TAUGHT AND SHARED U S MEDICAL PRACTICES WITH CAMBODIAN MEDICAL STUDENTS IN FY 2012, SHARP STAFF SPENT A WEEK SUPPORTING THE GOD' S CHILD PROJECT, WORKING WITH COLLEGE STUDENTS TO PROVIDE VARIOUS SERVICES TO IMPOVERISHED COMMUNITIES IN ANTIGUA, GUATEMALA, INCLUDING BUILDING A ONE-ROOM HOUSE WITH A CEMENT FOUN DATION FOR A FAMILY OF SEVEN, SERVING DINNER AT A HOMELESS SHELTER, CARING FOR MALNOURISHE D CHILDREN, AND GATHERING AND DISTRIBUTING VEGETABLES TO COMMUNITY MEMBERS SHARP STAFF AL SO PARTICIPATED IN THE WORK OF AMOR MINISTRIES IN TIJUANA, MEXICO, A NONPROFIT ORGANIZATIO N THAT HAS SERVED THE PEOPLE OF MEXICO FOR MORE TH

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		AN 32 YEARS AND HAS HELPED BUILD MORE THAN 16,000 HOMES OVER THE COURSE OF FOUR DAYS, THE TEAM CONSTRUCTED A HOME FOR ONE POVERTY-STRICKEN FAMILY IN ADDITION, SHARP STAFF WORKED WITH FAMILY FRIENDS COMMUNITY CONNECTION (FFCC), A SAN DIEGO-BASED NONPROFIT ORGANIZATION, TO LEND VITAL ASSISTANCE TO VICTIMS OF THE EARTHQUAKES THAT DEVASTATED HAITI IN JANUARY 2 010 A TEAM OF 17 INDIVIDUALS, INCLUDING SHARP STAFF, ASSISTED IN THE CONSTRUCTION OF AN O RPHANAGE DORMITORY, INSTALLED WATER FILTRATION SYSTEMS, DISTRIBUTED FOOD PACKAGES AND HELD A SOCCER TOURNAMENT FOR CHILDREN FROM FOUR LOCAL ORPHANAGES COMMUNITY WALKS FOR THE PAST 17 YEARS, SHARP HAS PROUDLY SUPPORTED THE AMERICAN HEART ASSOCIATION (AHA) ANNUAL HEART W ALK IN SEPTEMBER 2012, MORE THAN 1,000 WALKERS REPRESENTED SHARP AT THE SAN DIEGO HEART W ALK HELD IN BALBOA PARK SHARP WAS THE NO 1 HEART WALK TEAM IN SAN DIEGO AND THE AHA WEST ERN REGION AFFILIATES, RAISING NEARLY $190,000 FOR THE AMERICAN HEART ASSOCIATION SHARP V OLUNTEERS 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 COU NTY FOR INDIVIDUALS TO SERVE THE COMMUNITY, MEET NEW PEOPLE AND ASSIST PROGRAMS RANGING FR OM PEDIATRICS TO SENIOR RESOURCE CENTERS VOLUNTEERS DEVOTE THEIR TIME AND COMPASSION TO P ATIENTS 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 T HE COMMUNITY, AND IN SUPPORT OF THE SHARP HEALTHCARE FOUNDATION, GROSSMONT HOSPITAL FOUNDA TION, AND CORONADO HOSPITAL FOUNDATION SHARP EMPLOYEES ALSO DONATE TIME TO SHARP AS VOLUN TEERS FOR THE SHARP ORGANIZATION IN FY 2012, MORE THAN 3,600 INDIVIDUALS VOLUNTEERED FOR VARIOUS PROGRAMS ACROSS THE SHARP SYSTEM, CONTRIBUTING MORE THAN 242,000 HOURS OF THEIR TI ME IN SERVICE TO SHARP AND ITS INITIATIVES THIS INCLUDES MORE THAN 950 AUXILIARY MEMBERS AND THOUSANDS MORE INDIVIDUAL VOLUNTEERS FROM THE SAN DIEGO COMMUNITY MORE THAN 9,000 OF THESE HOURS WERE PROVIDED EXTERNALLY TO THE COMMUNITY THROUGH ACTIVITIES SUCH AS DELIVERIN G MEALS TO HOMEBOUND SENIORS AND ASSISTING WITH HEALTH FAIRS AND EVENTS TABLE 2 DETAILS T HE NUMBER OF INDIVIDUAL VOLUNTEERS AND THE HOURS PROVIDED IN SERVICE TO EACH OF SHARP'S EN TITIES, SPECIFICALLY FOR PATIENT AND COMMUNITY SUPPORT VOLUNTEERS ALSO SPENT ADDITIONAL H OURS SUPPORTING SHARP'S THREE FOUNDATIONS FOR EVENTS SUCH AS GROSSMONT HOSPITAL FOUNDATION 'S ANNUAL GOLF TOURNAMENT, GALAS HELD FOR SCHHC AND SGH, AND OTHER EVENTS IN SUPPORT OF SH ARP ENTITIES AND SERVICES TABLE 2 SHARP INDIVIDUAL VOLUNTEERS AND VOLUNTEER HOURS - FY 2 012 SHARP CHULA VISTA MEDICAL CENTER NUMBER OF INDIVIDUAL VOLUNTEERS - 325 VOLUNTEER OF HO URS - 5,396 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER NUMBER OF INDIVIDUAL VOLUNTEERS - 134 VOLUNTEER OF HOURS - 6,234 SHARP GROSSMONT HOSPITAL NUMBER OF INDIVIDUAL VOLUNTEERS - 945 VOLUNTEER OF HOURS - 128,415 SHARP METROPOLITAN MEDICAL CAMPUS NUMBER OF INDIVIDUAL VOLUNTEERS - 2,091 VOLUNTEER OF HOURS - 95,659 TOTAL NUMBER OF INDIVIDUAL VOLUNTEERS - 3,4 95 VOLUNTEER OF HOURS - 235,704 SHARP EMPLOY EES ALSO VOLUNTEER THEIR TIME FOR THE CABRILLO CREDIT UNION SHARP DIVISION BOARD, THE SHARP AND CHILDREN'S MRI BOARD, THE UCSD MEDICAL C ENTER/SHARP BONE MARROW TRANSPLANT PROGRAM BOARD, GROSSMONT IMAGING LLC BOARD, AND THE SCV MC - SDI IMAGING CENTER IN ADDITION, VOLUNTEERS ON SHARP'S AUXILIARY BOARDS AND THE VARIO US SHARP ENTITY BOARDS VOLUNTEER THEIR TIME TO PROVIDE PROGRAM OVERSIGHT, ADMINISTRATION A ND DECISION-MAKING REGARDING FINANCIAL RESOURCES IN FY 2012, 128 COMMUNITY MEMBERS CONTRI BUTED THEIR TIME TO SHARP'S BOARDS

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		OTHER SHARP VOLUNTEER EFFORTS IN FY 2012, SHARP STAFF VOLUNTEERED THEIR TIME AND PASSION T O A NUMBER OF UNIQUE INITIATIVES, UNDERSCORING SHARP'S COMMITMENT TO THE HEALTH AND WELFAR E OF SAN DIEGANS BELOW ARE JUST A FEW EXAMPLES OF HOW SHARP EMPLOYEES GAVE OF THEMSELVES TO THE SAN DIEGO COMMUNITY SGH'S ENGINEERING DEPARTMENT PARTICIPATED IN A NUMBER OF INITI ATIVES IN FY 2012, INCLUDING THE CONTINUATION OF THEIR "THIS BUD'S FOR YOU" PROGRAM THE P ROGRAM BROUGHT COMFORT TO UNSUSPECTING PATIENTS AND THEIR LOVED ONES WITH THE DELIVERY OF HAND-PICKED FLOWERS FROM THE MEDICAL CAMPUS'S ABUNDANT GARDENS THE SGH LANDSCAPE TEAM GRE W, CUT, BUNDLED AND DELIVERED COLORFUL BOUQUETS EACH WEEK, BRINGING AN ELEMENT OF NATURAL BEAUTY TO PATIENTS AND VISITORS OF BOTH THE HOSPITAL AND THE SGH HOSPICE HOUSES THE TEAM ALSO REGULARLY OFFERED SINGLE-STEM ROSES IN A SMALL BUD VASE TO PASSERS-BY IN ITS SECOND YEAR, THE "THIS BUD'S FOR YOU" PROGRAM HAS BECOME A NATURAL PART OF THE LANDSCAPE TEAM'S D AY, AN ACT THAT IS SIMPLY PART OF WHAT THEY DO TO ENHANCE THE EXPERIENCE OF VISITORS TO TH E HOSPITAL SGH ALSO CONTINUED TO PROVIDE THE "SHIRT OFF OUR BACKS" PROGRAM DURING THE 201 1 HOLIDAY SEASON, AND BROUGHT CLOTHING, SHOES, BLANKETS AND HOUSEHOLD ITEMS DIRECTLY TO SA N DIEGO'S HOMELESS POPULATION THE SGH LANDSCAPE TEAM AND ENGINEERING DEPARTMENT, THE SGH AUXILIARY AND LOCAL BUSINESSES COLLABORATED TO IMPLEMENT THE PROGRAM, AND SGH'S WASTE MANA GEMENT TEAM PROVIDED ANCILLARY SUPPORT WITH LOANER RECYCLE BINS TO USE FOR COLLECTION HUN DREDS OF POUNDS OF CLOTHING, SHOES, TOWELS, BLANKETS, TOILETRIES AND OTHER ITEMS THAT COUL D BE PUT TO USE IMMEDIATELY WERE COLLECTED, WASHED, FOLDED, BOXED/BAGGED AND PREPARED BEFO RE DELIVERY TO THE SAN DIEGO POPULATION IN NEED, AND THIS YEAR THREE PICKUP TRUCKS WERE RE QUIRED TO DELIVER THE COLLECTED ITEMS THE EFFORTS PROVIDED FOOD AND COMFORT TO ALL WHO EX PRESSED NEED - RANGING FROM SMALL CHILDREN TO ADULTS OF ALL SIZES NEW IN FY 2012, THE SGH ENGINEERING DEPARTMENT BEGAN THE "FEED THE CUBS OUR FUTURE ENGINEERS" PROGRAM, AND PROV IDED STUDENTS ENROLLED IN THE HOSPITAL'S HIGH SCHOOL MENTORSHIP PROGRAM WITH LUNCH, SNACKS AND FROZEN MEALS THROUGH A DEPARTMENT-WIDE FUNDRAISING EFFORT THROUGH THE PROGRAM, THE D EPARTMENT ENSURED THAT THE STUDENTS ATE BOTH BREAKFAST AND LUNCH DURING THEIR TIME AT THE HOSPITAL AT SMMC, THE ARTS FOR HEALING PROGRAM WAS ESTABLISHED TO IMPROVE THE SPIRITUAL A ND EMOTIONAL HEALTH OF PATIENTS THAT FACE SIGNIFICANT MEDICAL CHALLENGES THE PROGRAM PROV IDES SERVICES AT SMH, SMH OUTPATIENT PAVILION (OPP), SMBHWN, SMV AND SMC SINCE THE INCEPT ION OF THE PROGRAM IN 2007, MORE THAN 18,000 PATIENTS AND THEIR FAMILIES, GUESTS AND STAFF HAVE BENEFITTED FROM THE TIME AND TALENT PROVIDED BY ARTS FOR HEALING STAFF AND VOLUNTEER S TRAINED VOLUNTEERS ARE THE PRIMARY PROVIDERS OF THE PROGRAM, WHICH IS COORDINATED BY A CHAPLAIN OF THE SPIRITUAL CARE PROGRAM THE ARTS FOR HEALING PROGRAM UTILIZES THE POWER OF ART AND MUSIC TO ENHANCE THE HEALING PROCESS FOR PATIENTS CHALLENGED BY SIGNIFICANT ILLNE SS, CHRONIC PAIN AND LONG-TERM HOSPITALIZATION AT SMH, OFTENTIMES THESE ARE STROKE PATIEN TS, CANCER PATIENTS OR PATIENTS FACING LIFE WITH NEWLY ACQUIRED DISABILITIES FOLLOWING CAT ASTROPHIC EVENTS THROUGHOUT FY 2012, ARTS FOR HEALING ALSO PROVIDED ART THERAPY FOR PATIE NTS AND COMMUNITY MEMBERS AT THE PAVILION CANCER SUPPORT GROUP ON SATURDAY MORNINGS AT SM BHWN, THE PROGRAM IS PROVIDED TO HIGH-RISK MOTHERS WHO ARE IN THE HOSPITAL FROM ONE TO FOU R MONTHS, AWAITING CHILDBIRTH AND EXPERIENCING STRESS AND LONELINESS OVER THE SEPARATION F ROM THEIR FAMILIES PARTICIPANTS PAINT AND CREATE CARDS AND SEASONAL CRAFT PROJECTS IN AD DITION, ARTS FOR HEALING PROVIDED ART ACTIVITIES FOR CHILDREN AT SATURDAY WITH SANTA, A CO MMUNITY EVENT HOSTED BY THE SMH AUXILIARY FOR CHILDREN TO HAVE THEIR PICTURE TAKEN WITH SA NTA THIS AND OTHER ARTS FOR HEALING EVENTS HAVE BENEFITED HUNDREDS OF COMMUNITY MEMBERS T HROUGH THE HEALING POWER OF ART IN ADDITION, SHARP SPONSORED THE TEDXSANDIEGO AND TEDXYOU TH EVENTS HELD IN NOVEMBER 2011, PROVIDING SUPPORT IN ADVANCE OF THE EVENT, INCLUDING SHOW DIRECTION, TECHNICAL DIRECTION, EXPERIENCE DESIGN AND REGISTRATION TEDXSANDIEGO AND TEDX YOUTH ARE EVENTS FOR MEMBERS OF THE SAN DIEGO COMMUNITY AND BEYOND, AND ARE DESIGNED TO BR ING TOGETHER INNOVATORS, EXPLORERS, TEACHERS AND LEARNERS IN AN ENVIRONMENT THAT ENCOURAGE S COLLABORATION, CONVERSATION AND INTERACTION TED IS A NONPROFIT ORGANIZATION DEVOTED TO "IDEAS WORTH SPREADING," AND HAS GROWN OVER THE PAST 25 YEARS TO SUPPORT AN ARRAY OF WORLD -CHANGING IDEAS WITH MULTIPLE INITIATIVES TEDXSANDIEGO AND TEDXYOUTH ARE NOT-FOR-PROFIT E VENTS ORGANIZED ENTIRELY BY LOCAL, UNPAID VOLUNTEERS SHARP TEAM MEMBERS VOLUNTEERED THEIR TIME ON-SITE AT EACH EVENT, DELIVERING THE SHARP EXPERIENCE AS WAY FINDERS, USHERS, STAGE MANAGERS, SPEAKER SHADOWS AND IN OTHER ROLES ALL WAYS GREEN INITIATIVE AS SAN DIEGO'S LA RGEST PRIVATE EMPLOYER, SHARP RECOGNIZES THAT THE

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		HEALTH OF ITS PATIENTS, EMPLOYEES AND THE COMMUNITY IS DIRECTLY TIED TO THE HEALTH OF THEI R ENVIRONMENT SHARP PROMOTES A CULTURE OF ENVIRONMENTAL RESPONSIBILITY BY PROVIDING EDUCA TION AND OUTREACH TO EMPLOYEES TO IMPROVE THEIR HEALTH AND THE HEALTH OF THOSE THEY SERVE SHARP'S SYSTEMWIDE ALL WAYS GREEN(TM) COMMITTEE IS CHARGED WITH EVALUATING OPPORTUNITIES AND RECOGNIZING BEST PRACTICES TO (1) INCREASE ENERGY EFFICIENCY, (2) IMPROVE WATER CONSER VATION, (3) MINIMIZE WASTE, (4) INVESTIGATE AND PROMOTE CLEANER MEANS OF TRANSPORTATION, A ND (5) REDUCE THE AMOUNT OF HARMFUL CHEMICALS RELEASED TO THE ENVIRONMENT, AS WELL AS THE PROMOTION OF OTHER INITIATIVES TO LOWER SHARP'S CARBON FOOTPRINT AND BE A POSITIVE ENVIRON MENTAL INFLUENCE SHARP'S ENVIRONMENTAL POLICY SERVES TO AFFIRM ITS COMMITMENT TO IMPROVIN G THE HEALTH OF THE ENVIRONMENT AND THEREFORE THE COMMUNITIES IT SERVES SHARP CREATED ITS ALL WAYS GREEN(TM) LOGO TO BRAND ITS ENVIRONMENTAL ACTIVITIES AND COMMUNICATE SUSTAINABLE ACTIVITIES THROUGHOUT SHARP AND THE SDC COMMUNITY ESTABLISHED GREEN TEAMS AT EACH ENTITY ARE CHARGED WITH DEVELOPING NEW PROGRAMS THAT EDUCATE SHARP EMPLOYEES TO CONSERVE NATURAL RESOURCES AND REDUCE, REUSE AND RECYCLE SHARP HAS PARTNERED WITH ORGANIZATIONS IN THE CO MMUNITY AND ITS VENDORS TO DEVELOP NEW PROGRAMS AND INITIATIVES TO HELP ACHIEVE ITS ENVIRO NMENTAL GOALS ACCORDING TO THE EPA, INPATIENT HOSPITAL FACILITIES ARE THE SECOND-MOST ENE RGY-INTENSIVE INDUSTRY AFTER FOOD SERVICE AND SALES, WITH ENERGY UTILIZATION RATES 2 7 TIM ES 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 EMBA RKED ON SEVERAL GREEN INITIATIVES TO ENHANCE ENERGY EFFICIENCY INCLUDING RETRO-COMMISSION ING OF HEATING, VENTILATION AND AIR CONDITIONING (HVAC) SYSTEMS, OCCUPANCY SENSOR INSTALLA TION, ENERGY AUDITS, ENERGY-EFFICIENT MOTOR AND PUMP REPLACEMENTS, EQUIPMENT MODERNIZATION , AND DEVELOPMENT OF A SHARP HEALTHCARE ENERGY GUIDELINE TO HELP MANAGE ENERGY UTILIZATION PRACTICES THROUGHOUT THE SYSTEM OTHER PROJECTS COMPLETED IN 2012 INCLUDE LIGHTING RETROF ITS, PIPE INSULATIONS AND INFRASTRUCTURE CONTROL INITIATIVES, WHICH ARE EXPECTED TO GENERA TE ANNUAL ENERGY SAVINGS IN EXCESS OF $200,000 ALL SHARP ENTITIES PARTICIPATE IN THE EPA' S ENERGY STAR (ES) DATABASE AND MONITOR THEIR ES SCORES ON A MONTHLY BASIS ES IS AN INTER NATIONAL STANDARD FOR ENERGY EFFICIENCY CREATED BY THE EPA BUILDINGS THAT ARE DESIGNATED BY ES MUST EARN A 75 OR HIGHER ON THE EPA'S ENERGY PERFORMANCE SCALE, INDICATING THAT THE BUILDING PERFORMS BETTER THAN AT LEAST 75 PERCENT OF SIMILAR BUILDINGS NATIONWIDE ACCORDI NG TO THE EPA, BUILDINGS THAT QUALIFY FOR THE ES TYPICALLY USE 35 PERCENT OR LESS ENERGY T HAN BUILDINGS OF SIMILAR SIZE AND FUNCTION IN 2007, SCHHC FIRST EARNED EPA'S ES CERTIFICA TION AND ALSO EARNED THE ES DESIGNATION FOR 2010, 2011 AND 2012 SCVMC IS ELIGIBLE TO RECE IVE THE EPA ES DESIGNATION AGAIN IN 2012, AND EARNED THIS RECOGNITION FOR THE THREE PREVIO US YEARS THE ES DESIGNATION IS THE RESULT OF SHARP'S COMMITMENT TO SUPERIOR ENERGY PERFOR MANCE AND RESPONSIBLE USE OF NATURAL RESOURCES IN ADDITION, SHARP'S NEW SRS DOWNTOWN MEDI CAL OFFICE BUILDING IS THE FIRST LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) GOLD -CERTIFIED MEDICAL OFFICE BUILDING IN SAN DIEGO

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		IN AN EFFORT TO CONSERVE WATER, SHARP HAS RESEARCHED AND IMPLEMENTED INFRASTRUCTURE CHANGE S 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 CONTR OL SYSTEMS, WATER PRACTICE AND UTILIZATION EVALUATIONS, REDUCED LANDSCAPE WATERING TIMES, HARDSCAPING AND REDESIGNING AREAS WITH DROUGHT-RESISTANT PLANTS THE EPA AND HOSPITALS FOR A HEALTHY ENVIRONMENT REPORT 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 SHARP HAS IMPLEMENTED A SYSTEMWIDE SINGLE-STREAM RECYCLING PROGRAM TO DIVERT WASTE F ROM THE LANDFILLS OTHER WASTE REDUCTION EFFORTS INCLUDE REPROCESSING OF SURGICAL INSTRUM ENTS, USE OF REUSABLE SHARPS AND PHARMACEUTICAL WASTE CONTAINERS, STERILE PROCESSING EQUIP MENT TO ELIMINATE BLUE-WRAPPED INSTRUMENT TRAYS, USE OF RECYCLABLE PAPER FOR PRINTING BROC HURES, NEWSLETTERS AND OTHER MARKETING MATERIALS, ELECTRONIC PATIENT BILLS AND PAPERLESS P AYROLL, RECYCLING OF EXAM TABLE PAPER, ENCOURAGEMENT OF REDUCED PAPER USE AT MEETINGS THRO UGH ELECTRONIC CORRESPONDENCE, AND USE OF ONE-AT-A-TIME PAPER NAPKIN AND PLASTIC CUTLERY D ISPENSERS OFFICE DEPOT, SHARP'S PRIMARY OFFICE SUPPLY VENDOR, HAS INITIATED A NEW PROGRAM CALLED GREENEROFFICE(TM) DELIVERY SERVICE AIMED AT MAKING CLIENT DELIVERIES MORE ENVIRONM ENTALLY FRIENDLY SHARP WAS AN EARLY ADOPTER OF THIS PROGRAM WHEREBY OFFICE DEPOT REPLACED ITS SMALL AND MID-SIZED CARDBOARD BOXES WITH PAPER BAGS THAT ARE COMPOSED OF 40 PERCENT P OST-CONSUMER RECYCLED MATERIAL THE PAPER BAGS ARE PROTECTED DURING SHIPPING BY REUSABLE P LASTIC TOTES, WHICH ARE RETURNED TO OFFICE DEPOT FOR REUSE NATIONALLY, GREENEROFFICE DELI VERY SERVICE WILL RESULT IN 3,130 TONS LESS WOOD (EQUIVALENT TO 21,691 FEWER TREES) AND A REDUCTION IN ENERGY USE, CO2 EMISSIONS, WASTEWATER AND SOLID WASTE FURTHERING CARBON FOOT PRINT REDUCTION EFFORTS, OFFICE DEPOT AND SHARP HAVE ARRANGED FOR 30 PERCENT RECYCLED COPY PAPER TO BE USED AT ALL SHARP ENTITIES ADDITIONALLY, IN JULY 2012 SCHHC AND SGH BEGAN A ONE-YEAR INTEGRATED WASTE MANAGEMENT PROGRAM PILOT WITH AN OUTSIDE VENDOR, WHICH AIMS TO I NCREASE SHARP'S WASTE DIVERSION RATE THROUGH EMPLOYEE EDUCATION OF APPROPRIATE WASTE STREA M DISPOSAL AND INCREASED RECYCLING ACTIVITIES IN SUPPORT OF ELECTRONIC WASTE RECYCLING, S HARP HOSTED TWO COMMUNITY ELECTRONIC RECYCLING EVENTS AT THEIR CORPORATE OFFICE LOCATION I N APRIL AND SEPTEMBER 2012 DURING THESE EVENTS, SHARP PARTNERED WITH THE DRUG ENFORCEMENT AGENCY'S (DEA) NATIONAL PRESCRIPTION DRUG TAKE BACK DAY TO PROVIDE A SAFE, CONVENIENT AND RESPONSIBLE MEANS OF DRUG DISPOSAL WHILE EDUCATING THE GENERAL PUBLIC ABOUT THE POTENTIAL FOR ABUSE OF THEIR MEDICATIONS THE FOUR-HOUR LONG COMMUNITY WASTE COLLECTION EVENTS WELC OMED EMPLOYEES AND COMMUNITY MEMBERS, AND COLLECTED NEARLY 500 POUNDS OF PHARMACEUTICALS A ND 12 BINS (APPROXIMATELY 6,600 POUNDS) OF ELECTRONIC WASTE IN ADDITION, SHARP EMPLOYEES WERE ENCOURAGED TO RECYCLE PERSONAL EYEGLASSES AND SUNGLASSES THROUGH THE LION'S CLUB RECY CLE SIGHT PROGRAM, WHICH DISTRIBUTES RECYCLED GLASSES TO PEOPLE IN NEED BOTH LOCALLY AND G LOBALLY ON AVERAGE, SHARP EMPLOYEES DONATE MORE THAN 400 PAIRS OF GLASSES THROUGH THE PRO GRAM EACH YEAR IN APRIL 2012, SHARP HELD ITS THIRD-ANNUAL SYSTEMWIDE EARTH WEEK EVENT, IN CLUDING GREEN FAIRS AT EACH OF THE SHARP ENTITIES DURING THE FAIRS, EMPLOYEES LEARNED HOW THEY CAN CONTRIBUTE TO RECYCLING, WASTE MINIMIZATION, HEALTHY EATING PRACTICES AND OTHER SUSTAINABILITY EFFORTS MANY OF SHARP'S KEY VENDOR PARTNERS PARTICIPATED IN THE GREEN FAIR S TO HELP RAISE AWARENESS AND EDUCATION REGARDING GREEN INITIATIVES AND HOW THEY INVOLVE S HARP HEALTHCARE IN ADDITION, ON NOVEMBER 15, 2011, SHARP RECOGNIZED AMERICA RECYCLES DAY THROUGH A SYSTEMWIDE ELECTRONIC ANNOUNCEMENT THAT HIGHLIGHTED SHARP'S RECYCLING EFFORTS AN D ACCOMPLISHMENTS, AND PROVIDED STAFF WITH TIPS AND REMINDERS FOR PROPER RECYCLING AT WORK THE IMPACT OF SHARP'S WASTE REDUCTION PROGRAMS HAS BEEN SIGNIFICANT IN FY 2012, SHARP F ACILITIES DIVERTED OVER 7 4 MILLION POUNDS OF PAPER, CARDBOARD, GLASS, ALUMINUM, METALS, P OLYSTYRENE, BATTERIES AND ELECTRONIC WASTE FROM LOCAL LANDFILLS SCHHC AND SMMC DIVERTED 3 6,729 POUNDS OF WASTE THROUGH UTILIZATION OF REUSABLE SHARPS AND PHARMACEUTICAL WASTE CONT AINERS IN FY 2012 SHARP RECYCLED/RECLAIMED 186,910 POUNDS OF HAZARDOUS AND UNIVERSAL WAST E (E.G , BATTERIES, SOLVENTS AND FLUORESCENT LIGHT BULBS) AND DIVERTED 33,317 POUNDS OF WA STE THROUGH SURGICAL DEVICE REPROCESSING TABLE 3 PRESENTS THE QUANTITY OF WASTE DIVERSION AT SHARP SHOWN AS POUNDS (LBS) DIVERTED TABLE 3 SHARP HEALTHCARE WASTE DIVERSION - FY 2012 SHARP CHULA VISTA MEDICAL CENTER RECYCLED WASTE PER YEAR (LBS) - 578,191 TOTAL WASTE PER YEAR (LBS) - 2,445,809 PERCENT RECYCLED - 23

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		6% SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER RECYCLED WASTE PER YEAR (LBS) - 228,541 TOTAL WASTE PER YEAR (LBS) - 1,310,172 PERCENT RECYCLED - 17 4% SHARP GROSSMONT HOSPITAL RECYCLED WASTE PER YEAR (LBS) - 1,759,342 TOTAL WASTE PER YEAR (LBS) - 4,982,960 PERCEN T RECYCLED - 35 3% SHARP METROPOLITAN MEDICAL CAMPUS RECYCLED WASTE PER YEAR (LBS) - 2,23 7,629 TOTAL WASTE PER YEAR (LBS) - 6,789,857 PERCENT RECYCLED - 32 9% TOTAL SHARP HEALTHC ARE RECYCLED WASTE PER YEAR (LBS) - 7,481,158 TOTAL WASTE PER YEAR (LBS) - 20,295,500 PE RCENT RECYCLED - 37% SHARP IMPLEMENTS SUSTAINABLE FOOD PRACTICES THROUGHOUT THE SYSTEM INC LUDING REMOVAL OF STYROFOAM FROM CAFETERIAS, USE OF GREEN-LABEL KITCHEN SOAPS AND CLEANSE RS, ELECTRONIC CAFE MENUS, RECYCLING OF ALL CARDBOARD, CANS AND GREASE FROM CAFES, AND PAR TNERING WITH VENDORS WHO ARE COMMITTED TO REDUCING PRODUCT PACKAGING OTHER SUSTAINABLE FO OD PRACTICES INCLUDE ORGANIC MARKETS AT EACH OF SHARP'S HOSPITALS AND CORPORATE OFFICE, PU RCHASING OF HORMONE-FREE MILK, AND INCREASED PURCHASING OF LOCALLY GROWN FRUITS AND VEGETA BLES, APPROACHING 65 PERCENT AT SOME ENTITIES BOTH SMH AND SCHHC HAVE ALSO CREATED THE FI RST COUNTY-APPROVED ORGANIC GARDENS WITH PRODUCE TO BE USED AT EMPLOYEE CAFES IN FY 2012, SMH AND SMBHWN PARTNERED WITH THE CITY OF SAN DIEGO TO PLAN AND IMPLEMENT A FOOD WASTE CO MPOSTING PROGRAM, MAKING SHARP THE FIRST SAN DIEGO HEALTH CARE ORGANIZATION TO JOIN THE CI TY'S INITIATIVE THROUGH THIS PROGRAM, FOOD WASTE IS PICKED UP WEEKLY BY EDCO, A SOLID WAS TE VENDOR, FOR TRANSPORT TO THE MIRAMAR GREENERY, A 74-ACRE FACILITY LOCATED AT THE MIRAMA R LANDFILL IN KEARNY MESA THE COMPOSTED RICH SOIL IS SOLD TO COMMERCIAL LANDSCAPERS AND N ON-CITY RESIDENTS, AND PROVIDED AT NO CHARGE TO CITY RESIDENTS AT VOLUMES OF UP TO TWO CUB IC YARDS FROM APRIL TO SEPTEMBER 2012, APPROXIMATELY 76 TONS WERE DIVERTED FROM THE LANDF ILL AND COMPOSTED AT THE MIRAMAR GREENERY SMH AND SMBHWN HOSTED A FREE COMMUNITY COMPOSTI NG WORKSHOP TO SHARE THEIR FOOD WASTE COMPOSTING EXPERIENCES AND ENCOURAGE OTHER ORGANIZAT IONS TO BEGIN COMPOSTING SHARP PLANS TO CONTINUE ITS PARTNERSHIP WITH THE CITY OF SAN DIE GO TO EXPAND THE FOOD WASTE COMPOSTING PROGRAM TO OTHER SHARP ENTITIES RIDE SHARING, PUBL IC TRANSIT PROGRAMS AND OTHER TRANSPORTATION EFFORTS CONTRIBUTE TO THE REDUCTION OF SHARP' S TRANSPORTATION EMISSIONS SHARP'S COMMUTER SOLUTION SUB-COMMITTEE IS RESPONSIBLE FOR DEV ELOPING NEW PROGRAMS AND EDUCATION CAMPAIGNS AIMED AT REDUCING THE NUMBER OF CARS ON THE R OAD 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 B US PASSES FOR PURCHASE BY EMPLOYEES IN PARTNERSHIP WITH THE SAN DIEGO ASSOCIATION OF GOVE RNMENTS (SANDAG), A VANPOOL AND CARPOOL MATCH-UP PROGRAM HAS BEEN CREATED TO HELP EMPLOYEE S FIND CONVENIENT RIDE SHARE PARTNERS IN FY 2012, SHARP WAS SELECTED AS A PARTICIPANT IN SANDAG'S ICOMMUTE CARPOOL INCENTIVE PILOT PROGRAM TO INCENTIVIZE EMPLOYEES TO CARPOOL EMP LOYEES WHO COMMITTED TO CARPOOLING A MINIMUM OF 13 TRIPS PER MONTH WERE OFFERED A $50 GAS CARD FOR A MAXIMUM OF THREE MONTHS MORE THAN 150 EMPLOYEES PARTICIPATED IN THIS PILOT PRO GRAM SHARP MONITORS RIDE SHARING BY ITS EMPLOYEE POPULATION AND THE REDUCTION OF ITS CARB ON FOOTPRINT THROUGH SANDAG'S ICOMMUTE WEBSITE EDUCATION AND MARKETING CAMPAIGNS ARE HELD THROUGHOUT THE YEAR TO EDUCATE EMPLOYEES ON THE BENEFITS OF RIDE SHARING

