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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013

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

C Name of organization
GROSSMONT HOSPITAL FOUNDATION

Doing Business As

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

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

D Employer identification number
33-0124488

E Telephone number
(858)499-5150

G Gross receipts $ 13,168,108

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SHARP COM/GROSSMONT-FOUNDATION

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

L Year of formation 1985

M State of legal domicile CA

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	11
6	Total number of volunteers (estimate if necessary)	**6**	272
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,195,690	3,931,864
9	Program service revenue (Part VIII, line 2g)	1,033,592	1,044,974
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	410,273	757,615
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,927	55,701
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,677,482	5,790,154
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,981,528	1,905,843
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)	908,504	873,582
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶774,091		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	175,796	228,078
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,065,828	3,007,503
19	Revenue less expenses Subtract line 18 from line 12	611,654	2,782,651

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,835,806	18,047,534
21	Total liabilities (Part X, line 26)	537,484	655,762
22	Net assets or fund balances Subtract line 21 from line 20	14,298,322	17,391,772

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 — Date: 2014-08-08

ELIZABETH MORGANTE VP PHILANTHROPY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 4370 LA JOLLA VILLAGE DR SUITE 500 SAN DIEGO, CA 92122			Phone no (858) 535-7200	

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

Part III **Statement of Program Service Accomplishments**

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

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 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 $ 1,957,448 including grants of $ 1,905,843) (Revenue $ 1,044,974)

PROVIDE SUPPORT TO GROSSMONT HOSPITAL CORPORATION

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

SEE SCHEDULE O FOR COMMUNITY BENEFITS REPORT

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,957,448

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	33		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**	Yes		
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

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 (858) 499-5150

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW ALONGI MD DIRECTOR	1 00 0 00	X						0	0	0
(2) JOYCE BUTLER DIRECTOR	2 00 0 00	X						0	0	0
(3) GARY CLASEN DIRECTOR	2 00 0 00	X						0	0	0
(4) CONNIE CONARD VICE CHAIR	2 00 0 00	X		X				0	0	0
(5) HARRY ELLISON MD DIRECTOR	1 00 0 00	X						0	0	0
(6) FREDDY GARMO JD DIRECTOR	2 00 0 00	X						0	0	0
(7) ANN GOLDBERG SECRETARY	8 00 0 00	X		X				0	0	0
(8) ROXANNE HON MD DIRECTOR	2 00 20 00	X						0	87,610	0
(9) MARC KOBERNICK MD DIRECTOR	2 00 2 00	X						0	30,000	0
(10) KEN LUND TREASURER	2 00 0 00	X		X				0	0	0
(11) ROBERT MALKUS MD DIRECTOR	2 00 0 00	X						0	0	0
(12) ALEX MATUK DIRECTOR	2 00 0 00	X						0	0	0
(13) HUDA SALEM DIRECTOR	2 00 0 00	X						0	0	0
(14) LEWIS SILVERBERG DIRECTOR	1 00 0 00	X						0	0	0
(15) JOHN SNYDER DIRECTOR	2 00 0 00	X						0	0	0
(16) PHILIP SZOLD MD DIRECTOR	1 00 0 00	X						0	0	0
(17) JOANNA BOYLE DIRECTOR	50 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DONALD LEVI DIRECTOR	50 0 00	X						0	0	0
(19) ELIZABETH MORGANTE VP PHILANTHROPY	40 00 0 00			X				0	222,405	25,752
(20) NORMAN TIMMINS PLANNED GVNG/MJR GIFTS OFFICER	40 00 0 00					X		0	104,874	11,116
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								0	444,889	36,868

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a 1,022				
	b	Membership dues	1b				
	c	Fundraising events	1c 996,544				
	d	Related organizations . . .	1d 4,521				
	e	Government grants (contributions)	1e 53,643				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,876,134				
	g	Noncash contributions included in lines 1a-1f $	161,941				
	h	**Total.** Add lines 1a-1f . . . . . ▶		3,931,864			
Program Service Revenue			Business Code				
	2a	FUNDRAISING ACTIVITIES	900099	1,010,667	1,010,667		
	b	HEALTHCARE EDUCATION	900099	34,307	34,307		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,044,974			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		317,896			317,896
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7,456,271 / 3,377				
	b	Less cost or other basis and sales expenses	7,014,779 / 5,150				
	c	Gain or (loss)	441,492 / -1,773				
	d	Net gain or (loss) . . . . . ▶		439,719			439,719
Other Revenue	8a	Gross income from fundraising events (not including $ 996,544 of contributions reported on line 1c) See Part IV, line 18 . . a	364,896				
	b	Less direct expenses . . . b	353,449				
	c	Net income or (loss) from fundraising events . . ▶		11,447			11,447
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	10,268				
	b	Less direct expenses . . . b	4,576				
	c	Net income or (loss) from gaming activities . . ▶		5,692			5,692
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	38,562			38,562
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		38,562			
	12	**Total revenue.** See Instructions . . . . . ▶		5,790,154	1,044,974	0	813,316

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)

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	1,841,662	1,841,662		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	64,181	64,181		
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	212,083	10,604	42,417	159,062
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	513,066	25,653	102,613	384,800
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,117	1,556	6,223	23,338
9 Other employee benefits	70,962	3,548	14,192	53,222
10 Payroll taxes	46,354	2,318	9,271	34,765
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying	42	2	8	32
e Professional fundraising services See Part IV, line 17				
f Investment management fees	69,541		69,541	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	666	33	133	500
12 Advertising and promotion	4,000	200	800	3,000
13 Office expenses	97,432	4,872	19,486	73,074
14 Information technology	6,364	318	1,273	4,773
15 Royalties . .				
16 Occupancy				
17 Travel	10,408	520	2,082	7,806
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,302	65	260	977
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD, DUES & MISC	38,323	1,916	7,665	28,742
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	3,007,503	1,957,448	275,964	774,091
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	1,762,874	2	3,231,918
	3	Pledges and grants receivable, net	1,430,861	3	2,936,328
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,744	9	4,156
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	10,177,070	11	10,532,535
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,460,257	15	1,342,597
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	14,835,806	16	18,047,534
Liabilities	17	Accounts payable and accrued expenses	74,393	17	83,388
	18	Grants payable		18	
	19	Deferred revenue	375,094	19	484,377
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	87,997	25	87,997
	26	**Total liabilities.** Add lines 17 through 25	537,484	26	655,762
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,751,386	27	1,831,981
	28	Temporarily restricted net assets	11,453,534	28	14,465,388
	29	Permanently restricted net assets	1,093,402	29	1,094,403
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	14,298,322	33	17,391,772
	34	Total liabilities and net assets/fund balances	14,835,806	34	18,047,534

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,790,154
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,007,503
3	Revenue less expenses Subtract line 2 from line 1	3	2,782,651
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,298,322
5	Net unrealized gains (losses) on investments	5	321,259
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,460
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,391,772

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,099,306	3,214,749	2,840,944	4,195,690	3,931,864	19,282,553
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	5,099,306	3,214,749	2,840,944	4,195,690	3,931,864	19,282,553
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)						952,879
6 **Public support.** Subtract line 5 from line 4						18,329,674

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	5,099,306	3,214,749	2,840,944	4,195,690	3,931,864	19,282,553
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	395,266	505,939	300,748	304,309	317,896	1,824,158
9 Net income from unrelated business activities, whether or not the business is regularly carried on	38,632	62,004	23,465	54,529	17,138	195,768
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		142,792	-67	-16,602	38,562	164,685
11 **Total support** (Add lines 7 through 10)						21,467,164

12 Gross receipts from related activities, etc (see instructions)	12	4,131,717

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 2012 (line 6, column (f) divided by line 11, column (f))	14	85 380 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	88 370 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		42
j	Total Add lines 1c through 1i			42
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	3,791,203	3,277,151	3,421,590	2,331,612	2,245,171
b	Contributions	1,000	1,000	-31,966	821,647	75,087
c	Net investment earnings, gains, and losses	160,723	513,052	-112,858	268,716	11,354
d	Grants or scholarships					
e	Other expenditures for facilities and programs			-385	385	
f	Administrative expenses					
g	End of year balance	3,952,926	3,791,203	3,277,151	3,421,590	2,331,612

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

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

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must 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) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) DEFERRED PLANNED GIFTS	862,525
(2) LONG-TERM RECEIVABLE FROM SHARP HEALTHCARE FOUNDATION	386,447
(3) MISCELLANEOUS RECEIVABLE	4,995
(4) BENEFICIARY TO LIFE INSURANCE POLICY	3,930
(5) INTERCOMPANY RECEIVABLE	84,700
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,342,597

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED PLANNED GIFT LIABILITIES	87,997
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	87,997

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	2,476,271
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	321,258		
b	Donated services and use of facilities	2b	110,198		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	347,565		
e	Add lines **2a** through **2d**			2e	779,021
3	Subtract line **2e** from line **1**			3	1,697,250
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	69,541		
b	Other (Describe in Part XIII)	4b	4,023,363		
c	Add lines **4a** and **4b**			4c	4,092,904
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	5,790,154

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

1	Total expenses and losses per audited financial statements			1	1,728,716
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	110,198		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	358,025		
e	Add lines **2a** through **2d**			2e	468,223
3	Subtract line **2e** from line **1**			3	1,260,493
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	69,541		
b	Other (Describe in Part XIII)	4b	1,677,469		
c	Add lines **4a** and **4b**			4c	1,747,010
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	3,007,503

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	GROSSMONT HOSPITAL FOUNDATION HOLDS 21 BOARD DESIGNATED AND PERMANENT ENDOWMENTS FOR GROSSMONT HOSPITAL CORPORATION THAT ARE RESTRICTED FOR A VARIETY OF PURPOSES, SUCH AS HOSPICE AND HOSPICE HOMES, DIABETES, NURSING EDUCATION, CANCER TREATMENT, HOSPITAL EQUIPMENT AND TECHNOLOGY, AND MORE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	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, 2013, NO SUCH ASSETS OR LIABILITIES WERE RECORDED
PART XI, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES FOR FUNDRAISING EVENTS & GAMING ACTIVITIES 358,025 UNCOLLECTIBLE PLEDGES -10,460
PART XI, LINE 4B - OTHER ADJUSTMENTS		BANK FEES NETTED WITH BANK INCOME ON AUDIT 25,407 TEMPORARILY RESTRICTED REVENUE 3,998,729 PERMANENTLY RESTRICTED REVENUE 1,000 LOSS ON SALE OF ASSETS -1,773
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES FOR FUNDRAISING EVENTS & GAMING ACTIVITIES 358,025
PART XII, LINE 4B - OTHER ADJUSTMENTS		BANK FEES NETTED WITH BANK INCOME ON AUDIT 25,407 TEMPORARILY RESTRICTED EXPENSES 1,653,835 LOSS ON SALE OF ASSETS -1,773

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF (event type)	(b) Event #2 GALA (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	554,212	425,131	382,097	1,361,440
	2 Less Contributions	418,580	301,946	276,018	996,544
	3 Gross income (line 1 minus line 2)	135,632	123,185	106,079	364,896
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	60,919	37,169	38,128	136,216
	6 Rent/facility costs	21,939			21,939
	7 Food and beverages	35,404	72,343	62,677	170,424
	8 Entertainment		13,150	6,200	19,350
	9 Other direct expenses	5,520			5,520
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(353,449)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				11,447

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DRIVE LA MESA,CA 91942	33-0449527	501(C)3	1,670,177	729 FMV		EQUIPMENT	PROGRAM SERVICE SUPPORT
(2) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO,CA 921231489	95-0651579	501(C)3	15,060				PROGRAM SERVICE SUPPORT
(3) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO,CA 921231489	95-6077327	501(C)3	150,717	2,799 FMV		EQUIPMENT	PROGRAM SERVICE SUPPORT

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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
(1) UNFUNDED PATIENT CARE	7	64,181			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION RAISES FUNDS ON BEHALF OF AND PROVIDES ASSISTANCE TO GROSSMONT HOSPITAL CORPORATION AND THE SHARP HEALTHCARE HOSPICE PROGRAM THE FUNDS RAISED MAY BE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR MAY BE UNRESTRICTED GROSSMONT HOSPITAL CORPORATION AND THE SHARP HEALTHCARE HOSPICE PROGRAM SUBMIT REQUESTS FOR SUPPORT BASED ON THE AVAILABILITY OF THESE SPECIFICALLY DESIGNATED FUNDS THE ORGANIZATION MAY ALSO UTILIZE UNRESTRICTED FUNDS TO PROVIDE ADDITIONAL SUPPORT IN THESE INSTANCES, A COMMITTEE COMPRISED OF ORGANIZATION MANAGEMENT AND BOARD MEMBERS REVIEWS PROPOSALS AND REQUESTS FOR FUNDING AND DETERMINES WHICH PROJECTS TO FUND IN ALL CASES, THE HOSPITAL AND HOSPICE PROGRAM SUBMIT DOCUMENTATION VERIFYING COMPLETION AND PAYMENT OF THE PROJECT AND ARE SUBSEQUENTLY REIMBURSED BY THE ORGANIZATION ADDITIONALLY, THE MANAGEMENT TEAM EVALUATES REQUESTS FOR CONTRIBUTIONS FROM OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THEY ALIGN WITH THE ORGANIZATION'S MISSION GROSSMONT HOSPITAL FOUNDATION PROVIDES ASSISTANCE TO INDIVIDUALS THROUGH THE HOSPICE PROGRAM WITH INADEQUATE COVERAGE SOCIAL WORKERS EVALUATE A PATIENTS NEED FOR FINANCIAL ASSITANCE, AND AFTER ALL POTENTIAL FUNDING HAS BEEN EXAHUASTED, THE SOCIAL WORKER WILL SUBMIT A REQUEST FOR FUNDING FROM THE FOUNDATION ON A PER PATIENT BASIS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ELIZABETH MORGANTE VP PHILANTHROPY	(i)	0	0	0	0	0	0	0
	(ii)	189,558	30,073	2,774	9,898	15,854	248,157	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	1	4,900	DONOR VALUATION
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		65,484	DONOR VALUATION
6	Cars and other vehicles	X	2	5,150	SALE PRICE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	4	42,923	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	8	2,017	DONOR VALUATION
19	Food inventory	X	23	5,748	DONOR VALUATION
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (OFFICE EQUIPMENT)	X	1	699	DONOR VALUATION
26	Other ▶ (GIFT CERTIFICATES)	X	50	22,308	DONOR VALUATION
27	Other ▶ (FUEL AND OTHER CONSUMABLES)	X	9	12,712	DONOR VALUATION
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 1

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTIONS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATED GIFTS OR GIFT PACKAGES
THIRD PARTY USE	PART I, LINE 32B	VEHICLES (EXCEPT THOSE DONATED FOR ORGANIZATIONAL USE) ARE SOLD AT AUCTION

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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

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

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

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FINAL FORM 990 IS PLACED ON THE ORGANIZATION'S INTRANET, PRIOR TO THE FILING DATE, WHERE IT IS VIEWABLE FOR COMMENT FROM ALL MEMBERS OF THE GOVERNING BODY THE REVIEW PROCESS INCLUDES MULTIPLE LEVELS OF REVIEW INCLUDING KEY CORPORATE AND ENTITY FINANCE DEPARTMENT PERSONNEL COMPRISED OF THE DIRECTOR OF TAX & ACCOUNTING, VICE PRESIDENT OF FINANCE, SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, AND ENTITY EXECUTIVE DIRECTOR ADDITIONALLY, THE ORGANIZATION CONTRACTS WITH ERNST & YOUNG, AN INDEPENDENT ACCOUNTING FIRM, FOR REVIEW OF THE FORM 990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	GROSSMONT HOSPITAL FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE GROSSMONT HOSPITAL FOUNDATION GOVERNING BOARD GROSSMONT HOSPITAL FOUNDATION IS COMMITTED TO PREVENTING ANY PARTICIPANT OF THE CORPORATION FROM GAINING ANY PERSONAL BENEFIT FROM INFORMATION RECEIVED OR FROM ANY TRANSACTION OF SHARP ONE COMPONENT OF THE WRITTEN CONFLICT OF INTEREST POLICY REQUIRES THAT BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS AND CHIEF EXECUTIVE OFFICER(S) SUBMIT A CONFLICT OF INTEREST STATEMENT ANNUALLY TO LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES WHO WILL REVIEW ALL STATEMENTS IN ADDITION, ALL VICE PRESIDENTS AND ANY EMPLOYEES IN THE PURCHASING/SUPPLY CHAIN, AUDIT AND COMPLIANCE, AND CASE MANAGEMENT/DISCHARGE PLANNING DEPARTMENTS ARE REQUIRED TO COMPLETE AN ONLINE CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY THAT IS REVIEWED BY THE CONFLICT REVIEW COMMITTEE COMPRISED OF EMPLOYEES FROM SHARP'S LEGAL, COMPLIANCE, AND INTERNAL AUDIT DEPARTMENTS IN CONNECTION WITH ANY TRANSACTION OR ARRANGEMENT, WHICH MAY CREATE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE PERSON SHALL DISCLOSE IN WRITING THE EXISTENCE AND NATURE OF HIS/HER FINANCIAL INTEREST AND ALL MATERIAL FACTS BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER(S) SHALL MAKE SUCH DISCLOSURES DIRECTLY TO THE CHAIRMAN OF THE BOARD, AND TO THE MEMBERS OF THE COMMITTEE WITH THE BOARD DESIGNATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT UPON DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, THE BOARD MEMBER, CORPORATE OFFICER, SENIOR VICE PRESIDENT OR THE CHIEF EXECUTIVE OFFICER(S) MAKING SUCH DISCLOSURES SHALL LEAVE THE BOARD OR THE COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IN CERTAIN INSTANCES, SUCH AS IF SOMEONE TAKES A BOARD SEAT ON A COMPETITOR'S BOARD OF DIRECTORS OR HAS A ROLE WITH AN ORGANIZATION WHEREBY THE INFORMATION THAT THEY MAY OBTAIN FROM SHARP WOULD PUT THEM IN A CONSISTENT CONFLICT WITH THEIR TWO ROLES, THE CONFLICT COULD CALL FOR THE INDIVIDUAL'S REMOVAL FROM THE BOARD THE BYLAWS FOR THE ORGANIZATION PROVIDE FOR THE ABILITY TO REMOVE DIRECTORS IN ACCORDANCE WITH SECTION 5222 OF THE CALIFORNIA CORPORATIONS CODE THIS CAN GENERALLY BE DONE ON A "FOR CAUSE" OR A "NO CAUSE" BASIS BY THE ACTION OF THE MEMBER

Identifier	Return Reference	Explanation
		THE PERSONNEL COMMITTEE OF SHARP HEALTHCARE RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO REVIEW THE TOTAL COMPENSATION PAID TO EXECUTIVE MANAGEMENT (CEO/PRESIDENT, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS) AND COMPARES IT TO THE TOTAL COMPENSATION PAID TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS PRESENTED TO THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS BY THE INDEPENDENT CONSULTANT THE PERSONNEL COMMITTEE IS COMPRISED OF BOARD MEMBERS WHO ARE NOT PHYSICIANS AND WHO ARE NOT COMPENSATED IN ANY WAY BY THE ORGANIZATION THE PERSONNEL COMMITTEE APPROVES THE TOTAL COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND REVIEWS AND APPROVES THE COMPENSATION AND COMPENSATION SALARY RANGES FOR THE REMAINDER OF THE EXECUTIVE TEAM THE PERSONNEL COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS THE PERSONNEL COMMITTEE RETAINS MINUTES OF ITS MEETINGS THE COMPENSATION AND BENEFITS DEPARTMENT ENGAGES A THIRD PARTY INDEPENDENT CONSULTANT TO CONDUCT A COMPENSATION STUDY COVERING OFFICERS AND KEY EMPLOYEES THE INDEPENDENT THIRD PARTY COMPARES BASE SALARIES TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS THE INFORMATION IS REVIEWED BY THE COMPENSATION AND BENEFITS DEPARTMENT AND IS PRESENTED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS AND THE APPROPRIATE SENIOR VICE PRESIDENT FOR REVIEW AND APPROVAL THE COMPENSATION STUDY WAS LAST CONDUCTED IN NOVEMBER/DECEMBER 2012

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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	UNCOLLECTIBLE PLEDGES -10,460

Identifier	Return Reference	Explanation
	FORM 5471	FORM 5471 HAS BEEN FILED ON BEHALF OF GROSSMONT HOSPITAL FOUNDATION BY SHARP HEALTHCARE (FEIN 95-6077327)

