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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: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Sharp Memorial Hospital 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 95-3782169 E Telephone number (858) 499-5150 G Gross receipts \$ 1,023,843,865
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F Name and address of principal officer Daniel Gross 8695 Spectrum Center Blvd San Diego, CA 921231489	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
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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: 1981 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 Sharp Memorial Hospital provides comprehensive medical services to the San Diego community

2 Check this box 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	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	5,299
6 Total number of volunteers (estimate if necessary)	6	2,091
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	863,950
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,116,998	7,632,312
9 Program service revenue (Part VIII, line 2g)	913,168,273	973,426,299
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,134,550	10,634,963
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,776,890	1,832,158
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	935,196,711	993,525,732

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,069,178	1,456,804
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)	381,856,771	404,281,684
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	387,498,552	411,700,678
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	771,424,501	817,439,166
19 Revenue less expenses Subtract line 18 from line 12	163,772,210	176,086,566

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,243,532,115	1,451,256,442
21 Total liabilities (Part X, line 26)	457,185,164	461,719,412
22 Net assets or fund balances Subtract line 21 from line 20	786,346,951	989,537,030

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 _____ KEVIN THOMPSON CFO Type or print name and title	Date 2013-08-05
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Paid Preparer's Use Only	Preparer's signature _____ 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	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) EIN ▶ 34-6565596 Phone no ▶ (858) 535-7200
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
See schedule O

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

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

4 Describe the 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 \$ 754,411,697 including grants of \$ 1,456,804) (Revenue \$ 973,426,299)
The hospital provides inpatient and outpatient healthcare services to the community For fiscal year 2012, patient days totaled 192,230 and outpatient visits totaled 409,514 See Community Benefits Report on Schedule O

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

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

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

4e Total program service expenses \$ 754,411,697

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> <input checked="" type="checkbox"/>	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements. <input checked="" type="checkbox"/>	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a-14b regarding Form 1096, W-2G, Form W-3, federal employment tax returns, unrelated business gross income, foreign country reporting, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (9), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 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.
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 921231489
(858) 499-5150

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

(A) Name and Title	(B) Average hours per week 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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							633,884	8,026,964	589,147	

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 **▶** 3

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d	7,622,812					
	e	Government grants (contributions) 1e						
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	9,500					
	g	Noncash contributions included in lines 1a-1f \$ <u>82,922</u>						
	h	Total. Add lines 1a-1f ▶	7,632,312					
Program Service Revenue			Business Code					
	2a	Patient Services	900099	637,804,533	637,804,533			
	b	Medicare/Medical	900099	329,185,256	329,185,256			
	c	EHR Incentive	900099	4,061,298	4,061,298			
	d	Medical Office Rent	532000	1,057,177	1,057,177			
	e	Reference Lab	541380	863,950		863,950		
	f	All other program service revenue		454,085	454,085			
g	Total. Add lines 2a-2f ▶		973,426,299					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		9,136,519		9,136,519		
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	31,775,413				
			(ii) Other	41,164				
			b	Less cost or other basis and sales expenses	30,311,491			
			c	Gain or (loss)	1,463,922			
	d	Net gain or (loss) ▶		1,498,444		1,498,444		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b	Less direct expenses b						
c	Net income or (loss) from fundraising events ▶							
9a	Gross income from gaming activities See Part IV, line 19 a							
b	Less direct expenses b							
c	Net income or (loss) from gaming activities ▶							
10a	Gross sales of inventory, less returns and allowances a							
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code						
11a	Parking	812930	821,572		821,572			
b	Women's/Infant Store	446199	488,205		488,205			
c	Cash Discounts	900099	102,245		102,245			
d	All other revenue		420,136		420,136			
e	Total. Add lines 11a-11d ▶		1,832,158					
12	Total revenue. See Instructions ▶		993,525,732	972,562,349	863,950	12,467,121		

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	1,456,804	1,456,804		
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	4,062,270	2,072,071	1,990,199	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	31,580	31,580		
7	Other salaries and wages	323,045,298	319,402,383	3,642,915	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,887,510	12,674,810	212,700	
9	Other employee benefits	40,174,220	39,318,272	855,948	
10	Payroll taxes	24,080,806	23,719,928	360,878	
11	Fees for services (non-employees)				
a	Management	20,751,922	19,581,682	1,170,240	
b	Legal	1,806,522	287,145	1,519,377	
c	Accounting	7,452,144		7,452,144	
d	Lobbying	77,207		77,207	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	322,916		322,916	
g	Other	47,226,434	43,905,750	3,320,684	
12	Advertising and promotion	7,716,148	159,678	7,556,470	
13	Office expenses	32,058,418	29,547,668	2,510,750	
14	Information technology	31,903,260	28,074,869	3,828,391	
15	Royalties				
16	Occupancy	13,936,008	11,254,207	2,681,801	
17	Travel	593,774	572,107	21,667	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	886,172	220,840	665,332	
20	Interest	15,939,970	14,731,617	1,208,353	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,085,641	36,404,010	1,681,631	
23	Insurance	3,647,720	3,232,243	415,477	
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	Medical Supplies	113,233,814	113,224,486	9,328	
b	Medi-Cal Provider Tax	38,595,634	38,595,634	0	
c	System Allocation	21,888,650	3,031,984	18,856,666	
d	Repairs and Maintenance	12,427,434	11,425,445	1,001,989	
e					
f	All other expenses	3,150,890	1,486,484	1,664,406	
25	Total functional expenses. Add lines 1 through 24f	817,439,166	754,411,697	63,027,469	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,545,804	1	2,358,223
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	101,375,436	4	131,703,699
	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	1,667	6	
	7 Notes and loans receivable, net	15,417	7	2,446
	8 Inventories for sale or use	13,133,374	8	14,460,351
	9 Prepaid expenses and deferred charges	2,607,591	9	2,499,978
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	762,885,350		
	b Less accumulated depreciation	368,220,548	10c	394,664,802
	11 Investments—publicly traded securities	36,657,550	11	14,432,873
	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	710,841,225	15	891,134,070
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,243,532,115	16	1,451,256,442	
Liabilities	17 Accounts payable and accrued expenses	60,074,806	17	80,640,408
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	397,110,358	25	381,079,004
	26 Total liabilities. Add lines 17 through 25	457,185,164	26	461,719,412
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	786,346,951	27	989,537,030
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	786,346,951	33	989,537,030	
34 Total liabilities and net assets/fund balances	1,243,532,115	34	1,451,256,442	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	993,525,732
2	Total expenses (must equal Part IX, column (A), line 25)	2	817,439,166
3	Revenue less expenses Subtract line 2 from line 1	3	176,086,566
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	786,346,951
5	Other changes in net assets or fund balances (explain in Schedule O)	5	27,103,513
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	989,537,030

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Brown Chair	2 00	X		X				0	0	0
Gary Cady Treasurer	1 00	X		X				0	0	0
Christopher Cate Director	8 00	X						0	0	0
Betty Cooper Director	35 00	X						0	38,474	4,561
Stephen Cushman Director	2 00	X						0	0	0
Rolf Ehlers MD Director	16 00	X					90,000	0	0	0
Daniel Gross EVP - Hospital Ops	10 00	X					0	868,119	48,833	0
Frederick Johnson MD Director	4 00	X					11,500	0	0	0
Ronald Macintyre MD Director	40 00	X					22,000	0	0	0
Colleen McNally MD Director	20 00	X					157,213	0	0	0
Cary Miller Chair	1 00	X		X			0	0	0	0
Christopher Morache MD Director	6 00	X					93,100	0	0	0
Michael Murphy President/CEO	6 00	X		X			0	1,322,158	90,854	0
Marilyn Newhoff PhD Director	5 00	X					0	0	0	0
Fadi Nicolas Director	1 00	X					100,715	0	0	0
David Slage Director	1 00	X					0	0	0	0
Cecil Steppe Director	1 00	X					0	0	0	0
Geoffrey Stiles MD Director	40 00	X					159,356	0	0	0
Susan Stone VP Patient Care Svcs	60 00	X					0	247,819	32,978	0
Mark Trotter Reverend Secretary	50	X		X			0	0	0	0
Timothy Watt MD Director	6 00	X					0	6,750	0	0
Ann Pumpian Assistant Treasurer	1 00			X			0	682,717	36,687	0
Carlisle C Lewis III Assistant Secretary	9 00			X			0	588,387	47,006	0
Kevin Thompson CFO - SMH	50 00			X			0	282,486	26,781	0
Mary Henrikson CEO - SMBHWN	60 00				X		0	427,064	12,813	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Janie Kramer COO - SMH	55 00				X			0	294,215	33,062
Kathleen Lencioni CEO - SMV/Sharp McDonald Center	45 00				X			0	374,473	2,909
Tim Smith CEO - SMH	60 00				X			0	605,945	15,140
Maria Columbo CNO - SMBHWN	50 00				X			0	192,451	10,245
John Johnson Pharmacy Director	40 00				X			0	196,288	17,848
Patricia Khaleghi VP Clinical Services	55 00				X			0	239,380	27,925
Cheryl Odell CNO - SMV	50 00				X			0	208,807	25,762
Loraine Wells VP Clinical Support	55 00				X			0	233,647	17,391
Henry Milner Pharmacist	40 00					X		0	201,525	26,614
Sandra Noon VP Campus Planning & Dev	38 00					X		0	202,190	21,893
Michael Plopper Chief Medical Officer	43 00					X		0	403,644	24,832
Robert Reese Pharmacist	50 00					X		0	209,693	31,629
Rene Vasquez Pharmacist	46 00					X		0	200,732	33,384

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

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

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

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

Part II Support Schedule for Organizations Described in 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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

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 <input type="checkbox"/>						

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 C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of the organization Sharp Memorial Hospital

Employer identification number

95-3782169

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

- 1 Provide a description of the organization's direct and indirect political campaign activities 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?
4a Was a correction made?
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

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

- A** Check if the filing organization belongs to an affiliated group (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														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV	Yes		77,207
j Total lines 1c through 1i			77,207
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Part IV, Supplemental Information		Sharp Memorial Hospital (SMH) pays annual dues to the California Healthcare Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASDIC), and the American Hospital Association (AHA), which provides representation and advocacy at the local, state, and federal level. CHA, HASDIC, and AHA have determined that a portion of their membership dues are used for lobbying purposes. For FY 2012, SMH's annual dues calculated to have been used for lobbying purposes was \$77,207.

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

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

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

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

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

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

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	2,507,123	2,684,857	2,435,618	2,141,365	
b Contributions	130,827	-86,108		250,000	
c Investment earnings or losses	453,306	-88,224	249,239	86,934	
d Grants or scholarships	4,820	1,589			
e Other expenditures for facilities and programs	134,980	1,813		42,681	
f Administrative expenses					
g End of year balance	2,951,456	2,507,123	2,684,857	2,435,618	

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

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

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

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

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

Part VI 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		9,061,172		9,061,172
b Buildings		459,118,940	170,829,074	288,289,866
c Leasehold improvements		2,339,652	1,949,671	389,981
d Equipment		231,596,902	190,479,302	41,117,600
e Other		60,768,684	4,962,501	55,806,183
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				394,664,802

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

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

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

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

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

(a) Description	(b) Book value
(1) Intercompany receivable	881,938,071
(2) Estimated settlements receivable from government programs	5,309,180
(3) Unamortized Financing Costs	3,455,338
(4) Receivable from Foundation designated fund	409,540
(5) Other Assets	21,941
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	891,134,070

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
2003 A&B Mark to Market Swap	900,057
Long Term Pension Liability	21,525,452
Allocated Tax Exempt Bonds	358,032,028
Deferred Rent Expense	147,574
Other Deferred Liabilitites	373,595
Capital Leases	5,969
Long Term Workers' Compensation	75,403
Other Long Term Liabilities	18,926
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	381,079,004

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	993,525,732
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	817,439,166
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	176,086,566
4	Net unrealized gains (losses) on investments	4	23,493,990
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,609,523
9	Total adjustments (net) Add lines 4 - 8	9	27,103,513
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	203,190,079

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	1,011,754,532
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	23,493,990
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,425,041
e	Add lines 2a through 2d	2e	24,919,031
3	Subtract line 2e from line 1	3	986,835,501
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	322,916
b	Other (Describe in Part XIV)	4b	6,367,315
c	Add lines 4a and 4b	4c	6,690,231
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	993,525,732

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

1	Total expenses and losses per audited financial statements	1	817,091,250
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	817,091,250
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	322,916
b	Other (Describe in Part XIV)	4b	25,000
c	Add lines 4a and 4b	4c	347,916
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	817,439,166

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	Sharp HealthCare Foundation holds 16 board designated and permanent endowments for Sharp Memorial Hospital that are restricted for a variety of purposes, such as emergency services, women's research, oncology, nursing education, laboratory, hospital equipment and technology, hospital library, and more
Part XI, Line 8 - Other Adjustments		Change in minimum pension liability 2,184,482 Bone Marrow Program reported on Sharp HealthCare's return 1,425,041 Total to Schedule D, Part XI, Line 8 3,609,523
Part XII, Line 2d - Other Adjustments		Bone Marrow Program reported on Sharp HealthCare's return 1,425,041
Part XII, Line 4b - Other Adjustments		Donated Capital 6,240,633 Medical Staff/Gift Shop revenue 92,182 Sharp Mesa Vista Gift Shop Donation to Sharp HealthCare Foundation 25,000 Contributed Capital from aLabs 9,500
Part XIII, Line 4b - Other Adjustments		Sharp Mesa Vista Gift Shop Donation to Sharp HealthCare Foundation 25,000
		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

Additional Data

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

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

1	(a) Description of Liability	(b) Amount
	2003 A&B Mark to Market Swap	900,057
	Long Term Pension Liability	21,525,452
	Allocated Tax Exempt Bonds	358,032,028
	Deferred Rent Expense	147,574
	Other Deferred Liabilities	373,595
	Capital Leases	5,969
	Long Term Workers' Compensation	75,403
	Other Long Term Liabilities	18,926

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

Part I Charity Care and Certain Other Community Benefits at Cost

1a Did the organization have a charity care policy? 1b If "Yes," is it a written policy? 2 If the organization had multiple hospitals... 3 Answer the following based on the charity care eligibility criteria... 4 Did the organization's policy provide free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care... 6a Did the organization prepare a community benefit report... 6b If "Yes," did the organization make it available to the public?

7 Charity Care and Certain Other Community Benefits at Cost

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

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			46,005		46,005	0.010 %
2 Economic development						
3 Community support			58,564		58,564	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			104,569		104,569	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	132,608,933
6	Enter Medicare allowable costs of care relating to payments on line 5	6	150,665,412
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-18,056,479
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	Yes	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

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

Name and address

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

Sharp Memorial Hospital

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____ 1 _____

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility		
d <input type="checkbox"/> Participation in community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
8 Did the hospital facility have in place during the tax year a written financial assistance policy that explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V Facility Information *(continued)*

	Yes	No
10 Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>350 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11 Yes	
12 Explained the method for applying for financial assistance?	12 Yes	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13 Yes	

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14 Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16	No
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

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

If "No," indicate why

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

	Yes	No
18	Yes	

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

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

If "Yes," explain in Part VI

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

.

If "Yes," explain in Part VI

19		
20		No
21		No

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

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

Sharp Mary Birch Hospital for Women

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____ 2 _____

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility		
d <input type="checkbox"/> Participation in community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
8 Did the hospital facility have in place during the tax year a written financial assistance policy that explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V Facility Information *(continued)*

	Yes	No
10 Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>350 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11 Yes	
12 Explained the method for applying for financial assistance?	12 Yes	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13 Yes	

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14 Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16	No
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

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

If "No," indicate why

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

	Yes	No
18	Yes	

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

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

If "Yes," explain in Part VI

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

.

If "Yes," explain in Part VI

19		
20		No
21		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

Sharp Mesa Vista Hospital

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____ 3 _____

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility		
d <input type="checkbox"/> Participation in community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
8 Did the hospital facility have in place during the tax year a written financial assistance policy that explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V Facility Information *(continued)*

	Yes	No
10 Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>350 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11 Yes	
12 Explained the method for applying for financial assistance?	12 Yes	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13 Yes	

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14 Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16	No
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

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

If "No," indicate why

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

	Yes	No
18	Yes	

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

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

If "Yes," explain in Part VI

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

.

If "Yes," explain in Part VI

19		
20		No
21		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

Sharp McDonald Center

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): _____ 4

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply)	1	
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	5	
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility		
d <input type="checkbox"/> Participation in community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in the community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
8 Did the hospital facility have in place during the tax year a written financial assistance policy that explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V Facility Information *(continued)*

	Yes	No
10 Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>350 000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	10 Yes	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11 Yes	
12 Explained the method for applying for financial assistance?	12 Yes	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13 Yes	

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14 Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16	No
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

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

If "No," indicate why

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

	Yes	No
18	Yes	

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b** The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c** The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d** Other (describe in Part VI)

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

If "Yes," explain in Part VI

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

.

If "Yes," explain in Part VI

19		
20		No
21		No

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

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (Describe)
1 Sharp Memorial Outpatient Pavilion 3075 Health Center Drive San Diego, CA 92123	Outpatient Services
2 Sharp Home Care 8080 Dagget Street Suite 200 San Diego, CA 92111	Home Health
3 Behavioral Health Outpatient Center 1460 East Main Street El Cajon, CA 92020	Behavioral Health Outpatient
4 Renal Transplant 7920 Frost Street Suite 300 San Diego, CA 92123	Outpatient Services
5 Behavioral Health Outpatient Center 4275 El Cajon Blvd Suite 100 El Cajon, CA 92105	Behavioral Health Outpatient
6 UCP Building 7947 Birmingham Drive San Diego, CA 92123	Outpatient Services-Orthopedics
7 Senior Health Center 4320 Genesee Avenue Suite 104 San Diego, CA 92111	Senior Health Center
8 Senior Health Center 956 10th Avenue San Diego, CA 92101	Senior Outpatient Services
9 _____	
10 _____	

Part VI Supplemental Information

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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

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

Identifier	ReturnReference	Explanation
		Part I, L7 Col(f) Bad debt expense is netted against revenue As such, \$0 00 was backed out of total expenses for column (f) calculation

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

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

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

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

Identifier	ReturnReference	Explanation
Sharp Memorial Hospital		Part V, Section B, Line 13g The hospital has notices posted in the Emergency Department and waiting rooms to notify patients the hospital has a charity care/discounted care policy for financially qualified patients that is available upon request, at the business office, or by calling the phone number provided Additionally, patients are provided a notice of the hospital policy for charity care and/or partial charity care (discounted care) This notice lists the criteria to qualify for charity care and/or discounted care and informs patients where they may obtain an application

Identifier	ReturnReference	Explanation
Sharp Mary Birch Hospital for Women		Part V, Section B, Line 13g The hospital has notices posted in waiting rooms to notify patients the hospital has a charity care/discounted care policy for financially qualified patients that is available upon request, at the business office, or by calling the phone number provided. Additionally, patients are provided a notice of the hospital policy for charity care and/or partial charity care (discounted care). This notice lists the criteria to qualify for charity care and/or discounted care and informs patients where they may obtain an application.

Identifier	ReturnReference	Explanation
Sharp Mesa Vista Hospital		Part V, Section B, Line 13g The hospital has notices posted in waiting rooms to notify patients the hospital has a charity care/discounted care policy for financially qualified patients that is available upon request, at the business office, or by calling the phone number provided. Additionally, patients are provided a notice of the hospital policy for charity care and/or partial charity care (discounted care). This notice lists the criteria to qualify for charity care and/or discounted care and informs patients where they may obtain an application.

Identifier	ReturnReference	Explanation
Sharp McDonald Center		Part V, Section B, Line 13g The hospital has notices posted in waiting rooms to notify patients the hospital has a charity care/discounted care policy for financially qualified patients that is available upon request, at the business office, or by calling the phone number provided. Additionally, patients are provided a notice of the hospital policy for charity care and/or partial charity care (discounted care). This notice lists the criteria to qualify for charity care and/or discounted care and informs patients where they may obtain an application.

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 2 Since 1995, Sharp has participated in a countywide collaborative - including a broad range of hospitals, health care organizations, and community agencies - to conduct a triennial CHNA. The 2010 CHNA is publicly available at http://www.sdchip.org/initiatives/charting-the-course-vi.aspx. In 2010, the CHIP Needs Assessment Advisory Council, under the direction of the CHIP Steering Committee, determined a methodology and approach to the sixth edition of the triennial needs assessment, which included a community priority-setting process composed of the following steps:</p> <ul style="list-style-type: none"> *Review of the 38 Healthy People 2020 focus areas by the Needs Assessment Advisory Council, comprised of more than 30 community stakeholders. Seventeen health issues emerged as a result of the combining and streamlining of these areas by the Council. *Division of the 17 health issues into the following three categories: Overarching Issues, Health-Related Behaviors and Health Outcomes. Health issue briefs were developed to provide detailed information on each of the 17 identified health issues. *Invitation to community leaders throughout San Diego County (72 out of 379 invitees participated) to prioritize each health issue with information from the health issue briefs and based on the following criteria: <ul style="list-style-type: none"> *Size of the health issues *Seriousness of the health issue *Community resources available to address the health issue *Availability of data/information to evaluate the health issue's outcomes *Each of the health issues were scored separately within the three categories noted above (Overarching Issues, Health-Related Behaviors and Health Outcomes). *Utilization of the Spectrum of Prevention Framework to determine which issues prioritized by the community were most impacted by prevention activities (as opposed to treatment). *Health access and delivery *Social determinants of health *A combination of nutrition, weight status, physical activity and fitness *Injury and violence *Mental health and mental disorders *Discussion of the above identified issues in community forums held in the six regions of San Diego County in order to: <ul style="list-style-type: none"> *Allow community stakeholders to identify root causes related to each health issue *Begin the process of understanding each issue from a regional perspective *Foster community relationships and promote the voice(s) of San Diego's various regional and subregional communities in the needs assessment process *In-depth analysis of each of the five health issues selected for the 2010 CHNA, identified as: <ul style="list-style-type: none"> *Health access and delivery *Social determinants of health *Combination of nutrition, weight status, physical activity and fitness *Injury and violence *Mental health and mental disorders <p>Depending on the level of available data, these analyses included an overview of the health issue and its importance, seriousness of the health issue in terms of economic costs, use of resources and/or loss of functional status, incidence data as well as prevalence of morbidity and mortality on the populations most impacted by the health issue, and the local impact of the health issue. In addition to a review of the results from the priority-setting process, the 2010 CHNA utilized information from the following:</p> <ul style="list-style-type: none"> *Analysis of health-related statistics gathered and analyzed by the County of San Diego Health and Human Services Agency (HHS), supplemented by data from the California Health Interview Survey (CHIS), California Office of Statewide Health Planning and Development (OSHPD), the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System and census data from the San Diego Association of Governments (SANDAG) *Review of health-related scientific literature *Review of the results from facilitated discussions of six community regional forums held with a cross-section of stakeholders from the San Diego County community <p>In order to determine the priority needs of the community, the 2010 Community Health Needs Assessment conducted by CHIP was reviewed by each Sharp hospital and used to determine priority needs for their communities. In identifying these priorities, each entity considered the expertise and mission of the hospital in providing services, in addition to the unique regional, age group and/or health topics. Specifically, Sharp Memorial Hospital reviewed the needs assessment priorities, specifically focusing on issues relevant to their region and subregional areas with the goal of matching community benefits programs and services to the unique needs of the region, with special attention to:</p> <ul style="list-style-type: none"> *Outreach for flu vaccines *Health education and screening for seniors *Improving outcomes for seniors at risk *Health education and wellness *Diabetes education and screening *Cancer education and patient navigator services *Education, support, and screening for stroke *Orthopedic and osteoporosis community education *Mental health and substance abuse education for the community *Prevention of unintentional injuries *Reducing the incidence

Identifier	ReturnReference	Explanation
		<p>of neonatal morbidity and mortality associated with preterm delivery* Meeting the needs of new mothers and their loved ones* Health professions education and training, and promotion of interest in health care careers* Providing professional education and development* Mental health and substance abuse education for health care professionals* Support during the transition of care for high-risk, underserved and underfunded patients* Support of community nonprofit health organizations</p> <p>In addition, Sharp Memorial Hospital</p> <ul style="list-style-type: none"> * Incorporates community priorities and community relations into its strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels * Consults with representatives from a variety of departments to discuss, plan, and implement community activities * Hosts a bimonthly committee to discuss, plan, and implement community activities * Participates in programs and workgroups to review and implement services to improve the health status and emotional well-being of women and infants

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

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 4 The community served by Sharp Memorial Hospital includes the north central region of San Diego County (SDC), including the sub-regional areas of Kearny Mesa and Clairemont, and the Central Coast of San Diego from Del Mar to the Point Loma area As specialty hospitals reported under Sharp Memorial Hospital, Sharp Mary Birch Hospital for Women and Newborns, Sharp Mesa Vista Hospital, and Sharp Vista Pacifica Hospital serve the entire community of San Diego County The race/ethnicity breakdown of the community served by Sharp Memorial Hospital is 56.2% White, 18.0% Hispanic, 6.4% Black, 10.0% Asian/Pacific Islander, and 0.2% Native American In the County's north central region in 2009, 97 percent of children ages 0 to 11, 96 percent of children ages 12 to 17, and 90.4 percent of adults age 18 and older had health insurance, while 99 percent of children ages 0 to 11, 94.7 percent of children ages 12 to 17, and 89.1 percent of adults ages 18 and older had a regular source of medical care - failing to meet the Healthy People (HP) 2020 national targets for health insurance coverage and regular source of medical care Among uninsured adults ages 18 to 64 years in the north central region, 11.4 percent were not currently insured in 2009 *The U S Department of Health and Human Service's (DHSS) HP 2020 initiative represents the nation's prevention agenda for the second decade of the 21st century HP 2020 has four overarching goals to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death, to achieve health equity, eliminate disparities, and improve the health of all groups, to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages</p>

Identifier	ReturnReference	Explanation
		Part VI, Line 5 Sharp Memorial Hospital has an open medical staff and a community board Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical equipment with the intent of continually improving patient care

Identifier	ReturnReference	Explanation
		<p>Part VI, Line 6 Sharp HealthCare is an integrated, regional health care delivery system based in San Diego, Calif The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 20 medical clinics, five urgent care facilities, four skilled nursing facilities, two inpatient rehabilitation programs, home health, hospice and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan Serving a population of approximately three million in San Diego County, Sharp is licensed to operate 2,069 beds, has approximately 2,600 Sharp-affiliated physicians and more than 15,000 employees It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp is known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health and well being of those it serves With 1,033 licensed beds, Sharp Metropolitan Medical Campus (including Sharp Memorial Hospital, Sharp Mary Birch Hospital for Women & Newborns, Sharp Mesa Vista Hospital, and Sharp McDonald Center) features private patient rooms, sleeper sofas for loved ones, state-of-the-art surgery suites and the largest and most modern emergency and trauma center in San Diego Sharp Memorial Hospital is also a Magnet hospital for nursing and patient care excellence Sharp Memorial Hospital received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC) The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence In January 2012, Sharp Memorial was designated a Planetree Patient-Centered Hospital Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective Sharp Memorial has been a part of San Diego health care history for more than 50 years</p>

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

Identifier	ReturnReference	Explanation
		<p>Sharp HealthCare prepares an annual Community Benefits Report in accordance with the requirements of California Senate Bill (SB) 697, community benefits legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHPD)) Sharp HealthCare submits an annual Community Benefits Report to the California OSHPD For purposes of the Sharp HealthCare Community Benefits Plan and Report, financials and narratives are provided in distinct sections for each hospital noted under Sharp Memorial Hospital's Tax ID, including Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Mesa Vista Hospital and Sharp McDonald Center In addition, consolidated financials for these hospitals is also provided in the FY 2012 Sharp HealthCare Community Benefits Plan and Report under the section entitled Sharp Metropolitan Medical Campus The Sharp HealthCare Community Benefits Plan and Report, Fiscal Year 2012 is available online at www.sharp.com/community</p>

**Schedule I
(Form 990)**

OMB No 1545-0047

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

2011

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

**Open to Public
Inspection**

▶ Attach to Form 990

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

Part I 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) American Heart Association PO Box 4002030 Des Moines, IA 50340	13-5613797	501(c)(3)	7,475				Program support
(2) California Institute for Nursing & Health Care 633 13th Street Oakland, CA 94612	82-0570413	501(c)(3)	7,500				Program support
(3) National Alliance on Mental Illness 4480 30th Street San Diego, CA 92116	33-0122462	501(c)(3)	6,000				Program support
(4) San Diego Crew Classic 1875 Quivira Way C-6 San Diego, CA 92109	95-3276681	501(c)(3)	10,000				Program support
(5) San Diego Family Care 1215 K Street Suite 800 San Diego, CA 92111	95-2700856	501(c)(3)	65,000				Program support
(6) Sharp Healthcare Foundation 8695 Spectrum Center Blvd San Diego, CA 92123	95-3492461	501(c)(3)	25,000				Program support
(7) California Health Foundation & Trust 1215 K Street Suite 800 Sacramento, CA 95814	94-1498697	501(c)(3)	1,275,509				Medi-Cal Program

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7
- 3** Enter total number of other organizations listed in the line 1 table

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

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

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

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

Sharp Memorial Hospital

Employer identification number

95-3782169

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

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

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

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

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

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

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

Part III Supplemental Information

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

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Daniel Gross	(i) 0 (ii) 697,895	0 130,638	0 39,586	0 37,827	0 11,006	0 916,952	0 0
Colleen McNally MD	(i) 157,213 (ii) 0	0 0	0 0	0 0	0 0	157,213 0	0 0
Michael Murphy	(i) 0 (ii) 1,084,909	0 184,453	0 52,796	0 75,714	0 15,140	0 1,413,012	0 0
Geoffrey Stiles MD	(i) 159,356 (ii) 0	0 0	0 0	0 0	0 0	159,356 0	0 0
Susan Stone	(i) 0 (ii) 199,412	0 35,611	0 12,796	0 17,339	0 15,639	0 280,797	0 0
Ann Pumpian	(i) 0 (ii) 562,083	0 104,134	0 16,500	0 21,547	0 15,140	0 719,404	0 0
Carlisle C Lewis III	(i) 0 (ii) 478,941	0 92,946	0 16,500	0 32,281	0 14,725	0 635,393	0 0
Kevin Thompson	(i) 0 (ii) 222,752	0 41,564	0 18,170	0 15,798	0 10,983	0 309,267	0 0
Mary Henrikson	(i) 0 (ii) 348,659	0 62,540	0 15,865	0 2,230	0 10,583	0 439,877	0 0
Janie Kramer	(i) 0 (ii) 232,009	0 43,388	0 18,818	0 21,347	0 11,715	0 327,277	0 0
Kathleen Lencioni	(i) 0 (ii) 299,180	0 58,793	0 16,500	0 2,011	0 898	0 377,382	0 0
Tim Smith	(i) 0 (ii) 498,264	0 91,181	0 16,500	0 0	0 15,140	0 621,085	0 0
Maria Columbo	(i) 0 (ii) 161,580	0 23,158	0 7,713	0 9,479	0 766	0 202,696	0 0
John Johnson	(i) 0 (ii) 172,512	0 23,504	0 272	0 11,314	0 6,534	0 214,136	0 0
Patricia Khaleghi	(i) 0 (ii) 199,968	0 34,924	0 4,488	0 17,091	0 10,834	0 267,305	0 0
Cheryl Odell	(i) 0 (ii) 154,076	0 32,109	0 22,622	0 14,417	0 11,345	0 234,569	0 0
Loraine Wells	(i) 0 (ii) 161,573	0 33,878	0 38,196	0 10,691	0 6,700	0 251,038	0 0
Henry Milner	(i) 0 (ii) 195,616	0 474	0 5,435	0 11,359	0 15,255	0 228,139	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Sandra Noon	(i)	0	0	0	0	0	0	0
	(ii)	161,720	28,821	11,649	10,565	11,328	224,083	0
Michael Plopper	(i)	0	0	0	0	0	0	0
	(ii)	321,102	49,460	33,082	17,662	7,170	428,476	0
Robert Reese	(i)	0	0	0	0	0	0	0
	(ii)	201,849	474	7,370	20,508	11,121	241,322	0
Rene Vasquez	(i)	0	0	0	0	0	0	0
	(ii)	196,548	474	3,710	18,146	15,238	234,116	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Eli Pumpian	Family of Officer	31,580	Salary		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

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				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>Equipment</u>)	X	10	82,922	Cost
26 Other ▶ (_____)				
27 Other ▶ (_____)				
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

	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?		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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		No
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)	These are the number of contributions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

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

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

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

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

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

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

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	<p>Sharp Memorial Hospital has a written conflict of interest policy which has been reviewed and approved by the Sharp Memorial Hospital governing board. Sharp Memorial Hospital 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.</p>

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

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

Identifier	Return Reference	Explanation
Hours per week dedicated to related organizations	Form 990, Part VII, Section A	<p>The following officers and directors dedicated hours to the following organizations which are related to Sharp Memorial Hospital Michael Murphy 30-SHC, 6-GHC, 4-SCVMC, 4-SCHHC, 6-SHP, 4-SHF Carlisle C Lewis III 36-SHC, 9-GHC, 3-SCVMC, 3-SCHHC Ann Pumpian 55-SHC, 1-GHC, 1-SCVMC, 1-SCHHC, 1-SHP Daniel Gross 45-SHC, 5-SCVMC Colleen McNally 2-SHF Geoffrey Stiles 2-SHC James Brown 2-SHC Cary Miller 3-SHC Betty Cooper 1-SHF Tim Smith 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Mary Henrikson 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Kathleen Lencioni 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Janie Kramer 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Kevin Thompson 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Susan Stone 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Patricia Khaleghi 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Lorraine Wells 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital John Johnson 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Cheryl O'Dell 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Maria Colombo 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Michael Plopper 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Robert Reese 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Rene Vasquez 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Sandra Noon 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital Henry Milner 100% of hours reported on Part VII are dedicated to Sharp Memorial Hospital</p>

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

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

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 23,493,990 Change in minimum pension liability 2,184,482 Bone Marrow Program reported on Sharp HealthCare's return 1,425,041 Total to Form 990, Part XI, Line 5 27,103,513