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		IN FY 2012, SHARP EMPLOYEES SAVED MORE THAN 1,383,000 MILES AND REDUCED MORE THAN 791,000 POUNDS OF CARBON DIOXIDE BY CARPOOLING, VANPOOLING, TELECOMMUTING AND THE USE OF PUBLIC TR ANSPORTATION IN FY 2012, THE SHARP SYSTEM PARTICIPATED IN THE SANDAG ICOMMUTE CORPORATE C HALLENGE, ACHIEVING SECOND PLACE IN THE MEGA EMPLOYEE CATEGORY IN ADDITION, SHARP USES CE NTRALIZED PATIENT SCHEDULING TO IMPROVE PATIENT VANPOOLS, AND HAS REPLACED HIGHER FUEL-CON SUMING CARGO VANS WITH ECONOMY FORD TRANSIT VEHICLES, SAVING APPROXIMATELY FIVE MILES PER GALLON AS PART OF THE NATIONWIDE ELECTRIC VEHICLE PROJECT, SHARP HAS INSTALLED ELECTRIC V EHICLE CHARGERS (EVC) AT ITS CORPORATE OFFICE LOCATION AND METROPOLITAN CAMPUS, AND IS IN THE PROCESS OF EXPANDING EVC INSTALLATION ACROSS THE SYSTEM SHARP IS THE FIRST HEALTH CAR E SYSTEM IN SAN DIEGO TO OFFER THE EVCS, SUPPORTING THE CREATION OF A NATIONAL INFRASTRUCT URE REQUIRED FOR THE PROMOTION OF EVCS TO REDUCE CARBON EMISSIONS AND DEPENDENCE ON FOREIG N OIL IN FY 2012, SHARP PRESENTED TO PROFESSIONALS AT THE CALIFORNIA HIGHER EDUCATION SUS TAINABILITY CONFERENCE (CHESC) AT UNIVERSITY OF CALIFORNIA, DAVIS, HIGHLIGHTING ITS WASTE MINIMIZATION EFFORTS, INCLUDING ITS FOOD WASTE COMPOSTING PROGRAM SHARP'S WASTE MINIMIZAT ION INITIATIVES HAVE ALSO BEEN RECOGNIZED BY SEVERAL PUBLICATIONS INCLUDING SAN DIEGO BUSI NESS JOURNAL, NORTH COUNTY TIMES AND BIOCYCLE, A NATIONAL MAGAZINE ABOUT COMPOSTING, RENEW ABLE ENERGY AND SUSTAINABILITY TABLE 4 HIGHLIGHTS THE ALL WAYS GREEN(TM) EFFORTS AT SHARP ENTITIES GOING FORWARD, SHARP REMAINS COMMITTED TO THE ALL WAYS GREEN(TM) INITIATIVE AND WILL CONTINUE TO INVESTIGATE OPPORTUNITIES TO REDUCE ITS CARBON FOOTPRINT GREEN PURCHASI NG METHODS WILL BE EXPLORED TO REDUCE WASTE VOLUME AND TOXICITY WITH LESS PACKAGING, FEWER TOXIC MATERIALS AND MORE RECYCLABLE PACKAGING PRIOR TO ENTERING THE SHARP SYSTEM SHARP'S ALL WAYS GREEN(TM) COMMITTEE CONTINUES TO WORK WITH SYSTEM EMPLOYEES, PHYSICIANS AND CORP ORATE PARTNERS TO DEVELOP NEW AND CREATIVE WAYS TO REDUCE SHARP'S IMPACT ON THE ENVIRONMEN T AND MEET THEIR GOAL OF BEING AN OUTSTANDING COMMUNITY CITIZEN THROUGH ENVIRONMENTAL RESP ONSIBILITY TABLE 4 ALL WAYS GREEN INITIATIVES BY SHARP ENTITY - FY 2012 SMH/SMBHWN *ENER GY EFFICIENCY - ELECTRIC VEHICLE CHARGERS - ENERGY AUDITS - ENERGY-EFFICIENT CHILLERS/MOTO RS - ENERGY STAR PARTICIPATION - HVAC PROJECTS - LIGHTING RETROFITS - OCCUPANCY SENSORS - PIPE INSULATIONS *WATER CONSERVATION - DRIP IRRIGATION - DROUGHT-TOLERANT PLANTS AND BARK- COVERED GROUND - ELECTRONIC FAUCETS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAP ING - LANDSCAPE WATER REDUCTION SYSTEMS - MIST ELIMINATORS *WASTE MINIMIZATION - ELECTRONI C CAFE MENUS - FOOD WASTE COMPOSTING - SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPE NSERS - REUSABLE SHARP WASTE CONTAINERS - SINGLE-STREAM RECYCLING - SURGICAL INSTRUMENT RE PROCESSING *EDUCATION AND OUTREACH - DROUGHT TOLERANT ROOFTOP GARDEN - EARTH WEEK ACTIVITI ES - ENVIRONMENTAL POLICY - GREEN TEAM - NO SMOKING POLICY - ORGANIC FARMER'S MARKET - ORG ANIC GARDENS - RECYCLING EDUCATION - RIDE SHARE PROMOTION SMV/SMC *ENERGY EFFICIENCY - ENE RGY AUDITS - ENERGY STAR PARTICIPATION - HVAC PROJECTS - LIGHTING RETROFITS - MOTOR AND PU MP REPLACEMENTS *WATER CONSERVATION - DRIP IRRIGATION - DROUGHT-TOLERANT PLANTS AND BARK-C OVERED GROUND - ELECTRONIC FAUCETS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPI NG - LANDSCAPE WATER REDUCTION SYSTEMS - MIST ELIMINATORS *WASTE MINIMIZATION - SINGLE-SER VE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS - SINGLE-STREAM RECYCLING - STYROFOAM ELIMI NATION - SURGICAL INSTRUMENT REPROCESSING *EDUCATION AND OUTREACH - EARTH WEEK ACTIVITIES - ENVIRONMENTAL POLICY - GREEN TEAM - NO SMOKING POLICY - ORGANIC FARMER'S MARKET - RECYCL ING EDUCATION - RIDE SHARE PROMOTION SGH *ENERGY EFFICIENCY - ENERGY AUDITS - ENERGY STAR PARTICIPATION - HVAC PROJECTS - LIGHTING RETROFITS - RETRO-COMMISSIONING *WATER CONSERVATI ON - DRIP IRRIGATION - DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND - ELECTRONIC FAUCET S - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPING - LANDSCAPE WATER REDUCTION SY STEMS - MIST ELIMINATORS *WASTE MINIMIZATION - ELECTRONIC CAFE MENUS - SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS - SINGLE-STREAM RECYCLING - SURGICAL INSTRUMENT REPR OCESSING *EDUCATION AND OUTREACH - EARTH WEEK ACTIVITIES - ENVIRONMENTAL POLICY - GREEN TE AM - NO SMOKING POLICY - ORGANIC FARMER'S MARKET - RECYCLING EDUCATION - RIDE SHARE PROMOT ION SCVMC *ENERGY EFFICIENCY - ENERGY AUDITS - ENERGY-EFFICIENT CHILLERS/MOTORS - ENERGY S TAR PARTICIPATION AND AWARD ELIGIBLE - HVAC PROJECTS - LIGHTING RETROFITS *WATER CONSERVAT ION - DRIP IRRIGATION - DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND - ELECTRONIC FAUCE TS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPING - LANDSCAPE WATER REDUCTION S YSTEMS - MIST ELIMINATORS *WASTE MINIMIZATION - COMPACTOR RENOVATION - ELECTRONIC CAFE MEN US - SINGLE-STREAM RECYCLING - SURGICAL INSTRUMENT

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		REPROCESSING *EDUCATION AND OUTREACH - EARTH WEEK ACTIVITIES - ENVIRONMENTAL POLICY - GRE EN TEAM - NO SMOKING POLICY - ORGANIC FARMER'S MARKET - RECYCLING EDUCATION - RIDE SHARE P ROMOTION SCHHC *ENERGY EFFICIENCY - ELEVATOR/CHILLER MODERNIZATIONS - ENERGY AUDITS - ENER GY-EFFICIENT CHILLERS/MOTORS - ENERGY STAR AWARD HVAC PROJECTS - LIGHTING RETROFITS *WATER CONSERVATION - DRIP IRRIGATION - DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND - ELECTR ONIC FAUCETS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPING - LANDSCAPE WATER R EDUCTION SY STEMS - MIST ELIMINATORS *WASTE MINIMIZATION - SINGLE-SERVE PAPER NAPKIN AND PL ASTIC CUTLERY DISPENSERS - REUSABLE SHARP CONTAINERS - SINGLE-STREAM RECY CLING - SURGICAL INSTRUMENT REPROCESSING *EDUCATION AND OUTREACH - EARTH WEEK ACTIVITIES - ENVIRONMENTAL PO LICY - GREEN TEAM - NO SMOKING POLICY - ORGANIC FARMER'S MARKET - ORGANIC GARDENS - RECYCL ING EDUCATION - RIDE SHARE PROMOTION SRS *ENERGY EFFICIENCY - ENERGY AUDITS - ENERGY STAR PARTICIPATION - LIGHTING RETROFITS *WATER CONSERVATION - DRIP IRRIGATION - DROUGHT-TOLERAN T PLANTS AND BARK-COVERED GROUND - ELECTRONIC FAUCETS - EVALUATION OF WATER UTILIZATION PR ACTICES - HARDSCAPING - LANDSCAPE WATER REDUCTION SY STEMS - LOW-FLOW SY STEMS - MIST ELIMIN ATORS *WASTE MINIMIZATION - SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS - REC YCLING OF EXAM PAPER - SINGLE-STREAM RECY CLING - STY ROFOAM ELIMINATION *EDUCATION AND OUTR EACH - CONTRACTOR EDUCATION - EARTH WEEK ACTIVITIES - ENVIRONMENTAL POLICY - GREEN TEAM - NO SMOKING POLICY - RECY CLING EDUCATION - RIDE SHARE PROMOTION SHP *ENERGY EFFICIENCY - EN ERGY AUDITS - HVAC PROJECTS - LIGHTING RETROFITS - OCCUPANCY SENSORS *WATER CONSERVATION - DRIP IRRIGATION - DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND - ELECTRONIC FAUCETS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPING - LANDSCAPE WATER REDUCTION SY STEM S - MIST ELIMINATORS *WASTE MINIMIZATION - SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY D ISPENSERS - SINGLE-STREAM RECY CLING - SPRING CLEANING EVENTS *EDUCATION AND OUTREACH - EAR TH WEEK ACTIVITIES - ENVIRONMENTAL POLICY - GREEN TEAM - NO SMOKING POLICY - RECY CLING EDU CATION - RIDE SHARE PROMOTION SHARP SY STEM SERVICES *ENERGY EFFICIENCY - ELECTRIC VEHICLE CHARGERS - ENERGY AUDITS - ENERGY EFFICIENT CHILLERS/MOTORS - ENERGY STAR PARTICIPATION - HVAC PROJECTS - LIGHTING RETROFITS - OCCUPANCY SENSORS - THERMOSTAT CONTROL SOFTWARE *WATE R CONSERVATION - DRIP IRRIGATION - DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND - ELECT RONIC FAUCETS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPING - LANDSCAPE WATER REDUCTION SY STEMS - MIST ELIMINATORS *WASTE MINIMIZATION - ELECTRONIC PATIENT BILLS AND PA PERLESS PAY ROLL - ELECTRONIC AND PHARMACEUTICAL WASTE RECY CLING EVENTS - GREEN GROCER'S MA RKET - SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS - SINGLE-STREAM RECY CLING *EDUCATION AND OUTREACH - EARTH WEEK ACTIVITIES - ENVIRONMENTAL POLICY - GREEN TEAM - NO S MOKING POLICY - RECY CLING EDUCATION - RIDE SHARE PROMOTION

Identifier	Return Reference	Explanation
		EMERGENCY AND DISASTER PREPAREDNESS SHARP CONTRIBUTES TO THE HEALTH AND SAFETY OF THE SAN DIEGO COMMUNITY THROUGH ESSENTIAL EMERGENCY AND DISASTER PLANNING ACTIVITIES AND SERVICES THROUGHOUT FY 2012, SHARP PROVIDED EDUCATION TO COMMUNITY MEMBERS, STAFF AND OTHER HEALTH CARE PROFESSIONALS ON EMERGENCY AND DISASTER PREPAREDNESS IN JUNE, SHARP PROVIDED A LECT URE ENTITLED, LESSONS LEARNED FROM THE SAN DIEGO COUNTY POWER OUTAGE, TO 125 COMMUNITY HEA LTH CARE AND EMERGENCY PREPAREDNESS PROFESSIONALS AT THE LOS ANGELES COUNTY STATEWIDE MEDI CAL EXERCISE PLANNING CONFERENCE IN ADDITION, SHARP'S DISASTER PREPAREDNESS TEAM OFFERED SEVERAL DISASTER EDUCATION COURSES TO FIRST RESPONDERS, HEALTH CARE PROVIDERS AND COMMUNIT Y MEMBERS ACROSS SDC THE HOSPITAL-BASED FIRST RECEIVER AWARENESS COURSE AND FIRST RECEIVE R OPERATIONS COURSE WERE OFFERED AS A TWO-PART SERIES TO EDUCATE AND PREPARE HOSPITAL STAF F FOR A DECONTAMINATION EVENT COURSE TOPICS INCLUDED DECONTAMINATION PRINCIPLES AND BEST PRACTICES, BASIC HAZARDS, UTILIZATION OF APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT (PPE), RESPONSE CONCEPTS, CONTAINMENT, DECONTAMINATION AND RECOVERY A STANDARDIZED FEDERAL EMERG ENCY MANAGEMENT TRAINING FOR HOSPITAL MANAGEMENT ENTITLED, NIMS (NATIONAL INCIDENT MANAGEM ENT SYSTEM)/ ICS (INCIDENT COMMAND SYSTEM)/ HICS (HOSPITAL INCIDENT COMMAND SYSTEM), WAS A LSO OFFERED BY SHARP'S DISASTER TEAM, AS WELL AS A START (SIMPLE TRIAGE AND RAPID TREATMEN T) TRIAGE/ JUMP START TRIAGE CLASS TO TRAIN EMERGENCY RESPONDERS AT ALL LEVELS TO TRIAGE A LARGE VOLUME OF TRAUMA VICTIMS WITHIN A SHORT PERIOD OF TIME IN FY 2013, SHARP'S DISASTE R TEAM WILL LEAD A PEDIATRIC/BURN SURGE COURSE FOR HOSPITAL STAFF, HEALTH CARE PROVIDERS A ND OTHER EMERGENCY RESPONDERS, AND WILL PROVIDE TRAINING TO EFFECTIVELY MANAGE SPECIFIC PA TIENT POPULATIONS DURING A SURGE OR ABNORMAL EVENT IN FY 2012, SHARP'S DISASTER LEADERSHI P DONATED THEIR TIME TO STATE AND LOCAL ORGANIZATIONS AND COMMITTEES INCLUDING THE SOUTHER N CALIFORNIA EARTHQUAKE ALLIANCE, THE COUNTY OF SAN DIEGO EMERGENCY MEDICAL CARE COMMITTEE AND THE COUNTY OF SAN DIEGO HEALTHCARE DISASTER COUNCIL, A GROUP OF REPRESENTATIVES FROM SDC HOSPITALS, OTHER HEALTH CARE DELIVERY AGENCIES, COUNTY OFFICIALS, FIRE AGENCIES, LAW E NFORCEMENT, AMERICAN RED CROSS AND OTHERS WHO MEET MONTHLY TO SHARE BEST PRACTICES FOR EME RGENCY PREPAREDNESS IN ADDITION, SHARP'S DISASTER LEADERSHIP SERVED ON THE STATEWIDE MEDI CAL HEALTH EXERCISE WORK GROUP THAT DESIGNED TRAINING MATERIALS, INCLUDING AN EXERCISE GUI DEBOOK AND OTHER RESOURCES, FOR THE 2012 CALIFORNIA STATEWIDE MEDICAL HEALTH TRAINING AND EXERCISE PROGRAM THROUGH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) AND THE EMERGEN CY MEDICAL SERVICES AUTHORITY (EMSA) THE PROGRAM IS DESIGNED TO GUIDE LOCAL EMERGENCY PLA NNERS IN DEVELOPING, PLANNING AND CONDUCTING EMERGENCY RESPONSES SHARP SUPPORTS SAFETY EF FORTS OF THE STATE AND THE CITY OF SAN DIEGO THROUGH MAINTENANCE AND STORAGE OF A COUNTY D ECONTAMINATION TRAILER AT SHARP GROSSMONT HOSPITAL, TO BE USED IN RESPONSE TO A MASS DECON TAMINATION EVENT SHARP HAS ALSO ARRANGED FOR THE PROSPECTIVE STORAGE OF 24 STATE HOSPITAL VENTILATORS AT THREE SHARP HOSPITALS IN ADDITION, SHARP IS EXPLORING OPPORTUNITIES TO JO IN EMSA MOBILE FIELD HOSPITAL (MFH) PROGRAM TO PROVIDE MAINTENANCE AND STORAGE FOR A STATE MFH THE MFH IS DESIGNED TO INCREASE DISASTER PREPAREDNESS BY RAPIDLY RESPONDING TO EMERG ENCIES SUCH AS EARTHQUAKES, FIRES AND FLOODS THAT IMPACT HOSPITAL SURGE NEEDS WITHIN 72 H OURS OF AN EMERGENCY, THE MFH CAN PROVIDE UP TO 600 ACUTE CARE HOSPITAL BEDS FOR PATIENT T REATMENT AND TRANSPORT ANYWHERE IN THE STATE. ADDITIONALLY, ALL SHARP HOSPITALS ARE PREPAR ED FOR AN EMERGENCY WITH BACKUP WATER SUPPLIES THAT LAST UP TO 96 HOURS IN THE EVENT THE S YSTEM'S NORMAL WATER SUPPLY IS INTERRUPTED AS PART OF ITS PARTICIPATION IN THE U S DEPAR TMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH EMERGENCY HOSPITAL PREPAREDNESS PROGRAM (HP P) GRANT, SHARP CREATED THE SHARP HEALTHCARE HPP DISASTER PREPAREDNESS PARTNERSHIP (THE PA RTNERSHIP) THE PARTNERSHIP INCLUDES SCVMC, SCHHC, SGH, SMH, SRS URGENT CARE CENTERS AND C LINICS, SAN DIEGO'S RONALD MCDONALD HOUSE, RADY CHILDREN'S HOSPITAL, SCRIPPS MERCY HOSPITA L, SCRIPPS CHULA VISTA MEDICAL CENTER, KAISER HOSPITAL, ALVARADO HOSPITAL, PARADISE VALLEY HOSPITAL, THE COUNCIL OF COMMUNITY CLINICS, NAVAL AIR STATION NORTH ISLAND/NAVAL MEDICAL SERVICES, SAN DIEGO COUNTY SHERIFFS, MCAS MIRAMAR FIRE DEPARTMENT AND FRESENIUS MEDICAL CE NTERS THE PARTNERSHIP SEEKS TO CONTINUALLY IDENTIFY AND DEVELOP RELATIONSHIPS WITH HEALTH CARE ENTITIES, NONPROFIT ORGANIZATIONS, LAW ENFORCEMENT, MILITARY INSTALLATIONS AND OTHER ORGANIZATIONS THAT SERVE SDC AND ARE LOCATED NEAR PARTNER HEALTH CARE FACILITIES THROUGH NETWORKING, PLANNING, AND THE SHARING OF RESOURCES, TRAININGS AND INFORMATION,THE PARTNER S WILL BE BETTER PREPARED FOR A COLLABORATIVE RESPONSE TO AN EMERGENCY OR DISASTER AFFECTI NG SDC IN FY 2013, SHARP WILL EDUCATE THE SAN DIE

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		GO COMMUNITY ON EFFECTIVE DISASTER PREPAREDNESS AND RESPONSE WITH ITS HOUSEHOLD DISASTER P REPAREDNESS EXPO AT THE EXPO, LOCAL DISASTER VENDORS AND EMERGENCY PERSONNEL WILL PROVIDE COMMUNITY MEMBERS WITH DISASTER PREPAREDNESS EDUCATION AND EMERGENCY DEMONSTRATIONS IN A DDITION, SHARP PLANS TO COLLABORATE WITH OTHER SDC HOSPITALS TO CREATE REGIONAL DECONTAMIN ATION TEAMS OF HEALTH CARE PERSONNEL TRAINED TO RESPOND TO A COMMUNITY DECONTAMINATION EVE NT INTERNALLY, SHARP PLANS TO DEVELOP EMPLOYEE DISASTER TEAMS WHO WILL BE TRAINED TO PROV IDE LEADERSHIP, ORDER AND SAFETY DURING AN EMERGENCY OR DISASTER SECTION 2 EXECUTIVE SUMM ARY 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) 2012 (OCTOB ER 1, 2011, THROUGH SEPTEMBER 30, 2012) IN ADDITION, THE SUMMARY REPORTS THE ECONOMIC VAL UE OF COMMUNITY BENEFITS PROVIDED BY SHARP, ACCORDING TO THE FRAMEWORK SPECIFICALLY IDENTI FIED IN SB 697, FOR THE FOLLOWING * SHARP CHULA VISTA MEDICAL CENTER * SHARP CORONADO HOS PITAL AND HEALTHCARE CENTER * SHARP GROSSMONT HOSPITAL * SHARP MARY BIRCH HOSPITAL FOR WOM EN & NEWBORNS * SHARP MEMORIAL HOSPITAL * SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CEN TER * SHARP HEALTH PLAN COMMUNITY BENEFITS PLANNING AT SHARP HEALTHCARE SHARP BASES ITS CO MMUNITY BENEFITS PLANNING ON THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUC TED 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 T HIS COMMUNITY BENEFITS REPORT THE FOLLOWING COMMUNITY NEEDS ARE ADDRESSED BY ONE OR MORE S HARP HOSPITALS IN THIS COMMUNITY BENEFITS REPORT * ACCESS TO CARE FOR INDIVIDUALS WITHOUT A MEDICAL PROVIDER, AND SUPPORT FOR HIGH-RISK, UNDERSERVED AND UNDERFUNDED PATIENTS * FOC USED EDUCATION AND SCREENING PROGRAMS ON HEALTH CONDITIONS SUCH AS HEART AND VASCULAR DISE ASE, STROKE, CANCER, DIABETES, PRETERM DELIVERY, UNINTENTIONAL INJURIES AND BEHAVIORAL HEA LTH * HEALTH EDUCATION AND SCREENING ACTIVITIES FOR SENIORS * OUTREACH FOR FLU VACCINATION S * SPECIAL SUPPORT SERVICES FOR HOSPICE PATIENTS AND THEIR LOVED ONES, AND FOR THE COMMUN ITY * SUPPORT OF COMMUNITY NONPROFIT HEALTH ORGANIZATIONS * EDUCATION AND TRAINING OF HEAL TH CARE PROFESSIONALS * COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CAR E CAREERS * WELFARE OF SENIORS AND DISABLED PEOPLE * CANCER EDUCATION, PATIENT NAVIGATOR S ERVICES, AND PARTICIPATION IN CLINICAL TRIALS * WOMEN'S AND PRENATAL HEALTH SERVICES AND E DUCATION * MEETING THE NEEDS OF NEW MOTHERS AND THEIR LOVED ONES * MENTAL HEALTH AND SUBST ANCE ABUSE EDUCATION FOR THE COMMUNITY HIGHLIGHTS OF COMMUNITY BENEFITS PROVIDED BY SHARP IN FY 2012 THE FOLLOWING ARE EXAMPLES OF COMMUNITY BENEFITS PROGRAMS AND SERVICES PROVIDED BY SHARP HOSPITALS AND ENTITIES IN FY 2012 * 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 SER VICES, 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 MEM BERS 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 T O PROCESS MEDI-CAL ELIGIBILITY FORMS

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		* OTHER BENEFITS FOR VULNERABLE POPULATIONS INCLUDED VAN TRANSPORTATION FOR PATIENTS TO AN D 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 STAND DOWN FOR HOMELESS VETERANS AND THE SAN DIEGO FOOD BAN K, FINANCIAL AND OTHER SUPPORT TO THE SHARP HUMANITARIAN SERVICE PROGRAM, AND OTHER ASSIST ANCE FOR THE NEEDY * OTHER BENEFITS FOR THE BROADER COMMUNITY INCLUDED HEALTH EDUCATION A ND INFORMATION, AND PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EVENTS ADDRESSING THE UNIQ UE NEEDS OF THE COMMUNITY, PLUS PROVIDING FLU VACCINATIONS AND HEALTH SCREENINGS SHARP CO LLABORATED WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS, MADE SHARP FACIL ITIES AVAILABLE FOR USE BY COMMUNITY GROUPS AT NO CHARGE, AND EXECUTIVE LEADERSHIP AND STA FF 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 IN ADDITION, THE CATEGORY INCLUDED COSTS ASSOCIATED WITH PLANN ING AND OPERATING COMMUNITY BENEFIT PROGRAMS, SUCH AS COMMUNITY HEALTH NEEDS ASSESSMENTS A ND ADMINISTRATION * HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS INCLUDED EDUCATION A ND TRAINING PROGRAMS FOR MEDICAL, NURSING AND OTHER HEALTH CARE PROFESSIONALS, AS WELL AS STUDENT/INTERN SUPERVISION, TIME DEVOTED TO GENERALIZABLE, HEALTH-RELATED RESEARCH PROJECT S THAT WERE MADE AVAILABLE TO THE BROADER HEALTH CARE COMMUNITY, AND FINANCIAL SUPPORT OF THE SHARP HEALTHCARE PROFESSIONAL EDUCATION AND RESEARCH INSTITUTE AT SAN DIEGO STATE UNIV ERSITY (SDSU) ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FY 2012 IN FY 2012, SHARP PROVIDED A TOTAL OF $305,335,556 IN COMMUNITY BENEFITS PROGRAMS AND SERVICES THAT WERE UNR EIMBURSED TABLE 1 DISPLAYS A SUMMARY OF UNREIMBURSED COSTS BASED ON THE CATEGORIES SPECIF ICALLY IDENTIFIED IN SB 697 IN FY 2012, THE STATE OF CALIFORNIA AND THE CENTERS FOR MEDIC ARE AND MEDICAID SERVICES APPROVED A MEDI-CAL HOSPITAL FEE PROGRAM FOR THE TIME PERIOD OF JANUARY 2011 THROUGH DECEMBER 2013 THIS RESULTED IN AN INCREASED REIMBURSEMENT OF $153 4 MILLION AND AN ASSESSMENT OF A QUALITY ASSURANCE FEE TOTALING $101 1 MILLION IN FY 2012 T HE NET IMPACT OF THE PROGRAM TOTALING $52 3 MILLION REDUCED THE AMOUNT OF UNREIMBURSED MED ICAL CARE SERVICE FOR THE MEDI-CAL POPULATION THIS REIMBURSEMENT HELPED OFFSET PRIOR YEAR S' UNREIMBURSED MEDICAL CARE SERVICES, HOWEVER THE ADDITIONAL FUNDS RECORDED IN FY 2012 UN DERSTATE THE TRUE UNREIMBURSED MEDICAL CARE SERVICES PERFORMED FOR THE PAST FISCAL YEAR T ABLE 1 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED SHARP HEALTHCARE OVERALL - FY 2012 SENATE BILL 697 CATEGORY PROGRAMS AND SERVICES INCLUDED IN SENATE BILL 697 CATEGORY E STIMATED FY 2012 UNREIMBURSED COSTS *MEDICAL CARE SERVICES SHORTFALL IN MEDI-CAL $59,465,4 73 SHORTFALL IN MEDICARE $132,907,288 SHORTFALL IN SAN DIEGO COUNTY INDIGENT MEDICAL SERVI CES $33,285,408 SHORTFALL IN CHAMPVA/TRICARE $3,460,691 SHORTFALL IN WORKERS' COMPENSATION $31,286 CHARITY CARE AND BAD DEBT $65,682,992 *OTHER BENEFITS FOR VULNERABLE POPULATIONS PATIENT TRANSPORTATION AND OTHER ASSISTANCE FOR THE NEEDY $2,490,485 *OTHER BENEFITS FOR T HE BROADER COMMUNITY HEALTH EDUCATION AND INFORMATION, SUPPORT GROUPS, HEALTH FAIRS, MEETI NG ROOM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZATIONS AND COST OF FUNDRAISING FOR CO MMUNITY EVENTS $2,143,857 *HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS EDUCATION AND TRAINING PROGRAMS FOR STUDENTS, INTERNS AND HEALTH CARE PROFESSIONALS $5,868,076 TOTAL $30 5,335,556 TABLE 2 SHOWS A LISTING OF THESE UNREIMBURSED COSTS PROVIDED BY EACH SHARP ENTIT Y TABLE 2 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED SHARP HEALTHCARE ENTITIES - FY 2012 ESTIMATED FY 2012 UNREIMBURSED COSTS *SHARP CHULA VISTA MEDICAL CENTER $50,452,7 08 *SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER $10,281,860 *SHARP GROSSMONT HOSPITAL $1 08,907,011 *SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS $6,074,797 *SHARP MEMORIAL HOSP ITAL $119,435,933 *SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER $10,041,903 *SHARP HEALTH PLAN $141,344 *ALL ENTITIES $305,335,556 TABLE 3 INCLUDES A SUMMARY OF UNREIMBURSED COSTS FOR EACH SHARP ENTITY BASED ON THE CATEGORIES SPECIFICALLY IDENTIFIED IN SB 697 SH ARP LEADS THE COMMUNITY IN UNREIMBURSED MEDICAL CARE SERVICES AMONG SAN DIEGO COUNTY'S SB 697 HOSPITALS AND HEALTH CARE SYSTEMS TABLE 3 FY 2012 DETAILED ECONOMIC VALUE OF COMMUNI TY BENEFITS AT SHARP HEALTHCARE ENTITIES BASED ON SENATE BILL 697 CATEGORIES SHARP CHULA V ISTA MEDICAL CENTER *MEDICAL CARE SERVICES - $48,647,016 *OTHER BENEFITS FOR VULNERABLE PO PULATIONS - $467,891 *OTHER BENEFITS FOR THE BROADER COMMUNITY - $319,937 *HEALTH RESEARCH , EDUCATION AND TRAINING PROGRAMS - $1,017,864 *ESTIMATED FY 2012 UNREIMBURSED COSTS - $50 ,452,708 SHARP CORONADO HOSPITAL AND HEALTHCARE CE