Identifier	Return Reference	Explanation
COMMUNITY BENEFITS REPORT	FORM 990, PART III, LINE 4B	AN OVERVIEW OF SHARP HEALTHCARE SHARP HEALTHCARE (SHARP OR SHC) IS AN INTEGRATED, REGIONAL HEALTH CARE DELIVERY SYSTEM BASED IN SAN DIEGO, CALIF THE SHARP SYSTEM INCLUDES FOUR ACU TE CARE HOSPITALS, THREE SPECIALTY HOSPITALS, TWO AFFILIATED MEDICAL GROUPS, 20 MEDICAL CL INICS, FIVE URGENT CARE FACILITIES, THREE SKILLED NURSING FACILITIES, TWO INPATIENT REHABI LITATION CENTERS, HOME HEALTH, HOSPICE, AND HOME INFUSION PROGRAMS, NUMEROUS OUTPATIENT FA CILITIES AND PROGRAMS, AND A VARIETY OF OTHER COMMUNITY HEALTH EDUCATION PROGRAMS AND RELA TED 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, PRIMAR Y AND SPECIALTY CARE, REHABILITATION, AND URGENT CARE SHARP ALSO HAS A KNOX-KEENE-LICENSE D CARE SERVICE PLAN, SHARP HEALTH PLAN (SHP) SERVING A POPULATION OF APPROXIMATELY 3 MILL ION IN SAN DIEGO COUNTY (SDC), AS OF SEPTEMBER 30, 2013, SHARP IS LICENSED TO OPERATE 2,11 0 BEDS, AND HAS APPROXIMATELY 2,600 SHARP-AFFILIATED PHY SICIANS AND MORE THAN 16,000 EMPLO YEES FOUR ACUTE CARE HOSPITALS SHARP CHULA VISTA MEDICAL CENTER (343 BEDS) THE LARGEST P ROVIDER OF HEALTH CARE SERVICES IN SAN DIEGO'S RAPIDLY EXPANDING SOUTH BAY, SHARP CHULA VI STA 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 HOSP ITAL AND HEALTHCARE CENTER (181 BEDS) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC) PROVIDES SERVICES THAT INCLUDE SUB-ACUTE AND LONG-TERM CARE, REHABILITATION THERAPIES, J OINT REPLACEMENT SURGERY, AND HOSPICE AND EMERGENCY SERVICES SCHHC IS THE LARGEST PROVIDE R OF TOTAL JOINT SURGERIES IN ALL OF SDC SHARP GROSSMONT HOSPITAL (540 BEDS) SHARP GROSSM ONT HOSPITAL (SGH) IS THE LARGEST PROVIDER OF HEALTH CARE SERVICES IN SAN DIEGO'S EAST COU NTY, AND HAS ONE OF THE BUSIEST EDS IN SDC SHARP MEMORIAL HOSPITAL (675 BEDS) A REGIONAL TERTIARY CARE LEADER, SHARP MEMORIAL HOSPITAL (SMH) PROVIDES SPECIALIZED CARE IN TRAUMA, O NCOLOGY, ORTHOPEDICS, ORGAN TRANSPLANTATION, CARDIOLOGY AND REHABILITATION THREE SPECIALT Y CARE HOSPITALS SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (206 BEDS) A FREESTANDING WOMEN'S HOSPITAL SPECIALIZING IN OBSTETRICS, GYNECOLOGY, GYNECOLOGIC ONCOLOGY, AND NEONAT AL INTENSIVE CARE, SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (SMBHWN) DELIVERS MORE B ABIES THAN ANY OTHER PRIVATE HOSPITAL IN CALIFORNIA SHARP MESA VISTA HOSPITAL (149 BEDS) THE LARGEST PRIVATE FREESTANDING PSY CHIATRIC HOSPITAL IN CALIFORNIA, SHARP MESA VISTA HOSP ITAL (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 U NDER THE NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATION OF SMH, AND ARE REFERRED TO HEREIN AS T HE SHARP METROPOLITAN MEDICAL CAMPUS (SMMC) THE OPERATIONS OF SHARP REES-STEALY MEDICAL C ENTERS (SRS) ARE INCLUDED WITHIN THE NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATION OF SHARP, T HE PARENT ORGANIZATION THE OPERATIONS OF SGH ARE REPORTED UNDER THE NOT-FOR-PROFIT PUBLIC BENEFIT CORPORATION OF GROSSMONT HOSPITAL CORPORATION MISSION STATEMENT IT IS SHARP'S MI SSION 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 SY STEM IN THE UNIVE RSE. 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 B Y EMPLOYEES, PHY SICIANS, 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 KNO WN AS AN EXCELLENT COMMUNITY CITIZEN, EMBODY ING AN ORGANIZATION OF PEOPLE WORKING TOGETHER TO DO THE RIGHT THING EVERY DAY TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE IT SERVES VALUES * INTEGRITY TRUSTWORTHINESS, RESPECT, COMMITMENT TO ORGANIZATIONAL VALUES, AND DECI SION MAKING * CARING SERVICE ORIENTATION, COMMUNICATION, TEAMWORK AND COLLABORATION, SERVI NG AND DEVELOPING OTHERS, AND CELEBRATION * INNOVATION CREATIVITY, CONTINUOUS IMPROVEMENT, INITIATING BREAKTHROUGHS, AND SELF-DEVELOPMENT * EXCELLENCE QUALITY, SAFETY, OPERATIONAL AND SERVICE EXCELLENCE, FINANCIAL RESULTS, AND ACCOUNTABILITY CULTURE. THE SHARP EXPERIENC E FOR MORE THAN 13 Y EARS, SHARP HAS BEEN ON A JOURNEY TO TRANSFORM THE HEALTH CARE EXPERIE NCE FOR PATIENTS AND THEIR FAMILIES, PHY SICIANS AND STAFF THROUGH A SWEEPING ORGANIZATION -WIDE PERFORMANCE AND EXPERIENCE IMPROVEMENT INITIATIVE CALLED THE SHARP EXPERIENCE, THE E NTIRE SHARP TEAM HAS RECOMMITTED TO PURPOSE, WORTH

Identifier	Return Reference	Explanation
COMMUNITY BENEFITS REPORT	FORM 990, PART III, LINE 4B	WHILE WORK, AND CREATING THE KIND OF HEALTH CARE PEOPLE WANT AND DESERVE. THIS WORK HAS AD DED DISCIPLINE AND FOCUS TO EVERY PART OF THE ORGANIZATION, HELPING TO MAKE SHARP ONE OF T HE NATION'S TOP-RANKED HEALTH CARE SYSTEMS. SHARP IS SAN DIEGO'S HEALTH CARE LEADER BECAUS E IT REMAINS FOCUSED ON THE MOST IMPORTANT ELEMENT OF THE HEALTH CARE EQUATION: THE PEOPLE THROUGH THIS EXTRAORDINARY INITIATIVE, SHARP IS TRANSFORMING THE HEALTH CARE EXPERIENCE IN SAN DIEGO BY STRIVING TO BE: * THE BEST PLACE TO WORK. ATTRACTING AND RETAINING HIGHLY SKILLED AND PASSIONATE STAFF MEMBERS WHO ARE FOCUSED ON PROVIDING QUALITY HEALTH CARE AND BUILDING A CULTURE OF TEAMWORK, RECOGNITION, CELEBRATION, AND PROFESSIONAL AND PERSONAL GR OWTH. 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 EN VIRONMENT 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 HIGHES T-CALIBER MEDICAL STAFF AT SAN DIEGO'S HEALTH CARE LEADER * THE BEST PLACE TO RECEIVE CAR E. PROVIDING A NEW STANDARD OF SERVICE IN THE HEALTH CARE INDUSTRY, MUCH LIKE THAT OF A FI VE-STAR HOTEL, EMPLOYING SERVICE-ORIENTED INDIVIDUALS WHO SEE IT AS THEIR PRIVILEGE TO EXC EED THE EXPECTATIONS OF EVERY PATIENT TREATING THEM WITH THE UTMOST CARE, COMPASSION AND R ESPECT, AND CREATING HEALING ENVIRONMENTS THAT ARE PLEASANT, SOOTHING, SAFE, IMMACULATE, A ND 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 C ENTURY. 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 MEMBE RS, 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

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		* QUALITY - DEMONSTRATE AND IMPROVE CLINICAL EXCELLENCE AND PATIENT SAFETY TO SET COMMUNIT Y STANDARDS AND EXCEED PATIENT EXPECTATIONS * SERVICE - CREATE EXCEPTIONAL EXPERIENCES AT EVERY TOUCH POINT FOR CUSTOMERS, PHYSICIANS AND PARTNERS BY DEMONSTRATING SERVICE EXCELLEN CE * 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 - ACHI EVE FINANCIAL RESULTS TO ENSURE SHARP'S ABILITY TO PROVIDE QUALITY HEALTH CARE SERVICES, N EW TECHNOLOGY AND INVESTMENT IN THE ORGANIZATION * GROWTH - ACHIEVE CONSISTENT NET REVENUE GROWTH TO ENHANCE MARKET DOMINANCE, SUSTAIN INFRASTRUCTURE IMPROVEMENTS AND SUPPORT INNOV ATIVE DEVELOPMENT *COMMUNITY - BE AN EXEMPLARY COMMUNITY CITIZEN BY MAKING A DIFFERENCE IN OUR COMMUNITY AND SUPPORTING THE STEWARDSHIP OF OUR ENVIRONMENT AWARDS SHARP HAS RECEIVED THE FOLLOWING RECOGNITION SHARP IS A RECIPIENT OF THE 2007 MALCOLM BALDRIGE NATIONAL QUA LITY AWARD, THE NATION'S HIGHEST PRESIDENTIAL HONOR FOR QUALITY AND ORGANIZATIONAL PERFORM ANCE EXCELLENCE SHARP WAS THE FIRST HEALTH CARE SYSTEM IN CALIFORNIA AND EIGHTH IN THE NA TION TO RECEIVE THIS RECOGNITION SHARP WAS RECOGNIZED AS ONE OF THE 2013 WORLD'S MOST ETH ICAL (WME) COMPANIES BY THE ETHISPHERE INSTITUTE, THE LEADING BUSINESS ETHICS THINK-TANK THE LIST HIGHLIGHTS COMPANIES THAT OUTPERFORM INDUSTRY PEERS WHEN IT COMES TO ETHICAL BEHA VIOR THE 2013 WME COMPANIES ARE THOSE THAT TRULY EMBRACE ETHICAL BUSINESS PRACTICES AND D EMONSTRATE INDUSTRY LEADERSHIP, FORCING PEERS TO FOLLOW SUIT OR FALL BEHIND SHARP WAS THE ONLY SAN DIEGO COMPANY NAMED TO THE LIST SHARP WAS NAMED THE NO 1 "BEST INTEGRATED HEAL TH-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 HEALTH 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 MEDICA L GROUP" BY U-T SAN DIEGO READERS PARTICIPATING IN THE PAPER'S 2012 "BEST OF SAN DIEGO" RE ADERS POLL SMH AND SGH WERE RANKED SECOND AND THIRD "BEST HOSPITALS" WHILE SCVMC, SCHHC A ND SMBHWN WERE HONORED AS FINALISTS SGH AND SMH HAVE BOTH RECEIVED MAGNET DESIGNATION FOR NURSING EXCELLENCE BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) THE MAGNET RECOGNI TION PROGRAM IS THE HIGHEST LEVEL OF HONOR BESTOWED BY THE ANCC AND IS ACCEPTED NATIONALLY AS THE GOLD STANDARD IN NURSING EXCELLENCE SMH WAS RE-DESIGNATED IN MARCH 2013 SHARP WA S NAMED ONE OF THE NATION'S "MOST WIRED" HEALTH CARE SYSTEMS IN 2012 AND 2013, AS WELL AS 1999 2009, BY HOSPITALS & HEALTH NETWORKS MAGAZINE IN THE ANNUAL MOST WIRED SURVEY AND BEN CHMARK 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 HOSPI TAL IN AMERICA" BY SOLIANT HEALTH, ONE OF THE LARGEST MEDICAL STAFFING COMPANIES IN THE CO UNTRY WITH OVER 10,000 VOTES FROM VISITORS TO THE SOLIANT HEALTH WEBSITE, SMH WAS VOTED T O 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 HOSP ITAL IN THE STATE TO EARN THE HONOR SMH IS THE LARGEST AND MOST COMPLEX HOSPITAL IN THE W ORLD TO RECEIVE DESIGNATION SCHHC WAS ORIGINALLY DESIGNATED IN 2007 AND IS THE ONLY HOSPI TAL IN THE STATE TO BE RE-DESIGNATED TWICE, OCCURRING IN BOTH 2010 AND 2013 ADDITIONALLY, SCHHC WAS NAMED A PLANETREE HOSPITAL WITH DISTINCTION FOR ITS LEADERSHIP AND INNOVATION I N PATIENT-CENTERED CARE PLANETREE IS A COALITION OF MORE THAN 100 HOSPITALS WORLDWIDE THA T IS COMMITTED TO IMPROVING MEDICAL CARE FROM THE PATIENT'S PERSPECTIVE IN 2010, SHARP RE CEIVED THE MOREHEAD APEX WORKPLACE OF EXCELLENCE AWARD MOREHEAD AWARDS THE HEALTH CARE IN DUSTRY'S TOP ACHIEVER BY OBJECTIVELY IDENTIFY ING THE HIGHEST PERFORMER AND ACKNOWLEDGING T HEIR 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 SU RVEYS SHARP REACHED THE 98TH PERCENTILE IN 2010 AND THE 99TH PERCENTILE IN 2011 IN FY 20 13, SCHHC RECEIVED ENERGY STAR DESIGNATION FROM THE US ENVIRONMENTAL PROTECTION AGENCY (EP A) FOR OUTSTANDING ENERGY EFFICIENCY FOR THE FOURTH CONSECUTIVE YEAR BUILDINGS THAT ARE A WARDED THE DESIGNATION USE AN AVERAGE OF 40 PERCENT LESS ENERGY THAN OTHER BUILDINGS AND R ELEASE 35 PERCENT LESS CARBON DIOXIDE INTO THE ATMOSPHERE SCVMC ALSO RECEIVED THE DESIGNA TION IN 2013, AND HAD RECEIVED THE AWARD IN PREVIOUS YEARS (2009-2011) SHARP HEALTHCARE W AS NAMED THE CRYSTAL WINNER OF THE 2011 WORKPLACE EXCELLENCE AWARDS FROM THE SAN DIEGO SOC IETY FOR HUMAN RESOURCE MANAGEMENT THIS DESIGNATI

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		ON RECOGNIZES SHARP'S HUMAN RESOURCES DEPARTMENT AS AN INNOVATIVE AND VALUABLE ASSET TO OV ERALL COMPANY PERFORMANCE IN 2013, MULTIPLE SHC ENTITIES WERE RECOGNIZED BY THE PRESS GAN EY ORGANIZATION FOR ACHIEVEMENT OF THE GUARDIAN OF EXCELLENCE AWARDS IN EMPLOYEE ENGAGEME NT (RECIPIENTS WERE SCVMC, SCHHC, SMBHWN, SMV, SRS AND SHC), PATIENT SATISFACTION (SMH SH ARP SENIOR HEALTH CENTERS), AND PHYSICIAN ENGAGEMENT (SCHHC, SMV) THIS DESIGNATION RECOGN IZES AWARDEES FOR HAVING REACHED THE 95TH PERCENTILE FOR PATIENT SATISFACTION, EMPLOYEE EN GAGEMENT, PHYSICIAN ENGAGEMENT SURVEYS OR CLINICAL QUALITY PERFORMANCE BASED ON ONE YEAR O F DATA IN 2013, MULTIPLE SHC ENTITIES WERE RECOGNIZED BY THE PRESS GANEY ORGANIZATION FOR ACHIEVEMENT OF THE BEACON OF EXCELLENCE AWARDS IN EMPLOYEE ENGAGEMENT (SHC), PATIENT SAT ISFACTION (SMH), AND PHYSICIAN ENGAGEMENT (SCHHC AND SMV) THIS DESIGNATION RECOGNIZES AWA RDEES FOR MAINTAINING CONSISTENTLY HIGH LEVELS OF EXCELLENCE IN PATIENT SATISFACTION (BASE D ON A THREE-YEAR PERIOD), EMPLOYEE ENGAGEMENT, OR PHYSICIAN ENGAGEMENT (THE LATTER TWO BA SED ON THE TWO MOST RECENT SURVEY PERIODS)

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		PATIENT ACCESS TO CARE PROGRAMS UNINSURED PATIENTS WITH NO ABILITY TO PAY, AND INSURED PAT IENTS WITH INADEQUATE COVERAGE RECEIVE FINANCIAL ASSISTANCE FOR MEDICALLY NECESSARY SERVIC ES THROUGH SHARP'S FINANCIAL ASSISTANCE PROGRAM SHARP DOES NOT REFUSE ANY PATIENT REQUIRI NG EMERGENCY MEDICAL CARE SHARP PROVIDES SERVICES TO HELP EVERY UNFUNDED PATIENT RECEIVED IN THE ED FIND COVERAGE OPTIONS PATIENTS USE A QUICK, SIMPLE ONLINE QUESTIONNAIRE THROUG H POINTCARE 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 HA VE AN INFORMED DISCUSSION ABOUT COVERAGE OPTIONS WITH THE PATIENT, EMPOWERING THE PATIENT WITH OPTIONS BY SEPTEMBER 2013, SHARP HELPED GUIDE APPROXIMATELY 56,700 SELF-PAY PATIENTS THROUGH THE MAZE OF GOVERNMENT HEALTH COVERAGE PROGRAMS WHILE MAINTAINING THE PATIENT'S D IGNITY THROUGH THIS PROGRAM IN ADDITION, SHARP HAS THREE HOSPITALS THAT QUALIFY AS COVERE D ENTITIES FOR THE 340B DRUG PRICING PROGRAM ADMINISTERED BY THE HEALTH RESOURCES AND SERV ICES ADMINISTRATION (HRSA) PARTICIPATION IN THE 340B DRUG PRICING PROGRAM ALLOWS SMH, SCV MC AND SGH TO PURCHASE OUTPATIENT DRUGS AT REDUCED PRICES THE SAVINGS FROM THIS PROGRAM A RE UTILIZED TO OFFSET PATIENT CARE COSTS FOR THE MOST VULNERABLE PATIENT POPULATIONS AND A SSIST PATIENTS IN OBTAINING ACCESS TO MEDICATIONS THROUGH THE PATIENT ASSISTANCE TEAM 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 T HROUGH CASE MANAGEMENT, NURSING, PHY SICIANS OR EVEN OTHER PATIENTS IF ELIGIBLE, UNINSURED PATIENTS ARE OFFERED ASSISTANCE, WHICH CAN HELP DECREASE READMISSIONS RESULTING FROM LACK OF MEDICATION ACCESS THE TEAM MEMBERS RESEARCH ALL OPTIONS AVAILABLE, INCLUDING PROGRAMS OFFERED BY DRUG MANUFACTURERS, GRANT-BASED PROGRAMS OFFERED BY FOUNDATIONS, COPAY ASSISTA NCE, 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 PAT IENTS FACING HIGH MEDICAL BILLS THROUGH THIS COLLABORATION WITH SAN DIEGO-BASED CSI FINAN CIAL SERVICES, BOTH INSURED AND UNINSURED PATIENTS HAVE THE OPPORTUNITY TO SECURE SMALL BA NK LOANS IN ORDER TO PAY OFF THEIR MEDICAL BILLS IN LOW MONTHLY PAY MENTS AS LOW AS $25 PER MONTH AND THUS PREVENT UNPAID ACCOUNTS FROM GOING TO COLLECTIONS THROUGH THIS PROGRAM, S HARP 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 FO R HIGH-RISK PATIENTS, INCLUDING THE HOMELESS AND PATIENTS LACKING A SAFE HOME ENVIRONMENT PATIENTS RECEIVE ASSISTANCE WITH TRANSPORTATION AND PLACEMENT, CONNECTIONS TO COMMUNITY R ESOURCES, AND FINANCIAL SUPPORT FOR MEDICAL EQUIPMENT, MEDICATIONS, AND EVEN OUTPATIENT DI ALYSIS 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 REC UPERATIVE CARE UNIT, WHERE PATIENTS NOT ONLY RECEIVE FOLLOW-UP MEDICAL CARE THROUGH SHARP IN A SAFE ENVIRONMENT, BUT ALSO RECEIVE PSY CHIATRIC CARE, SUBSTANCE ABUSE COUNSELING AND G UIDANCE TO HELP GET THEM OFF THE STREET SHARP ALSO CONTINUED TO COLLABORATE WITH THE UNIT ED WAY'S PROJECT 25 PROGRAM TO PROVIDE FINANCIAL INFORMATION THAT WILL HELP THE PROGRAM GA UGE 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 T HE CITY AND COUNTY OF SAN DIEGO WITH A GOAL TO PROVIDE PERMANENT HOUSING (VIA THE SAN DIEG O 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 PUBL IC RESOURCES COMMUNITY HEALTH SCREENINGS SHARP'S COMMITMENT TO IMPROVING COMMUNITY HEALTH EXTENDS BEY OND THE WALLS OF ITS HEALTH CARE FACILITIES, AND BEGINNING IN FY 2013, SHARP P ROVIDED FREE HEALTH SCREENINGS DIRECTLY TO COMMUNITY MEMBERS AT SITES THROUGHOUT SAN DIEGO SCREENINGS WERE OPEN TO ADULTS OVER THE AGE OF 18, AND WERE COMPLETELY CONFIDENTIAL ONLY COMMUNITY MEMBERS RETAINED A COPY OF THEIR RESULTS THROUGHOUT THE YEAR, SHARP HEALTH CAR E PROFESSIONALS OFFERED HEALTH SCREENINGS FOR CHOLESTEROL, BLOOD SUGAR, BODY MASS INDEX (B MI), BLOOD PRESSURE AND TOBACCO USE APPROXIMATELY 50 SCREENING EVENTS WERE HELD AT NEARLY 20 SITES ACROSS THE COUNTY, AND THOUSANDS OF COMMUNITY MEMBERS RECEIVED SCREENING RESULTS AS WELL AS PERSONALIZED STRATEGIES TO IMPROVE THEIR OVERALL HEALTH AND WELL-BEING IN THE UPCOMING YEAR, SHARP WILL CONTINUE ITS COMMUNITY HEALTH SCREENINGS WITH THE GOAL OF SCREE NING 5,000 COMMUNITY MEMBERS THROUGHOUT SAN DIEGO HEALTH PROFESSIONS TRAINING INTERNSHIPS STUDENTS AND RECENT HEALTH CARE GRADUATES ARE A V