Identifier	Return Reference	Explanation
Community Benefit Report	Form 990, Part III, line 4a	<p>Section 1 An Overview of Sharp HealthCare Sharp is an integrated, regional health care delivery system based in San Diego, Calif The Sharp system includes four acute care hospitals, three specialty hospitals, two affiliated medical groups, 20 medical clinics, five urgent care facilities, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp offers a full continuum of care, including emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation, and urgent care Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan (SHP) Serving a population of approximately 3 million in San Diego County, as of September 30, 2012, Sharp is licensed to operate 2,069 beds, has approximately 2,600 Sharp-affiliated physicians and nearly 15,500 employees</p> <p>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 international border in the world Sharp Coronado Hospital and Healthcare Center (181 beds) Sharp Coronado Hospital and Healthcare Center (SCHHC), an acute care hospital, provides services that include sub-acute and long-term care, rehabilitation therapies, joint replacement surgery, hospice and emergency services Sharp Grossmont Hospital (536 beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County, and has one of the busiest EDs in San Diego County (SDC) Sharp Memorial Hospital (675 beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation</p> <p>THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & New borns (169 beds) A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, Sharp Mary Birch Hospital for Women & New borns (SMBHWN) delivers more babies than any other private hospital in California Sharp Mesa Vista Hospital (149 beds) The largest private freestanding psychiatric hospital in California, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services Sharp McDonald Center (16 beds) Sharp McDonald Center (SMC) is San Diego County's only licensed chemical dependency recovery hospital Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the nonprofit public benefit corporation of SMH, and are referred to herein as The Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy Medical Centers (SRS) are included within the nonprofit public benefit corporation of Sharp, the parent organization The operations of Sharp Grossmont Hospital (SGH) are reported under the nonprofit public benefit corporation Grossmont Hospital Corporation</p> <p>Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations, and are provided in a caring, convenient, cost-effective and accessible manner Vision Sharp's vision is to become the best health system in the universe Sharp will attain this position by transforming the health care experience through a culture of caring, quality, service, innovation and excellence Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves</p>

Identifier	Return Reference	Explanation
		<p>Values * Integrity - Trustworthiness, Respect, Commitment to Organizational Values, and Decision Making * Caring - Service Orientation, Communication, Teamwork and Collaboration, Serving and Developing Others, and Celebration * Innovation - Creativity, Continuous Improvement, Initiating Breakthroughs, and Self-Development * Excellence - Quality, Safety, Operational and Service Excellence, Financial Results, and Accountability Culture</p> <p>The Sharp Experience For more than 12 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance and experience improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purpose, worthwhile work, and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people. Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be:</p> <ul style="list-style-type: none"> * The best place to work. Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe." * The best place to practice medicine. Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader. * The best place to receive care. Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate. Through all of this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than half a century. <p>Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, the six Pillars of Excellence serve as a guide for team members, providing a framework and alignment for everything Sharp does. The six pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:</p> <ul style="list-style-type: none"> * Quality - Demonstrate and improve clinical excellence and patient safety to set community standards and exceed patient expectations. * Service - Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence. * People - Create a workforce culture that attracts, retains and promotes the best 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 services, new technology and investment in the organization. * Growth - Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development. * Community - Be an exemplary community citizen by making a difference in our community and supporting the stewardship of our environment. <p>Awards Sharp recently received the following recognition: Sharp is a recipient of the 2007 Malcolm Baldrige National Quality Award, the nation's highest presidential honor for quality and organizational performance excellence. Sharp is the first health care system in California and eighth in the nation to receive this recognition. Sharp was named the No. 1 "best integrated health-care network" in California and No. 12 nationally by Modern Healthcare magazine in 2012. The rankings are part of the "Top 100 Most Highly Integrated Healthcare Networks (IHN)," an annual survey conducted by health care data analyst IMS. This is the 14th year running that Sharp has placed among the top in the state in the survey. 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 "Best of San Diego" Readers Poll. SMH and SGH were ranked second and third "Best Hospitals" while SCVMC, SCHHC and SMBHWN were honored as finalists.</p>

Identifier	Return Reference	Explanation
		<p>ts SGH and SMH have both received MAGNET 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 accepted 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 largest medical staffing companies in the country With over 10,000 votes from visitors to the Soliant Health website, SMH was voted to the top of the second annual "20 Most Beautiful Hospitals in America" list In 2012 SMH was designated as a Planetree Patient-Centered Hospital, joining SCHHC as the second hospital in the state to earn the honor SMH is the largest and most complex hospital in the world to receive designation SCHHC was originally designated in 2007 and is the only hospital in the state to be re-designated, occurring in 2010 Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving 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 achiever by objectively identifying the highest performer and acknowledging their contributions to health care With this singular award, Morehead annually recognizes a client who has reached and sustained the 90th percentile on their employee engagement surveys Sharp reached the 98th percentile in 2010 and the 99th percentile in 2011 In FY 2012, SCHHC received Energy Star designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency Buildings that are awarded the designation use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere 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 Crystal Winner of the 2011 Workplace Excellence Awards from the San Diego Society for Human Resource Management This designation recognizes Sharp's Human Resources Department as an innovative and valuable asset to overall company performance Patient Access to Care Programs Uninsured patients with no ability to pay, and insured patients with inadequate coverage receive financial assistance for medically necessary services through Sharp's Financial Assistance Program Sharp does not refuse any patient requiring emergency medical care Sharp provides services to help every unfunded patient received in the Emergency Department find coverage options Patients use a quick, simple online questionnaire through the Foundation for Health Coverage Education to generate personalized coverage options that are filed in their account for future reference and accessibility The results of the questionnaire 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 government health coverage programs while maintaining the patient's dignity</p>

Identifier	Return Reference	Explanation
		<p>The Patient Assistance 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 management, nursing, physicians or even other patients. If eligible, uninsured patients are offered assistance, which can help decrease readmissions due to lack of medication access. The team members research all options available including programs offered by drug manufacturers, 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 continues to offer ClearBalance - a specialized loan program for patients facing high medical bills. Through this collaboration with San Diego-based CSI Financial Services, both insured and uninsured patients have the opportunity to secure small bank loans in order to pay off their medical bills in low monthly payments - as low as \$25 per month - and thus prevent unpaid accounts from going to collections. Through this program, Sharp provides a more affordable alternative for patients that struggle with the ability to resolve their hospital bills. In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Patients receive assistance with transportation and placement, connections to community resources, and financial support for medical equipment, medications, and even outpatient dialysis and nursing home stays. Through collaboration with the San Diego Rescue Mission, SC HHC, SGH and SMH discharge their chronically homeless patients to the Rescue Mission's Recuperative Care Unit, where patients not only receive follow-up medical care through Sharp in a safe environment, but through the organization's programs they also receive psychiatric care, substance abuse counseling and guidance to help get them off the street. Since 2011, Sharp's acute care hospitals have partnered with Father Joe's Villages to support Project HOPE (formerly Project SOAR) - a program designed to assist with and expedite social security and disability applications for homeless individuals with urgent health care needs. Through this program, Sharp provides community agencies with the medical 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 from the hospital, hospital case managers facilitate their transition to Project HOPE workers who then continue the application process on through to completion. The program helps ensure eligible at-risk individuals are able to obtain timely access to the income and medical care benefits that they may not otherwise receive as a result of their homeless status. 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 interventions to reduce use of emergent and other front line public resources. Project 25 is a partnership between United Way of San Diego County and the City and County of San Diego with a goal to provide permanent housing (via the San Diego Housing Commission) and supportive services (via the County of San Diego) to at least 25 of San Diego County's chronically homeless, who are often the most frequent users of public resources. In addition, in FY 2012 SCVMC continued to provide timely access to primary care health services by establishing medical homes for low-income, medically uninsured and underserved patients in the South Bay that present in the SCVMC ED. The program seeks to support safety net patients suffering from chronic conditions to better manage their pain, diseases and overall health care with the establishment of a medical home at a community clinic, inform safety net patients about obtaining affordable medications through generic prescription access education, increase patient access and timely referrals to primary care and behavioral health services, increase patient access to follow-up primary care services and establish a medical home at either Chula Vista Family Health Clinic or other community clinics, and offer enhanced access to transportation resources to the Chula Vista Family Health Clinic. It is this ability to schedule timely follow-up appointments for safety net patients that has contributed greatly to the success of this program, and since the program's inception approximately 20 percent of SCVMC's ED patients were referred to the Chula Vista Family Health Clinic. Health Professions Training Internships Students and recent health care graduates are a valuable asset to the community, and Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid and career pipeline programs. In FY 2012, there were more than 4,000 student intern</p>

Identifier	Return Reference	Explanation
		<p>s within the Sharp system, providing more than 517,000 hours in disciplines that included nursing, allied health and professional educational programs Sharp provides education and training programs for students across the continuum of nursing (e.g., critical care, medical/surgical, behavioral health, women's services and wound care) and allied health professions such as rehabilitation therapies (speech, physical, occupational and recreational therapy), pharmacy, respiratory therapy, dietetics, lab, radiology, social work, psychology, business, health information management, and public health Students from local community colleges such as Grossmont College (GC), San Diego Mesa College (MC), and Southwestern College (SWC), local and national university campuses such as San Diego State University (SDSU), University of California, San Diego (UCSD), University of San Diego (USD), and Point Loma Nazarene University (PLNU), and vocational schools such as Kaplan College (KC) participate in Sharp's health professions training Table 1 presents the students and student hours at each of the Sharp entities in FY 2012</p> <p>Table 1 Sharp HealthCare Internships - FY 2012 Sharp Chula Vista Medical Center Nursing Students - 850 Nursing Group Hours - 62,474 Nursing Precepted 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 Ancillary Hours - 28,360 Total Students - 484 Total Hours - 89,887 Sharp Grossmont Hospital Nursing Students - 693 Nursing Group Hours - 45,648 Nursing Precepted Hours - 16,105 Ancillary Students - 206 Ancillary Hours - 40,829 Total Students - 899 Total Hours - 102,582 Sharp Mary Birch Hospital for Women & Newborns Nursing Students - 173 Nursing Group Hours - 12,195 Nursing Precepted Hours - 3,300 Ancillary Students - 48 Ancillary Hours - 5,289 Total Students - 221 Total Hours - 20,784 Sharp Memorial Hospital Nursing Students - 511 Nursing Group Hours - 35,934 Nursing Precepted Hours - 20,509 Ancillary Students - 314 Ancillary Hours - 58,683 Total Students - 825 Total Hours - 115,126 Sharp Mesa Vista Hospital Nursing 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 HealthCare Nursing Students - 168 Nursing Group Hours - 158 Nursing Precepted Hours - 20,164 Ancillary 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</p>

Identifier	Return Reference	Explanation
		<p>College Collaborations In FY 2012, Sharp donated \$500,000 to SDSU's College of Health and Human Services in order to establish the Sharp HealthCare Professional Education and Research Institute. The donation allowed for three new scholarships at SDSU, including SDSU's new Doctor of Nursing Practice (DNP) program, which began in fall 2012. Scholarships 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 from \$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 corporate contributors.</p> <p>Health Sciences High and Middle College Sharp has teamed up as an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide students broad exposure to careers available in health care. During FY 2012, more than 330 HSHMC students connected to Sharp campuses for a total of more than 52,800 student hours. The collaboration between Sharp and HSHMC prepares high school students to enter health science and medical technology careers in the following five career pathways: Biotechnology Research and Development, Diagnostic Services, Health Informatics, Support Services and Therapeutic Services. During a 16-week period, supervised students rotate through instructional pods in various departments such as nursing, OB-GYN, occupational and physical therapy, behavioral health, Surgical Intensive Care Unit (SICU), Medical Intensive Care Unit (MICU), imaging, rehabilitation, laboratory, pharmacy, 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 career ladder development and job/education requirements. HSHMC students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. With the HSHMC program, Sharp links students with health care professionals through job shadowing and internships to explore real-world applications of their school-based knowledge and skills. The program began in 2007 with HSHMC students on the campuses of SGH and SMH, and expanded to include SMV and SMBHVN in 2009, SCHC 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 environment of many colleges and universities in San Diego. In FY 2012, Sharp staff committed more than 500 hours to the academic community by providing lectures, courses and presentations on numerous college/university campuses throughout San Diego. Through the delivery of a variety of guest lectures, including health information technology at San Diego Mesa College, cardiovascular technology at Grossmont College, health information lectures at San Diego Mesa College, pharmacy practice lectures at UCSD, and a variety of health administration lectures to public health graduate students at SDSU, Sharp staff remain active and engaged with San Diego's academic health care community. Sharp's Continuing Medical Education (CME) department assesses, designs, implements and evaluates educational initiatives for Sharp's affiliated physicians, pharmacists and other health care professionals to better 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 San Diego health care providers, ranging from conferences on patient safety, cardiology, antimicrobial stewardship, and obesity, to presentations on the hospitalist's experience and hospital overcrowding. Research innovation is critical to the future of health care, and Sharp HealthCare supports this innovation through its commitment to quality research initiatives 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 Institutional 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 participants are required to be reviewed by the Sharp HealthCare IRB. The purpose of this review is to protect participant safety and maintain responsible research conduct. In FY 2012, a dedicated IRB committee of 12 individuals - including physicians, psychologists, research nurses and</p>

Identifier	Return Reference	Explanation
		<p>study coordinators - devoted hundreds of hours to the review and analysis of both ongoing and new research studies. 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 care community receive education on various study-specific requirements regarding the protection of human subjects and HIPAA compliance. Additionally, Sharp HealthCare's Research Department works with the IRB to provide quarterly research meetings (QRM) that are open to physicians, psychologists, research nurses and study coordinators throughout San Diego. These 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 development of effective research questions.</p> <p>Outcomes Research Institute The Outcomes Research Institute (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 care community. With both inpatient and ambulatory locations and a diverse patient population, Sharp is well-positioned to study care processes and outcomes in a real-world setting, reflecting an authentic picture of the health care environment. The ORI collaborates with all Sharp team members interested in optimizing patient care by facilitating the creation and design of patient-centered outcomes research projects, assisting in database development as well as data collection and analysis, assisting with grant writing and exploring funding mechanisms for research projects, and facilitating IRB application submissions. Among its current and future goals, the ORI aims to ensure patient care produces outcomes consistent with evidence-based medical literature, analyze the relationships between processes and outcomes for treatments, interventions and quality improvement initiatives, establish associations between practice, costs and outcomes for patient care, and develop and disseminate 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 variables for expanded research measuring long-term influence of quality interventions on heart failure readmission, optimal glycemic control in the hospital setting, and inpatient complication rates and length of stay after bowel surgery. Currently the ORI has ten active studies in various phases of development and analysis. The ORI is committed to educational outreach for Sharp HealthCare's clinicians and the health care community at large, and offers numerous educational presentations about outcomes research and health care research methods to nurses, physicians and the broader community throughout the year. ORI staff have also been invited to present lectures on outcomes research and outcomes research designs to the broader health care community and at regional and national conferences.</p>

Identifier	Return Reference	Explanation
		<p>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 outcomes research. Since its inception in 2011, the program has enrolled nine students (approximately two per semester). The interns learn about outcomes research, and produce presentations that document their research study experience. In addition, the ORI has reached out 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 State 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 collaborations. Evidence-Based Practice Institute Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff (fellows) and advanced practice nurses (mentors) to change and improve nursing practice and patient care. This change occurs through identifying 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 Diego, which promotes evidence-based practice in the nursing community. The consortium is a partnership 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, the EBPI consisted of a nine-month program culminating with a graduation ceremony in September. The project results of all EBPI fellows are shared at the ceremony. EBPI fellows partner with their mentors and participate in a variety of learning strategies. Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellow through the process of evidence-based practice. Mentors also assist the fellow in working collaboratively with 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 outside of the classroom, in addition to the structured mentorship provided throughout the program. In FY 2012, approximately 50 fellows graduated from the EBPI program, and completed projects that addressed compelling issues in the health care community, such as end-of-life care and improving patient pain and symptom 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 system-wide community service program, Sharp Lends a Hand (SLAH), to further support the San Diego communities it serves. In October, Sharp team members suggested project ideas that focused on improving the health and well-being of San Diego in a broad, positive way, relied on Sharp for volunteer labor only, supported nonprofit initiatives, community activities or other programs that serve the residents of San Diego County, and could be completed by September 30, 2012. Eight projects were selected: Stand Down for Homeless Veterans, San Diego Food Bank, San Diego Coastal Clean-Up, SPORTS for Exceptional Athletes Basketball and Floor Hockey Tournaments, Helen Woodward Animal Center Puppy Love 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 Landscape Makeover. In support of these projects, more than 1,600 Sharp employees, family members and friends volunteered nearly 5,500 hours. During eight days in June and July 2012, 522 Sharp employees, family members and friends volunteered at Veterans Village of San Diego, Liberty Station and San Diego High School. The volunteers sorted and organized clothing donations and provided on-site support, medical services and companionship to hundreds of homeless veterans at Stand Down for Homeless Veterans, an annual event sponsored by Veterans Village of San Diego. 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 days in February, April, June and August, 708 SLAH volunteers inspected and sorted donated food, assembled boxes and cleaned the San Diego Food Bank warehouse. More than 35 SLAH volunteers provided assistance to San Diego County's SPORTS for Exceptional Athletes, a community-wide nonprofit organization that provides sports training and athletic co</p>

Identifier	Return Reference	Explanation
		<p>mpetition for individuals ages 5 through adult with developmental disabilities During the spring floor hockey and basketball tournaments, Sharp volunteers assisted with timekeeping, score-keeping 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 the 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 play by picking up and removing trash and debris from 16 selected sites in the community In January, 29 SLAH volunteers provided a landscape makeover at Home of Guiding Hands by installing 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 disabilities in San Diego's East County During two days in February, 57 SLAH volunteers provided support for the Helen Woodward Animal Center's Puppy Love 5K Run/Walk on Highway 101 in Solana 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 organization 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 volunteers offered their assistance to the Jewish Family Service of San Diego's Hand Up Youth Food Pantry, a program dedicated to alleviating hunger by delivering food to thousands of community members in need SLAH volunteers helped set up food shopping areas, assisted parents 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 organizations Each year, the organization serves more than 35,000 people throughout SDC and the Coachella Valley, providing more than 50 programs and services to address human and family needs 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 health care or other supportive services to underserved or adversely affected populations Sharp employees devoted their time and expertise to a variety of humanitarian organizations, including Facing Futures, an organization that provides free medical care to children suffering from facial abnormalities as a result of birth defects or trauma Over a period of two weeks, a team of Sharp physicians, nurses and support staff provided free maxillofacial surgeries for approximately 100 children in Vietnam In addition, Sharp staff partnered with the Children of the Nations (COTN) organization to provide basic medical care to more than 180 children between four and eighteen years of age, in Lira, Uganda A team of physicians, students and therapists also provided education on wound care, hydration, nutrition and safety procedures, including CPR and the Heimlich maneuver, to both staff and children in the village Sharp staff also participated in the Helping Older People Equally (HOPE) organization's Elderly Week in Belize, providing physical therapy screenings and assessments, as well as education and exercise programs to approximately 100 elderly community members</p>

Identifier	Return Reference	Explanation
		<p>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-affiliated physicians, nurses, technical staff, therapists, chaplains and many others participated in this effort in partnership with the Iomai Medical Ministries and Helps International. During a span of seven days, the team set up a temporary hospital at a local military base and treated more than 1,000 patients, performing approximately 140 surgeries, including hernia, cleft-lip, cleft palate, and gynecological procedures. In some cases, members of the impoverished mountain community traveled many hours to receive care at the hospital. Sharp also donated numerous supplies and equipment to this life-changing experience for both patients and participants. In addition, Sharp staff collaborated with the 2012 Pacific Partnership medical mission that serves individuals in Indonesia, Cambodia, Vietnam and the Philippines over a span of three months. Specifically, Sharp staff participated in the Pacific Partnership two-week medical mission trip to Cambodia alongside the San Diego-based U.S. Naval hospital ship, Mercy. Medical personnel from all branches of the U.S. military participated, as well as personnel from other countries, such as Australia, New Zealand and the Netherlands. The team implemented four medical sites throughout Cambodia, providing medical, dental and ophthalmic care to approximately 12,700 patients and performing more than 200 surgeries. In addition, team members taught and shared U.S. medical practices with Cambodian medical students.</p> <p>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 foundation for a family of seven, serving dinner at a homeless shelter, caring for malnourished children, and gathering and distributing vegetables to community members. Sharp staff also participated in the work of Amor Ministries in Tijuana, Mexico, a nonprofit organization that has served the people of Mexico for more than 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 2010. A team of 17 individuals, including Sharp staff, assisted in the construction of an orphanage dormitory, installed water filtration systems, distributed food packages and held a soccer tournament for children from four local orphanages.</p> <p>Community Walks: For the past 17 years, Sharp has proudly supported the American Heart Association (AHA) annual Heart Walk. In September 2012, more than 1,000 walkers represented Sharp at the San Diego Heart Walk held in Balboa Park. Sharp was the No. 1 Heart Walk team in San Diego and the AHA Western Region Affiliates, raising nearly \$190,000 for the American Heart Association. Sharp Volunteers: Sharp volunteers are a critical component of Sharp's dedication to the San Diego community. Sharp provides a multitude of volunteer opportunities throughout San Diego County for individuals to serve the community, meet new people and assist programs ranging from pediatrics to Senior Resource Centers. Volunteers devote their time and compassion to patients as well as to the general public, and are an essential element to many of Sharp's programs, events and initiatives. Sharp volunteers spend their time within hospitals, in the community, and in support of the Sharp HealthCare Foundation, Grossmont Hospital Foundation, and Coronado Hospital Foundation. Sharp employees also donate time to Sharp as volunteers for the Sharp organization. In FY 2012, more than 3,600 individuals volunteered for various programs across the Sharp system, contributing more than 242,000 hours of their time 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 delivering meals to homebound seniors and assisting with health fairs and events. Table 2 details the number of individual volunteers and the hours provided in service to each of Sharp's entities, specifically for patient and community support. Volunteers also spent additional hours supporting Sharp's three foundations for events such as Grossmont Hospital Foundation's annual Golf Tournament, galas held for SCHHC and SGH, and other events in support of Sharp entities and services. Table 2: Sharp Individual Volunteers and Volunteer Hours - FY 2012 Sharp Chula Vista Medical Center Number of Individual Volunteers - 325 Volunteer of Hours - 5,3</p>

Identifier	Return Reference	Explanation
		<p>96 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 - 3,495 Volunteer of Hours - 235,704 Sharp employees also volunteer their time for the Cabrillo Credit Union Sharp Division Board, the Sharp and Children's MRI Board, the UCSD Medical Center/Sharp Bone Marrow Transplant Program Board, Grossmont Imaging LLC Board, and the SCVMC - SDI Imaging Center In addition, volunteers on Sharp's auxiliary boards and the various Sharp entity Boards volunteer their time to provide program oversight, administration and decision-making regarding financial resources In FY 2012, 128 community members contributed their time to Sharp's boards</p>

Identifier	Return Reference	Explanation
		<p>Other Sharp Volunteer Efforts In FY 2012, Sharp staff volunteered their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare 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 initiatives in FY 2012, including the continuation of their "This Bud's for You" program. The program 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 grew, 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 day, an act that is simply part of what they do to enhance the experience of visitors to the hospital. SGH also continued to provide the "Shirt Off Our Backs" program during the 2011 holiday season, and brought clothing, shoes, blankets and household items directly to San 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 Management team provided ancillary support with loaner recycle bins to use for collection. Hundreds of pounds of clothing, shoes, towels, blankets, toiletries and other items that could be put to use immediately were collected, washed, folded, boxed/bagged and prepared before delivery to the San Diego population in need, and this year three pickup trucks were required to deliver the collected items. The efforts provided food and comfort to all who expressed 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 provided 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 department 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 and emotional health of patients that face significant medical challenges. The program provides services at SMH, SMH Outpatient Pavilion (OPP), SMBHWN, SMV and SMC. Since the inception 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 volunteers. 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 illnesses, chronic pain and long-term hospitalization. At SMH, oftentimes these are stroke patients, cancer patients or patients facing life with newly acquired disabilities following catastrophic events. Throughout FY 2012, Arts for Healing also provided art therapy for patients and community members at the Pavilion cancer support group on Saturday mornings. At SMBHWN, the program is provided to high-risk mothers who are in the hospital from one to four months, awaiting childbirth and experiencing stress and loneliness over the separation from their families. Participants paint and create cards and seasonal craft projects. In addition, Arts for Healing provided art activities for children at Saturday With Santa, a community event hosted by the SMH auxiliary for children to have their picture taken with Santa. This and other Arts for Healing events have benefitted hundreds of community members through the healing power of art. In addition, Sharp sponsored the TEDxSanDiego and TEDxYouth events held in November 2011, providing support in advance of the event, including show direction, technical direction, experience design and registration. TEDxSanDiego and TEDxYouth are events for members of the San Diego community and beyond, and are designed to bring together innovators, explorers, teachers and learners in an environment that encourages 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 events 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 largest private employer, Sharp recognizes that the</p>

Identifier	Return Reference	Explanation
		<p>health of its patients, employees and the community is directly tied to the health of the environment. Sharp promotes a culture of environmental responsibility by providing education 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 conservation, (3) minimize waste, (4) investigate and promote cleaner means of transportation, and (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 environmental influence. Sharp's Environmental Policy serves to affirm its commitment to improving 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 community and its vendors to develop new programs and initiatives to help achieve its environmental goals. According to the EPA, inpatient hospital facilities are the second-most energy-intensive industry after food service and sales, with energy utilization rates 2.7 times greater than that of office buildings on a square-foot basis. Unlike other industries, hospitals must operate 24 hours a day, seven days a week, and must provide service during power outages, natural disasters and other emergencies. Given this reality, Sharp has embarked on several green initiatives to enhance energy efficiency including retro-commissioning of heating, ventilation and air conditioning (HVAC) systems, occupancy sensor installation, 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 retrofits, pipe insulations and infrastructure control initiatives, which are expected to generate 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 international 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. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function. In 2007, SCHHC first earned EPA's ES certification and also earned the ES designation for 2010, 2011 and 2012. SCVMC is eligible to receive the EPA ES designation again in 2012, and earned this recognition for the three previous years. The ES designation is the result of Sharp's commitment to superior energy performance and responsible use of natural resources. In addition, Sharp's new SRS Downtown medical office building is the first Leadership in Energy and Environmental Design (LEED) gold-certified medical office building in San Diego.</p>

Identifier	Return Reference	Explanation
		<p>In an effort to conserve water, Sharp has researched and implemented infrastructure changes to ensure Sharp's facilities are optimally operated while monitoring and measuring water consumption. Such changes include installation of motion-sensing faucets, drip irrigation systems, mist eliminators, water-saving devices and equipment, water monitoring and control systems, water practice and utilization evaluations, 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 from the landfills. Other waste reduction efforts include reprocessing of surgical instruments, use of reusable sharps and pharmaceutical waste containers, sterile processing equipment to eliminate blue-wrapped instrument trays, use of recyclable paper for printing brochures, newsletters and other marketing materials, electronic patient bills and paperless payroll, recycling of exam table paper, encouragement of reduced paper use at meetings through electronic correspondence, and use of one-at-a-time paper napkin and plastic cutlery dispensers. Office Depot, Sharp's primary office supply vendor, has initiated a new program called GreenerOffice (tm) Delivery Service aimed at making client deliveries more environmentally 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 post-consumer recycled material. The paper bags are protected during shipping by reusable plastic totes, which are returned to Office Depot for reuse. Nationally, GreenerOffice Delivery 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 footprint 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 increase Sharp's waste diversion rate through employee education of appropriate waste stream disposal and increased recycling activities. In support of electronic waste recycling, Sharp hosted two community electronic recycling events at their corporate office location in 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 welcomed employees and community members, and collected nearly 500 pounds of pharmaceuticals and 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 Recycle Sight program, which distributes recycled glasses to people in need both locally and globally. On average, Sharp employees donate more than 400 pairs of glasses through the program each year. In April 2012, Sharp held its third-annual systemwide Earth Week event, including 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 Fairs to help raise awareness and education regarding green initiatives and how they involve Sharp HealthCare. In addition, on November 15, 2011, Sharp recognized America Recycles Day through a systemwide electronic announcement that highlighted Sharp's recycling efforts and 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 facilities diverted over 7.4 million pounds of paper, cardboard, glass, aluminum, metals, polystyrene, batteries and electronic waste from local landfills. SCHHC and SMMC diverted 36,729 pounds of waste through utilization of reusable sharps and pharmaceutical waste containers in FY 2012. Sharp recycled/reclaimed 186,910 pounds of hazardous and universal waste (e.g., batteries, solvents and fluorescent light bulbs) and diverted 33,317 pounds of waste 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</p>

Identifier	Return Reference	Explanation
		<p>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%</p>

Identifier	Return Reference	Explanation
		<p>Sharp implements sustainable food practices throughout the system including removal of Styrofoam from cafeterias, use of green-label kitchen soaps and cleansers, electronic cafe menus, recycling of all cardboard, cans and grease from cafes, and partnering with vendors who are committed to reducing product packaging. Other sustainable food practices include organic markets at each of Sharp's hospitals and corporate office, purchasing of hormone-free milk, and increased purchasing of locally grown fruits and vegetables, approaching 65 percent at some entities. Both SMH and SCHHC have also created the first 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 Composting Program, making Sharp the first San Diego health care organization to join the city's initiative. Through this program, food waste is picked up weekly by EDCO, a solid waste vendor, for transport to the Miramar Greenery, a 74-acre facility located at the Miramar Landfill in Kearny Mesa. The composted rich soil is sold to commercial landscapers and non-city residents, and provided at no charge to city residents at volumes of up to two cubic yards. From April to September 2012, approximately 76 tons were diverted from the landfill and composted at the Miramar Greenery. SMH and SMBHWN hosted a free Community Composting Workshop to share their food waste composting experiences and encourage other organizations to begin composting. Sharp plans to continue its partnership with the City of San Diego to expand the Food Waste Composting Program to other Sharp entities. Ride sharing, public transit programs and other transportation efforts contribute to the reduction of Sharp's transportation emissions. Sharp's Commuter Solution Sub-Committee is responsible for developing new programs and education campaigns aimed at reducing the number of cars on the road. Sharp ensures carpool parking spaces and designated bike racks and motorcycle spaces are available at each employee parking lot. In addition, Sharp offers discounted monthly bus passes for purchase by employees. In partnership with the San Diego Association of Governments (SANDAG), a vanpool and carpool match-up program has been created to help employees 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. Employees 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 program. Sharp monitors ride sharing by its employee population and the reduction of its carbon footprint through SANDAG's iCommute website. Education and marketing campaigns are held throughout the year to educate employees on the benefits of ride sharing. 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 transportation. In FY 2012, the Sharp system participated in the SANDAG iCommute Corporate Challenge, achieving second place in the Mega employee category. In addition, Sharp uses centralized patient scheduling to improve patient vanpools, and has replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. As part of the nationwide Electric Vehicle Project, Sharp has installed electric vehicle 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 care system in San Diego to offer the EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil. In FY 2012, Sharp presented to professionals at the California Higher Education Sustainability Conference (CHESC) at University of California, Davis, highlighting its waste minimization efforts, including its Food Waste Composting Program. Sharp's waste minimization initiatives have also been recognized by several publications including San Diego Business Journal, North County Times and BioCycle, a national magazine about composting, renewable 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 purchasing 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 corporate partners to develop new and creative ways to reduce Sharp's impact on the environment.</p>

Identifier	Return Reference	Explanation
		<p>onment and meet their goal of being an outstanding community citizen through environmental responsibility Table 4 All Ways Green Initiatives by Sharp Entity - FY 2012 SMH/SMBHWN *Energy Efficiency - Electric vehicle chargers - Energy audits - Energy-efficient chillers /motors - 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 - Har dscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Elec tronic cafe menus - Food waste composting - Single-serve paper napkin and plastic cutlery dispensers - Reusable sharp waste containers - Single-stream recycling - Surgical instrume nt reprocessing *Education and Outreach - Drought tolerant rooftop garden - Earth Week act ivities - Environmental policy - Green Team - No Smoking Policy - Organic farmer's market - Organic gardens - Recycling education - Ride share promotion</p>

Identifier	Return Reference	Explanation
		<p>SMV/SMC *Energy Efficiency - Energy audits - Energy Star participation - HVAC projects - Lighting retrofits - Motor and pump replacements *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling - Styrofoam elimination - Surgical instrument reprocessing *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Organic farmer's market - Recycling education - Ride share promotion SGH *Energy Efficiency - Energy audits - Energy Star participation - HVAC projects - Lighting retrofits - Retro-commissioning *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Electronic cafe menus - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling - Surgical instrument reprocessing *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Organic farmer's market - Recycling education - Ride share promotion SCVMC *Energy Efficiency - Energy audits - Energy-efficient chillers/motors - Energy Star participation and award eligible - HVAC projects - Lighting retrofits *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Compactor renovation - Electronic cafe menus - Single-stream recycling - Surgical instrument reprocessing *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Organic farmer's market - Recycling education - Ride share promotion</p>

Identifier	Return Reference	Explanation
		<p>SCHHC *Energy Efficiency - Elevator/chiller modernizations - Energy audits - Energy-efficient chillers/motors - Energy Star Award HVAC projects - Lighting retrofits *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Reusable sharp containers - Single-stream recycling - Surgical instrument reprocessing *Education and Outreach - Earth Week activities - Environmental policy - Green Team- No Smoking Policy - Organic farmer's market - Organic gardens - Recycling education - Ride share promotion SRS *Energy Efficiency - Energy audits - Energy Star participation - Lighting retrofits *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Low-flow systems - Mist eliminators *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Recycling of exam paper - Single-stream recycling - Styrofoam elimination *Education and Outreach - Contractor education - Earth Week activities - Environmental policy - Green Team- No Smoking Policy - Recycling education - Ride share promotion SHP *Energy Efficiency - Energy 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 systems - Mist eliminators *Waste Minimization - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling - Spring cleaning events *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Recycling education - Ride share promotion</p>