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		NTER *MEDICAL CARE SERVICES - $9,934,485 *OTHER BENEFITS FOR VULNERABLE POPULATIONS - $27, 932 *OTHER BENEFITS FOR THE BROADER COMMUNITY - $140,309 *HEALTH RESEARCH, EDUCATION AND T RAINING PROGRAMS - $179,134 *ESTIMATED FY 2012 UNREIMBURSED COSTS - $10,281,860 SHARP GROS SMONT HOSPITAL *MEDICAL CARE SERVICES - $106,253,232 *OTHER BENEFITS FOR VULNERABLE POPULA TIONS - $729,968 *OTHER BENEFITS FOR THE BROADER COMMUNITY - $682,222 *HEALTH RESEARCH, ED UCATION AND TRAINING PROGRAMS - $1,241,589 *ESTIMATED FY 2012 UNREIMBURSED COSTS - $108,90 7,011 SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS *MEDICAL CARE SERVICES - $5,468,616 * OTHER BENEFITS FOR VULNERABLE POPULATIONS - $48,031 *OTHER BENEFITS FOR THE BROADER COMMUN ITY - $133,424 *HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $424,726 *ESTIMATED FY 2012 UNREIMBURSED COSTS - $6,074,797 SHARP MEMORIAL HOSPITAL *MEDICAL CARE SERVICES - $116 ,592,880 *OTHER BENEFITS FOR VULNERABLE POPULATIONS - $742,724 *OTHER BENEFITS FOR THE BRO ADER COMMUNITY - $562,766 *HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $1,537,563 * ESTIMATED FY 2012 UNREIMBURSED COSTS - $119,435,933 SHARP MESA VISTA HOSPITAL AND SHARP MC DONALD CENTER *MEDICAL CARE SERVICES - $7,936,909 *OTHER BENEFITS FOR VULNERABLE POPULATIO NS - $464,187 *OTHER BENEFITS FOR THE BROADER COMMUNITY - $174,013 *HEALTH RESEARCH, EDUCA TION AND TRAINING PROGRAMS - $1,466,794 *ESTIMATED FY 2012 UNREIMBURSED COSTS - $10,041,90 3 SHARP HEALTH PLAN *OTHER BENEFITS FOR VULNERABLE POPULATIONS - $9,752 *OTHER BENEFITS FO R THE BROADER COMMUNITY - $131,186 *HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $40 6 *ESTIMATED FY 2012 UNREIMBURSED COSTS - $141,344 ALL ENTITIES *MEDICAL CARE SERVICES - $ 294,833,138 *OTHER BENEFITS FOR VULNERABLE POPULATIONS - $2,490,485 *OTHER BENEFITS FOR TH E BROADER COMMUNITY - $2,143,857 *HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $5,86 8,076 *ESTIMATED FY 2012 UNREIMBURSED COSTS - $305,335,556 SECTION 3 COMMUNITY BENEFITS PL ANNING PROCESS FOR THE PAST 16 YEARS, SHARP HAS BASED ITS COMMUNITY BENEFITS PLANNING ON F INDINGS 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 COMMUNIT IES SERVED BY THOSE HOSPITALS METHODOLOGY TO CONDUCT THE 2010 COMMUNITY HEALTH NEEDS ASSE SSMENT SINCE 1995, SHARP HAS PARTICIPATED IN A COUNTYWIDE COLLABORATIVE - INCLUDING A BROA D RANGE OF HOSPITALS, HEALTH CARE ORGANIZATIONS, AND COMMUNITY AGENCIES - TO CONDUCT A TRI ENNIAL CHNA THE 2010 CHNA IS PUBLICLY AVAILABLE AT HTTP://WWW SDCHIP ORG/INITIATIVES/CHA RTING-THE-COURSE-VI ASPX IN 2010, THE CHIP NEEDS ASSESSMENT ADVISORY COUNCIL, UNDER THE D IRECTION OF THE CHIP STEERING COMMITTEE, DETERMINED A METHODOLOGY AND APPROACH TO THE SIXT H EDITION OF THE TRIENNIAL NEEDS ASSESSMENT, WHICH INCLUDED A COMMUNITY PRIORITY-SETTING P ROCESS 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 STAKEHOLDER S 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 CATEGORI ES 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

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		* INVITATION TO COMMUNITY LEADERS THROUGHOUT SAN DIEGO COUNTY (72 OUT OF 379 INVITEES PART ICIPATED) TO PRIORITIZE EACH HEALTH ISSUE WITH INFORMATION FROM THE HEALTH ISSUE BRIEFS AN D 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 SCORE D SEPARATELY WITHIN THE THREE CATEGORIES NOTED ABOVE (OVERARCHING ISSUES, HEALTH-RELATED B EHAVIORS AND HEALTH OUTCOMES) * UTILIZATION OF THE SPECTRUM OF PREVENTION FRAMEWORK TO DET ERMINE WHICH ISSUES PRIORITIZED BY THE COMMUNITY WERE MOST IMPACTED BY PREVENTION ACTIVITI ES (AS OPPOSED TO TREATMENT) - HEALTH ACCESS AND DELIVERY - SOCIAL DETERMINANTS OF HEALTH - A COMBINATION OF NUTRITION, WEIGHT STATUS, PHYSICAL ACTIVITY AND FITNESS - INJURY AND V IOLENCE - MENTAL HEALTH AND MENTAL DISORDERS * DISCUSSION OF THE ABOVE IDENTIFIED ISSUES I N COMMUNITY FORUMS HELD IN THE SIX REGIONS OF SAN DIEGO COUNTY IN ORDER TO - ALLOW COMMUN ITY STAKEHOLDERS TO IDENTIFY ROOT CAUSES RELATED TO EACH HEALTH ISSUE - BEGIN THE PROCESS OF UNDERSTANDING EACH ISSUE FROM A REGIONAL PERSPECTIVE - FOSTER COMMUNITY RELATIONSHIPS A ND PROMOTE THE VOICE(S) OF SAN DIEGO'S VARIOUS REGIONAL AND SUBREGIONAL COMMUNITIES IN THE NEEDS ASSESSMENT PROCESS * IN-DEPTH ANALYSIS OF EACH OF THE FIVE HEALTH ISSUES SELECTED F OR THE 2010 CHNA, IDENTIFIED AS - HEALTH ACCESS AND DELIVERY - SOCIAL DETERMINANTS OF HEA LTH - COMBINATION OF NUTRITION, WEIGHT STATUS, PHYSICAL ACTIVITY AND FITNESS - INJURY AND VIOLENCE - MENTAL HEALTH AND MENTAL DISORDERS DEPENDING ON THE LEVEL OF AVAILABLE DATA, TH ESE ANALYSES INCLUDED AN OVERVIEW OF THE HEALTH ISSUE AND ITS IMPORTANCE, SERIOUSNESS OF T HE HEALTH ISSUE IN TERMS OF ECONOMIC COSTS, USE OF RESOURCES AND/OR LOSS OF FUNCTIONAL STA TUS, INCIDENCE DATA AS WELL AS PREVALENCE OF MORBIDITY AND MORTALITY ON THE POPULATIONS MO ST 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 INFORMAT ION FROM THE FOLLOWING * ANALYSIS OF HEALTH-RELATED STATISTICS GATHERED AND ANALYZED BY T HE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA), SUPPLEMENTED BY DATA FROM THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS), CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANN ING 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 GOVERN MENTS (SANDAG) * REVIEW OF HEALTH-RELATED SCIENTIFIC LITERATURE * REVIEW OF THE RESULTS F ROM FACILITATED DISCUSSIONS OF SIX COMMUNITY REGIONAL FORUMS HELD WITH A CROSS-SECTION OF STAKEHOLDERS FROM THE SAN DIEGO COUNTY COMMUNITY DETERMINATION OF PRIORITY COMMUNITY NEEDS SHARP HEALTHCARE EACH SHARP HOSPITAL REVIEWED THE 2010 CHNA AND USED IT TO DETERMINE PRI ORITY NEEDS FOR THEIR HOSPITAL'S COMMUNITIES IN IDENTIFY ING 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 TH AT COMPRISE THE ENTITY'S SERVICE AREA AND REGION FOR EXAMPLE, THE SPECIALTY HOSPITALS - S MBHWN, SMV, AND SMC - REVIEWED THE NEEDS ASSESSMENT PRIORITIES, SPECIFICALLY FOCUSING ON I SSUES 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 RE GION AND/OR SUBREGIONAL AREAS, WITH THE GOAL OF MATCHING COMMUNITY BENEFIT PROGRAMS AND SE RVICES TO THE UNIQUE NEEDS OF THE REGION STEPS COMPLETED TO PREPARE AN ANNUAL COMMUNITY B ENEFITS REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PERFORMS THE FOLLOWING STEPS IN PRE PARATION OF ITS COMMUNITY BENEFITS REPORT * ESTABLISHES AND/OR REVIEWS HOSPITAL-SPECIFIC MEASURABLE OBJECTIVES * VERIFIES THE NEED FOR AN ONGOING FOCUS ON IDENTIFIED COMMUNITY NEE DS AND/OR ADDS NEW IDENTIFIED COMMUNITY NEEDS * REPORTS ON ACTIVITIES CONDUCTED IN THE PRI OR FISCAL YEAR - FY 2012 REPORT OF ACTIVITIES * DEVELOPS A PLAN FOR THE UPCOMING FISCAL YE AR, INCLUDING SPECIFIC STEPS TO BE UNDERTAKEN - FY 2013 PLAN * REPORTS AND CATEGORIZES THE ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FY 2012, ACCORDING TO THE FRAMEWORK SPEC IFICALLY IDENTIFIED IN SB 697 * REVIEWS AND APPROVES A COMMUNITY BENEFITS PLAN * DISTRIBUT ES THE COMMUNITY BENEFITS PLAN AND REPORT TO MEMBERS OF THE SHARP BOARD OF DIRECTORS AND S HARP HOSPITAL BOARDS OF DIRECTORS, HIGHLIGHTING ACTIVITIES PROVIDED IN THE PRIOR FISCAL YE AR AS WELL AS SPECIFIC ACTION STEPS TO BE UNDERTAKEN IN THE UPCOMING FISCAL YEAR ONGOING C OMMITMENT 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 RE SIDENTS, SHARP EXECUTIVE LEADERSHIP, OPERATIONAL E

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		XPERTS AND OTHER STAFF ARE ACTIVELY ENGAGED IN THE NATIONAL AMERICAN HOSPITAL ASSOCIATION, STATEWIDE CALIFORNIA HOSPITAL ASSOCIATION, HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES, AND OTHER LOCAL COLLABORATIVES SUCH AS THE CHIP ACCESS TO HEALTH LITERACY INITI ATIVE AND THE CHIP BEHAVIORAL HEALTH WORK TEAM SECTION 4 SHARP GROSSMONT HOSPITAL * SHARP GROSSMONT HOSPITAL (SGH) IS LOCATED AT 5555 GROSSMONT CENTER DRIVE IN LA MESA, ZIP CODE 9 1942 * SHARP HOSPICECARE IS LOCATED AT 8881 FLETCHER PARKWAY IN LA MESA, ZIP CODE 91942 FY 2012 COMMUNITY BENEFITS PROGRAM HIGHLIGHTS SGH PROVIDED A TOTAL OF $108,907,011 IN COMM UNITY BENEFITS IN FY 2012 SEE TABLE 1 FOR A SUMMARY OF UNREIMBURSED COSTS BASED ON THE CA TEGORIES IDENTIFIED IN SB 697 TABLE 1 ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED SHAR P GROSSMONT HOSPITAL - FY 2012 SENATE BILL 697 CATEGORY PROGRAMS AND SERVICES INCLUDED IN SENATE BILL 697 CATEGORY ESTIMATED FY 2012 UNREIMBURSED COSTS *MEDICAL CARE SERVICES SHORT FALL IN MEDI-CAL, FINANCIAL SUPPORT FOR ON-SITE WORKERS TO PROCESS MEDI-CAL ELIGIBILITY FO RMS $27,371,553 SHORTFALL IN MEDICARE $40,069,351 SHORTFALL IN SAN DIEGO COUNTY INDIGENT M EDICAL SERVICES $14,396,722 SHORTFALL IN CHAMPVA/TRICARE $250,215 CHARITY CARE AND BAD DEB T $24,165,391 *OTHER BENEFITS FOR VULNERABLE POPULATIONS PATIENT TRANSPORTATION, PROJECT H ELP AND OTHER ASSISTANCE FOR THE NEEDY $729,968 *OTHER BENEFITS FOR THE BROADER COMMUNITY HEALTH EDUCATION AND INFORMATION, HEALTH SCREENINGS, HEALTH FAIRS, FLU VACCINATIONS, SUPPO RT GROUPS, MEETING ROOM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZATIONS AND COST OF FU NDRAISING FOR COMMUNITY EVENTS $682,222 *HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS EDUCATION AND TRAINING PROGRAMS FOR STUDENTS, INTERNS AND HEALTH CARE PROFESSIONALS $1,241 ,589 TOTAL $108,907,011 KEY HIGHLIGHTS * UNREIMBURSED MEDICAL CARE SERVICES INCLUDED UNCO MPENSATED CARE FOR PATIENTS WHO WERE UNABLE TO PAY FOR SERVICES, THE UNREIMBURSED COSTS OF PUBLIC PROGRAMS SUCH AS MEDI-CAL, MEDICARE, AND SAN DIEGO COUNTY INDIGENT MEDICAL SERVICE S, AND FINANCIAL SUPPORT FOR ONSITE WORKERS TO PROCESS MEDI-CAL ELIGIBILITY FORMS IN FY 2 012, THE STATE OF CALIFORNIA AND THE CENTERS FOR MEDICARE AND MEDICAID SERVICES APPROVED A MEDI-CAL HOSPITAL FEE PROGRAM FOR THE TIME PERIOD OF JANUARY 2011 THROUGH DECEMBER 2013 THIS RESULTED IN AN INCREASED REIMBURSEMENT OF $51 4 MILLION TO SGH AND AN ASSESSMENT OF A QUALITY ASSURANCE FEE TOTALING $36 3 MILLION IN FY 2012 THE NET IMPACT OF THE PROGRAM TO TALING $15 1 MILLION REDUCED THE AMOUNT OF UNREIMBURSED MEDICAL CARE SERVICES FOR THE MEDI -CAL POPULATION AT SGH THIS REIMBURSEMENT HELPED OFFSET PRIOR YEARS' UNREIMBURSED MEDICAL CARE SERVICES, HOWEVER THE ADDITIONAL FUNDS RECORDED IN FY 2012 UNDERSTATE THE TRUE UNREI MBURSED MEDICAL CARE SERVICES PERFORMED FOR THE PAST FISCAL YEAR * OTHER BENEFITS FOR VUL NERABLE POPULATIONS INCLUDED VAN TRANSPORTATION FOR PATIENTS TO AND FROM MEDICAL APPOINTME NTS, COMPREHENSIVE PRENATAL CLINICAL AND SOCIAL SERVICES TO LOW-INCOME, LOW-LITERACY WOMEN WITH MEDI-CAL BENEFITS, PROJECT HELP, PROJECT CARE, CONTRIBUTION OF TIME TO STAND DOWN FO R HOMELESS VETERANS AND THE SAN DIEGO FOOD BANK, THE SHARP HUMANITARIAN SERVICE PROGRAM, M EALS-ON-WHEELS GREATER SAN DIEGO, AND OTHER ASSISTANCE FOR THE NEEDY

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		* 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 HEALTH SCREENINGS FOR STROKE, BLOOD PRESSURE, GLUCOSE, BALANCE/FALL PREVENTION, DEPRESSION, LUNG FUNCTION, PERIPHERAL ARTERY DISEASE, VASCULAR DISEASE, CAROTID ARTERY DISEASE, AND DISEASES OR DISORDERS OF THE HANDS, SUCH AS ARTHRITIS AND TENDONITIS, FLU VACCINATION CLIN ICS FOR HEART DISEASE PATIENTS AND HIGH-RISK ADULTS, AND THE BREAST CANCER PATIENT NAVIGAT OR PROGRAM THE HOSPITAL'S SENIOR RESOURCE CENTER OFFERED FLU VACCINATIONS AND SPECIALIZED EDUCATION AND INFORMATION SGH STAFF COLLABORATED WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS SGH ALSO OFFERED MEETING ROOM SPACE AT NO CHARGE TO COMMUNITY GROU PS IN ADDITION, STAFF AT THE HOSPITAL ACTIVELY PARTICIPATED IN COMMUNITY BOARDS, COMMITTE ES, AND CIVIC ORGANIZATIONS, SUCH AS AGING AND INDEPENDENCE SERVICES (AIS), LA MESA PARK A ND RECREATION FOUNDATION, EAST COUNTY CHAMBER OF COMMERCE, NEIGHBORHOOD HEALTHCARE COMMUNI TY CLINICS, SANTEE CHAMBER OF COMMERCE, SALVATION ARMY KROC CENTER BOARD, MEALS-ON-WHEELS GREATER SAN DIEGO ADVISORY BOARD, SAN DIEGO NUTRITION COUNCIL, SAN DIEGO COUNTY SOCIAL SER VICES ADVISORY BOARD, YMCA, SAN DIEGO CAREGIVER COALITION AND THE EAST COUNTY SENIOR SERVI CE PROVIDERS SEE APPENDIX A FOR A LISTING OF SHARP COMMUNITY INVOLVEMENT IN ADDITION, TH E CATEGORY INCLUDED COSTS ASSOCIATED WITH PLANNING AND OPERATING COMMUNITY BENEFIT PROGRAM S, SUCH AS COMMUNITY HEALTH NEEDS ASSESSMENTS AND ADMINISTRATION * HEALTH RESEARCH, EDUCA TION AND TRAINING PROGRAMS INCLUDED EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS, S TUDENT AND INTERN SUPERVISION, TIME DEVOTED TO HEALTH-RELATED RESEARCH PROJECTS THAT WERE GENERALIZABLE AND MADE AVAILABLE TO THE BROADER HEALTH CARE COMMUNITY, AND FINANCIAL SUPPO RT OF THE SHARP HEALTHCARE PROFESSIONAL EDUCATION AND RESEARCH INSTITUTE AT SAN DIEGO STAT E UNIVERSITY (SDSU) DEFINITION OF COMMUNITY THE COMMUNITY SERVED BY SGH INCLUDES THE ENTI RE EAST REGION OF SAN DIEGO COUNTY (SDC), INCLUDING THE SUB-REGIONAL AREAS OF JAMUL, SPRIN G VALLEY, LEMON GROVE, LA MESA, EL CAJON, SANTEE, LAKESIDE, HARBISON CANYON, CREST, ALPINE, LAGUNA-PINE VALLEY AND MOUNTAIN EMPIRE APPROXIMATELY FIVE PERCENT OF THE POPULATION LIV ES IN REMOTE OR RURAL AREAS OF THIS REGION DESCRIPTION OF COMMUNITY HEALTH IN THE COUNTY' S EAST REGION IN 2009, 96 PERCENT OF CHILDREN AGES 0 TO 11, 96 2 PERCENT OF CHILDREN AGES 12 TO 17 AND 86 6 PERCENT OF ADULTS AGES 18 AND OLDER HAD HEALTH INSURANCE - FAILING TO ME ET THE HEALTHY PEOPLE (HP) 2020 NATIONAL TARGETS FOR HEALTH INSURANCE COVERAGE SEE TABLE 2 FOR A SUMMARY OF KEY INDICATORS OF ACCESS TO CARE, AND TABLE 3 FOR DATA REGARDING ELIGIB ILITY FOR MEDI-CAL HEALTHY FAMILIES TABLE 2 HEALTH CARE ACCESS IN SAN DIEGO COUNTY'S EAS T REGION, 2009 DESCRIPTION/RATE *HEALTH INSURANCE COVERAGE CHILDREN 0 TO 11 YEARS RATE - 9 6 0% YEAR 2020 TARGET - 100% CHILDREN 12 TO 17 YEARS RATE - 96 2% YEAR 2020 TARGET - 100% ADULTS 18 + YEARS RATE - 86 6% YEAR 2020 TARGET - 100% *REGULAR SOURCE OF MEDICAL CARE CHI LDREN 0 TO 11 YEARS RATE - 97 7% YEAR 2020 TARGET - 100% CHILDREN 12 TO 17 YEARS RATE - 93 7% YEAR 2020 TARGET - 100% ADULTS 18 + YEARS RATE - 89 7% YEAR 2020 TARGET - 89 4% *NOT C URRENTLY INSURED ADULTS 18 TO 64 YEARS RATE - 15 7% SOURCE 2009 CHIS TABLE 3 MEDI-CAL (M EDICAID)/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 LEADI NG CAUSES OF DEATH IN THE COUNTY'S EAST REGION SEE TABLE 4 FOR A SUMMARY OF LEADING CAUSE S OF DEATH IN THE EAST REGION TABLE 4 LEADING CAUSES OF DEATH IN SAN DIEGO COUNTY'S EAST REGION 2010 CAUSE OF DEATH NUMBER OF DEATHS PERCENT OF TOTAL DEATHS MALIGNANT NEOPLASMS 8 83 25 2% DISEASES OF HEART 818 23 4 CHRONIC LOWER RESPIRATORY DISEASES 196 5 6 ALZHEIMER'S DISEASE 186 5 3 CEREBROVASCULAR DISEASES 179 5 1 ACCIDENTS (UNINTENTIONAL INJURIES) 170 4 9 DIABETES MELLITUS 132 3 8 ESSENTIAL (PRIMARY) HY PERTENSION AND HY PERTENSIVE RENAL DISEA SE 83 2 4 INTENTIONAL SELF-HARM (SUICIDE) 61 1 7 CHRONIC LIVER DISEASE AND CIRRHOSIS 58 1 7 INFLUENZA AND PNEUMONIA 47 1 3 PARKINSON'S DISEASE 34 1 0 NEPHRITIS, NEPHRITIC SY NDROME AND NEPHROSIS 27 0 8 VIRAL HEPATITIS 26 0 7 SEPTICEMIA 24 0 7 ALL OTHER CAUSES 577 16 5 TO TAL DEATHS 3,501 100 0% SOURCE COUNTY OF SAN DIEGO, HHSA, PUBLIC HEALTH SERVICES, COMMUNI TY EPIDEMIOLOGY BRANCH COMMUNITY BENEFITS PLANNING PROCESS IN ADDITION TO THE STEPS OUTLIN ED IN SECTION 3 REGARDING COMMUNITY BENEFITS PLANNING, SGH * INCORPORATES COMMUNITY PRIOR ITIES 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

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		LEVELS * PREPARES AND DISTRIBUTES A MONTHLY REPORT OF COMMUNITY ACTIVITIES TO ITS BOARD OF DIRECTORS, DESCRIBING COMMUNITY BENEFITS PROVIDED SUCH AS EDUCATION, SCREENINGS AND FLU V ACCINATIONS * PREPARES AND DISTRIBUTES INFORMATION ON COMMUNITY BENEFITS PROGRAMS AND SERV ICES THROUGH ITS FOUNDATION AND COMMUNITY NEWSLETTERS * CONSULTS WITH REPRESENTATIVES FROM A VARIETY OF DEPARTMENTS TO DISCUSS, PLAN AND IMPLEMENT COMMUNITY ACTIVITIES PRIORITY COM MUNITY NEEDS ADDRESSED IN COMMUNITY BENEFITS REPORT SGH'S COMMUNITY BENEFITS REPORT ADDRES SES THE FOLLOWING IDENTIFIED COMMUNITY NEEDS * OUTREACH FOR FLU VACCINATIONS * HEALTH EDU CATION AND SCREENING FOR SENIORS * DIABETES EDUCATION AND SCREENING * CANCER EDUCATION AND PARTICIPATION IN CLINICAL TRIALS * STROKE EDUCATION AND SCREENING * HEART AND VASCULAR DI SEASE EDUCATION AND SCREENING * ORTHOPEDIC AND OSTEOPOROSIS EDUCATION AND SCREENING * WOME N'S AND PRENATAL HEALTH SERVICES AND EDUCATION * PREVENTION OF UNINTENTIONAL INJURIES * SP ECIAL SUPPORT SERVICES FOR HOSPICE PATIENTS, THEIR LOVED ONES AND THE COMMUNITY * COLLABOR ATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS * SUPPORT DURING THE T RANSITION OF CARE FOR HIGH-RISK, UNDERSERVED AND UNDERFUNDED PATIENTS FOR EACH PRIORITY CO MMUNITY NEED IDENTIFIED ABOVE, SUBSEQUENT PAGES INCLUDE A SUMMARY OF THE RATIONALE AND IMP ORTANCE OF THE NEED, MEASURABLE OBJECTIVE(S), FY 2012 REPORT OF ACTIVITIES CONDUCTED IN SU PPORT OF THE OBJECTIVE(S), AND FY 2013 PLAN OF ACTIVITIES IDENTIFIED COMMUNITY NEED OUTR EACH FOR FLU VACCINATIONS RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH N EEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OT HERWISE INDICATED RATIONALE * CHIP MEMBERS IDENTIFIED KEEPING IMMUNIZATIONS CURRENT AS TH E SEVENTH MOST IMPORTANT HEALTH-RELATED BEHAVIOR OVERALL IN THE 2010 CHNA * FINDINGS PRES ENTED IN THE 2010 CHNA REVEALED THAT UNINSURED INDIVIDUALS ARE LESS LIKELY TO GET RECOMMEN DED CARE FOR DISEASE PREVENTION AND MANAGEMENT LARGE DIFFERENCES WERE OBSERVED BETWEEN IN DIVIDUALS WITH PRIVATE INSURANCE AND THOSE WITH NO INSURANCE FOR MEASURES RELATED TO CANC ER SCREENING, DIABETES MANAGEMENT, DENTAL CARE, COUNSELING ABOUT DIET AND EXERCISE, AND FL U VACCINATION * PNEUMONIA AND INFLUENZA RANKED AS THE NINTH LEADING CAUSE OF DEATH IN SDC * IN 2010, THERE WERE 47 DEATHS DUE TO PNEUMONIA AND INFLUENZA IN THE COUNTY'S EAST REGI ON THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO PNEUMONIA AND INFLUENZA WAS 9 1 PER 100,00 0 POPULATION * IN SDC, AN ESTIMATED 72 PERCENT OF SENIORS 65 YEARS AND OLDER WERE VACCINA TED FOR INFLUENZA IN 2007, FAILING TO MEET THE HP 2020 TARGET OF AT LEAST 90 PERCENT OF AD ULTS 65 YEARS AND OLDER VACCINATED ANNUALLY FOR INFLUENZA * THE CDC RECOMMENDS ANNUAL VAC CINATION AGAINST INFLUENZA FOR THE FOLLOWING PEOPLE AGED 50 YEARS AND OLDER, ADULTS AND C HILDREN WITH A CHRONIC HEALTH CONDITION, CHILDREN AGED 6 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 TH E FLU, AND HOUSEHOLD CONTACTS AND CAREGIVERS OF CHILDREN YOUNGER THAN 5 YEARS OF AGE * FL U CLINICS OFFERED IN COMMUNITY SETTINGS AT NO OR LOW COST IMPROVE ACCESS FOR THOSE WHO MAY EXPERIENCE TRANSPORTATION, COST OR OTHER BARRIERS

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		MEASURABLE OBJECTIVES * IN COLLABORATION WITH COMMUNITY PARTNERS, OFFER SEASONAL FLU VACCI NATION CLINICS AT CONVENIENT LOCATIONS FOR SENIORS AND HIGH-RISK ADULTS IN THE COMMUNITY * PROVIDE INFORMATION AT THE SEASONAL FLU CLINICS ABOUT OTHER SENIOR RESOURCE CENTER PROGRA MS AND OTHER HEALTH EDUCATION MATERIALS FY 2012 REPORT OF ACTIVITIES SGH'S SENIOR RESOURCE CENTER COORDINATED NOTIFICATION OF AVAILABILITY AND PROVISION OF SEASONAL FLU VACCINES IN SELECTED COMMUNITY SETTINGS THROUGH ACTIVITY REMINDERS, COLLABORATIVE OUTREACH CONDUCTED BY THE FLU CLINIC SITE AND NEWSPAPER NOTICES THE SGH SENIOR RESOURCE CENTER PROVIDED MORE THAN 875 SEASONAL FLU VACCINATIONS AT 16 COMMUNITY SITES TO HIGH-RISK ADULTS WITH LIMITED ACCESS TO HEALTH CARE RESOURCES, INCLUDING SENIORS WITH LIMITED RESOURCES FOR TRANSPORTAT ION AND THOSE WITH CHRONIC ILLNESSES SITES INCLUDED SENIOR CENTERS, COMMUNITY CENTERS, CH URCHES, SENIOR HOUSING COMPLEXES, FOOD BANKS AND HOSPITAL DEPARTMENTS AT THESE COMMUNITY SITES, SGH PROVIDED ACTIVITY CALENDARS FOR THE SENIOR RESOURCE CENTER DETAILING UPCOMING C OMMUNITY EVENTS, INCLUDING BLOOD PRESSURE CLINICS, COMMUNITY SENIOR PROGRAMS AND PROJECT C ARE AT THE FOOD BANKS, THE SGH SENIOR RESOURCE CENTER PROVIDED VACCINES NOT ONLY TO SENIO RS, BUT ALSO TO HIGH-RISK COMMUNITY MEMBERS, MANY OF WHOM WERE EITHER UNINSURED OR UNDERIN SURED, OR HAD LIMITED ACCESS TO TRANSPORTATION FY 2013 PLAN THE SGH SENIOR RESOURCE CENTE R WILL CONDUCT THE FOLLOWING * PROVIDE SEASONAL FLU VACCINATIONS AT 16 COMMUNITY SITES FO R SENIORS WITH LIMITED MOBILITY AND ACCESS TO TRANSPORTATION, AS WELL AS HIGH-RISK ADULTS, INCLUDING LOW-INCOME, MINORITY AND REFUGEE POPULATIONS * COORDINATE THE NOTIFICATION OF S ENIORS REGARDING THE AVAILABILITY OF SEASONAL FLU VACCINES AND THE PROVISION OF SEASONAL F LU VACCINES TO HIGH-RISK INDIVIDUALS IN SELECT COMMUNITY SETTINGS * DIRECT SENIORS AND OTH ER CHRONICALLY ILL ADULTS TO AVAILABLE SEASONAL FLU CLINICS, INCLUDING PHYSICIANS' OFFICES , PHARMACIES AND PUBLIC HEALTH CENTERS * WORK WITH COMMUNITY AGENCIES TO ENSURE SEASONAL F LU IMMUNIZATIONS ARE OFFERED AT SITES CONVENIENT TO SENIORS AND CHRONICALLY ILL ADULTS * C ONTINUE TO PROVIDE SEASONAL FLU IMMUNIZATIONS AT FOOD BANK SITES ACROSS SDC * PUBLICIZE FL U CLINICS THROUGH MEDIA AND COMMUNITY PARTNERS IDENTIFIED COMMUNITY NEED HEALTH EDUCATION AND SCREENING FOR SENIORS RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS O THERWISE INDICATED RATIONALE * CHIP MEMBERS IDENTIFIED HEART DISEASE AND STROKE, CANCER, DIABETES, ARTHRITIS, OVERWEIGHT AND OBESITY, AND CHRONIC RESPIRATORY DISEASE AS THE TOP SI X HEALTH ISSUES FACING SENIORS AGE 65 YEARS AND OLDER IN THE 2010 CHNA * IN 2010, THE LEA DING 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, INFLUE NZA AND PNEUMONIA, UNINTENTIONAL INJURIES, HY PERTENSION AND HY PERTENSIVE RENAL DISEASE, CH RONIC LIVER DISEASE AND CIRRHOSIS, AND PARKINSON'S DISEASE * IN 2007, THERE WERE 83,906 V ISITS BY SENIORS AGED 65 YEARS AND OLDER THAT WERE TREATED AND DISCHARGED FROM A SDC EMERG ENCY DEPARTMENT (ED) (23,883 PER 100,000), OR ONE OUT OF EVERY FOUR SENIOR RESIDENTS OF SD C THE RATE OF ED DISCHARGE INCREASED WITH AGE AND WAS HIGHER AMONG FEMALES THAN MALES BL ACK AND HISPANIC SENIORS HAD THE HIGHEST RATES OF ED DISCHARGE, AND RATES WERE HIGHEST AMO NG RESIDENTS OF THE COUNTY'S CENTRAL AND EAST REGIONS * IN 2009, RATES OF HOSPITALIZATION AMONG SENIOR ADULTS AGE 65 YEARS AND OLDER IN SDC WERE HIGHER THAN THE GENERAL POPULATION DUE TO CORONARY HEART DISEASE, 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 AD ULTS UTILIZE MORE AMBULATORY CARE, HOSPITAL SERVICES, NURSING HOME SERVICES AND HOME HEALT H SERVICES THAN YOUNG PEOPLE * SENIORS IN SDC USE THE 911 SYSTEM AT HIGHER RATES THAN ANY OTHER AGE GROUP IN 2007, 58,060 CALLS WERE MADE TO 911 FOR SENIORS AGED 65 YEARS AND OLD ER IN NEED OF PRE-HOSPITAL (AMBULANCE) CARE IN SDC, AT A RATE OF 16,526 PER 100,000 POPULA TION, OR ONE OUT OF EVERY SIX SENIORS THE RATE INCREASED WITH AGE TO ONE OUT OF THREE SEN IORS AGED 85 YEARS AND OLDER, AND WAS HIGHER FOR FEMALES THAN FOR MALES * THERE ARE AN ES TIMATED 4 MILLION FAMILY CAREGIVERS IN CALIFORNIA TODAY, ACCORDING TO THE CALIFORNIA CAREG IVER RESOURCE CENTER (CRC) WHETHER AGING CALIFORNIANS LIVE IN THEIR OWN HOMES, WITH A REL ATIVE, 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 PROVI DERS WHO ASSIST WITH THE CARE OF DISABLED ELDERLY