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		ALUABLE ASSET TO THE COMMUNITY, AND SHARP DEMONSTRATES A DEEP INVESTMENT IN THESE POTENTIA L AND NEWEST MEMBERS OF THE HEALTH CARE WORKFORCE THROUGH INTERNSHIPS, FINANCIAL AID AND C AREER PIPELINE PROGRAMS IN FY 2013, THERE WERE MORE THAN 4,000 STUDENT INTERNS WITHIN THE SHARP SYSTEM, PROVIDING NEARLY 550,000 HOURS IN DISCIPLINES THAT INCLUDED NURSING, ALLIED HEALTH AND PROFESSIONAL EDUCATIONAL PROGRAMS SHARP PROVIDES EDUCATION AND TRAINING PROGR AMS FOR STUDENTS ACROSS THE CONTINUUM OF NURSING (E G , CRITICAL CARE, MEDICAL/SURGICAL, B EHAVIORAL HEALTH, WOMEN'S SERVICES AND WOUND CARE) AND ALLIED HEALTH PROFESSIONS SUCH AS R EHABILITATION THERAPIES (SPEECH, PHY SICAL, OCCUPATIONAL AND RECREATIONAL THERAPY), PHARMAC Y, RESPIRATORY THERAPY, DIETETICS, LAB, RADIOLOGY, SOCIAL WORK, PSY CHOLOGY, BUSINESS, HEAL TH INFORMATION MANAGEMENT, AND PUBLIC HEALTH STUDENTS FROM LOCAL COMMUNITY COLLEGES SUCH AS GROSSMONT COLLEGE (GC), SAN DIEGO MESA COLLEGE (MC), AND SOUTHWESTERN COLLEGE (SWC), LO CAL 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 U NIVERSITY (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 2013 TABLE 1 SHARP HEALTHCARE INTERNSHIPS FY 2013 SHARP CHULA V ISTA MEDICAL CENTER NURSING STUDENTS - 837 NURSING GROUP HOURS - 56,252 NURSING PRECEPTED HOURS - 21,107 ANCILLARY STUDENTS 165 ANCILLARY HOURS - 39,053 TOTAL STUDENTS - 1,002 TOTA L HOURS - 116,412 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER NURSING STUDENTS - 496 NUR SING GROUP HOURS 76,219 NURSING PRECEPTED HOURS 2,636 ANCILLARY STUDENTS 110 ANCILLARY HOU RS 21,121 TOTAL STUDENTS - 606 TOTAL HOURS 99,976

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		SHARP GROSSMONT HOSPITAL NURSING STUDENTS - 565 NURSING GROUP HOURS 38,754 NURSING PRECEPT ED HOURS 13,570 ANCILLARY STUDENTS 210 ANCILLARY HOURS 48,273 TOTAL STUDENTS - 775 TOTAL H OURS 100,597 SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS NURSING STUDENTS - 195 NURSING GROUP HOURS 14,420 NURSING PRECEPTED HOURS 4,456 ANCILLARY STUDENTS 23 ANCILLARY HOURS 4, 864 TOTAL STUDENTS - 218 TOTAL HOURS 23,740 SHARP MEMORIAL HOSPITAL NURSING STUDENTS 393 N URSING GROUP HOURS 28,370 NURSING PRECEPTED HOURS 16,462 ANCILLARY STUDENTS 305 ANCILLARY HOURS 56,276 TOTAL STUDENTS - 698 TOTAL HOURS 101,108 SHARP MESA VISTA HOSPITAL NURSING ST UDENTS 307 NURSING GROUP HOURS 23,628 NURSING PRECEPTED HOURS 3,272 ANCILLARY STUDENTS 26 ANCILLARY HOURS 10,708 TOTAL STUDENTS - 333 TOTAL HOURS 37,608 SHARP HOSPICE CARE NURSING STUDENTS 87 NURSING GROUP HOURS 0 NURSING PRECEPTED HOURS 696 ANCILLARY STUDENTS 2 ANCILLA RY HOURS 650 TOTAL STUDENTS - 89 TOTAL HOURS 1,346 SHARP HEALTHCARE NURSING STUDENTS 230 N URSING GROUP HOURS 0 NURSING PRECEPTED HOURS 35,665 ANCILLARY STUDENTS 132 ANCILLARY HOURS 32,138 TOTAL STUDENTS - 362 TOTAL HOURS 67,803 TOTAL NURSING STUDENTS 3,110 NURSING GROUP HOURS 237,643 NURSING PRECEPTED HOURS 97,864 ANCILLARY STUDENTS 973 ANCILLARY HOURS 213,0 83 TOTAL STUDENTS 4,083 TOTAL HOURS 548,590 HEALTH SCIENCES HIGH AND MIDDLE COLLEGE SHARP HAS TEAMED UP AS AN INDUSTRY PARTNER WITH CHARTER SCHOOL HEALTH SCIENCES HIGH AND MIDDLE C OLLEGE (HSHMC) TO PROVIDE STUDENTS BROAD EXPOSURE TO CAREERS AVAILABLE IN HEALTH CARE. DUR ING FY 2013, MORE THAN 330 HSHMC STUDENTS SPENT THOUSANDS OF HOURS ON VARIOUS SHARP CAMPUS ES. THE COLLABORATION BETWEEN SHARP AND HSHMC PREPARES HIGH SCHOOL STUDENTS TO ENTER HEALT H SCIENCE AND MEDICAL TECHNOLOGY CAREERS IN THE FOLLOWING FIVE CAREER PATHWAYS: BIOTECHNOL OGY RESEARCH AND DEVELOPMENT, DIAGNOSTIC SERVICES, HEALTH INFORMATICS, SUPPORT SERVICES AN D THERAPEUTIC SERVICES. THROUGHOUT THE SCHOOL YEAR, SUPERVISED HSHMC STUDENTS ROTATED THRO UGH INSTRUCTIONAL PODS IN VARIOUS DEPARTMENTS SUCH AS NURSING, OB/GYN, OCCUPATIONAL AND PH YSICAL THERAPY, BEHAVIORAL HEALTH, SURGICAL INTENSIVE CARE UNIT (SICU), MEDICAL INTENSIVE CARE UNIT (MICU), IMAGING, REHABILITATION, LABORATORY, PHARMACY, ENGINEERING, PULMONARY, C ARDIAC SERVICES, AND OPERATIONS. THE STUDENTS NOT ONLY HAD THE OPPORTUNITY TO OBSERVE PATI ENT CARE, BUT ALSO RECEIVED GUIDANCE FROM SHARP STAFF ON CAREER LADDER DEVELOPMENT AND JOB /EDUCATION REQUIREMENTS. HSHMC STUDENTS EARN HIGH SCHOOL DIPLOMAS, COMPLETE COLLEGE ENTRAN CE REQUIREMENTS AND HAVE OPPORTUNITIES TO EARN COMMUNITY COLLEGE CREDITS, DEGREES OR VOCAT IONAL CERTIFICATES. WITH THE HSHMC PROGRAM, SHARP LINKS STUDENTS WITH HEALTH CARE PROFESSI ONALS THROUGH JOB SHADOWING TO EXPLORE REAL WORLD APPLICATIONS OF THEIR SCHOOL-BASED KNOWL EDGE AND SKILLS. THE PROGRAM BEGAN IN 2007 WITH HSHMC STUDENTS ON THE CAMPUSES OF SGH AND SMH, AND EXPANDED TO INCLUDE SMV AND SMBHWN IN 2009, SCHHC IN 2010, AND SCVMC IN 2011. HSH MC STUDENTS ALSO DEVOTE TIME TO VARIOUS SRS SITES IN SAN DIEGO. LECTURES AND CONTINUING ED UCATION SHARP CONTRIBUTES TO THE ACADEMIC ENVIRONMENT OF MANY COLLEGES AND UNIVERSITIES IN SAN DIEGO IN FY 2013, SHARP STAFF COMMITTED HUNDREDS OF HOURS TO THE ACADEMIC COMMUNITY BY PROVIDING LECTURES, COURSES AND PRESENTATIONS ON NUMEROUS COLLEGE/UNIVERSITY CAMPUSES T HROUGHOUT SAN DIEGO. THROUGH THE DELIVERY OF A VARIETY OF GUEST LECTURES, INCLUDING PHARMA CY PRACTICE LECTURES, HEALTH INFORMATION TECHNOLOGY LECTURES AT MC, CLINICAL NURSE SPECIAL IST EDUCATION AT PLNU, AND A VARIETY OF HEALTH ADMINISTRATION LECTURES TO PUBLIC HEALTH GR ADUATE STUDENTS AT SDSU, SHARP STAFF REMAIN ACTIVE AND ENGAGED WITH SAN DIEGO'S ACADEMIC H EALTH CARE COMMUNITY. SHARP'S CONTINUING MEDICAL EDUCATION (CME) DEPARTMENT ASSESSES, DESI GNS, IMPLEMENTS AND EVALUATES EDUCATIONAL INITIATIVES FOR SHARP'S AFFILIATED PHYSICIANS, P HARMACISTS AND OTHER HEALTH CARE PROFESSIONALS TO BETTER SERVE THE HEALTH CARE NEEDS OF TH E SAN DIEGO COMMUNITY. IN FY 2013, THE PROFESSIONALS AT SHARP HEALTHCARE CME INVESTED MORE THAN 2,200 HOURS IN NUMEROUS CME ACTIVITIES OPEN TO SAN DIEGO HEALTH CARE PROVIDERS, RANG ING FROM CONFERENCES ON PATIENT SAFETY, READMISSIONS, BREAST CANCER, ORTHOPEDICS, KIDNEY T RANSPLANT AND DIABETES, TO PRESENTATIONS ON THE HOSPITALIST'S EXPERIENCE AND HOSPITAL OVER CROWDING. RESEARCH INNOVATION IS CRITICAL TO THE FUTURE OF HEALTH CARE, AND SHARP HEALTHCA RE SUPPORTS THIS INNOVATION THROUGH ITS COMMITMENT TO QUALITY. RESEARCH INITIATIVES THAT AR E SAFE AND EFFECTIVE, PROVIDE VALUABLE KNOWLEDGE TO THE SAN DIEGO HEALTH CARE COMMUNITY, A ND POSITIVELY IMPACT PATIENTS AND COMMUNITY MEMBERS. SHARP HEALTHCARE INSTITUTIONAL REVIEW BOARD SHARP HEALTHCARE'S INSTITUTIONAL REVIEW BOARD (IRB) SEEKS TO PROMOTE A CULTURE OF S AFETY AND RESPECT FOR INDIVIDUALS WHO CHOOSE TO PARTICIPATE IN RESEARCH FOR THE GREATER GO OD OF THE COMMUNITY. ALL PROPOSED SHARP ENTITY RESEARCH STUDIES WITH HUMAN PARTICIPANTS AR E REQUIRED TO BE REVIEWED BY THE SHARP HEALTHCARE

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		IRB THE PURPOSE OF THIS REVIEW IS TO PROTECT PARTICIPANT SAFETY AND MAINTAIN RESPONSIBLE RESEARCH CONDUCT IN FY 2013, A DEDICATED IRB COMMITTEE OF 12 INDIVIDUALS INCLUDING PHYSIC IANS, PSYCHOLOGISTS, RESEARCH NURSES AND PHARMACISTS DEVOTED HUNDREDS OF HOURS TO THE REVI EW AND ANALYSIS OF BOTH ONGOING AND NEW RESEARCH STUDIES THE SHARP HEALTHCARE IRB ALSO PR OVIDES EDUCATION AND GUIDANCE FOR RESEARCHERS ACROSS SHARP AS WELL AS IN THE COMMUNITY NU RSES, PHARMACY RESIDENTS AND OTHER MEMBERS OF THE HEALTH CARE COMMUNITY RECEIVE EDUCATION ON VARIOUS STUDY-SPECIFIC REQUIREMENTS REGARDING THE PROTECTION OF HUMAN SUBJECTS AND HIPA A COMPLIANCE ADDITIONALLY, SHARP HEALTHCARE'S RESEARCH DEPARTMENT WORKS WITH THE IRB TO P ROVIDE QUARTERLY RESEARCH MEETINGS (QRM) THAT ARE OPEN TO PHYSICIANS, PSYCHOLOGISTS, RESEA RCH NURSES AND STUDY COORDINATORS THROUGHOUT SAN DIEGO RECENT PRESENTATIONS HAVE COVERED TOPICS SUCH AS THE ADMINISTRATION OF CLINICAL TRIALS, THE USE OF STATISTICAL ANALYSIS IN A SSESSING TEST BIAS, THE IMPORTANCE OF OUTCOMES-BASED RESEARCH AND THE DEVELOPMENT OF EFFEC TIVE RESEARCH QUESTIONS 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 W ITH BOTH INPATIENT AND AMBULATORY LOCATIONS AND A DIVERSE PATIENT POPULATION, SHARP IS WEL L-POSITIONED TO STUDY CARE PROCESSES AND OUTCOMES IN A REAL WORLD SETTING, REFLECTING AN A UTHENTIC 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 MECHANISM S FOR RESEARCH PROJECTS, AND FACILITATING IRB APPLICATION SUBMISSIONS

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		AMONG ITS CURRENT AND FUTURE GOALS, THE ORI AIMS TO ENSURE PATIENT CARE PRODUCES OUTCOMES CONSISTENT WITH EVIDENCE-BASED MEDICAL LITERATURE, TO ANALYZE THE RELATIONSHIPS BETWEEN PR OCESSES AND OUTCOMES FOR TREATMENTS, INTERVENTIONS AND QUALITY IMPROVEMENT INITIATIVES, TO ESTABLISH ASSOCIATIONS BETWEEN PRACTICE, COSTS AND OUTCOMES FOR PATIENT CARE, AND TO DEVE LOP AND DISSEMINATE EFFECTIVE APPROACHES TO QUALITY CARE DELIVERY IN THE HEALTH CARE COMMU NITY THE ORI HAS COMPLETED A NUMBER OF PILOT STUDIES TO COLLECT DATA ON OPTIMAL SAMPLE SI ZES AND VARIABLES FOR EXPANDED RESEARCH MEASURING LONG-TERM INFLUENCE OF QUALITY INTERVENT IONS 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 12 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 LA RGE, 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 RESEAR CH DESIGNS TO THE BROADER HEALTH CARE COMMUNITY AND AT REGIONAL AND NATIONAL CONFERENCES ADDITIONALLY, THE ORI COLLABORATES WITH SDC EDUCATION AND RESEARCH COMMUNITIES TO DEVELOP AND STRENGTHEN THOSE CONNECTIONS THE ORI STUDENT RESEARCH INTERN PROGRAM OFFERS ADVANCED NURSING AND PUBLIC HEALTH STUDENTS AN OPPORTUNITY TO LEARN ABOUT AND BECOME INVOLVED IN OU TCOMES RESEARCH SINCE ITS INCEPTION IN 2011, THE PROGRAM HAS ENROLLED 11 STUDENTS (APPROX IMATELY TWO PER SEMESTER) THE INTERNS LEARN ABOUT OUTCOMES RESEARCH, AND PRODUCE PRESENTA TIONS THAT DOCUMENT THEIR RESEARCH STUDY EXPERIENCE FURTHERMORE, THE ORI HAS REACHED OUT TO THE ACADEMIC COMMUNITY TO FOSTER PARTNERSHIP FOR OUTCOMES RESEARCH AS A RESULT, THE OR I CURRENTLY IS IN DISCUSSION WITH RESEARCHERS AT NATIONAL UNIVERSITY (NU), SDSU'S CANCER C ENTER COMPREHENSIVE PARTNERSHIP, AND THE HEALTH RESEARCH AND EDUCATIONAL TRUST TO DEVELOP COMMON THEMES AS THE BASIS FOR FUTURE RESEARCH COLLABORATIONS EVIDENCE-BASED PRACTICE INS TITUTE SHARP PARTICIPATES IN THE EVIDENCE-BASED PRACTICE INSTITUTE (EBPI), WHICH PREPARES TEAMS OF STAFF FELLOWS (INTERPROFESSIONAL STAFF) AND MENTORS TO CHANGE AND IMPROVE CLINICA L PRACTICE AND PATIENT CARE THIS CHANGE OCCURS THROUGH IDENTIFY ING A CARE PROBLEM, DEVELO PING 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 SCVMC, SGH, SMB HWN, SMH, SCRIPPS HEALTH, RADY CHILDREN'S HOSPITAL SAN DIEGO, UC SAN DIEGO HEALTH SYSTEM, SAN DIEGO VA MEDICAL CENTER AND ELIZABETH HOSPICE, AS WELL AS PLNU, SDSU, AZUSA PACIFIC UN IVERSITY (APU), AND USD IN FY 2013, THE EBPI CONSISTED OF A NINE-MONTH PROGRAM CULMINATIN G WITH A COMMUNITY CONFERENCE AND GRADUATION CEREMONY IN NOVEMBER THE PROJECT RESULTS OF ALL EBPI FELLOWS ARE SHARED AT THE CEREMONY EBPI FELLOWS PARTNER WITH THEIR MENTORS AND P ARTICIPATE IN A VARIETY OF LEARNING STRATEGIES MENTORS FACILITATE THE PROCESS OF CONDUCTI NG AN EVIDENCE-BASED PRACTICE CHANGE AND NAVIGATING THE HOSPITAL SYSTEM TO SUPPORT THE FEL LOW THROUGH THE PROCESS OF EVIDENCE-BASED PRACTICE MENTORS ALSO ASSIST THE FELLOW IN WORK ING COLLABORATIVELY WITH OTHER KEY HOSPITAL LEADERSHIP PERSONNEL THE SAN DIEGO EBPI INCLU DES SIX FULL-DAY CLASS SESSIONS THAT INCORPORATE GROUP ACTIVITIES, AS WELL AS SELF-DIRECTE D LEARNING PROGRAMS OUTSIDE OF THE CLASSROOM, IN ADDITION TO THE STRUCTURED MENTORSHIP PRO VIDED THROUGHOUT THE PROGRAM IN FY 2013, 42 FELLOWS GRADUATED FROM THE EBPI PROGRAM, AND COMPLETED PROJECTS THAT ADDRESSED COMPELLING ISSUES IN THE HEALTH CARE COMMUNITY, SUCH AS REDUCING ED RECIDIVISM IN THE HOMELESS AND UNDERINSURED POPULATION, PAIN REDUCTION IN THE POST-SURGICAL OPEN HEART CARDIAC PATIENTS, NOISE REDUCTION IN THE INTENSIVE CARE UNIT (IC U) SETTING, AND EARLY MOBILIZATION OF MECHANICALLY VENTILATED PATIENTS IN THE ICU SETTING 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 2013, SHARP CONTINUED ITS SYSTEMWIDE COMMUNITY SERVICE PROGRAM, SHARP LENDS A HAND (SLAH), TO FU RTHER SUPPORT THE SAN DIEGO COMMUNITIES IT SERVES IN OCTOBER, SHARP TEAM MEMBERS SUGGESTE D PROJECT IDEAS THAT FOCUSED ON IMPROVING THE HEALTH AND WELL-BEING OF SAN DIEGO IN A BRO AD, POSITIVE WAY, RELIED ON SHARP FOR VOLUNTEER LABOR, SUPPORTED NONPROFIT INITIATIVES, CO MMUNITY ACTIVITIES OR OTHER PROGRAMS THAT SERVE THE RESIDENTS OF SDC, AND COULD BE COMPLET ED BY SEPTEMBER 30, 2013 ELEVEN PROJECTS WERE SELECTED STAND DOWN FOR HOMELESS VETERANS, SAN DIEGO FOOD BANK, SERRA MESA FOOD PANTRY, FEED