Identifier	Return Reference	Explanation
		<p>Sharp System Services *Energy Efficiency - Electric vehicle chargers - Energy audits - Energy efficient chillers/motors - Energy Star participation - HVAC projects - Lighting retrofits - Occupancy sensors - Thermostat control software *Water Conservation - Drip irrigation - Drought-tolerant plants and bark-covered ground - Electronic faucets - Evaluation of water utilization practices - Hardscaping - Landscape water reduction systems - Mist eliminators *Waste Minimization - Electronic patient bills and paperless payroll - Electronic and pharmaceutical waste recycling events - Green Grocer's market - Single-serve paper napkin and plastic cutlery dispensers - Single-stream recycling *Education and Outreach - Earth Week activities - Environmental policy - Green Team - No Smoking Policy - Recycling education - Ride share promotion</p> <p>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 lecture entitled, Lessons Learned from the San Diego County Power Outage, to 125 community health care and emergency preparedness professionals at the Los Angeles County Statewide Medical Exercise Planning Conference In addition, Sharp's disaster preparedness team offered several disaster education courses to first responders, health care providers and community members across SDC The Hospital-Based First Receiver Awareness Course and First Receiver Operations Course were offered as a two-part series to educate and prepare hospital staff 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 emergency management training for hospital management entitled, NIMS (National Incident Management System)/ ICS (Incident Command System)/ HICS (Hospital Incident Command System), was also offered by Sharp's disaster team, as well as a START (Simple Triage and Rapid Treatment) 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 disaster team will lead a Pediatric/Burn Surge course for hospital staff, health care providers and other emergency responders, and will provide training to effectively manage specific patient populations during a surge or abnormal event In FY 2012, Sharp's disaster leadership donated their time to state and local organizations and committees including the Southern 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 enforcement, American Red Cross and others who meet monthly to share best practices for emergency preparedness In addition, Sharp's disaster leadership served on the Statewide Medical Health Exercise work group that designed training materials, including an exercise guidebook and other resources, for the 2012 California Statewide Medical Health Training and Exercise Program through the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) The program is designed to guide local emergency planners in developing, planning and conducting emergency responses Sharp supports safety efforts of the state and the city of San Diego through maintenance and storage of a county decontamination trailer at Sharp Grossmont Hospital, to be used in response to a mass decontamination 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 join 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 emergencies such as earthquakes, fires and floods that impact hospital surge needs Within 72 hours of an emergency, the MFH can provide up to 600 acute care hospital beds for patient treatment and transport anywhere in the state Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event the system's normal water supply is interrupted</p>

Identifier	Return Reference	Explanation
		<p>As part of its participation in the U.S. Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership (the Partnership). The Partnership includes SCVMC, SCHHC, SGH, SMH, SRS Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital, 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 Centers. 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 partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. In FY 2013, Sharp will educate the San Diego community on effective disaster preparedness and response with its Household Disaster Preparedness Expo. At the expo, local disaster vendors and emergency personnel will provide community members with disaster preparedness education and emergency demonstrations. In addition, Sharp plans to collaborate with other SDC hospitals to create regional decontamination teams of health care personnel trained to respond to a community decontamination event. Internally, Sharp plans to develop employee disaster teams who will be trained to provide leadership, order and safety during an emergency or disaster.</p> <p>Section 2 Executive Summary This Executive Summary provides an overview of community benefits planning at Sharp, a listing of community needs addressed in this Community Benefits Report, and a summary of community benefits programs and services provided by Sharp in Fiscal Year (FY) 2012 (October 1, 2011, through September 30, 2012). In addition, the summary reports the economic value of community benefits provided by Sharp, according to the framework specifically identified in SB 697, for the following:</p> <ul style="list-style-type: none"> * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan Community Benefits Planning at Sharp HealthCare <p>Sharp bases its community benefits planning on the triennial community health needs assessment (CHNA) conducted by San Diego Community Health Improvement Partners (CHIP) combined with the expertise in programs and services of each Sharp hospital.</p> <p>Listing of Community Needs Addressed in This Community Benefits Report The following community needs are addressed by one or more Sharp hospitals in this Community Benefits Report:</p> <ul style="list-style-type: none"> * Access to care for individuals without a medical provider, and support for high-risk, underserved and underfunded patients * Focused education and screening programs on health conditions such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health * Health education and screening activities for seniors * Outreach for flu vaccinations * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Education and training of health care professionals * Collaboration with local schools to promote interest in health care careers * Welfare of seniors and disabled people * Cancer education, patient navigator services, and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their loved ones * Mental health and substance abuse education for the community

Identifier	Return Reference	Explanation
		<p>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</p> <ul style="list-style-type: none"> * Unreimbursed Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty and retired members of the uniformed services, their loved ones and survivors, and unreimbursed costs of workers' compensation programs This also included financial support for on-site workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, financial and other support to community clinics to assist in providing health services, and improving access to health services, Project HELP, Project CARE, contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank, financial and other support to the Sharp Humanitarian Service Program, and other assistance for the needy * Other Benefits for the Broader Community included health education and information, and participation in community health fairs and events addressing the unique needs of the community, plus providing flu vaccinations and health screenings Sharp collaborated with local schools to promote interest in health care careers, made Sharp facilities available for use by community groups at no charge, and executive leadership and staff actively participated in numerous community organizations, committees and coalitions to improve the health of the community See Appendix A for a listing of Sharp's involvement in community organizations In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration * Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care professionals, as well as student/intern supervision, time devoted to generalizable, health-related research projects 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 University (SDSU) <p>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 unreimbursed Table 1 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697 In FY 2012, 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 \$153.4 million and an assessment of a quality assurance fee totaling \$101.1 million in FY 2012 The net impact of the program totaling \$52.3 million reduced the amount of unreimbursed medical care service for the Medi-Cal population This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2012 understate the true unreimbursed medical care services performed for the past fiscal year Table 1 Total Economic Value of Community Benefits Provided Sharp HealthCare Overall - FY 2012</p> <p>Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2012 Unreimbursed Costs</p> <ul style="list-style-type: none"> *Medical Care Services Shortfall in Medi-Cal \$59,465,473 Shortfall in Medicare \$132,907,288 Shortfall in San Diego County Indigent Medical Services \$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 the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events \$2,143,857 *Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$5,868,076 <p>TOTAL \$305,335,556</p>

Identifier	Return Reference	Explanation
		<p>Table 2 shows a listing of these unreimbursed costs provided by each Sharp entity Table 2 Total Economic Value of Community Benefits Provided Sharp HealthCare Entities - FY 2012 Estimated FY 2012 Unreimbursed Costs *Sharp Chula Vista Medical Center \$50,452,708 *Sharp Coronado Hospital and Healthcare Center \$10,281,860 *Sharp Grossmont Hospital \$108,907,011 *Sharp Mary Birch Hospital for Women & New borns \$6,074,797 *Sharp Memorial Hospital \$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 Sharp 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 Community Benefits at Sharp HealthCare Entities Based on Senate Bill 697 Categories Sharp Chula Vista Medical Center *Medical Care Services - \$48,647,016 *Other Benefits for Vulnerable Populations - \$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 Center *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 Training Programs - \$179,134 *Estimated FY 2012 Unreimbursed Costs - \$10,281,860</p>

Identifier	Return Reference	Explanation
		<p>Sharp Grossmont Hospital *Medical Care Services - \$106,253,232 *Other Benefits for Vulnerable Populations - \$729,968 *Other Benefits for the Broader Community - \$682,222 *Health Research, Education and Training Programs - \$1,241,589 *Estimated FY 2012 Unreimbursed Costs - \$108,907,011 Sharp Mary Birch Hospital for Women & New borns *Medical Care Services - \$5,468,616 *Other Benefits for Vulnerable Populations - \$48,031 *Other Benefits for the Broader Community - \$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 Broader 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 McDonald Center *Medical Care Services - \$7,936,909 *Other Benefits for Vulnerable Populations - \$464,187 *Other Benefits for the Broader Community - \$174,013 *Health Research, Education and Training Programs - \$1,466,794 *Estimated FY 2012 Unreimbursed Costs - \$10,041,903 Sharp Health Plan *Other Benefits for Vulnerable Populations - \$9,752 *Other Benefits for the Broader Community - \$131,186 *Health Research, Education and Training Programs - \$406 *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 the Broader Community - \$2,143,857 *Health Research, Education and Training Programs - \$5,868,076 *Estimated FY 2012 Unreimbursed Costs - \$305,335,556</p>

Identifier	Return Reference	Explanation
		<p>Section 3 Community Benefits Planning Process For the past 16 years, Sharp has based its community benefits planning on findings from the triennial Community Health Needs Assessment (CHNA) conducted by San Diego Community Health Improvement Partners (CHIP), as well as the combination of expertise in programs and services of each Sharp hospital and knowledge of the populations and communities served by those hospitals Methodology to Conduct the 2010 Community Health Needs Assessment Since 1995, Sharp has participated in a countywide collaborative - including a broad range of hospitals, health care organizations, and community agencies - to conduct a triennial CHNA The 2010 CHNA is publicly available at http://www.sdchip.org/initiatives/charting-the-course-vi.aspx In 2010, the CHIP Needs Assessment Advisory Council, under the direction of the CHIP Steering Committee, determined a methodology and approach to the sixth edition of the triennial needs assessment, which included a community priority-setting process composed of the following steps</p> <ul style="list-style-type: none"> * Review of the 38 Healthy People 2020 focus areas by the Needs Assessment Advisory Council, comprised of more than 30 community stakeholders Seventeen health issues emerged as a result of the combining and streamlining of these areas by the Council * Division of the 17 health issues into the following three categories: Overarching Issues, Health-Related Behaviors and Health Outcomes Health issue briefs were developed to provide detailed information on each of the 17 identified health issues * Invitation to community leaders throughout San Diego County (72 out of 379 invitees participated) to prioritize each health issue with information from the health issue briefs and based on the following criteria: <ul style="list-style-type: none"> - Size of the health issues - Seriousness of the health issue - Community resources available to address the health issue - Availability of data/information to evaluate the health issue's outcomes Each of the health issues were scored separately within the three categories noted above (Overarching Issues, Health-Related Behaviors and Health Outcomes) * Utilization of the Spectrum of Prevention Framework to determine which issues prioritized by the community were most impacted by prevention activities (as opposed to treatment) - Health access and delivery - Social determinants of health - A combination of nutrition, weight status, physical activity and fitness - Injury and violence - Mental health and mental disorders <p>* Discussion of the above identified issues in community forums held in the six regions of San Diego County in order to</p> <ul style="list-style-type: none"> - Allow community stakeholders to identify root causes related to each health issue - Begin the process of understanding each issue from a regional perspective - Foster community relationships and promote the voice(s) of San Diego's various regional and subregional communities in the needs assessment process * In-depth analysis of each of the five health issues selected for the 2010 CHNA, identified as

Identifier	Return Reference	Explanation
		<p>- Health access and delivery - Social determinants of health - Combination of nutrition, weight status, physical activity and fitness - Injury and violence - Mental health and mental disorders Depending on the level of available data, these analyses included an overview of the health issue and its importance, seriousness of the health issue in terms of economic costs, use of resources and/or loss of functional status, incidence data as well as prevalence of morbidity and mortality on the populations most impacted by the health issue, and the local impact of the health issue In addition to a review of the results from the priority-setting process, the 2010 CHNA utilized information from the following *</p> <ul style="list-style-type: none"> * Analysis of health-related statistics gathered and analyzed by the County of San Diego Health and Human Services Agency (HHS), supplemented by data from the California Health Interview Survey (CHIS), California Office of Statewide Health Planning and Development (OSHPD), the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System and census data from the San Diego Association of Governments (SANDAG) * * Review of health-related scientific literature * * Review of the results from facilitated discussions of six community regional forums held with a cross-section of stakeholders from the San Diego County community Determination of Priority Community Needs Sharp HealthCare Each Sharp hospital reviewed the 2010 CHNA and used it to determine priority needs for their hospital's communities In identifying these priorities, each entity considered the expertise and mission of the hospital in providing programs and services, in addition to the needs of the unique, ever-changing demographics and/or health topics that comprise the entity's service area and region For example, the specialty hospitals - SMBHWN, SMV, and SMC - reviewed the needs assessment priorities, specifically focusing on issues relevant to women and infants, behavioral health, and substance abuse, respectively Sharp's general acute-care hospitals reviewed the needs assessment with a focus on the region and/or subregional areas, with the goal of matching community benefit programs and services to the unique needs of the region Steps Completed to Prepare an Annual Community Benefits Report On an annual basis, each Sharp hospital performs the following steps in preparation of its Community Benefits Report * * Establishes and/or reviews hospital-specific measurable objectives * * Verifies the need for an ongoing focus on identified community needs and/or adds new identified community needs * * Reports on activities conducted in the prior fiscal year - FY 2012 Report of Activities * * Develops a plan for the upcoming fiscal year, 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 specifically identified in SB 697 * * Reviews and approves a Community Benefits Plan * * Distributes the Community Benefits Plan and Report to members of the Sharp Board of Directors and Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year Ongoing Commitment to Collaboration In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of San Diego County residents, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, statewide California Hospital Association, Hospital Association of San Diego and Imperial Counties, and other local collaboratives such as the CHIP Access to Health Literacy Initiative and the CHIP Behavioral Health Work Team

Identifier	Return Reference	Explanation
		<p>Section 4 Sharp Metropolitan Medical Campus The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Mary Birch Hospital for Women & New borns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center FY 2012 Community Benefits Program Highlights SMMC provided a total of \$135,552,633 in community benefits in FY 2012 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefits Provided Sharp Metropolitan Medical Campus - FY 2012 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2012 Unreimbursed Costs *Medical Care Services Shortfall in Medi-Cal \$24,434,906 Shortfall in Medicare \$66,021,769 Shortfall in San Diego County Indigent Medical Services \$12,407,592 Shortfall in CHAMPVA/TRICARE \$1,662,316 Shortfall in Workers' Compensation \$657 Charity Care and Bad Debt \$25,471,165 *Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$1,254,942 *Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events \$870,203 *Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$3,429,083 TOTAL \$135,552,633 Section 5 Sharp Mary Birch Hospital for Women & New borns Sharp Mary Birch Hospital for Women & New borns (SMBHWN) is located at 3003 Health Center Drive in San Diego, ZIP code 92123 FY 2012 Community Benefits Program Highlights</p>

Identifier	Return Reference	Explanation
		<p>SMBHWN provided a total of \$6,074,797 in community benefits in FY 2012. See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefits Provided Sharp Mary Birch Hospital for Women & New borns - FY 2012 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2012 Unreimbursed Costs *Medical Care Services Shortfall in Medi-Cal \$3,344,025 Shortfall in Medicare \$315,102 Shortfall in San Diego County Indigent Medical Services \$124,355 Shortfall in Workers' Compensation \$657 Charity Care and Bad Debt \$1,684,477 *Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$48,031 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events \$133,424 *Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$424,726 TOTAL \$6,074,797 Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who were unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, and CHAMPVA/TRICARE, unreimbursed costs of workers' compensation programs, and financial support for on-site workers to process Medi-Cal eligibility forms. In FY 2012, 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 \$27 million to SMBHWN and an assessment of a quality assurance fee totaling \$17 million in FY 2012. The net impact of the program totaling \$10 million reduced the amount of unreimbursed medical care services for the Medi-Cal population at SMBHWN. This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2012 understate the true unreimbursed medical care services performed for the past fiscal year. * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for the needy. * Other Benefits for the Broader Community included health education and information on a variety of topics, support groups, participation in community health fairs and events, and collaboration with local schools to promote interest in health care careers. SMBHWN also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as the American Heart Association (AHA), Miracle Babies, the National Perinatal Information Center, the Council of Women's and Infants' Specialty Hospitals (CWISH), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), the International Lactation Consultants Association (ILCA), the National Association of Neonatal Nurses (NANN), the American Hospital Association, the Perinatal Social Work Cluster, and the Regional Perinatal System. See Appendix A for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration. * Health Research, Education and Training Programs included education and training of health care professionals, student and intern supervision, time devoted to generalizable health-related research projects 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 University (SDSU).</p>

Identifier	Return Reference	Explanation
		<p>Definition of Community As a specialty hospital, SMBHWN serves the community of San Diego County Description of Community Health In San Diego County in 2009, 95.4 percent of children ages 0 to 11, 95.6 percent of children age 12 to 17, and 84.8 percent of adults had health insurance, failing to meet 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 eligibility for Medi-Cal Healthy Families Table 2 Health Care Access in San Diego County 2009 *Health Insurance Coverage Children 0 to 11 Years Rate - 95.4% Year 2020 Target - 100% Children 12 to 17 Years Rate - 95.6% Year 2020 Target - 100% Adults 18 + Years Rate - 84.8% Year 2020 Target - 100% *Regular Source of Medical Care Children 0 to 11 Years Rate - 97.2% Year 2020 Target - 100% Children 12 to 17 Years Rate - 87.3% Year 2020 Target - 100% Adults 18 + Years Rate - 88.3% Year 2020 Target - 89.4% *Not Currently Insured Adults 18 to 64 Years Rate - 17.7% Source 2009 CHIS Table 3 Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults Ages 18 to 64 Years), 2009 Description/Rate Medi-Cal Eligible - 8.3% Healthy Families Eligible - 0.8% Not Eligible - 90.9% Source 2009 CHIS On average, there were 46,415 live births a year in San Diego County during the three-year period from 2007 through 2009 During this time, San Diego County met the HP 2020 national targets for all maternal and infant health indicators Additionally, in 2009, fetal mortality in San Diego County was 3.9, also meeting the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths See Table 4 for a summary of maternal and infant health indicators Table 4 Maternal and Infant Health Indicators in San Diego County Three-Year Average (2007 Through 2009)</p>

Identifier	Return Reference	Explanation
		<p>Maternal and Infant Health Indicator First Trimester Prenatal Care Rate - 81.9% Year 2020 Target - 77.9% Preterm Births Rate - 10.2% Year 2020 Target - 11.4% Very Low Birth Weight (VLBW) Infants Rate - 1.1% Year 2020 Target - 1.4% Low Birth Weight (LBW) Infants Rate - 6.7% Year 2020 Target - 7.8% Infant Mortality Rate - 4.8% Year 2020 Target - 6.0% Notes * Preterm births are births with less than 37 weeks gestation * Very low birth weight infants weigh less than 1,500 grams, approximately 3.5 pounds * Low birth weight infants weigh less than 2,500 grams, approximately 5.5 pounds * Fetal mortality describes the death of the fetus after at least 20 complete weeks of gestation, commonly referred to as stillbirths * Infant mortality refers to the death of infants less than one year of age * Infant mortality rates are per 1,000 live births Fetal mortality rates are per 1,000 live births and fetal deaths Sources County of San Diego, HHS, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services During the three-year period from 2007 through 2009, San Diego County regions met all HP 2020 national targets except for preterm births in the central and east regions Additionally, in 2009, fetal mortality was 3.9 (fetal deaths per 1,000 live births and fetal deaths) in the north coastal region, 3.0 in the north central region, 4.9 in the central region, 4.1 in the south region, 3.9 in the east region and 3.6 in the north inland region In 2009, all San Diego County regions met the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths See Table 5 for a summary of maternal and infant health indicators by region Table 5 Maternal and Infant Health Indicators by Region in San Diego County, Three-Year Average (2007 Through 2009) *Prenatal Care North Coastal - 78.8% North Central - 89.9% Central - 80.6% South - 84.4% East - 78.3% North Inland - 79.4% *Preterm Births North Coastal - 9.4% North Central - 10.1% Central - 11.8% South - 9.5% East - 11.6% North Inland - 9.1% *VLBW Infants North Coastal - 1.1% North Central - 1.0% Central - 1.2% South - 1.0% East - 1.2% North Inland - 1.0% *LBW Infants North Coastal - 6.4% North Central - 6.8% Central - 7.2% South - 6.4% East - 6.9% North Inland - 6.4% *Infant Mortality North Coastal - 4.4 North Central - 4.1 Central - 5.6 South - 5.0 East - 5.1 North Inland - 4.5</p>

Identifier	Return Reference	Explanation
		<p>Sources County of San Diego, HHS, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services Community Benefits Planning Process In addition to the steps outlined in Section 3 regarding community benefits planning, SMBHWN * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals * Estimates an annual budget for community programs and services based on community needs, the prior year's experience, and current funding levels * Participates in programs and workgroups to review and implement services that improve the health status and emotional well-being of women and infants (Note This is beyond the scope of current efforts of CHIP) Priority Community Needs Addressed in Community Benefits Report The following identified community needs are addressed in the SMBHWN Community Benefits Report * Reducing the incidence of neonatal morbidity and mortality associated with preterm delivery * Providing professional education and development * Meeting the needs of new mothers and their families For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2012 Report of Activities conducted in support of the objective(s), and FY 2013 Plan of Activities Identified Community Need Reducing the Incidence of Neonatal Morbidity and Mortality Associated With Preterm Delivery Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated Rationale * CHIP members identified maternal, infant and child health/family planning as the fifth most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA * Preterm births account for 75 percent of newborn deaths Preterm infants are 40 times more likely to die in the neonatal period than full-term infants and 22 times more likely to develop neurodevelopmental handicaps such as cerebral palsy, seizure disorders and mental retardation * On average, there were 4,688 preterm births (less than 37 weeks gestation) a year in San Diego County (SDC) during the three-year period from 2007 through 2009 The preterm birth rate was 10.2 percent In 2009, preterm births were higher in male newborns when compared to females, and highest among black mothers when compared to mothers of other race/ethnicity and mothers age 35 years and older when compared to mothers in two other age groups (15 to 24 years and 25 to 34 years) * In 2009, 199 infants died before their first birthday in SDC The infant mortality rate was 4.4 infant deaths per 1,000 live births Infant mortality was similar for males and females and was highest among black infants when compared to infants of other race/ethnicity * Behavioral and social risk factors for infant mortality include substance use, medical complications, lack of prenatal care, environmental exposures, poor nutrition and lack of social supports Demographic risk factors for infant mortality include race/ethnicity, genetics/family history, maternal age (young, older), socioeconomic status and cultural stress * The cost of caring for a premature infant in a hospital Neonatal Intensive Care Unit (NICU) ranges from \$20,000 to \$2.5 million, depending on the degree of prematurity In addition to the economic costs of preterm births, the human costs to families and infants are immeasurable It is estimated that for every dollar spent on prenatal prevention services, three dollars in neonatal costs are saved Education of parents and health care providers regarding risk reduction, early detection, and intervention is effective in preventing preterm births Measurable Objectives * Develop, coordinate and provide educational programs on preterm labor and births, as well as prenatal health to women in the community * Participate in community events and provide education on preterm births and prenatal health FY 2012 Report of Activities In FY 2012, SMBHWN offered free, monthly Preterm Birth Prevention classes on the warning signs of preterm labor and preventing preterm births, serving 120 people (including women and partners) SMBHWN also offered its Teen Child Birth Preparation course to 35 pregnant San Diego teens in FY 2012 The program provided free support and information on a variety of topics, including preparing for birth, what to expect postpartum, birth control, baby care, SIDS prevention, breastfeeding and topics selected by group members - ranging from childproofing one's home to communication skills SMBHWN actively supported Miracle Babies in FY 2012 and fundraised more than \$12,400 as well as participated in the Miracle Babies Walk in November These funds helped provide financial assistance and support to San Diego families in need with newborns in the NICU SMBHWN also provided educational reso</p>

Identifier	Return Reference	Explanation
		<p>urces to hundreds of community members through participation in various community events, including the AHA Heart Walk, the ACS Go Red for Women luncheon and the Speaking of Women' s Health Conference Throughout FY 2012, SMBHWN led a variety of educational programs and workshops for expecting mothers and their families, covering various aspects of prenatal care Topics included how one's body prepares for birth and delivery, hospital procedures, medication choices, Cesarean delivery, relaxation and breathing techniques, postpartum care, breastfeeding and infant feeding, new born characteristics and procedures, infant care information for grandparents, positive parenting techniques, and prenatal yoga FY 2013 Plan</p>

Identifier	Return Reference	Explanation
		<p>SMBHWN will do the following</p> <ul style="list-style-type: none"> * Continue to offer monthly preterm birth prevention classes * Continue to conduct community outreach and education at various health fairs and events * Continue to support the Miracle Babies foundation in San Diego <p>Identified Community Need</p> <p>Providing Professional Education and Development Rationale</p> <p>references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated</p> <p>Rationale</p> <ul style="list-style-type: none"> * The demand for RNs and other health care personnel in the United States will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010 The U.S. Department of Health and Human Services (DHHS) estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate According to the California Hospital Association (CHA), SDC will face a significant shortage of RNs over the next 20 years Currently, there is an estimated shortage of more than 2,000 nurses in the County * The DOL reports that allied health professions represent about 60 percent of the American health care workforce, and projects severe shortages of many allied health care professionals (DOL, 2010) * According to the San Diego Workforce Partnership 2011 Healthcare Workforce Development in San Diego County <p>Recommendations for Changing Times report, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, registered nurses, medical record and health information technicians, radiologic technologists and technicians, pharmacists, and medical and clinical laboratory technologists</p> <p>There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign language</p> <ul style="list-style-type: none"> * According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions While new graduates often possess the needed academic knowledge to be hired, they lack necessary real-world experience * The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real-world experience for workers Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers <p>Measurable Objectives</p> <ul style="list-style-type: none"> * Provide education and training for health care professionals * Participate in professional organizations to enhance staff learning and share expertise * Provide education and training for students interested in health care careers <p>FY 2012 Report of Activities</p> <p>In FY 2012, SMBHWN served as a training site for more than 200 interns, residents, educators and student nurses in the following specialized areas: paramedics, social work, pharmacy, lactation, childbirth, obstetrics/gynecology, labor and delivery, neonatal, and perioperative nursing</p> <p>Nearly 175 student nurses spent more than 15,000 hours at SMBHWN during the fiscal year, while ancillary health students spent more than 5,000 hours on the campus</p> <p>Academic institution partners included University of San Diego (USD), Point Loma Nazarene University (PLNU), SDSU, Kaplan College and University of California, San Diego (UCSD)</p> <p>SMBHWN also provided lectures on the role of hospital social workers to both SDSU nursing students as well as chaplain residents, offering education to more than 20 attendees in FY 2012</p> <p>In FY 2012, SMBHWN continued to learn and share its expertise with staff at other hospitals and agencies through participation in organizations such as ILCA, AWHONN, CWISH, NANN, March of Dimes, Perinatal Social Work Cluster and the National Perinatal Information Center</p> <p>In addition, SMBHWN offered professional education classes for physicians, nurses and other health care professionals</p> <p>SMBHWN gave numerous local and national presentations to organizations, including the Regional Perinatal System (RPS), CWISH and AWHONN</p> <p>Presentations covered a variety of topics including outpatient newborn hearing screening, neonatology, infant fall prevention and the role of resource nurses in fire safety</p> <p>This latter presentation at the annual AWHONN convention illustrated how resource nurses increased the perception of a safe, supportive work environment for the entire health care team, and prevented near-misses and sentinel events</p> <p>The infant fall prevention poster focused on case studies of infant falls within the hospital, infant fall prevention education for staff and patients, and action steps to prevent future falls</p> <p>The AW</p>

Identifier	Return Reference	Explanation
		<p>HONN presentation on the outpatient new born screening program described how SMBHWN's outpatient program provides further opportunities to educate families about the normal development of hearing and speech ages and stages. The presentation demonstrated the importance for parents and caregivers to continue to diligently assess for age-appropriate speech and language development through the first years of life. Additionally, SMBHWN provided a presentation for NANN entitled Using a Performance Improvement Model to Decrease Central Line Blood Stream Infections in the NICU. SMBHWN also instructed a STABLE course, which is an educational program for health care providers on the management of unstable neonates awaiting transport and NICU admission. In FY 2012, SMBHWN completed its fifth year of participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experiences to students in grade levels nine, 11 and 12. In FY 2012, SMBHWN provided 19 students with professional development opportunities where students spent more than 1,550 hours at the hospital. During a 16-week period, students were supervised as they rotated through a variety of departments, including labor and delivery, family home care classes, maternal and infant services, transportation, surgical services, perinatal special care unit (PSCU) and well-baby nursery. Students received instruction on educational and job requirements, as well as career ladder development. FY 2013 Plan SMBHWN will do the following:</p> <ul style="list-style-type: none"> * Continue to serve as a training site for interns, residents, educators and student nurses * Continue to participate in collaboratives to learn and share specialty expertise * Continue to participate in the HSHMC program identified Community Need Meeting the Needs of New Mothers and Their Families <p>Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated. Rationale:</p> <ul style="list-style-type: none"> * Maternal, infant and child health/family planning was identified as the fifth most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA. * According to a report from the National Center for Health Statistics (NCHS), preterm infants are at increased risk of life-long disability and early death compared with infants born later in pregnancy. The U.S. preterm birth rate (less than 37 weeks of gestation) rose by more than one-third from the early 1980s through 2006. The first two-year decline in nearly three decades occurred from 2006 to 2008, during which the preterm birth rate decreased from 12.8 percent to 12.3 percent (NCHS, 2010). * According to a 2006 report by the Centers for Disease Control and Prevention (CDC), progress in the United States to improve pregnancy outcomes - including low birth weight, premature birth and infant mortality - has slowed, in part because of inconsistent delivery and implementation of interventions before pregnancy to detect, treat and help women modify behaviors, health conditions and risk factors that contribute to adverse maternal and infant outcomes. * Between 2005 and 2009, mothers in SDC beginning their prenatal care during their first trimester decreased from 87.2 percent to 82.0 percent, a 5.2 percent decrease. * According to the CDC, maternal health conditions that are not addressed before a pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid. * Women who deliver prematurely, experience repeated miscarriages or develop gestational diabetes are at increased risk of complications with subsequent pregnancies, according to the CDC.

Identifier	Return Reference	Explanation
		<p>* According to the American Psychological Association (APA), between 9 and 16 percent of postpartum women will experience postpartum depression (PPD), and among women who have already experienced PPD following a previous pregnancy, some prevalence estimates increase to 41 percent. Measurable Objectives * Provide outreach, education and support to new mothers and their families around preterm birth, prenatal health and women's health * Provide support and education to new mothers and their families on postpartum care * Provide NICU-specific support services to new mothers and their families * Demonstrate best practices in breastfeeding and maternity care, and provide education and support to new mothers on the importance of breastfeeding.</p> <p>FY 2012 Report of Activities In FY 2012, SMBHWN was selected from more than 200 applicants to participate in the National Initiative for Children's Healthcare Quality (NICHQ) Best Fed Beginnings Learning Collaborative, consisting of ninety hospitals throughout the nation. The collaboration enables participating hospitals to exchange information and best practices in order to become a designated Baby-Friendly Hospital by 2014. Established by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in 1991, the Baby-Friendly Hospital Initiative (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 in the designation of more than 20,000 birthing facilities. SMBHWN anticipates Baby-Friendly USA Designation by September 2014, through the implementation of evidence-based maternity care practices and participation in the NICHQ Best Fed Beginnings Learning Collaborative. The requirements for a Baby-Friendly USA Designation include but are not limited to training health care staff to properly 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, and referring mothers to breastfeeding support groups following discharge from the hospital. In FY 2012, SMBHWN continued to offer free day and evening breastfeeding support groups to mothers and their families. Facilitated by an experienced lactation educator, the groups met two to three times per week, and provided support and education to more than 2,200 mothers about the joys and challenges of breastfeeding. In addition, SMBHWN provided a weekly NICU Breastfeeding Support Group - the Mother's Milk Club - open to all mothers in the community with a baby who spent any length of time in the NICU. The group provides support and counseling for specific topics of concern in this particular population, including milk supply, latching, sleeping, the stress of having a baby who is having problems and any other concerns of the group. Mothers are provided the opportunity to share their experiences, as well as to feed and show off their babies. In addition, a scale at the support group allows mothers to measure and track their baby's growth. In FY 2012, nearly 100 mothers in the community attended the Mother's Milk Club. Additionally, SMBHWN provided specialized education and support to more than 400 mothers in FY 2012 through its open, ongoing, free postpartum support groups. Support groups met weekly and were open to new mothers in the community with babies of newborn age up to 12 months. The groups were led by licensed social workers and provided emotional support to women dealing with the challenges associated with new motherhood. SMBHWN also offered its monthly multiple loss support group, providing support and education to nearly 20 mothers and families in the community who lost a child during their pregnancy with twins or more. In FY 2012, SMBHWN continued to provide a variety of educational programs and workshops for new mothers and their families that covered various aspects of postpartum care, including postpartum depression and/or anxiety, infant sleep patterns and strategies, infant massage, newborn characteristics and procedures, infant nutrition, and positive parenting techniques. SMBHWN also offered daily family home care classes, providing critical support and information to new mothers, their families and nursing students. Topics included car seat safety, sudden infant death syndrome (SIDS), shaken baby syndrome, signs and symptoms of illness for mothers and babies, breastfeeding and jaundice. In FY 2012, staff devoted more than 700 hours to family home care classes and reached more than 4,000 patients, family members and student nurses. SMBHWN also offered parents in the San Diego community a special volunteer opportunity in FY 2012 through the NICU Navigator Program, a unique program designed to connect families with babies in the NICU to parents whose newborns previously graduated from the NICU. These parents serve as NICU Na</p>

Identifier	Return Reference	Explanation
		<p>vigators and volunteer their time to provide parents with free, one-on-one advice, guidance to appropriate resources and assistance as their baby transitions from hospital to home. The NICU Navigator Program also offered a Parent Hour, an hour-long informational session designed to enhance a parent's developing relationship with his or her newborn. Each Parent Hour session was offered free to families with a baby in the NICU and focused on an assortment of topics, including premature growth and development, parenting a NICU infant, feeding, bonding, medications and discharge preparations. In FY 2012, the NICU Navigator Program provided education, encouragement and emotional support to more than 200 parents and families with NICU newborns at SMBHWN. Through the annual NICU Little Graduate Reunion, SMBHWN offers a unique experience for patients and families who have spent time in the NICU to continue the celebration of their care long after they leave the hospital. At this annual event, young children and babies who spent more than 10 days in the NICU are invited to reunite with their medical team, and to celebrate with great festivities, including a bounce house and a petting zoo. Often, former patients well into their teens continue to attend the event. The reunion offers free developmental screenings, with connection to the Developmental Follow-up Program provided as needed. In FY 2012, approximately 500 former patients and their families attended the NICU Little Graduate Reunion. FY 2013 Plan * Continue to implement current evidence-based breastfeeding practices for new mothers and their families, and participate in the NICHQ Best Fed Beginnings Learning Collaborative * Continue to offer a variety of free educational classes, workshops and outreach activities targeting new mothers and their families * Continue to offer free postpartum and breastfeeding support groups to new mothers and their families * Continue to provide the NICU Navigator Program and the NICU Little Grad Reunion to current and former NICU patients and their families. SMBHWN Program and Service Highlights * Antenatal Diagnostic Center * Breast Milk Depot * Gynecologic oncology * Lactation services * Labor and delivery * Mother and baby services * Neonatal Intensive Care Unit * New Beginnings Boutique and Gift Shop * Obstetrical and women's triage services * Parent education programs * Perinatal Special Care Unit * Prenatal Diagnostic Center * Robotic gynecologic surgery * Spiritual care and education * Teen pregnancy program * Van services * Women's and infants' pathology services * Women's education programs * Women's surgery services</p>