Identifier	Return Reference	Explanation
		RELATIVES REACHING OUT TO FAMILIES AND COMMUNITY MEMBERS WHO CARE FOR OLDER ADULTS HELPS TO MAINTAIN THE HEALTH OF OLDER ADULTS AS WELL AS THEIR CAREGIVERS * PROJECT CARE IS A CO OPERATIVE SAFETY NET DESIGNED TO ENSURE THE WELL-BEING AND INDEPENDENCE OF OLDER PERSONS A ND PERSONS WITH DISABILITIES IN THE COMMUNITY THROUGH ITS COMPONENT SERVICES, PROJECT CAR E HELPS PEOPLE LIVE INDEPENDENTLY IN THEIR HOMES THE COUNTY'S EAST REGION AUTONOMOUSLY AD MINISTERS A LOCAL PROJECT CARE SITE, LOCATED AT SGH'S SENIOR RESOURCE CENTER, TO MEET THE UNIQUE NEEDS OF THE COMMUNITY'S SENIORS MEASURABLE OBJECTIVES * HOST A VARIETY OF SENIOR HEALTH EDUCATION AND SCREENING PROGRAMS * PRODUCE ACTIVITY CALENDARS FOUR TIMES A YEAR * A CT AS LEAD AGENCY FOR EAST COUNTY PROJECT CARE FY 2012 REPORT OF ACTIVITIES IN FY 2012, TH E SGH SENIOR RESOURCE CENTER PROVIDED MORE THAN 50 FREE HEALTH EDUCATION PROGRAMS TO NEARL Y 1,400 COMMUNITY MEMBERS IN ADDITION, THE SGH SENIOR RESOURCE CENTER PROVIDED 14 HEALTH SCREENING EVENTS, SERVING MORE THAN 630 MEMBERS OF THE SENIOR COMMUNITY HEALTH EDUCATION TOPICS INCLUDED HEARING, STROKE, ARTHRITIS, THE POWER OF TOUCH, CARDIOVASCULAR DISEASE, OS TEOPOROSIS, FITNESS, DIABETES, SENIOR SERVICES, PATIENT-PROVIDER COMMUNICATION, PROJECT CA RE, VIALS OF LIFE, ADVANCE DIRECTIVES FOR HEALTH CARE, FINANCIAL ISSUES, MEMORY LOSS, BACK HEALTH, CAREGIVER RESOURCES, END-OF-LIFE ISSUES, MEDICARE, DEPRESSION, CHRONIC PAIN MANAG EMENT, SLEEP DISORDERS AND MAINTAINING A HEALTHY VOICE EDUCATIONAL PROGRAMS WERE OFFERED AT THE HOSPITAL CAMPUS, THE GROSSMONT HEALTHCARE DISTRICT CONFERENCE CENTER AND IN VARIOUS COMMUNITIES IN EAST COUNTY THE HOSPITAL OFFERED FREE MONTHLY BLOOD PRESSURE SCREENINGS A T COMMUNITY SITES, ALONG WITH FOUR BALANCE/FALL PREVENTION SCREENINGS, AND FIVE HAND SCREE NINGS (ARTHRITIS, TENDONITIS, ETC) THE HOSPITAL ALSO OFFERED HEALTH SCREENINGS FOR DEPRE SSION, LUNG FUNCTION, DIABETES, CAROTID ARTERY DISEASE AND STROKE FROM THESE SCREENINGS, 65 ATTENDEES WERE REFERRED TO PHY SICIANS FOR FOLLOW-UP THE SGH SENIOR RESOURCE CENTER ALS O PROVIDED A SERIES OF PHY SICIAN LECTURES IN FY 2012, COVERING TOPICS SUCH AS ARTHRITIS, S TROKE, CHRONIC PAIN MANAGEMENT AND HEARING LOSS IN TOTAL, MORE THAN 175 COMMUNITY MEMBERS ATTENDED THESE LECTURES CALENDARS HIGHLIGHTING SGH'S SENIOR RESOURCE CENTER ACTIVITIES W ERE MAILED FOUR TIMES A YEAR TO MORE THAN 7,650 HOUSEHOLDS THE SGH SENIOR RESOURCE CENTER DISTRIBUTED NEARLY 140 ADVANCE DIRECTIVES FOR HEALTH CARE, AND MORE THAN 3,200 VIALS OF L IFE, WHICH PROVIDE IMPORTANT MEDICAL INFORMATION TO EMERGENCY PERSONNEL FOR SENIORS AND DI SABLED PEOPLE LIVING IN THEIR HOMES PROJECT CARE IS A COMMUNITY PROGRAM THAT INCLUDES THE COUNTY OF SAN DIEGO'S AGING AND INDEPENDENCE SERVICES (AIS), JEWISH FAMILY SERVICES, SDG& E, LOCAL SENIOR CENTERS, SHERIFF AND POLICE, AND MANY OTHERS THROUGH THIS PROGRAM, THE SG H SENIOR RESOURCE CENTER PROVIDED DAILY ARE YOU OK? PHONE CALLS TO APPROXIMATELY 40 EAST C OUNTY SENIORS WHO LIVE ALONE EACH DAY ARE YOU OK? PROGRAM PARTICIPANTS SELECT REGULARLY S CHEDULED TIMES TO RECEIVE COMPUTERIZED PHONE CALLS AT THEIR HOME IN THE EVENT THAT STAFF MEMBERS DO NOT CONNECT WITH PARTICIPANTS THROUGH THESE PHONE CALLS, THE PARTICIPANTS' FRIE NDS OR NEIGHBORS ARE CONTACTED TO ENSURE THE PARTICIPANTS' SAFETY IN FY 2012, A TOTAL OF 10,414 PHONE CALLS WERE PLACED TO SENIORS OR DISABLED INDIVIDUALS, AND 122 FOLLOW-UP PHONE CALLS WERE PLACED TO THEIR FRIENDS OR NEIGHBORS

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		IN COLLABORATION WITH THE SAN DIEGO CAREGIVER COALITION, THE SGH SENIOR RESOURCE CENTER PR OVIDED CAREGIVER CONFERENCES AT THE LA MESA COMMUNITY CENTER, POINT LOMA COMMUNITY PRESBYT ERIAN CHURCH, AND COLLEGE AVENUE BAPTIST CHURCH FOR NEARLY 400 FAMILY CAREGIVERS, AND PROV IDED EDUCATION ON EMOTIONAL ISSUES, PHYSICAL ASPECTS OF CARE GIVING AND COMMUNITY RESOURCE S THE SGH SENIOR RESOURCE CENTER ALSO COORDINATED AN END-OF-LIFE CONFERENCE WITH SHARP HO SPICECARE ENTITLED AGING, PLANNING AND COMMUNICATING THE CONFERENCE PROVIDED INFORMATION ON HOW TO PLAN FUTURE HEALTH CARE NEEDS AND UNDERSTAND AVAILABLE RESOURCES TO MORE THAN 10 0 COMMUNITY MEMBERS THE CONFERENCE ALSO FEATURED EXPERTS IN THE FIELD OF AGING AND HEALTH CARE TO ASSIST SENIORS TO MORE EFFECTIVELY NAVIGATE THEIR GOLDEN YEARS THE SENIOR RESOUR CE CENTER ALSO PARTICIPATED IN HEALTH FAIRS IN EL CAJON, RANCHO SAN DIEGO, LAKESIDE, SANTE E, LA MESA, THE COLLEGE AREA, AND SAN DIEGO IN ADDITION, THE SGH SENIOR RESOURCE CENTER P ARTICIPATED IN THE SHARP HOSPICECARE RESOURCE AND EDUCATION EXPO AT THE COLLEGE AVENUE BAP TIST CHURCH, SERVING 250 COMMUNITY MEMBERS THE SGH SENIOR RESOURCE CENTER PROVIDED BLOOD PRESSURE SCREENINGS AT THE EVENT, AS WELL AS EDUCATIONAL RESOURCES ON SENIOR AND CAREGIVER SERVICES THROUGH A PRESENCE AT THESE COMMUNITY VENUES, THE SGH SENIOR RESOURCE CENTER PR OVIDED EDUCATION AND RESOURCES TO A TOTAL OF NEARLY 1,375 COMMUNITY MEMBERS IN FY 2012, T HE SENIOR RESOURCE CENTER MAINTAINED ACTIVE RELATIONSHIPS WITH ORGANIZATIONS SERVING SENIO RS, ENHANCING NETWORKING AMONG EAST COUNTY PROFESSIONALS AND PROVIDING QUALITY PROGRAMMING FOR SENIORS THESE ORGANIZATIONS INCLUDED AIS (PROJECT CARE AND THE SAN DIEGO CAREGIVER C OALITION), EAST COUNTY SENIOR SERVICE PROVIDERS, MEALS-ON-WHEELS GREATER SAN DIEGO, AND TH E CAREGIVER EDUCATION COMMITTEE FY 2013 PLAN SGH'S SENIOR RESOURCE CENTER WILL DO THE FOL LOWING * PROVIDE RESOURCES AT THE SENIOR RESOURCE CENTER TO ADDRESS RELEVANT CONCERNS OF SENIORS, INCLUDING HEALTH INFORMATION AND COMMUNITY RESOURCES THROUGH EDUCATIONAL PROGRAMS , MONTHLY BLOOD PRESSURE CLINICS, AND FOUR TO EIGHT TYPES OF HEALTH SCREENINGS ANNUALLY * UTILIZE SHARP EXPERTS AND COMMUNITY PARTNERS TO PROVIDE APPROXIMATELY 30 SEMINARS PER YEAR THAT FOCUS ON ISSUES OF CONCERN TO SENIORS * PARTICIPATE IN SIX COMMUNITY HEALTH FAIRS AN D SPECIAL EVENTS TARGETING SENIORS * COLLABORATE WITH RANCHO SAN DIEGO YMCA, AIS AND EAST COUNTY ACTION NETWORK ON A HEALTHY LIVING FOR SENIORS CONFERENCE * COORDINATE TWO CONFEREN CES - ONE DEDICATED TO FAMILY CAREGIVER ISSUES IN COLLABORATION WITH SAN DIEGO CAREGIVER C OALITION AND ONE FOCUSED ON CHRONIC CARE MANAGEMENT IN COLLABORATION WITH SHARP HOSPICECAR E * MAINTAIN DAILY CONTACT THROUGH PHONE CALLS WITH INDIVIDUALS (MANY ARE HOME BOUND) IN R URAL AND SUBURBAN SETTINGS WHO ARE AT RISK FOR INJURY OR ILLNESS, AND CONTINUE SUPPORTING PROJECT CARE SERVICES FOR THE EAST COUNTY COMMUNITY * PRODUCE AND DISTRIBUTE QUARTERLY CAL ENDARS HIGHLIGHTING EVENTS OF INTEREST TO SENIORS AND FAMILY CAREGIVERS * PROVIDE 2,000 VI ALS OF LIFE TO SENIORS * IN COLLABORATION WITH SHARP HOSPICECARE, PRESENT AN ADVANCED DIRE CTIVES AND HEALTH CARE DECISIONS PROGRAM TO INFORM SENIORS ABOUT ADVANCE DIRECTIVES AND OT HER NECESSARY DOCUMENTS AVAILABLE TO COMMUNICATE THEIR END-OF-LIFE WISHES IDENTIFIED COMMU NITY NEED DIABETES EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STA TISTICS, UNLESS OTHERWISE INDICATED RATIONALE * CHIP MEMBERS IDENTIFIED DIABETES AS THE M OST IMPORTANT HEALTH OUTCOME OVERALL (WHEN CONSIDERING A TOTAL OF SEVEN HEALTH OUTCOMES) I N THE 2010 CHNA * IN 2010, THERE WERE 132 DEATHS DUE TO DIABETES IN SDC'S EAST REGION TH E REGION'S AGE-ADJUSTED DEATH RATE DUE TO DIABETES WAS 26 6 PER 100,000 POPULATION, THE HI GHEST OF ALL REGIONS AND HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 19 1 DEATHS PER 100,000 POPULATION (NOTE DIABETES IS ALSO A CONTRIBUTING CAUSE OF DEATH) * IN 2009, THERE WERE 822 HOSPITALIZATIONS DUE TO DIABETES IN THE COUNTY'S EAST REGION THE RATE OF HOSPITALIZAT IONS FOR DIABETES WAS 174 6 PER 100,000 POPULATION THE HOSPITALIZATION RATE IN THE REGION WAS HIGHER THAN THE COUNTY AVERAGE OF 127 0 DIABETES HOSPITALIZATIONS PER 100,000 POPULAT ION * IN 2009, THERE WERE 709 DIABETES-RELATED ED VISITS IN THE COUNTY'S EAST REGION THE RATE OF VISITS WAS 150 6 PER 100,000 POPULATION THE DIABETES-RELATED ED VISIT RATE IN TH E REGION WAS HIGHER THAN THE COUNTY AVERAGE OF 133 0 PER 100,000 POPULATION * 4 5 PERCENT OF ADULTS IN THE COUNTY'S EAST REGION PARTICIPATING IN THE 2009 CHIS INDICATED THAT THEY WERE EVER DIAGNOSED WITH DIABETES THE RATE WAS ONE OF THE LOWEST AMONG SDC'S REGIONS AND LOWER THAN THE COUNTY RATE OF 7 8 PERCENT OF ADULTS * ACCORDING TO THE 3-4-50 CHRONIC DIS EASE IN SAN DIEGO COUNTY 2010 REPORT FROM THE COUNTY'S HHSA, THE MOST COMMON RISK FACTORS ASSOCIATED WITH TYPE II DIABETES INCLUDE OVERWEIGH

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		T AND OBESITY, PHYSICAL INACTIVITY, SMOKING, HYPERTENSION AND ABNORMAL CHOLESTEROL (NOTE TWO OUT OF THREE AMERICANS ARE NOW OVERWEIGHT OR OBESE.) MEASURABLE OBJECTIVE * PROVIDE D IABETES EDUCATION AND SCREENING IN THE EAST REGION OF SDC FY 2012 REPORT OF ACTIVITIES THE SGH DIABETES EDUCATION PROGRAM IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION (ADA) A ND MEETS NATIONAL STANDARDS FOR EXCELLENCE AND QUALITY IN DIABETES EDUCATION IN FY 2012, THE SGH DIABETES EDUCATION PROGRAM CONDUCTED TWO COMMUNITY EDUCATIONAL LECTURES AND FIVE B LOOD GLUCOSE SCREENING EVENTS AT HOSPITAL AND OFF-SITE LOCATIONS, REACHING APPROXIMATELY 3 80 COMMUNITY MEMBERS THE SGH DIABETES EDUCATION TEAM SCREENED NEARLY 250 COMMUNITY MEMBER S DURING THESE EVENTS AS A RESULT OF THE SCREENINGS, 44 INDIVIDUALS WERE IDENTIFIED WITH ELEVATED BLOOD GLUCOSE LEVELS AND PROVIDED WITH FOLLOW-UP RESOURCES SCREENING EVENTS WERE LOCATED THROUGHOUT SAN DIEGO'S EAST COUNTY, INCLUDING THE GROSSMONT HEALTHCARE DISTRICT L IBRARY, THE SHARP SENIOR RESOURCE CENTER AT SGH, MT MIGUEL COVENANT VILLAGE, THE 13TH ANN UAL SENIOR HEALTH FAIR AT THE SANTEE TROLLEY SQUARE, AND THE GROSSMONT CENTER HEALTH FAIR SGH'S DIABETES EDUCATION PROGRAM CONDUCTED COMMUNITY LECTURES ON DIABETES AT LIBRARIES, C OMMUNITY CENTERS, EDUCATIONAL INSTITUTIONS, NATIONAL CONFERENCES AND OTHER HOSPITALS SCRE ENINGS AND EDUCATIONAL EVENTS WERE DEVELOPED WITH INPUT FROM THE DIABETES BEHAVIORAL INSTI TUTE THE SGH DIABETES EDUCATION PROGRAM ALSO CONTINUED TO SUPPORT THE ADA'S STEP OUT WAL K TO STOP DIABETES HELD IN OCTOBER AT MISSION BAY THROUGH FUNDRAISING AND TEAM PARTICIPATI ON IN ADDITION, THE SRS DIABETES EDUCATION PROGRAM CONDUCTED A SCREENING EVENT AT THE STU DENT HEALTH FAIR AT CUYAMACA COLLEGE, PROVIDING EDUCATION TO AND SCREENING MORE THAN 50 CO MMUNITY MEMBERS AS A RESULT OF THESE SCREENINGS, FOUR INDIVIDUALS WERE IDENTIFIED WITH EL EVATED BLOOD GLUCOSE LEVELS AND RECEIVED FOLLOW-UP RESOURCES SGH'S DIABETES EDUCATION PRO GRAM CONDUCTED EDUCATIONAL SEMINARS FOR HEALTH CARE PROFESSIONALS ON THE MANAGEMENT OF DIA BETES IN HOSPITALIZED PATIENTS AND OUTPATIENTS AS WELL AS OTHER TOPICS, INCLUDING PREVENTI ON OF DIABETIC HEART DISEASE, DIABETES AND RENAL FAILURE IN ADDITION, THE SGH DIABETES ED UCATION TEAM DELIVERED A TALK ON NUTRITION TO A DIALYSIS SUPPORT GROUP IN EL CENTRO, PROVI DING EDUCATION AND RESOURCES TO APPROXIMATELY 16 COMMUNITY MEMBERS IN THE GROUP IN FY 201 2, THE SGH DIABETES EDUCATION PROGRAM CONTINUED TO PROVIDE TARGETED OUTREACH TO THE NEWLY IMMIGRATED IRAQI CHALDEAN POPULATION IN SAN DIEGO THE PROGRAM FACILITATED TRANSLATION, AS WELL AS PROVIDED MATERIALS AND RESOURCES TO BETTER UNDERSTAND THE CULTURAL NEEDS OF THIS NEWLY IMMIGRATED POPULATION THE RESOURCES PROVIDED INCLUDED AN INFORMATION BINDER ON TOPI CS, SUCH AS HOW TO LIVE HEALTHY WITH DIABETES, WHAT YOU NEED TO KNOW ABOUT DIABETES, ALL ABOUT BLOOD GLUCOSE FOR PEOPLE WITH TYPE II DIABETES, ALL ABOUT CARBOHYDRATE COUNTING, GET TING THE VERY BEST CARE FOR YOUR DIABETES, ALL ABOUT INSULIN RESISTANCE, AND ALL ABOUT PHY SICAL ACTIVITY WITH DIABETES HANDOUTS WERE PROVIDED IN ARABIC AS WELL AS SOMALI, TAGALOG, VIETNAMESE AND SPANISH FOR ADDITIONAL POPULATIONS EDUCATION WAS ALSO PROVIDED TO STAFF M EMBERS REGARDING THE DIFFERENT CULTURAL NEEDS OF THESE COMMUNITIES

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		FY 2013 PLAN THE SGH DIABETES EDUCATION PROGRAM WILL DO THE FOLLOWING * COORDINATE AND IM PLEMENT BLOOD GLUCOSE SCREENINGS AT COMMUNITY AND HOSPITAL SITES IN THE COUNTY'S EAST REGI ON * CONDUCT EDUCATIONAL LECTURES AT VARIOUS COMMUNITY VENUES * CONTINUE TO SUPPORT ADA'S STEP OUT WALK TO STOP DIABETES * CONTINUE TO COLLABORATE WITH THE DIABETES BEHAVIORAL INS TITUTE TO HOST COMMUNITY LECTURES THAT WILL ASSIST DIABETES PATIENTS AND THEIR LOVED ONES * CONDUCT EDUCATIONAL SY MPOSIUMS FOR HEALTH CARE PROFESSIONALS * CONTINUE TO PROVIDE RESOU RCES FOR CULTURALLY COMPETENT DIABETES EDUCATION AND/OR OUTREACH TO NEWLY IMMIGRATED POPUL ATIONS * KEEP CURRENT ON RESOURCES TO GIVE TO THE COMMUNITY FOR SUPPORT OF DIABETES TREATM ENT AND PREVENTION * FOSTER RELATIONSHIPS WITH COMMUNITY CLINICS TO PROVIDE EDUCATION AND RESOURCES TO COMMUNITY MEMBERS * DEVELOP PARTNERSHIPS WITH Y MCAS IN EAST COUNTY TO PROVIDE SCREENINGS, EDUCATION, AND RESOURCES TO COMMUNITY MEMBERS IDENTIFIED COMMUNITY NEED CANC ER EDUCATION AND PARTICIPATION IN CLINICAL TRIALS RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEAL TH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * CHIP MEMBERS IDENTIFIED CANCER AS T HE FOURTH MOST IMPORTANT HEALTH OUTCOME OVERALL (WHEN CONSIDERING A TOTAL OF SEVEN HEALTH OUTCOMES) * IN 2010, CANCER WAS THE LEADING CAUSE OF DEATH IN THE COUNTY'S EAST REGION, R ESPONSIBLE FOR 25 2 PERCENT OF DEATHS * IN 2010, THERE WERE 883 DEATHS DUE TO CANCER (ALL SITES) IN THE COUNTY'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO CANCER WA S 180 4 DEATHS PER 100,000 POPULATION, HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 149 5 DEAT HS PER 100,000 POPULATION, AND HIGHER THAN THE HP 2020 TARGET OF 160 6 DEATHS PER 100,000 * IN 2007, 23 PERCENT OF ALL CANCER DEATHS IN THE COUNTY'S EAST REGION WERE DUE TO LUNG C ANCER, 10 PERCENT TO COLORECTAL CANCER, 7 PERCENT TO FEMALE BREAST CANCER, 6 PERCENT TO PR OSTATE CANCER, AND LESS THAN 1 PERCENT TO CERVICAL CANCER * RESEARCH FOR THE 2010 CHNA RE COGNIZED THE IMPORTANCE OF VARIOUS TYPES OF PREVENTATIVE HEALTH SCREENINGS, INCLUDING CANC ER, IN PREVENTING DISEASE * FINDINGS PRESENTED IN THE 2010 CHNA REVEALED THAT UNINSURED I NDIVIDUALS ARE LESS LIKELY TO GET RECOMMENDED CARE FOR DISEASE PREVENTION AND MANAGEMENT LARGE DIFFERENCES WERE OBSERVED BETWEEN INDIVIDUALS WITH PRIVATE INSURANCE AND THOSE WITH NO INSURANCE FOR MEASURES RELATED TO CANCER SCREENING, DIABETES MANAGEMENT, DENTAL CARE, COUNSELING ABOUT DIET AND EXERCISE, AND FLU VACCINATION * ACCORDING TO A 2012 REPORT FROM THE CALIFORNIA CANCER REGISTRY, BREAST CANCER IS THE MOST COMMON CANCER AMONG WOMEN IN CA LIFORNIA, WITH AN ESTIMATED 292,400 EXISTING CASES (42 PERCENT OF ALL CANCERS) * ACCORDIN G TO THE 2009 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT, SA N DIEGO HAD THE HIGHEST INCIDENCE RATE FOR BREAST CANCER (163 95 PER 100,000) COMPARED TO THE NEIGHBORING COUNTIES OF IMPERIAL, LOS ANGELES, ORANGE AND RIVERSIDE SAN DIEGO'S INCID ENCE RATE FOR BREAST CANCER IS ALSO ABOVE THAT OF THE STATE (151 82 PER 100,000) * CANCER SURVIVORS FACE MANY PHYSICAL, PSYCHOLOGICAL, SOCIAL, SPIRITUAL AND FINANCIAL ISSUES AT DI AGNOSIS, DURING TREATMENT AND FOR THE REMAINDER OF THEIR LIVES ACCORDING TO FINDINGS PRES ENTED IN THE 2007 CHNA, CANCER SURVIVORS IDENTIFIED SEVERAL SIGNIFICANT BURDENS, INCLUDING POORER HEALTH, SPENDING MORE DAYS IN BED, INCREASED NEED FOR HELP WITH ACTIVITIES OF DAIL Y LIVING AND DECREASED LIKELIHOOD OF EMPLOY MENT * BEHAVIORAL AND SOCIAL RISK FACTORS ASSO CIATED WITH CANCER DEATHS INCLUDE OVERWEIGHT/OBESITY, POOR NUTRITION, LACK OF PHYSICAL ACT IVITY, AND LACK OF APPROPRIATE MEDICAL CARE OFTEN DUE TO HEALTH DISPARITIES, ACCORDING TO RESEARCH FOR THE 2010 CHNA * ACCORDING TO THE SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFIL IATE COMMUNITY PROFILE REPORT, THE MOST COMMON BARRIERS TO RECEIVING EFFECTIVE BREAST HEAL TH CARE INCLUDED LACK OF AWARENESS AND KNOWLEDGE, FINANCIAL BARRIERS, CULTURAL BARRIERS AN D EMOTIONAL FACTORS THE MOST COMMON CHALLENGES IN THE CURRENT BREAST HEALTH CARE SYSTEM I NCLUDED COST OF CARE, QUALITY OF PROVIDERS, LACK OF COMMUNICATION, AND EDUCATION AND LANGU AGE BARRIERS INCREASED ADVOCACY, EDUCATION, FUNDING AND PARTNERSHIPS WERE AMONG THE SUGGE STIONS FOR IMPROVING PROGRAMS, SERVICES AND THE BREAST HEALTH CARE SYSTEM OVERALL * BREAS T CANCER PATIENT NAVIGATOR PROGRAMS ADDRESS BARRIERS TO QUALITY STANDARD CARE BY PROVIDING INDIVIDUALIZED ASSISTANCE TO PATIENTS, CANCER SURVIVORS AND THEIR FAMILIES MEASURABLE OB JECTIVES * PROVIDE CANCER EDUCATION AND SUPPORT SERVICES TO THE COMMUNITY * PARTICIPATE IN CANCER CLINICAL TRIALS, INCLUDING SCREENING AND ENROLLING PATIENTS FY 2012 REPORT OF ACTI VITIES NOTE THE SGH CANCER CENTER IS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) THE NAPBC GRANTS ACCREDITATION TO ONLY THOSE CENTERS THAT VOLUNTA RILY COMMIT TO PROVIDING THE BEST POSSIBLE CARE TO

Identifier	Return Reference	Explanation
		PATIENTS WITH DISEASES OF THE BREAST THE SGH CANCER CENTER IS ALSO ACCREDITED BY THE AME RICAN COLLEGE OF SURGEONS COMMISSION ON CANCER PROGRAM (COC) COC ACCREDITATION STANDARDS PROMOTE COMPREHENSIVE CANCER SERVICES, INCLUDING CONSULTATION AMONG SURGEONS, MEDICAL AND RADIATION ONCOLOGISTS, DIAGNOSTIC RADIOLOGISTS, PATHOLOGISTS, AND OTHER CANCER SPECIALISTS , RESULTING IN IMPROVED PATIENT CARE AS PART OF ITS JOURNEY IN COMPREHENSIVE CANCER CARE, THE SGH CANCER CENTER RECENTLY ADDED NUTRITIONAL AND GENETIC COUNSELING TO ITS SERVICES IN FY 2012, SGH CANCER CENTER PARTICIPATED IN A VARIETY OF COMMUNITY CANCER EDUCATIONAL EV ENTS THESE EVENTS SERVED MORE THAN 800 COMMUNITY MEMBERS, AND INCLUDED THE EAST COUNTY SE NIOR SERVICE PROVIDER HEALTH EVENT, THE IT'S HOW WE LIVE FESTIVAL, THE EAST COUNTY SENIOR HEALTH FAIR AT SANTEE TROLLEY STATION, LEARN AND LIVE EVENTS FOR BREAST, COLON AND PROSTAT E CANCER, THE SUMMER HEALTHCARE SATURDAY EVENT AT GROSSMONT CENTER, SHARP HOSPICECARE RESO URCE AND EDUCATION EXPO, SHARP'S SPEAKING OF WOMEN'S HEALTH CONFERENCE, THE CMF WOMEN'S AS SOCIATION POKER RUN FOR CANCER AND THE BRIGHTON POWER OF PINK 2012 MAKING STRIDES CHARITY EVENT HELD IN PARKWAY PLAZA SGH CANCER CENTER STAFF ALSO SUPPORTED THE AMERICAN CANCER SO CIETY (ACS) MAKING STRIDES AGAINST BREAST CANCER WALK AND THE SUSAN G KOMEN RACE FOR THE CURE(R) IN BALBOA PARK AT THE RACE FOR THE CURE EVENT, THE SGH CANCER CENTER ALSO PROVIDE D EDUCATIONAL MATERIALS ON BREAST CANCER AT THE RESOURCE BOOTH IN ADDITION, SGH CANCER CE NTER STAFF SERVED AS HEALTH AND SCIENCE PROJECT JUDGES FOR 40 JUNIOR HIGH AND HIGH SCHOOL STUDENT PROJECTS AT THE SAN DIEGO SCIENCE FAIR HELD IN BALBOA PARK THROUGHOUT FY 2012, SG H PROVIDED EDUCATIONAL SESSIONS TO COMMUNITY MEMBERS WHOSE LIVES ARE IMPACTED BY CANCER TH ROUGH ITS LEARN AND LIVE EVENTS FOR BREAST, COLON AND PROSTATE CANCER IN OCTOBER, THE LIV E AND LEARN BREAST CANCER SEMINAR PROVIDED NEARLY 50 WOMEN IN THE COMMUNITY WITH EDUCATION AND RESOURCES ON TOPICS SUCH AS PREVENTATIVE MEASURES, DETECTION AND DIAGNOSIS, RADIATION THERAPY AND BREAST RECONSTRUCTION THE SEMINAR INCLUDED PHYSICIAN SPEAKERS AND ALSO FEATU RED A BREAST CANCER SURVIVOR WHO SHARED HER STORY WITH SEMINAR ATTENDEES SGH ALSO PROVIDE D THREE LIVE AND LEARN PROSTATE CANCER EDUCATIONAL SEMINARS TO APPROXIMATELY 65 COMMUNITY MEMBERS DURING FY 2012 THE SESSIONS COVERED CRITICAL ISSUES AROUND PROSTATE CANCER, INCLU DING TREATMENT OPTIONS WITH RADIATION THE SGH CANCER CENTER CONTINUED TO OFFER SUPPORT PR OGRAMS FOR CANCER PATIENTS IN FY 2012, INCLUDING BIWEEKLY BREAST CANCER SUPPORT GROUP MEET INGS THESE MEETINGS WERE HELD AT NO COST TO PARTICIPANTS, WITH AN AVERAGE ATTENDANCE OF 1 2 TO 15 COMMUNITY MEMBERS IN ADDITION, THE LOOK GOOD FEEL BETTER PROGRAM - OFFERED THRO UGH THE ACS - PROVIDED FIVE CLASSES THROUGHOUT FY 2012 TO APPROXIMATELY 35 WOMEN IN THE CO MMUNITY THE PROGRAM BOOSTS WOMEN'S SELF-CONFIDENCE BY TEACHING THEM HOW TO COPE WITH SKIN CHANGES AND HAIR LOSS USING COSMETIC AND SKIN CARE PRODUCTS, WIGS, SCARVES AND OTHER ACCE SSORIES