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		ING AMERICA SAN DIEGO, LIFE ROLLS ON THEY WILL SURF AGAIN, JUST IN TIME FOR FOSTER YOUTH, HELEN WOODWARD ANIMAL CENTER PUPPY LOVE 5K RUN/WALK, USS MIDWAY FOREIGN OBJECT DAMAGE WAL K-DOWN, SAN DIEGO RIVER PARK FOUNDATION HABITAT RESTORATION, SAN DIEGO RIVER PARK FOUNDATI ON RIVER MOUTH RESTORATION, AND WASTE COLLECTION IN SUPPORT OF THESE PROJECTS, MORE THAN 1,400 SHARP EMPLOYEES, FAMILY MEMBERS AND FRIENDS VOLUNTEERED OVER 4,600 HOURS DURING EIG HT DAYS IN JUNE AND JULY, MORE THAN 375 SHARP EMPLOYEES, FAMILY MEMBERS AND FRIENDS VOLUNT EERED AT VETERANS VILLAGE OF SAN DIEGO AND SAN DIEGO HIGH SCHOOL THE VOLUNTEERS SORTED AN D ORGANIZED CLOTHING DONATIONS AND PROVIDED ON-SITE SUPPORT, MEDICAL SERVICES AND COMPANIO NSHIP TO HUNDREDS OF HOMELESS VETERANS AT STAND DOWN FOR HOMELESS VETERANS, AN ANNUAL EVEN T SPONSORED BY VETERANS VILLAGE OF SAN DIEGO THE SAN DIEGO FOOD BANK FEEDS PEOPLE IN NEED THROUGHOUT SDC, AND ADVOCATES AND EDUCATES THE PUBLIC ABOUT HUNGER-RELATED ISSUES DURING TEN DAYS IN MARCH, APRIL, MAY, JUNE AND AUGUST, MORE THAN 560 SLAH VOLUNTEERS INSPECTED A ND SORTED DONATED FOOD, ASSEMBLED BOXES, AND CLEANED THE SAN DIEGO FOOD BANK WAREHOUSE TH E SERRA MESA FOOD PANTRY WAS CREATED TO PROVIDE FOOD TO INDIVIDUALS AND FAMILIES WHO LIVE IN THE SERRA MESA AREA AND WHO ARE EXPERIENCING TEMPORARY STRUGGLES IN OBTAINING BASIC NEC ESSITIES DURING ILLNESS, UNEMPLOYMENT, OR OTHER CRISIS IN APRIL AND MAY, 20 SLAH VOLUNTEE RS PARTICIPATED IN THE SERRA MESA FOOD PANTRY TO HELP LESSEN THE IMPACT OF HUNGER IN OUR C OMMUNITY FEEDING AMERICA SAN DIEGO IS SDC'S LARGEST DISTRIBUTOR OF FOOD AND THE ONLY FEED ING AMERICA AFFILIATE IN THE COUNTY IN PARTNERSHIP WITH MORE THAN 160 LOCAL SCHOOL DISTRI CTS, AGENCIES AND A NETWORK OF VOLUNTEERS, THE ORGANIZATION SERVES 73,000 CHILDREN, FAMILI ES AND SENIORS IN NEED EACH WEEK IN JUNE, MORE THAN 120 SLAH VOLUNTEERS JOINED FEEDING AM ERICA IN AN EFFORT TO CREATE A HUNGER-FREE AND HEALTHY SAN DIEGO

Identifier	Return Reference	Explanation
		MORE THAN 75 SLAH VOLUNTEERS PROVIDED ASSISTANCE TO LIFE ROLLS ON THEY WILL SURF AGAIN IN SEPTEMBER THE LIFE ROLLS ON FOUNDATION IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR YOUNG PEOPLE AFFECTED BY SPINAL CORD INJURY (SCI) THROUGH ACTION SPORTS THE AWARD-WINNING SERIES OF BI-COASTAL EVENTS EMPOWERS PARAPLEGICS AND QUADRIPLEGICS TO EXPERIENCE MOBILITY THROUGH SURFING, WITH SUPPORT FROM ADAPTIVE EQUIPMENT AND VOLUNTEERS IN JUNE, NEARLY 20 SLAH VOLUNTEERS JOINED JUST IN TIME FOR FOSTER YOUTH, AN ORGANIZATION DEDICATED TO HELPING FOSTER YOUTH ACHIEVE SELF-SUFFICIENCY AND WELL-BEING AS THEY TRANSITION INTO ADULTHOOD E ACH YEAR, JUST IN TIME VOLUNTEERS COME TOGETHER TO GIVE DOZENS OF TRANSITIONING FOSTER YOU TH THE RESOURCES AND ENCOURAGEMENT THEY NEED TO BEGIN A NEW LIFE CHAPTER AS COLLEGE STUDEN TS PARTICIPATING YOUTH CONNECT WITH POTENTIAL LIFELONG MENTORS AND SUCCESSFUL JUST IN TIM E ALUMNI, RECEIVE LAPTOPS AND PRINTERS, LEARN VALUABLE TIPS ON MONEY MANAGEMENT, LEGAL MAT TERS AND PRACTICAL PURCHASES, AND PAIR UP WITH A VOLUNTEER SHOPPER TO BUY ESSENTIAL DORM F URNISHINGS AND SCHOOL SUPPLIES DURING TWO DAYS IN FEBRUARY, NEARLY 30 SLAH VOLUNTEERS PRO VIDED 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 WOR KING AS ROUTE/ROAD MARSHALS THE HELEN WOODWARD ANIMAL CENTER IS A SAN DIEGO-BASED NONPROF IT 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 APRIL, APPROXIMATELY 20 SLAH VOLUNTEERS HELPED KEEP THE USS MIDWAY DECKS CLEAN DURING THE USS MI DWAY FOREIGN OBJECT DAMAGE WALK-DOWN, A ROUTINE ACTIVITY ON AN ACTIVE AIRCRAFT CARRIER TO PREVENT DEBRIS FROM GETTING SUCKED INTO AND DAMAGING THE AIRCRAFT ENGINES FOUNDED IN 2001 , THE SAN DIEGO RIVER PARK FOUNDATION IS A COMMUNITY-BASED GRASSROOTS NONPROFIT ORGANIZATI ON THAT WORKS TO PROTECT THE GREENBELT FROM THE MOUNTAINS TO THE OCEAN ALONG THE 52-MILE S AN DIEGO RIVER THE FOUNDATION WORKS WITH COMMUNITY GROUPS AND OTHER ORGANIZATIONS DEDICAT ED TO THE SAN DIEGO RIVER, THE RIVER PARK, AND ITS WILDLIFE, RECREATION, WATER, CULTURAL A ND COMMUNITY VALUES IN JANUARY AND MAY, NEARLY 80 SLAH VOLUNTEERS JOINED THE SAN DIEGO RI VER PARK FOUNDATION'S HABITAT AND RIVER MOUTH RESTORATION EFFORTS IN SUPPORT OF WASTE RED UCTION FOR A HEALTHIER ENVIRONMENT, 16 SLAH VOLUNTEERS PARTICIPATED IN SHARP HEALTHCARE'S WASTE COLLECTION EVENT FOR THE COMMUNITY DURING EARTH WEEK IN APRIL AT THE EVENT, COMMUNI TY MEMBERS AND EMPLOYEES RECYCLED APPROXIMATELY 150 POUNDS OF PHARMACEUTICAL WASTE, 3,250 POUNDS OF ELECTRONIC WASTE AND 1,200 POUNDS OF SHREDDED PAPER DOCUMENTS VOLUNTEERS ASSIST ED ATTENDING COLLECTION AGENCIES WITH SET-UP, CLEAN-UP, TRAFFIC CONTROL, AND GUIDING EVENT VISITORS SHARP HUMANITARIAN SERVICE PROGRAM IN FY 2013, THE SHARP HUMANITARIAN SERVICE P ROGRAM FUNDED 50 SHARP EMPLOYEES, ENABLING THEM TO PARTICIPATE IN SERVICE PROGRAMS THAT PR OVIDE HEALTH CARE OR OTHER SUPPORTIVE SERVICES TO UNDERSERVED OR ADVERSELY AFFECTED POPULA TIONS, INCLUDING RESIDENTS OF HAITI, RURAL GUATEMALA AND OTHER IMPOVERISHED AREAS SHARP E MPLOYEES DEVOTED THEIR TIME AND EXPERTISE TO A VARIETY OF HUMANITARIAN ORGANIZATIONS, INCL UDING CAMP BEYOND THE SCARS, AN EFFORT OF THE SAN DIEGO BURN INSTITUTE THAT HAS BEEN OFFER ED SINCE 1994, AND THAT PROVIDES ONE WEEK OF FREE SUMMER CAMP IN JULY FOR APPROXIMATELY 50 CHILDREN BETWEEN THE AGES OF 5 AND 17 WITH BURN INJURIES ANOTHER SHARP TEAM MEMBER TRAVE LED TO IMPOVERISHED COMMUNITIES IN INDIA TO ASSESS THE NEEDS OF THE TIBETANS, WHICH INCLUD ED AN INTERVIEW WITH THE HEALTH KALON FOR THE TIBETAN PEOPLE LIVING IN EXILE IN NORTH INDI A AND NEPAL THE TRIP ALSO INCLUDED TIME VOLUNTEERING TO PROVIDE MATH AND ENGLISH LESSONS AT A LOCAL SCHOOL CALLED "SHRESTRA," WHICH TRANSLATES TO THE IDEA THAT EVERY CHILD IS A CO NTAINER OF POSSIBILITIES IN ADDITION TO PROVIDING ACADEMIC LESSONS, THE SCHOOL SERVES AS A SAFE HAVEN FOR THESE CHILDREN, PROVIDING SOME NUTRITION, CARE, AND A REFUGE FROM THEIR I MPOVERISHED LIVING CONDITIONS THE EXPERIENCE WAS NOT ONLY BENEFICIAL FOR THE CHILDREN, BU T ALSO INSPIRING AND LIFE-CHANGING FOR THE VOLUNTEERS SHARP STAFF ALSO PARTICIPATED IN MU LTIPLE WEEK-LONG MEDICAL/SURGICAL MISSION TRIPS TO THE NORTHWEST MOUNTAINS OF GUATEMALA IN FY 2013 THIS INCLUDED TEAMS OF 60 TO 100 INDIVIDUALS CONSISTING OF SHARP-AFFILIATED PHYS ICIANS, SURGEONS, ANESTHESIOLOGISTS, NURSES, TECHNICAL STAFF, THERAPISTS, STUDENTS, CHAPLA INS, AND MANY OTHERS TEAMS PARTICIPATED IN THIS EFFORT IN PARTNERSHIP WITH THE IOAMAI MED ICAL MINISTRIES AND HELPS INTERNATIONAL OVER THE COURSE OF EACH TRIP ABOUT TEN DAYS THE T EAMS PROVIDED SURGERIES UNDER DIFFERENT SPECIALTIES, SUCH AS GENERAL SURGERY, OB/GYN, PLAS TICS, ENT, CLEFT PALATE REPAIR, AND UROLOGY BASIC CLINIC AND DENTISTRY SERVICES WERE ALSO AVAILABLE IN ADDITION, A TEAM BUILT STOVES IN RU

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		RAL HOUSES TO KEEP FIRES OFF THE FLOOR AND REDUCE BURNS AND SMOKE INHALATION EXPOSURE, AND OTHER TEAMS PROVIDED A WATER PURIFICATION UNIT IN THE FIVE DAYS PROVIDED AS A FUNCTIONIN G TEMPORARY HOSPITAL, TEAMS PERFORMED AN AVERAGE OF 100 TO 150 SURGERIES AND SAW 1,000 TO 2,000 PATIENTS IN CLINIC THE TEAMS SERVED RURAL AND URBAN POPULATIONS SURROUNDING THE SIT ES AT NO COST, AND IN SOME CASES, MEMBERS OF THE IMPOVERISHED MOUNTAIN COMMUNITY TRAVELED MANY HOURS TO RECEIVE CARE AT THE HOSPITAL SHARP ALSO DONATED NUMEROUS SUPPLIES AND EQUIP MENT TO THIS LIFE-CHANGING EXPERIENCE FOR BOTH PATIENTS AND PARTICIPANTS COMMUNITY WALKS FOR THE PAST 18 YEARS, SHARP HAS PROUDLY SUPPORTED THE AMERICAN HEART ASSOCIATION (AHA) AN NUAL SAN DIEGO HEART & STROKE WALK IN SEPTEMBER 2013, MORE THAN 1,000 WALKERS REPRESENTED SHARP AT THE 2013 SAN DIEGO HEART & STROKE WALK HELD AT PETCO PARK IN THE DOWNTOWN AREA SHARP WAS THE NO 1 TEAM IN SAN DIEGO AND THE AHA WESTERN REGION AFFILIATES, RAISING NEARL Y $205,000 SHARP VOLUNTEERS SHARP VOLUNTEERS ARE A CRITICAL COMPONENT OF SHARP'S DEDICATI ON TO THE SAN DIEGO COMMUNITY SHARP PROVIDES A MULTITUDE OF VOLUNTEER OPPORTUNITIES THROU GHOUT SDC FOR INDIVIDUALS TO SERVE THE COMMUNITY, MEET NEW PEOPLE AND ASSIST PROGRAMS RANG ING FROM PEDIATRICS TO SENIOR RESOURCE CENTERS VOLUNTEERS DEVOTE THEIR TIME AND COMPASSIO N TO PATIENTS AS WELL AS TO THE GENERAL PUBLIC, AND ARE AN ESSENTIAL ELEMENT TO MANY OF SH ARP'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 AS VOLUNTEE RS FOR THE SHARP ORGANIZATION

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		IN FY 2013, SHARP HOSPICECARE PROVIDED EXTENSIVE TRAINING FOR NEARLY 50 NEW VOLUNTEERS IN FY 2013 VOLUNTEERS UNDERWENT A RIGOROUS 32-HOUR TRAINING PROGRAM TO CONFIRM THEIR UNDERST ANDING OF AND COMMITMENT TO HOSPICE CARE PRIOR TO SERVING AS PART OF THE HOSPICE INTERDISC IPLINARY TEAM ONCE TRAINED, VOLUNTEERS DEVOTED THEIR TIME TO BOTH PATIENT CARE AND CLERIC AL AND ADMINISTRATIVE SUPPORT IN ADDITION, SHARP HOSPICECARE OFFERED ITS TEEN VOLUNTEER P ROGRAM, TRAINING FIVE TEENAGERS IN FY 2013 THROUGH THE PROGRAM, TEENS ARE ASSIGNED SPECIA L PROJECTS IN THE OFFICE OR PATIENT ASSIGNMENTS AT SHARP HOSPICECARE'S LAKEVIEW AND PARKVI EW HOMES, INCLUDING SIMPLE ACTS OF KINDNESS SUCH AS SITTING WITH PATIENTS, LISTENING TO TH EIR STORIES, PROVIDING GROOMING AND HY GIENE TASKS, AND BEING A COMFORTING PRESENCE BY JUST HOLDING THEIR HAND SHARP HOSPICECARE ALSO HOSTED A STUDENT VOLUNTEER FROM SAN DIEGO METR OPOLITAN REGIONAL & TECHNICAL HIGH SCHOOL DURING FY 2013 THE STUDENT SPENT TIME IN BOTH S HARP HOSPICECARE'S ADMINISTRATIVE OFFICE AND A SHARP HOSPICECARE HOME, AND EXPERIENCED HOS PICE CARE THROUGH CASE CONFERENCES, INTERDISCIPLINARY TEAM (IDT) MEETINGS AND A VARIETY OF OTHER TASKS SHARP HOSPICECARE ALSO COORDINATES A VOLUNTEER-RUN WIG DONATION PROGRAM FOR COMMUNITY MEMBERS WHO SUFFER FROM HAIR LOSS IN FY 2013, SHARP HOSPICECARE AND ITS VOLUNTE ERS MET WITH 29 INDIVIDUALS AND PROVIDED APPROXIMATELY 58 WIGS, AS WELL AS DONATED WIGS TO PATIENTS AT THE DOUGLAS AND NANCY BARNHART CANCER CENTER AT SCVMC VOLUNTEERS ALSO PARTIC IPATED IN THE SHARP HOSPICECARE MEMORY BEAR PROGRAM TO SUPPORT COMMUNITY MEMBERS WHO HAVE LOST A LOVED ONE THROUGH THE PROGRAM, VOLUNTEERS SEW TEDDY BEARS OUT OF GARMENTS OF THOSE WHO HAVE PASSED ON, WHICH SERVE AS SPECIAL KEEPSAKES AND PERMANENT REMINDERS OF THE GRIEV ING FAMILY MEMBER'S LOVED ONE IN FY 2013, SHARP HOSPICECARE VOLUNTEERS DEVOTED APPROXIMAT ELY 3,400 HOURS TO HANDCRAFT MORE THAN 750 BEARS FOR MORE THAN 260 FAMILIES SHARP HOSPICE CARE RECOGNIZED ITS VOLUNTEERS BY PROVIDING A MONTHLY VOLUNTEER SUPPORT GROUP AND ACKNOWLE DGING THEIR VALUABLE CONTRIBUTION DURING NATIONAL VOLUNTEER MONTH AND NATIONAL HOSPICE MON TH AT SHARP METROPOLITAN MEDICAL CAMPUS (SMMC), THE VOLUNTEER-RUN ARTS FOR HEALING PROGRA M WAS ESTABLISHED TO IMPROVE THE SPIRITUAL AND EMOTIONAL HEALTH OF PATIENTS THAT FACE SIGN IFICANT MEDICAL CHALLENGES BY UTILIZING THE POWER OF ART AND MUSIC TO ENHANCE THE HEALING PROCESS THE PROGRAM PROVIDES SERVICES AT SMH, SMH OUTPATIENT PAVILION (OPP), SMBHWN, SMV AND SMC SINCE THE INCEPTION OF THE PROGRAM IN 2007, MORE THAN 36,000 PATIENTS AND THEIR F AMILIES, GUESTS AND STAFF HAVE BENEFITTED FROM THE TIME AND TALENT PROVIDED BY ARTS FOR HE ALING STAFF AND VOLUNTEERS TRAINED VOLUNTEERS ARE THE PRIMARY PROVIDERS OF THE PROGRAM, W HICH IS COORDINATED BY A CHAPLAIN OF THE SPIRITUAL CARE PROGRAM IN FY 2013, 50 VOLUNTEERS , INCLUDING SEVERAL STUDENTS FROM PLNU AND SAN DIEGO MESA COLLEGE (MC), SUPPORTED ARTS FOR HEALING BY FACILITATING ART ACTIVITIES FOR PATIENTS AND THEIR LOVED ONES IN FY 2013, NEA RLY 3,400 INDIVIDUALS VOLUNTEERED FOR VARIOUS PROGRAMS ACROSS THE SHARP SY STEM, CONTRIBUTI NG MORE THAN 247,000 HOURS OF THEIR TIME IN SERVICE TO SHARP AND ITS INITIATIVES THIS INC LUDES MORE THAN 930 AUXILIARY MEMBERS AND THOUSANDS MORE INDIVIDUAL VOLUNTEERS FROM THE SA N DIEGO COMMUNITY MORE THAN 9,800 OF THESE HOURS WERE PROVIDED EXTERNALLY TO THE COMMUNIT Y THROUGH ACTIVITIES SUCH AS DELIVERING MEALS TO HOMEBOUND SENIORS AND ASSISTING WITH HEAL TH FAIRS AND EVENTS TABLE 2 DETAILS THE NUMBER OF INDIVIDUAL VOLUNTEERS AND THE HOURS PRO VIDED IN SERVICE TO EACH OF SHARP'S ENTITIES, SPECIFICALLY FOR PATIENT AND COMMUNITY SUPPO RT VOLUNTEERS ALSO SPENT ADDITIONAL HOURS SUPPORTING SHARP'S THREE FOUNDATIONS FOR EVENTS LIKE THE 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 INDIVIDUA L VOLUNTEERS AND VOLUNTEER HOURS FY 2013 SHARP CHULA VISTA MEDICAL CENTER NUMBER OF INDIVI DUAL VOLUNTEERS 368 VOLUNTEER HOURS - 4,935 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER NUMBER OF INDIVIDUAL VOLUNTEERS 132 VOLUNTEER HOURS 8,394 SHARP GROSSMONT HOSPITAL NUMBER OF INDIVIDUAL VOLUNTEERS 738 VOLUNTEER HOURS 112,309 SHARP HOSPICECARE NUMBER OF INDIVIDUA L VOLUNTEERS 146 VOLUNTEER HOURS 12,356 SHARP METROPOLITAN MEDICAL CAMPUS NUMBER OF INDIVI DUAL VOLUNTEERS 1,862 VOLUNTEER HOURS 100,733 TOTAL NUMBER OF INDIVIDUAL VOLUNTEERS 3,246 VOLUNTEER HOURS 238,727 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/SH ARP BONE MARROW TRANSPLANT PROGRAM BOARD, GROSSMONT IMAGING LLC BOARD, AND THE SCVMC SAN D IEGO IMAGING (SDI) CENTER VOLUNTEERS ON SHARP'S AUXILIARY BOARDS AND THE VARIOUS SHARP EN TITY BOARDS VOLUNTEER THEIR TIME TO PROVIDE PROGRAM OVERSIGHT, ADMINISTRATION AND DECISION MAKING REGARDING FINANCIAL RESOURCES IN FY 2013,