Identifier	Return Reference	Explanation
		<p>Section 6 Sharp Memorial Hospital * Sharp Memorial Hospital (SMH) is located at 7901 Frost Street in San Diego, ZIP code 92123 * Sharp Memorial Outpatient Pavilion (the Pavilion) is located at 3075 Health Center Drive in San Diego, ZIP code 92123 * Sharp Home Care is located at 8080 Dagget Street in San Diego, ZIP code 92111 * Sharp Senior Health Center Downtown is located at 956 10th Avenue in San Diego, ZIP code 92101, Sharp Senior Health Center Clairemont is located at 4320 Genesee Avenue, ZIP code 92117 FY 2012 Community Benefits Program Highlights SMH provided a total of \$119,435,933 in community benefits in FY 2012 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 1 Economic Value of Community Benefits Provided Sharp Memorial Hospital - FY 2012 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2012 Unreimbursed Costs *Medical Care Services Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms \$20,339,367 Shortfall in Medicare \$62,706,205 Shortfall in San Diego County Indigent Medical Services \$12,283,237 Shortfall in CHAMPVA/TRICARE \$1,125,656 Charity Care and Bad Debt \$20,138,415 *Other Benefits for Vulnerable Populations Patient transportation, Project HELP and other assistance for the needy \$742,724 *Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events \$562,766 *Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$1,537,563 TOTAL \$119,435,933 Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who are unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare and San Diego County Indigent Medical Services, and financial support for onsite workers to process Medi-Cal eligibility forms In FY 2012, 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 \$31 million to SMH and an assessment of a quality assurance fee totaling \$22.9 million in FY 2012 The net impact of the program totaling \$8.1 million reduced the amount of unreimbursed medical care services for the Medi-Cal population at SMH This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2012 understate the true unreimbursed medical care services performed for the past fiscal year * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, Project HELP, contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for the needy * Other Benefits for the Broader Community included health education and information on a variety of topics, participation in community health fairs and events, support groups, health screenings for diabetes, stroke, arthritis, osteoporosis, depression, blood pressure, heart disease, nutrition, BMI, hearing, balance and disabilities or disorders of the hands, such as arthritis and tendonitis, and the Cancer Institute's Patient Navigator program SMH collaborated with local schools to promote interest in health care careers The Senior Resource Center and Senior Health Centers offered flu vaccinations and specialized education and information for seniors SMH also offered meeting room space at no charge to community groups In addition, hospital staff actively participated in community boards, committees and other civic organizations, such as the American Cancer Society, the American Heart Association, Health Sciences High and Middle College Board, San Diego Association of Diabetes Educators, San Diego Eye Bank Nurse Advisory Board, University of California, San Diego (UCSD) Advisory Board, Emergency Nurses Association - San Diego Chapter, YMCA, Association for Clinical Pastoral Education (ACPE), Community Health Improvement Partners (CHIP), Healthcare Association of San Diego and Imperial Counties, San Diego Emergency Medical Care Committee, San Diego Blood Bank, San Diego Healthcare Disaster Council, and San Diego Interreligious Committee See Appendix A for a listing of Sharp community involvement In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration * Health Research, Education, and Training Programs included education and training of health care professionals, student and intern supervision, time devoted to generalizable health-related research projects that</p>

Identifier	Return Reference	Explanation
		t 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 University (SDSU)

Identifier	Return Reference	Explanation
		<p>Definition of Community The community served by SMH includes the north central region of San Diego County, including the sub-regional areas of Kearny Mesa and Clairemont, and the central coast of San Diego County from Del Mar to the Point Loma area</p> <p>Description of Community Health In the north central region in 2009, 97 percent of children ages 0 to 11, 96 percent of children ages 12 to 17 and 90.4 percent of adults had health insurance, failing to meet the 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 eligibility for Medi-Cal Healthy Families</p> <p>Table 2 Health Care Access in San Diego County's North Central Region, 2009</p> <p>*Health Insurance Coverage Children 0 to 11 Years Rate - 97.0% Year 2020 Target - 100% Children 12 to 17 Years Rate - 96.0% Year 2020 Target - 100% Adults 18 + Years Rate - 90.4% Year 2020 Target - 100%</p> <p>*Regular Source of Medical Care Children 0 to 11 Years Rate - 99.0% Year 2020 Target - 100% Children 12 to 17 Years Rate - 94.7% Year 2020 Target - 100% Adults 18 + Years Rate - 89.1% Year 2020 Target - 89.4%</p> <p>*Not Currently Insured Adults 18 to 64 Years Rate - 11.4% Source 2009 CHIS Table 3 Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults Ages 18 to 64 Years), 2009</p> <p>Description/Rate Medi-Cal Eligible - 8.3% Healthy Families Eligible - 0.8% Not Eligible - 90.9% Source 2009 CHIS Heart disease and cancer were the top two leading causes of death in the north central region See Table 4 for a summary of leading causes of death in the north central region</p>

Identifier	Return Reference	Explanation
		<p>Table 4 Leading Causes of Death in San Diego County's North Central Region, 2010 Cause of Death Number of Deaths Percent of Total Deaths Malignant neoplasms 888 26 4% Disease of heart 757 22 5 Alzheimer's disease 223 6 6 Cerebrovascular diseases 173 5 1 Chronic low er respiratory diseases 170 5 1 Accidents (unintentional injuries) 151 4 5 Intentional self-harm (suicide) 82 2 4 Diabetes mellitus 73 2 2 Influenza and pneumonia 62 1 8 Chronic liver disease and cirrhosis 46 1 4 Parkinson's disease 46 1 4 Essential (primary) hypertension and hypertensive renal disease 38 1 1 Septicemia 31 0 9 Nephritis, nephritic syndrome and nephrosis 17 0 5 Viral hepatitis 14 0 4 All other causes 595 17 7 Total Deaths 3,366 100 0% Source County of San Diego, HHSA, Public Health Services, Community Epidemiology Branch</p>

Identifier	Return Reference	Explanation
		<p>Community Benefits Planning Process In addition to the steps outlined in Section 3 regarding community benefits planning, SMH * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals * Estimates an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels * Consults with representatives from a variety of departments to discuss, plan and implement community activities</p> <p>Priority Community Needs Addressed in Community Benefits Report The following identified community needs are addressed in the SMH Community Benefits Report *</p> <ul style="list-style-type: none"> * Outreach for flu vaccines * Health education and screening for seniors * Health education and wellness * Diabetes education and screening * Cancer education and patient navigator services * Education, support and screening for stroke * Orthopedic and osteoporosis community education * Prevention of unintentional injuries * Support of community nonprofit health organizations * Health professions education and training, and promotion of interest in health care careers * Support during the transition of care for high-risk, underserved and underfunded patients <p>For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2012 Report of Activities conducted in support of the objective(s), and FY 2013 Plan of Activities</p> <p>Identified Community Need Outreach for Flu Vaccinations Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated</p> <p>Rationale * CHIP members identified keeping immunizations current as the seventh most important health-related behavior overall in the 2010 CHNA * Findings presented in the 2010 CHNA revealed that uninsured individuals are less likely to get recommended care for disease prevention and management</p> <p>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</p> <ul style="list-style-type: none"> * Pneumonia and influenza ranked as the ninth leading cause of death in SDC * In 2010, there were 62 deaths due to pneumonia and influenza in the County's north central region <p>The region's age-adjusted death rate due to pneumonia and influenza was 9.7 per 100,000 population, higher than the County average of 9.2 deaths per 100,000 population</p> <ul style="list-style-type: none"> * In SDC, an estimated 72 percent of seniors age 65 years and older were vaccinated for influenza in 2007, failing to meet the HP 2020 target of at least 90 percent of adults age 65 years and older vaccinated annually for influenza * The Centers for Disease Control and Prevention (CDC) recommends annual vaccination against influenza for the following people: age 50 years and older, adults and children with a chronic health condition, children aged six months up to their 19th birthday, pregnant women, people who live in nursing homes and other long-term care facilities, and people who live with or care for those at high risk for complications from flu, including health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children younger than 5 years of age * Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers

Identifier	Return Reference	Explanation
		<p>Measurable Objective * In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations FY 2012 Report of Activities The SMH Senior Resource Center coordinated notification of availability and provision of seasonal flu vaccines in selected community settings through activity reminders, newspaper notices and the 82-SHARP events page on Sharp's website, Sharp.com In FY 2012, the SMH Senior Resource Center and the Sharp Senior Health Centers (Claremont and Downtown) sponsored nine community seasonal flu clinics, serving nearly 630 seniors and others with chronic illnesses Seasonal flu clinics were held in a variety of locations including Sharp Senior Health Center Claremont, Sharp Senior Health Center Downtown, Jewish Family Services, Bayside Community Center, the Potiker Family Senior Residence, City Heights Senior Residence, All Souls' Episcopal Church, Saint Agnes Catholic Church, Holy Trinity Catholic Church, the Senior Health Fair at Point Loma Community Presbyterian Church, the Gary and Mary West Senior Wellness Center, and the Orchard Apartments (low-income senior housing) At many of these community sites, the SMH Senior Resource Center provided calendars of the activities at the SMH Senior Resource Center and upcoming community events, including blood pressure clinics, community senior programs and health services FY 2013 Plan The SMH Senior Resource Center and the Sharp Senior Health Centers will do the following * Provide seasonal flu vaccinations at nine community sites for seniors with limited mobility and access to transportation, as well as for high-risk adults, including low-income, minority and refugee populations * Coordinate the notification of seniors regarding the availability of seasonal flu vaccines and the provision of flu vaccines to high-risk individuals in selected community settings * Direct seniors and other chronically ill adults to available seasonal flu clinics, including physicians' offices, pharmacies and public health centers * Work with community agencies to ensure seasonal flu immunizations are offered at sites convenient to seniors and chronically ill adults * Publicize flu clinics through media and community partners * Continue to provide seasonal flu immunizations at food bank sites 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 otherwise indicated Rationale * CHIP members identified heart disease and stroke, cancer, diabetes, arthritis, overweight and obesity, and chronic respiratory disease as the top six health issues facing seniors ages 65 years and older in the 2010 CHNA * In 2010, the leading causes of death among senior adults age 65 years and older in SDC were heart disease, cancer, Alzheimer's disease, stroke, chronic lower respiratory diseases, diabetes, influenza and pneumonia, unintentional injuries, hypertension and hypertensive renal disease, chronic liver disease and cirrhosis, and Parkinson's disease * In 2007, there were 83,906 visits by seniors aged 65 years and older that were treated and discharged from a SDC emergency department (ED) (23,883 per 100,000), or one out of every four senior residents of SDC The rate of ED discharge increased with age group and was higher among females than males Black and Hispanic seniors had the highest rates of ED discharge, and rates were highest among residents of the County's central and east regions * In 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 adults utilize more ambulatory care, hospital services, nursing home services and home health 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 ages 65 years and older needing pre-hospital (ambulance) care in SDC, at a rate of 16,526 per 100,000 population, or one out of every six seniors The rate increased with age to one out of three seniors ages 85 years and older, and was higher for females than for males * There are an estimated 4 million family caregivers in California today, according to the California Caregiver Resource Center Whether aging Californians live in their own homes, with a relative, in an assisted-living residential facility or in a nursing home, one of the keys to their care is family caregiving - defined as those family members and informal care providers who assist with the care of</p>

Identifier	Return Reference	Explanation
		disabled elderly relatives Reaching out to families and community members who are caring for older adults helps to maintain the health of older adults as well as their caregivers Measurable Objective * Coordinate and host a variety of senior health programs, including education, information and screenings FY 2012 Report of Activities

Identifier	Return Reference	Explanation
		<p>In FY 2012, SMH Senior Resource Center provided free health education programs to 521 seniors, caregivers and loved ones of the elderly, and coordinated health promotion classes on topics such as stroke, diabetes, arthritis, osteoporosis, fall prevention, nutrition, hearing, memory loss, end-of-life issues, caregiver resources, maintaining a healthy voice, sleep disorders, Vials of Life, Medicare and insurance, advance directives, and communication with health care providers. In addition, the SMH Senior Resource Center served more than 500 seniors through health screenings for blood pressure, medication management, stroke, hearing, balance, hand conditions, arthritis and diabetes, and provided referrals to 93 individuals for follow-up care. The SMH Senior Resource Center also participated in 11 community health events in FY 2012 - including health fairs, conferences, seminars and expos - and reached approximately 900 attendees through these venues. Among these events, the SMH Senior Resource Center participated in the San Diego Community Action Network (SanDi-Can) End-of-Life Conference in Balboa Park, Caregiver Conferences at Point Loma Community Presbyterian Church and First United Methodist Church, health fairs at St Paul's Senior Homes & Services and the Mission Valley YMCA, an Arthritis Expo and an Aging Planning and Coping Conference at Point Loma Community Presbyterian, the Standing Together to Prevent Falls event at the First United Methodist Church, and the Games Day event at All Saints Unitarian Church. This latter event was the annual fundraiser for the Peninsula Shepherd Center, which provides information, referrals, transportation and outreach to seniors in Point Loma. In addition, the SMH Senior Resource Center conducted a Meet the Pharmacist event at the George Stevens Senior Center and provided a pharmacist to review different medications - including prescriptions, over-the-counter medications, herbs and supplements - with more than 90 seniors in the community. Through a presence at these community venues, the SMH Senior Resource Center provided education and resources to nearly 700 community members. The SMH Senior Resource Center also coordinated a senior health fair in Point Loma that provided 200 attendees with flu vaccinations, health screenings, health resources and community services. Additionally, calendars highlighting SMH's Senior Resource Center activities were mailed monthly to approximately 3,000 households. In FY 2012, SMH Senior Resource Center distributed more than 1,800 Vials of Life - providing important medical information to emergency personnel for seniors and disabled people living in their homes - and more than 50 advance directives for health care. The Sharp Senior Health Centers also presented educational health information to seniors regarding advance directives, Medicare and Medi-Cal benefits, depression and care options, as well as food, eye glasses and dental resources. Through these educational presentations, the Senior Health Centers reached 180 community members. The Sharp Senior Health Centers participated in a variety of community events in FY 2012, providing education and resources to hundreds of attendees at the Senior of Today Conference in Poway, the Caregiver Conference at Point Loma Community Presbyterian Church, the SanDi-Can End of Life Conference, Live Well San Diego, the San Diego County Council on Aging and the Third Avenue Charitable Organization (TACO) in Downtown San Diego, which provides free medical, acupuncture, dental and legal clinics to those in need. The SanDi-Can End of Life Conference focuses on helping community members plan ahead regarding burial, advanced directives and financial management. At Live Well San Diego, the Senior Health Centers spoke about aging and how they can help keep seniors healthy and active. In addition, the Sharp Senior Health Centers participated in a monthly Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center, providing information on topics such as fall prevention, nutrition and exercise, balance issues, doctor visits, anxiety reduction techniques, medications and Medicare to more than 300 members of the senior community. In FY 2012, the SMH Senior Resource Center and/or Sharp Senior Health Centers maintained active relationships with Peninsula Shepherd Senior Center, Senior Community Centers of San Diego, Bayside Community Center, Westminster Tower (senior housing), Jewish Family Service of San Diego, Live Well San Diego, Caregiver Coalition of San Diego, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's Association, American Parkinson Disease Association, Inc., Arthritis Foundation, SanDi-Can, and Health Insurance Counseling and Advocacy Program (HICAP) - ensuring ongoing networking among community professionals and the provision of quality programs for seniors. The Sharp Senior Health Centers' collaboration with HICAP included the provision of bi-weekly</p>

Identifier	Return Reference	Explanation
		<p>y counseling and education by a HICAP representative to community members at the Senior Health Center Claremont HICAP staff offered objective counseling on Medicare rights, benefits and insurance policy options to address seniors' questions and concerns FY 2013 Plan The SMH Senior Resource Center and/or Sharp Senior Health Centers will do the following</p> <ul style="list-style-type: none"> * Coordinate, publish and mail a calendar of activities to approximately 3,000 San Diego households * Provide information on various senior issues such as senior mental health, memory loss, hospice, senior services, nutrition, healthy aging and balance and fall prevention * Provide health information, health promotion classes and health screenings to the community * Participate in community health fairs * Coordinate two conferences - one dedicated to family caregiver issues in collaboration with the Caregiver Coalition of San Diego and one focused on chronic care management in collaboration with Sharp HospiceCare * Continue support of the Vials of Life program by distributing 1,000 vials * Maintain active relationships with community organizations serving seniors throughout San Diego, including Point Loma, the County's central and north central regions, and downtown * Continue to participate in a monthly SHC Speaker Series at the Gary and Mary West Senior Wellness Center <p>Identified Community Need Health Education and Wellness Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated</p> <ul style="list-style-type: none"> * CHIP members identified improving nutrition and achieving a healthy weight status as the most important health-related behavior overall (when considering a total of six health-related behaviors) in the 2010 CHNA * Other health-related behaviors considered to be important components in long-term health included (ranked in priority order) physical activity and fitness, substance abuse and tobacco use, injury and violence prevention, oral health, and immunization * CHIP members also identified the most important health outcomes (ranked in priority order) as diabetes, heart disease and stroke, mental health and mental disorders, cancer, maternal, infant and child health/family planning, infectious disease, and respiratory diseases * According to findings presented in the 2010 CHNA, nationally, the prevalence of obese adults has increased by 68 percent since 1995, from 16 percent to almost 27 percent * 2009 Behavioral Risk Factor Surveillance System data for SDC indicate that almost 59 percent of the adult population is considered either overweight or obese * Obese children are 70 percent more likely to continue being obese into adulthood and more likely to die prematurely before the age of 55, compared with healthy-weight children, according to a 2010 report from the Robert Wood Johnson Foundation Additionally, they are at greater risk for a variety of serious medical issues including heart disease, high cholesterol, high blood pressure, diabetes, sleep apnea and cancer In addition to the clinical consequences of obesity, these children are more likely to experience social discrimination, low self-esteem and depression * According to research presented in the 2010 CHNA, being overweight or obese as an adult increases the risk for coronary heart disease, congestive heart failure, Type II diabetes, certain cancers, hypertension, dyslipidemia, stroke, liver and gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, gynecological problems, psychological disorders, and discrimination * Many factors contribute to overweight and obesity including genetic predisposition, environmental influences, behavior (dietary patterns and physical activity), cultural influences and socioeconomic status, according to research presented in the 2010 CHNA

Identifier	Return Reference	Explanation
		<p>Measurable Objective * Coordinate and host a variety of health education and wellness offerings for the community</p> <p>FY 2012 Report of Activities The Sharp Memorial Outpatient Pavilion (the Pavilion) and various departments of the hospital conduct a broad spectrum of community health education classes. In FY 2012, classrooms were booked for more than 2,600 hours and set up for more than 18,500 students. Topics included (but were not limited to) integrative therapies and holistic healing (acupuncture, massage, meditation, stress reduction, etc.), fall prevention, brain health, spine health, arthritis, healing touch, hearing loss, urinary incontinence, diabetes, nutrition, cooking classes, high blood pressure, caregiver issues, advance directives, estate planning and senior resources. In addition, the Pavilion hosted numerous health screenings including osteoporosis, stroke, diabetes, depression, blood pressure and body mass index (BMI). Various support groups for diabetes, cancer, breastfeeding, postpartum support, bereavement, disability, stroke, heart disease and heart transplantation were also provided at the Pavilion Community Conference Center and SMH Rehabilitation Services. Heart disease and stroke support groups included Women With Heart Disease, Congestive Heart Failure, and Young Enthusiastic Stroke Survivors (YESS). Sharp Rehabilitation Services (Sharp Rehab) also offered the Challenged Women's Support Group (CWSG) in FY 2012, which strives to empower women with disabilities by offering facilitated support groups, peer support, lectures and social events. In FY 2012, the group met monthly at the Sharp Memorial Rehabilitation Center where women gathered to share thoughts and emotions about their current life challenges, victories and visions. The CWSG also arranged special outings in FY 2012, including a visit to the Japanese Friendship Gardens and Meiji International Museum at Balboa Park, among other activities. The CWSG is facilitated by two experienced Sharp Rehab social workers and included 70 participants in FY 2012. With a network of 140 disabled women and community partners, the CWSG is the only support group strictly for women with disabilities in the San Diego area. Also in FY 2012, Sharp Rehab offered the Support Group for Men with SCI (Spinal Cord Injury). The support group provided emotional support through meetings twice a month, guest speakers and special outings, including a trip to the Padres game. Furthermore, support group members offered their own peer support to patients with recent injuries. Led by a Sharp Rehab social worker, the Support Group for Men with SCI included approximately 60 meeting attendees in FY 2012, as well as an additional 60 community members involved through an electronic resource and support network. Sharp Rehab also provided the Sharp Players weekly support group to approximately 25 members with a range of conditions including brain injury, SCI, spina bifida, cerebral palsy, post-encephalitis, multiple sclerosis, amputation, mental illness, blindness, cancer and stroke. The Sharp Players use a drama-focused approach to facilitate emotional healing and support. In FY 2012, the group provided six performances for senior centers and other community organizations in SDC. In addition, Sharp Rehab gave numerous professional presentations throughout the year, contributing to the advancement and improvement of rehabilitation services in the community. The Pavilion also offers the Community Health Library at the Cushman Wellness Center, featuring DVDs, CDs, books, pamphlets, access to the Internet and two staff members to help consumers locate health information. The library publishes and distributes a quarterly newsletter, as well as a classroom community calendar for the Pavilion and other pertinent health news and information. In FY 2012, 1,800 newsletters were mailed and 400 newsletters were delivered electronically. The library also collaborates with and provides resources to all Sharp entities. In FY 2012, outreach to the local community was a high priority. The consumer health librarian provided presentations on health literacy topics to nearly 950 community members at a variety of community organization sites, health fairs and events, including the Earth Fair at Balboa Park, the Sharp Senior Health Center Downtown, St. Vincent de Paul Village, the Southern California Library Literacy Network (SCLLN), the California Library Association (CLA), CUSO Financial Services, the Family Health Centers of San Diego's (FHCS) Black Infant Health Program, an integrative medicine in-service talk, Epsilon Xi Omega Chapter and Sharp's annual Speaking of Women's Health Conference. During the Speaking of Women's Health Conference, Pavilion team members registered community members for Sharp's email newsletter, provided education on finding appropriate health information on the Internet and informed attendees about the various health resources available through the Cushman We</p>

Identifier	Return Reference	Explanation
		<p>Illness Center Community Health Library The consumer health librarian also served on the CHIP Health Literacy Task Force and developed health literacy resources for other consumer health librarians and consumers, as well as provided educational talks on health literacy on behalf of CHIP and Sharp To further extend education to community members, the Pavilion continued the Text-a-Health-Librarian Program through which community members have the capability to text questions to and receive responses from Sharp's consumer health librarian Community members can learn more about the Community Health Library through Sharp.com and may contact the consumer health librarian by email or phone SMH also provided its Arts for Healing Program in FY 2012 Arts for Healing is led by Sharp's Spiritual Care team and provides music and art to improve patients' emotional and spiritual health, and support faster recovery In FY 2012, fifty volunteers, including several students from Point Loma Nazarene University (PLNU) and San Diego Mesa College supported Arts for Healing by facilitating art activities for patients and their loved ones In December, Arts for Healing provided art activities for children at Saturday With Santa, a public event hosted by the SMH auxiliary for children to have their picture taken with Santa Approximately 400 people attended this event In addition, Arts for Healing provided art therapy for patients at SMH and Sharp Rehab, and community members at the Pavilion cancer support group In the summer of FY 2012, SMH received a year-long LIVESTRONG Grant to facilitate the replication of an Artist in Residence (AIR) program founded by The Creative Center in New York City The AIR program brings art-making to patients' bedsides, serving patients, families and health care staff The goal of AIR is to develop supportive relationships with patients and enhance the healing process by providing relief from boredom, stress, fear and pain associated with diagnosis and hospitalization Activities include painting, drawing, mixed media, mandala making, beading, paper arts and other fine arts projects Since July 2012, SMH's Artist in Residence has engaged more than 120 oncology patients, guests and staff in art by the bedside FY 2013 Plan SMH will do the following</p> <ul style="list-style-type: none"> * Develop and coordinate quarterly calendars and newsletters of community health education and screening events * Continue to host community support groups on a variety of topics * Continue to partner with local, national and international organizations to increase health literacy in the community as well as train front and back office staff on health literacy * Continue to increase awareness of the Community Health Library and its resources * Continue to provide health information, health promotion classes and health screenings to community members * Continue to participate in community health fairs * Expand the Artist in Residence program to include patients in the SMH Outpatient Infusion Center <p>Identified Community 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 statistics, unless otherwise indicated Rationale</p> <ul style="list-style-type: none"> * CHIP members identified diabetes as the most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA * In 2010, there were 73 deaths due to diabetes in the County's north central region The region's age-adjusted death rate due to diabetes was 12.2 per 100,000 population (Note Diabetes is also a contributing cause of death)

Identifier	Return Reference	Explanation
		<p>* In 2009, there were 411 hospitalizations due to diabetes in the County's north central region. The rate of hospitalizations for diabetes was 65.9 per 100,000 population. The hospitalization rate in the region was the lowest among SDC's regions and lower than the County average of 126.5 diabetes hospitalizations per 100,000 population.</p> <p>* In 2009, there were 479 diabetes-related ED visits in the County's north central region. The rate of visits was 76.8 per 100,000 population. The diabetes-related ED visit rate in the region was the lowest among SDC's regions and lower than the County average of 132.7 per 100,000 population.</p> <p>* 74 percent of adults in SDC's north central region participating in the 2009 CHS indicated that they were ever diagnosed with diabetes, lower than the County statistic of 78 percent.</p> <p>* According to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County's Health and Human Services Agency (HHS), the most common risk factors associated with Type II diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol. (Note: Two out of three Americans are now overweight or obese.)</p> <p>Measurable Objective: * Provide diabetes education and screening in the north central region of San Diego County.</p> <p>FY 2012 Report of Activities: The SMH Diabetes Education Program is recognized by the American Diabetes Association (ADA) and meets national standards for excellence and quality in diabetes education. In FY 2012, the SMH Diabetes Education Program conducted two blood glucose screening events in collaboration with the SMH Senior Resource Center. The events were held at the Point Loma Community Presbyterian Church and the Point Loma YMCA, and provided screenings to 34 community members and identified four attendees with elevated blood glucose levels. In addition, the SMH Diabetes Education Program provided educational lectures to the San Diego community, including seniors at the SMH Outpatient Pavilion Senior Health Fair, and the SDSU Senior Health Fair. Through these events, the SMH Diabetes Education Program provided screenings and delivered education on topics such as diabetes prevention, management of diabetes, nutrition, exercise, weight loss and lipid control to more than 45 members of the senior community. Of the individuals screened, 16 were identified with elevated blood glucose levels and received resources for follow-up. In addition, the SMH Diabetes Education Program provided lectures to cardiac rehabilitation students in San Diego. Approximately 30 cardiac rehabilitation students received informative education about the role of diabetes in patient treatment. Screenings and education events were developed with input from the Diabetes Behavioral Institute. The SMH Diabetes Education Program also continued to support the ADA's Step Out Walk to Stop Diabetes held in October at Mission Bay through fundraising and team participation. As Type II diabetes is one of the leading causes of kidney disease, the SMH Diabetes Education Program is actively involved with the renal health community in San Diego. In FY 2012, the SMH Diabetes Education Program collaborated with the Balboa Nephrology Medical Group and the John Brockington Foundation to provide ongoing education and support to community members that had undergone transplant or experienced kidney disease, as well as members of the professional health care community. In addition, the SMH Diabetes Education Program conducted two educational lectures about living with diabetes for transplant staff in the community, and provided education and resources on dialysis, stages of kidney disease and other topics to more than 40 individuals. The SMH Diabetes Education Program also participated in the National Kidney Foundation's Kidney Early Evaluation Program (KEEP) event, which emphasized the importance of screening for kidney disease. Event attendees visited different booths that provide screenings - including blood glucose, blood pressure, and cholesterol - as well as education and resources on the warning signs of diabetes, and the opportunity to consult with a nephrologist regarding their screening results. Additionally, the SMH Diabetes Education Program provided an educational session and support group for patients and family members awaiting kidney transplant in FY 2012. The session featured a transplant recipient and donor who shared their personal experiences, as well as provided attendees with information on steps to remain healthy in preparation for their transplant. The SRS Diabetes Education Program also conducted screenings and education at a variety of events throughout San Diego, including December Nights and the Speaking of Women's Health Conference. The SRS Diabetes Education Program screened more than 400 community members at these events, and as a result of these screenings, approximately 70 individuals were identified with elevated blood glucose levels. Of those identified</p>

Identifier	Return Reference	Explanation
		<p>with elevated blood glucose levels, nearly 20 had a pre-existing diagnosis of diabetes mellitus. The SRS Diabetes Education Program also provided education and screenings at the Mission Valley YMCA health fairs, held in both April and June. Through these events, nearly 75 community members were screened, and three individuals were identified with elevated blood glucose levels and provided with follow-up resources. FY 2013 Plan SMH's Diabetes Education Program will do the following:</p> <ul style="list-style-type: none"> * Coordinate and implement blood glucose screenings at community and hospital sites in SDC's north central region * 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 Institute to host community lectures that will assist diabetes patients and their loved ones * Conduct educational symposiums for health care professionals that include a focus on special population needs such as transplant and kidney patients * Keep current on resources to support the community * Foster relationships with community clinics to provide education and resources to community members. <p>Identified Community Need: Cancer Education and Patient Navigator Services. Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated. Rationale</p>

Identifier	Return Reference	Explanation
		<p>* CHIP members identified cancer as the fourth most important health outcome overall (when considering a total of seven health outcomes) * Findings presented in the 2010 CHNA revealed that uninsured individuals 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 * In 2010, cancer was the leading cause of death in the County's north central region responsible for 26.4 percent of deaths * In 2010, there were 888 deaths due to cancer (all sites) in the County's north central region. The region's age-adjusted death rate due to cancer was 149.8 deaths per 100,000 population * According to the ACS, cancer survival is greatly improved if the cancer is diagnosed at an early stage. Such diagnosis is an indication of screening (ACS, 2006). Review of 2004 cancer cases diagnosed at an early stage in SDC found that early stage diagnosis among Latinos is lowest for female breast cancer, prostate cancer, and male and female colon cancer, with rates of 76 percent, 63 percent, 37 percent and 41 percent, respectively. Low percentage of early stage diagnoses is an important indicator of inadequate cancer screening for these types of cancer among Latinos * Participants in the 2007 CHNA focus groups recognized the importance of various types of cancer screenings, such as mammography, pap smears and prostate examinations, in preventing disease * Cancer survivors face many physical, psychological, social, spiritual and financial issues at diagnosis, during treatment and for the remainder of their lives. According to findings presented 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 daily living and less likely to be employed * Breast cancer patient navigation is an intervention that addresses barriers to quality standard care by providing individualized assistance to patients, cancer survivors and their families * According to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, breast cancer was the most common cancer among women in California, regardless of race/ethnicity. In 2011, it is estimated there were 22,115 new cases of breast cancer for females in California. In addition, of the estimated 12,490 new cases of all cancers in San Diego County for 2011, an estimated 15.7 percent (1,960) were breast cancer. San Diego has 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 incidence rate for breast cancer is also above that of California (151.82 per 100,000) * In San Diego County, minority women have high breast cancer mortality rates and were less likely to have breast cancer detected at an early stage, according to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report. In addition, Latinos were least likely to receive a mammogram compared to other ethnic groups, with 37.3 percent reporting never having had the screening * According to a survey of San Diego providers in the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, the majority of providers identified Mexicans as the ethnic and the immigrant group most in need of additional resources (the survey separated Mexicans from other Latinos in order to collect more specific information) * According to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, the most common barriers to receiving effective breast health care access included lack of awareness and knowledge, financial barriers, cultural barriers and emotional factors, while the most common challenges in the current breast health care system included cost of care, quality of providers, lack of communication and education, and language barriers. Increased advocacy, education, funding and partnerships were among the suggestions for improving programs, services and the breast health care system overall.</p> <p>Measurable Objective * Provide cancer education, support services and patient navigation to the community. FY 2012 Report of Activities. In FY 2012, the SMH Cancer Institute, a program partially sponsored by grant funding from the Susan G. Komen Breast Cancer Foundation, devoted approximately 145 staff hours to a variety of community programs that reached nearly 400 community members. Educational classes included Nutrition, Exercise and Complimentary Therapies, The Healing Power of Music, Mind, Breath and Meditation, a Food for Life cooking series, and nutrition classes. In addition, quarterly Cancer Survivorship classes were offered, which focused on physical and emotional issues after cancer, as well as a class entitled Explori</p>

Identifier	Return Reference	Explanation
		<p>ng the Garden of Life, which discussed holistic approaches to health including getting to know one's inner self and nourishing the soul. A class entitled In Sickness and In Health educated attendees on the importance of knowing their family history and how to obtain and share it with their medical team. Three lymphedema seminars were also held in FY 2012, providing community members with free lymphedema education including risk factors, steps for prevention and next steps for dealing with the condition. Uninsured patients at risk for or suffering from lymphedema were referred to appropriate preventive services as well as community resources for need-based compression sleeves and gauntlets. In addition, three breast cancer education forums were held for women newly diagnosed with breast cancer, and provided education from four specialty physicians on all aspects of breast cancer treatment, including surgery, reconstruction, pathology and medical and radiation oncology. In July 2012, the SMH Cancer Institute provided a class entitled Cancer 101, which educated community members about diagnosis and treatment for cancer, the psychosocial aspects of dealing with cancer, caring for the caregiver, survivorship following cancer treatment, advance care planning and home care options. In September, a seminar entitled Advanced Treatment Options for Prostate Cancer was led by two physicians who provided education on diagnosis and treatment options for prostate cancer, and included a question and answer period focused on prostate cancer screening. In October, a Celebration of Life event held at the Pavilion provided all cancer patients in the community with a celebratory meal and interactive healing music. In addition, the SMH Cancer Institute provided an educational presentation to the International Youth Council about cancer diagnosis and treatment. In FY 2012, the SMH Cancer Institute provided a variety of cancer support groups for more than 430 patients and community members. Support groups included Women's Cancer, Life After Cancer, Living With Stage IV Cancer (a support group specifically for friends and family members of cancer patients) and the Young Patient's support group (the only support group in San Diego for young adult men and women with cancer). The SMH Cancer Institute also offers three patient navigators to assist patients and family members from the time of diagnosis through the course of treatment. Each patient navigator is assigned to a group of specific cancer diagnoses, including breast cancer, lymphomas and head, neck and lung cancers, and colon, rectal, renal, prostate, gynecological and all other cancers. The SMH patient navigators provide ongoing guidance for patients and families, including facilitation of appointment scheduling, explanation of procedures and test results, provision of education and support during diagnosis and treatments, and provision of financial resources and referrals to community agencies. In addition, the patient navigator team provides free educational seminars, classes and materials to help patients, families and community members better understand a specific cancer diagnosis. In addition, for the past nine years, the SMH patient navigators have provided weekly Healthy Steps classes to community members. Healthy Steps is a gentle, therapeutic exercise program that utilizes the Lebed method to aid the lymphatic system. In FY 2012, Healthy Steps served approximately 10 attendees per week. In FY 2012, the SMH Cancer Institute participated in the ACS Making Strides Breast Cancer Walk, as well as hosted an awareness booth at Sharp's annual Speaking of Women's Health Conference, where they provided educational materials, calendars and information on breast cancer screenings and performing a self-breast exam. FY 2013 Plan SMH will do the following</p>