Identifier	Return Reference	Explanation
		IN FY 2012, SGH CONTINUED ITS BREAST HEALTH NAVIGATOR PROGRAM, WHERE AN RN CERTIFIED IN BR EAST HEALTH PERSONALLY ASSISTS BREAST CANCER PATIENTS IN THEIR NAVIGATION OF THE HEALTH CA RE SYSTEM THE BREAST HEALTH NAVIGATOR OFFERS SUPPORT, GUIDANCE, FINANCIAL ASSISTANCE REFE RRALS, AND CONNECTION TO COMMUNITY RESOURCES THROUGH COLLABORATION WITH COMMUNITY CLINICS - INCLUDING FAMILY HEALTH CENTERS, NEIGHBORHOOD HEALTHCARE, AND LA MAESTRA FAMILY CLINICS - THE BREAST HEALTH NAVIGATOR REFERS UNFUNDED OR UNDERFUNDED WOMEN TO LOCAL COMMUNITY CLI NICS FOR A COVERED MAMMOGRAM DIAGNOSTIC WORK-UP OR IMMEDIATE MEDI-CAL INSURANCE SHOULD THE IR BIOPSY PROVE POSITIVE AND REQUIRE TREATMENT THE BREAST HEALTH NAVIGATOR ALSO PLAYS AN ACTIVE ROLE IN COMMUNITY EDUCATION, PROVIDING PRESENTATIONS AND EDUCATIONAL RESOURCES ABOU T BREAST CANCER, MAMMOGRAPHY GUIDELINES, AND EARLY DETECTION, AT NO CHARGE TO THE SAN DIEG O COMMUNITY DURING PRE-LECTURE EDUCATIONAL BOOTHS DURING THE LIVE AND LEARN EVENT FOR BRE AST CANCER, THE NAVIGATOR PROVIDED BREAST LUMP MODELS, DEMONSTRATED BREAST SELF-EXAM TECHN IQUES AND ANSWERED QUESTIONS REGARDING BREAST HEALTH AMONG COMMUNITY ATTENDEES IN ADDITIO N, THE BREAST HEALTH NAVIGATOR FACILITATED ACCESS TO CARE FOR APPROXIMATELY 180 BREAST CAN CER PATIENTS IN NEED - MANY WITH LATE-STAGE CANCER DIAGNOSES - THROUGH THE PROVISION OF RE FERRALS TO VARIOUS COMMUNITY AND NATIONAL ORGANIZATIONS FOR GAS MONEY AND GAS CARD ASSISTA NCE IN FY 2012, SGH CANCER CENTER SCREENED APPROXIMATELY 120 PATIENTS FOR PARTICIPATION I N CANCER CLINICAL TRIALS AS A RESULT, SEVEN NEW PATIENTS WERE ENROLLED IN CANCER RESEARCH STUDIES, WHILE 59 PATIENTS CONTINUED TO RECEIVE FOLLOW UP CARE THROUGH THE STUDIES IN AD DITION, THE SGH CANCER CENTER TRAINED EIGHT X-RAY STUDENTS FROM PIMA MEDICAL INSTITUTE WHO OBSERVED AND PARTICIPATED IN CLINICAL ROTATIONS IN RADIOLOGY FY 2013 PLAN SGH CANCER CEN TER WILL DO THE FOLLOWING * PROVIDE BIWEEKLY BREAST CANCER SUPPORT GROUPS TO PARTICIPANTS AT NO CHARGE * PROVIDE FREE SIX- TO EIGHT-WEEK CLIMB (CHILDREN'S LIVES INCLUDE MOMENTS OF BRAVERY) COURSE * PROVIDE SIX LOOK GOOD FEEL BETTER CLASSES * CONTINUE TO PROVIDE EDUCA TION AND RESOURCES TO THE COMMUNITY WITH THE BREAST HEALTH NAVIGATOR, ALSO PROVIDE ONGOING PERSONALIZED EDUCATION AND INFORMATION, SUPPORT AND GUIDANCE TO BREAST CANCER PATIENTS AN D THEIR LOVED ONES AS THEY MOVE THROUGH THE CONTINUUM OF CARE * SCREEN AND ENROLL ONCOLOGY PATIENTS IN CLINICAL TRIALS FOR RESEARCH STUDIES * PROVIDE EDUCATIONAL LECTURES TO THE CO MMUNITY ON LEADING FORMS OF CANCER AND RADIATION ONCOLOGY TREATMENT OPTIONS * PROVIDE EDUC ATIONAL INFORMATION ON CANCERS AND AVAILABLE TREATMENTS THROUGH COMMUNITY PHYSICIAN LECTUR ES AND PARTICIPATION IN HEALTH FAIRS AND EVENTS WITH DEMONSTRATIONS ON BREAST SELF-EXAMS I DENTIFIED COMMUNITY NEED STROKE EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNI TY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * SAN DIEGO COMMUNITY HEALTH I MPROVEMENT PARTNERS (CHIP) MEMBERS IDENTIFIED HEART DISEASE AND STROKE AS THE SECOND MOST IMPORTANT HEALTH OUTCOMES OVERALL (WHEN CONSIDERING A TOTAL OF SEVEN HEALTH OUTCOMES) * A CCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT FROM THE COUNTY'S H EALTH AND HUMAN SERVICES AGENCY (HHSA), IN 2007, STROKE WAS THE THIRD LEADING CAUSE OF DEA TH IN SDC * IN 2010, THERE WERE 179 DEATHS DUE TO CEREBROVASCULAR DISEASES IN SDC'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO CEREBROVASCULAR DISEASES WAS 35 7 DEAT HS PER 100,000 POPULATION THE REGION'S AGE-ADJUSTED DEATH RATE WAS THE SECOND HIGHEST OF ALL REGIONS AND HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 33 7 DEATHS PER 100,000 POPULATIO N * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, IF NO CHANGE S ARE MADE IN RISK BEHAVIOR, BASED ON CURRENT DISEASE RATES, IT IS PROJECTED THAT THE TOTA L NUMBER OF DEATHS FROM HEART DISEASE AND STROKE WILL BOTH INCREASE BY 38 PERCENT BY THE Y EAR 2020 * IN 2009, THERE WERE 1,289 HOSPITALIZATIONS DUE TO STROKE IN SDC'S EAST REGION THE RATE OF HOSPITALIZATIONS FOR STROKE WAS 273 7 PER 100,000 POPULATION THE STROKE HOSP ITALIZATION RATE IN THE EAST REGION WAS THE HIGHEST AMONG SDC'S REGIONS AND HIGHER THAN TH E COUNTY AVERAGE OF 211 4 STROKE HOSPITALIZATIONS PER 100,000 POPULATION * ACCORDING TO T HE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, IN 2007, NEARLY 63 PERCENT OF H OSPITALIZATIONS WERE DUE TO HEART DISEASE AND STROKE IF NO CHANGES ARE MADE IN RISK BEHAV IOR, BASED ON CURRENT RATES, THE TOTAL NUMBER OF HOSPITALIZATIONS IS PROJECTED TO INCREASE BY 31 PERCENT FOR STROKE BY THE Y EAR 2020 * IN 2009, THERE WERE 236 STROKE-RELATED ED VI SITS IN THE COUNTY'S EAST REGION THE RATE OF VISITS WAS 50 1 PER 100,000 POPULATION THE STROKE-RELATED ED VISIT RATE IN THE EAST REGION WAS THE HIGHEST AMONG SDC'S REGIONS AND HI GHER THAN THE COUNTY AVERAGE OF 41 0 STROKE ED VIS

Identifier	Return Reference	Explanation
		ITS PER 100,000 POPULATION * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, THE MOST COMMON RISK FACTORS ASSOCIATED WITH STROKE INCLUDE PHYSICAL INACTIVITY, OBESITY, HYPERTENSION, CIGARETTE SMOKING, HIGH CHOLESTEROL AND DIABETES * ALTHOUGH THE EAST SUBURBAN AREA HAS THE SAME PERCENTAGE OF SENIORS AGE 65 AND OVER AS THE COUNTY OF SAN DIEGO (11 PERCENT), A HIGHER PERCENTAGE (15 2 PERCENT) OF THE EAST RURAL AREA POPULATION ARE SENIORS MEASURABLE OBJECTIVE * PROVIDE STROKE EDUCATION AND SCREENING SERVICES FOR THE COMMUNITY, WITH AN EMPHASIS ON SENIORS FY 2012 REPORT OF ACTIVITIES NOTE SGH IS RECOGNIZED WITH ADVANCED CERTIFICATION BY THE JOINT COMMISSION AS A PRIMARY STROKE CENTER THE PROGRAM IS NATIONALLY RECOGNIZED FOR ITS OUTREACH, EDUCATION AND THOROUGH SCREENING PROCEDURES, AS WELL AS DOCUMENTATION OF ITS SUCCESS RATE SHARP GROSSMONT HOSPITAL IS A RECIPIENT OF THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES (GWTG) GOLD PLUS ACHIEVEMENT AWARDS FOR STROKE THE AMERICAN HEART ASSOCIATION'S GWTG IS A NATIONAL EFFORT FOCUSED ON ENSURING THAT EVIDENCE-BASED THERAPIES ARE USED WITH STROKE PATIENTS SGH'S STROKE CENTER CONDUCTED STROKE SCREENING AND EDUCATIONAL EVENTS TO EDUCATE THE PUBLIC ON STROKE RISK FACTORS, WARNING SIGNS AND APPROPRIATE INTERVENTIONS, INCLUDING ARRIVAL AT HOSPITALS WITHIN EARLY ONSET OF SYMPTOMS IN FY 2012, THE HOSPITAL CONDUCTED EIGHT COMMUNITY SCREENINGS/EDUCATIONAL EVENTS IN EAST SDC, SERVING MORE THAN 250 ATTENDEES FROM THE COMMUNITY THE EVENTS WERE HELD AT THE SHARP GROSSMONT SENIOR RESOURCE CENTER, SUMMER HEALTHCARE SATURDAY AT GROSSMONT CENTER, SPRING VALLEY HEALTH FAIR, COUNTRY FAIR IN CAMPO, AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP) LIVE WELL SAN DIEGO AT THE RONALD REAGAN COMMUNITY CENTER IN EL CAJON, LEMON GROVE LIBRARY HEALTH FAIR, EAST COUNTY SENIOR HEALTH FAIR AT SANTEE TROLLEY CENTER, AND THE GOOD SAMARITAN RETIREMENT CENTER IN RANCHO SAN DIEGO SGH'S STROKE CENTER ALSO PROVIDED STROKE SCREENINGS AND EDUCATIONAL MATERIALS AT ST MICHAEL'S CATHOLIC CHURCH IN PARADISE HILLS, REACHING MORE THAN 60 COMMUNITY MEMBERS DURING THE EVENT IN ADDITION TO OFFERING STROKE SCREENINGS AT THESE EVENTS, SGH PROVIDED EDUCATION AND ADVISED BEHAVIOR MODIFICATION, INCLUDING SMOKING CESSATION, WEIGHT REDUCTION AND STRESS REDUCTION FOR COMMUNITY MEMBERS WITH HEALTH RISK FACTORS IDENTIFIED DURING THE STROKE SCREENINGS IN ADDITION, IN MAY SGH'S STROKE CENTER PRESENTED A MEET THE PHYSICIAN LECTURE ENTITLED STROKE IS A BRAIN ATTACK ORGANIZED THROUGH THE SENIOR RESOURCE CENTER IN MAY, SHARP'S SYSTEMWIDE STROKE PROGRAM PARTICIPATED IN THE STRIKE OUT STROKE NIGHT AT THE PADRES EVENT, HELD AT PETCO PARK THE EVENT WAS A COLLABORATION WITH THE SAN DIEGO STROKE CONSORTIUM AND THE COUNTY OF SAN DIEGO SHARP PARTICIPATED ALONG WITH SCRIPPS HEALTH, PALOMAR HEALTH, TRI CITY MEDICAL CENTER, ALVARADO HOSPITAL, KAISER FOUNDATION HOSPITAL SAN DIEGO, UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD) HEALTH AND THE SAN DIEGO PADRES TO PROMOTE AN EVENING OF STROKE AWARENESS AND SURVIVOR CELEBRATION MORE THAN 900 COMMUNITY MEMBERS ATTENDED THE EVENT, AND MORE THAN 40 SCREENINGS WERE PROVIDED TO ATTENDEES ADDITIONALLY, STROKE EDUCATION WAS PROVIDED THROUGHOUT THE EVENING TO THE ENTIRE STADIUM OF 19,000 COMMUNITY MEMBERS VIA THE PROMINENTLY DISPLAYED JUMBOTRON

Identifier	Return Reference	Explanation
		IN FY 2012, THE SGH OUTPATIENT REHABILITATION DEPARTMENT OFFERED A STROKE SUPPORT GROUP FO R STROKE SURVIVORS AND THEIR FAMILY MEMBERS AT NO CHARGE TO PARTICIPANTS IN ADDITION, SGH ACTIVELY PARTICIPATED IN THE QUARTERLY SAN DIEGO COUNTY STROKE CONSORTIUM, A COLLABORATIV E EFFORT TO IMPROVE SDC STROKE CARE AND DISCUSS ISSUES IMPACTING STROKE CARE IN SDC IN NO VEMBER 2011, SGH PROVIDED EXPERT SPEAKERS ON STROKE AND INTERVENTIONAL RADIOLOGY PROCEDURE S TO APPROXIMATELY 200 ATTENDEES AT THE VASCULAR SY MPOSIUM DESIGNED FOR LOCAL PHY SICIANS A ND HEALTH CARE WORKERS SPEAKERS ALSO PRESENTED RELATED TOPICS TO APPROXIMATELY 130 ATTEND EES AT THE CARDIAC NURSING SY MPOSIUM HELD IN MARCH 2012 ADDITIONALLY, SGH COLLABORATED WI TH SDC TO PROVIDE DATA FOR THE COUNTY'S STROKE REGISTRY FY 2013 PLAN SGH STROKE CENTER WI LL DO THE FOLLOWING * PARTICIPATE IN STROKE SCREENING AND EDUCATION EVENTS IN THE EAST RE GION OF SDC * PROVIDE EDUCATION FOR INDIVIDUALS WITH IDENTIFIED RISK FACTORS * OFFER A STR OKE SUPPORT GROUP, IN CONJUNCTION WITH THE HOSPITAL'S OUTPATIENT REHABILITATION DEPARTMENT * PARTICIPATE WITH OTHER SDC HOSPITALS IN THE STROKE CONSORTIUM * CONTINUE TO PROVIDE DAT A TO THE SDC STROKE REGISTRY * CONTINUE TO COLLABORATE WITH THE STATE OF CALIFORNIA TO DEV ELOP A STROKE EGISTRY * PROVIDE AT LEAST ONE PHY SICIAN SPEAKING EVENT AROUND STROKE CARE A ND PREVENTION * PARTICIPATE IN SGH HEART AND VASCULAR CONFERENCE FOR COMMUNITY PHY SICIANS AND NURSES * PROVIDE STROKE EDUCATION AND SCREENINGS FOR SHARP'S WOMEN'S HEALTH CONFERENCE IDENTIFIED COMMUNITY NEED HEART AND VASCULAR DISEASE EDUCATION AND SCREENING RATIONALE R EFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SA N DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * CHIP M EMBERS IDENTIFIED HEART DISEASE AND STROKE AS THE SECOND MOST IMPORTANT HEALTH OUTCOMES OV ERALL (WHEN CONSIDERING A TOTAL OF SEVEN HEALTH OUTCOMES) * VASCULAR DISEASE AFFECTS APPR OXIMATELY 12 PERCENT OF THE POPULATION IN THE U S , BUT MOST PEOPLE DO NOT HAVE SY MPTOMS AMONG PERSONS OVER AGE 55 Y EARS, 10 TO 25 PERCENT ARE AFFECTED THOSE WITH VASCULAR DISEAS E HAVE A SIX-FOLD HIGHER DEATH RATE DUE TO CARDIOVASCULAR DISEASE THAN THOSE WITHOUT VASCU LAR DISEASE * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT FRO M THE COUNTY'S HHSA, IN 2007 HEART DISEASE WAS THE SECOND LEADING CAUSE OF DEATH IN SDC * IN 2010, THERE WERE 818 DEATHS DUE TO HEART DISEASE IN SDC'S EAST REGION THE REGION'S AG E-ADJUSTED DEATH RATE DUE TO DISEASES OF THE HEART WAS 164 1 PER 100,000 POPULATION THE R EGION'S AGE-ADJUSTED DEATH RATE WAS THE SECOND HIGHEST OF ALL REGIONS, HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 146 6 DEATHS PER 100,000 POPULATION, AND HIGHER THAN THE HEALTHY PEO PLE (HP) 2020 TARGET OF 100 8 DEATHS PER 100,000 * ACCORDING TO THE 3-4-50 CHRONIC DISEAS E IN SAN DIEGO COUNTY 2010 REPORT, IF NO CHANGES ARE MADE IN RISK BEHAVIOR, BASED ON CURRE NT DISEASE RATES, IT IS PROJECTED THAT BY THE Y EAR 2020, THE TOTAL NUMBER OF DEATHS FROM H EART DISEASE AND STROKE WILL BOTH INCREASE BY 38 PERCENT * IN 2009, THERE WERE 1,988 HOSP ITALIZATIONS DUE TO CORONARY HEART DISEASE IN THE COUNTY'S EAST REGION THE RATE OF HOSPIT ALIZATIONS FOR CORONARY HEART DISEASE WAS 422 2 PER 100,000 POPULATION THE HOSPITALIZATIO N RATE IN THE EAST REGION WAS THE HIGHEST OF ALL REGIONS AND HIGHER THAN THE COUNTY AVERAG E OF 318 0 CORONARY HEART DISEASE HOSPITALIZATIONS PER 100,000 POPULATION * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, IN 2007, ALMOST 63 PERCENT OF HOSPITALIZATIONS WERE DUE TO HEART DISEASE AND STROKE IF NO CHANGES ARE MADE IN RISK BEHA VIOR, BASED ON CURRENT RATES, IT IS PROJECTED THAT BY THE Y EAR 2020 THE TOTAL NUMBER OF HO SPITALIZATIONS IS PROJECTED TO INCREASE BY 28 PERCENT FOR HEART DISEASE * IN 2009, THERE WERE 159 CORONARY HEART DISEASE-RELATED ED VISITS IN SDC'S EAST REGION THE RATE OF VISITS WAS 33 8 PER 100,000 POPULATION THE CORONARY HEART DISEASE-RELATED ED VISIT RATE IN THE EAST REGION WAS THE HIGHEST OF ALL REGIONS AND HIGHER THAN THE COUNTY AVERAGE OF 24 6 PER 100,000 POPULATION * IN 2009, 5 2 PERCENT OF ADULTS IN THE COUNTY'S EAST REGION PARTICIPA TING IN THE 2009 CHIS INDICATED THAT THEY WERE EVER DIAGNOSED WITH HEART DISEASE, LOWER TH AN THE COUNTY STATISTIC OF 6 4 PERCENT * THE 2010 CHINA RECOGNIZED SMOKING CESSATION, INCR EASING PHY SICAL ACTIVITY, ACHIEVING HEALTHY WEIGHT STATUS AND IMPROVING NUTRITION AS HEALT H-RELATED BEHAVIORS THAT ARE IMPORTANT COMPONENTS IN LONG-TERM HEALTH * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, THE MOST COMMON RISK FACTORS ASSOC IATED WITH HEART DISEASE INCLUDE PHY SICAL INACTIVITY, OBESITY, HY PERTENSION, CIGARETTE SMO KING, HIGH CHOLESTEROL AND DIABETES MEASURABLE OBJECTIVES * PROVIDE HEART AND VASCULAR ED UCATION AND SCREENING SERVICES FOR THE COMMUNITY, WITH AN EMPHASIS ON ADULTS, WOMEN AND SE NIORS * PARTICIPATE IN PROGRAMS TO IMPROVE THE CAR

Identifier	Return Reference	Explanation
		E AND OUTCOMES OF INDIVIDUALS WITH HEART AND VASCULAR DISEASE FY 2012 REPORT OF ACTIVITIES SGH IS RECOGNIZED AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE(R) BY BLUE CROSS/BLUE SHI ELD (BCBS) FOR DEMONSTRATED EXPERTISE IN DELIVERING QUALITY CARDIAC HEALTH CARE SGH IS AL SO A RECIPIENT OF THE AMERICAN HEART ASSOCIATION'S GWTG GOLD PERFORMANCE ACHIEVEMENT AWARD FOR HEART FAILURE CARE THE AMERICAN HEART ASSOCIATION'S GWTG IS A NATIONAL EFFORT FOCUSE D ON ENSURING THAT EVIDENCE-BASED THERAPIES ARE USED WITH CONGESTIVE HEART FAILURE PATIENT S IN FEBRUARY, SGH PROVIDED A MULTICULTURAL CARDIOPULMONARY RESUSCITATION (CPR) AND AUTOM ATED EXTERNAL DEFIBRILLATOR TRAINING TO APPROXIMATELY 25 COMMUNITY MEMBERS HELD AT CHULA VISTA MUNICIPAL GOLF COURSE, THE TRAINING FOCUSED ON CPR TECHNIQUES FOR THE LAY RESCUER, I NCLUDING FRIENDS AND FAMILY MEMBERS IN MARCH, SGH ALSO PROVIDED A CONGESTIVE HEART FAILUR E (CHF) CLASS COVERING TOPICS SUCH AS EXERCISE, NUTRITION, TREATMENT PLANS AND SY MPTOMS I N ADDITION, SGH'S CARDIAC REHABILITATION DEPARTMENT SERVED APPROXIMATELY 350 INDIVIDUALS T HROUGH CARDIAC EDUCATION CLASSES THESE CLASSES, OFFERED TWICE PER MONTH, WERE OPEN TO COM MUNITY MEMBERS AND PROVIDED EDUCATION AND RESOURCES ON HEART DISEASE AND ITS RISK FACTORS THROUGHOUT FY 2012, SGH PROVIDED EDUCATION AND RESOURCES ON CARDIAC HEALTH AT VARIOUS COM MUNITY EVENTS, INCLUDING CELEBRANDO, DECEMBER NIGHTS, AND SPEAKING OF WOMEN'S HEALTH APPR OXIMATELY 1,500 COMMUNITY MEMBERS ATTENDED THESE EVENTS, AND THE SGH CARDIAC TRAINING DEPA RTMENT OFFERED EDUCATION ON CRITICAL ISSUES OF CARDIAC HEALTH, INCLUDING PREVENTION, EVALU ATION, AND TREATMENT SGH ALSO PROVIDED CARDIOVASCULAR DISEASE PREVENTATIVE SCREENINGS THR OUGHOUT FY 2012, SERVING APPROXIMATELY 145 COMMUNITY MEMBERS ADDITIONALLY, SGH CONTINUED TO PROVIDE MEETING SPACE FOR THE LA MESA CHAPTER OF MENDED HEARTS - A CARDIAC SUPPORT GROU P FOR COMMUNITY MEMBERS IN ADDITION, SGH'S CARDIAC REHABILITATION PROGRAM PARTICIPATED IN THE SUMMER HEALTHCARE SATURDAY HEALTH FAIR AT GROSSMONT CENTER, AS WELL AS THE SANTEE SEN IOR HEALTH FAIR, SERVING APPROXIMATELY 120 COMMUNITY MEMBERS THROUGH THESE EVENTS IN OCTO BER, THE SGH CARDIAC REHABILITATION DEPARTMENT ALSO CONDUCTED A FLU VACCINATION CLINIC FOR HEART DISEASE PATIENTS, SENIORS AND HIGH-RISK ADULTS THROUGHOUT THE YEAR, SGH PROVIDED E XPERT SPEAKERS ON HEART DISEASE AND HEART FAILURE FOR VARIOUS PROFESSIONAL EVENTS, INCLUDI NG SGH'S CARDIAC SY MPOSIUM AND SGH'S VASCULAR SY MPOSIUM SGH ALSO PARTICIPATED IN SEVERAL PROGRAMS TO IMPROVE THE CARE AND OUTCOMES OF INDIVIDUALS WITH HEART AND VASCULAR DISEASE TO ASSIST IN IMPROVING CARE FOR ACUTELY ILL PATIENTS IN THE COUNTY, SGH PROVIDED DATA ON S TEMI (ST ELEVATION MY OCARDIAL INFARCTION OR ACUTE HEART ATTACK) TO SAN DIEGO COUNTY EMERGE NCY MEDICAL SERVICES (EMS) NEW IN FY 2012, SGH COLLABORATED WITH SCRIPPS HEALTH ON A RESE ARCH STUDY TO EXAMINE THE CHARACTER OF CIRCULATING ENDOTHELIAL CELLS IN ACUTE MY OCARDIAL I NFARCTION, AND THE POTENTIAL FOR THESE CELLS TO SERVE AS MARKERS TO DETERMINE A HEART ATTA CK MORE QUICKLY AND EFFICIENTLY SGH'S CARDIAC DEPARTMENT IS COMMITTED TO SUPPORTING FUTUR E HEALTH CARE LEADERS THROUGH ACTIVE PARTICIPATION IN STUDENT TRAINING AND INTERNSHIP PROG RAMS THE SHARP GROSSMONT CARDIAC CATHETERIZATION LAB HOSTED A GROSSMONT COLLEGE CARDIOVAS CULAR TECHNOLOGIST STUDENT THREE DAYS PER WEEK, EIGHT HOURS PER DAY FOR EIGHT MONTHS, FOR A TOTAL OF MORE THAN 750 HOURS THE CATH LAB RN AND STAFF ALSO WORKED WITH A NURSING STUDE NT EVERY TUESDAY DURING THE SCHOOL YEAR THE NONINVASIVE CARDIOLOGY DEPARTMENT ALSO HOSTED STUDENTS IN ECHOCARDIOGRAPHY, ELECTROCARDIOGRAPHY AND VASCULAR LABORATORY TWO DAYS PER WE EK DURING THE SCHOOL YEAR

Identifier	Return Reference	Explanation
		FY 2013 PLAN SGH WILL DO THE FOLLOWING * PROVIDE FREE BIMONTHLY CARDIAC EDUCATION CLASSES BY THE CARDIAC REHABILITATION DEPARTMENT * PROVIDE FREE CHF EDUCATION CLASSES * PROVIDE C ARDIAC AND/OR VASCULAR RISK FACTOR EDUCATION AND/OR SCREENING THROUGH PARTICIPATION IN ONE TO TWO COMMUNITY EVENTS, SUCH AS HEALTH FAIRS AND LECTURES * PROVIDE WEEKLY PREVENTIVE HE ART AND VASCULAR SCREENINGS * IN COLLABORATION WITH SGH STROKE CENTER, PROVIDE CAROTID ART ERY SCREENINGS FOR COMMUNITY MEMBERS IDENTIFIED COMMUNITY NEED ORTHOPEDIC / OSTEOPOROSIS EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEE DS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHE RWISE INDICATED RATIONALE * ACCORDING TO THE CDC, ARTHRITIS IS THE NATION'S MOST COMMON C AUSE OF DISABILITY AN ESTIMATED 50 MILLION U S ADULTS (ABOUT ONE IN FIVE) REPORT DOCTOR- DIAGNOSED ARTHRITIS AS THE U S POPULATION AGES, THESE NUMBERS ARE EXPECTED TO INCREASE S HARPLY TO 67 MILLION BY 2030, AND MORE THAN ONE-THIRD OF THESE ADULTS WILL HAVE LIMITED AC TIVITY AS A RESULT IN ADDITION, A RECENT STUDY INDICATED THAT SOME FORM OF ARTHRITIS OR O THER RHEUMATIC CONDITION AFFECTS ONE IN EVERY 250 CHILDREN (CDC, 2011) * ACCORDING TO THE NIH (2006), OSTEOPOROSIS IS RESPONSIBLE FOR MORE THAN 1 5 MILLION FRACTURES EACH YEAR, IN CLUDING 250,000 WRIST FRACTURES, 300,000 HIP FRACTURES, 700,000 VERTEBRAL FRACTURES, AND 3 00,000 FRACTURES AT OTHER SITES * ACCORDING TO AN HP 2010 PROGRESS REVIEW RELEASED IN 200 6, OSTEOPOROSIS IS RESPONSIBLE FOR MORE THAN $14 BILLION IN HEALTH CARE COSTS ANNUALLY * ACCORDING TO DATA PRESENTED IN THE 2007 CHNA, IN THE U S , THE AGE-ADJUSTED PREVALENCE OF DOCTOR-DIAGNOSED ARTHRITIS IS ESTIMATED TO BE 21 3 PERCENT AMONG ADULTS AGES 18 AND OVER * ACCORDING TO HP 2020, APPROXIMATELY 80 PERCENT OF AMERICANS EXPERIENCE LOW BACK PAIN (LB P) IN THEIR LIFETIME EACH YEAR, IT IS ESTIMATED THAT 15 TO 20 PERCENT OF THE POPULATION D EVELOPS PROTRACTED BACK PAIN, 2 TO 8 PERCENT HAVE CHRONIC BACK PAIN (PAIN THAT LASTS MORE THAN 3 MONTHS), 3 TO 4 PERCENT OF THE POPULATION IS TEMPORARILY DISABLED 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 YE AR 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 EAST REGION FROM 20 07 TO 2009, THE NUMBER OF ARTHRITIS-RELATED HOSPITALIZATIONS INCREASED FROM 1,654 TO 1,726 , WHILE THE RATE OF ARTHRITIS-RELATED HOSPITALIZATIONS INCREASED FROM 359 9 TO 366 5 PER 1 00,000 POPULATION THE REGION'S 2009 ARTHRITIS-RELATED HOSPITALIZATION RATE OF 366 5 PER 1 00,000 POPULATION WAS HIGHER THAN ALL OTHER SDC REGIONS AND HIGHER THAN THE AGE-ADJUSTED C OUNTY AVERAGE OF 289 3 ARTHRITIS HOSPITALIZATIONS PER 100,000 POPULATION * IN THE COUNTY' S EAST REGION FROM 2007 TO 2009, THE NUMBER OF ARTHRITIS-RELATED ED DISCHARGES INCREASED F ROM 2,003 TO 2,241, WHILE THE RATE OF ARTHRITIS-RELATED ED DISCHARGES INCREASED FROM 435 9 TO 475 9 PER 100,000 POPULATION THE REGION'S 2009 ARTHRITIS-RELATED ED DISCHARGE RATE OF 475 9 PER 100,000 POPULATION WAS HIGHER THAN THE AGE-ADJUSTED COUNTY AVERAGE OF 403 7 PER 100,000 POPULATION * IN THE COUNTY'S EAST REGION IN 2009, FEMALES HAD A HIGHER ED DISCHA RGE RATE FOR ARTHRITIS-RELATED DIAGNOSIS THAN MALES (514 0 AND 435 9 PER 100,000 POPULATIO N, RESPECTIVELY) BLACKS HAD A HIGHER ED DISCHARGE RATE FOR ARTHRITIS-RELATED DIAGNOSIS TH AN PERSONS OF OTHER RACIAL OR ETHNIC GROUPS, AND PERSONS AGES 65 AND OVER HAD HIGHER ED DI SCHARGE RATES FOR ARTHRITIS-RELATED DIAGNOSIS THAN YOUNGER PERSONS MEASURABLE OBJECTIVE * PROVIDE EDUCATION ON ORTHOPEDICS AND OSTEOPOROSIS TO THE COMMUNITY, WITH AN EMPHASIS ON S ENIORS FY 2012 REPORT OF ACTIVITIES NOTE SGH IS CERTIFIED BY THE JOINT COMMISSION IN DISE ASE-SPECIFIC CARE FOR ITS TOTAL KNEE AND TOTAL HIP REPLACEMENT PROGRAMS THE PROGRAMS ARE NATIONALLY RECOGNIZED FOR THEIR OUTREACH, EDUCATION AND UTILIZATION OF EVIDENCE-BASED PRAC TICES, AS WELL AS DOCUMENTATION OF ITS PERFORMANCE MEASURES AND SUCCESS RATES IN FY 2012, SGH OFFERED QUARTERLY EDUCATIONAL SESSIONS ON HIP AND KNEE PROBLEMS TO MORE THAN 230 COMM UNITY MEMBERS TOPICS INCLUDED MANAGEMENT OF ARTHRITIS AND HIP/KNEE REPAIR AND TREATMENT SESSIONS WERE HELD AT THE GROSSMONT HEALTHCARE DISTRICT CONFERENCE CENTER, THE JOHN A DAV IS FAMILY YMCA IN LA MESA AND THE RANCHO FAMILY YMCA IN RANCHO SAN DIEGO ATTENDANCE RANGE D FROM 70 TO MORE THAN 85 INDIVIDUALS AT EACH EVENT IN ADDITION, SGH PROVIDED TWO SEMINAR S FOR TREATMENT OF SHOULDER PAIN, REACHING MORE THAN 180 COMMUNITY MEMBERS AND PROVIDING E DUCATION ON ARTHRITIS, TORN ROTATOR CUFF, BURSITIS, FROZEN SHOULDER, AS WELL AS TREATMENT OPTIONS IN COLLABORATION WITH THE SGH SENIOR RESOURCE CENTER, SGH OFFERED THREE FIGHT FRA CTURES WITH FITNESS CLASSES, WHERE A PHYSICAL THER