Identifier	Return Reference	Explanation
		138 COMMUNITY MEMBERS CONTRIBUTED THEIR TIME TO SHARP'S BOARDS OTHER SHARP VOLUNTEER EFF ORTS IN FY 2013, SHARP STAFF VOLUNTEERED THEIR TIME AND PASSION TO A NUMBER OF UNIQUE INIT IATIVES, UNDERSCORING SHARP'S COMMITMENT TO THE HEALTH AND WELFARE OF SAN DIEGANS BELOW A RE JUST A FEW EXAMPLES OF HOW SHARP EMPLOYEES GAVE OF THEMSELVES TO THE SAN DIEGO COMMUNIT Y SGH'S ENGINEERING DEPARTMENT PARTICIPATED IN A NUMBER OF INITIATIVES IN FY 2013, INCLUD ING THE THIS BUD'S FOR YOU PROGRAM THE PROGRAM BROUGHT COMFORT TO UNSUSPECTING PATIENTS A ND THEIR LOVED ONES WITH THE DELIVERY OF HAND-PICKED FLOWERS FROM THE MEDICAL CAMPUS'S ABU NDANT GARDENS THE SGH LANDSCAPE TEAM GREW, CUT, BUNDLED AND DELIVERED COLORFUL BOUQUETS E ACH WEEK, BRINGING AN ELEMENT OF NATURAL BEAUTY TO PATIENTS AND VISITORS OF BOTH THE HOSPI TAL AND SHARP'S HOSPICE HOMES THE TEAM ALSO REGULARLY OFFERED SINGLE-STEM ROSES IN A SMAL L BUD VASE TO PASSERS-BY IN ITS THIRD YEAR, THIS BUD'S FOR YOU HAS BECOME A NATURAL PART OF THE LANDSCAPE TEAM'S DAY, AN ACT THAT IS SIMPLY PART OF WHAT THEY DO TO ENHANCE THE EXP ERIENCE OF VISITORS TO THE HOSPITAL SGH ALSO CONTINUED TO PROVIDE THE SHIRT OFF OUR BACKS PROGRAM DURING THE 2012 HOLIDAY SEASON ALSO IN ITS THIRD YEAR, THIS PROGRAM BROUGHT CLOT HING, 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 COL LABORATED TO IMPLEMENT THE PROGRAM, WHILE SGH'S WASTE MANAGEMENT TEAM PROVIDED ANCILLARY S UPPORT WITH LOANER RECYCLE BINS TO USE FOR COLLECTION HUNDREDS OF POUNDS OF CLOTHING, SHO ES, TOWELS, BLANKETS, TOILETRIES AND OTHER ITEMS THAT COULD BE PUT TO USE IMMEDIATELY WERE COLLECTED, WASHED, FOLDED, BOXED/BAGGED AND PREPARED FOR DELIVERY TO THE SAN DIEGO POPULA TION IN NEED 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 CHILDRE N TO ADULTS OF ALL SIZES

Identifier	Return Reference	Explanation
		THE SGH ENGINEERING DEPARTMENT ALSO PARTICIPATED IN THE FOOD BANK'S FOOD 4 KIDS BACKPACK P ROGRAM IN FY 2013 THE GOAL OF THE PROGRAM IS TO PROVIDE A BACKPACK FULL OF CHILD-FRIENDLY , SHELF-STABLE FOOD FOR ELEMENTARY SCHOOL CHILDREN WHO RECEIVE A FREE MEAL AT SCHOOL, BUT ARE SUFFERING FROM HUNGER OVER THE WEEKENDS WHEN LITTLE OR NO FOOD IS AVAILABLE THE OBJEC TIVE OF THE PROGRAM IS TO ALLEVIATE HUNGER, IMPROVE SCHOOL PERFORMANCE, IMPROVE HEALTH AND PROVIDE ADDITIONAL INFORMATION TO PARENTS ABOUT OTHER LOCAL COMMUNITY SERVICES THROUGH H OSPITAL-WIDE SUPPORT AT SGH, APPROXIMATELY 2,000 POUNDS OF FOOD WERE COLLECTED, FILLING MO RE THAN 200 BACKPACKS FOR CHRONICALLY HUNGRY ELEMENTARY SCHOOL STUDENTS ALL WAYS GREEN IN ITIATIVE AS SAN DIEGO'S LARGEST PRIVATE EMPLOYER, SHARP RECOGNIZES THAT THE HEALTH OF ITS PATIENTS, EMPLOYEES AND THE COMMUNITY IS DIRECTLY TIED TO THE HEALTH OF THEIR ENVIRONMENT SHARP PROMOTES A CULTURE OF ENVIRONMENTAL RESPONSIBILITY BY PROVIDING EDUCATION AND OUTRE ACH TO EMPLOYEES TO IMPROVE THEIR HEALTH AND THE HEALTH OF THOSE THEY SERVE SHARP CREATED ITS ALL WAYS GREEN LOGO TO BRAND ITS ENVIRONMENTAL ACTIVITIES AND COMMUNICATE SUSTAINABLE ACTIVITIES THROUGHOUT SHARP AND THE SAN DIEGO COMMUNITY SHARP'S SYSTEMWIDE ALL WAYS GREE N COMMITTEE IS CHARGED WITH EVALUATING OPPORTUNITIES AND RECOGNIZING BEST PRACTICES IN SEV EN DISTINCT AREAS (1) ENERGY EFFICIENCY, (2) ALTERNATIVE ENERGY GENERATION, (3) WATER CON SERVATION, (4) WASTE MINIMIZATION, (5) CLEANER MEANS OF TRANSPORTATION, (6) GREEN BUILDING DESIGN, AND (7) SUSTAINABLE FOOD PRACTICES ESTABLISHED GREEN TEAMS AT EACH ENTITY ARE RE SPONSIBLE FOR DEVELOPING NEW PROGRAMS THAT EDUCATE SHARP EMPLOYEES TO CONSERVE NATURAL RES OURCES AND REDUCE, REUSE AND RECYCLE SHARP HAS ALSO PARTNERED WITH ITS VENDORS AND OTHER ORGANIZATIONS IN THE COMMUNITY TO DEVELOP NEW PROGRAMS AND INITIATIVES TO HELP ACHIEVE ITS ENVIRONMENTAL GOALS SHARP'S ENVIRONMENTAL POLICY SERVES TO AFFIRM ITS COMMITMENT TO IMPR OVING THE HEALTH OF THE ENVIRONMENT AND THEREFORE THE COMMUNITIES IT SERVES ACCORDING TO THE US ENVIRONMENTAL PROTECTION AGENCY (EPA), INPATIENT HOSPITAL FACILITIES ARE THE SECOND -MOST ENERGY-INTENSIVE INDUSTRY AFTER FOOD SERVICE AND SALES, WITH ENERGY UTILIZATION RATE S 2 7 TIMES GREATER THAN THAT OF OFFICE BUILDINGS ON A SQUARE-FOOT BASIS UNLIKE OTHER IND USTRIES, HOSPITALS MUST OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK, AND MUST PROVIDE SERVIC E 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, LIGHTING RETROF ITS, PIPE INSULATIONS, INFRASTRUCTURE CONTROL INITIATIVES, 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 PRACT ICES THROUGHOUT THE SYSTEM IN FY 2013, SHARP UNDERWENT A SIGNIFICANT LIGHTING RETROFIT PR OJECT THAT RESULTED IN ENERGY SAVINGS OF MORE THAN 1 7 MILLION KILOWATT HOURS, AND DECREAS ED CARBON DIOXIDE PRODUCTION BY NEARLY 1,305 TONS THAT YEAR FURTHERMORE, SHARP WAS AWARDE D A CERTIFICATE OF RECOGNITION FROM THE EPA FOR INSTITUTING A POWER MANAGEMENT PROGRAM ON MORE THAN 10,000 COMPUTERS WITHIN THE SYSTEM IN MAY THIS EFFORT ENABLES COMPUTERS AND MON ITORS TO GO INTO A LOW-POWER SLEEP MODE AFTER A PERIOD OF INACTIVITY, AND HAS THE POTENTIA L FOR AN ANNUAL SAVINGS OF UP TO $50 00 PER COMPUTER BY CONSERVING UNNECESSARY ELECTRICITY 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 CREATE D BY THE EPA BUILDINGS THAT ARE CERTIFIED BY ES MUST EARN A 75 OR HIGHER ON THE EPA'S ENE RGY PERFORMANCE SCALE, INDICATING THAT THE BUILDING PERFORMS BETTER THAN AT LEAST 75 PERCE NT OF SIMILAR BUILDINGS NATIONWIDE, WITHOUT SACRIFICES IN COMFORT OR QUALITY ACCORDING TO THE EPA, BUILDINGS THAT QUALIFY FOR THE ES TYPICALLY USE 35 PERCENT OR LESS ENERGY THAN B UILDINGS OF SIMILAR SIZE AND FUNCTION AS A RESULT OF SHARP'S COMMITMENT TO SUPERIOR ENERG Y PERFORMANCE AND RESPONSIBLE USE OF NATURAL RESOURCES, SCHHC FIRST EARNED THE ES CERTIFIC ATION IN 2007, AND THEN AGAIN EACH YEAR FROM 2010 THROUGH 2013, WHILE SCVMC RECEIVED ES CE RTIFICATION IN 2009, 2010, 2011 AND 2013 IN ADDITION, SHARP'S NEW SRS DOWNTOWN MEDICAL OF FICE BUILDING IS THE FIRST LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) GOLD-CERTI FIED MEDICAL OFFICE BUILDING IN SAN DIEGO ACCORDING TO THE EPA, HOSPITAL WATER USE CONSTI TUTES SEVEN PERCENT OF THE TOTAL WATER USED IN COMMERCIAL AND INSTITUTIONAL BUILDINGS IN T HE US IN AN EFFORT TO CONSERVE WATER, SHARP HAS RESEARCHED AND IMPLEMENTED NUMEROUS INFRA STRUCTURE CHANGES AND BEST PRACTICES TO ENSURE SHARP'S FACILITIES ARE OPTIMALLY OPERATED W HILE MONITORING AND MEASURING WATER CONSUMPTION, I

Identifier	Return Reference	Explanation
		NCLUDING INSTALLATION OF MOTION-SENSING FAUCETS AND TOILETS IN PUBLIC RESTROOMS, LOW-FLOW SHOWERHEADS AND TOILETS IN PATIENT ROOMS AND LOCKER ROOMS, DRIP IRRIGATION SYSTEMS, MIST ELIMINATORS, MICRO-FIBER MOPS, WATER-SAVING DEVICES AND EQUIPMENT, WATER MONITORING AND CO NTROL SYSTEMS, WATER PRACTICE AND UTILIZATION EVALUATIONS, REGULAR ROUNDING TO IDENTIFY LE AKS, REDUCED LANDSCAPE WATERING TIMES, HARDSCAPING, AND REDESIGNING AREAS WITH LOW-WATER P LANT SPECIES THE EPA AND HOSPITALS FOR A HEALTHY ENVIRONMENT REPORT THAT EACH PATIENT GEN ERATES APPROXIMATELY 15 POUNDS OF WASTE EACH DAY, WHILE US MEDICAL CENTERS GENERATE APPROX IMATELY TWO MILLION TONS OF WASTE EACH YEAR SHARP HAS IMPLEMENTED A COMPREHENSIVE WASTE M INIMIZATION PROGRAM TO SIGNIFICANTLY REDUCE THE WASTE GENERATED AT EACH ENTITY, INCLUDING SINGLE-STREAM RECYCLING, REPROCESSING OF SURGICAL INSTRUMENTS, USE OF REUSABLE SHARPS AND PHARMACEUTICAL WASTE CONTAINERS, HARD-SIDED SURGICAL CASES TO REDUCE BLUE WRAP USED DURING THE INSTRUMENT STERILIZATION PROCESS, USE OF RECYCLABLE PAPER FOR PRINTING BROCHURES, NEW SLETTERS AND OTHER MARKETING MATERIALS, ELECTRONIC PATIENT BILLS AND PAPERLESS PAYROLL, RE CYCLING OF EXAM TABLE PAPER, REPURPOSING OF SUPPLIES, EQUIPMENT AND FURNITURE, ENCOURAGEME NT OF REDUCED PAPER USE AT MEETINGS THROUGH ELECTRONIC CORRESPONDENCE, AND USE OF ONE-AT-A -TIME PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS TO REDUCE THEIR CARBON FOOTPRINT, SHARP 'S PRIMARY OFFICE SUPPLY VENDOR, OFFICE DEPOT, CREATED THE GREENEROFFICE DELIVERY SERVICE IN WHICH THEY REPLACED ITS SMALL AND MID-SIZED CARDBOARD BOXES WITH PAPER BAGS 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 SHARP WAS AN EARL Y ADOPTER OF THE PROGRAM IN AN EFFORT TO MAKE THEIR DELIVERY REQUESTS MORE ENVIRONMENTALLY FRIENDLY SHARP'S PARTICIPATION IN THIS PROGRAM WILL RESULT IN AN ESTIMATED ANNUAL REDUCT ION OF 22,000 LESS POUNDS OF WOOD, 24,000 POUNDS OF CO2, 82,000 GALLONS OF WASTEWATER AND 8,000 POUNDS OF SOLID WASTE. FURTHERMORE, OFFICE DEPOT AND SHARP HAVE ARRANGED FOR 30 PERC ENT RECYCLED COPY PAPER TO BE USED AT ALL SHARP ENTITIES

Identifier	Return Reference	Explanation
		IN APRIL, SHARP WAS NAMED RECYCLER OF THE YEAR AT THE CITY OF SAN DIEGO'S 21ST ANNUAL WAST E REDUCTION AND RECYCLING AWARD PROGRAM FOR SMH AND SMBHWN ALSO IN APRIL, SHARP HELD ITS FOURTH-ANNUAL SYSTEMWIDE ALL WAYS GREEN EARTH WEEK EVENT, INCLUDING EARTH FAIRS AT EACH OF THE SHARP ENTITIES DURING THE FAIRS, EMPLOYEES LEARNED HOW THEY CAN CONTRIBUTE TO RECYCL ING, WASTE MINIMIZATION, HEALTHY EATING PRACTICES AND OTHER SUSTAINABILITY EFFORTS MANY O F SHARP'S KEY VENDOR PARTNERS PARTICIPATED IN THE EARTH FAIRS TO HELP RAISE AWARENESS OF G REEN INITIATIVES AND HOW THEY INVOLVE SHARP DURING EARTH WEEK SHARP HOSTED A FREE COMMUNI TY WASTE COLLECTION EVENT AT THEIR CORPORATE OFFICE LOCATION WHERE COMMUNITY MEMBERS AND E MPLOYEES RECYCLED APPROXIMATELY 150 POUNDS OF PHARMACEUTICAL WASTE, 3,250 POUNDS OF ELECTR ONIC WASTE AND 1,200 POUNDS OF SHREDDED PAPER DOCUMENTS THROUGHOUT FY 2013 SHARP CONTINUE D ITS RECYCLING EFFORTS WITH THE LION'S CLUB RECYCLE SIGHT PROGRAM, THROUGH WHICH EMPLOYEE S RECYCLE THEIR PERSONAL EYEGLASSES AND SUNGLASSES BY DONATING THEM TO PEOPLE IN NEED BOTH LOCALLY AND GLOBALLY ON AVERAGE, SHARP EMPLOYEES DONATED APPROXIMATELY 250 PAIRS OF GLAS SES THROUGH THE PROGRAM IN FY 2013 SHARP ALSO RECOGNIZES AMERICA RECYCLES DAY EACH NOVEMB ER THROUGH A SYSTEMWIDE ELECTRONIC ANNOUNCEMENT HIGHLIGHTING SHARP'S RECYCLING EFFORTS AND ACCOMPLISHMENTS, AND OFFERING REMINDERS FOR PROPER WORKPLACE RECYCLING THE IMPACT OF SHA RP'S WASTE REDUCTION PROGRAMS HAS BEEN SIGNIFICANT IN FY 2013, SHARP FACILITIES DIVERTED OVER 7 6 MILLION POUNDS OF PAPER, CARDBOARD, GLASS, METALS, POLYSTYRENE, BATTERIES, INK AN D TONER, MEDICAL EQUIPMENT AND ELECTRONIC WASTE FROM LOCAL LANDFILLS THIS INCLUDED, BUT W AS NOT LIMITED TO 36,827 POUNDS OF WASTE DIVERTED THROUGH UTILIZATION OF REUSABLE SHARPS A ND PHARMACEUTICAL WASTE CONTAINERS AT SCHHC AND SMMC, AS WELL AS SYSTEMWIDE RECYCLING OF 2 10,694 POUNDS OF HAZARDOUS AND UNIVERSAL WASTE (E.G , BATTERIES, SOLVENTS AND FLUORESCENT LIGHT BULBS), AND 37,246 POUNDS OF WASTE DIVERTED THROUGH SURGICAL DEVICE REPROCESSING TA BLE 3 PRESENTS THE QUANTITY OF WASTE DIVERSION AT SHARP SHOWN AS POUNDS (LBS) DIVERTED I N THE COMING YEAR, SHARP AIMS TO REDUCE ITS WASTE GENERATION BY TWO PERCENT, OR APPROXIMAT ELY 430,000 POUNDS TABLE 3 SHARP HEALTHCARE WASTE DIVERSION FY 2013 SHARP CHULA VISTA ME DICAL CENTER RECYCLED WASTE PER YEAR (LBS) 713,872 TOTAL WASTE PER YEAR (LBS) 2,513,406 PERCENT RECYCLED 28% SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER RECYCLED WASTE PER YEAR (LBS) 229,586 TOTAL WASTE PER YEAR (LBS) 1,307,361 PERCENT RECYCLED 18% SHARP GROSSMONT HOSPITAL RECYCLED WASTE PER YEAR (LBS) 1,617,209 TOTAL WASTE PER YEAR (LBS) 4,887,676 P ERCENT RECYCLED 33% SHARP METROPOLITAN MEDICAL CAMPUS RECYCLED WASTE PER YEAR (LBS) 2,335 ,655 TOTAL WASTE PER YEAR (LBS) 6,814,358 PERCENT RECYCLED 34% TOTAL SHARP HEALTHCARE REC YCLED WASTE PER YEAR (LBS) 7,649,727 TOTAL WASTE PER YEAR (LBS) 20,580,271 PERCENT RECYC LED 37% *TOTAL SHARP HEALTHCARE INCLUDES ALL SHARP SYSTEM SERVICES AND SHARP REES-STEALY S HARP IMPLEMENTS SUSTAINABLE FOOD PRACTICES THROUGHOUT THE SYSTEM, INCLUDING REMOVAL OF STY ROFOAM FROM CAFETERIAS, USE OF GREEN-LABEL KITCHEN SOAPS AND CLEANSERS, ELECTRONIC CAFE ME NUS, RECYCLING OF ALL CARDBOARD, CANS AND GREASE FROM CAFES, AND PARTNERING WITH VENDORS W HO ARE COMMITTED TO REDUCING PRODUCT PACKAGING OTHER SUSTAINABLE FOOD PRACTICES INCLUDE O RGANIC MARKETS AT EACH OF SHARP'S HOSPITALS AND CORPORATE OFFICE, MEATLESS MONDAYS, PURCHA SING 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 SINCE 2012, SMH AND SMBHWN HAVE PARTNERED WITH THE CITY OF SAN DIEGO TO IMPLEMENT A FOOD WASTE COMPOSTING PROGRAM, MAKING SHARP THE FIRST SAN DIEGO HEALTH CARE ORGANIZATION TO JOIN THE CITY'S INI TIATIVE. THROUGH THIS PROGRAM, FOOD WASTE IS PICKED UP WEEKLY BY EDCO, A SOLID WASTE VENDO R, FOR TRANSPORT TO THE MIRAMAR GREENERY, A 74-ACRE FACILITY LOCATED AT THE MIRAMAR LANDFI LL 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 ACCORDING TO THE CITY OF SAN DIEGO, SUCH WASTE DIVERSION PROGRAMS CONTRIBUTE TO THE LAND FILL'S LIFESPAN BEING EXTENDED FROM 2012 TO AT LEAST 2022 SHARP CONTINUES TO WORK WITH TH E CITY TO EXPAND FOOD WASTE COMPOSTING TO OTHER SHARP ENTITIES RIDE SHARING, PUBLIC TRANS IT PROGRAMS AND OTHER TRANSPORTATION EFFORTS CONTRIBUTE TO THE REDUCTION OF SHARP'S TRANSP ORTATION EMISSIONS SHARP USES CENTRALIZED PATIENT SCHEDULING TO IMPROVE PATIENT VANPOOLS, AND HAS REPLACED HIGHER FUEL-CONSUMING CARGO VANS WITH ECONOMY FORD TRANSIT VEHICLES, SAV ING APPROXIMATELY FIVE MILES PER GALLON SHARP ALSO ENSURES CARPOOL PARKING SPACES, DESIGN ATED BIKE RACKS AND MOTORCYCLE SPACES ARE AVAILABL