Identifier	Return Reference	Explanation
		<p>* Continue to provide a variety of cancer-focused community education classes through the SMH Cancer Institute * Continue to participate in community walks, health fairs and events * Continue to provide a variety of cancer support groups * Provide patient navigator services to all cancer patients * Continue to seek funding to support the Cancer Institute Identified Community Need Education, Support and Screening for Stroke Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated Rationale * CHIP members identified heart disease and stroke as the second most important health outcomes overall (when considering a total of seven health outcomes) in the 2010 CHNA * According to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County's Health and Human Services Agency (HHSA), in 2007, stroke was the third leading cause of death in SDC * On average, there were 184 deaths a year due to stroke in the County's north central region during the three-year period from 2008 through 2010 In SDC, the average age-adjusted death rate due to stroke during this period was 35.1 deaths per 100,000 population, higher than the H.P. 2020 target of 33.8 deaths per 100,000 * If no changes are made in risk behavior, based on current disease rates it is projected that the total number of deaths from heart disease and stroke will increase by 38 percent by the year 2020, according to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County of San Diego HHSA * In 2009, there were 1,097 hospitalizations due to stroke in the County's north central region The rate of hospitalizations for stroke was 175.8 per 100,000 population * According to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County of San Diego HHSA, in 2007, nearly 63 percent of hospitalizations were due to heart disease and stroke If no changes are made in risk behavior, based on current rates, it is projected that the total number of hospitalizations for stroke will increase by 31 percent by the year 2020 * In 2009, there were 192 stroke-related ED visits in the County's north central region The rate of visits was 30.8 per 100,000 population * According to the 3-4-50 Chronic Disease in San Diego County 2010 report from the County of San Diego HHSA, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes Measurable Objective * Provide stroke education and screening services for the community, with an emphasis on seniors FY 2012 Report of Activities Note SMH is certified by The Joint Commission as a Primary Stroke Center (recertified in FY 2011) The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate SMH is also a recipient of the American Heart Association's (AHA) Get With the Guidelines (GWTG) Gold Plus Achievement Award for Stroke, and the Target Stroke Award The AHA's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients The AHA's Target Stroke award focuses on improving the timeliness of intravenous tissue plasminogen activator (IV rt-PA) administration to eligible patients In conjunction with the seasonal flu clinics conducted by the SMH Senior Resource Center in FY 2012, the SMH Stroke Center provided stroke screenings to seniors and high-risk adults In collaboration with the SMH Senior Resource Center, SMH provided a presentation to 20 community members entitled Stroke Is a Brain Attack, in which a neurologist spoke about stroke prevention and warning signs The event, held at the SMH Outpatient Pavilion, provided education and screenings to approximately 20 seniors Additionally, the SMH Stroke Center provided support to the Summer Healthcare Saturday event in Grossmont Center In addition, the Sharp system stroke program participated in the collaborative Strike Out Stroke Night at the Padres Held in May, the event was a collaboration with the San Diego Stroke Consortium and the County of San Diego, and included the participation of Scripps Health, Palomar Health, Tri-City Medical Center, Alvarado Hospital, Kaiser Foundation Hospital San Diego, UCSD Health and the San Diego Padres to promote an evening of stroke awareness and survivor celebration SMH chaired the event, and provided coordination for community partners, logistics, as well as a stroke survivor to speak at the event 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 SMH Rehabilitation Center provided meeting space for Young Enthusiastic Stroke Survivors (YESS), a free week</p>

Identifier	Return Reference	Explanation
		<p>ly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators. Education topics included coping skills, adjustment, family and intimacy, work and school re-entry, and support. SMH also offered specialized assistance to YESS, as well as the Challenged Women's Support Group and Support Group for Men with SCI, to help prioritize learning needs, and plan and implement successful educational presentations. In addition, SMH actively participated in the quarterly San Diego County Stroke Consortium - a collaborative effort to improve SDC stroke care and discuss issues impacting stroke care in SDC. In FY 2012, SMH collaborated with SDC to provide data for their stroke registry. FY 2013 Plan SMH Stroke Center will do the following:</p> <ul style="list-style-type: none"> * Participate in stroke screening and education events in SDC, including events targeting seniors and high-risk adults * Provide a stroke prevention presentation for the community during Stroke Month (May) * Provide education for individuals with identified risk factors * Provide one community stroke education event featuring a Sharp physician * Participate with other SDC hospitals in the Stroke Consortium * Collaborate with the state of California to develop a Stroke Center Registry * Provide stroke education and screenings for the Sharp Women's Health Conference * Continue to offer stroke support groups through Sharp Memorial Rehabilitation Services * Develop a post discharge Nurse Practitioner Clinic for stroke patients

Identifier	Return Reference	Explanation
		<p>Identified Community Need Orthopedic and Osteoporosis Community Education Rationale refer ences the findings of the 2010 Community Health Needs Assessment or the most recent San Di ego County community health statistics, unless otherwise indicated Rationale * According to a 2011 report from the Centers for Disease Control and Prevention (CDC), arthritis is t he nation's most common cause of disability An estimated 50 million U S adults (about on e in five) report doctor-diagnosed arthritis As the U S population ages, these numbers a re expected to increase sharply to 67 million by 2030, and more than one-third of these ad ults w ill have limited activity as a result In addition, a recent study indicated that so me form of arthritis or other rheumatic condition affects one in every 250 children * Acc ording to the National Institute of Health (NIH), osteoporosis is responsible for more tha n 1 5 million fractures each year, including 250,000 w rist fractures, 300,000 hip fracture s, 700,000 vertebral fractures and 300,000 fractures at other sites (2006) * According to a Healthy People (HP) 2010 Progress Review released in 2006, osteoporosis is responsible for more than \$14 billion in health care costs annually * According to the 2007 CHNA, in the U S , the age-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 (LBP) in their lifetime Each year, it is estimated that 15 to 20 percent of the population develop protracted back pain, 2 to 8 percent have chronic back pain (pain that lasts more than three months), 3 to 4 percent of the populati on is temporarily disabled due to back pain and 1 percent of the w orking-age population is disabled completely and permanently due to LBP * In addition, research for HP 2020 revea ls that Americans spend \$50 billion each year for LBP, w hich is the third most common reas on to undergo a surgical procedure and the fifth most frequent cause of hospitalization (2 009) * In the County's north central region from 2007 to 2009, the number of arthritis-re lated hospitalizations increased from 1,595 to 1,640 * In SDC's north central region from 2007 to 2009, the number of arthritis-related ED discharges increased from 1,723 to 1,799 * In 2009, females had a higher hospitalization rate for arthritis-related diagnosis tha n males (292 5 and 232 8 per 100,000 population, respectively) * In the County's north ce ntral region in 2009, blacks had a higher ED discharge rate for arthritis-related diagnosi s than persons of other racial or ethnic groups, and persons ages 65 and over had higher ED discharge rates for arthritis-related diagnosis than younger persons Measurable Objecti ve * Provide education on orthopedics and osteoporosis to the community FY 2012 Report of Activities Note SMH is certified by The Joint Commission in Disease-Specific Care for the ir Total Knee and Total Hip Replacement Programs The programs are nationally recognized f or their outreach, education and utilization of evidence-based practices, as well as docum entation of its performance measures and success rates In October, SMH offered an educati onal session entitled Hip Arthroscopy 2011 at the SMH Hip Preservation Center for national and community physicians, residents, interns and Navy physicians The SMH Hip Preservatio n Center provides specialized treatment of orthopedic hip conditions In collaboration w it h the Sharp Senior Resource Center, SMH provided tw o presentations on Arthritis in Hands f or more than 40 seniors, as w ell as three community hand screening events for 30 seniors d uring FY 2012 Hand screenings allow ed seniors in the community to meet individually w ith a hand therapist for a 15-minute session to discuss concerns such as difficulties w ith the ir hands, decreased function and pain Also in collaboration w ith the Senior Resources Cen ter, SMH provided an educational session entitled Arthritis of the Knee to 25 community me mbers In addition, Sharp provided osteoporosis education during the Speaking of Women's Health Conference held at the Sheraton San Diego Hotel and Marina in November The event se rved approximately 200 community members, and attendees received education regarding osteo porosis, calcium and vitamin D requirements, and exercise for osteoporosis treatment and p revention FY 2013 Plan SMH w ill do the follow ing * Offer arthritis and osteoporosis educ ational presentations to the community * Provide continuing education lectures to communit y physicians, residents, interns and Navy at the SMH Hip Preservation Center * Provide an orthopedic conference for community physicians and staff * Provide education and resources to the Sharp Women's Health Conference * Provide a tw o-day conference for orthopedic nurs e certification * Participate in the December Nights event to provide education on osteopo rosis and joint replacement Identified Community N</p>

Identifier	Return Reference	Explanation
		eed Prevention of Unintentional Injuries Rationale references the findings of the 2010 Co mmunity Health Needs Assessment or the most recent San Diego County community health stati stics, unless otherwise indicated Rationale

Identifier	Return Reference	Explanation
		<p>FY 2013 Plan SMH will do the following * With funding support from grants, provide educational programming and presentations for local schools and organizations * With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community events and health fairs * Continue to evolve program curricula to meet the needs of health career pathway classes as part of the HASPI partnership * Explore further opportunities to provide education to health care professionals and college students interested in health care careers Identified Community Need Support of Community Non profit Health Organizations Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated Rationale Support of community nonprofit health organizations is an effective means to raise awareness of various health conditions, such as heart disease and cancer, collaborate to maximize community efforts without needless duplication of resources, and continue to share experiences and/or leadership capacity with others that share similar goals To this end, SMH participates in community-sponsored events, assists with coordination, provides support and fundraises for health-related causes, and participates in community boards and committees Measurable Objective * Participate in community-sponsored events and support nonprofit health organizations FY 2012 Report of Activities In FY 2012, SMH participated in numerous community-sponsored health fairs, providing first-aid booths, health screenings and health information to the community Events included the Fresenius Health Fair, San Diego Earth Fair, San Diego Crew Classic, December Nights, American Heart Association Heart Walk, Fiesta de los Penasquitos, Rancho Bernardo Alive!, Chelsea's Run and the Multiple Sclerosis Society Challenge Walk In addition, various hospital departments participated in Sharp's annual Speaking of Women's Health Conference, providing osteoporosis education, BMI screenings and assessments for physical health and fitness, fracture risk and sleep apnea SMH was also the title sponsor for the Sharp Memorial Hospital Summer Concert Series in FY 2012, hosted by the City of Poway Made possible through donations from several community organizations, including chief financial sponsorship from SMH, the free concert series provided community members with a variety of live music at Lake Poway and Old Poway Park SMH staff also provided health screenings and giveaways to concert attendees In addition, SMH provided coordination, support and related fundraising activities for various nonprofit organizations in FY 2012, including the American Heart Association Heart Walk, Susan G Komen Race for the Cure(r), the American Diabetes Association's Step Out to Fight Diabetes Walk, the San Diego Crew Classic and the San Diego Blood Bank (quarterly blood drives) In FY 2012, executive leadership and others donated their time to multiple community organizations and agencies, such as * CHIP members identified injury and violence prevention as the fourth most important health-related behaviors overall (when considering a total of six health-related behaviors) in the 2010 CHNA * Injury, including both intentional and unintentional, is the number one killer and 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 to 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 151 deaths due to unintentional injury in the County's north central region The region's age-adjusted death rate due to unintentional injuries was 24.3 deaths per 100,000 population * In 2009, there were 3,622 unintentional hospitalizations related to injury in SDC's north central region The rate of hospitalizations due to unintentional injury was 580.4 per 100,000 population The hospitalization rate in the region was lower than the County's age-adjusted rate of 652.9 per 100,000 population * In 2009, there were 22,737 unintentional injury-related ED visits in the County's north central region The rate of visits due to unintentional injury was 3643.3 per 100,000 population The ED visit rate in the region was the lowest in SDC and lower than the County's age-adjusted rate of 4671.4 per 100,000 population * According to HP 2 020, most events resulting in injury, disability or death are predictable and preventable There are many risk factors for unintentional injury</p>

Identifier	Return Reference	Explanation
		<p> ury and violence, including individual behaviors and choices such as alcohol use or risk-taking, the physical environment both at home and in the community, access to health services and systems created for injury-related care, and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations) Measurable Objective * To offer an injury prevention program for children, adolescents and young adults throughout SDC FY 2012 Report of Activities In FY 2012, ThinkFirst/Sharp on Survival participated in the Health Sciences High and Middle College (HSHMC) program Several HSHMC students spent one or two semesters in the physical rehabilitation center, and learned about different therapies as well as how the multidisciplinary team works together to treat the patient as a whole Each day, students shadowed individual patients as they went through their various outpatient therapy sessions Weekly activities included physical, occupational and speech therapy sessions, as well as community therapy sessions (e.g., shopping, bowling, visiting parks and museums, etc.) The experience provided students with an understanding of the benefits of using different therapies to treat individual clients and create a unique patient experience With the partnership and financial support of the Health and Science Pipeline Initiative (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 interest 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 Center In 2012, a dozen high school seniors from San Diego High School toured the rehabilitation center and received an in-depth look at careers in nursing and occupational, physical, speech and recreation therapy Students also rotated through several stations run by Voices for Injury Prevention (VIP) speakers and practiced their wheelchair mobility, lower body dressing, and driving skills using the driving simulator Additionally, students conducted small group patient therapy activities to test memory, organization and a variety of executive cognitive skills In FY 2012, ThinkFirst/Sharp on Survival continued to provide education to San Diego's South Bay region ThinkFirst/Sharp on Survival health educators and VIPs provided five presentations on the consequences of poor decision making to more than 150 students at Mar Vista High School, San Ysidro High School and San Ysidro Middle School Students also received presentations on physical rehabilitation careers within health care through the HASPI program </p>

Identifier	Return Reference	Explanation
		<p>* American Cancer Society * American Heart Association * Association for California Nurse Leaders * Association for Clinical Pastoral Education * CHIP * Emergency Nurses Association * Healthcare Association of San Diego and Imperial Counties * San Diego Association of Diabetes Educators * San Diego Blood Bank * San Diego Emergency Medical Care Committee * San Diego Eye Bank Nurse Advisory Board * San Diego Healthcare Disaster Council * San Diego Interreligious Committee * San Diego Organization of Healthcare Leaders * Sigma Theta Tau International Honor Society of Nursing * Universities and colleges in SDC * YMCA</p> <p>FY 2013 Plan SMH will do the following</p> <ul style="list-style-type: none"> * Participate in community-sponsored events to provide health information, education, first-aid and health screenings as requested by community partners * Provide coordination, support and fundraising-related activities for local nonprofit organizations * Participate in community and public organizations, donating time and expertise to important health issues facing the community <p>Identified Community Need</p> <p>Health Professions Education, Training, and Promotion of Interest in Health Care Careers</p> <p>Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated</p> <p>Rationale</p> <ul style="list-style-type: none"> * The demand for RNs and other health care personnel in the U.S. will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010. The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate. * According to the 2010 SDC Healthcare Shortage Areas Atlas from the County of San Diego's HHS, SDC is one of 27 counties in California listed as a Registered Nurse Shortage Area. * In 2010, the DOL reported that allied health professions represent about 60 percent of the American health care workforce and projected severe shortages of many allied health care professionals. * According to the San Diego Workforce Partnership 2011 report titled Healthcare Workforce Development in San Diego County Recommendations for Changing Times, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, registered nurses, medical record and health information technicians, radiologic technologists and technicians, pharmacists, and medical and clinical laboratory technologists. <p>There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign language</p> <ul style="list-style-type: none"> * According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions. While new graduates often possess the needed academic knowledge to be hired, they lack necessary real world experience. * The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers. <p>Measurable Objectives</p> <ul style="list-style-type: none"> * In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions. * Provide training for local, national and international health care professionals. <p>FY 2012 Report of Activities</p> <p>SMH is a recipient of the MAGNET(r) designation, the highest honor given by the American Nurses Credentialing Center (ANCC) for nursing excellence and quality patient care. SMH is also a Planetree designated hospital, representing the highest level of patient-centered care. In FY 2012, SMH offered students and interns throughout SDC various placement and professional development opportunities. Students and interns from 12 nursing and 34 allied health programs from a variety of colleges and universities spent more than 115,000 hours at SMH in FY 2012. Among some of the nursing program partners were San Diego State University (SDSU), PLNU, Azusa Pacific University (APU), California State University San Marcos (CSUSM), National University (NU) and University of San Diego (USD). The allied health programs hosted students from EMSTA College, Palomar Community College, Alliant International University, Boston University (BU), San Diego Mesa College and the University of Redlands, among many others. Students from a variety of disciplines were represented including nursing, marriage and family therapy, radiology, pharmacy and social work. In addition, SMH's Clinica</p>

Identifier	Return Reference	Explanation
		<p> The Pastoral Education Program provided four chaplain interns with 35 hours of training. Through affiliations with Southwestern College (SWC), Palomar Community College, EMSTA College, West Med College and National College of Technical Instruction (NCTI), SMH provided both clinical training and observation hours for Emergency Medical Technician (EMT) and paramedic interns. This included 33 EMT students, as well as 59 paramedic interns who spent 144 hours each in clinical training in the ED, in addition to rotations in other hospital departments including labor and delivery, pulmonary, trauma, NICU, operating room and catheterization lab. SMH staff contributed more than 8,300 hours of clinical training and supervision to these specialized community programs in FY 2012. In addition, SMH provided training, leadership and space for nursing students in SDC through affiliations with USD, SDSU, PLNU, Kaplan College, SWC, NU and other colleges and universities. Degree programs ranged from Associate degrees to Master of Science degrees in Nursing. In FY 2012, more than 500 nursing students spent more than 56,000 hours at SMH. </p>

Identifier	Return Reference	Explanation
		<p>SMH also continued its participation in the Health Sciences High and Middle College (HSHMC) program to provide early professional development for students at all levels of high school. During the school year, 42 students in grades nine, 15 students in grade eleven and 16 students in grade twelve spent an estimated 5,720 supervised hours at SMH and 112 hours at the Pavilion. The majority of departments at SMH participated in the program, including inpatient nursing, ED, ancillary support departments (laboratory, non-invasive, rehabilitation and radiology) and hospital operations (cafeteria, engineering and security). In addition, several students were oriented to specialized departments such as wound healing, pathology and the operating room. SMH also expanded the HSHMC program to include leadership training for students. The program included a special focus not only on patient- and family-centered care, but also on professionalism, the culture of a professional environment and helping students to identify a personal vision. In addition, 15 HSHMC students devoted more than 1,200 hours to the SRS facility located adjacent to SMMC. In FY 2012, SMH provided its Junior Volunteer Program to high school students in the community, many of whom are interested in future health care careers. The program is open to all grade levels, and most new volunteers are placed as guest ambassadors at the concierge desk. The junior volunteers enhanced the patient-centered services of staff by greeting and escorting patients and families, answering visitors' questions, assisting with patient integrative healing modalities, writing letters to U.S. troops overseas and baking cookies to create aromatherapy and a relaxing environment for patients and visitors. The junior volunteers also rotated through various hospital departments including the gift shop, nursing units and the ED, allowing them to explore different careers offered in the health care setting. In FY 2012, there were 125 active junior volunteers, providing a total of 9,000 hours of service to the program. In addition, SMH and SGH have partnered to provide one of only two new Mobile Intensive Care Nurse (MICN) training programs in SDC. Together, the hospitals offer an extensive six-week training program - open to any San Diego base station emergency nurse - three to four times a year. Participants received certification 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. SMH continues to support the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practices in the nursing community. The consortium represents a partnership between Sharp HealthCare, Scripps Health, Rady Children's Hospital - San Diego, UC San Diego Medical Center, and San Diego VA Medical Center, as well as three academic institutions - PLNU, SDSU and USD. For the past five years, the consortium has sought to inspire clinical excellence through its Evidence-Based Practice Institute (EBPI), which prepares teams of staff and advance practice nurses to serve as leaders and mentors in changing and improve nursing practice and patient care. In FY 2012, EBPI consisted of a nine-month program culminating with a graduation ceremony in September. Six full-day workshops were provided and staff nurses were paired with Master's-prepared mentors to guide and support them through the process of evidence-based practice, as well as with working collaboratively with hospital leadership. In FY 2012, SMH provided planning and administrative support for the workshops and the graduation ceremony in September, where approximately 50 nurses graduated from the program. In FY 2012, SMH provided more than 100 public hospital tours to more than 300 individuals from various local, national and international hospitals and not-for-profit organizations. Through these tours, individuals received education on the Planetree philosophy of patient- and family-centered care. Organizations included the San Diego Natural History Museum, the International Rescue Committee (IRC), Palmetto Health, San Diego Society for Human Resource Management, Sage Consulting, International Business Machines (IBM), Nautilus Designs, Fresno Community Medical Centers, Stanford University School of Medicine's Center for Compassion and Altruism Research and Education (CCARE), Japanese guests from USD and more than 120 Planetree members. In collaboration with CCARE at the Stanford University School of Medicine, SMH furthered its support of professional education and development by providing an eight-week Compassion Cultivation Training (CCT) course, designed to help health care professionals and community members develop cognitive, emotional and behavioral aspects of human compassion. Led by an SMH psychologist, the CCT course u</p>

Identifier	Return Reference	Explanation
		<p>tilized lectures and guided compassion cultivation exercises and group discussions to improve communication, increase resilience to stress and enhance feelings of well-being among the participants. The CCT course consisted of six steps that build a foundation for developing a compassionate heart and mind, and encompassed topics such as skills for calming the mind, self-compassion, empathy towards humanity and applications for daily life. During FY 2012, SMH trained approximately 100 community members and Sharp employees through the CCT course. FY 2013 Plan SMH will do the following:</p> <ul style="list-style-type: none"> * Continue to provide intern and professional development opportunities to health professions students throughout SDC * Continue to collaborate with HSHMC to provide opportunities for students to explore health care careers including leadership training * Continue to expand opportunities for the Junior Volunteer Program * Provide professional development opportunities to massage therapy and other art students through the Integrative Healing Program * Implement new systemwide HSHMC student orientation * Annually review and evaluate HSHMC program * Continue to provide education and hospital tours for the local, national and international health care community on patient- and family-centered care <p>Identified Community Need: Support During the Transition of Care Process for High-Risk, Underserved Patients With Complex Medical Needs</p> <p>Rationale: references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.</p> <p>Rationale:</p> <ul style="list-style-type: none"> * Health care access and delivery were 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, 34.4 percent of those 18 to 64 years of age in the County's central region are uninsured. Persons most likely to be uninsured in the central region include those aged 18 to 24 years (60 percent), those aged 25 to 39 years (69 percent), Latinos (72 percent), those households under 100 percent of the Federal Poverty Level (60 percent), and those with high school education or less (63 percent) * In October 2012, the unemployment rate in San Diego County was 8.6 percent (State of California, Employment Development Department, Labor Market Division). According to the Bureau of Labor Statistics, 43.9 percent of unemployed persons nationally remained so for 27 weeks or greater * Losing a job often means people also lose their health insurance. According to the 2010 CHNA, persons most likely to be uninsured in the north central region include those unemployed (73.5 percent) * The cost of living in California is 35 percent above the U.S. average, with health spending per capita in California growing by 5.9 percent between 1994 to 2004 (CHA Special Report, October 2011) * According to the 2010 CHNA, in the County's central region for those 18 to 64 years of age, the most common sources of health insurance coverage include employment-based coverage (52.6 percent) and public programs (18.8 percent) * According to the 2010 CHNA, by the year 2020, the County's central region is projected to grow by 15 percent overall, including a 24.8 percent growth among Latinos, a 23.3 percent growth among American Indians, a 13.4 percent growth among Asians, and a 50 percent growth among persons aged 65 years or older * According to the 2010 CHNA, demand for emergency department services in SDC increased by 11.9 percent, from 582,129 to 651,595 visits, between 2006 and 2009 * In 2010, California hospitals provided more than \$12.5 billion in uncompensated care (CHA Special Report, October 2011)

Identifier	Return Reference	Explanation
		<p>* California reports only 1.9 beds per 1,000 persons, with the number of licensed beds having declined by 6.4 percent while the state's population grew by 9 percent between 2001 and 2010 (CHA Special Report, October 2011) * In 2010, the health insurance benefits available under the Consolidated Omnibus Budget Reconciliation Act (COBRA) cost a single person in California between \$375 to \$470 per month, for a family of three or more in California, COBRA costs ranged from \$1,123 to \$1,406.51 per month. These rates represent anywhere from 20 to 78 percent of a person's income (2010 COBRA Self-Pay Rates, Motion Picture Industry Pension & Health Plans) * Community clinics in SDC have experienced rising 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. Measurable Objectives * 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 * To link high-risk patients to county programs to ensure their at-home medical care needs are met * Collaborate with community organizations to provide follow-up medical care, financial assistance, psychiatric and social services to chronically homeless individuals * Assist economically disadvantaged individuals through transportation and pharmaceutical assistance. FY 2012 Report of Activities Since August 2010, SMH has participated in the Care Transitions Intervention Program (CTI) with County of San Diego Aging and Independence Services (AIS). CTI is a four-week evidence-based program supporting underserved patients with complex medical needs who are at high risk for readmission after transition from the hospital to their homes. The program includes education provided through one hospital and one home visit, as well as a series of follow-up phone calls by a trained RN Transition Coach using the Coleman Care Transitions(r) Model. In this model, the Transition Coach provides patient education to help improve patient self-management skills. Topics covered include information about medications, diet and other discharge orders, as well as how to identify problems early on in order 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 health record maintenance, knowledge of red flags, and follow-up care with primary care providers and specialists. Additionally, patients enrolled in the CTI Program are linked with the Aging and Disability Resource Connection (ADRC) Grant for additional needed services and benefits to ensure that their at-home needs are met. These patients are also eligible for the County's Tech4Impact (T4I) Grant by the Center for Technology and Aging (CTA), one of only five in the country, to engage CTI patients in using the AIS Network of Care Web resource to support health self-management. In FY 2012, 156 patients were enrolled in the CTI Program. In FY 2012, SMH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the San Diego Rescue Mission, SMH discharged chronically homeless patients to the Rescue Mission's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SMH in a safe space, and also provides psychiatric care, substance abuse counseling and guidance from the Rescue Mission's programs in order to help these patients get back on their feet. Additionally, SMH continued its partnership with Father Joe's Villages to support Project SOAR. This project is designed to facilitate and expedite the processing of social security and disability applications for homeless individuals with urgent health issues. With assistance from SMH case managers, eligible homeless patients are transitioned to Project SOAR in order to ensure they obtain timely access to income and medical care benefits. In addition, to assist economically disadvantaged individuals, in FY 2012 SMH provided more than \$114,000 in free medications, transportation, lodging and financial assistance through its Project HELP funds. FY 2013 Plan SMH will do the following * Continue to collaborate with community organizations to provide medical care, financial assistance, psychiatric and social services to chronically homeless patients * Continue to administer Project HELP funds to those in need * With federal funding, expand 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 hospitals. SMH Program and Service Highlights Sharp Memorial Hospital * 24-hour emergency services with heliport and base station * Acute care * Bariatric * Bioethics consultation * Breast health, including mammography * Cancer care * Cardiac</p>

Identifier	Return Reference	Explanation
		<p>care * Cardiac rehabilitation * Chest Pain Center, specializing in emergency chest pain treatment * Congestive Heart Failure Management Program * CT Scan * EEG * EKG * Group and art therapy * Home health * Home infusion services * Hospice * Intensive Care Unit * Laboratory services * Mechanical Assist Device Program * Nutrition and metabolic services * Ophthalmology * Organ transplantation (heart, kidney, pancreas) * Orthopedics Program * Palliative care * Pathology services * Primary care * Radiology services * Rehabilitation Center * Robotic surgery * Senior health services * Senior Resource Center * Sharp and Rady Children's MRI Center * Spiritual care and education * Stroke Center * Surgical services * Trauma Center * Van services * Warfarin Clinic * Wound and Ostomy Center</p>

Identifier	Return Reference	Explanation
		<p>Sharp Memorial Outpatient Pavilion * Cancer services * Cushman Wellness Center, including health screening and the Community Health Library and Resource Center * Diabetes services - recognized by American Diabetes Association * Diagnostic services * Endoscopy Center * Executive Health Program * Eye and Laser Treatment Center * General and Diagnostic Imaging Center * Integrative Medicine * Outpatient surgery * Pain Management Center * Radiation Oncology and Infusion Center * Sharp Rees-Stealy Ophthalmology * Sharp Rees-Stealy Optometry * Virtual Colonoscopy * Women's Imaging Center Sharp Senior Health Center Downtown * Community health education programs * Community health services * Primary and comprehensive physical and mental health care services to seniors Sharp Senior Health Center Clairemont * Community health services * Primary and comprehensive health care services to seniors Section 7 Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Mesa Vista Hospital (SMV) is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123 * Sharp McDonald Center (SMC) is located at 7989 Linda Vista Road in San Diego, ZIP code 92111 * SMV Mid-City Outpatient Program is located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92115, SMV East County Outpatient Program is located at 1460 East Main Street in El Cajon, ZIP code 92021 FY 2012 Community Benefits Program Highlights SMV and SMC provided a total of \$10,041,903 in community benefits in FY 2012 See Table 1 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 Table 1 Economic Value of Community Benefits Provided Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital - FY 2012 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2012 Unreimbursed Costs *Medical Care Services Shortfall in Medi-Cal \$751,514 Shortfall in Medicare \$3,000,462 Shortfall in CHAMPVA/TRICARE \$536,660 Charity Care and Bad Debt \$3,648,273 *Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy \$464,187 * Other Benefits for the Broader Community Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events \$174,013 *Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals \$1,466,794 TOTAL \$10,041,903</p>

Identifier	Return Reference	Explanation
		<p>Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who were unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare and CHAMPVA/TRICARE, and financial support for on-site workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, free psychiatric assessments and referrals, monthly VIP volunteer-served lunch at Father Joe's Villages/St Vincent de Paul Village, Ticket to Work Employment Network program, Cross Cultural Mental Health Program to address barriers to mental health services for disadvantaged, culturally diverse urban seniors, contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for the needy * Other Benefits for the Broader Community included health education and information on a variety of topics, participation in community health events, and collaboration with local schools to promote interest in health care careers SMV also offered meeting room space at no charge to community groups In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as Mental Health America, Residential Care Council, San Diego Committee on Employment of People with Disabilities, Schizophrenics in Transition, Recovery Innovations of California (RICA), Community Health Improvement Partners (CHIP) Behavioral Health Work Team, Association of Ambulatory Behavioral Healthcare, Employee Assistance Professionals Association, Parents for Addiction, Treatment and Healing (PATH), California Behavioral Health Board, and the American College of Healthcare Executives (ACHE) See Appendix A for a listing of Sharp community involvement In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration * Health Research, Education and Training Programs included education and training of health care professionals, student and intern supervision, time devoted to generalizable health-related research projects 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 University (SDSU) Definition of Community As specialty hospitals, SMV and SMC serve the community of San Diego County Description of Community Health In San Diego County in 2009, 95.4 percent of children ages 0 to 11, 95.6 percent of children age 12 to 17, and 84.8 percent of adults had health insurance - failing to meet 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 eligibility for Medi-Cal Healthy Families Table 2 Health Care Access in San Diego County, 2009 *Health Insurance Coverage Children 0 to 11 Years Rate - 95.4% Year 2020 Target - 100% Children 12 to 17 Years Rate - 95.6% Year 2020 Target - 100% Adults 18 + Years Rate - 84.8% Year 2020 Target - 100% *Regular Source of Medical Care Children 0 to 11 Years Rate - 97.2% Year 2020 Target - 100% Children 12 to 17 Years Rate - 87.3% Year 2020 Target - 100% Adults 18 + Years Rate - 88.3% Year 2020 Target - 89.4% *Not Currently Insured Adults 18 to 64 Years Rate - 17.7% Source 2009 CHIS Table 3 Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults Ages 18 to 64 Years), 2009 Description/Rate Medi-Cal Eligible - 8.3% Healthy Families Eligible - 0.8% Not Eligible - 90.9% Source 2009 CHIS</p>

Identifier	Return Reference	Explanation
		<p>Suicide was the eighth leading cause of death. See Table 4 for a summary of leading causes of death in San Diego County. Table 4. Leading Causes of Death in San Diego County Three-Year Average (2008 Through 2010). Cause of Death, Number of Deaths, Percent of Total Deaths.</p> <p>Malignant neoplasms 4,766 24.7% Diseases of heart 4,670 24.2% Alzheimer's disease 1,151 6.0% Chronic lower respiratory diseases 1,020 5.3% Cerebrovascular diseases 1,079 5.6% Accidents (unintentional injuries) 935 4.9% Diabetes mellitus 568 3.0% Intentional self-harm (suicide) 359 1.9% Chronic liver disease and cirrhosis 318 1.6% Influenza and pneumonia 316 1.6% Essential (primary) hypertension and hypertensive renal disease 280 1.5% Parkinson's disease 207 1.1% Nephritis, nephrotic syndrome and nephrosis 159 0.8% Septicemia 124 0.6% Viral hepatitis 122 0.6% All other causes 3,192 16.6% Total Deaths 19,266 100.0% Note: *Ranking of leading causes of death based on the countywide rank among San Diego residents in 2010. Source: County of San Diego, HHSA, Public Health Services, Community Epidemiology Branch. Community Benefits Planning Process. In addition to the steps outlined in Section 3 regarding community benefits planning, SMV and SMC.</p>