Identifier	Return Reference	Explanation
		APIST PROVIDED EDUCATION ON OSTEOPOROSIS AND THE PREVENTION BENEFITS OF A SIMPLE EXERCISE PROGRAM TO MORE THAN 130 MEMBERS OF THE SENIOR COMMUNITY ADDITIONALLY, SHARP OFFERED SPEC IALIZED EDUCATION ON OSTEOPOROSIS PREVENTION AND TREATMENT TO THE COMMUNITY DURING THE SPE AKING OF WOMEN'S HEALTH CONFERENCE HELD AT THE SHERATON SAN DIEGO HOTEL AND MARINA IN NOVE MBER THE EVENT SERVED APPROXIMATELY 200 COMMUNITY MEMBERS, AND ATTENDEES RECEIVED EDUCATI ON REGARDING OSTEOPOROSIS, CALCIUM/VITAMIN D REQUIREMENTS, AND EXERCISE FOR OSTEOPOROSIS T REATMENT AND PREVENTION FY 2013 PLAN SGH WILL DO THE FOLLOWING * CONTINUE TO OFFER ORTHO PEDIC, ARTHRITIS, JOINT HEALTH AND OSTEOPOROSIS EDUCATIONAL PRESENTATIONS TO THE COMMUNITY * CONTINUE PARTNERSHIP WITH EAST COUNTY YMCAS TO PROVIDE EDUCATION ON HIP/KNEE TREATMENT AND LOW-IMPACT EXERCISES FOR JOINTS * PROVIDE EDUCATION AND RESOURCES TO THE SHARP WOMEN'S HEALTH CONFERENCE IDENTIFIED COMMUNITY NEED WOMEN'S AND PRENATAL HEALTH SERVICES AND EDU CATION 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 T HE FIFTH MOST IMPORTANT HEALTH OUTCOME OVERALL (WHEN CONSIDERING A TOTAL OF SEVEN HEALTH O UTCOMES) IN THE 2010 CHNA * ACCORDING TO A 2006 REPORT BY THE CDC, PROGRESS IN THE UNITED STATES TO IMPROVE PREGNANCY OUTCOMES - INCLUDING LOW BIRTH WEIGHT, PREMATURE BIRTH, AND I NFANT 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 * BE TWEEN 2005 AND 2009, MOTHERS IN SDC BEGINNING THEIR PRENATAL CARE DURING THEIR FIRST TRIME STER DECREASED FROM 87 2 PERCENT TO 82 0 PERCENT, A 5 2 PERCENT DECREASE * ACCORDING TO H P 2020, THE RISK OF MATERNAL AND INFANT MORTALITY AND PREGNANCY-RELATED COMPLICATIONS CAN BE REDUCED BY INCREASING ACCESS TO QUALITY PRECONCEPTION AND INTERCONCEPTION CARE HEALTHY BIRTH OUTCOMES AND EARLY IDENTIFICATION AND TREATMENT OF HEALTH CONDITIONS AMONG INFANTS CAN PREVENT DEATH OR DISABILITY AND ENABLE CHILDREN TO REACH THEIR FULL POTENTIAL * WOMEN WHO DELIVER PREMATURELY, EXPERIENCE REPEATED MISCARRIAGES, OR DEVELOP GESTATIONAL DIABETE S ARE AT INCREASED RISK OF COMPLICATIONS WITH SUBSEQUENT PREGNANCIES, ACCORDING TO THE CDC (2006) * ACCORDING TO THE CDC, ONLY 30 PERCENT OF WOMEN AGES 18 YEARS AND OLDER ENGAGE I N REGULAR LEISURE-TIME PHY SICAL ACTIVITY (CDC, 2008) * NATIONALLY, 35 PERCENT OF WOMEN AG ES 20 AND OLDER ARE OBESE, AND 30 PERCENT OF THESE WOMEN HAVE HY PERTENSION (CDC, 2003 TO 2 006) * DATA FROM THE 2005 CHIS INDICATE THAT ONLY 38 6 PERCENT OF SDC WOMEN AGES 18 TO 65 CONSUME THE RECOMMENDED FIVE OR MORE SERVINGS OF FRUITS AND VEGETABLES DAILY * ACCORDING TO THE 2007 CHIS, ONLY 18 1 PERCENT OF ADULT WOMEN (AGED 18 TO 65 YEARS) IN SDC INDICATED THAT THEY ENGAGE IN MODERATE PHY SICAL ACTIVITY * IN THE COUNTY'S EAST REGION, ONLY 13 8 PERCENT OF ADULT WOMEN (AGED 18 TO 65 YEARS) INDICATED THAT THEY ENGAGE IN VIGOROUS PHY SIC AL ACTIVITY THE RATE OF SELF-REPORTED VIGOROUS PHY SICAL ACTIVITY WAS LOWER THAN ALL SDC R EGIONS AND LOWER THAN THE COUNTY AVERAGE OF 20 1 PERCENT (CHIS, 2007)

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		MEASURABLE OBJECTIVES * CONDUCT OUTREACH AND EDUCATION ACTIVITIES FOR WOMEN ON A VARIETY O F HEALTH TOPICS AS WELL AS PRENATAL CARE AND PARENTING SKILLS * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO HELP RAISE AWARENESS OF WOMEN'S HEALTH ISSUES AND SERVICES, AS WELL AS T O PROVIDE LOW-INCOME AND UNDERSERVED WOMEN IN THE SAN DIEGO COMMUNITY WITH CRITICAL PRENAT AL SERVICES * PARTICIPATE IN PROFESSIONAL ASSOCIATIONS RELATED TO WOMEN'S SERVICES AND PRE NATAL HEALTH AND DISSEMINATE RESEARCH * DEMONSTRATE BEST PRACTICES IN BREASTFEEDING AND MA TERNITY CARE, AND PROVIDE EDUCATION AND SUPPORT TO NEW MOTHERS ON THE IMPORTANCE OF BREAST FEEDING FY 2012 REPORT OF ACTIVITIES IN FY 2012, SGH OFFERED FOUR WELLNESS AND PREVENTION- RELATED COMMUNITY CLASSES THAT ADDRESSED WOMEN'S HEALTH TOPICS THESE CLASSES - LED BY PHY SICIANS AND TOPIC-EXPERTS - REACHED APPROXIMATELY 185 WOMEN THE RANGE OF TOPICS FOR THESE CLASSES INCLUDED INFORMATION ON HEART HEALTH, THE HEALTH BENEFITS OF ADEQUATE SLEEP AND T HE EVER-POPULAR COOKING DEMONSTRATIONS THIS LATTER CLASS FOCUSED ON HEALTHY COOKING METHO DS FOR CANCER-FIGHTING SUPER FOODS, AND PROVIDED RECIPES, NUTRITIONAL TIPS AND SUGGESTIONS FOR HEALTHY COOKING TO APPROXIMATELY 85 MEMBERS OF THE COMMUNITY ONE PARTICULAR SEMINAR ENTITLED THE DOCTOR IS IN GET ANSWERS TO YOUR WOMEN'S TOP HEALTH QUESTIONS, FEATURED A PH YSICIAN AND NURSE PRACTITIONER WHO PROVIDED EDUCATION TO NEARLY 30 WOMEN IN THE COMMUNITY ON VARIOUS TOPICS, INCLUDING HEART ATTACK SY MPTOMS FOR WOMEN, BREAST CANCER RISK, URINARY TRACT INFECTIONS, KEGEL EXERCISES, MENOPAUSE TREATMENT AND CRITICAL HEALTH SCREENINGS FOR WOMEN IN ADDITION, ATTENDEES HAD THE OPPORTUNITY TO HAVE THEIR PERSONAL HEALTH QUESTIONS ANSWERED BY HEALTH CARE PROFESSIONALS DURING FY 2012, SGH ALSO OFFERED THREE EDUCATIONAL SEMINARS TO THE COMMUNITY ON GY NECOLOGIC ROBOTIC PROCEDURES, AND PROVIDED EDUCATION AND RE SOURCES ON TREATMENT OPTIONS TO NEARLY 75 WOMEN THROUGH THESE SESSIONS THROUGHOUT FY 2012 , SGH PROVIDED FREE BREASTFEEDING SUPPORT GROUPS TO THE COMMUNITY TWICE A WEEK FACILITATE D BY RN LACTATION CONSULTANTS, EACH SESSION PROVIDED EDUCATION AND SUPPORT TO APPROXIMATEL Y 25 MOTHERS IN THE COMMUNITY SGH ALSO OFFERED WEEKLY POSTPARTUM DEPRESSION SUPPORT GROUP S FOR WOMEN AND FAMILIES STRUGGLING WITH THE CHALLENGES AND ADAPTATIONS OF HAVING A NEWBOR N SGH PARTICIPATED IN AND PARTNERED WITH A NUMBER OF COMMUNITY ORGANIZATIONS AND ADVISORY BOARDS FOR MATERNAL AND CHILD HEALTH IN FY 2012, INCLUDING THE LOCAL ASSOCIATION OF WOMEN 'S HEALTH, OBSTETRIC, AND NEONATAL NURSES (AWHONN) CHAPTER, WOMEN, INFANTS, AND CHILDREN (WIC), CALIFORNIA TERATOGEN INFORMATION SERVICE (CTIS), PARTNERSHIP FOR SMOKE-FREE FAMILIES , SAN DIEGO COUNTY BREASTFEEDING COALITION ADVISORY BOARD, THE BEACON COUNCIL'S PATIENT SA FETY COLLABORATIVE, ASSOCIATION OF CALIFORNIA NURSE LEADERS (ACNL), THE REGIONAL PERINATAL CARE NETWORK (PCN), PERINATAL SAFETY COLLABORATIVE, AND THE PUBLIC HEALTH NURSE ADVISORY BOARD IN FY 2012, SGH PROVIDED A POSTER PRESENTATION AT THE ANNUAL AWHONN CONVENTION ON I TS SUCCESSFUL IMPLEMENTATION OF THE 39 WEEKS IS FINE INITIATIVE - A PROGRAM TO REDUCE ELEC TIVE DELIVERIES LESS THAN 39 WEEKS THROUGHOUT THE STATE OF CALIFORNIA SGH ALSO DELIVERED A PRESENTATION ON THIS INITIATIVE TO NURSE LEADERS IN THE COMMUNITY, SHARING THE BEST PRAC TICES AND EFFORTS THAT RESULTED IN THE REDUCTION OF THE ELECTIVE DELIVERY RATE AT SGH BY 6 6 PERCENT THE PROGRAM ALSO REDUCED NULL C-SECTION RATES AT SGH BY NINE PERCENT AND REDUCE D PRIMARY C-SECTION RATES FROM 18 TO 15 PERCENT OVER THE PAST FISCAL YEAR, SGH IMPLEMENTE D CRITICAL PROCESS IMPROVEMENTS TO IMPROVE BREASTFEEDING RATES AMONG NEW MOTHERS, AND CONT INUED TO EXPLORE AND PARTICIPATE IN OPPORTUNITIES TO SHARE THESE BEST PRACTICES WITH THE B ROADER HEALTH CARE COMMUNITY INITIATIVES INCLUDED FACILITATING SKIN-TO-SKIN CONTACT WITH THE NEWBORN IMMEDIATELY AFTER DELIVERY, AND IMPLEMENTING EARLY INTERVENTION STRATEGIES FOR WOMEN IDENTIFIED AS HAVING DIFFICULTY WITH BREASTFEEDING ADDITIONALLY, SGH IS CURRENTLY SEEKING BABY-FRIENDLY USA DESIGNATION BY SEPTEMBER 2014 THROUGH THE IMPLEMENTATION OF EVID ENCE-BASED MATERNITY CARE PRACTICES ESTABLISHED BY THE UNITED NATIONS CHILDREN'S FUND (UN ICEF) AND THE WORLD HEALTH ORGANIZATION (WHO) IN 1991, THE BABY-FRIENDLY HOSPITAL INITIATI VE (BFHI) RECOGNIZES AND ENCOURAGES HOSPITALS AND BIRTHING CENTERS THAT OFFER HIGH-QUALITY BREASTFEEDING CARE. THE BFHI HAS BEEN IMPLEMENTED IN MORE THAN 170 COUNTRIES, RESULTING I N THE DESIGNATION OF MORE THAN 20,000 BIRTHING FACILITIES THE REQUIREMENTS FOR A BABY-FRI ENDLY USA DESIGNATION INCLUDE BUT ARE NOT LIMITED TO TRAINING HEALTH CARE STAFF TO PROPER LY IMPLEMENT A BREASTFEEDING POLICY, PROVIDING EDUCATION TO PREGNANT WOMEN ON THE BENEFITS OF BREASTFEEDING, DEMONSTRATING HOW TO BREASTFEED AND MAINTAIN LACTATION TO NEW MOTHERS, ENCOURAGING BREASTFEEDING ON DEMAND, ALLOWING MOTHERS AND INFANTS TO REMAIN TOGETHER 24 HO URS A DAY, AND ESTABLISHING BREASTFEEDING SUPPORT

Identifier	Return Reference	Explanation
		GROUPS AND REFERRING MOTHERS TO THESE RESOURCES FOLLOWING DISCHARGE FROM THE HOSPITAL OR C LINIC THROUGHOUT FY 2012, SGH INCORPORATED THE REQUIREMENTS OF A BABY-FRIENDLY HOSPITAL A LONG WITH OTHER PROCESS IMPROVEMENTS IN ORDER TO IMPROVE EXCLUSIVE BREASTFEEDING AT DISCHA RGE. AS A RESULT OF THESE COMPREHENSIVE EFFORTS, SGH WOMEN'S HEALTH CENTER WAS SUCCESSFUL IN RAISING THE EXCLUSIVE BREASTFEEDING RATE AT DISCHARGE FROM 49 PERCENT IN 2011 TO 67 PER CENT IN 2012. SGH ALSO INCORPORATED QUALITY INITIATIVES TO PROMOTE THE EXCLUSIVE USE OF BR EAST MILK FOR NEONATAL INTENSIVE CARE UNIT (NICU) INFANTS BY INCORPORATING A PUMPING LOG F OR MOTHERS, DOCUMENTING EXCLUSIVE BREAST MILK VOLUMES DAILY AND INCORPORATED EARLY INTERVE NTION STRATEGIES TO PROMOTE THE ESTABLISHMENT OF BREAST MILK IN THE FIRST COUPLE OF WEEKS. THESE STRATEGIES PROMOTE THE NUTRITIONAL HEALTH OF HIGH RISK INFANTS AND PREVENT INFLAMMA TORY DISEASE PROCESSES THAT CAN CAUSE SERIOUS BACTERIAL INFECTION IN THE INTESTINE OF SICK PREMATURE INFANTS AND CAN RESULT IN DEATH OF INTESTINAL TISSUE AND EVEN PROGRESSION TO BL OOD POISONING OR SEPTICEMIA. IN ADDITION, SGH REVAMPED ALL OF THE BREASTFEEDING EDUCATIONA L RESOURCES PROVIDED AT THE COMMUNITY CLINICS AND THE CHILDBIRTH EDUCATION CLASSES TO REFL ECT BEST PRACTICES IN BREASTFEEDING FOR MOTHERS AND THEIR FAMILIES. SGH'S WOMEN'S HEALTH C ENTER'S PRENATAL CLINIC MIDWIVES CONTINUED TO PROVIDE IN-KIND HELP AT NEIGHBORHOOD HEALTH CENTERS IN EL CAJON AND LAKESIDE, AND FAMILY HEALTH CENTERS OF SAN DIEGO (FHCSD) THROUGHOU T FY 2012. THE SGH PRENATAL CLINIC PARTICIPATED IN THE CALIFORNIA DEPARTMENT OF PUBLIC HEA LTH (CDPH) COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP) TO OFFER COMPREHENSIVE PRENATAL CLINICAL AND SOCIAL SERVICES TO LOW-INCOME, LOW-LITERACY WOMEN WITH MEDI-CAL BENEFITS. SE RVICES PROVIDED INCLUDED HEALTH EDUCATION, NUTRITIONAL GUIDANCE AND PSY CHOLOGICAL/SOCIAL I SSUE SUPPORT, AS WELL AS TRANSLATION SERVICES FOR NON-ENGLISH SPEAKING WOMEN. AS PART OF T HIS EFFORT, AND IN ORDER TO REDUCE THE NUMBER OF WOMEN THAT REACH GESTATIONAL DIABETIC CRI TERIA, WOMEN WERE OFFERED NUTRITION CLASSES, AND THOSE WITH NUTRITION ISSUES WERE REFERRED TO AN SGH REGISTERED DIETICIAN OR THE SGH DIABETES PROGRAM AS APPROPRIATE. AT-RISK WOMEN WITH ELEVATED BMIS RECEIVED EDUCATION AND GLUCOMETERS TO MEASURE THEIR SUGARS AND HELP PRE VENT THE DEVELOPMENT OF GESTATIONAL DIABETES. WOMEN WITH A CURRENT DIABETES DIAGNOSIS WERE REFERRED TO THE SGH DIABETES PROGRAM. FREE EDUCATION ON GESTATIONAL DIABETES WAS ALSO PRO VIDED TO PREGNANT MEMBERS OF THE COMMUNITY. THE SGH WOMEN'S HEALTH CENTER'S PRENATAL CLINI C ALSO PROVIDED EDUCATIONAL RESOURCES TAILORED SPECIFICALLY TO THE INCREASING CHALDEAN POP ULATION. IN ADDITION, THE SGH WOMEN'S HEALTH CENTER CONTINUED ITS PARTNERSHIP WITH VISTA H ILL PARENTCARE TO ASSIST DRUG-ADDICTED PATIENTS WITH PSY CHOLOGICAL AND SOCIAL ISSUES DURIN G PREGNANCY. THESE APPROACHES HAVE BEEN SHOWN TO REDUCE BOTH LOW BIRTH WEIGHT RATES AND HE ALTH CARE COSTS IN WOMEN AND INFANTS. THE SGH WOMEN'S HEALTH CENTER ALSO PROVIDED WOMEN WI TH REFERRALS TO A VARIETY OF COMMUNITY RESOURCES INCLUDING BUT NOT LIMITED TO CTIS, WIC AN D THE SDC PUBLIC HEALTH NURSE. FY 2013 PLAN SGH WILL DO THE FOLLOWING * PROVIDE WELLNESS AND PREVENTION CLASSES THAT FOCUS ON LIFESTYLE TIPS TO ENHANCE OVERALL HEALTH * PROVIDE CO OKING DEMONSTRATIONS AND WELLNESS CLASSES ON NUTRITION AND MAINTAINING A HEALTHY LIFESTYLE * PROVIDE VIDEOS ON VARIOUS NUTRITION TOPICS THROUGH THE SGH WEBSITE AND SOCIAL MEDIA * P ROVIDE EDUCATION ON CARDIOVASCULAR HEALTH AND WELLNESS AS PART OF THE FIRST WOMEN'S HEART HEALTH EXPO * PARTNER WITH CURVES LA MESA TO PROVIDE EDUCATION ON FITNESS AND WEIGHT MANAG EMENT * PROVIDE FREE BREASTFEEDING AND POSTPARTUM SUPPORT GROUPS * PROVIDE PARENTING EDUCA TION CLASSES * PARTICIPATE IN COMMUNITY EVENTS SUCH AS THE SHARP WOMEN'S HEALTH CONFERENCE

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		* PROVIDE MEDICAL SERVICES TO LOW-INCOME PATIENTS THROUGH THE PRENATAL CLINIC * SHARE EVID ENCE-BASED PRACTICES REGARDING IMPROVEMENTS IN ELECTIVE DELIVERIES LESS THAN 39 WEEKS AS W ELL AS BREASTFEEDING RATES AT DISCHARGE THROUGH PRESENTATIONS AT NATIONAL CONFERENCES AND RESEARCH PUBLICATIONS IDENTIFIED COMMUNITY NEED PREVENTION OF UNINTENTIONAL INJURIES RATI ONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RE CENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * CHIP MEMBERS IDENTIFIED INJURY AND VIOLENCE AS THE FOURTH MOST IMPORTANT HEALTH-RELATED B EHAVIORS OVERALL (WHEN CONSIDERING A TOTAL OF SEVEN HEALTH-RELATED BEHAVIORS) IN THE 2010 CHNA * INJURY, INCLUDING BOTH INTENTIONAL AND UNINTENTIONAL, IS THE NUMBER ONE KILLER AND DISABLER 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 * IN 2010, UNINTENTIONAL INJURY WAS THE LEADING CAUSE OF DEATH FOR PERSONS AGES 1 TO 4 YEARS AND 15 T O 34 YEARS, AND THE SIXTH LEADING CAUSE OF DEATH OVERALL IN SDC * BETWEEN 2006 AND 2010, 4,723 SAN DIEGANS DIED AS A RESULT OF UNINTENTIONAL INJURIES * IN 2010, THERE WERE 170 DE ATHS DUE TO UNINTENTIONAL INJURY IN THE COUNTY'S EAST REGION THE REGION'S AGE-ADJUSTED DE ATH RATE DUE TO UNINTENTIONAL INJURIES WAS 34 7 DEATHS PER 100,000 POPULATION, THE HIGHEST OF ALL REGIONS AND HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 29 2 DEATHS PER 100,000 POPUL ATION * IN 2009, THERE WERE 4,129 HOSPITALIZATIONS RELATED TO UNINTENTIONAL INJURY IN THE COUNTY'S EAST REGION THE RATE OF HOSPITALIZATIONS WAS 876 8 PER 100,000 POPULATION, THE HIGHEST OF ALL REGIONS AND HIGHER THAN THE COUNTY AVERAGE OF 663 9 PER 100,000 POPULATION * IN 2009, THERE WERE 25,245 ED VISITS RELATED TO UNINTENTIONAL INJURY IN THE COUNTY'S EA ST REGION THE RATE OF VISITS WAS 5,361 0 PER 100,000 POPULATION, THE HIGHEST OF ALL REGIO NS AND HIGHER THAN THE COUNTY AVERAGE OF 4,691 2 PER 100,000 POPULATION * ACCORDING TO HP 2020, MOST EVENTS RESULTING IN INJURY, DISABILITY OR DEATH ARE PREDICTABLE AND PREVENTABL E 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-REL ATED CARE, AND THE SOCIAL ENVIRONMENT, INCLUDING INDIVIDUAL SOCIAL EXPERIENCES (SOCIAL NOR MS, EDUCATION, VICTIMIZATION HISTORY), SOCIAL RELATIONSHIPS (PARENTAL MONITORING AND SUPER VISION 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 OBJECT IVE * TO OFFER AN INJURY AND VIOLENCE PREVENTION PROGRAM FOR CHILDREN, ADOLESCENTS, AND YO UNG ADULTS THROUGHOUT SDC FY 2012 REPORT OF ACTIVITIES IN FY 2012, THINKFIRST/SHARP ON SUR VIVAL PARTICIPATED IN 61 PROGRAMS THAT SERVED MORE THAN 4,000 ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS IN EAST COUNTY THE PROGRAMS CONSISTED OF ONE- TO TWO-HOUR CLASSES ON THE MODES OF INJURY, DISABILITY AWARENESS, AND THE ANATOMY AND PHYSIOLOGY OF THE BRAIN AND SPI NAL CORD THEY ALSO HEARD PERSONAL TESTIMONIES FROM INDIVIDUALS, KNOWN AS VOICES FOR INJUR Y PREVENTION (VIPS), WITH TRAUMATIC BRAIN OR SPINAL CORD INJURIES IN ADDITION, THINKFIRST /SHARP ON SURVIVAL OFFERED SCHOOLS MULTIPLE OPPORTUNITIES FOR LEARNING WITH THE PROVISION OF A VARIETY OF LESSON PLANS, INCLUDING INFORMATION ON PHYSICAL REHABILITATION, CAREERS IN HEALTH CARE, AND DISABILITY AWARENESS PANELS TO MEET THE NEEDS OF SPECIFIC CLASS CURRICUL A THINKFIRST/SHARP ON SURVIVAL ALSO SPOKE TO AT-RISK YOUTH ABOUT THE CONSEQUENCES OF RECK LESS DRIVING, VIOLENCE, AND POOR DECISION MAKING THINKFIRST/SHARP ON SURVIVAL PARTICIPATE D IN A VARIETY OF COMMUNITY EVENTS THROUGHOUT FY 2012, INCLUDING PRESENTATIONS FOR YOUTH A ND THEIR PARENTS, HEALTH- AND SAFETY-RELATED FAIRS, AND COMMUNITY GROUPS THESE COMMUNITY- BASED EVENTS AND PRESENTATIONS SERVED MORE THAN 1,000 PARTICIPANTS THINK FIRST/SHARP ON S URVIVAL PARTICIPATED IN THE ANNUAL KIDS CARE FEST EVENT SPONSORED BY THE GROSSMONT HEALTHC ARE DISTRICT IN LA MESA, PROVIDING HELMET-FITTING INFORMATION AND EDUCATION ON BOOSTER AND CAR SEATS TO APPROXIMATELY 500 COMMUNITY MEMBERS IN ADDITION, CHILDREN WERE GIVEN THE OP PORTUNITY TO WIN A BOOSTER SEAT BY COLORING AND DRAWING THEIR VERSION OF WHAT A "COOL" BOO STER SEAT LOOKED LIKE ARTWORK SUBMISSIONS WERE MAILED INTO THE THINKFIRST OFFICE AND A WI NNER WAS PICKED IN NOVEMBER 2012 IN OCTOBER 2011, THINKFIRST/SHARP ON SURVIVAL ALSO PROVI DED PROPER HELMET-FITTING INFORMATION AND BOOSTER

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		SEAT EDUCATION AT THE EL CAJON FIRE DEPARTMENT SAFETY FAIR AND OPEN HOUSE, SERVING 500 PEO PLE WITH THE PARTNERSHIP AND FINANCIAL SUPPORT OF THE HEALTH AND SCIENCE PIPELINE INITIAT IVE (HASPI), DOZENS OF SCHOOLS THROUGHOUT SAN DIEGO COUNTY HAD THE OPPORTUNITY TO PROVIDE THINKFIRST/SHARP ON SURVIVAL SPEAKERS TO THEIR STUDENTS THESE STUDENTS, WHO ALL HAVE AN I NTEREST IN PURSUING CAREERS IN HEALTH CARE, WERE PROVIDED WITH CLASSROOM PRESENTATIONS AND THE OPPORTUNITY TO PARTICIPATE IN A HALF-DAY TOUR OF THE SHARP MEMORIAL REHABILITATION CE NTER IN 2012, A DOZEN HIGH SCHOOL SENIORS FROM GRANITE HILLS TOURED THE REHABILITATION CE NTER AND RECEIVED AN IN-DEPTH LOOK AT OCCUPATIONAL, PHYSICAL, SPEECH, RECREATION THERAPY A ND NURSING CAREERS STUDENTS ALSO ROTATED THROUGH SEVERAL "STATIONS" RUN BY VIP SPEAKERS T O PRACTICE THEIR WHEELCHAIR MOBILITY, LOWER BODY DRESSING AND DRIVING SKILLS USING THE DRI VING SIMULATOR ADDITIONALLY, STUDENTS CONDUCTED SMALL GROUP PATIENT THERAPY ACTIVITIES TO TEST MEMORY, ORGANIZATION AND A VARIETY OF EXECUTIVE COGNITIVE SKILLS IN ADDITION, MORE THAN 200 COLLEGE STUDENTS ENROLLED IN SAN DIEGO STATE UNIVERSITY'S (SDSU'S) DISABILITY IN SOCIETY COURSE AND RECEIVED INJURY PREVENTION EDUCATION, LEARNING ABOUT BRAIN INJURY, SPIN AL CORD INJURY AND DISABILITY AWARENESS IN FY 2012, THINKFIRST/SHARP ON SURVIVAL IMPLEMEN TED A BOOSTER SEAT PROJECT FUNDED BY THE GROSSMONT HEALTHCARE DISTRICT THE PROJECT DEVELO PED IN RESPONSE TO THE NEW CALIFORNIA LAW - IMPLEMENTED IN JANUARY 2012 - THAT CHANGED THE REQUIREMENTS FOR BOOSTER SEATS FROM AGE SIX OR 60 POUNDS TO AGE EIGHT OR A HEIGHT OF FOUR FEET NINE INCHES THE PROJECT IS MODELED AFTER A LARGER, SUCCESSFUL BOOSTER SEAT PROJECT IMPLEMENTED BY THINKFIRST SAN DIEGO, IN PARTNERSHIP WITH THE THINKFIRST NATIONAL OFFICE, A ND FUNDED BY THE NATIONAL HEALTH AND TRANSPORTATION SAFETY ADMINISTRATION (NHTSA) IN 2004 THIS PROGRAM NOT ONLY PROVIDED EDUCATION TO PARENTS ON SPECIFICS OF THE LAW AND CONSEQUEN CES OF MISUSE, BUT ALSO OFFERED EDUCATION TO ALTER CHILDREN'S MISCONCEPTIONS THAT BOOSTER SEATS ARE FOR "BABIES " AFTER TWO YEARS, THE PROGRAM SUCCESSFULLY INCREASED BOOSTER SEAT U SE IN SIX SCHOOLS BY AN AVERAGE OF 19 PERCENT THE THINKFIRST/SHARP ON SURVIVAL BOOSTER SE AT PROJECT WILL MODEL THE BEST PRACTICES FROM THE PREVIOUS PROGRAM, AND WILL PROVIDE MORE THAN 1,500 STUDENTS WITH ASSEMBLY AND CLASSROOM EDUCATION, 65 STUDENTS WITH A FREE BOOSTER SEAT, AND APPROXIMATELY 1,000 PARENTS AND CAREGIVERS WITH INFORMATION ON THE NEW LAW AND THE IMPORTANCE OF BOOSTER SEATS THE PROGRAM IS SCHEDULED TO RUN THROUGH JANUARY OF 2013 FY 2013 PLAN THINKFIRST/SHARP ON SURVIVAL WILL DO THE FOLLOWING * WITH FUNDING SUPPORT FR OM GRANTS, PROVIDE EDUCATIONAL PROGRAMMING AND PRESENTATIONS FOR LOCAL SCHOOLS AND ORGANIZ ATIONS * INCREASE COMMUNITY AWARENESS OF THE PROGRAM THROUGH ATTENDANCE AND PARTICIPATION AT COMMUNITY EVENTS AND HEALTH FAIRS USING GRANT FUNDING * CONTINUE TO EVOLVE PROGRAM CURR ICULA TO MEET THE NEEDS OF HEALTH CAREER PATHWAY CLASSES AS PART OF THE HASPI PARTNERSHIP * CONTINUE TO ADDRESS THE NEEDS OF ELEMENTARY SCHOOL CHILDREN AND THEIR PARENTS BY PROVIDI NG BOOSTER SEAT EDUCATION WITH FUNDING SUPPORT FROM GRANTS * CONTINUE TO PROVIDE COLLEGE S TUDENTS WITH INJURY PREVENTION EDUCATION THROUGH SDSU'S DISABILITY IN SOCIETY COURSE * EXP LORE FURTHER OPPORTUNITIES TO PROVIDE EDUCATION TO HEALTH CARE PROFESSIONALS AND COLLEGE S TUDENTS INTERESTED IN HEALTH CARE CAREERS IDENTIFIED COMMUNITY NEED SPECIAL SUPPORT SERVI CES FOR HOSPICE PATIENTS AND THEIR LOVED ONES AND THE COMMUNITY RATIONALE REFERENCES THE F INDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED

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		RATIONALE * AS PATIENTS AND THEIR LOVED ONES DEAL WITH DEATH AND DYING, MANY EXPERIENCE IN TENSE GRIEF OVER THE LOSS OF LIFE, YET HAVE THE OPPORTUNITY TO EXPERIENCE A PROFOUND TRANS FORMATION A HOSPICE MODEL - COMBINING MEDICAL, SPIRITUAL, EMOTIONAL AND OTHER SUPPORT SER VICES - CAN OFFER MANY PATIENTS AND THEIR FAMILIES ASSISTANCE, INFORMATION AND STRATEGIES RELATED TO BEREAVEMENT, GRIEF AND HEALING * A 2004 JOURNAL OF THE AMERICAN MEDICAL ASSOCI ATION (JAMA) STUDY TITLED, "QUALITY OF END-OF-LIFE CARE AND LAST PLACE OF CARE," EXAMINED 1,578 FAMILY MEMBERS OF PEOPLE WHO DIED IN THE YEAR 2000 OF NON-TRAUMATIC CAUSES FAMILIES WERE ASKED ABOUT THE QUALITY OF PATIENTS' EXPERIENCES AT THE LAST PLACE WHERE THEY SPENT MORE THAN 48 HOURS SIGNIFICANT FINDINGS OF THE STUDY INCLUDE MORE THAN ONE-THIRD OF THOSE CARED FOR BY NURSING HOMES, HOSPITALS AND HOME HEALTH AGENCIES REPORTED EITHER INSUFFICIE NT OR PROBLEMATIC EMOTIONAL SUPPORT FOR THE PATIENT AND/OR FAMILY, COMPARED TO ONE-FIFTH O F THOSE IN HOSPICE (SOURCE JAMA JANUARY 7, 2004) * AS PRESENTED IN THE 2010 CHNA, THE AG ENCY FOR HEALTHCARE RESEARCH AND QUALITY HAS IDENTIFIED COPING WITH THE END OF LIFE AS A C OMPONENT OF ITS NATIONAL HEALTH CARE QUALITY REPORT, A CONCEPTUAL FRAMEWORK FOR MEASURING THE PERFORMANCE IMPROVEMENT OF THE U S HEALTH SYSTEM IN ITS PROVISION OF HIGH-QUALITY CAR E * A STUDY BY THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO) SUGGESTS THA T HOSPICE MAY HAVE A POSITIVE IMPACT ON PATIENTS' LONGEVITY THE STUDY FOUND THAT FOR CERT AIN WELL-DEFINED TERMINALLY ILL POPULATIONS, PATIENTS WHO CHOOSE HOSPICE CARE LIVE AN AVER AGE OF 29 DAYS LONGER THAN SIMILAR PATIENTS WHO DO NOT CHOOSE HOSPICE, ALLOWING PATIENTS A ND THEIR FAMILIES EXTRA TIME FOR RESOLUTION AND CLOSURE AT THE END OF LIFE (CONNER, ET AL , 2007) * ACCORDING TO A 2011 ARTICLE IN THE AMERICAN FAMILY PHYSICIAN JOURNAL (AFPJ), IN THE NEXT FEW DECADES, THE DEMAND FOR FAMILY CAREGIVERS IS EXPECTED TO RISE BY 85 PERCENT FURTHERMORE, FAMILY CAREGIVING HAS BEEN AFFECTED IN SEVERAL IMPORTANT WAYS OVER THE PAST FIVE YEARS CAREGIVERS AND CARE RECIPIENTS ARE OLDER AND HAVE HIGHER LEVELS OF DISABILITY THAN IN YEARS PAST, THE DURATION, INTENSITY AND BURDEN OF CARE HAS INCREASED, THE FINANCIA L COST ASSOCIATED WITH INFORMAL CAREGIVING HAS RISEN, AND THE USE OF PAID FORMAL CARE HAS DECLINED SIGNIFICANTLY * ACCORDING TO A 2010 ARTICLE IN JAMA, WHEN COMPARED WITH NURSING HOMES OR HOME HEALTH NURSING SERVICES, BEREAVED FAMILY MEMBERS REPORT FEWER UNMET NEEDS FO R PAIN AND EMOTIONAL SUPPORT WHEN THE LAST PLACE OF CARE WAS HOSPICE IN ADDITION, LOWER S POUSAL MORTALITY AT 18 MONTHS WAS FOUND AMONG BEREAVED WIVES OF DECEDENTS WHO USED HOSPICE CARE VERSUS THOSE WHO DID NOT MEASURABLE OBJECTIVES * PROVIDE EDUCATION, RESOURCES, COUN SELING AND SUPPORT TO COMMUNITY MEMBERS WITH LIFE-LIMITING ILLNESS AND THEIR LOVED ONES * OFFER EDUCATION AND OUTREACH TO THE SAN DIEGO COMMUNITY CONCERNING HOSPICE AND PALLIATIVE CARE SERVICES WITHIN THE CARE CONTINUUM * DELIVER PROFESSIONAL EDUCATION TO COMMUNITY PHYS ICIANS AND OTHER HEALTH CARE PROFESSIONALS THROUGH INNOVATIVE CARE MODEL DEVELOPMENT * COL LABORATE WITH COMMUNITY, STATE AND NATIONAL ORGANIZATIONS TO DEVELOP AND IMPLEMENT APPROPR IATE SERVICES FOR THE NEEDS OF THE AGING POPULATION FY 2012 REPORT OF ACTIVITIES IN FY 201 2, SHARP HEALTHCARE WAS AWARDED THE AMERICAN HOSPITAL ASSOCIATION'S (AHA) CIRCLE OF LIFE A WARD FOR TRANSITIONS, A HOME-BASED PALLIATIVE CARE PROGRAM PROVIDED BY SHARP HOSPICECARE A ND BUILT ON FOUR PILLARS OF CARE IN-HOME SKILLED CARE, EVIDENCE-BASED PROGNOSTICATION, CA REGIVER SUPPORT AND ADVANCE CARE PLANNING THIS PRESTIGIOUS NATIONAL RECOGNITION IS AWARDE D BY THE AHA TO THREE HEALTH CARE AGENCIES ANNUALLY, AND HONORS INNOVATIVE PROGRAMS IN PAL LIATIVE AND END-OF-LIFE CARE SHARP HOSPICECARE PROVIDES HOSPICE AND PALLIATIVE CARE WITHI N THE SHARP HEALTHCARE CARE CONTINUUM IN FY 2012, KEY SERVICES INCLUDED COMMUNITY AND PRO FESSIONAL EDUCATION, ADVANCE CARE PLANNING, INVOLVEMENT IN COMMUNITY ORGANIZATIONS, VOLUNT EER AND STUDENT TRAINING, THE MEMORY BEAR PROGRAM AND BEREAVEMENT COUNSELING AND SUPPORT THROUGHOUT THE YEAR, SHARP HOSPICECARE OFFERED A VARIETY OF BEREAVEMENT SERVICE OPTIONS IN SPANISH AND ENGLISH, INCLUDING PROFESSIONAL BEREAVEMENT COUNSELING FOR INDIVIDUALS, FAMIL IES AND GROUPS, AS WELL AS EDUCATION, SUPPORT GROUPS AND MONTHLY NEWSLETTER MAILINGS IN F Y 2012, SHARP HOSPICECARE DEVOTED MORE THAN 1,650 HOURS TO HOME, OFFICE AND PHONE CONTACTS MADE TO PATIENTS AND THEIR LOVED ONES, PROVIDING THEM WITH PRE-BEREAVEMENT AND BEREAVEMEN T COUNSELING SERVICES BY PROFESSIONALS WITH SPECIFIC TRAINING IN GRIEF AND LOSS IN FY 201 2, 15 BEREAVEMENT SUPPORT GROUPS, INCLUDING TWO SPANISH-SPEAKING GROUPS, WERE PROVIDED FRE E OF CHARGE AND SERVED 215 PARTICIPANTS THE VARIOUS GROUPS WERE FACILITATED BY SKILLED ME NTAL HEALTH CARE PROFESSIONALS WHO SPECIALIZE IN THE NEEDS OF THE BEREAVED A UNIQUE EVENT ENTITLED HEALING THROUGH THE HOLIDAYS SERVED NEAR

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		LY 130 ADULTS AT FIVE LOCATIONS WITH PRESENTATIONS ON COPING WITH GRIEF DURING THE HOLIDAY SEASON, SPIRITUALITY DURING THE HOLIDAYS AND A FAMILY'S GRIEF JOURNEY THROUGH THE HOLIDAY S IN FURTHER SUPPORT OF BEREAVEMENT COUNSELING, 1,400 PEOPLE RECEIVED 13 MONTHLY ISSUES O F THE BEREAVEMENT SUPPORT NEWSLETTERS, HEALING THROUGH GRIEF (FOR ADULTS) AND JOURNEY TO M Y HEART (FOR CHILDREN UNDER 12 YEARS) IN ADDITION, SHARP HOSPICECARE BEREAVEMENT COUNSELO RS PROVIDED REFERRALS TO NEEDED COMMUNITY SERVICES INCLUDING ONGOING MENTAL HEALTH SERVICE S, FINANCIAL ASSISTANCE, CHILD PROTECTIVE SERVICES, DRUG AND ALCOHOL COUNSELING, PARENT ED UCATION COURSES AND ANGER MANAGEMENT IN AN EFFORT TO SUPPORT BEREAVEMENT NEEDS THROUGHOUT THE SHARP SYSTEM, SHARP HOSPICECARE LED A WORKGROUP COMPRISED OF AN INTERDISCIPLINARY TEA M FROM EACH SHARP ENTITY AS A RESULT OF THEIR EFFORTS, A BEREAVEMENT BOOKLET WAS DEVELOPE D, WHEN YOU LOSE A LOVED ONE, IN ENGLISH AND SPANISH, TO ASSIST FAMILIES WHO HAVE LOST A L OVED ONE UNEXPECTEDLY THE BOOKLET IS PROVIDED TO FAMILIES SERVED THROUGHOUT SHARP, AND FU NCTIONS AS A RESOURCE AND SUPPORT TOOL DURING THEIR TIME OF NEED TO DATE, MORE THAN 1,000 BOOKLETS HAVE BEEN DISTRIBUTED IN FY 2012, SHARP HOSPICECARE PROVIDED COMMUNITY EDUCATIO N AND OUTREACH TO MORE THAN 2,500 PEOPLE AT AN ASSORTMENT OF EDUCATIONAL EVENTS, EXPOS, CO MMUNITY FORUMS AND HEALTH FAIRS AT VARIOUS SITES THROUGHOUT SDC, INCLUDING SERVICE CLUBS, SENIOR CENTERS, RETIREMENT COMMUNITIES, HOME HEALTH AGENCIES, COMMUNITY CENTERS, CHURCHES, LIBRARIES, COLLEGES AND UNIVERSITIES ADVANCE CARE PLANNING (ACP) IS A COMPONENT OF THE T RANSITIONS PROGRAM THAT HAS ALSO BEEN DEVELOPED INTO A FREE COMMUNITY OUTREACH PROGRAM SH ARP HOSPICECARE'S ACP CONSULTANTS ARE AVAILABLE TO MEET WITH COMMUNITY MEMBERS IN GROUPS O R INDIVIDUALLY TO DISCUSS GOALS OF CARE AND HEALTH CARE PREFERENCES, IDENTIFY AN APPROPRIA TE HEALTH CARE AGENT AND COMPLETE AN ADVANCE DIRECTIVE IN FY 2012, THE ACP TEAM PROVIDED 17 PRESENTATIONS TO MORE THAN 400 COMMUNITY MEMBERS THROUGHOUT SDC IN ADDITION, THE SHARP HOSPICECARE INTEGRATIVE THERAPIES TEAM PROVIDED A MONTHLY STRESS MANAGEMENT CLASS CALLED THE POWER OF TOUCH, WHICH TAUGHT RELAXATION TECHNIQUES TO NEARLY 150 FAMILY CAREGIVERS AND THEIR LOVED ONES IN OCTOBER 2011, SHARP HOSPICECARE COLLABORATED WITH SHARP CORONADO HOS PITAL AND HEALTHCARE CENTER (SCHHC) TO HOST AN EVENT ENTITLED THE AGING PLANNING AND COPI NG CONFERENCE AT THE SCHHC SANDERMANN EDUCATION CENTER DURING THE FREE CONFERENCE, MORE T HAN 30 COMMUNITY MEMBERS RECEIVED EDUCATIONAL PRESENTATIONS FROM SHARP PHY SICIANS AND END- OF-LIFE PROFESSIONALS, INCLUDING HEALTH CARE PLANNING THE IMPORTANCE OF MAKING Y OUR WISHE S KNOWN, A QUICK GLANCE AT MEDICARE, COPING WITH STRESS UNDERSTANDING PSY CHOLOGICAL CHALL ENGES OF AGING, AND GERIATRIC FRAILTY SYNDROME UNDERSTANDING THE PHY SIOLOGY OF THE AGING PROCESS IN ADDITION, IN APRIL 2012 SHARP HOSPICECARE AND THE SGH SENIOR RESOURCE CENTER C OORDINATED AN END-OF-LIFE CONFERENCE AT THE LA MESA COMMUNITY CENTER ENTITLED AGING PLANN ING AND COMMUNICATING MORE THAN 100 COMMUNITY MEMBERS ATTENDED THE CONFERENCE TO LEARN AB OUT FUTURE HEALTH CARE PLANNING AND COMMUNICATING THEIR WISHES TO LOVED ONES THE FREE CON FERENCE PROVIDED COMMUNITY RESOURCES FROM HEALTH AND SENIOR SERVICE AGENCIES, AS WELL AS P RESENTATIONS FROM SHARP HOSPICECARE LEADERSHIP AND COMMUNITY HEALTH EXPERTS

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		THE SHARP HOSPICECARE LEADERSHIP TEAM PROVIDED EDUCATION TO PHYSICIANS, CASE MANAGERS, NURSES AND OTHER HEALTH CARE PROFESSIONALS AT LOCAL AND NATIONAL CONFERENCES, INCLUDING THE CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION (CHAPCA) CONFERENCE, THE NHPCO LEADERSHIP CONFERENCE AND THE AMERICAN HOSPITAL ASSOCIATION COMMITTEE ON PERFORMANCE IMPROVEMENT PRESENTATIONS INCLUDED AVOIDING AVOIDABLE CARE, UNDERSTANDING GERIATRIC FRAILTY, DEVELOPING A CONCURRENT PALLIATIVE CARE PROGRAM IN AN ACCOUNTABLE CARE ORGANIZATION (ACO) MODEL, TRANSFORMING LATE STAGE DISEASE MANAGEMENT, ADVANCE CARE PLANNING AND EVIDENCE-BASED NURSING HOME CARE IN NOVEMBER 2011, SHARP HOSPICECARE HOSTED ITS SIXTH ANNUAL CONFERENCE FOR SAN DIEGO END-OF-LIFE PROFESSIONALS ENTITLED CARING FOR END-OF-LIFE PATIENTS IN THE AGE OF HEALTH CARE REFORM THE CONFERENCE FEATURED A NATIONALLY RENOWNED EXPERT IN HOSPICE AND PALLIATIVE CARE AND PROVIDED MORE THAN 200 MEMBERS OF THE PROFESSIONAL HEALTH CARE COMMUNITY WITH AN IN-DEPTH PERSPECTIVE ON HOW CAREGIVER CORE VALUES INFLUENCE CARE AND TREATMENT AT THE END OF LIFE IN ADDITION, THE CONFERENCE PROVIDED ATTENDEES THE OPPORTUNITY TO EXAMINE HEALTH CARE REFORM GUIDELINES FOR HOSPICE AND PALLIATIVE CARE IN JUNE 2012, APPROXIMATELY 250 COMMUNITY HEALTH CARE PROFESSIONALS ATTENDED THE SHARP HOSPICECARE RESOURCE & EDUCATION EXPO AT COLLEGE AVENUE BAPTIST CHURCH THE EXPO FEATURED RESOURCE EXHIBITS BY MORE THAN 40 COMMUNITY HEALTH AGENCIES SUPPORTING END-OF-LIFE CARE, AS WELL AS SEVERAL PRESENTATIONS FROM COMMUNITY SPEAKERS PRESENTATIONS INCLUDED NAVIGATING THE CANCER JOURNEY, DONATION - FACTS VS MYTHS, PERSONAL SAFETY FOR THE HEALTHCARE PROVIDER AND PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT PARADIGM (POLST) FOR SPECIAL POPULATIONS IN ADDITION, SHARP HEALTH CARE PROVIDED PRESENTATIONS ENTITLED MANAGING YOUR PERSONAL POWER, INJURY PREVENTION, NURSING SKILLS AND COMPETENCY, AND DELIVERING ON OUR BRAND PROMISE, WHILE SHARP HOSPICECARE LEADERSHIP PROVIDED THE EXPO'S KEYNOTE ADDRESS SHARP HOSPICECARE ALSO COLLABORATED WITH A VARIETY OF LOCAL NETWORKING GROUPS AND COMMUNITY-ORIENTED AGENCIES TO PROVIDE CAREGIVER CLASSES, END-OF-LIFE PROGRAMS, ADVANCE CARE PLANNING SEMINARS AND WEB PRESENTATIONS FOR CONSUMERS AND HEALTH CARE PROFESSIONALS EDUCATIONAL PRESENTATIONS IN FY 2012 INCLUDED INTRODUCTION TO HOSPICE, BIOETHICS, HOSPICE AND PALLIATIVE CARE, HOSPICE AND DEMENTIA, TRANSITIONS AND ONCOLOGY AND ADVANCE CARE PLANNING SHARP HOSPICECARE CONTINUES TO MAINTAIN ACTIVE RELATIONSHIPS AND LEADERSHIP ROLES WITH NATIONAL ORGANIZATIONS INCLUDING NHPCO AND CHAPCA, AND LOCAL ORGANIZATIONS INCLUDING THE HOSPICE AND PALLIATIVE NURSES ASSOCIATION SAN DIEGO CHAPTER (HPNA), SAN DIEGO COUNTY COUNCIL ON AGING (SDCCOA), SAN DIEGO REGIONAL HOME CARE COUNCIL (RHCC) AND SAN DIEGO COUNTY COALITION FOR IMPROVING END OF LIFE CARE SHARP HOSPICECARE PROVIDED EXTENSIVE TRAINING FOR MORE THAN 70 NEW VOLUNTEERS IN FY 2012 VOLUNTEERS UNDERWENT A RIGOROUS 32-HOUR TRAINING PROGRAM TO CONFIRM THEIR UNDERSTANDING OF AND COMMITMENT TO HOSPICE CARE IN FY 2012, MORE THAN 190 NEW AND RETURNING SHARP HOSPICECARE VOLUNTEERS SERVED AS PART OF THE HOSPICE INTERDISCIPLINARY TEAM VOLUNTEERS DEVOTED MORE THAN 14,200 HOURS TO THE SHARP HOSPICECARE TEAM, INCLUDING MORE THAN 6,300 HOURS OF DIRECT PATIENT CARE AND NEARLY 7,900 HOURS OF CLERICAL AND ADMINISTRATIVE SUPPORT SHARP HOSPICECARE ALSO COORDINATED A VOLUNTEER-RUN WIG DONATION PROGRAM FOR COMMUNITY MEMBERS WHO SUFFER FROM HAIR LOSS DURING FY 2012, SHARP HOSPICECARE AND ITS VOLUNTEERS MET WITH 37 INDIVIDUALS AND PROVIDED APPROXIMATELY 75 WIGS SHARP HOSPICECARE SUPPORTED ITS VOLUNTEERS BY PROVIDING A MONTHLY VOLUNTEER SUPPORT GROUP AND RECOGNIZED THEIR VALUABLE CONTRIBUTION DURING NATIONAL VOLUNTEER MONTH AND NATIONAL HOSPICE MONTH THE MEMORY BEAR PROGRAM, A COMPONENT OF THE VOLUNTEER PROGRAM, PROVIDES A UNIQUE KEEPSAKE FOR FAMILY MEMBERS BY MAKING TEDDY BEARS FROM GARMENTS OF THE LOVED ONE WHO HAS PASSED ON FOR SURVIVING FAMILY MEMBERS, THESE BEARS BECOME PERMANENT REMINDERS OF THEIR LOVED ONES IN FY 2012, SHARP HOSPICECARE VOLUNTEERS, WHO HANDCRAFT ALL BEARS, DEVOTED MORE THAN 5,600 HOURS TO CRAFT NEARLY 950 BEARS FOR MORE THAN 280 FAMILIES THE SHARP HOSPICECARE TEEN VOLUNTEER PROGRAM TRAINED 18 TEENAGERS (14 TO 18 YEARS OLD) DURING FY 2012 THE TEEN PROGRAM SPECIALIZES IN HELPING TO CREATE FAMILY VIDEOS, HOWEVER, TEENS ARE ALSO ASSIGNED SPECIAL PROJECTS IN THE OFFICE OR PATIENT ASSIGNMENTS AT SHARP HOSPICECARE'S LAKEVIEW AND PARKVIEW HOMES SHARP HOSPICECARE ALSO HOSTED A STUDENT VOLUNTEER FROM SAN DIEGO METROPOLITAN REGIONAL & TECHNICAL HIGH SCHOOL DURING FY 2012 THE STUDENT SPENT TIME IN BOTH SHARP HOSPICECARE'S ADMINISTRATIVE OFFICE AND A SHARP HOSPICECARE HOME, AND EXPERIENCED HOSPICE CARE THROUGH CASE CONFERENCES, INTERDISCIPLINARY TEAM (IDT) MEETINGS AND A VARIETY OF OTHER TASKS IN ADDITION, SHARP HOSPICECARE'S LAKEVIEW AND PARKVIEW HOMES SERVED AS TRAINING SITES FOR APPR

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		OXIMATELY 30 SDSU NURSING STUDENTS DURING THE 2011 FALL SEMESTER EACH STUDENT SPENT AN EI GHT-HOUR DAY SHADOWING AND LEARNING FROM THE HIGHLY SKILLED AND COMPASSIONATE NURSING STAF F AT EACH OF THE HOMES IN FY 2012, SHARP HOSPICECARE STAFF PROVIDED A LECTURE ON HOSPICE CARE SERVICES AND THE IMPORTANCE OF ADVANCE CARE PLANNING TO 20 SDSU NURSING STUDENTS, AND A LECTURE ENTITLED PROVIDING HOME HEALTH SERVICES AT A HOSPICE FACILITY TO 15 CERTIFIED N URSING ASSISTANT (CNA) STUDENTS FROM GROSSMONT COLLEGE. IN ADDITION, SHARP HOSPICECARE PRO VIDED TRAINING AND SUPERVISION TO 15 PREMEDICAL STUDENTS THROUGH THE PRE-PROFESSIONAL PROG RAM AT SDSU FY 2013 PLAN SHARP HOSPICECARE WILL DO THE FOLLOWING * CONTINUE TO PROVIDE P ROFESSIONAL EDUCATION ON HOSPICE-RELATED TOPICS TO COMMUNITY MEMBERS, STUDENTS AND OTHER H EALTH CARE PROFESSIONALS * PROVIDE COMMUNITY EDUCATION AND RESOURCE SERVICES * CONDUCT OUT REACH ACTIVITIES TO COMMUNITY GROUPS, HEALTH CARE FACILITIES, COLLEGES AND UNIVERSITIES * CONTINUE TO PROVIDE TRAINING OPPORTUNITIES FOR NURSING STUDENTS AND INTERNS * PROVIDE AN E ND-OF-LIFE LEARNING ENVIRONMENT IN COMMUNITY-BASED HOSPICE HOMES * OFFER INDIVIDUAL AND FA MILY BEREAVEMENT COUNSELING AND SUPPORT GROUPS * PROVIDE 13 MAILINGS OF BEREAVEMENT SUPPOR T NEWSLETTERS * PROVIDE VOLUNTEER TRAINING PROGRAMS FOR AT LEAST 75 ADULTS AND TEENS * OFF ER A MEMORY BEAR PROGRAM TO SERVE 250 FAMILIES IDENTIFIED COMMUNITY NEED COLLABORATION WI TH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS RATIONALE REFERENCES THE FINDI NGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMM UNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * THE DEMAND FOR REGISTERED NURSES AND OTHER HEALTH CARE PERSONNEL IN THE UNITED STATES WILL CONTINUE TO RISE WITH TH E GROWING HEALTH CARE NEEDS OF THE 78 MILLION BABY BOOMERS THAT BEGAN TO RETIRE IN 2010 T HE DHHS ESTIMATES THAT BY 2020, THERE WILL BE A NEED FOR 2 8 MILLION NURSES, 1 MILLION MOR E 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 HEALTHCARE SHORTAGE AREAS ATLAS FROM THE COUNTY OF SAN DIEGO HHSA, SDC IS ONE OF 27 COUNTIES IN CALIFORNIA LISTED A S A REGISTERED NURSE SHORTAGE AREA * THE DOL REPORTS THAT ALLIED HEALTH PROFESSIONS REPRE SENT ABOUT 60 PERCENT OF THE AMERICAN HEALTH CARE WORK FORCE AND PROJECTS SEVERE SHORTAGES OF MANY ALLIED HEALTH CARE PROFESSIONALS (DOL, 2010) * ACCORDING TO THE SAN DIEGO WORKFO RCE PARTNERSHIP 2011 REPORT TITLED HEALTHCARE WORKFORCE DEVELOPMENT IN SDC RECOMMENDATION S FOR CHANGING TIMES, HEALTH CARE OCCUPATIONS THAT WILL BE IN HIGHEST DEMAND IN THE NEXT T HREE TO FIVE YEARS INCLUDE PHY SICAL THERAPISTS, MEDICAL ASSISTANTS, OCCUPATIONAL THERAPIST S, REGISTERED NURSES, MEDICAL RECORD AND HEALTH INFORMATION TECHNICIANS, RADIOLOGIC TECHNO LOGISTS AND TECHNICIANS, PHARMACISTS, AND MEDICAL AND CLINICAL LABORATORY TECHNOLOGISTS * ACCORDING TO THE SAN DIEGO WORKFORCE PARTNERSHIP, DESPITE THE GROWING DEMAND FOR HEALTH C ARE WORKERS, EMPLOYERS EXPRESS AN "EXPERIENCE GAP" AMONG RECENT GRADUATES AS A CHALLENGE T O FILLING OPEN POSITIONS WHILE NEW GRADUATES OFTEN POSSESS THE REQUISITE ACADEMIC KNOWLED GE TO BE HIRED, THEY LACK NECESSARY REAL WORLD EXPERIENCE * THE SAN DIEGO WORKFORCE PARTN ERSHIP RECOMMENDS PROGRAMS THAT PROVIDE VOLUNTEER EXPERIENCES TO HIGH SCHOOL AND POST-SECO NDARY STUDENTS, AS ON-THE-JOB TRAINING COULD PROVIDE REAL WORLD EXPERIENCE FOR WORKERS PR OGRAMS THAT TARGET UNDERREPRESENTED GROUPS AND DISADVANTAGED STUDENTS COULD HELP INCREASE THE NUMBER OF CULTURALLY COMPETENT HEALTH CARE WORKERS MEASURABLE OBJECTIVE * IN COLLABOR ATION WITH LOCAL SCHOOLS, COLLEGES AND UNIVERSITIES, OFFER OPPORTUNITIES FOR STUDENTS TO E XPLORE A VAST ARRAY OF HEALTH CARE PROFESSIONS

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		FY 2012 REPORT OF ACTIVITIES IN COLLABORATION WITH GROSSMONT UNION HIGH SCHOOL DISTRICT (G UHSD), SGH PARTICIPATED IN THE HEALTH-CAREERS EXPLORATION SUMMER INSTITUTE (HESI), PROVIDI NG 12 STUDENTS WITH OPPORTUNITIES FOR CLASSROOM INSTRUCTION, JOB SHADOWING OBSERVATIONS AN D LIMITED HANDS-ON EXPERIENCES IN HOSPITAL DEPARTMENTS AT THE CONCLUSION OF THE PROGRAM, STUDENTS PRESENTED THEIR EXPERIENCES AS CASE STUDIES TO FAMILY MEMBERS, EDUCATORS AND HOSP ITAL STAFF THOSE COMPLETING THE PROGRAM RECEIVED HIGH SCHOOL CREDITS EQUAL TO TWO SUMMER SCHOOL SESSIONS IN FY 2012, HESI STUDENTS SPENT APPROXIMATELY 1,344 HOURS ON THE SGH CAMP US SGH ALSO CONTINUED ITS PARTICIPATION IN THE HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (H SHMC) PROGRAM IN FY 2012, PROVIDING EARLY PROFESSIONAL DEVELOPMENT FOR 142 STUDENTS FROM A BROAD ARRAY OF BACKGROUNDS IN GRADES NINE THROUGH 12 STUDENTS SPENT A TOTAL OF APPROXIMA TELY 42,000 HOURS WITH AN ESTIMATED 50 HEALTH PROFESSIONALS IN 33 DIFFERENT DEPARTMENTS AN D NURSING AREAS, AND WERE IN DIRECT CONTACT WITH HEALTH CARE PROFESSIONALS THROUGHOUT THE HOSPITAL DURING EACH SEMESTER, STUDENTS WERE SUPERVISED IN DIFFERENT LEVELS OF THE HSHMC PROGRAM AS THEY ROTATED THROUGH INSTRUCTIONAL PODS IN AREAS SUCH AS NURSING, OBSTETRICS, O CCUPATIONAL AND PHYSICAL THERAPY, BEHAVIORAL HEALTH, SURGICAL INTENSIVE CARE UNIT (SICU), MEDICAL INTENSIVE CARE UNIT (MICU), IMAGING, ENGINEERING, REHABILITATION, LABORATORY, PHAR MACY, PULMONARY, CARDIAC SERVICES AND FOOD SERVICES IN MAY 2012, THE HSHMC PROGRAM GRADUA TED ITS SECOND FULL CLASS OF STUDENTS LEVEL I OF THE HSHMC PROGRAM IS THE ENTRY LEVEL FOR ALL STUDENTS AND IS CONDUCTED OVER A 16-WEEK PERIOD FOR FY 2012, 51 NINTH-GRADERS SHADOW PRIMARILY IN NON-NURSING AREAS OF THE HOSPITAL, INCLUDING PHYSICAL THERAPY, FOOD SERVICES , LABORATORY, CARDIAC SERVICES, IMAGING, PHYSICIAN OFFICES, PULMONARY, PHARMACY AND RADIAT ION THERAPY IN FY 2012, NINTH-GRADERS SPENT A GREATER LENGTH OF TIME WITHIN EACH DEPARTME NT IN ORDER TO MORE FULLY EXPERIENCE DIFFERENT CLINICAL AREAS OF THE HOSPITAL, AND IN TOTA L DEVOTED 6,853 HOURS TO THE PROGRAM LEVEL II OF THE HSHMC PROGRAM OFFERS PATIENT INTERAC TION, WHERE STUDENTS ARE TRAINED IN TENDER LOVING CARE (TLC) FUNCTIONS AND THEN PAIRED WIT H A CNA ON NURSING FLOORS STUDENTS WERE ABLE TO VIEW THE CNA CONDUCT PATIENT AMBULATION, PERSONAL HYGIENE, ETC IN FY 2012, FIFTY-EIGHT 10TH GRADERS, TWENTY-THREE 11TH GRADERS AND TEN 12TH GRADERS PARTICIPATED IN THE LEVEL II TLC PROGRAM, EXPERIENCING COLLEGE-LEVEL CLI NICAL ROTATIONS, TLC FUNCTION PATIENT CARE AND MENTORING STUDENTS WERE PLACED IN A NEW AS SIGNMENT EVERY FOUR TO SIX WEEKS TO VIEW A VARIETY OF PATIENT CARE EXPERIENCES, AND ALSO T OOK ADDITIONAL HEALTH-RELATED COURSEWORK AT SAN DIEGO MESA COLLEGE, INCLUDING ANATOMY, PHY SIOLOGY, MEDICAL TERMINOLOGY AND HUMAN BEHAVIOR COURSES IN FY 2012 12TH GRADERS CONTINUED TO RECEIVE TRAINING IN FIRST TOUCH(R) - THE PATIENT-CENTERED MODEL OF CARE PROVIDED BY SG H TO HELP EASE PATIENT ANXIETY AND INCREASE TRUST IN THEIR CAREGIVER IN ADDITION, SGH STA FF PROVIDED HSHMC STUDENTS INSTRUCTION ON EDUCATIONAL REQUIREMENTS, CAREER LADDER DEVELOPM ENT AND JOB REQUIREMENTS AT THE END OF THE ACADEMIC YEAR, SGH STAFF PROVIDED HSHMC STUDEN TS, THEIR LOVED ONES, COMMUNITY LEADERS AND HOSPITAL MENTORS A SYMPOSIUM THAT SHOWCASED TH E LESSONS LEARNED THROUGHOUT THE PROGRAM ALSO IN FY 2012, SGH PROVIDED MORE THAN 820 STUD ENTS FROM COLLEGES AND UNIVERSITIES THROUGHOUT SAN DIEGO WITH VARIOUS PLACEMENT AND PROFES SIONAL DEVELOPMENT OPPORTUNITIES THROUGHOUT THE ACADEMIC YEAR, MORE THAN 615 NURSING STUD ENTS SPENT MORE THAN 82,000 HOURS AT SGH, INCLUDING BOTH TIME SPENT BOTH IN CLINICAL ROTAT IONS AND INDIVIDUAL PRECEPTOR TRAINING AMONG THE NURSING PROGRAMS, ACADEMIC PARTNERS INCL UDED SDSU, PLNU, UNIVERSITY OF SAN DIEGO, NATIONAL UNIVERSITY, CALIFORNIA STATE UNIVERSITY -SAN MARCOS, AND KAPLAN COLLEGE ALLIED HEALTH STUDENTS SPENT NEARLY 41,000 HOURS ON THE S HARP GROSSMONT HOSPITAL CAMPUS, AND CAME FROM ACADEMIC INSTITUTIONS THROUGHOUT SAN DIEGO I NCLUDING GROSSMONT COLLEGE, EMSTA COLLEGE, PALOMAR COLLEGE, SAN DIEGO MESA COLLEGE, NU, US C AND SDSU, AMONG OTHERS ADDITIONALLY, SGH AND SHARP MEMORIAL HOSPITAL HAVE PARTNERED TO PROVIDE ONE OF ONLY TWO NEW MOBILE INTENSIVE CARE NURSE (MICN) TRAINING PROGRAMS IN SDC T OGETHER, THE HOSPITALS OFFER AN EXTENSIVE SIX-WEEK TRAINING PROGRAM - OPEN TO ANY SAN DIEG O BASE STATION EMERGENCY NURSE - THREE TO FOUR TIMES A YEAR PARTICIPANTS RECEIVED CERTIFI CATION THROUGH COUNTY EMERGENCY MEDICAL SERVICES (EMS) UPON SUCCESSFUL COMPLETION OF A 48- HOUR CLASSROOM COMPONENT, A PASSING SCORE OF 85 PERCENT OR HIGHER ON THE COUNTY EMS FINAL EXAMINATION OF SDC PROTOCOLS, AND COMPLETION OF MANDATORY RIDE-ALONG HOURS IN A PARAMEDIC UNIT FY 2013 PLAN SGH WILL DO THE FOLLOWING * IN COLLABORATION WITH GUHSD, PARTICIPATE I N THE HESI * EXPAND INTEGRATION OF FIRST TOUCH PROGRAM INTO 10TH, 11TH AND 12TH GRADES * C ONTINUE TO TRACK AND REPORT OUTCOMES OF HSHMC STUD