Identifier	Return Reference	Explanation
		E AT EACH EMPLOYEE PARKING LOT, AS WELL AS OFFERS DISCOUNTED MONTHLY BUS PASSES FOR PURCHA SE BY EMPLOYEES THROUGHOUT THE YEAR, SHARP'S COMMUTER SOLUTIONS SUB-COMMITTEE WORKS TO DE VELOP NEW PROGRAMS AND MARKETING CAMPAIGNS TO EDUCATE EMPLOYEES ON THE BENEFITS OF RIDE SH ARING TO FURTHER REDUCE THE NUMBER OF CARS ON THE ROAD IN PARTNERSHIP WITH THE SAN DIEGO ASSOCIATION OF GOVERNMENTS (SANDAG), A VANPOOL AND CARPOOL MATCH-UP PROGRAM EXISTS AT SHAR P TO HELP EMPLOYEES FIND CONVENIENT RIDE SHARE PARTNERS SHARP EMPLOYEES ALSO UTILIZE SAND AG'S ONLINE ICOMMUTE TRIPTRACKER TOOL TO MONITOR THE COST AND CARBON SAVINGS OF THEIR ALTE RNATE METHODS OF COMMUTING IN FY 2013, SHARP EMPLOYEES SAVED MORE THAN TWO MILLION MILES AND REDUCED MORE THAN 1,383,000 POUNDS OF CARBON DIOXIDE THROUGH CARPOOLING, VANPOOLING, B IKING, WALKING, TELECOMMUTING AND THE USE OF PUBLIC TRANSPORTATION THROUGH THESE EFFORTS, SHARP ACHIEVED SECOND PLACE IN THE MEGA EMPLOYER CATEGORY THROUGH THE SANDAG RIDESHARE 20 13 CORPORATE CHALLENGE IN MARCH, SHARP WAS THE ONLY HEALTH CARE ORGANIZATION IN SDC TO BE NAMED AN ALL-STAR AWARD WINNER IN SANDAG'S 2013 DIAMOND AWARD PROGRAM, WHICH RECOGNIZES P ARTICIPANTS IN SANDAG'S ICOMMUTE PROGRAM FOR THEIR OUTSTANDING CONTRIBUTIONS TO REDUCING T RAFFIC CONGESTION AND GREENHOUSE GASES IN SDC SHARP FURTHERED ITS SUPPORT OF GREEN TRANSP ORTATION THROUGH SEVERAL BIKE TO WORK INITIATIVES IN FY 2013 IN OCTOBER, NEARLY 130 SHARP EMPLOYEES PEDALED TO WORK FOR SHARP HEALTHCARE'S FIRST BIKE TO WORK DAY, WHILE IN MAY, SH ARP ENCOURAGED EMPLOYEES TO RIDE THEIR BIKES TO WORK IN RECOGNITION OF NATIONAL BIKE TO WO RK DAY IN FACT, SHARP PARTICIPATED IN THE 4TH ANNUAL ICOMMUTE BIKE TO WORK 2013 CORPORATE CHALLENGE FOR THE ENTIRE MONTH OF MAY (NATIONAL BIKE MONTH), COMPETING WITH SIMILAR-SIZED ORGANIZATIONS FOR THE HIGHEST PERCENTAGE OF BIKE RIDERSHIP FOR THE MONTH IN JUNE, SHARP ALSO PROMOTED NATIONAL DUMP THE PUMP DAY TO EMPLOYEES BY SHARING SPECIAL DUMP THE PUMP DAY PROMOTIONS FROM ICOMMUTE, SUCH AS VANPOOL DISCOUNTS AND GIFT CARD DRAWINGS, FOR INDIVIDUA LS WHO PLEDGED TO "DUMP THE PUMP" AND MAKE GREEN TRANSPORTATION CHOICES

Identifier	Return Reference	Explanation
		AS PART OF THE NATIONWIDE ELECTRIC VEHICLE PROJECT, SHARP HAS INSTALLED ELECTRIC VEHICLE C HARGERS (EVCS) AT ITS CORPORATE OFFICE LOCATION AND SMMC SHARP IS THE FIRST HEALTH CARE S YSTEM IN SAN DIEGO TO OFFER EVCS, SUPPORTING THE CREATION OF A NATIONAL INFRASTRUCTURE REQ UIRED FOR THE PROMOTION OF EVCS TO REDUCE CARBON EMISSIONS AND DEPENDENCE ON FOREIGN OIL SHARP WILL CONTINUE ITS EFFORTS TO EXPAND EVCS AT OTHER ENTITIES IN FY 2013, SHARP HOSTED TWO COMMUNITY WORKSHOPS TO SHARE ITS WASTE MINIMIZATION BEST PRACTICES SMH AND SMBHWN PA RTNERED WITH THE CITY OF SAN DIEGO TO HOST A WORKSHOP FOR LOCAL COMPANIES TO LEARN ABOUT T HE HOSPITALS' FOOD WASTE COMPOSTING EXPERIENCES AND EXPLORING COMPOSTING AT THEIR OWN ORGA NIZATIONS SHARP ALSO PARTNERED WITH SDC TO HOST A COMPLIMENTARY COMMUNITY WORKSHOP ON PRO PER DISPOSAL OF PHARMACEUTICALS, INCLUDING PHARMACEUTICAL WASTE LIABILITY, REGULATORY COMP LIANCE AND COST EFFECTIVE DISPOSAL STRATEGIES PARTICIPANTS INCLUDED HOSPITAL AND PHARMACY PERSONNEL, AND MEDICAL PROVIDERS WHO HANDLE PHARMACEUTICALS SHARP'S WASTE MINIMIZATION I NITIATIVES HAVE BEEN RECOGNIZED BY SEVERAL PUBLICATIONS, INCLUDING BIOCYCLE, A NATIONAL MA GAZINE ABOUT COMPOSTING, RENEWABLE ENERGY AND SUSTAINABILITY, SAN DIEGO BUSINESS JOURNAL, AND BY THE CALIFORNIA STATE CALRECYCLE WEBSITE, WHICH CITED SHARP HEALTHCARE AS ONE CALIFO RNIA'S MODELS FOR HEALTH CARE INDUSTRY FOOD SCRAPS MANAGEMENT TABLE 4 BELOW HIGHLIGHTS TH E ALL WAYS GREEN EFFORTS AT SHARP ENTITIES GOING FORWARD, SHARP REMAINS COMMITTED TO THE ALL WAYS GREEN INITIATIVE AND WILL CONTINUE TO INVESTIGATE OPPORTUNITIES TO REDUCE ITS CAR BON FOOTPRINT SHARP'S ALL WAYS GREEN COMMITTEE CONTINUES TO WORK WITH SYSTEM EMPLOYEES, P HYSICIANS AND CORPORATE PARTNERS TO DEVELOP NEW AND CREATIVE WAYS TO REDUCE SHARP'S IMPACT ON THE ENVIRONMENT AND MEET THEIR GOAL OF BEING AN OUTSTANDING COMMUNITY CITIZEN THROUGH ENVIRONMENTAL RESPONSIBILITY TABLE 4 ALL WAYS GREEN INITIATIVES BY SHARP ENTITY FY 2013 SCHHC *ENERGY EFFICIENCY - UPDATE ELEVATORS/CHILLERS - ENERGY AUDITS - ENERGY-EFFICIENT CH ILLERS/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 SYSTEM S - MIST ELIMINATORS *WASTE MINIMIZATION - SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY D ISPENSERS - REUSABLE SHARP CONTAINERS - SINGLE-STREAM RECYCLING - SURGICAL INSTRUMENT REPR OCESSING *EDUCATION AND OUTREACH - EARTH WEEK ACTIVITIES - ENVIRONMENTAL POLICY - GREEN TE AM - NO SMOKING POLICY - ORGANIC FARMER'S MARKET - ORGANIC GARDENS - RECYCLING EDUCATION - RIDE SHARE PROMOTION SCVMC *ENERGY EFFICIENCY - ENERGY AUDITS - ENERGY-EFFICIENT CHILLERS /MOTORS - ENERGY STAR PARTICIPATION AND AWARD ELIGIBLE - HVAC PROJECTS - LIGHTING RETROFIT S *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 - E LECTRONIC CAFE MENUS - SINGLE-STREAM RECYCLING - SURGICAL INSTRUMENT REPROCESSING *EDUCATI ON AND OUTREACH - EARTH WEEK ACTIVITIES - ENVIRONMENTAL POLICY - GREEN TEAM - NO SMOKING P OLICY - ORGANIC FARMER'S MARKET - RECYCLING EDUCATION - RIDE SHARE PROMOTION SGH *ENERGY E FFICIENCY - 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 - HA RDSCAPING - LANDSCAPE WATER REDUCTION SYSTEMS - MIST ELIMINATORS *WASTE MINIMIZATION - ELE CTRONIC CAFE MENUS - SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS - SINGLE-STR EAM RECYCLING - SURGICAL INSTRUMENT REPROCESSING *EDUCATION AND OUTREACH - EARTH WEEK ACTI VITIES - ENVIRONMENTAL POLICY - GREEN TEAM - NO SMOKING POLICY - ORGANIC FARMER'S MARKET - RECYCLING EDUCATION - RIDE SHARE PROMOTION SHARP SYSTEM SERVICES *ENERGY EFFICIENCY - ELE CTRIC VEHICLE CHARGERS - ENERGY AUDITS - ENERGY EFFICIENT CHILLERS/MOTORS - ENERGY STAR PA RTICIPATION - 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 - LA NDSCAPE WATER REDUCTION SYSTEMS - MIST ELIMINATORS *WASTE MINIMIZATION - ELECTRONIC PATIEN T BILLS AND PAPERLESS PAYROLL - ELECTRONIC AND PHARMACEUTICAL WASTE RECYCLING EVENTS - GRE EN GROCER'S MARKET - SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS - SINGLE-STR EAM RECYCLING *EDUCATION AND OUTREACH - EARTH WEEK ACTIVITIES - ENVIRONMENTAL POLICY - GRE EN TEAM - NO SMOKING POLICY - RECYCLING EDUCATION - RIDE SHARE PROMOTION SHP *ENERGY EFFIC IENCY - ENERGY AUDITS - HVAC PROJECTS - LIGHTING R

Identifier	Return Reference	Explanation
		ETROFITS - OCCUPANCY SENSORS *WATER CONSERVATION - DRIP IRRIGATION - DROUGHT-TOLERANT PLAN TS AND BARK-COVERED GROUND - ELECTRONIC FAUCETS - EVALUATION OF WATER UTILIZATION PRACTICE S - HARDSCAPING - LANDSCAPE WATER REDUCTION SYSTEMS - MIST ELIMINATORS *EDUCATION AND OUTR EACH - SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS - SINGLE-STREAM RECYCLING - SPRING CLEANING EVENTS - EARTH WEEK ACTIVITIES - ENVIRONMENTAL POLICY - GREEN TEAM - NO SMOKING POLICY - RECYCLING EDUCATION - RIDE SHARE PROMOTION SMH/SMBHWN *ENERGY EFFICIENCY - ELECTRIC VEHICLE CHARGERS - ENERGY AUDITS - ENERGY-EFFICIENT CHILLERS/MOTORS - ENERGY ST AR PARTICIPATION - HVAC PROJECTS - LIGHTING RETROFITS - OCCUPANCY SENSORS - PIPE INSULATIO NS *WATER CONSERVATION - DRIP IRRIGATION - DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND - ELECTRONIC FAUCETS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPING - LANDSCAP E WATER REDUCTION SYSTEMS - MIST ELIMINATORS *WASTE MINIMIZATION - ELECTRONIC CAFE MENUS - FOOD WASTE COMPOSTING - SINGLE-SERVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS - REUSAB LE SHARP WASTE CONTAINERS - SINGLE-STREAM RECYCLING - SURGICAL INSTRUMENT REPROCESSING *ED UCATION AND OUTREACH - DROUGHT TOLERANT ROOFTOP GARDEN - EARTH WEEK ACTIVITIES - ENVIRONME NTAL POLICY - GREEN TEAM - NO SMOKING POLICY - ORGANIC FARMER'S MARKET - ORGANIC GARDENS - RECYCLING EDUCATION - RIDE SHARE PROMOTION SMV/ SMC *ENERGY EFFICIENCY - ENERGY AUDITS - ENERGY STAR PARTICIPATION - HVAC PROJECTS - LIGHTING RETROFITS - MOTOR AND PUMP REPLACEMEN TS *WATER CONSERVATION - DRIP IRRIGATION - DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND - ELECTRONIC FAUCETS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPING - LANDSCAP E WATER REDUCTION SYSTEMS - MIST ELIMINATORS *WASTE MINIMIZATION - SINGLE-SERVE PAPER NAPK IN AND PLASTIC CUTLERY DISPENSERS - SINGLE-STREAM RECYCLING - STYROFOAM ELIMINATION - SURG ICAL INSTRUMENT REPROCESSING *EDUCATION AND OUTREACH - EARTH WEEK ACTIVITIES - ENVIRONMENT AL POLICY - GREEN TEAM - NO SMOKING POLICY - ORGANIC FARMER'S MARKET - RECYCLING EDUCATION - RIDE SHARE PROMOTION

Identifier	Return Reference	Explanation
		SRS *ENERGY EFFICIENCY - ENERGY AUDITS - ENERGY STAR PARTICIPATION - LIGHTING RETROFITS *W ATER CONSERVATION - DRIP IRRIGATION - DROUGHT-TOLERANT PLANTS AND BARK-COVERED GROUND - EL ECTRONIC FAUCETS - EVALUATION OF WATER UTILIZATION PRACTICES - HARDSCAPING - LANDSCAPE WAT ER REDUCTION SYSTEMS - LOW-FLOW SYSTEMS - MIST ELIMINATORS *WASTE MINIMIZATION - SINGLE-SE RVE PAPER NAPKIN AND PLASTIC CUTLERY DISPENSERS - RECYCLING OF EXAM PAPER - SINGLE-STREAM RECYCLING - STYROFOAM ELIMINATION *EDUCATION AND OUTREACH - CONTRACTOR EDUCATION - EARTH W EEK ACTIVITIES - ENVIRONMENTAL POLICY - GREEN TEAM - NO SMOKING POLICY - RECYCLING EDUCATI ON - RIDE SHARE PROMOTION EMERGENCY AND DISASTER PREPAREDNESS SHARP CONTRIBUTES TO THE HEA LTH AND SAFETY OF THE SAN DIEGO COMMUNITY THROUGH ESSENTIAL EMERGENCY AND DISASTER PLANNIN G ACTIVITIES AND SERVICES THROUGHOUT FY 2013, SHARP PROVIDED EDUCATION TO COMMUNITY MEMBE RS, STAFF AND OTHER HEALTH CARE PROFESSIONALS ON EMERGENCY AND DISASTER PREPAREDNESS SHAR P'S DISASTER PREPAREDNESS TEAM OFFERED SEVERAL DISASTER EDUCATION COURSES TO FIRST RESPOND ERS, HEALTH CARE PROVIDERS AND COMMUNITY MEMBERS ACROSS SDC THE HOSPITAL-BASED FIRST RECE IVER AWARENESS COURSE AND FIRST RECEIVER OPERATIONS COURSE WERE OFFERED AS A TWO-PART SERI ES TO EDUCATE AND PREPARE HOSPITAL STAFF FOR A DECONTAMINATION EVENT COURSE TOPICS INCLUD ED DECONTAMINATION PRINCIPLES AND BEST PRACTICES, BASIC HAZARDS, UTILIZATION OF APPROPRIAT E PERSONAL PROTECTIVE EQUIPMENT (PPE), RESPONSE CONCEPTS, CONTAINMENT, DECONTAMINATION AND RECOVERY A STANDARDIZED, ON-SCENE FEDERAL EMERGENCY MANAGEMENT TRAINING FOR HOSPITAL MAN AGEMENT 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 TRA IN EMERGENCY RESPONDERS AT ALL LEVELS TO TRIAGE A LARGE VOLUME OF TRAUMA VICTIMS WITHIN A SHORT PERIOD OF TIME. SHARP'S DISASTER TEAM ALSO LED A PEDIATRIC/BURN SURGE COURSE TO TRAI N HOSPITAL STAFF, HEALTH CARE PROVIDERS AND OTHER EMERGENCY RESPONDERS TO EFFECTIVELY MANA GE SPECIFIC PATIENT POPULATIONS DURING A SURGE OR ABNORMAL EVENT IN OCTOBER 2012, SHARP'S DISASTER PREPAREDNESS TEAM HOSTED A DOMESTIC CHEMICAL ALL-HAZARDS CONFERENCE FOR APPROXIM ATELY 90 COMMUNITY HEALTH CARE AND EMERGENCY PREPAREDNESS PROFESSIONALS THE CONFERENCE IN CLUDED A KEY NOTE SPEAKER FROM SAN DIEGO'S HAZARDOUS MATERIALS (HAZMAT) TEAM, AS WELL AS P RESENTATIONS INCLUDING CURRENT TRENDS IN HAZARDOUS MATERIAL RESPONSE, CHEMICAL SUICIDE, CH EMICAL AGENTS REVIEW, AND PERSONAL READINESS DURING CHEMICAL EVENTS THAT SAME MONTH, SHAR P'S DISASTER LEADERSHIP PRESENTED AT A STATEWIDE CONFERENCE OF MORE THAN 900 HOSPITAL STAF F, STATE AND LOCAL OFFICIALS, AND KEY PREPAREDNESS AND RESPONSE PARTNERS AT THE CALIFORNIA HOSPITAL ASSOCIATION'S (CHA) EIGHTH ANNUAL DISASTER PLANNING FOR CALIFORNIA HOSPITALS CON FERENCE IN SACRAMENTO, CALIF PRESENTATIONS AIMED AT HELPING HOSPITALS STRENGTHEN THEIR DI SASTER PLANNING EFFORTS, AND INCLUDED BUSINESS CONTINUITY PLANNING TIPS, TOOLS AND IMPLEME NTATION, AND CONTINUING CARE DURING LOSS OF POWER IN FY 2013, SHARP'S DISASTER LEADERSHIP DONATED THEIR TIME TO STATE AND LOCAL ORGANIZATIONS AND COMMITTEES, INCLUDING SOUTHERN CA LIFORNIA EARTHQUAKE ALLIANCE, COUNTY OF SAN DIEGO EMERGENCY MEDICAL CARE COMMITTEE (EMCC), SAN DIEGO DISASTER COMMITTEE, AND THE COUNTY OF SAN DIEGO HEALTHCARE DISASTER COUNCIL, A GROUP OF REPRESENTATIVES FROM SDC HOSPITALS, OTHER HEALTH CARE DELIVERY AGENCIES, COUNTY O FFICIALS, FIRE AGENCIES, LAW ENFORCEMENT, AMERICAN RED CROSS AND OTHERS WHO MEET MONTHLY T O SHARE BEST PRACTICES FOR EMERGENCY PREPAREDNESS IN ADDITION, SHARP'S DISASTER LEADERSHI P SERVED ON THE STATEWIDE MEDICAL HEALTH EXERCISE WORK GROUP THAT DESIGNED TRAINING MATERI ALS, INCLUDING AN EXERCISE GUIDEBOOK AND OTHER RESOURCES, FOR THE 2013 CALIFORNIA STATEWID E MEDICAL HEALTH TRAINING AND EXERCISE PROGRAM THROUGH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) AND THE EMERGENCY MEDICAL SERVICES AUTHORITY (EMSA) THE PROGRAM IS DESIGNE D TO GUIDE LOCAL EMERGENCY PLANNERS IN DEVELOPING, PLANNING AND CONDUCTING EMERGENCY RESPO NSES FURTHERMORE, SHARP DISASTER LEADERSHIP IS PART OF THE SAN DIEGO PATIENT TRACKING COM MITTEE, WHICH IS DESIGNING A FAMILY ASSISTANCE CENTER (FAC) FOR THE COUNTY IN AN EFFORT TO AID COMMUNITY MEMBERS IN FINDING THEIR LOVED ONES DURING A DISASTER EVENT SHARP SUPPORTS SAFETY EFFORTS OF THE STATE AND THE CITY OF SAN DIEGO THROUGH MAINTENANCE AND STORAGE OF A COUNTY DECONTAMINATION TRAILER AT SGH, TO BE USED IN RESPONSE TO A MASS DECONTAMINATION EVENT IN ADDITION, SHARP STORES AND MAINTAINS 24 STATE HOSPITAL VENTILATORS AT THREE OF I TS HOSPITALS, AND IS EXPLORING OPPORTUNITIES TO JOIN THE EMSA MOBILE FIELD HOSPITAL (MFH) PROGRAM TO PROVIDE MAINTENANCE AND STORAGE FOR A STATE MFH THE MFH IS DESIGNED TO INCREAS E DISASTER PREPAREDNESS BY RAPIDLY RESPONDING TO E