Identifier	Return Reference	Explanation
		<p>* Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals * Estimate an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels * Host a bimonthly committee to discuss, plan and implement community activities</p> <p>Priorit y Community Needs Addressed in Community Benefits Report The SMV and SMC Community Benefit s Report addresses the following identified community needs</p> <ul style="list-style-type: none"> * Mental health and substance abuse education and support for the community * Improving outcomes for seniors at risk * Mental health and substance abuse education for health care professionals <p>For each priorit y community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2012 Report of Activities conducted i n support of the objective(s), and FY 2013 Plan of Activities</p> <p>Identified Community Need Mental Health and Substance Abuse Education for the Community Rationale references the fin dings of the 2010 Community Health Needs Assessment or the most recent San Diego County co mmunity health statistics, unless otherwise indicated</p> <p>Rationale</p> <ul style="list-style-type: none"> * Mental health and menta l disorders were identified as the third-most important overall health outcome (w hen consi dering a total of seven health outcomes) in the 2010 CHNA * Substance abuse and tobacco use were identified as the third-most important overall health-related behaviors (w hen consi dering a total of six health-related behaviors) in the 2010 CHNA * According to 2007 pre valence estimates presented in the 2010 CHNA, there are 141,420 persons in SDC with seriou s mental illness This represents 4 9 percent of the household population in SDC * Accord ing to findings presented in the 2010 CHNA, primary care clinics in SDC reported 73,269 pa tient encounters with a diagnosis of mental disorder in 2009, representing 4 percent of all clinic encounters * According to findings presented in the 2010 CHNA, the number of cli ents served by the Children's Mental Health Services (CMHS) of the County of San Diego Hea lth and Human Services Agency (HHSA) increased by 4 3 percent, from 16,874 in FY 2005/2006 to 17,600 in FY 2007/2008 Since FY 2006/2007, clients served by the Adult Mental Health Services (AMHS) increased by 8 percent, with 41,132 adults and older adults served in FY 2 007/2008 * Betw een 2006 and 2008, 60,246 persons in SDC were discharged from hospital EDs with a principal diagnosis related to mental disorders, averaging 23,081 persons per year During this three-year period, the annual number of ED discharges follow ing treatment re lated to mental disorders increased by 21 8 percent The age-adjusted ED discharge rate ha s increased from 682 per 100,000 in 2006 to 810 per 100,000 in 2008, a change of 18 7 perc ent * In 2010, suicide was the eighth leading cause of death in SDC, responsible for 352 deaths The age-adjusted death rate due to suicide was 11 0 deaths per 100,000, failing to meet the HP 2020 target of 10 2 deaths per 100,000 * In 2010, suicide was the second lea ding cause of death in SDC for persons betw een the ages of 15 and 34 In 2010, males, whit es and persons betw een the ages of 45 and 84 were most impacted by suicide, as measured by the age-adjusted rate per 100,000 Betw een 2006 and 2010, the age-adjusted suicide rate i ncreased by 1 4 * In 2009, the age-adjusted rate of self-inflicted injury ED discharges i n SDC was 74 0 per 100,000 population Betw een 2006 and 2009, the annual age-adjusted rate of self-inflicted injury ED discharges in SDC increased by 13 0 In 2009, females, whites , blacks and persons betw een the ages of 15 and 64 were those most impacted by self-inflic ted injury based on ED utilization, measured by the age-adjusted rate per 100,000 * The c auses of mental illness are thought to be related to a variety of biochemical, genetic and environmental factors, including having biological relatives with mental illness, malnutr ition or exposure to other viruses before brth, stressful life situations, chronic medica l conditions, combat, taking psychoactive drugs during adolescence, childhood abuse or neg lect, and lack of friendships or healthy relationships, according to findings presented in the 2010 CHNA * During the three-year period from 2007 to 2009, the age-adjusted rate of overdose/poisoning hospitalizations among SDC residents increased from 68 8 hospitalizati ons per 100,000 population in 2007 to 72 6 hospitalizations per 100,000 in 2009 In 2009, county rates for overdose/poisoning hospitalizations were higher in females w hen compared to males, higher among blacks and whites w hen compared to other races and ethnic groups, a nd higher among senior adults ages 65 years and older w hen compared to other age groups * In 2009, the age-adjusted rate of overdose/poisoning-related ED visits in SDC was 143 3 p er 100,000 population County rates for overdose/p

Identifier	Return Reference	Explanation
		<p>poisoning-related ED visits were higher in females when compared to males, higher among blacks when compared to other races and ethnic groups, and higher among adolescents and young adults ages 15 to 24 years when compared to other age groups * In 2009, 3.8 percent of adolescents ages 12 to 17 in SDC reported engaging in binge drinking in the past month. The rate of binge drinking is lower than the HP 2020 target of no more than 8.5 percent of adolescents ages 12 to 17 engaging in binge drinking during the past month. (Male binge drinking is defined as having five or more drinks on one occasion in the past month, and female binge drinking is defined as having four or more drinks on one occasion in the past month) * In 2009, 6.1 percent of adolescents ages 12 to 17 in SDC reported to have used marijuana in the past year. * According to the National Institute of Health (NIH) National Institute of Drug Abuse division, important risk factors for drug abuse among children and adolescents include early aggressive behavior, lack of parental supervision, substance abuse, drug availability and poverty. As a child gets older, interactions with family, classmates and the community can affect that child's risk for later drug abuse. In adolescents, association with drug-abusing peers is often the most immediate risk for exposure to drug abuse and delinquent behavior. Other factors - such as drug availability, trafficking patterns and beliefs that drug abuse is generally tolerated - are risks that can influence young people to start abusing drugs. * According to HP 2020, substance abuse has a major impact on individuals, families and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems, including teenage pregnancy, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide. Measurable Objectives</p>

Identifier	Return Reference	Explanation
		<p>* Provide mental health and substance abuse education for patients, their loved ones and the community * Facilitate community reintegration through community service activities * Provide support for members of the community impacted by mental health and substance abuse issues</p> <p>FY 2012 Report of Activities In FY 2012, SMV psychiatric evaluation and intake teams provided approximately 8,500 free psychiatric evaluations and referrals for the general community On an ongoing basis, an SMV Psychiatric Evaluation Team provided 16 hours a week to senior community centers for senior clients and eight hours a week at Potiker Family Senior Residence, a residential site for low-income, at-risk seniors Seniors received a variety of early intervention services, including examination by a nurse or psychiatrist, medication, referrals or counseling to reduce risks of hospitalization and homelessness To increase awareness of mental health and substance abuse, SMV and SMC hosted numerous community speaking engagements and workshops, addressing a variety of behavioral health topics including cognitive therapy, substance abuse and child and geriatric psychiatry In addition, monthly lectures were delivered through a cognitive therapy lecture series and included topics such as anxiety, anger, depression and stress SMV also provided art classes in collaboration with the Creative Arts Consortium of San Diego County - an organization comprised of SDC artists, writers and performers with mental or emotional health issues - to patients and community members These classes helped adult mental health consumers develop and promote their talents, as well as provided a space for artistic recognition In FY 2012, SMV/SMC offered multiple educational sessions to the community that focused on behavioral health issues of teens and Transition Age Youth (TAY) In May, SMV/SMC provided a lecture on Recognizing and Addressing Substance Abuse in Youth, reaching approximately 45 community members at the event In October, SMV/SMC participated in a seminar entitled Experimentation to Abuse How Do I Know If My Child has a Problem? The session was provided as part of the SHC seminar series held at SMC, where SMV/SMC provided moderators, panelists and speakers to discuss drug and alcohol addiction in adolescents with approximately 30 school personnel, parents, mental health professionals and community members Also as part of the SHC seminar series, in September SMV presented a TAY-focused educational session entitled Teens and Behavior Changes Typical or Troubled? to more than 50 community members In addition, SMV was invited to speak at a Teen Depression Workshop held for the Camp Pendleton Exceptional Family Member Program, and provided insight on depression in adolescents to 15 parents and mental health care professionals in the community In support of behavioral health needs of the military community, SMV participated in a Breaking the Stigma of Mental Health event held at Camp Pendleton in November The event provided more than 200 military members with insight, information and resources on the importance of mental health and wellness, specifically in consideration of the many unique stressors faced by military members SMV presented on the topic of the Stigma of Therapy, covering important elements such as normalizing the concept of therapy, locating resources, and the need for counseling and supportive relationships with others The speaker shared their personal story in order to provide understanding and to encourage event attendees to establish support networks In addition, SMV participated in the Military Family Block Party held in October by the San Diego Military Family Collaborative Approximately 500 military family members attended the event, where SMV provided education and resources on mental health and wellness for military family members and the community In FY 2012, SMV also provided its Veterans Engaging in Supportive Treatment (VEST) program to military members and their families in order to meet the needs of veterans of the wars in Iraq and Afghanistan The program provides a safe environment for veterans to learn effective methods for managing symptoms of post-traumatic stress disorder (PTSD) or acute stress The program also includes services for spouses and family members who experience unique distress when their loved one returns with war- or trauma-related symptoms In FY 2012, the VEST program also provided education and resources to military members and their families through various community events, including the Miramar Air Show, as well as six military housing resource fairs At these resource fairs, VEST program staff provided education on reducing the stigma of mental health issues in the military community as well as available resources to approximately 150 community members In addition, the VEST program provided education and resources to a national conference of approximately 200 community providers of</p>

Identifier	Return Reference	Explanation
		<p>military veterans In FY 2012, SMV and SMC sponsored and participated in four walks to increase awareness and raise funds for mental health services, including the National Alliance on Mental Illness (NAMI) Walk, National Suicide Prevention Walk, Save a Life San Diego (for suicide prevention) and San Diego Alzheimer's Association Annual Memory Walk. In addition, SMV contributed \$2,500 to the NAMI walk and SMV employees and patients contributed approximately \$2,000 through fundraising activities. In response to the need for information and support for caregivers of individuals with mental illness, SMV also provided community educational materials in the hospital lobby through NAMI's Friends in the Lobby program. Additionally, in FY 2012 SMV led an important initiative to improve housing conditions for community members living with serious, persistent mental illness. Through creativity and collaboration with housing organizations and other community partners, the CHIP committee work team secured a three-year contract issued by the County of San Diego to establish an Independent Living Registry and an Independent Living Facilities (ILF) Association. The work team developed a four-prong approach to address the challenges to safe and healthy ILFs, which included a registry of participating ILFs to be a central resource for consumers, family members and health care professionals, educational curriculums for members of the ILF Association, peer review and accountability through site visits, and advocacy. The contract may be used as a pilot for the State of California to increase the safety and quality of housing options for the community's most vulnerable citizens. It is the hope that these efforts will not only improve conditions for ILFs and the consumers housed there, but also help to keep consumers linked with essential services and providers, and reduce crime and unnecessary arrest rates.</p> <p>Throughout the year, SMV provided free meeting space for a variety of self-help groups on a weekly basis including Alcoholics Anonymous, Al-Anon, Alcoholics Anonymous - Dual Diagnosis, Women's Alcoholics Anonymous, Child and Adolescent Support Group, Men's 12-Step Group, Serenity Promotions, Narcotics Anonymous, Teenage Narcotics Anonymous, Pills Anonymous, Co-Dependents Anonymous, Gambler's Anonymous, Nicotine Anonymous, Shyness and Social Anxiety Group, San Diego Phobia Foundation, Tobacco Anonymous, National Association of Anorexia Nervosa and Associated Disorders (ANAD), RICA's Wellness Recovery Action Plan (WRAP) classes, the SMC Aftercare and Lifetime support meetings, and the NAMI - Electroconvulsive Therapy Support Group. In January 2009, SMV launched its Volunteers Inspiring Possibilities (VIP) group. This volunteer group of current and former SMV mental health consumers, as well as their friends and loved ones, joined the Sharp NAMI Walk team in April 2012 and brought the total number of team members to 146 walkers, making it the largest San Diego team to participate in the event. In addition, VIP volunteers served lunch each month at Father Joe's Villages/St. Vincent de Paul Village and helped provide support to SMV's free outpatient boutiques. In FY 2012, more than 75 community members participated in the VIP group. The group not only provided an invaluable service to the San Diego community, but also empowered and mobilized mental health care consumers, helped reduce the stigma associated with mental illness, and provided mental health care consumers with further opportunities for recovery.</p>

Identifier	Return Reference	Explanation
		<p>The VIP group is one element of SMV's Psychiatric Rehabilitation Program, which is dedicated to creating possibilities for social reintegration of individuals with mental illness by involving them in community service activities. In FY 2012, the program's community service activities included the Green Thumbs Club, where patients of the outpatient programs maintain a community garden in a transitioning neighborhood, Sharp Sluggers, where current and former SMV patients as well as community members with mental illness participate on a co-ed softball team, the Client Advisory Board, where outpatients provide feedback on how to improve programs, empower patients, promote advocacy and better serve the community, and Transit Training, where clients learn to utilize public transportation. In addition, SMV has been the first and only hospital-based Ticket to Work Employment Network in California, providing a variety of services to the entire disabled community. Services include counseling and advice, as well as information and referrals on post-employment topics including benefits such as Social Security Income or Social Security Disability Insurance, regulations such as the American Disabilities Act or Family Medical Leave Act, conflict resolution relating to employment needs, goals and opportunities, and interactions between supervisors, coworkers, and others. In FY 2012, SMV provided multiple educational sessions on recovery through employment, reaching more than 100 community members and health care professionals through these sessions. FY 2013 Plan SMV and SMC will do the following:</p> <ul style="list-style-type: none"> * Provide free psychiatric assessments and referrals for the community * Participate in community events to raise awareness and funds for behavioral health services * Host and facilitate various monthly support group meetings * Participate in key mental health events and activities alongside patients * Provide free meeting space for use by a variety of self-help groups * Continue participation in the VIP group and other psychiatric rehabilitation programs and activities that benefit the San Diego community * Host a variety of community education events and provide educational programs to the mental health community * Continue collaboration with community providers and provide education to independent living facilities to improve living conditions for individuals with mental illness * Explore and expand collaborations with law enforcement and housing planning committees to provide better outcomes for community members living with mental illness and substance abuse issues * Continue serving as the media's go-to experts for information on mental health conditions and treatment * Continue to strategically align with nonprofit allies and key community partners through board and committee memberships. <p>Identified Community Need: Improving Outcomes for Seniors at Risk. Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated. Rationale:</p> <ul style="list-style-type: none"> * The 2009 California Health Interview Survey (CHIS) revealed that 6.7 percent of adults over the age of 65 in SDC saw a health care provider for emotional mental health problems and/or alcohol-drug issues in the past year. * According to the Centers for Disease Control and Prevention (CDC), among adults ages 65 and over, 28 percent of those who had Medicaid and Medicare health care coverage experienced feelings of sadness for all, most or some of the time, compared with 12 percent of those who had Medicare-only health care coverage, and 10 percent of those who had private health insurance. Also, adults ages 65 and over who had Medicaid and Medicare health care coverage were at least two times as likely to feel hopeless, worthless or that everything is an effort for all, most or some of the time, as adults ages 65 and over who had either Medicare-only health care coverage or private health insurance (National Health Interview Survey, 2009). * Older adults at particularly high risk for depression include those who are unmarried, widowed and/or lack a strong social support network (SDC Network of Care). * According to findings presented in the 2010 CHNA, suicide was the leading cause of non-natural death in SDC among adults ages 55 to 74 between 1998 and 2007. * In 2009, adults 65 years of age and older had the highest suicide rate (17.1 per 100,000 population) among all age groups (15 to 24 and 25 to 64) in San Diego. In 2008, adults 85 years or older were among the groups most impacted by suicide, as measured by the age-adjusted rate per 100,000. * Since 2000, the population of those over 65 or older has increased by 20 percent and is expected to grow steadily over the next 20 years. Current projections indicate that by the year 2030, this population will account for almost one in five residents in SDC. An aging population presents challenges for the treatment of older adults, such as an increase

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		<p>e in the number of new cases of depression and risk of suicide, an increase in the number of new cases of dementia and the associated cost of treatment, and the co-occurrence of depression and chronic diseases associated with aging * According to the Community Mental Health Journal, in a qualitative study of unmet mental health needs of Latino older adults in SDC, barriers to appropriate mental health care included housing, transportation and social support, as well as language and cultural barriers secondary to a lack of translators, lack of information on available services, and scarcity of providers representative of the Latino community (Barrio, et al, 2008) * According to the International Journal of Geriatric Psychiatry, a recent study of how uninsured or publicly insured older adults with severe mental illness access mental health services in SDC revealed that older adults were more likely to access the public mental health system's Psychiatric Emergency Response Team (PERT), a combined law-enforcement and psychiatric service that responds to psychiatric-related 911 calls Older adults were also less likely to receive follow-up care, due to both the initial site of service - and an associated lower rate of follow-up among PERT clients - as well as a lower rate of follow-up among older adult clients initiating services in other sectors (Gilmer, et al, 2009) * According to the Substance Abuse and Mental Health Services Administration (SAMSHA), 20 to 25 percent of the homeless population in the United States suffers from some form of severe mental illness (NIMH, 2009) Measurable Objective</p>

Identifier	Return Reference	Explanation
		<p>* Provide culturally competent outreach services to high-risk seniors in San Diego's disadvantaged communities FY 2012 Report of Activities SMV continued to collaborate with Potiker Family Senior Residence and Senior Community Centers of San Diego to operate the Cross Cultural Mental Health Program in FY 2012 The program coordinates community-based mental health services for disadvantaged, culturally diverse urban seniors In addition, the program seeks to provide prevention and early intervention methods to improve the utilization and effectiveness of mental health services for high-risk seniors The program is designed to address barriers to mental health services for older adults, including stigma, isolation and lack of services In FY 2012, approximately 400 high-risk seniors were screened through the program's efforts, whereupon assessments and appropriate referrals were provided Assessments, interventions and resources were provided by two skilled, culturally competent psychiatric registered nurses (RNs) stationed at Potiker Family Senior Residence, Downtown Senior Community Centers and City Heights Senior Housing In addition, psychiatric services were provided by a culturally diverse psychiatrist contracted with SMV Regardless of their income or ability to pay, seniors were provided with both early intervention services and additional medical services that potentially prevented hospitalization and homelessness In addition, SMV participated in the Fall Forum on Residential Health, which was conducted by the Volunteers of America and targeted board and care operators in the community FY 2013 Plan * In collaboration with Sharp Senior Health Center Downtown, provide outreach and education to seniors without stable housing * Continue participation in the Cross Cultural Mental Health Program Identified Community Need Mental Health and Substance Abuse Education for Health Care Professionals Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated Rationale * According to the 2010 CHNA, the projected growth of the aging population will present the challenge of an insufficient geriatric mental health workforce to provide treatment and care for this population * The 2008 County of San Diego Mental Health Services Workforce Education and Training (WET) Needs Assessment revealed that limited opportunities and/or training for job advancement and leadership skills exist among behavioral health staff In addition, the lack of a clearly defined career pathway in mental health before the graduate level of education poses a challenge to SDC's behavioral health workforce * According to the 2008 County of San Diego Mental Health Services WET Needs Assessment, challenges in attracting and hiring mental health staff in SDC include the perceived low status of mental health careers, the under-representation of diverse cultural groups in higher education, and the intense competition for bilingual staff * There is a critical shortage of individuals trained to meet the needs of children, youth and their families, as well as older adults (An Action Plan for Behavioral Health Workforce Development, 2007) * An important component of strengthening the workforce involves increasing the relevance, effectiveness and accessibility of training and education Measurable Objectives * Provide mental health and substance abuse education for health care professionals * Further collaborate with the behavioral health community through health professions education and training FY 2012 Report of Activities Throughout the year, SMV participated in internship and clinical training programs for psychology students, rehabilitation counseling students and social work students, and also served as a clinical placement site for medical students, pharmacy residents and nursing students SMV trained 10 psychology interns, two post-doctoral psychology residents and four social work student interns, with psychology students receiving approximately 7,000 precepted hours on the SMV campus In addition, more than 380 nursing students completed placements at SMV over an eight- to 14-week period Nursing students completed clinical rotations of eight or 12 hours in length, often with two clinical rotations in one day (day and evening) Including time spent with groups and individual preceptors, nursing students served more than 29,000 hours at SMV in FY 2012 In addition, SMV provided two lectures to more than 30 students enrolled in San Diego State University's MS in Rehabilitation Counseling program entitled Psychiatric Aspects of Disability and Seminar in Psychiatric Rehabilitation Also in FY 2012, SMV continued its participation in the Health Sciences High and Middle College (HSHMC) program The program provided 12 students with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Di</p>

Identifier	Return Reference	Explanation
		sorders, Older Adults and Chemical Dependency Recovery), as well as nutrition services. Students also received instruction on educational and job requirements, as well as career ladder development. HSHMC students spent more than 2,000 hours at SMV in FY 2012.

Identifier	Return Reference	Explanation
		<p>In addition, in FY 2012 SMV continued to offer its Peer Support Specialist Internship Program, a project to develop and implement an emerging best practice of peer support on mental health inpatient units. The first of its kind in San Diego, the internship provides a transformational opportunity for superior mental health care training and delivery, and also supports a community partnership with RICA, a local peer-run provider funded by the County of San Diego through the Mental Health Services Act. The project identifies RICA graduates to serve as Peer Support Specialist Interns (PSSIs), or essentially, recovery counselors. PSSIs are placed in one of SMV's programs to help newly diagnosed or recurrent patients develop coping mechanisms that allow them to address and manage their disease. PSSIs provide non-judgmental, reflective listening and share the experience, strength and hope of someone who has endured the same challenges as many patients. In addition, PSSIs have not only successfully emerged on the other side of their recovery intact, but have also thrived in their recovery. In FY 2012, 18 PSSIs worked alongside staff in five inpatient units at SMV, and devoted more than 4,000 hours to patients who were often in their most acute phase. PSSIs provided support to these patients, as well as a message of hope for a successful recovery through the healing process. In FY 2012, SMV and SMC provided a variety of educational offerings for behavioral health care professionals, including continuing education classes, conferences and trainings. These opportunities were provided to a variety of audiences including psychologists, psychiatrists, community physicians, social workers, nurses and other health and human service providers, as well as the community at large. Topics covered included wellness and resilience, recognizing stress, substance abuse, self-injury, dual diagnosis, eating disorders, sleep disturbances, treating depression, and cultural considerations in the treatment of Latino populations. SMV staff participated in and provided educational resources to four of San Diego's PERT police officer trainings on understanding psychiatric emergencies and community psychiatric services. In May, SMV participated as a speaker to the El Cajon Community Collaborative Council, providing information on substance abuse in adolescents to health and human service providers. In November, SMV presented a lecture to approximately 15 health care professionals at Alliant University's Hufstler School of Education entitled Kids Who Cut: Treating Adolescents with Self-Injurious Behaviors. The lecture focused on treatment approaches for adolescents exhibiting self-injurious behavior. In February, SMV delivered a presentation on Understanding and Preventing Bullying and Cyber Bullying and also served as a panelist at the 23rd annual Dr. Richard Boylan Memorial Lecture conducted by the Riverside Medical Clinic Foundation. This lecture brought approximately 700 mental health professionals, teachers and community members together to discuss bullying among lesbian, gay, bisexual and transgender youth. SMC also offered an educational event for the Employee Assistance Professionals Association and provided education and resources to approximately 30 community members on the trend of bath salts and spice in substance abuse. The presentation covered various details of the trend, including the appearance of the substances, symptoms and consequences of use, and cases presented in the ED. In FY 2012, staff at SMV and SMC regularly led or attended various behavioral health boards, committees, and advisory and work groups. Community and professional groups included San Diego HHS's Adult Council, American College of Healthcare Executives (ACHE), Association of California Nurse Leaders (ACNL), Association of Ambulatory Behavioral Healthcare, California Board of Behavioral Sciences, California Hospital Association Center for Behavioral Health, California Association of Marriage and Family Therapists, CHIP Behavioral Health Work Team, CHIP Suicide Prevention Work Team, Disabled Services Advisory Board, Employee Assistance Professionals Association, Impact Young Adults Advisory Committee, CHIP Independent Living Facility Advisory Board and Peer Review Advisory Team, International Association of Eating Disorder Professionals, The Meeting Place, Mental Health Coalition, NAMI, National Council on Alcoholism and Drug Dependence (NCADD), PATH, Residential Care Council, San Diego Committee on Employment of People with Disabilities, San Diego Council on Suicide Prevention, San Diego Military Family Collaborative, and Schizophrenics in Transition. FY 2013 Plan SMV and SMC will do the following:</p> <ul style="list-style-type: none"> * Offer internship programs in psychology, social work, marriage and family therapy (MFT), and pharmacy * Serve as a placement site for medical and nursing students * Provide educational offerings for behavioral health care professionals, community groups and

Identifier	Return Reference	Explanation
		<p>d community members * Actively participate on boards, committees, and advisory and work groups to address behavioral health issues * Expand the mental health careers curriculum within the HSHMC program to 13 students, and provide them with experience in a broader range of programs including therapeutic activities services, environmental services, and health information services SMV and SMC Program and Service Highlights Sharp Mesa Vista Hospital * Child and adolescent psychiatric services * Clinical supervision site for graduate psychology doctorate interns * Cognitive behavioral therapy program * Eating disorders outpatient and partial hospitalization programs * Geriatric inpatient and specialized outpatient program * Inpatient psychiatric treatment services * Intensive outpatient programs * Medication research studies * On- and off-campus outpatient programs * Outreach to military members and their families * Psychosocial rehabilitation services * Transportation services</p>

Identifier	Return Reference	Explanation
		<p>Sharp McDonald Center * Chemical dependency and substance abuse treatment services for teens, adults and seniors * Dual-diagnosis outpatient treatment services for adults and seniors * Family and aftercare programs * Inpatient and outpatient treatment for chemically dependent teens, adults and seniors * Inpatient detoxification services * Sober living and substance abuse education programs Sharp Mesa Vista Mid-City Outpatient Program * Caring for adults with severe and persistent mental health issues * Individualized treatment planning and medication management * Group and expressive therapies * Psychiatric rehabilitation services * Transitional Age Youth programs Sharp Mesa Vista El Cajon Outpatient Program * Adult and adolescent programs * Caring for adults with severe and persistent mental health issues * Group and expressive therapies * Individualized treatment planning and medication management * Psychiatric rehabilitation services Appendix A Sharp HealthCare Involvement in Community Organizations The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2012 Community organizations are listed alphabetically * 2-1-1 San Diego Board * Access to Independence * Adult Protective Services * Aging and Independence Services (AIS) * Alzheimer's Association * American Association of Critical Care Nurses, San Diego Chapter * American Cancer Society (ACS) * American College of Cardiology * American College of Healthcare Executives (ACHE) * American Diabetes Association (ADA) * American Health Information Management Association * American Heart Association * American Hospital Association * American Lung Association (ALA) * American Liver Foundation * American Parkinson Disease Association, Inc * American Psychiatric 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 Education * Association of California Nurse Leaders (ACNL) * Association of Practical and Professional Ethics (APPE) * Association of Rehabilitation Nurses * Association of Women's Health and Obstetric Neonatal Nurses (AWHONN) * Azusa Pacific University * Bankers Hill Park West Community Development Corporation * Bayside Community Center * Boys and Girls Club of San Diego * Bonita Business and Professional Organization * California Association of Health Plans * California Association of Hospitals and Health Systems * California Association of Physician Groups * California Behavioral Health Board * California College, San Diego * California Council for Excellence * California Department for Public Health * California Dietetic Association, Executive Board * California HealthCare Foundation * California Health Information Association * California Hospice and Palliative Care Association * California Library Association * California Nursing Student Association * California State Bar, Health Subcommittee * California 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 Literacy Task Force * CHIP Suicide Prevention Work Team * CHIP Independent Living Facilities (ILF) Work Team * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula 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 Department * Creative Arts Consortium * Council of Women's and Infants' Specialty Hospitals (CWISH) * Cycle EastLake * Diabetes Behavioral Institute * Disabled Services Advisory Board * Downtown San Diego Partnership</p>

Identifier	Return Reference	Explanation
		<p>* East County Senior Service Providers * El Cajon Community Collaborative Council * El Cajon Fire Department * El Cajon Rotary * Emergency Nurses Association, San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Facing Futures * Family Health Centers of San Diego (FHCS) * 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 Communicators Board * Helen Woodward Animal Center * Helix Charter High School * Helping Older People Equally (HOPE) * Home of Guiding Hands * Hospital Association of San Diego and Imperial 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 Consultants Association (ILCA) * Jewish Family Services of San Diego * John Brockington Foundation * Kaplan College Advisory Board * Kiwanis Club of Chula Vista * Komen Latina Advisory Council * 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 * Leukemia & Lymphoma Society * Liberty Charter High School * Mama's Kitchen * March of Dimes * Meals-on-Wheels Greater San Diego * Medical Library Group of Southern California and Arizona * Mended Hearts * Mental Health America Board * Mental Health Coalition * Miracle Babies * Mountain Health and Community Services, Inc Advisory Board * MRI Joint Venture Board * National Alliance on Mental Illness (NAMI) * National Association of Neonatal Nurses (NANN) * National Association of Hispanic Nurses (NAHN), San Diego Chapter * National Association of Psychiatric Healthcare Systems * National Council on Alcoholism and Drug Dependence (NCADD) * National Hospice and Palliative Care Association * National Initiative for Children'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 Diego Asian Film Foundation) * Parents for Addiction, Treatment and Healing (PATH) * Partnership for Philanthropic Planning of San Diego (formerly San Diego Planned Giving Roundtable) * Partnership for Smoke-Free Families * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Professional Oncology Network * Project CARE Council * Public Health Nurse Advisory Board * Recovery Innovations of California (RICA) * Regional Home Care Council * Regional Perinatal System * Residential Care Council * Safety Net Connect * San Diego Community Action Network (SanDi-Can) * San Diegans for Healthcare Coverage * San Diego Healthcare Disaster Council * San Diego Association for Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Association for Healthcare Recruitment * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Brain Injury Foundation * San Diego Caregiver Coalition * San Diego City College * San Diego City Parks and Recreation * San Diego Committee on Employment 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 Chamber 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 Information Association * San Diego Healthcare Disaster Council * San Diego Imperial Council of Hospital Volunteers * San Diego Interreligious Committee * San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc (The Center) * San Diego Mental Health Coalition * San Diego Mesa College * San Diego North Chamber of Commerce * San Diego Nutrition Council * San Diego Organization of Healthcare Leaders (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 Diego Restorative Justice Mediation Program * San Diego Stroke Consortium * San Diego Urban League * San Diego Regional Chamber of Commerce * San Diego Science Alliance * San Ysidro High School * San Ysidro Middle School * Santee Chamber of Commerce * Schizophrenics in Transition * 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 Community Services * South County Economic Development Council * Southern California Association of Neonatal Nurses * St. Vi</p>

Identifier	Return Reference	Explanation
		ncent de Paul Village * Susan G Komen Breast Cancer Foundation * Sustainable San Diego * Sweetwater Union High School District (SUHSD) * The Meeting Place * Third Avenue Charitable Organization (TACO) * Trauma Center Association of America * United Way of San Diego County * University of California, San Diego (UCSD) * University 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

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

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

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

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

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

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

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

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

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

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

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

a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

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

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

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

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

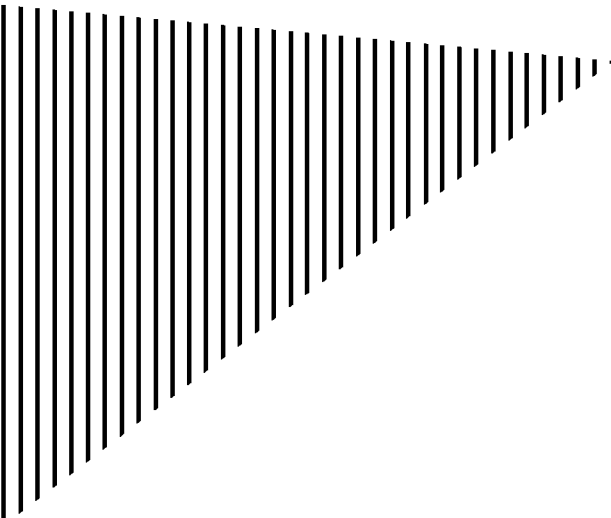
Software ID:
Software Version:
EIN: 95-3782169
Name: Sharp Memorial Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
Sharp HealthCare (SHC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-6077327	Healthcare organization	CA	501(c)3	3	SharpCare		No
Sharp Coronado Hospital (SCHHC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-0651579	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
Grossmont Hospital Corporation (SGH) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0449527	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
Sharp Chula Vista Medical Center (SCVMC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-2367304	Hospital	CA	501(c)3	3	Sharp HealthCare	Yes	
Sharp Health Plan (SHP) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0519730	Health Plan	CA	501(c)4	N/A	Sharp HealthCare	Yes	
Sharp Healthcare Foundation (SHF) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3492461	Healthcare Foundation	CA	501(c)3	7	Sharp HealthCare	Yes	
SharpCare 8695 Spectrum Center Blvd San Diego, CA 921231489 61-1637133	Dissolved Healthcare Organization	CA	501(c)3	3	SharpCare		No
Grossmont Hospital Foundation (GHF) 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0124488	Hospital Foundation	CA	501(c)3	7	Grossmont Hospital Corporation	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) Sharp Coronado Hospital	K	343,825	Accrual Method
(2) Sharp Coronado Hospital	R	51,472	Accrual Method
(3) Sharp Chula Vista Medical Center	K	2,206,431	Accrual Method
(4) Sharp Chula Vista Medical Center	P	1,259,383	Accrual Method
(5) Sharp Chula Vista Medical Center	O	92,989	Accrual Method
(6) Grossmont Hospital Corporation	L	322,879	Accrual Method
(7) Grossmont Hospital Corporation	K	3,399,109	Accrual Method
(8) Grossmont Hospital Corporation	P	94,071	Accrual Method
(9) Grossmont Hospital Corporation	O	118,010	Accrual Method
(10) Grossmont Hospital Corporation	Q	159,628	Accrual Method
(11) Sharp HealthCare Foundation	C	7,622,812	Accrual Method
(12) Sharp Health Plan	K	75,397,221	Accrual Method



AUDITED COMBINED FINANCIAL
STATEMENTS

Sharp HealthCare
Years Ended September 30, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP



Sharp HealthCare

Combined Financial Statements and Supplementary Information

Years Ended September 30, 2012 and 2011

Contents

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Report of Independent Auditors

Board of Directors
Sharp HealthCare

We have audited the accompanying combined balance sheets of Sharp HealthCare (the Company) as of September 30, 2012 and 2011, and the related combined statements of operations, changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Company's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the combined financial position of Sharp HealthCare at September 30, 2012 and 2011, and the combined results of its operations, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States.