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		ENTS AND GRADUATES TO PROMOTE LONG-TERM PROGRAM SUSTAINABILITY * CONTINUE TO PROVIDE INTER NSHIP AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES TO COLLEGE AND UNIVERSITY STUDENTS THROUG HOUT SAN DIEGO IDENTIFIED COMMUNITY NEED SUPPORT DURING THE TRANSITION OF CARE PROCESS FO R HIGH-RISK, UNDERSERVED AND UNDERFUNDED PATIENTS RATIONALE REFERENCES THE FINDINGS OF THE 2010 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEAL TH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * HEALTH CARE ACCESS AND DELIVERY WER E IDENTIFIED AS THE MOST IMPORTANT OVERARCHING HEALTH ISSUES (WHEN CONSIDERING A TOTAL OF FOUR OVERARCHING HEALTH ISSUES) IN THE 2010 CHNA * ACCORDING TO THE 2010 CHNA, 22 2 PERCE NT OF THOSE 18 TO 64 YEARS OF AGE IN THE COUNTY'S EAST REGION ARE UNINSURED PERSONS MOST LIKELY TO BE UNINSURED IN THE EAST REGION INCLUDE LATINOS (63 3 PERCENT), THOSE AGES 18 TO 24 YEARS (52 5 PERCENT), AND THOSE UNDER 100 PERCENT OF THE FEDERAL POVERTY LEVEL (71 8 P ERCENT) * ACCORDING TO DATA COLLECTED BY THE GROSSMONT HOSPITAL CORPORATION FOR FY 2010 O PERATING AND CAPITAL BUDGET, THE OVERALL EAST COUNTY UNINSURED POPULATION WAS 14 5 PERCENT , WITH AN EXPECTED PROJECTED GROWTH OF 10 PERCENT THE AVERAGE UNEMPLOY MENT RATE IN THE CI TIES OF EL CAJON, LA MESA, LAKESIDE, LEMON GROVE, SANTEE, AND SPRING VALLEY WAS 11 3 PERCE NT (LABOR MARKET INFORMATION, STATE OF CALIFORNIA EMPLOY MENT DEVELOPMENT DEPARTMENT) * AC CORDING TO THE BUREAU OF LABOR STATISTICS, 43 9 PERCENT OF UNEMPLOY ED PERSONS NATIONALLY, REMAINED SO FOR 27 WEEKS OR GREATER * ACCORDING TO THE 2010 CHNA, IN THE COUNTY'S EAST RE GION FOR THOSE 18 TO 64 YEARS OF AGE, THE MOST COMMON SOURCES OF HEALTH INSURANCE COVERAGE INCLUDE EMPLOY MENT-BASED COVERAGE (62 4 PERCENT) AND PUBLIC PROGRAMS (12 PERCENT) * THE COST OF LIVING IN CALIFORNIA IS 35 PERCENT ABOVE THE U S AVERAGE, WITH HEALTH SPENDING PE R CAPITA IN CALIFORNIA GROWING BY 5 9 PERCENT BETWEEN 1994 TO 2004 (CHA SPECIAL REPORT, OC TOBER 2011) * ACCORDING TO THE 2010 CHNA, BY THE YEAR 2020, THE COUNTY'S EAST REGION IS P ROJECTED TO GROW BY 8 8 PERCENT OVERALL, INCLUDING A 20 PERCENT GROWTH AMONG AFRICAN-AMERI CANS, ASIANS AND LATINOS, AND A 43 PERCENT GROWTH AMONG PERSONS AGED 65 YEARS OR OLDER * ACCORDING TO THE 2010 CHNA, DEMAND FOR EMERGENCY DEPARTMENT SERVICES IN THE SDC INCREASED BY 11 9 PERCENT, FROM 582,129 TO 651,595 VISITS, BETWEEN 2006 AND 2009 * IN FY 2010, SGH DISCHARGED 10,213 UNFUNDED OR UNDERFUNDED INPATIENTS AND TREATED A TOTAL OF 121,354 UNFUND ED OR UNDERFUNDED PATIENTS * IN 2010, CALIFORNIA HOSPITALS PROVIDED MORE THAN $12 5 BILLI ON IN UNCOMPENSATED CARE (CHA SPECIAL REPORT, OCTOBER 2011) * IN 2010, THE HEALTH INSURAN CE BENEFITS AVAILABLE UNDER THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) COS T A SINGLE PERSON IN CALIFORNIA BETWEEN $375 TO $470 PER MONTH, FOR A FAMILY OF THREE OR M ORE IN CALIFORNIA, COBRA COSTS RANGED FROM $1,123 TO $1,406 51 PER MONTH THESE RATES REPR ESENT ANYWHERE FROM 20 TO 78 PERCENT OF A PERSON'S INCOME (2010 COBRA SELF-PAY RATES, MOTI ON PICTURE INDUSTRY PENSION & HEALTH PLANS) * COMMUNITY CLINICS IN SDC HAVE EXPERIENCED R ISING RATES OF PRIMARY CARE CLINIC UTILIZATION ACCORDING TO THE 2010 CHNA, THE NUMBER OF PERSONS UTILIZING THE CLINICS INCREASED BY 14 4 PERCENT BETWEEN 2008 AND 2009

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		MEASURABLE OBJECTIVES * CONNECT HIGH-RISK PATIENTS AND COMMUNITY MEMBERS TO COMMUNITY RE SOURCES AND ORGANIZATIONS FOR LOW-COST MEDICAL EQUIPMENT, HOUSING OPTIONS AND FOLLOW-UP CA RE * ASSIST HIGH-RISK, UNDERFUNDED PATIENTS WITH ACCESS TO DURABLE MEDICAL EQUIPMENT (DME) * ASSIST ECONOMICALLY DISADVANTAGED INDIVIDUALS THROUGH TRANSPORTATION AND PHARMACEUTICAL ASSISTANCE * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE FOLLOW-UP MEDICAL CARE, FINANCIAL ASSISTANCE, PSYCHIATRIC AND SOCIAL SERVICES TO CHRONICALLY HOMELESS INDIVIDUALS * ESTABLISH A FOLLOW-UP PROGRAM TO SUPPORT UNDERSERVED PATIENTS WITH COMPLEX MEDICAL NEEDS WHO ARE AT HIGH RISK FOR READMISSION AFTER TRANSITION FROM HOSPITAL TO HOME FY 2012 REPOR T OF ACTIVITIES IN FY 2012 SGH CONTINUED TO PROVIDE POST-ACUTE CARE FACILITATION FOR HIGH- RISK PATIENTS, INCLUDING INDIVIDUALS WHO WERE HOMELESS OR WITHOUT A SAFE HOME ENVIRONMENT INDIVIDUALS RECEIVED REFERRALS TO AND ASSISTANCE FROM A VARIETY OF LOCAL RESOURCES AND OR GANIZATIONS THAT PROVIDED SUPPORT WITH TRANSPORTATION, PLACEMENT, MEDICAL EQUIPMENT, MEDIC ATIONS, AS WELL AS OUTPATIENT DIALYSIS AND NURSING HOME STAYS SGH REFERRED HIGH-RISK PATI ENTS, FAMILIES AND COMMUNITY MEMBERS TO CHURCHES, SHELTERS AND OTHER COMMUNITY RESOURCES F OR FOOD, SAFE SHELTER AND OTHER RESOURCES FOR UNEMPLOYED AND UNDERFUNDED PATIENTS, OR FOR THOSE WHO SIMPLY CANNOT AFFORD THE EXPENSE OF A WHEELCHAIR, WALKER OR CANE DUE TO A FIXED INCOME, SGH HAS COMMITTED TO IMPROVING ACCESS TO DME FOR HIGH-RISK PATIENTS UPON DISCHARG E SGH CASE MANAGERS ACTIVELY RECRUIT DME DONATIONS FROM THE COMMUNITY IN ORDER TO PROVIDE FOR PATIENTS IN NEED IN FY 2012, SGH STAFF PARTICIPATED IN THE SUMMER HEALTHCARE SATURDA Y EVENT AT GROSSMONT CENTER AND PROVIDED EDUCATION TO COMMUNITY MEMBERS ABOUT THE IMPORTAN CE OF DME, THE IMPACT OF DME FOR THOSE IN NEED, AS WELL AS THE GUIDELINES FOR DONATION AL SO IN FY 2012 SGH BEGAN INCLUDING INFORMATION ON DME IN THE PRE-RECORDED MESSAGE THAT CALL ERS TO SGH HEAR WHEN THEY ARE PLACED ON HOLD SGH CASE MANAGERS AND SOCIAL WORKERS PROVIDE AND TRACK DME ITEMS TO PATIENTS WHO ARE UNINSURED, UNDERINSURED OR WHO ARE OTHERWISE UNAB LE TO AFFORD THE EQUIPMENT REQUIRED TO KEEP THEM SAFE AND HEALTHY TO ASSIST ECONOMICALLY DISADVANTAGED INDIVIDUALS, IN FY 2012 SGH PROVIDED MORE THAN $158,000 IN FREE MEDICATIONS, TRANSPORTATION, LODGING AND FINANCIAL ASSISTANCE THROUGH ITS PROJECT HELP FUNDS THESE FU NDS ASSISTED MORE THAN 4,000 INDIVIDUALS IN FY 2012 IN ADDITION, SGH PHARMACISTS ASSISTED MORE THAN 200 ECONOMICALLY DISADVANTAGED PATIENTS WITH VARIOUS OUTPATIENT PRESCRIPTIONS V ALUED AT APPROXIMATELY $160,000 IN FY 2012, SGH CONTINUED TO COLLABORATE WITH COMMUNITY O RGANIZATIONS TO PROVIDE SERVICES TO CHRONICALLY HOMELESS PATIENTS THROUGH ITS COLLABORATI ON WITH THE SAN DIEGO RESCUE MISSION, SGH DISCHARGED CHRONICALLY HOMELESS PATIENTS TO THE RESCUE MISSION'S RECUPERATIVE CARE UNIT THIS PROGRAM ALLOWS CHRONICALLY HOMELESS PATIENTS TO RECEIVE FOLLOW-UP CARE THROUGH SGH IN A SAFE SPACE, AND ALSO PROVIDES PSYCHIATRIC CARE , SUBSTANCE ABUSE COUNSELING AND GUIDANCE FROM THE RESCUE MISSION'S PROGRAMS IN ORDER TO H ELP THESE PATIENTS GET BACK ON THEIR FEET ADDITIONALLY, SGH CONTINUED ITS PARTNERSHIP WIT H FATHER JOE'S VILLAGES TO SUPPORT PROJECT SOAR THIS PROJECT IS DESIGNED TO FACILITATE AN D EXPEDITE THE PROCESSING OF SOCIAL SECURITY AND DISABILITY APPLICATIONS FOR HOMELESS INDI VIDUALS WITH URGENT HEALTH ISSUES WITH ASSISTANCE FROM SGH CASE MANAGERS, ELIGIBLE HOMELE SS PATIENTS ARE TRANSITIONED TO PROJECT SOAR IN ORDER TO ENSURE THEY OBTAIN TIMELY ACCESS TO INCOME AND MEDICAL CARE BENEFITS SGH ALSO WORKS WITH GARDNER GROUP TO ASSIST HIGH-RISK PATIENTS IN THEIR HOME WITH THE COMPLETION OF ENROLLMENT FORMS FOR GOVERNMENT ASSISTANCE PROGRAMS IN ADDITION, IN FY 2012 SGH PILOTED THE CARE TRANSITIONS INTERVENTION PROGRAM (C TI) FOR ITS MEDICARE PATIENTS IN NEED CTI IS A FOUR-WEEK EVIDENCE-BASED PROGRAM, SUPPORTI NG UNDERSERVED PATIENTS WITH COMPLEX MEDICAL NEEDS WHO ARE AT HIGH RISK FOR READMISSION AF TER TRANSITION FROM THE HOSPITAL TO THEIR HOMES THE PROGRAM INCLUDES EDUCATION PROVIDED B Y ONE HOSPITAL AND ONE HOME VISIT, AS WELL AS A SERIES OF FOLLOW-UP PHONE CALLS BY A TRAIN ED RN TRANSITION COACH USING THE COLEMAN CARE TRANSITIONS(R) MODEL IN THIS MODEL, THE TRA NSITION COACH PROVIDES PATIENT COACHING AND MOTIVATIONAL INTERVIEWING TECHNIQUES TO HELP I MPROVE PATIENT SELF-MANAGEMENT SKILLS TOPICS COVERED INCLUDE INFORMATION ABOUT MEDICATION S, DIET AND OTHER DISCHARGE ORDERS, AS WELL AS HOW TO IDENTIFY PROBLEMS EARLY ON TO AVOID COSTLY AND UNNECESSARY TRIPS TO THE ED THROUGH THIS PROGRAM, PATIENTS WITH CHRONIC HEALTH CONDITIONS DEVELOP IMPROVED CAPACITY IN THE AREAS OF MEDICATION MANAGEMENT, PERSONAL HEAL TH RECORD MAINTENANCE, KNOWLEDGE OF "RED FLAGS," AND FOLLOW-UP CARE WITH PRIMARY CARE PROV IDERS AND SPECIALISTS IN FY 2012, 34 PATIENTS WERE ENROLLED IN THE CTI PROGRAM FY 2013 P LAN SGH WILL DO THE FOLLOWING * CONTINUE TO PROVI

Identifier	Return Reference	Explanation
		DE POST-ACUTE CARE FACILITATION TO HIGH-RISK PATIENTS * CONTINUE AND EXPAND THE DME DONATI ONS PROJECT TO IMPROVE ACCESS TO NECESSARY MEDICAL EQUIPMENT FOR HIGH-RISK PATIENTS WHO CA NNOT AFFORD DME * CONTINUE TO ADMINISTER PROJECT HELP FUNDS TO THOSE IN NEED * CONTINUE TO COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE MEDICAL CARE, FINANCIAL ASSISTANCE, P SYCHIATRIC AND SOCIAL SERVICES TO CHRONICALLY HOMELESS PATIENTS * WITH FEDERAL FUNDING, EX PAND THE CTI PROGRAM TO ALL OF SHARP HEALTHCARE'S ACUTE CARE HOSPITALS, AND FURTHER EXPAND THE PROGRAM TO INCLUDE COMMUNITY AGENCIES AND OTHER LOCAL HEALTH CARE PROVIDERS AND HOSPI TALS SGH PROGRAM AND SERVICE HIGHLIGHTS * 24-HOUR EMERGENCY SERVICES WITH HELIPORT AND PAR AMEDIC BASE STATION - DESIGNATED STEMI CENTER * ACUTE CARE * AMBULATORY CARE SERVICES, INC LUDING INFUSION THERAPY * BEHAVIORAL HEALTH UNIT * BREAST HEALTH CENTER, INCLUDING MAMMOGR APHY * CARDIAC SERVICES, RECOGNIZED BY THE AMERICAN HEART ASSOCIATION - GWTG * CARDIAC TRA INING CENTER * CT SCAN * DAVID AND DONNA LONG CENTER FOR CANCER TREATMENT * EEG AND EKG * ENDOSCOPY UNIT * GROSSMONT PLAZA OUTPATIENT SURGERY CENTER * GROUP AND ART THERAPIES * HOM E HEALTH * HOME INFUSION THERAPY * HOSPICE * HYPERBARIC TREATMENT * INTENSIVE CARE UNIT * LAKEVIEW HOME * NEONATAL INTENSIVE CARE UNIT * ORTHOPEDICS * OUTPATIENT DIABETES SERVICES, RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION * OUTPATIENT IMAGING CENTERS * LABORATORY SERVICES (INPATIENT AND OUTPATIENT) * PARKVIEW HOME * PATHOLOGY SERVICES * PEDIATRIC SERV ICES * PULMONARY SERVICES * RADIOLOGY SERVICES * REHABILITATION CENTER * ROBOTIC SURGERY * SENIOR RESOURCE CENTER * SLEEP DISORDERS CENTER * SPIRITUAL CARE SERVICES * STROKE CENTER * SURGICAL SERVICES * TRANSITIONAL CARE UNIT * VAN SERVICES * VASCULAR SERVICES * WOMEN'S HEALTH CENTER * WOUND CARE CENTER APPENDIX A SHARP HEALTHCARE INVOLVEMENT IN COMMUNITY OR GANIZATIONS THE LIST BELOW SHOWS THE INVOLVEMENT OF SHARP EXECUTIVE LEADERSHIP AND OTHER S TAFF IN COMMUNITY ORGANIZATIONS AND COALITIONS IN FISCAL YEAR 2012 COMMUNITY ORGANIZATION S ARE LISTED ALPHABETICALLY * 2-1-1 SAN DIEGO BOARD * ACCESS TO INDEPENDENCE * ADULT PROT ECTIVE SERVICES * AGING AND INDEPENDENCE SERVICES (AIS) * ALZHEIMER'S ASSOCIATION * AMERIC AN ASSOCIATION OF CRITICAL CARE NURSES, SAN DIEGO CHAPTER * AMERICAN CANCER SOCIETY (ACS) * AMERICAN COLLEGE OF CARDIOLOGY * AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES (ACHE) * AMER ICAN DIABETES ASSOCIATION (ADA) * AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION * AME RICAN HEART ASSOCIATION * AMERICAN HOSPITAL ASSOCIATION * AMERICAN LUNG ASSOCIATION (ALA) * AMERICAN LIVER FOUNDATION * AMERICAN PARKINSON DISEASE ASSOCIATION, INC * AMERICAN PSYC HIATRIC NURSES ASSOCIATION * AMERICAN RED CROSS OF SAN DIEGO * ARTHRITIS FOUNDATION (AF) * ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTH CARE (NATIONAL) * ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTH CARE OF SOUTHERN CALIFORNIA * ASSOCIATION FOR CLINICAL PASTORAL EDUCATI ON * ASSOCIATION OF CALIFORNIA NURSE LEADERS (ACNL) * ASSOCIATION OF PRACTICAL AND PROFESS IONAL ETHICS (APPE) * ASSOCIATION OF REHABILITATION NURSES * ASSOCIATION OF WOMEN'S HEALTH AND OBSTETRIC NEONATAL NURSES (AWHONN) * AZUSA PACIFIC UNIVERSITY * BANKERS HILL PARK WES T COMMUNITY DEVELOPMENT CORPORATION * BAYSIDE COMMUNITY CENTER * BOYS AND GIRLS CLUB OF SA N DIEGO * BONITA BUSINESS AND PROFESSIONAL ORGANIZATION * CALIFORNIA ASSOCIATION OF HEALTH PLANS * CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS * CALIFORNIA ASSOCIATION O F PHYSICIAN GROUPS * CALIFORNIA BEHAVIORAL HEALTH BOARD * CALIFORNIA COLLEGE, SAN DIEGO * CALIFORNIA COUNCIL FOR EXCELLENCE * CALIFORNIA DEPARTMENT FOR PUBLIC HEALTH * CALIFORNIA D IETETIC ASSOCIATION, EXECUTIVE BOARD * CALIFORNIA HEALTHCARE FOUNDATION * CALIFORNIA HEALT H INFORMATION ASSOCIATION

Identifier	Return Reference	Explanation
		* CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION * CALIFORNIA LIBRARY ASSOCIATION * CA LIFORNIA NURSING STUDENT ASSOCIATION * CALIFORNIA STATE BAR, HEALTH SUBCOMMITTEE * CALIFOR NIA STATE UNIVERSITY - SAN MARCOS * CALIFORNIA TERATOGEN INFORMATION SERVICE * CALIFORNIA WOMEN LEAD * CARING HEARTS MEDICAL CLINIC * CHELSEA'S LIGHT FOUNDATION * COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) BEHAVIORAL HEALTH WORK TEAM * CHIP BOARD * CHIP HEALTH LITERAC Y TASK FORCE * CHIP SUICIDE PREVENTION WORK TEAM * CHIP INDEPENDENT LIVING FACILITIES (ILF) WORK TEAM * CHULA VISTA CHAMBER OF COMMERCE * CHULA VISTA COMMUNITY COLLABORATIVE * CHUL A VISTA FAMILY HEALTH CENTER * CHULA VISTA ROTARY * CITY OF CHULA VISTA WELLNESS PROGRAM * COMMUNITY EMERGENCY RESPONSE TEAM (CERT) * CONSORTIUM FOR NURSING EXCELLENCE, SAN DIEGO * CORONADO CHAPTER OF ROTARY INTERNATIONAL * CORONADO CHRISTMAS PARADE * CORONADO FIRE DEPA RTMENT * CREATIVE ARTS CONSORTIUM * COUNCIL OF WOMEN'S AND INFANTS' SPECIALTY HOSPITALS (C WISH) * CYCLE EASTLAKE * DIABETES BEHAVIORAL INSTITUTE * DISABLED SERVICES ADVISORY BOARD * DOWNTOWN SAN DIEGO PARTNERSHIP * EAST COUNTY SENIOR SERVICE PROVIDERS * EL CAJON COMMUNI TY COLLABORATIVE COUNCIL * EL CAJON FIRE DEPARTMENT * EL CAJON ROTARY * EMERGENCY NURSES A SSOCIATION, SAN DIEGO CHAPTER * EMPLOYEE ASSISTANCE PROFESSIONALS ASSOCIATION * EMSTA COLL EGE * FACING FUTURES * FAMILY HEALTH CENTERS OF SAN DIEGO (FHCSD) * GARDNER GROUP * GEORGE STEVENS SENIOR CENTER * GIRL SCOUTS SAN DIEGO IMPERIAL COUNCIL, INC * GROSSMONT COLLEGE * GROSSMONT HEALTHCARE DISTRICT * GROSSMONT UNION HIGH SCHOOL DISTRICT * HEALTH CARE COMMU NICATORS BOARD * HELEN WOODWARD ANIMAL CENTER * HELIX CHARTER HIGH SCHOOL * HELPING OLDER PEOPLE EQUALLY (HOPE) * HOME OF GUIDING HANDS * HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPE RIAL COUNTIES (HASDIC) * HASDIC COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY GROUP * HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) BOARD * I LOVE A CLEAN SAN DIEGO * INTERNATIONAL ASSOCIATION OF EATING DISORDERS PROFESSIONALS (IAEDP) * INTERNATIONAL LACTATION CONSULTANT S ASSOCIATION (ILCA) * JEWISH FAMILY SERVICES OF SAN DIEGO * JOHN BROCKINGTON FOUNDATION * KAPLAN COLLEGE ADVISORY BOARD * KIWANIS CLUB OF CHULA VISTA * KOMEN LATINA ADVISORY COUNC IL * KOMEN RACE FOR THE CURE COMMITTEE * LA MAESTRA FAMILY CLINICS * LA MESA LION'S CLUB * LA MESA PARK AND RECREATION FOUNDATION BOARD * LAS HERMANAS * LEAD, SAN DIEGO, INC * LEU KEMIA & LY MPHOMA SOCIETY * LIBERTY CHARTER HIGH SCHOOL * MAMA'S KITCHEN * MARCH OF DIMES * MEALS-ON-WHEELS GREATER SAN DIEGO * MEDICAL LIBRARY GROUP OF SOUTHERN CALIFORNIA AND ARIZ ONA * MENDED HEARTS * MENTAL HEALTH AMERICA BOARD * MENTAL HEALTH COALITION * MIRACLE BABI ES * MOUNTAIN HEALTH AND COMMUNITY SERVICES, INC ADVISORY BOARD * MRI JOINT VENTURE BOARD * NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) * NATIONAL ASSOCIATION OF NEONATAL NURSES (N ANN) * NATIONAL ASSOCIATION OF HISPANIC NURSES (NAHN), SAN DIEGO CHAPTER * NATIONAL ASSOCI ATION OF PSY CHIATRIC HEALTHCARE SY STEMS * NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDEN CE (NCADD) * NATIONAL HOSPICE AND PALLIATIVE CARE ASSOCIATION * NATIONAL INITIATIVE FOR CH ILDREN'S HEALTHCARE QUALITY * NATIONAL KIDNEY FOUNDATION * NATIONAL PERINATAL INFORMATION CENTER * NATIONAL UNIVERSITY * NEIGHBORHOOD HEALTHCARE COMMUNITY CLINIC BOARD OF DIRECTORS * NURSEWEEK * ORCHARD APARTMENTS * PACIFIC ARTS MOVEMENT (PAC-ARTS, FORMERLY THE SAN DIEG O ASIAN FILM FOUNDATION) * PARENTS FOR ADDICTION, TREATMENT AND HEALING (PATH) * PARTNERSH IP FOR PHILANTHROPIC PLANNING OF SAN DIEGO (FORMERLY SAN DIEGO PLANNED GIVING ROUNDTABLE) * PARTNERSHIP FOR SMOKE-FREE FAMILIES * PENINSULA SHEPHERD SENIOR CENTER * PERINATAL SAFET Y COLLABORATIVE * PERINATAL SOCIAL WORK CLUSTER * PLANETREE BOARD OF DIRECTORS * PROFESSIO NAL ONCOLOGY NETWORK * PROJECT CARE COUNCIL * PUBLIC HEALTH NURSE ADVISORY BOARD * RECOVER Y INNOVATIONS OF CALIFORNIA (RICA) * REGIONAL HOME CARE COUNCIL * REGIONAL PERINATAL SYSTE M * RESIDENTIAL CARE COUNCIL * SAFETY NET CONNECT * SAN DIEGO COMMUNITY ACTION NETWORK (SA NDI-CAN) * SAN DIEGANS FOR HEALTHCARE COVERAGE * SAN DIEGO HEALTHCARE DISASTER COUNCIL * S AN DIEGO ASSOCIATION FOR DIABETES EDUCATORS * SAN DIEGO ASSOCIATION OF DIRECTORS OF VOLUNT EER SERVICES * SAN DIEGO ASSOCIATION FOR HEALTHCARE RECRUITMENT * SAN DIEGO BLACK NURSES A SSOCIATION * SAN DIEGO BLOOD BANK * SAN DIEGO BRAIN INJURY FOUNDATION * SAN DIEGO CAREGIVE R COALITION * SAN DIEGO CITY COLLEGE * SAN DIEGO CITY PARKS AND RECREATION * SAN DIEGO COM MITTEE ON EMPLOY MENT OF PEOPLE WITH DISABILITIES * SAN DIEGO COUNCIL ON SUICIDE PREVENTION * SAN DIEGO COUNTY PERINATAL CARE NETWORK * SAN DIEGO COUNTY TAXPAYERS ASSOCIATION * SAN DIEGO DIABETES COALITION * SAN DIEGO DIETETIC ASSOCIATION BOARD * SAN DIEGO EAST COUNTY CH AMBER OF COMMERCE BOARD * SAN DIEGO EMERGENCY MEDICAL CARE COMMITTEE * SAN DIEGO EYE BANK NURSES ADVISORY BOARD * SAN DIEGO FOOD BANK * SAN DIEGO FOUNDATION * SAN DIEGO HEALTH INFO RMATION ASSOCIATION * SAN DIEGO HEALTHCARE DISASTE

Identifier	Return Reference	Explanation
		R COUNCIL * SAN DIEGO IMPERIAL COUNCIL OF HOSPITAL VOLUNTEERS * SAN DIEGO INTERRELIGIOUS C OMMITTEE * SAN DIEGO LESBIAN, GAY, BISEXUAL, AND TRANSGENDER COMMUNITY CENTER, INC (THE C ENTER) * SAN DIEGO MENTAL HEALTH COALITION * SAN DIEGO MESA COLLEGE * SAN DIEGO NORTH CHAM BER OF COMMERCE * SAN DIEGO NUTRITION COUNCIL * SAN DIEGO ORGANIZATION OF HEALTHCARE LEADE RS (SOHL), A LOCAL ACHE CHAPTER * SAN DIEGO PATIENT SAFETY CONSORTIUM * SAN DIEGO REGIONAL ENERGY OFFICE * SAN DIEGO REGIONAL HOMECARE COUNCIL * SAN DIEGO RESCUE MISSION * SAN DIEG O RESTORATIVE JUSTICE MEDIATION PROGRAM * SAN DIEGO STROKE CONSORTIUM * SAN DIEGO URBAN LE AGUE * SAN DIEGO REGIONAL CHAMBER OF COMMERCE * SAN DIEGO SCIENCE ALLIANCE * SAN YSIDRO HI GH SCHOOL * SAN YSIDRO MIDDLE SCHOOL * SANTEE CHAMBER OF COMMERCE * SCHIZOPHRENICS IN TRAN SITION * SAN DIEGO STATE UNIVERSITY (SDSU) * SENIOR COMMUNITY CENTERS OF SAN DIEGO * SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING * SOCIETY OF TRAUMA NURSES * SOUTH BAY C OMMUNITY SERVICES * SOUTH COUNTY ECONOMIC DEVELOPMENT COUNCIL * SOUTHERN CALIFORNIA ASSOCI ATION OF NEONATAL NURSES * ST VINCENT DE PAUL VILLAGE * SUSAN G KOMEN BREAST CANCER FOUN DATION * SUSTAINABLE SAN DIEGO * SWEETWATER UNION HIGH SCHOOL DISTRICT (SUHSD) * THE MEETI NG PLACE * THIRD AVENUE CHARITABLE ORGANIZATION (TACO) * TRAUMA CENTER ASSOCIATION OF AMER ICA * UNITED WAY OF SAN DIEGO COUNTY * UNIVERSITY OF CALIFORNIA, SAN DIEGO (UCSD) * UNIVER SITY OF SAN DIEGO (USD) * VA SAN DIEGO HEALTHCARE SYSTEM * VETERANS HOME OF CHULA VISTA * VETERANS VILLAGE OF SAN DIEGO * VISTA HILL PARENTCARE * WOMEN, INFANTS AND CHILDREN (WIC) * YMCA * YWCA BECKY'S HOUSE * YWCA BOARD OF DIRECTORS * YWCA EXECUTIVE COMMITTEE * YWCA IN THE COMPANY OF WOMEN EVENT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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 CJ	CAPTIVE INSURANCE COMPANY	CJ	SHARP HEALTHCARE	C			
(2) CHARITABLE REMAINDER TRUST (3)	PROGRAM SUPPORT	CA		T			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	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)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 33-0124488
Name: GROSSMONT HOSPITAL FOUNDATION

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(C)(3)	LINE 3	SHARPCARE		No
GROSSMONT HOSPITAL CORPORATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SHARPCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 61-1637133	DISSOLVED HEALTHCARE ORGANIZATION	CA	501(C)(3)	LINE 3	SHARPCARE		No
SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(C)(3)	LINE 7	SHARP HEALTHCARE	Yes	
SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH INSURANCE COMPANY	CA	501(C)(4)	N/A	SHARP HEALTHCARE	Yes	
SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	