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		MERGENCIES 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 PATIE NT TREATMENT AND TRANSPORT ANYWHERE IN THE STATE. ADDITIONALLY, ALL SHARP HOSPITALS ARE PR EPARED FOR AN EMERGENCY WITH BACKUP WATER SUPPLIES THAT LAST UP TO 96 HOURS IN THE EVENT T HE SYSTEM'S NORMAL WATER SUPPLY IS INTERRUPTED AS PART OF ITS PARTICIPATION IN THE US DEP ARTMENT 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 HOSPI TAL, KAISER HOSPITAL, ALVARADO HOSPITAL, PARADISE VALLEY HOSPITAL, THE COUNCIL OF COMMUNIT Y CLINICS, NAVAL AIR STATION NORTH ISLAND/NAVAL MEDICAL SERVICES, SAN DIEGO COUNTY SHERIFF S, MCAS MIRAMAR FIRE DEPARTMENT AND FRESENIUS MEDICAL CENTERS THE PARTNERSHIP SEEKS TO CO NTINUALLY IDENTIFY AND DEVELOP RELATIONSHIPS WITH HEALTH CARE ENTITIES, NONPROFIT ORGANIZA TIONS, LAW ENFORCEMENT, MILITARY INSTALLATIONS AND OTHER ORGANIZATIONS THAT SERVE SDC AND ARE LOCATED NEAR PARTNER HEALTH CARE FACILITIES THROUGH NETWORKING, PLANNING, AND THE SHA RING OF RESOURCES, TRAININGS AND INFORMATION, THE PARTNERS WILL BE BETTER PREPARED FOR A C OLLABORATIVE RESPONSE TO AN EMERGENCY OR DISASTER AFFECTING SDC IN FY 2013, THE PARTNERSH IP DRAFTED A SDC NICU EVACUATION PLAN TO GUIDE HEALTH CARE PROVIDERS IN THE SAFE EVACUATIO N OF THE NEONATAL PATIENT POPULATION DURING A DISASTER NEXT, THE PARTNERSHIP WILL BEGIN D RAFTING A SIMILAR EVACUATION PLAN FOR THE MATERNAL AND NEWBORN PATIENT POPULATION IN FY 2 014, SHARP WILL HOST A HOUSEHOLD DISASTER PREPAREDNESS EXPO TO EDUCATE SAN DIEGO COMMUNITY MEMBERS ON EFFECTIVE DISASTER PREPAREDNESS AND RESPONSE IN THE EVENT OF AN EARTHQUAKE, FI RE, POWER OUTAGE, OR OTHER EMERGENCY THE EXPO WILL INCLUDE A VARIETY OF LOCAL DISASTER VE NDORS AND EMERGENCY PERSONNEL, AND INCLUDE VALUABLE DISASTER EDUCATION AND EMERGENCY DEMON STRATIONS SHARP ALSO PLANS TO COLLABORATE WITH OTHER SDC HOSPITALS TO CREATE REGIONAL DEC ONTAMINATION TEAMS OF HEALTH CARE PERSONNEL TRAINED TO RESPOND TO A COMMUNITY DECONTAMINAT ION EVENT INTERNALLY, SHARP PLANS TO DEVELOP EMPLOYEE DISASTER TEAMS WHO WILL BE TRAINED TO PROVIDE LEADERSHIP, ORDER AND SAFETY DURING AN EMERGENCY OR DISASTER

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		SECTION 2 EXECUTIVE SUMMARY THIS EXECUTIVE SUMMARY PROVIDES AN OVERVIEW OF COMMUNITY BENEF ITS PLANNING AT SHARP HEALTHCARE (SHARP), A LISTING OF COMMUNITY NEEDS ADDRESSED IN THIS C OMMUNITY BENEFITS REPORT, AND A SUMMARY OF COMMUNITY BENEFITS PROGRAMS AND SERVICES PROVID ED BY SHARP IN FISCAL YEAR (FY) 2013 (OCTOBER 1, 2012, THROUGH SEPTEMBER 30, 2013) IN ADD ITION, THE SUMMARY REPORTS THE ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED BY SHARP, ACC ORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED IN SB 697, FOR THE FOLLOWING ENTITIES * S HARP CHULA VISTA MEDICAL CENTER * SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER * SHARP GR OSSMONT HOSPITAL * SHARP HOSPICECARE * SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS * SH ARP MEMORIAL HOSPITAL * SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER * SHARP HEALTH PLAN COMMUNITY BENEFITS PLANNING AT SHARP HEALTHCARE SHARP BASES ITS COMMUNITY BENEFITS P LANNING ON ITS TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) COMBINED WITH THE EXPER TISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL LISTING OF COMMUNITY NEEDS ADDRESSED IN THIS COMMUNITY BENEFITS REPORT THE FOLLOWING COMMUNITY NEEDS ARE ADDRESSED BY ONE OR M ORE SHARP HOSPITALS IN THIS COMMUNITY BENEFITS REPORT * ACCESS TO CARE FOR INDIVIDUALS WI THOUT A MEDICAL PROVIDER, AND SUPPORT FOR HIGH-RISK, UNDERSERVED AND UNDERFUNDED PATIENTS * 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 * SPECIAL SUPPORT SERVICES FOR HO SPICE PATIENTS AND THEIR LOVED ONES, AND FOR THE COMMUNITY * SUPPORT OF COMMUNITY NONPROFI T HEALTH ORGANIZATIONS * EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS * COLLABORATI ON WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS * WELFARE OF SENIORS AND DISABLED PEOPLE * CANCER EDUCATION, PATIENT NAVIGATOR SERVICES, AND PARTICIPATION IN CLINI CAL 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 COMMUN ITY HIGHLIGHTS OF COMMUNITY BENEFITS PROVIDED BY SHARP IN FY 2013 THE FOLLOWING ARE EXAMPL ES OF COMMUNITY BENEFITS PROGRAMS AND SERVICES PROVIDED BY SHARP HOSPITALS AND ENTITIES IN FY 2013 * UNREIMBURSED MEDICAL CARE SERVICES INCLUDED UNCOMPENSATED CARE FOR PATIENTS WH O ARE UNABLE TO PAY FOR SERVICES, AND THE UNREIMBURSED COSTS OF PUBLIC PROGRAMS SUCH AS ME DI-CAL, MEDICARE, SAN DIEGO COUNTY INDIGENT MEDICAL SERVICES, CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS (CHAMPVA), AND TRICARE THE REGIONALLY MANAGE D 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 A ND FROM MEDICAL APPOINTMENTS, FINANCIAL AND OTHER SUPPORT TO COMMUNITY CLINICS TO ASSIST I N PROVIDING HEALTH SERVICES, AND IMPROVING ACCESS TO HEALTH SERVICES, PROJECT HELP, PROJEC T CARE, CONTRIBUTION OF TIME TO STAND DOWN FOR HOMELESS VETERANS AND THE SAN DIEGO FOOD BA NK, FINANCIAL AND OTHER SUPPORT TO THE SHARP HUMANITARIAN SERVICE PROGRAM, AND OTHER ASSIS TANCE FOR THE NEEDY * OTHER BENEFITS FOR THE BROADER COMMUNITY INCLUDED HEALTH EDUCATION AND INFORMATION, AND PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EVENTS ADDRESSING THE UNI QUE NEEDS OF THE COMMUNITY, AS WELL AS PROVIDING FLU VACCINATIONS, HEALTH SCREENINGS AND S UPPORT GROUPS TO THE COMMUNITY 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 ORG ANIZATIONS, 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 CATEG ORY INCLUDED COSTS ASSOCIATED WITH PLANNING AND OPERATING COMMUNITY BENEFIT PROGRAMS, SUCH AS COMMUNITY HEALTH NEEDS ASSESSMENTS AND ADMINISTRATION * HEALTH RESEARCH, EDUCATION AN D TRAINING PROGRAMS INCLUDED EDUCATION AND TRAINING PROGRAMS FOR MEDICAL, NURSING AND OTHE R HEALTH CARE PROFESSIONALS, AS WELL AS STUDENT AND INTERN SUPERVISION AND TIME DEVOTED TO GENERALIZABLE, HEALTH-RELATED RESEARCH PROJECTS THAT WERE MADE AVAILABLE TO THE BROADER H EALTH CARE COMMUNITY ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FY 2013 IN FY 2013, SHARP PROVIDED A TOTAL OF $331,338,317 IN COMMUNITY BENEFIT PROGRAMS AND SERVICES THAT WE RE UNREIMBURSED TABLE 1 DISPLAYS A SUMMARY OF UNREIMBURSED COSTS BASED ON THE CATEGORIES SPECIFICALLY IDENTIFIED IN SB 697 TABLE 1 TOTAL ECONOMIC VALUE OF COMMUNITY BENEFITS PRO VIDED SHARP HEALTHCARE OVERALL FY 2013 SENATE BILL

Identifier	Return Reference	Explanation
		697 CATEGORY PROGRAMS AND SERVICES INCLUDED IN SENATE BILL 697 CATEGORY ESTIMATED FY 2013 UNREIMBURSED COSTS *MEDICAL CARE SERVICES SHORTFALL IN MEDI-CAL $78,779,825 SHORTFALL IN MEDICARE $144,932,844 SHORTFALL IN SAN DIEGO COUNTY INDIGENT MEDICAL SERVICES $37,738,890 SHORTFALL IN CHAMPVA/TRICARE $4,374,145 SHORTFALL IN WORKERS' COMPENSATION $228,311 CHARIT Y CARE AND BAD DEBT $54,315,585 *OTHER BENEFITS FOR VULNERABLE POPULATIONS PATIENT TRANSPO RTATION AND OTHER ASSISTANCE FOR THE NEEDY $2,336,152 *OTHER BENEFITS FOR THE BROADER COMM UNITY HEALTH EDUCATION AND INFORMATION, SUPPORT GROUPS, HEALTH FAIRS, MEETING ROOM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZATIONS AND COST OF FUNDRAISING FOR COMMUNITY EVENTS $2,019,316 *HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS EDUCATION AND TRAINING PROGRA MS FOR STUDENTS, INTERNS AND HEALTH CARE PROFESSIONALS $6,613,249 TOTAL $331,338,317 TABLE 2 SHOWS A LISTING OF THESE UNREIMBURSED COSTS PROVIDED BY EACH SHARP ENTITY TABLE 2 TOT AL ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED BY SHARP HEALTHCARE ENTITIES FY 2013 ESTI MATED FY 2013 UNREIMBURSED COSTS *SHARP CHULA VISTA MEDICAL CENTER $58,068,422 *SHARP CORO NADO HOSPITAL AND HEALTHCARE CENTER $12,816,465 *SHARP GROSSMONT HOSPITAL $91,752,299 *SHA RP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS $16,555,900 *SHARP MEMORIAL HOSPITAL $142,526, 818 *SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER $9,506,932 *SHARP HEALTH PLAN $11 1,481 *ALL ENTITIES $331,338,317 TABLE 3 INCLUDES A SUMMARY OF UNREIMBURSED COSTS FOR EACH SHARP ENTITY BASED ON THE CATEGORIES SPECIFICALLY IDENTIFIED IN SB 697 IN FY 2012, SHARP LEAD THE COMMUNITY IN UNREIMBURSED MEDICAL CARE SERVICES AMONG SAN DIEGO COUNTY'S SB 697 HOSPITALS AND HEALTH CARE SYSTEMS TABLE 3 FY 2013 DETAILED ECONOMIC VALUE OF COMMUNITY B ENEFITS AT SHARP HEALTHCARE ENTITIES BASED ON SENATE BILL 697 CATEGORIES SHARP CHULA VISTA MEDICAL CENTER *MEDICAL CARE SERVICES - $55,459,890 *OTHER BENEFITS FOR VULNERABLE POPULA TIONS - $298,638 *OTHER BENEFITS FOR THE BROADER COMMUNITY - $357,808 *HEALTH RESEARCH, ED UCATION AND TRAINING PROGRAMS - $1,952,086 *ESTIMATED FY 2013 UNREIMBURSED COSTS - $58,068 ,422 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER *MEDICAL CARE SERVICES - $11,632,883 *O THER BENEFITS FOR VULNERABLE POPULATIONS - $45,919 *OTHER BENEFITS FOR THE BROADER COMMUNI TY - $73,897 *HEALTH RESEACH, EDUCATION AND TRAINING PROGRAMS - $1,063,766 *ESTIMATED FY 2013 UNREIMBURSED COSTS - $12,816,465 SHARP GROSSMONT HOSPITAL *MEDICAL CARE SERVICES - $8 9,362,696 *OTHER BENEFITS FOR VULNERABLE POPULATIONS - $714,579 *OTHER BENEFITS FOR THE BR OADER COMMUNITY - $675,348 *HEALTH RESEACH, EDUCATION AND TRAINING PROGRAMS - $999,676 *E STIMATED FY 2013 UNREIMBURSED COSTS - $91,752,299 SHARP MARY BIRCH HOSPITAL FOR WOMEN & NE WBORNS *MEDICAL CARE SERVICES - $16,080,737 *OTHER BENEFITS FOR VULNERABLE POPULATIONS - $ 43,972 *OTHER BENEFITS FOR THE BROADER COMMUNITY - $130,528 *HEALTH RESEACH, EDUCATION AN D TRAINING PROGRAMS - $300,663 *ESTIMATED FY 2013 UNREIMBURSED COSTS - $16,555,900

Identifier	Return Reference	Explanation
		SHARP MEMORIAL HOSPITAL *MEDICAL CARE SERVICES - $139,240,414 *OTHER BENEFITS FOR VULNERAB LE POPULATIONS - $742,030 *OTHER BENEFITS FOR THE BROADER COMMUNITY - $563,455 *HEALTH RES EARCH, EDUCATION AND TRAINING PROGRAMS - $1,980,919 *ESTIMATED FY 2013 UNREIMBURSED COSTS - $142,526,818 SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER *MEDICAL CARE SERVICES - $8,592,980 *OTHER BENEFITS FOR VULNERABLE POPULATIONS - $484,130 *OTHER BENEFITS FOR THE BROADER COMMUNITY - $113,683 *HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $316,139 *ESTIMATED FY 2013 UNREIMBURSED COSTS - $9,506,932 SHARP HEALTH PLAN *MEDICAL CARE SERVIC ES - $0 *OTHER BENEFITS FOR VULNERABLE POPULATIONS - $6,884 *OTHER BENEFITS FOR THE BROADE R COMMUNITY - $104,597 *HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $0 *ESTIMATED F Y 2013 UNREIMBURSED COSTS - $111,481 ALL ENTITIES *MEDICAL CARE SERVICES - $320,369,600 *O THER BENEFITS FOR VULNERABLE POPULATIONS - $2,336,152 *OTHER BENEFITS FOR THE BROADER COMM UNITY - $2,019,316 *HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - $6,613,249 *ESTIMAT ED FY 2013 UNREIMBURSED COSTS - $331,338,317 SECTION 3 COMMUNITY BENEFITS PLANNING PROCESS FOR THE PAST 17 YEARS, SHARP HEALTHCARE (SHARP OR SHC) HAS BASED ITS COMMUNITY BENEFITS P LANNING ON FINDINGS FROM A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS, AS WELL AS THE COMBINATION OF EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL AND K NOWLEDGE OF THE POPULATIONS AND COMMUNITIES SERVED BY THOSE HOSPITALS METHODOLOGY TO COND UCT THE 2013 SHARP HEALTHCARE COMMUNITY HEALTH NEEDS ASSESSMENTS SINCE 1995, SHARP HAS PAR TICIPATED IN A COUNTYWIDE COLLABORATIVE THAT INCLUDES A BROAD RANGE OF HOSPITALS, HEALTH C ARE ORGANIZATIONS, AND COMMUNITY AGENCIES TO CONDUCT A TRIENNIAL CHNA FINDINGS FROM THE C HNA, THE PROGRAM AND SERVICES EXPERTISE OF EACH SHARP HOSPITAL, AND KNOWLEDGE OF THE POPUL ATIONS AND COMMUNITIES SERVED BY THOSE HOSPITALS COMBINE TO PROVIDE A FOUNDATION FOR COMMU NITY BENEFITS PLANNING AND PROGRAM IMPLEMENTATION TO ADDRESS THE NEW REQUIREMENTS UNDER S ECTION 501(R) WITHIN SECTION 9007 OF THE AFFORDABLE CARE ACT, AND IRS FORM 990, SCHEDULE H FOR NOT-FOR-PROFIT HOSPITALS, SAN DIEGO COUNTY (SDC) HOSPITALS ENGAGED IN A NEW, COLLABOR ATIVE CHNA PROCESS THIS PROCESS GATHERED BOTH SALIENT HOSPITAL DATA AND THE PERSPECTIVES OF COMMUNITY HEALTH LEADERS AND RESIDENTS IN ORDER TO IDENTIFY AND PRIORITIZE HEALTH NEEDS FOR COMMUNITY MEMBERS ACROSS THE COUNTY, WITH A PARTICULAR FOCUS ON VULNERABLE POPULATION S ADDITIONALLY, THE PROCESS AIMED TO HIGHLIGHT HEALTH ISSUES THAT HOSPITALS COULD IMPACT THROUGH PROGRAMS, SERVICES AND COLLABORATION IN THIS ENDEAVOR, SHARP COLLABORATED WITH TH E HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC), THE INSTITUTE FOR PUB LIC HEALTH (IPH) AT SAN DIEGO STATE UNIVERSITY (SDSU), AND SDC HOSPITAL SYSTEMS INCLUDING KAISER FOUNDATION HOSPITAL, SAN DIEGO, PALOMAR HEALTH, RADY CHILDREN'S HOSPITAL, SCRIPPS HEALTH, TRI-CITY MEDICAL CENTER AND UC SAN DIEGO HEALTH SYSTEM THE COMPLETE REPORT OF THI S COLLABORATIVE PROCESS THE HASD&IC 2013 CHNA IS AVAILABLE FOR PUBLIC VIEWING AT HTTP://WW W HASDIC ORG THE RESULTS OF THIS COLLABORATIVE CHNA PROCESS SIGNIFICANTLY INFORMED THE 20 13 CHNAS FOR EACH SHARP HOSPITAL, AND INDIVIDUAL HOSPITAL ASSESSMENTS WERE FURTHER SUPPORT ED BY ADDITIONAL DATA COLLECTION AND ANALYSIS AND COMMUNITY OUTREACH SPECIFIC TO THE PRIMA RY COMMUNITIES SERVED BY EACH SHARP HOSPITAL ADDITIONALLY, IN ACCORDANCE WITH FEDERAL REG ULATIONS, THE SHARP MEMORIAL HOSPITAL (SMH) 2013 CHNA ALSO INCLUDES NEEDS IDENTIFIED FOR C OMMUNITIES SERVED BY SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (SMBHWN), AS THE TWO H OSPITALS SHARE A LICENSE, AND REPORT ALL UTILIZATION AND FINANCIAL DATA AS A SINGLE ENTITY TO THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) AS SUCH, THE SMH 2013 CHNA SUMMARIZES THE PROCESSES AND FINDINGS FOR COMMUNITIES SERVED BY BOTH HOSPITAL ENTITI ES THE 2013 CHNAS FOR EACH SHARP HOSPITAL WILL GUIDE CURRENT AND FUTURE COMMUNITY BENEFIT PROGRAMS AND SERVICES, ESPECIALLY FOR HIGH-NEED COMMUNITY MEMBERS THIS SECTION DESCRIBES THE GENERAL METHODOLOGY EMPLOYED FOR EACH OF SHARP HEALTHCARE'S 2013 CHNAS DATA COLLECTI ON AND ANALYSIS AS THE STUDY AREA FOR BOTH THE COLLABORATIVE HASD&IC 2013 CHNA AND THE SHA RP 2013 CHNAS COVER SDC, THE HASD&IC 2013 CHNA PROCESS AND FINDINGS SIGNIFICANTLY INFORMED SHARP'S CHNA PROCESS AND AS SUCH, ARE DESCRIBED AS APPLICABLE THROUGHOUT THE VARIOUS CHNA REPORTS FOR COMPLETE DETAILS ON THE HASD&IC 2013 CHNA PROCESS, PLEASE VISIT THE HASD&IC WEBSITE AT HTTP://WWW HASDIC ORG FOR THE HASD&IC 2013 CHNA PROCESS, THE IPH EMPLOYED A R IGOROUS METHODOLOGY USING BOTH COMMUNITY INPUT (PRIMARY DATA SOURCES) AND QUANTITATIVE ANA LYSIS (SECONDARY DATA SOURCES) TO IDENTIFY AND PRIORITIZE THE TOP HEALTH CONDITIONS IN SDC THESE HEALTH NEEDS WERE PRIORITIZED BASED ON THE FOLLOWING CRITERIA * HAS A SIGNIFICANT PREVALENCE IN THE COMMUNITY * CONTRIBUTES SIGNIFI