Ernst + Young LLP

December 12, 2012

Sharp HealthCare

Combined Balance Sheets

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Assets		
Current assets		
Cash and cash equivalents	\$ 174,127	\$ 166,012
Short-term investments	83,838	71,733
Accounts receivable, net of allowance for doubtful accounts of \$174,280 in 2012 and \$195,597 in 2011	297,833	197,262
Estimated settlements receivable from government programs, net	11,958	4,204
Inventories	37,113	34,095
Prepaid expenses and other	40,066	63,205
Total current assets	<u>644,935</u>	<u>536,511</u>
Assets limited as to use		
Designated for property	880,412	644,786
Under bond indentures	30,330	74,304
Other restricted investments	42,409	36,601
Under self-insurance programs	11,411	8,390
Total assets limited as to use	<u>964,562</u>	<u>764,081</u>
Property and equipment, net	940,796	860,687
Unamortized financing costs	6,865	7,351
Other assets	69,156	70,985
Total assets	<u>\$ 2,626,314</u>	<u>\$ 2,239,615</u>
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued liabilities	\$ 229,836	\$ 201,400
Accrued compensation and benefits	127,973	110,871
Current portion of long-term debt	8,223	11,679
Accrued interest	3,251	3,026
Total current liabilities	<u>369,283</u>	<u>326,976</u>
Long-term liabilities		
Reserves for professional and general liabilities	123,648	126,496
Long-term debt	17,843	12,900
Total liabilities	<u>594,736</u>	<u>603,493</u>
Net assets		
Unrestricted	1,468,074	1,116,763
Temporarily restricted	47,168	47,583
Permanently restricted	5,562	5,404
Total net assets	<u>1,520,804</u>	<u>1,169,750</u>
Total liabilities and net assets	<u>\$ 2,626,314</u>	<u>\$ 2,239,615</u>

See accompanying notes

Sharp HealthCare

Combined Statements of Operations

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Revenues		
Patient service	\$ 1,594,389	\$ 1,512,267
Provider tax revenue	153,373	120,733
Provision for doubtful accounts	(30,035)	(25,259)
Net patient service	1,717,727	1,607,741
Premium	896,916	811,258
Other	96,361	75,312
Total revenues	2,711,004	2,494,311
Expenses		
Salaries and wages	951,601	904,745
Employee benefits	232,248	218,856
Medical fees	365,560	306,655
Purchased services	243,526	240,792
Supplies	307,486	286,543
Provider tax	101,083	82,678
Maintenance, utilities and rentals	108,299	101,504
Depreciation and amortization	91,520	87,474
Business insurance	12,030	7,169
Interest	24,336	24,577
Other	31,170	27,165
Total expenses	2,468,859	2,288,158
Income from operations	242,145	206,153
Other nonoperating loss	(4,602)	(4,092)
Investment income (loss)	82,839	(15,341)
Income from continuing operations	320,382	186,720
Net assets transferred from related party	15,539	5,426
Net assets released from restrictions used for purchase of property, plant and equipment	8,618	8,162
Pension-related changes other than net periodic pension cost	6,752	5,998
Other changes in net assets	20	4,097
Increase in unrestricted net assets	\$ 351,311	\$ 210,403

See accompanying notes.

Sharp HealthCare

Combined Statements of Changes in Net Assets

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Unrestricted net assets		
Excess of revenues over expenses	\$ 320,382	\$ 186,720
Net assets transferred from related party	15,539	5,426
Net assets released from restrictions used for purchase of property and equipment	8,618	8,162
Pension-related changes other than net periodic pension cost	6,752	5,998
Other changes in net assets	20	4,097
Increase in unrestricted net assets	<u>351,311</u>	210,403
Temporarily restricted net assets		
Contributions	10,733	10,516
Investment income	696	872
Change in net unrealized gains (losses) on investments	1,859	(1,043)
Net assets released from restrictions	(13,331)	(11,782)
Other	(372)	136
Decrease in temporarily restricted net assets	<u>(415)</u>	(1,301)
Permanently restricted net assets		
Contributions	158	-
Other	-	(1,100)
Increase (decrease) in permanently restricted net assets	<u>158</u>	(1,100)
Increase in net assets	<u>351,054</u>	208,002
Net assets, beginning of the year	<u>1,169,750</u>	961,748
Net assets, end of the year	<u><u>\$ 1,520,804</u></u>	<u><u>\$ 1,169,750</u></u>

See accompanying notes.

Sharp HealthCare

Combined Statements of Cash Flows

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Operating activities		
Increase in net assets	\$ 351,054	\$ 208,002
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Net assets transferred from related party	(15,539)	(5,426)
Provision for doubtful accounts	(30,035)	25,259
Noncash gains	611	(149)
Depreciation of operating and nonoperating facilities	91,530	87,487
Amortization, including deferred financing costs	1,728	996
Change in fair value of interest and basis rate swaps	(1,658)	1,022
Restricted contributions and investment income, net	(11,587)	(11,036)
Pension-related changes other than net periodic pension cost	(6,752)	(5,998)
Changes in assets and liabilities		
(Increase) decrease in		
Accounts receivable	(70,536)	(45,124)
Inventories	(3,018)	(2,454)
Short-term investments	(12,105)	(27,077)
Assets limited to use	(200,481)	(149,368)
Prepaid expenses and other	23,139	(30,091)
Estimated settlements payable to government programs, net	(7,754)	(5,247)
Increase (decrease) in		
Accounts payable and accrued liabilities, long-term liabilities and other liabilities	37,508	34,070
Accrued compensation and benefits	17,102	10,248
Net cash provided by operating activities of continued operations	<u>163,207</u>	85,114
Net cash used in operating activities of discontinued operations	<u>—</u>	(996)
Net cash provided by operating activities	<u>163,207</u>	84,118
Investing activities		
Acquisition of property and equipment, net of retirements	(156,303)	(95,065)
Decrease (increase) in other assets	1,828	(34,235)
Net cash used in investing activities	<u>(154,475)</u>	(129,300)
Financing activities		
Current maturities and payments on long-term debt	(61,924)	(97,902)
Payments under capital lease obligations	(1,365)	(1,062)
Proceeds from the issuance of long-term debt	51,085	143,880
Restricted contributions and investment income, net	11,587	11,036
Net cash (used in) provided by financing activities	<u>(617)</u>	55,952
Net increase in cash and cash equivalents	<u>8,115</u>	10,770
Cash and cash equivalents, beginning of the year	<u>166,012</u>	155,242
Cash and cash equivalents, end of the year	<u>\$ 174,127</u>	<u>\$ 166,012</u>

Sharp HealthCare

Combined Statements of Cash Flows (continued)

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Supplemental disclosures of cash flow information		
Capital lease obligations for building and equipment	<u>\$ 407</u>	<u>\$ 56,863</u>
Cash paid for interest	<u>\$ 25,378</u>	<u>\$ 26,069</u>
Net assets transferred from related party	<u>\$ 15,539</u>	<u>\$ 5,426</u>

See accompanying notes

Sharp HealthCare

Notes to Combined Financial Statements

September 30, 2012

1. Summary of Significant Accounting Policies

Organization

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

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

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

On January 1, 2012, SHC, together with its affiliated medical groups, Sharp Community Medical Group (SCMG), and Sharp Rees-Stealy Medical Group (SRSMG) formed the Sharp HealthCare ACO, a limited liability company (Sharp ACO). Sharp ACO was awarded a contract with the Centers for Medicare and Medicaid Services (CMS) as a Pioneer Accountable Care Organization (Pioneer ACO). The Pioneer ACO is a shared-savings model in which participating organizations are eligible for additional payments from CMS if they achieve medical cost savings while providing high quality, coordinated patient care for an assigned group of beneficiaries. Participating organizations also share risk with CMS for any increase in medical cost. SHC holds a one third percentage interest in Sharp ACO. In 2012, Sharp ACO borrowed \$9,582,000 from SHC to fund an escrow account to cover a portion of any potential medical cost increases of Sharp ACO. SHC recorded the loan in accounts receivable, net on the combined balance sheets.

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

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Cash and Cash Equivalents

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

Short-Term Investments

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

Inventories

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

Derivative and Hedging Instruments

Sharp recognizes all derivatives on its combined balance sheets at fair value. Derivatives that are not effective hedges are adjusted to fair value through the combined statements of operations (see Note 6). At September 30, 2012 and 2011, the outstanding hedging instruments were not considered effective hedges.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Assets Limited as to Use

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

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

Designated for property – Cash resources not required for operations have been designated as funded depreciation to be used for future capital improvements. This designation may be changed and such funds used for other purposes – \$29,488,000 at September 30, 2012, and \$29,308,000 at September 30, 2011, of such assets are pledged as collateral for notes payable and other liabilities.

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

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

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

Property and Equipment

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

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

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

Unamortized Financing Costs

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

Temporarily and Permanently Restricted Net Assets

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

Accounting for the Impairment or Disposal of Long-Lived Assets

Sharp accounts for the impairment or disposal of long-lived assets using a future cash flow model to determine whether assets have been impaired. Sharp regularly reviews long-lived assets for circumstances which could indicate carrying values may not be recoverable. No impairments were recorded in 2012 or 2011.

Income from Operations

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

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Excess of Revenues over Expenses

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

Net Patient Service Revenues

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

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, Sharp analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, Sharp analyzes contractually due amounts and provides an allowance for doubtful accounts, if necessary. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), Sharp records a provision for doubtful accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Sharp's allowance for doubtful accounts for self-pay patients was 96% and 95% of self-pay accounts receivable at September 30, 2012 and 2011, respectively. In addition, Sharp's self-pay write-offs increased \$6,125,000 from \$34,700,000 for fiscal year 2011 to \$40,825,000 for fiscal year 2012. The increase was the result of increased revenues from self-pay patients in fiscal year 2012. Sharp has not changed its charity care or uninsured discount policies during fiscal years 2011 or 2012. Sharp does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Premium Revenues

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

Other Revenues

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

Health Care Service Costs

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

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

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Charity Care

Sharp's policy is to accept all patients regardless of their ability to pay. In assessing a patient's ability to pay, Sharp utilizes financial eligibility requirements or criteria. Sharp provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because Sharp does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue.

Effective October 1, 2011, Sharp adopted the new accounting standard requiring health care entities to present charity care disclosures at cost and provide additional disclosures relating to the measurement of charity cost. In addition, the standard requires that funds received from sources such as government programs or private grants, which offset or subsidize charity services, be separately disclosed.

Charity care costs are calculated using a ratio of cost to gross charge methodology by department. Direct revenues and costs of each department were included in the calculation, in addition to a step down of overhead costs.

The cost of charity care is summarized for 2012 and 2011, as follows:

	Year Ended September 30	
	2012	2011
	<i>(In Thousands)</i>	
Charity care, at cost	\$ 58,146	\$ 62,814
Offsetting revenue	(16)	—
	<u>\$ 58,130</u>	<u>\$ 62,814</u>

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Donor-Restricted Gifts

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

Income Taxes

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

Sharp 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.

Adoption of New Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-23, *Health Care Entities (Topic 954), Measuring Charity Care for Disclosures*, which requires that cost be used as a measurement for charity care disclosure purposes and that cost can be identified as the direct and indirect costs of providing the charity care. It also requires disclosure of the method used to identify or determine such costs. Sharp adopted ASU 2010-23 as of the current reporting period and applied its disclosure requirements retrospectively.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

In August 2010, the FASB issued ASU 2010-24, *Health Care Entities (Topic 954), Presentation of Insurance Claims and Related Insurance Recoveries*, which clarifies that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. Adoption of ASU 2010-24 did not have any significant impact on the combined financial statements at September 30, 2012 and 2011.

Recent Accounting Pronouncements

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

2. Fair Value Measurements

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

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

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

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

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

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

Sharp's investments in partnerships, limited liability companies, and similarly structured entities amounting to approximately \$8,134,000 and \$7,941,000 as of September 30, 2012 and 2011, respectively, are accounted for using the equity method of accounting, which is not a fair value measurement.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

The following table provides the composition of certain investment assets as of September 30, 2012. Only assets and liabilities measured at fair value on a recurring basis are shown in the three-tier fair value hierarchy.

	September 30, 2012	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Cash and cash equivalents	\$ 174,127	\$ 174,127	\$ –	\$ –
Short-term investments				
Negotiable certificates of deposit	\$ 3,000	\$ 3,000	\$ –	\$ –
U S Treasury obligations	14,716	14,716	–	–
Corporate bonds	34,027	–	34,027	–
U S government agencies	15,912	–	15,912	–
Commercial paper	15,669	–	15,669	–
Interest receivable	514	–	514	–
	<u>\$ 83,838</u>	<u>\$ 17,716</u>	<u>\$ 66,122</u>	<u>\$ –</u>
Assets limited as to use				
Designated for property				
Cash and cash equivalents	\$ 6,586	\$ 6,586	\$ –	\$ –
Equities	383,789	383,789	–	–
U S Treasury obligations	141,740	141,740	–	–
Corporate bonds	207,314	–	207,314	–
U S government agencies	91,524	–	91,524	–
Mortgage-backed securities and collateralized mortgage obligations	33,593	–	33,593	–
Commercial paper	12,382	–	12,382	–
Interest receivable	3,484	–	3,484	–
	<u>\$ 880,412</u>	<u>\$ 532,115</u>	<u>\$ 348,297</u>	<u>\$ –</u>

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	September 30, 2012	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Assets limited as to use (continued)				
Under bond indentures				
Cash and cash equivalents	\$ 3,326	\$ 3,326	\$ —	\$ —
U S Treasury obligations	3,248	3,248	—	—
Corporate bonds	9,476	—	9,476	—
U S government agencies	13,557	—	13,557	—
Mortgage-backed securities and collateralized mortgage obligations	554	—	554	—
Interest receivable	169	—	169	—
	<u>\$ 30,330</u>	<u>\$ 6,574</u>	<u>\$ 23,756</u>	<u>\$ —</u>
Other restricted investments				
Cash and cash equivalents	\$ 1,675	\$ 1,675	\$ —	\$ —
Equities	18,903	18,903	—	—
U S Treasury obligations	4,719	4,719	—	—
Fixed income funds	7,635	7,036	599	—
Corporate bonds	5,172	—	5,172	—
U S government agencies	1,898	—	1,898	—
Mortgage-backed securities and collateralized mortgage obligations	2,200	—	2,200	—
Commodities	120	120	—	—
Interest receivable	87	—	87	—
	<u>\$ 42,409</u>	<u>\$ 32,453</u>	<u>\$ 9,956</u>	<u>\$ —</u>
Under self-insurance programs				
Cash and cash equivalents	\$ 2,653	\$ 2,653	\$ —	\$ —
U S Treasury obligations	1,693	1,693	—	—
Corporate bonds	3,357	—	3,357	—
U S government agencies	3,403	—	3,403	—
Commercial paper	305	—	305	—
	<u>\$ 11,411</u>	<u>\$ 4,346</u>	<u>\$ 7,065</u>	<u>\$ —</u>

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	September 30, 2012	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Interest rate swap liabilities	\$ 3,214	\$ –	\$ 3,214	\$ –
	<u>\$ 3,214</u>	<u>\$ –</u>	<u>\$ 3,214</u>	<u>\$ –</u>

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

	September 30, 2011	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Cash and cash equivalents	\$ 166,012	\$ 166,012	\$ –	\$ –
Short-term investments				
U S Treasury obligations	\$ 12,453	\$ 12,453	\$ –	\$ –
Corporate bonds	53,535	–	53,535	–
U S government agencies	2,317	–	2,317	–
Commercial paper	2,860	–	2,860	–
Interest receivable	568	–	568	–
	<u>\$ 71,733</u>	<u>\$ 12,453</u>	<u>\$ 59,280</u>	<u>\$ –</u>

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	September 30, 2011	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Assets limited as to use				
Designated for property				
Cash and cash equivalents	\$ 2,468	\$ 2,468	\$ -	\$ -
Equities	233,998	233,998	-	-
U S Treasury obligations	97,085	97,085	-	-
Corporate bonds	231,889	-	231,889	-
U S government agencies	75,577	-	75,577	-
Interest receivable	3,769	-	3,769	-
	<u>\$ 644,786</u>	<u>\$ 333,551</u>	<u>\$ 311,235</u>	<u>\$ -</u>
Under bond indentures				
Cash and cash equivalents	\$ 30,772	\$ 30,772	\$ -	\$ -
U S Treasury obligations	7,469	7,469	-	-
Corporate bonds	12,221	-	12,221	-
U S government agencies	23,564	-	23,564	-
Interest receivable	278	-	278	-
	<u>\$ 74,304</u>	<u>\$ 38,241</u>	<u>\$ 36,063</u>	<u>\$ -</u>
Other restricted investments				
Cash and cash equivalents	\$ 1,835	\$ 1,835	\$ -	\$ -
Equities	15,998	15,998	-	-
U S Treasury obligations	3,610	3,610	-	-
Corporate bonds	5,749	-	5,749	-
U S government agencies	1,980	-	1,980	-
Fixed income funds	6,283	5,689	594	-
Mortgage-backed securities	282	-	282	-
Commodities	765	765	-	-
Interest receivable	99	-	99	-
	<u>\$ 36,601</u>	<u>\$ 27,897</u>	<u>\$ 8,704</u>	<u>\$ -</u>

Sharp HealthCare

Notes to Combined Financial Statements (continued)

2. Fair Value Measurements (continued)

	September 30, 2012	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<i>(In Thousands)</i>				
Under self-insurance programs				
U S Treasury obligations	\$ 1,685	\$ 1,685	\$ -	\$ -
Corporate bonds	4,687	-	4,687	-
U S government agencies	2,018	-	2,018	-
	<u>\$ 8,390</u>	<u>\$ 1,685</u>	<u>\$ 6,705</u>	<u>\$ -</u>
Interest rate swap liabilities	\$ 4,872	\$ -	\$ 4,872	\$ -
	<u>\$ 4,872</u>	<u>\$ -</u>	<u>\$ 4,872</u>	<u>\$ -</u>

3. Net Patient Service Revenue

Patient Service Revenues

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

The Medicare program reimburses Sharp at prospectively determined rates for the major portion of inpatient and outpatient services rendered to patients, primarily on the basis of Medicare Severity Diagnosis Related Groups (MS-DRGs) and Ambulatory Payment Classification Groups (APCs), respectively. Nonacute inpatient services, defined capital costs, and certain outpatient costs are paid based on a cost reimbursement methodology. When paid under cost reimbursement, Sharp is reimbursed at the interim rate with final settlement determined after submission of annual cost reports and audits by the fiscal intermediaries.

The Medi-Cal program reimburses Sharp primarily on prospectively determined rates for inpatient and outpatient services.

Revenue from the Medicare and Medi-Cal programs accounted for approximately 31% and 18%, respectively, of Sharp's gross patient charges for the year ended September 30, 2012, and 32% and 18%, respectively, of Sharp's gross patient charges for the year ended September 30, 2011.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

Laws and regulations governing Medicare and Medi-Cal programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Net patient service revenue includes changes in estimate which increased revenue by \$10,073,000 in 2012 and \$21,696,000 in 2011 which includes the impact of settlements of prior years' reimbursement from Medicare, Medi-Cal, and Champus programs.

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

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

	September 30	
	2012	2011
Medicare	12%	15%
Medi-Cal	12%	12%
Private Pay and other	23%	29%

Provider Tax Revenue

California legislation established a program that imposes a Quality Assurance Fee (QA Fee) on certain general acute care hospitals in order to make supplemental and grant payments (Supplemental Payments) to hospitals up to the aggregate upper payment limit for various periods. There have been three such programs since inception. The first two programs were the 21-month program (21-Month Program) covering the period April 1, 2009 to December 31, 2010, and the six-month program (Six-Month Program) covering the period January 1, 2011 to June 30, 2011 (the Original Programs). The third program is the 30-month program (30-Month Program) covering the period from July 1, 2011 to December 31, 2013.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

The programs are designed to make supplemental inpatient and outpatient Medi-Cal payments to private hospitals, including additional payments for certain facilities that provide high acuity care, sub-acute and trauma services to the Medi-Cal population. This hospital QA Fee program provides a mechanism for increasing payments to hospitals that serve Medi-Cal patients, with no impact on the state's General Fund (GF). Some of these payments will be made directly by the state, while others will be made by the Medi-Cal managed care plans, which will receive increased rates from the state in amounts equal to the Supplemental Payments. Outside of this legislation, the California Hospital Association (CHA) has created a private program, operated by the California Health Foundation and Trust (CHFT), which was established to alleviate disparities potentially resulting from the implementation of the Programs.

The Original Programs required full federal approval by the Centers for Medicare and Medicaid Services (CMS) in order for them to be fully enacted. If final federal approval was not ultimately obtained, provisions in the underlying legislation allowed for the QA Fee, previously assessed, and Supplemental Payments, previously received, to be returned and recouped, respectively. As such, revenue and expense recognition was not allowed until full CMS approval was obtained. Full CMS approvals for the 21-Month Program and Six-Month Program were obtained in December 2010 and December 2011, respectively. For the year ended September 30, 2011, Sharp recognized payments to the California Department of Health Care Services (DHCS) for the QA Fee in the amount of \$79,761,000 and pledge payments to the CHFT in the amount of \$2,917,000 as Provider Tax expense related to the 21-Month Program. Sharp recognized Supplemental Payment revenue of \$120,733,000 for the year ended September 30, 2011, as Provider Tax revenue related to the 21-Month Program.

During the year ended September 30, 2012, Sharp recognized remaining Supplemental Payments on the 21-Month Program of \$77,000 as Provider Tax revenue. In addition, during the year ended September 30, 2012, Sharp recognized payments to DHCS for the QA Fee in the amount of \$26,938,000 and pledge amounts to CHFT of \$943,000 as Provider Tax expense related to the Six-Month Program. Sharp recognized Supplemental Payment revenue of \$47,124,000 for the year ended September 30, 2012, as Provider Tax revenue related to the Six-Month Program.

The 30-Month Program was signed into law by the Governor of California in September 2011. In June 2012, the legislation governing the 30-Month Program was amended to allow for the fee-for-service portion of the 30-Month Program to be administered separately from the managed care portion.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

Accordingly, upon CMS approval of the fee-for-service portion of the 30-Month Program in June 2012, Sharp recognized payments to DHCS for the QA Fee in the amount of \$70,708,000 and pledge amounts to CHFT of \$2,494,000 as Provider Tax expense related to the July 1, 2011 through September 30, 2012, portion of the 30-Month Program. Sharp recognized Supplemental Payment revenue of \$106,172,000 as Provider Tax revenue related to the July 1, 2011 through September 30, 2012, portion of the 30-Month Program.

Sharp recorded \$30,945,000 in accounts payable and accrued liabilities for the 30-Month Program QA Fee and pledge payments owed for the period related to the July 1, 2011 through September 30, 2012, portion of the 30-Month Program that was not paid as of September 30, 2012, in the combined balance sheet as of September 30, 2012. Additionally, Sharp recorded \$62,060,000 in accounts receivable for the 30-Month Program Supplemental Payment revenue due for the period related to the July 1, 2011 through September 30, 2012, portion of the 30-Month Program that was not received as of September 30, 2012, in the combined balance sheet as of September 30, 2012. The managed care portion of the 30-Month Program has not yet been approved.

Electronic Health Records Incentive Payments

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medi-Cal and Medicare incentive payment program beginning in 2011 for eligible providers that adopt and demonstrate meaningful use of certified EHR technology as defined by the regulations. Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period. Initial Medi-Cal incentive payments are available to providers that adopt, implement or upgrade certified EHR technology. Providers must continue to demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid and Medicare incentive payments and to avoid potential penalties.

Sharp accounts for Medi-Cal and Medicare EHR incentive payments as a gain contingency. For the year ended September 30, 2012, Medicare incentives of \$8,985,000 were recognized in other revenues upon demonstration of compliance with the meaningful use criteria over the entire applicable compliance period and the end of the 12-month cost report period that will be used to determine the final incentive payment. Sharp also recognized initial Medi-Cal incentives of

Sharp HealthCare

Notes to Combined Financial Statements (continued)

3. Net Patient Service Revenue (continued)

\$6,342,000 for the year ended September 30, 2012, in other revenues, upon demonstration of compliance with the criteria. Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit. Additionally, Sharp's compliance with meaningful use criteria is subject to audit by the federal government.

4. Investment Income (Loss)

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

	Year Ended September 30	
	2012	2011
	<i>(In Thousands)</i>	
Interest income	\$ 20,793	\$ 13,072
Unrealized gains (losses), net	58,374	(48,458)
Realized gains, net	3,672	20,045
	\$ 82,839	\$ (15,341)

5. Property and Equipment

Property and equipment consists of the following:

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Land and improvements	\$ 57,687	\$ 50,928
Buildings and improvements	1,032,930	979,366
Equipment and furniture	816,734	760,984
Construction-in-progress	128,981	80,178
	2,036,332	1,871,456
Less accumulated depreciation and amortization	(1,095,536)	(1,010,769)
	\$ 940,796	\$ 860,687

Sharp HealthCare

Notes to Combined Financial Statements (continued)

5. Property and Equipment (continued)

Depreciation and amortization expense for the years ended September 30, 2012 and 2011, amounted to approximately \$91,530,000 and \$87,487,000, respectively. Included in these amounts is amortization for buildings and equipment under capital lease obligations. Sharp has approximately \$64,690,000 and \$64,709,000 at September 30, 2012 and 2011, respectively, of buildings and equipment under capital lease, at cost. Sharp has outstanding commitments to complete construction-in-progress totaling approximately \$45,710,000 at September 30, 2012.

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

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

The Hospital is not required to make any payments to the District with respect to the contribution to the Project of assets constructed using the GO bond proceeds. Therefore, the GO bonds have not been included in the combined financial statements as a liability of Sharp. The portion of the Project funded with the GO bonds is being recognized as a transfer of net assets from the District as the Project is completed. In fiscal 2012 and 2011, the Hospital recorded \$15,539,000 and \$5,426,000, respectively, of construction in progress and a related transfer of net assets for the portion of the Project completed during the year with proceeds of the GO bonds.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt

Long-term debt consists of the following

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
<p>Series 2009B Revenue Bonds (Series 2009B Bonds) collateralized by revenues of the Obligated Group. Principal due in annual amounts ranging from \$1,640,000 in 2022 to \$24,900,000 in 2039. Interest payable semiannually at rates ranging from 6.00% to 6.38%. The borrowing amount is net of the unamortized original issue discount of \$2,409,000 at September 30, 2012. The bonds include issuer call features totaling \$30,025,000 and \$109,975,000 in 2014 and 2019, respectively.</p>	\$ 137,591	\$ 137,488
<p>Series 2009C and Series D Variable Rate Revenue Bonds (Series 2009C and D Bonds), collateralized by a three-year direct-pay letter of credit reimbursement agreement between Obligated Group and a bank. Principal is due in annual amounts ranging from \$145,000 in 2022 to \$11,805,000 in 2035. Letter of Credit is renewable in 2014. Interest is payable monthly at a variable rate (0.20% at September 30, 2012).</p>	99,880	99,880
<p>Series 2011A Revenue Bonds (Series 2011A Bonds) collateralized by revenues of the Obligated Group. Principal due in annual amounts ranging from \$2,985,000 in 2014 to \$8,180,000 in 2030. Interest payable annually at rates ranging from 3.50% to 6.00%. The borrowing amount is net of the unamortized original issue premium of \$379,000 at September 30, 2012. The bonds include issuer call features totaling \$54,490,000 in 2021.</p>	78,089	78,118

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
<p>Series 2012A Revenue Bonds (Series 2012A Bonds) collateralized by revenues of the Obligated Group Principal due in annual amounts ranging from \$5,080,000 in 2019 to \$5,055,000 in 2028 Interest payable annually at rates ranging from 4 0% to 5 0% The borrowing amount is net of the unamortized original issue premium of \$4,926,000 at September 30, 2012 The bonds include issuer call features totaling \$30,735,000 in 2022</p>	\$ 47,861	\$ —
<p>Series 2009A Variable Rate Revenue Bonds (Series 2009A Bonds) collateralized by a direct-pay letter of credit reimbursement agreement between Obligated Group and a bank Principal due in annual amounts ranging from \$3,365,000 in 2013 to \$5,360,000 in 2024 Letter of Credit is renewable in 2016 Interest is payable monthly at a variable rate (0 22% at September 30, 2012)</p>	47,625	50,885
<p>Series 2010A Variable Rate Revenue Bonds (Series 2010A Bonds) collateralized by revenues of the Obligated Group Principal due in quarterly amounts ranging from \$190,000 to \$450,000 through 2035 Interest payable quarterly at a variable rate (0 89% at September 30, 2012)</p>	28,325	29,075
<p>Series 2003C Revenue Bonds collateralized by revenues of the Obligated Group Principal due in annual amounts ranging from \$495,000 in 2013 to \$16,265,000 in 2021 Interest payable annually at rates ranging from 5 13% to 5 38% through 2021 The borrowing amount is net of the unamortized original issue discount of \$56,000 at September 30, 2012</p>	25,334	25,877

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Reverse Repurchase Agreement collateralized by U S Treasury securities Principal due in April 2015 Interest payable quarterly at a variable rate (0 76% at September 30, 2012)	\$ 15,500	\$ 15,500
County of San Diego Certificates of Participation issued in 1998 (1998 COP Bonds) collateralized by revenues of the Obligated Group The 1998 COP Bonds were refunded with the proceeds from the Series 2012A Bonds	—	51,335
Series 1988A Insured Hospital Revenue Bonds collateralized by revenues of the Obligated Group Principal due in annual amounts ranging from \$1,400,000 in 2013 to \$1,900,000 in 2018 Interest payable every 35 days at a variable rate (0 28% at September 30, 2012)	9,800	11,100
Construction loan agreement Interest ranging from 90% to 1 26% payable quarterly Principal due in quarterly installments beginning in 2018 to final maturity in 2041	39,315	39,315
Medical office building mortgage collateralized by the building Interest and principal paid in monthly installments at a rate of 5 39% through 2014 when a final principal payment of \$7,735,000 is due	8,024	8,218
Capital lease obligations at imputed rates of interest ranging from 5 46% to 7 27%, collateralized by leased building or equipment	61,134	62,500
Other debt including the fair value of interest rate swaps	4,481	5,881
Total	602,959	615,172
Less current portion	(8,223)	(11,679)
	\$ 594,736	\$ 603,493

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

In 2012, Sharp issued Series 2012A Bonds in the amount of \$46,665,000 that had a net original issue premium of \$5,225,000. The proceeds were utilized to refinance the 1998 COP Bonds in the amount of \$51,890,000.

In 2012, SGH entered into a Co-Generation and Energy Equipment Purchase Agreement (Co-Generation Agreement) with the District. Under the Co-Generation agreement, the District is financing an \$18,000,000 loan through a separate lease agreement with a bank for the purchase and installation of a co-generation unit and replacement energy equipment at SGH. The loan is repayable in monthly installments of principal and interest over nine years. The interest rate is 2.09% and the monthly installments are \$182,977. The Co-Generation agreement requires SGH to pay the bank directly an amount equal to the principal and interest amount the District is obligated to pay on the loan. Upon payment of all amounts due, the co-generation and energy equipment will be transferred to SGH as part of leasehold improvements pursuant to the May 29, 1991 lease (see Note 5).

As of September 30, 2012, the co-generation unit and energy equipment is still under construction at SGH. All lease payments paid by SGH on behalf of the District are recorded as prepaid rent and included in prepaid expenses and other on the balance sheet. Construction in progress and notes payable is recorded as the project incurs costs. At completion of the project, the Co-Generation agreement will be treated as a capital lease.

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

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

In 2011, Sharp borrowed \$39,315,000 to finance the construction of certain facilities and equipment (the Project) under a financing structured to qualify for New Market Tax Credits. The New Market Tax Credit program is administered by the federal government and provides tax incentives for the benefit of low-income communities. In order to comply with this program, investors formed a group of entities (the Lenders), which were capitalized by a \$10,371,000.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

equity contribution and by a \$29,319,000 loan from Sharp HealthCare Foundation. This resulted in the Lenders accumulating funds totaling \$39,315,000, which were then loaned to Sharp. The loan is collateralized by the tangible personal property of the Project.

In 2011, Sharp executed a master lease agreement for three medical office buildings for a term of 15 years with the option to renew for two terms of five years. Each property was analyzed and accounted for on an individual basis. The fair market value of the land associated with two of the medical office buildings was in excess of twenty-five percent of the fair market value of the entire property, the point at which the land and building components of a lease must be classified independently. The land components of these two medical office buildings were classified as operating leases while the building components were classified as capital leases. The fair market value of the land associated with the third medical office building was less than twenty-five percent of the fair market value of the entire property so the entire property was classified as a capital lease. The associated assets and debt obligations of the capital leases were recorded in the financial statements at fair market value totaling \$56,863,000, including the estimated residual value of \$9,015,000.

The medical office buildings are being amortized over the lease term. Rent payments paid by Sharp are recorded as debt service payments on the debt obligation with the portion not relating to interest reducing the principal balance based on interest rates ranging from 5.46% to 7.27%. The long-term lease obligation is \$44,418,000 and the current portion of the obligation is \$1,406,000 at September 30, 2012.

Under the terms of the 2003C and 2009B Revenue Bonds, Sharp is required to maintain certain deposits with a trustee. Such deposits are included with assets limited as to use. Sharp's loan agreements include, among other things, certain financial covenants, limitations on additional indebtedness, and limitations on sales/leaseback transactions. Sharp was in compliance with such covenants and limitations at September 30, 2012 and 2011.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

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

	Long-Term Debt	Capital Lease Obligations
2013	\$ 6,596	\$ 1,627
2014	17,448	1,885
2015	26,585	2,117
2016	11,410	2,404
2017	11,965	2,713
Thereafter	461,260	41,374

A summary of interest cost on borrowed funds follows

	Year Ended September 30	
	2012	2011
	<i>(In Thousands)</i>	
Interest cost		
Capitalized	\$ 2,126	\$ 1,147
Charged to operations	24,336	24,577
	\$ 26,462	\$ 25,724

Interest Rate Swaps

During 2003, Sharp entered into a floating-to-fixed interest rate swap on the Series 2003A and B Bonds which were refunded in 2009. The swap agreement hedges an initial notional amount of \$109,650,000 at a fixed payer rate of 3.01% for the entire swap term which expires on August 1, 2024, and will receive 59% of one-month London Interbank Offered Rate (LIBOR) plus 0.14%, for the remaining term of the swap. Settlements are made weekly. Cash paid on the interest rate swap was \$2,039,000 in 2012 and \$2,184,000 in 2011, which increased Sharp's overall cost of borrowing and was included in interest expense. The change in fair value of the swap decreased nonoperating income by \$505,000 in 2012 and \$416,000 in 2011.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

6. Long-Term Debt (continued)

During 2004, Sharp entered into a fixed-spread basis swap with a bank. The swap arrangement hedges an initial notional amount of \$80,000,000 at a fixed payer rate of one-month Bond Market Association (BMA) for the entire swap term which expires on February 3, 2024, and will receive 67% of one-month LIBOR plus 0.55%. Settlements are made quarterly. Cash received on the interest rate swap was \$488,000 in 2012 and \$424,000 in 2011, which reduced Sharp's overall cost of borrowing and was offset against interest expense. The change in fair value of the swap increased nonoperating income by \$1,799,000 in 2012 and \$155,000 in 2011.

During 2006, Sharp entered into a fixed-spread yield curve swap with a bank. The swap arrangement hedges an initial notional amount of \$80,000,000 and entails Sharp paying Citibank 67% of one-month LIBOR and receiving 67% of ten-year LIBOR less a market determined fixed spread. Under the terms of the agreement, Sharp may terminate the swap at any time. Cash received on the interest rate swap was \$630,000 in 2012 and \$1,246,000 in 2011, which reduced Sharp's overall cost of borrowing and was offset against interest expense. The change in fair value of the swap increased nonoperating income by \$364,000 in 2012 and decreased nonoperating income by \$761,000 in 2011.

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Purchase of equipment	\$ 14,088	\$ 14,436
Hospital departments	11,455	11,184
Hospital programs	10,743	10,657
Health education	6,260	6,793
Research	4,185	3,894
Indigent care	437	619
Total	\$ 47,168	\$ 47,583

Permanently restricted net assets of \$5,562,000 and \$5,404,000 at September 30, 2012 and 2011, respectively, represent investments to be held in perpetuity, the income from which is expendable to support health care services.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

8. Endowments

Sharp's endowments consist of 46 separate endowment funds included in assets limited as to use established for a variety of purposes. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors of Sharp's affiliated foundations to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

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

Sharp HealthCare

Notes to Combined Financial Statements (continued)

8. Endowments (continued)

The endowment net asset composition as of September 30, 2012, by fund type was as follows

	Temporarily Restricted	Permanently Restricted	Total
	<i>(In Thousands)</i>		
Board-designated endowment funds	\$ 2,198	\$ –	\$ 2,198
Donor-restricted endowment funds	4,039	5,562	9,601
Total funds	\$ 6,237	\$ 5,562	\$ 11,799

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

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

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

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

Sharp HealthCare

Notes to Combined Financial Statements (continued)

8. Endowments (continued)

	Temporarily Restricted	Permanently Restricted	Total
	<i>(In Thousands)</i>		
Endowment net assets, September 30, 2010	\$ 4,452	\$ 6,504	\$ 10,956
Investment return			
Investment income	529	-	529
Net depreciation (realized and unrealized)	(850)	-	(850)
Total investment return	(321)	-	(321)
Contributions	135	-	135
Other	923	(1,100)	(177)
Appropriation of endowment assets for expenditure	(85)	-	(85)
Endowment net assets, September 30, 2011	5,104	5,404	10,508
Investment return			
Investment income	173	-	173
Net appreciation (realized and unrealized)	1,268	-	1,268
Total investment return	1,441	-	1,441
Contributions	(64)	158	94
Appropriation of endowment assets for expenditure	(244)	-	(244)
Endowment net assets, September 30, 2012	<u>\$ 6,237</u>	<u>\$ 5,562</u>	<u>\$ 11,799</u>

9. Functional Expenses

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

	Year Ended September 30	
	2012	2011
	<i>(In Thousands)</i>	
Hospital patient services	\$ 1,741,138	\$ 1,634,781
Clinic patient services	387,072	340,254
General and administrative	214,326	187,164
Purchased services under capitated agreements	126,323	125,959
	<u>\$ 2,468,859</u>	<u>\$ 2,288,158</u>

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans

Sharp sponsors a voluntary retirement plan (the Plan) which consists of a defined benefit cash balance plan and a defined contribution plan. Under the defined contribution element of the Plan, Sharp made matching contributions of \$14,767,000 in 2012 and \$13,736,000 in 2011.

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

	2012	2011
	<i>(In Thousands)</i>	
Change in benefit obligation		
Benefit obligation at beginning of year	\$ 243,382	\$ 232,964
Service cost	11,679	10,406
Interest cost	11,963	10,930
Actuarial (gain) loss	35,609	(275)
Benefits paid	(11,200)	(10,643)
Benefit obligation at end of year	291,433	243,382
Change in plan assets		
Fair value of plan assets at beginning of year	173,564	158,664
Actual return on plan assets	39,217	1,332
Plan participants' contributions	5,964	5,601
Employer contributions	21,035	18,610
Benefits paid	(11,200)	(10,643)
Fair value of plan assets at end of year	228,580	173,564
Funded status	\$ (62,853)	\$ (69,818)

The net liability, recognized in the balance sheet in long-term liabilities, was \$62,853,000 and \$69,818,000 at September 30, 2012 and 2011, respectively.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

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

	2012	2011
	<i>(In Thousands)</i>	
Prior service cost	\$ 3,121	\$ 4,335
Net actuarial loss	87,173	92,704
	\$ 90,294	\$ 97,039

Additional information for the plan

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Projected benefit obligation	\$ 291,433	\$ 243,382
Accumulated benefit obligation	272,306	226,499
Fair value of plan assets	228,580	173,564

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

	2012	2011
	<i>(In Thousands)</i>	
Service cost	\$ 11,679	\$ 10,406
Interest cost	11,963	10,930
Expected return on plan assets	(12,751)	(12,884)
Recognized net actuarial loss	8,710	10,429
Amortization of prior service cost	1,215	1,244
Net periodic pension cost	\$ 20,816	\$ 20,125

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

Weighted-average assumptions used to determine benefit obligations were

	September 30	
	2012	2011
Discount rate	4.33%	4.92%
Rate of compensation increase	3.50%	3.50%

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

	September 30	
	2012	2011
Discount rate	4.92%	4.89%
Expected return on plan assets	7.25%	8.00%
Rate of compensation increase	3.50%	3.50%

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

Plan Assets

The Plan's assets are invested in an institutional trust company commingled employee benefit plan trust (Commingled Plan Trust). As of September 30, 2012 and 2011, the Plan's target allocation and the allocation of investments in the Commingled Plan Trust were as follows:

	Target allocation	2012	2011
Asset category			
Equity securities	61% – 69%	62%	62%
Fixed income	31% – 39%	38	38
Total		100%	100%

Sharp HealthCare

Notes to Combined Financial Statements (continued)

10. Pension Plans (continued)

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

Financial assets measured at fair value are grouped in three levels, based on the markets in which the assets are traded and the reliability of the assumptions used to estimate fair value. These levels and associated valuation methodologies are described in Note 2. All of the Plan's investments in the Commingled Plan Trust are in the Level 2 fair value group at September 30, 2012 and 2011.

Contributions

Sharp expects to contribute \$10,010,000 to the Plan in 2013.

Estimated Future Benefit Payments

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

2013	\$	15,648
2014		16,196
2015		17,276
2016		17,875
2017		19,253
2018 – 2022		99,237

Sharp HealthCare

Notes to Combined Financial Statements (continued)

11. Long-Term Liabilities

Long-term liabilities consist of the following

	September 30	
	2012	2011
	<i>(In Thousands)</i>	
Defined benefit pension plan unfunded liability	\$ 62,853	\$ 69,818
Workers' compensation	34,541	33,357
Deferred liabilities	18,033	14,961
Other	8,221	8,360
	\$ 123,648	\$ 126,496

12. Commitments and Contingencies

Leases

Sharp leases various equipment and facilities under operating leases expiring at various dates through 2032. Total rental expense in 2012 and 2011 for all operating leases was \$31,620,000 and \$28,181,000, respectively.

The following is a schedule by year of future minimum lease payments (in thousands) under operating leases as of September 30, 2012, that have initial or remaining lease terms in excess of one year:

2013	\$ 26,813
2014	23,741
2015	23,014
2016	19,332
2017	14,435
Thereafter	92,823
	\$ 200,158

Sharp HealthCare

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

Legal Matters

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

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

Labor Matters

Not-for-profit health care providers and their employees are under the jurisdiction of the National Labor Relations Board. As of September 30, 2012, approximately 28% of Sharp employees are represented by unions. Such unionized employees are represented by Sharp Professional Nurses Network, United Nurses of California, National Union of Hospital and Health Care Employees, American Federation of State, County and Municipal Employees, AFL-CIO. The collective bargaining agreement with the union expires in 2014.

Professional Liability and Stop-Loss Insurance

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

Sharp HealthCare

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

General and professional liability costs have been accrued based upon an actuarial determination. Accrued malpractice losses have been discounted at 3% at September 30, 2012 and 2011.

Claims, including alleged malpractice, have been asserted against Sharp and are currently in various stages of litigation. Additional claims may be asserted against Sharp arising from services provided to patients through September 30, 2012. In management's opinion, however, the estimated liability accrued at September 30, 2012, is adequate to provide for potential losses resulting from pending or threatened litigation. It is management's opinion that the ultimate disposition of such litigation will not have a material adverse effect on the combined financial position, results of operations, or cash flows of Sharp.

Sharp Health Plan

SHP is required to meet certain financial responsibility regulations of the California Department of Managed Healthcare (DMHC). Pursuant to these regulations, SHP maintains a reserve totaling \$300,000 on deposit with various financial institutions. In addition, SHP is required to maintain two times the normal requirement of tangible net equity, as defined in regulations of the DMHC. At September 30, 2012 and 2011, SHP was required to maintain tangible net equity totaling \$13,590,000 and \$7,985,000, respectively. SHP's tangible net equity was \$39,962,000 at September 30, 2012, and \$34,175,000 at September 30, 2011. Management believes they are in compliance with these requirements at September 30, 2012 and 2011.

Unemployment Claims and Workers' Compensation

Sharp has elected to self-insure for unemployment claims through various group plans. Prior to January 1, 1996, Sharp was also self-insured for workers' compensation claims. Since 1996, Sharp has purchased high deductible insurance policies and has been responsible for workers' compensation claims up to amounts covered by these insurance policies (Sharp was responsible for individual claims up to \$1,000,000 in 2012 and 2011). For workers' compensation, Sharp accrues for the unpaid portion of claims that have been reported and estimates of claims that have been incurred but not reported, based on an actuarial study. Accrued workers' compensation losses have been discounted at 1.5% and 1.7% at September 30, 2012 and 2011, respectively. Workers compensation liabilities of \$44,436,000 and \$43,021,000 at September 30, 2012 and 2011, respectively, are included in other current liabilities and long-term liabilities in the combined balance sheets.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

12. Commitments and Contingencies (continued)

Seismic Standards (Unaudited)

Sharp has made significant progress toward meeting earthquake retrofit requirements for its health care facilities under a State of California law. Only two hospital buildings in the Sharp system require additional seismic improvements. These two hospital buildings received an extension for compliance with seismic standards through January 1, 2015. Construction is in progress and will be completed by the required date.

Credit Facilities

Sharp has a \$50,000,000 line of credit with a bank which expires on September 1, 2013, of which \$17,600,000 was available at September 30, 2012 and 2011. As part of the workers' compensation insurance agreement, letters of credit have been provided as collateral. The total letters of credit used as collateral totaled \$32,400,000 as of September 30, 2012 and 2011. These letters of credit are each considered a decrease in the available \$50,000,000 line of credit with the bank. There are no amounts outstanding as of September 30, 2012 and 2011.

Sharp has a bank liquidity facility to provide credit enhancement and liquidity support for the \$60,000,000 of Series 2009A Bonds. The bank liquidity facility was executed in February 2009 by a bank letter of credit that expires in May 2016. The letter of credit used as collateral totaled \$48,173,000 at September 30, 2012.

Sharp has a bank liquidity facility to provide credit enhancement and liquidity support for the \$99,880,000 of Series 2009C and D Bonds. The bank liquidity facility was executed in September 2009 by a bank letter of credit that expires in July 2014. The total letters of credit used as collateral totaled \$101,391,000 at September 30, 2012.

Sharp HealthCare

Notes to Combined Financial Statements (continued)

13. Fair Value of Financial Instruments

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

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

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

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

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

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

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

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

Sharp HealthCare

Notes to Combined Financial Statements (continued)

13. Fair Value of Financial Instruments (continued)

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

	September 30, 2012		September 30, 2011	
	Carrying Value	Fair Value	Carrying Value	Fair Value
Cash and cash equivalents	\$ 174,127	\$ 174,127	\$ 166,012	\$ 166,012
Short-term investments	83,838	83,838	71,733	71,733
Estimated settlements receivable from government programs, net	11,958	11,958	4,204	4,204
Prepaid expenses and other	40,066	40,066	63,205	63,205
Assets limited as to use	964,562	964,562	764,081	764,081
Accounts payable and accrued liabilities	229,836	229,836	201,400	201,400
Accrued compensation and benefits	127,973	127,973	110,871	110,871
Current and long-term debt	602,959	645,288	615,172	635,507

14. Subsequent Events

In preparing these combined financial statements, management has evaluated and disclosed all material subsequent events up to December 12, 2012, which is the date that the combined financial statements were issued

Supplementary Information

Report of Independent Auditors on Supplementary Information

Board of Directors
Sharp HealthCare

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The combining balance sheet, combining statement of operations, combining statement of changes in net assets, combining balance sheet – obligated group, combining statement of operations – obligated group, and combining statement of changes in net assets – obligated group are presented for the purpose of additional analysis and are not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the accounting and other records used to prepare the financial statements or to the combined financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States. In our opinion, the supplementary information is fairly presented in all material respects in relation to the combined financial statements taken as a whole.

Ernst & Young LLP

December 12, 2012

Sharp HealthCare

Combining Balance Sheet (In Thousands)

September 30, 2012

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Sharp Coronado Hospital and HealthCare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
Assets												
Current assets												
Cash and cash equivalents	\$ 130,482	\$ 552	\$ 1,413	\$ 20,957	\$ 156	\$ 17,671	\$ 332	\$ 805	\$ 1,759	\$ 174,127	\$ -	\$ 174,127
Short-term investments	63,270	-	-	13,988	-	4,668	-	1,912	-	83,838	-	83,838
Accounts receivable - net	32,568	131,706	44,278	74,131	12,654	2,363	-	2,598	183	300,481	(2,648)	297,833
Estimated settlements receivable from government programs - net	-	5,300	(500)	7,007	(740)	-	-	-	-	11,958	-	11,958
Intercompany receivables	-	882,348	101,076	-	3,507	-	-	-	68	987,089	(987,089)	-
Inventories	5,606	14,460	5,470	6,720	1,830	-	-	-	-	37,113	-	37,113
Prepaid expenses and other	35,073	2,500	1,360	2,682	350	532	4	20	5	42,544	(2,478)	40,066
Total current assets	266,999	1,036,875	153,007	129,484	17,856	25,234	336	5,344	2,015	1,637,150	(992,215)	644,935
Assets limited as to use												
Designated for property	688,233	-	-	158,487	-	33,602	-	-	-	880,412	-	880,412
Under bond indentures	14,156	14,433	1,102	630	-	-	-	-	-	30,330	-	30,330
Other restricted investments	-	-	-	-	-	810	-	31,410	10,180	42,400	-	42,400
Under self-insurance programs	-	-	-	-	-	-	11,411	-	-	11,411	-	11,411
Total assets limited as to use	702,389	14,433	1,102	159,126	-	34,412	11,411	31,410	10,180	964,562	-	964,562
Property and equipment - net	246,019	394,665	65,608	220,713	13,389	216	-	186	-	940,790	-	940,790
Unamortized financing costs	2,102	3,456	791	516	-	-	-	-	-	6,865	-	6,865
Other assets	17,334	22	2,270	1,443	2,312	127	5,228	50,005	2,641	81,382	(12,226)	69,156
Beneficial interest in foundations	44,838	-	-	14,298	-	-	-	-	-	59,136	(59,136)	-
Total assets	\$ 1,279,681	\$ 1,449,451	\$ 222,778	\$ 525,580	\$ 33,557	\$ 60,079	\$ 16,975	\$ 86,954	\$ 14,836	\$ 3,689,891	\$ (1,063,577)	\$ 2,626,314

Sharp HealthCare

Combining Balance Sheet (continued) (In Thousands)

September 30, 2012

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Sharp Coronado Hospital and HealthCare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
Liabilities and net assets												
Current liabilities												
Accounts payable and accrued liabilities	\$ 135,328	\$ 38,023	\$ 14,906	\$ 23,812	\$ 2,213	\$ 17,857	\$ 80	\$ 70	\$ 4	\$ 232,293	\$ (2,457)	\$ 229,836
Intercompany payables	953,700	-	-	2,544	-	492	144	30,078	-	987,057	(987,057)	-
Accrued compensation and benefits	38,543	40,294	14,910	28,017	4,352	1,425	-	449	71	128,061	(88)	127,973
Current portion of long-term debt	2,060	4,051	573	1,530	-	-	-	-	-	8,223	-	8,223
Accrued interest	367	2,324	429	131	-	-	-	-	-	3,251	-	3,251
Discontinued operations	-	-	-	-	-	-	-	-	-	-	-	-
Total current liabilities	1,130,097	84,692	30,818	56,043	6,565	19,774	224	30,507	75	1,358,885	(989,602)	369,283
Long-term liabilities	67,479	22,140	6,570	24,493	1,690	343	1,028	11,518	463	135,733	(12,085)	123,648
Reserves for professional and general liabilities	2,300	-	-	-	-	-	15,543	-	-	17,843	-	17,843
Long-term debt	129,684	354,887	66,761	43,404	135	-	-	-	-	594,871	(135)	594,736
Total liabilities	1,329,560	461,719	104,149	123,940	8,300	20,117	16,795	42,115	538	2,107,332	(1,001,822)	1,105,510
Net assets												
Unrestricted	(93,078)	987,732	118,620	389,094	27,171	39,962	180	2,640	1,753	1,474,083	(6,009)	1,468,074
Temporarily restricted	38,710	-	-	11,472	(2,013)	-	-	37,710	11,472	97,351	(50,183)	47,168
Permanently restricted	4,489	-	-	1,074	-	-	-	4,489	1,073	11,125	(5,563)	5,562
Total net assets	(49,879)	987,732	118,620	401,640	25,158	39,962	180	44,839	14,298	1,582,559	(61,755)	1,520,804
Total liabilities and net asset	\$ 1,279,681	\$ 1,449,451	\$ 222,769	\$ 525,580	\$ 33,557	\$ 60,079	\$ 16,975	\$ 86,954	\$ 14,836	\$ 3,689,891	\$ (1,063,577)	\$ 2,626,314

Sharp HealthCare

Combining Statement of Operations (In Thousands)

Year Ended September 30, 2012

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Sharp Coronado Hospital and HealthCare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
Revenues												
Patient service revenue	\$ 110,822	\$ 915,670	\$ 269,613	\$ 537,654	\$ 74,509	\$ -	\$ -	\$ -	\$ -	\$ 1,917,334	\$ (322,945)	\$ 1,594,389
Provider tax revenue	-	57,095	35,317	51,445	8,616	-	-	-	-	153,373	-	153,373
Provision for doubtful accounts	(4,438)	(7,800)	(6,194)	(11,010)	(533)	-	-	-	-	(30,035)	-	(30,035)
Net patient service	115,384	965,811	298,736	578,089	82,652	-	-	-	-	2,040,672	(322,945)	1,717,727
Premium	736,436	-	-	-	-	277,275	-	-	-	1,013,711	(116,795)	896,916
Other	209,215	12,137	7,379	13,943	5,807	-	10,848	-	-	259,329	(162,968)	96,361
Total revenues	1,061,035	977,948	306,115	602,032	88,459	277,275	10,848	-	-	3,313,712	(602,708)	2,711,004
Expenses												
Salaries and wages	234,328	327,931	122,116	225,364	35,121	6,741	-	-	-	951,601	-	951,601
Employee benefits	62,387	77,143	27,696	55,005	8,498	1,519	-	-	-	232,248	-	232,248
Medical fees	222,517	12,368	4,155	9,263	510	253,057	-	-	-	501,870	(136,310)	365,560
Purchased services	105,024	55,587	23,005	49,898	6,265	7,400	247	-	-	247,426	(3,900)	243,526
Supplies	38,331	136,745	40,975	70,549	11,712	174	-	-	-	307,486	-	307,486
Provider tax	-	39,871	22,894	36,305	2,013	-	-	-	-	101,083	-	101,083
Maintenance, utilities and rentals	55,903	28,626	6,764	16,269	3,088	746	-	-	-	111,396	(3,097)	108,299
Depreciation and amortization	37,153	38,086	11,420	23,183	3,394	497	11	-	-	113,744	(22,224)	91,520
Business insurance	3,419	3,672	1,306	3,176	360	97	10,772	-	-	22,802	(10,772)	12,030
Interest	5,130	15,940	4,086	1,716	13	1	-	-	-	26,886	(2,550)	24,336
Purchased services from affiliate	310,509	73,778	27,202	48,607	6,797	2,330	159	-	-	469,382	(469,382)	-
Other	14,705	7,344	2,446	3,932	682	2,023	38	-	-	31,170	-	31,170
Total expenses	1,089,406	817,091	294,065	552,267	78,453	274,585	11,227	-	-	3,117,094	(618,235)	2,498,859
Income (loss) from operations	(28,371)	160,857	12,050	39,765	10,006	2,690	(379)	-	-	196,618	45,527	242,145
Other nonoperating income (loss)	(2,045)	35	34	(1,287)	32	30	-	(55)	(1,435)	(4,691)	89	(4,602)
Investment income	55,446	33,772	13,713	16,402	2,777	3,055	439	2,022	829	128,455	(45,616)	82,839
Income (loss) from continuing operations	25,030	194,664	25,797	54,880	12,815	5,775	60	1,967	(606)	320,382	-	320,382
Gain on discontinued operations, net	-	-	-	-	-	-	-	-	-	-	-	-
Excess (deficit) of revenues over expenses	25,030	194,664	25,797	54,880	12,815	5,775	60	1,967	(606)	320,382	-	320,382
Net assets transferred from related party	-	-	-	15,530	-	-	-	-	-	15,530	-	15,530
Net assets released from restrictions used for purchase of property, plant and equipment	748	6,241	656	973	-	-	-	-	-	8,618	-	8,618
Pension related changes other than net periodic pension cost	2,425	2,184	30	1,948	153	12	-	-	-	6,752	-	6,752
Other changes in net assets	1,967	0	0	(599)	(3)	-	-	-	-	1,380	(1,360)	20
Increase (decrease) in unrestricted net assets	\$ 30,170	\$ 203,098	\$ 26,489	\$ 72,741	\$ 12,965	\$ 5,787	\$ 60	\$ 1,967	\$ (606)	\$ 352,671	\$ (1,360)	\$ 351,311

Sharp HealthCare

Combining Statement of Changes in Net Assets (In Thousands)

Year Ended September 30, 2012

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Sharp Coronado Hospital and HealthCare Center	Sharp Health Plan	Continuous Quality Insurance	Sharp HealthCare Foundation	Grossmont Hospital Foundation	Combined Totals	Combining Eliminations	Totals
Unrestricted net assets												
Excess (deficit) of revenues over expenses	\$ 25,030	\$ 194,064	\$ 25,707	\$ 54,880	\$ 12,815	\$ 5,775	\$ 0	\$ 1,967	\$ (600)	\$ 320,382	\$ -	\$ 320,382
Net assets transferred from related party	-	-	-	15,530	-	-	-	-	-	15,530	-	15,530
Net assets released from restrictions used for purchase of property, plant and equipment	748	6,241	650	973	-	-	-	-	-	8,618	-	8,618
Pension related changes other than net periodic pension cost	2,425	2,184	30	1,948	153	12	-	-	-	6,752	-	6,752
Other changes in net assets	1,967	0	0	(500)	(3)	-	-	-	-	1,380	(1,360)	20
Increase (decrease) in unrestricted net assets	30,170	203,098	26,480	72,741	12,965	5,787	0	1,967	(600)	352,671	(1,360)	351,311
Temporarily restricted net assets												
Contributions	-	-	-	-	-	-	-	6,873	3,860	10,733	-	10,733
Investment income	-	-	-	-	-	-	-	574	122	696	-	696
Change in net unrealized gains (losses) on other than trading securities	-	-	-	-	-	-	-	1,300	550	1,850	-	1,850
Net assets released from restrictions	-	-	-	-	-	-	-	(11,070)	(2,261)	(13,331)	-	(13,331)
Other	(2,314)	-	-	2,271	(372)	-	-	-	-	(415)	43	(372)
Increase (decrease) in temporarily restricted net assets	(2,314)	-	-	2,271	(372)	-	-	(2,314)	2,271	(458)	43	(415)
Permanently restricted net assets												
Contributions	-	-	-	-	-	-	-	158	-	158	-	158
Other	158	-	-	-	-	-	-	-	-	158	(158)	-
Increase (decrease) in permanently restricted net assets	158	-	-	-	-	-	-	158	-	316	(158)	158
Increase (decrease) in net assets	28,014	203,098	26,480	75,012	12,593	5,787	0	(180)	1,665	352,520	(1,475)	351,045
Net assets, beginning of the year	(77,893)	784,634	92,140	326,628	12,565	34,175	120	45,028	12,633	1,230,030	(60,280)	1,169,750
Net assets, end of the year	\$ (49,879)	\$ 987,732	\$ 118,620	\$ 401,640	\$ 25,158	\$ 39,962	\$ 180	\$ 44,830	\$ 14,298	\$ 1,582,550	\$ (61,755)	\$ 1,520,804

Sharp HealthCare

Combining Balance Sheet – Obligated Group (In Thousands)

September 30, 2012

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Assets							
Current assets							
Cash and cash equivalents	\$ 130.482	\$ 552	\$ 1.413	\$ 20.957	\$ 153.404	\$ –	\$ 153.404
Short-term investments	63.270	–	–	13.988	77.258	–	77.258
Accounts receivable, net	32.568	131.706	44.278	74.131	282.683	(1.813)	280.870
Estimated settlements receivable from government programs, net	–	5.309	(599)	7.997	12.707	–	12.707
Intercompany receivables	(953.257)	882.348	101.076	–	30.167	(2.483)	27.684
Inventories	5.606	14.460	5.479	9.729	35.274	–	35.274
Prepaid expenses and other	35.073	2.500	1.360	2.682	41.615	–	41.615
Total current assets	(686.258)	1,036.875	153.007	129.484	633.108	(4.296)	628.812
Assets limited as to use							
Designated for property	688.233	–	–	158.487	846.720	–	846.720
Under bond indentures	14.156	14.433	1.102	639	30.330	–	30.330
Other restricted investments	–	–	–	–	–	–	–
Under self-insurance programs	–	–	–	–	–	–	–
Total assets limited as to use	702.389	14.433	1.102	159.126	877.050	–	877.050
Property and equipment, net	246.019	394.665	65.608	220.713	927.005	–	927.005
Unamortized financing costs	2.102	3.456	791	516	6.865	–	6.865
Other assets	17.334	22	2.270	1.443	21.069	(21)	21.048
Beneficial interest in foundations	44.838	–	–	14.298	59.136	–	59.136
Total assets	\$ 326.424	\$ 1,449.451	\$ 222.778	\$ 525.580	\$ 2,524.233	\$ (4.317)	\$ 2,519.916

Sharp HealthCare

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

September 30, 2012

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Liabilities and net assets							
Current liabilities							
Accounts payable and accrued liabilities	\$ 135.870	\$ 38.023	\$ 14.906	\$ 23.812	\$ 212.611	\$ (1.813)	\$ 210.798
Intercompany payables	–	–	–	2,544	2,544	(2,483)	61
Accrued compensation and benefits	38,543	40,294	14,910	28,017	121,764	–	121,764
Current portion of long-term debt	2,060	4,051	573	1,539	8,223	–	8,223
Accrued interest	367	2,324	429	131	3,251	–	3,251
Total current liabilities	176,840	84,692	30,818	56,043	348,393	(4,296)	344,097
Long-term liabilities	67,479	22,140	6,570	24,493	120,682	(21)	120,661
Reserves for professional and general liabilities	2,300	–	–	–	2,300	–	2,300
Long-term debt	129,684	354,887	66,761	43,404	594,736	–	594,736
Total liabilities	376,303	461,719	104,149	123,940	1,066,111	(4,317)	1,061,794
Net assets							
Unrestricted	(93,078)	987,732	118,629	389,094	1,402,377	–	1,402,377
Temporarily restricted	38,710	–	–	11,472	50,182	–	50,182
Permanently restricted	4,489	–	–	1,074	5,563	–	5,563
Total net assets	(49,879)	987,732	118,629	401,640	1,458,122	–	1,458,122
Total liabilities and net assets	\$ 326,424	\$ 1,449,451	\$ 222,778	\$ 525,580	\$ 2,524,233	\$ (4,317)	\$ 2,519,916

Sharp HealthCare

Combining Statement of Operations – Obligated Group (In Thousands)

Year Ended September 30, 2012

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Revenues							
Patient service revenue	\$ 119.822	\$ 915.676	\$ 269.613	\$ 537.654	\$ 1,842.765	\$ (310.758)	\$ 1,532.007
Provider tax revenue	–	57.995	35.317	51.445	144.757	–	144.757
Provision for doubtful accounts	(4.438)	(7.860)	(6.194)	(11.010)	(29.502)	–	(29.502)
Net patient service	115.384	965.811	298.736	578.089	1,958.020	(310.758)	1,647.262
Premium	736.436	–	–	–	736.436	–	736.436
Other	209.215	12.137	7.379	13.943	242.674	(143.773)	98.901
Total revenues	1,061.035	977.948	306.115	592.032	2,937.130	(454.531)	2,482.599
Expenses							
Salaries and wages	234.328	327.931	122.116	225.364	909.739	–	909.739
Employee benefits	62.387	77.143	27.696	55.005	222.231	–	222.231
Medical fees	222.517	12.368	4.155	9.263	248.303	(12.820)	235.483
Purchased services	105.024	55.587	23.005	49.898	233.514	(3.098)	230.416
Supplies	38.331	136.745	40.975	79.549	295.600	–	295.600
Provider tax	–	39.871	22.894	36.305	99.070	–	99.070
Maintenance, utilities and rentals	55.903	28.626	6.764	16.269	107.562	(3.097)	104.465
Depreciation and amortization	37.153	38.086	11.420	23.183	109.842	(21.066)	88.776
Business insurance	3.419	3.672	1.306	3.176	11.573	–	11.573
Interest	5.130	15.940	4.086	1.716	26.872	(2.523)	24.349
Purchased services from affiliate	310.509	73.778	27.202	48.607	460.096	(454.761)	5.335
Other	14.705	7.344	2.446	3.932	28.427	–	28.427
Total expenses	1,089.406	817.091	294.065	552.267	2,752.829	(497.365)	2,255.464
Income (loss) from operations	(28.371)	160.857	12.050	39.765	184.301	42.834	227.135
Other nonoperating income (loss)	(2.045)	35	34	(1,287)	(3,263)	–	(3,263)
Investment income	55.446	33.772	13.713	16.402	119.333	(42.834)	76.499
Excess of revenues over expenses	25.030	194.664	25.797	54.880	300.371	–	300.371
Net assets transferred from related party	–	–	–	15.539	15.539	–	15.539
Net assets released from restrictions used for purchase of property, plant and equipment	748	6,241	656	973	8,618	–	8,618
Pension-related changes other than net periodic pension cost	2,425	2,184	30	1,948	6,587	–	6,587
Other changes in net assets	1,967	9	6	(599)	1,383	–	1,383
Increase in unrestricted net assets	\$ 30.170	\$ 203,098	\$ 26,489	\$ 72,741	\$ 332,498	\$ –	\$ 332,498

Sharp HealthCare

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

Year Ended September 30, 2012

	Sharp HealthCare	Sharp Memorial Hospital	Sharp Chula Vista Medical Center	Grossmont Hospital Corporation	Combined Totals	Combining Eliminations	Totals
Unrestricted net assets							
Excess of revenues over expenses	\$ 25.030	\$ 194.664	\$ 25.797	\$ 54.880	\$ 300.371	\$ –	\$ 300.371
Net assets transferred from related party	–	–	–	15.539	15.539	–	15.539
Net assets released from restrictions used for purchase of property, plant and equipment	748	6.241	656	973	8.618	–	8.618
Pension-related changes other than net periodic pension cost	2.425	2.184	30	1.948	6.587	–	6.587
Other changes in net assets	1.967	9	6	(599)	1.383	–	1.383
Increase in unrestricted net assets	30.170	203.098	26.489	72.741	332.498	–	332.498
Temporarily restricted net assets							
Contributions	–	–	–	–	–	–	–
Investment income	–	–	–	–	–	–	–
Change in net unrealized gains (losses) on investments	–	–	–	–	–	–	–
Net assets released from restriction	–	–	–	–	–	–	–
Beneficial interest in the foundation	(2,314)	–	–	2,271	(43)	–	(43)
Increase in temporarily restricted net assets	(2,314)	–	–	2,271	(43)	–	(43)
Permanently restricted net assets							
Contributions	–	–	–	–	–	–	–
Beneficial interest in the foundation	158	–	–	–	158	–	158
Increase in permanently restricted net assets	158	–	–	–	158	–	158
Increase in net assets	28.014	203.098	26.489	75.012	332.613	–	332.613
Net assets (deficit), beginning of the year	(77,893)	784,634	92,140	326,628	1,125,509	–	1,125,509
Net assets (deficit), end of the year	\$ (49,879)	\$ 987,732	\$ 118,629	\$ 401,640	\$ 1,458,122	\$ –	\$ 1,458,122

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