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		CANTLY TO THE MORBIDITY AND MORTALITY IN SDC * DISPROPORTIONATELY IMPACTS VULNERABLE COMMU NITIES * REFLECTS A NEED THAT EXISTS THROUGHOUT SDC * CAN BE ADDRESSED THROUGH EVIDENCE-BA SED PRACTICES BY HOSPITALS AND HEALTH CARE SYSTEMS QUANTITATIVE DATA (SECONDARY SOURCES) F OR BOTH THE HASD&IC 2013 CHNA AND THE INDIVIDUAL SHARP HOSPITAL CHNAS INCLUDED 2011 CALEND AR YEAR HOSPITAL DISCHARGE DATA AT THE ZIP CODE LEVEL, HEALTH STATISTICS FROM THE SAN DIEG O COUNTY HEALTH AND HUMAN SERVICES AGENCY (HHSA), THE US CENSUS BUREAU, THE CENTERS FOR DI SEASE CONTROL AND PREVENTION, AND OTHERS THE VARIABLES ANALYZED ARE INCLUDED IN TABLE 1 B ELOW, AND WERE ANALYZED AT THE ZIP CODE LEVEL WHEREVER POSSIBLE TABLE 1 VARIABLES ANALYZ ED IN THE HASD&IC AND SHARP HEALTHCARE 2013 CHNAS *SECONDARY DATA VARIABLES - INPATIENT HO SPITALIZATIONS BY CAUSE - EMERGENCY DEPARTMENT VISITS BY CAUSE - DEMOGRAPHIC DATA (SOCIO-E CONOMIC INDICATORS) - MORTALITY DATA - REGIONAL DISEASE-SPECIFIC HEALTH DATA (COUNTY HHSA) - SELF-REPORTED HEALTH DATA (CALIFORNIA HEALTH INTERVIEW SURVEY) - SPECIALIZED HEALTH DAT A /REPORTS (VARIOUS) RECOGNIZING THAT HEALTH NEEDS DIFFER ACROSS THE REGION AND THAT SOCIO ECONOMIC FACTORS IMPACT HEALTH OUTCOMES, BOTH HASD&IC'S 2013 CHNA AND SHARP'S 2013 CHNA PR OCESSES UTILIZED THE DIGNITY HEALTH/TRUVEN COMMUNITY NEED INDEX (CNI) TO IDENTIFY COMMUNIT IES IN SDC WITH THE HIGHEST LEVEL OF HEALTH DISPARITIES AND NEEDS RESIDENTS IN FIVE OF TH ESE HIGH-NEED NEIGHBORHOODS ACROSS SDC WERE ASKED TO PROVIDE INPUT IN A COMMUNITY FORUM SE TTING FOR THE HASD&IC 2013 CHNA, IPH CONDUCTED PRIMARY DATA COLLECTION THROUGH THREE METH ODS AN ONLINE COMMUNITY HEALTH LEADER/HEALTH EXPERT SURVEY, KEY INFORMANT INTERVIEWS AND COMMUNITY FORUMS THE COMMUNITY HEALTH LEADER/HEALTH EXPERT SURVEY WAS COMPLETED BY 89 MEM BERS OF THE HEALTH CARE COMMUNITY, INCLUDING HEALTH CARE AND SOCIAL SERVICE PROVIDERS, ACA DEMICS, COMMUNITY-BASED ORGANIZATIONS ASSISTING THE UNDERSERVED AND OTHER PUBLIC HEALTH EX PERTS OVER THE WINTER AND SPRING OF 2013, FIVE COMMUNITY FORUMS WERE HELD IN COMMUNITIES OF HIGH NEED ACROSS SDC, REACHING A TOTAL OF 106 COMMUNITY RESIDENTS IN ADDITION, IPH CON DUCTED FIVE KEY INFORMANT INTERVIEWS WITH INDIVIDUALS CHOSEN BY VIRTUE OF THEIR PROFESSION AL DISCIPLINE AND KNOWLEDGE OF HEALTH ISSUES IN SDC KEY INFORMANTS INCLUDED COUNTY PUBLIC HEALTH OFFICERS, HEALTH CARE AND SOCIAL SERVICE PROVIDERS, AND MEMBERS OF COMMUNITY-BASED ORGANIZATIONS

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		FOLLOWING CONSULTATION WITH THE CHNA PLANNING TEAMS AT EACH SHARP HOSPITAL, ADDITIONAL, SP ECIFIC FEEDBACK FROM ADDITIONAL KEY INFORMANTS AND COMMUNITY RESIDENTS WAS ALSO COLLECTED COMMUNITY MEMBERS WERE ASKED FOR OPEN-ENDED FEEDBACK ON THE HEALTH ISSUES OF GREATEST IMP ORTANCE TO THEM, AS WELL AS ANY SIGNIFICANT BARRIERS THEY FACE IN MAINTAINING HEALTH AND W ELL-BEING FINDINGS THROUGH THE COMBINED ANALYSES OF THE RESULTS FOR ALL THE DATA AND INFO RMATION GATHERED, THE FOLLOWING CONDITIONS WERE IDENTIFIED AS PRIORITY HEALTH NEEDS FOR TH E PRIMARY COMMUNITIES SERVED BY SHARP HOSPITALS (LISTED IN ALPHABETICAL ORDER) * BEHAVIOR AL HEALTH (MENTAL HEALTH) * CANCER * CARDIOVASCULAR DISEASE * DIABETES, TYPE II * HIGH-RIS K PREGNANCY * OBESITY * ORTHOPEDICS * SENIOR HEALTH (INCLUDING END-OF-LIFE CARE) AS THE CH NAS WERE HOSPITAL-SPECIFIC, NOT ALL OF SHARP'S HOSPITALS IDENTIFIED ALL OF THE ABOVE PRIOR ITY HEALTH NEEDS THROUGH THEIR CHNA PROCESS, GIVEN THE SPECIFIC SERVICES THE INDIVIDUAL HO SPITALS PROVIDE TO THE COMMUNITY FOR INSTANCE, SHARP MESA VISTA HOSPITAL, THE LARGEST PRO VIDER OF MENTAL HEALTH, CHEMICAL DEPENDENCY AND SUBSTANCE ABUSE TREATMENT IN SDC, IDENTIFI ED BEHAVIORAL HEALTH AS A PRIORITY HEALTH NEED FOR THE COMMUNITY MEMBERS IT SERVES, HOWEVE R IT DID NOT IDENTIFY OTHER NEEDS SUCH AS CANCER, HIGH-RISK PREGNANCY, ETC IN ADDITION, A S PART OF THE COLLABORATIVE CHNA PROCESS, THE IPH CONDUCTED A CONTENT ANALYSIS OF ALL QUAL ITATIVE FEEDBACK COLLECTED THROUGH THE HASD&IC 2013 CHNA PROCESS KEY INFORMANTS, ONLINE SU RVEY RESPONDENTS AND COMMUNITY MEMBERS AND FOUND THAT THE INPUT FELL INTO ONE OF THE FOLLO WING FIVE CATEGORIES * ACCESS TO CARE OR INSURANCE * CARE MANAGEMENT * EDUCATION * SCREEN ING SERVICES * COLLABORATION SHARP IS COMMITTED TO THE HEALTH AND WELL-BEING OF THE COMMUN ITY, AND THE FINDINGS OF SHARP'S 2013 CHNAS WILL HELP TO INFORM THE ACTIVITIES AND SERVICE S PROVIDED BY SHARP TO IMPROVE THE HEALTH OF THE COMMUNITY MEMBERS IT SERVES THE 2013 CHN A PROCESS ALSO GENERATED A LIST OF CURRENTLY EXISTING RESOURCES IN SDC, AN ASSET MAP, THAT ADDRESS THE HEALTH NEEDS IDENTIFIED THROUGH THE CHNA PROCESS WHILE NOT AN EXHAUSTIVE LIS T OF THE AVAILABLE RESOURCES IN SAN DIEGO, THIS MAP WILL SERVE AS A RESOURCE FOR SHARP TO HELP CONTINUE, REFINE AND CREATE PROGRAMS THAT MEET THE NEEDS OF THEIR MOST VULNERABLE COM MUNITY MEMBERS WITH THE CHALLENGING AND UNCERTAIN FUTURE OF HEALTH CARE, THERE ARE MANY F ACTORS TO CONSIDER IN THE DEVELOPMENT OF PROGRAMS TO BEST SERVE MEMBERS OF THE SAN DIEGO C OMMUNITY THE HEALTH CONDITIONS AND HEALTH ISSUES IDENTIFIED IN THIS CHNA, INCLUDING, BUT NOT LIMITED TO HEALTH CARE AND INSURANCE ACCESS AND EDUCATION AND INFORMATION FOR ALL COMM UNITY MEMBERS, WILL NOT BE RESOLVED WITH A QUICK FIX ON THE CONTRARY, THESE RESOLUTIONS W ILL BE A JOURNEY REQUIRING TIME, PERSISTENCE, COLLABORATION AND INNOVATION IT IS A JOURNE Y THAT THE ENTIRE SHARP SY STEM IS COMMITTED TO MAKING, AND SHARP REMAINS STEADFASTLY DEDIC ATED TO THE CARE AND IMPROVEMENT OF HEALTH AND WELL-BEING FOR ALL SAN DIEGANS THE 2013 CH NAS FOR EACH SHARP HOSPITAL ARE AVAILABLE ONLINE AT HTTP://WWW SHARP COM/ABOUT/COMMUNITY/C OMMUNITY-HEALTH-NEEDS-ASSESSMENTS OR BY CONTACTING SHARP HEALTHCARE COMMUNITY BENEFITS AT COMMUNITYBENEFITS@SHARP COM DETERMINATION OF PRIORITY COMMUNITY NEEDS SHARP HEALTHCARE S HARP ENTITIES REVIEWED THEIR 2013 CHNAS AND USED THESE ASSESSMENTS TO HELP DETERMINE PRIOR ITY NEEDS FOR THE COMMUNITIES SERVED BY THEIR HOSPITALS IN IDENTIFY ING THESE PRIORITIES, SHARP ENTITIES ALSO CONSIDERED THE EXPERTISE AND MISSION OF ITS PROGRAMS AND SERVICES, IN ADDITION TO THE NEEDS OF THE UNIQUE, EVER-CHANGING DEMOGRAPHICS AND HEALTH TOPICS THAT COM PRISE SHARP'S SERVICE AREA AND REGION STEPS COMPLETED TO PREPARE AN ANNUAL COMMUNITY BENE FITS REPORT ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PERFORMS THE FOLLOWING STEPS IN PREPAR ATION OF ITS COMMUNITY BENEFITS REPORT * ESTABLISHES AND/OR REVIEWS HOSPITAL-SPECIFIC MEA SURABLE OBJECTIVES TAKING INTO ACCOUNT RESULTS OF THE ENTITY CHNA AND EVALUATION OF THE EN TITY'S SERVICE AREA AND EXPERTISE/SERVICES PROVIDED TO THE COMMUNITY * VERIFIES THE NEED F OR AN ONGOING FOCUS ON IDENTIFIED COMMUNITY NEEDS AND/OR ADDS NEW IDENTIFIED COMMUNITY NEE DS * REPORTS ON ACTIVITIES CONDUCTED IN THE PRIOR FISCAL YEAR FY 2013 REPORT OF ACTIVITIES * DEVELOPS A PLAN FOR THE UPCOMING FISCAL YEAR, INCLUDING SPECIFIC STEPS TO BE UNDERTAKEN FY 2014 PLAN * REPORTS AND CATEGORIZES THE ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FY 2013, ACCORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED IN SB 697 * REVIEWS AND APP ROVES A COMMUNITY BENEFITS PLAN * DISTRIBUTES THE COMMUNITY BENEFITS PLAN AND REPORT TO ME MBERS 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 UNDER TAKEN IN THE UPCOMING FISCAL YEAR ONGOING COMMITMENT TO COLLABORATION IN SUPPORT OF ITS ON GOING COMMITMENT TO WORKING WITH OTHERS ON ADDRESS

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		ING COMMUNITY HEALTH PRIORITIES TO IMPROVE THE HEALTH STATUS OF SDC RESIDENTS, SHARP EXECU TIVE LEADERSHIP, OPERATIONAL EXPERTS AND OTHER STAFF ARE ACTIVELY ENGAGED IN THE NATIONAL AMERICAN HOSPITAL ASSOCIATION, STATEWIDE CALIFORNIA HOSPITAL ASSOCIATION, HASD&IC, AND OTH ER LOCAL COLLABORATIVES SUCH AS COMBINED HEALTH AGENCIES AND THE COMMUNITY HEALTH IMPROVEM ENT PARTNERS BEHAVIORAL HEALTH WORK TEAM SECTION 4 SHARP GROSSMONT HOSPITAL SHARP GROSSMO NT HOSPITAL (SGH) IS LOCATED AT 5555 GROSSMONT CENTER DRIVE, IN LA MESA, ZIP CODE 91942 F Y 2013 COMMUNITY BENEFITS PROGRAM HIGHLIGHTS SGH PROVIDED $91,752,299 IN COMMUNITY BENEFIT S IN FY 2013 SEE TABLE 1 FOR A SUMMARY OF UNREIMBURSED COSTS BASED ON THE CATEGORIES IDEN TIFIED IN SB 697 TABLE 1 ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED SHARP GROSSMONT H OSPITAL FY 2013 SENATE BILL 697 CATEGORY PROGRAMS AND SERVICES INCLUDED IN SENATE BILL 697 CATEGORY ESTIMATED FY 2013 UNREIMBURSED COSTS *MEDICAL CARE SERVICES SHORTFALL IN MEDI-CA L, FINANCIAL SUPPORT FOR ON-SITE WORKERS TO PROCESS MEDI-CAL ELIGIBILITY FORMS $28,023,330 SHORTFALL IN MEDICARE $26,211,316 SHORTFALL IN SAN DIEGO COUNTY INDIGENT MEDICAL SERVICES $16,632,636 SHORTFALL IN CHAMPVA/TRICARE $416,032 CHARITY CARE AND BAD DEBT $18,079,382 * OTHER BENEFITS FOR VULNERABLE POPULATIONS PATIENT TRANSPORTATION, PROJECT HELP AND OTHER A SSISTANCE FOR THE NEEDY $714,579 *OTHER BENEFITS FOR THE BROADER COMMUNITY HEALTH EDUCATIO N AND INFORMATION, HEALTH SCREENINGS, HEALTH FAIRS, FLU VACCINATIONS, SUPPORT GROUPS, MEET ING ROOM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZATIONS AND COST OF FUNDRAISING FOR C OMMUNITY EVENTS $675,348 *HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS EDUCATION AND T RAINING PROGRAMS FOR STUDENTS, INTERNS AND HEALTH CARE PROFESSIONALS $999,676 TOTAL $91,75 2,299 KEY HIGHLIGHTS * UNREIMBURSED MEDICAL CARE SERVICES INCLUDED UNCOMPENSATED CARE FOR PATIENTS WHO WERE UNABLE TO PAY FOR SERVICES, THE UNREIMBURSED COSTS OF PUBLIC PROGRAMS S UCH AS MEDI-CAL, MEDICARE, AND SAN DIEGO COUNTY INDIGENT MEDICAL SERVICES, AND FINANCIAL S UPPORT FOR ONSITE WORKERS TO PROCESS MEDI-CAL ELIGIBILITY FORMS * OTHER BENEFITS FOR VULN ERABLE POPULATIONS INCLUDED VAN TRANSPORTATION FOR PATIENTS TO AND FROM MEDICAL APPOINTMEN TS, COMPREHENSIVE PRENATAL CLINICAL AND SOCIAL SERVICES TO LOW-INCOME, LOW-LITERACY WOMEN WITH MEDI-CAL BENEFITS, FINANCIAL AND OTHER SUPPORT TO NEIGHBORHOOD HEALTHCARE, PROJECT HE LP, PROJECT CARE, FLU VACCINATION CLINICS FOR HIGH-RISK ADULTS, INCLUDING SENIORS AND HEAR T DISEASE PATIENTS, CONTRIBUTION OF TIME TO STAND DOWN FOR HOMELESS VETERANS AND THE SAN D IEGO FOOD BANK, THE SHARP HUMANITARIAN SERVICE PROGRAM, MEALS-ON-WHEELS, AND OTHER ASSISTA NCE FOR THE NEEDY

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		* OTHER BENEFITS FOR THE BROADER COMMUNITY INCLUDED HEALTH EDUCATION AND INFORMATION ON A VARIETY OF TOPICS, SUPPORT GROUPS, PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EVENTS AND HEALTH SCREENINGS FOR STROKE, BLOOD PRESSURE, GLUCOSE, BALANCE/FALL PREVENTION, HAND, DEPR ESSION, LUNG FUNCTION, PERIPHERAL ARTERY DISEASE, VASCULAR DISEASE AND CAROTID ARTERY DISE ASE, AND THE BREAST CANCER PATIENT NAVIGATOR PROGRAM THE HOSPITAL'S SENIOR RESOURCE CENTE R ALSO OFFERED FLU VACCINATIONS AND SPECIALIZED EDUCATION AND INFORMATION SGH STAFF COLLA BORATED WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS SGH ALSO OFFERED ME ETING ROOM SPACE AT NO CHARGE TO COMMUNITY GROUPS IN ADDITION, STAFF AT THE HOSPITAL ACTI VELY PARTICIPATED IN COMMUNITY BOARDS, COMMITTEES, AND CIVIC ORGANIZATIONS, SUCH AS AGING AND INDEPENDENCE SERVICES (AIS), EAST COUNTY CHAMBER OF COMMERCE HEALTH COMMITTEE, NEIGHBO RHOOD HEALTHCARE COMMUNITY CLINICS, SANTEE CHAMBER OF COMMERCE, MEALS-ON-WHEELS GREATER SA N DIEGO ADVISORY BOARD, SAN DIEGO COUNTY SOCIAL SERVICES ADVISORY BOARD, YMCA, CAREGIVER C OALITION OF SAN DIEGO, EAST COUNTY SENIOR SERVICE PROVIDERS (ECSSP) AND THE CAREGIVER EDUC ATION COMMITTEE SEE APPENDIX A FOR A LISTING OF SHARP'S COMMUNITY INVOLVEMENT * HEALTH R ESEARCH, EDUCATION AND TRAINING PROGRAMS INCLUDED EDUCATION AND TRAINING OF HEALTH CARE PR OFESSIONALS, AND STUDENT AND INTERN SUPERVISION DEFINITION OF COMMUNITY THE COMMUNITY SER VED BY SGH INCLUDES THE ENTIRE EAST REGION OF SAN DIEGO COUNTY (SDC), INCLUDING THE SUB-RE GIONAL AREAS OF JAMUL, SPRING VALLEY, LEMON GROVE, LA MESA, EL CAJON, SANTEE, LAKESIDE, HA RBISON CANYON, CREST, ALPINE, LAGUNA-PINE VALLEY AND MOUNTAIN EMPIRE APPROXIMATELY FIVE P ERCENT OF THE POPULATION LIVES IN REMOTE OR RURAL AREAS OF THIS REGION FOR SGH'S 2013 COM MUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS, THE DIGNITY HEALTH/TRUVEN HEALTH COMMUNITY NEED INDEX (CNI) WAS UTILIZED TO IDENTIFY VULNERABLE COMMUNITIES WITHIN THE COUNTY THE CN I IDENTIFIES THE SEVERITY OF HEALTH DISPARITY FOR EVERY ZIP CODE IN THE UNITED STATES (US) BASED ON SPECIFIC BARRIERS TO HEALTH CARE ACCESS INCLUDING EDUCATION, INCOME, CULTURE/LAN GUAGE, INSURANCE AND HOUSING AS SUCH, THE CNI DEMONSTRATES THE LINK BETWEEN COMMUNITY NEE D, ACCESS TO CARE, AND PREVENTABLE HOSPITALIZATIONS ACCORDING TO DIGNITY HEALTH'S CNI, CO MMUNITIES SERVED BY SGH WITH ESPECIALLY HIGH NEED INCLUDE BUT ARE NOT LIMITED TO LEMON GR OVE, SPRING VALLEY AND EL CAJON DESCRIPTION OF COMMUNITY HEALTH IN SDC'S EAST REGION IN 2 011, 93 6 PERCENT OF CHILDREN AGES 0 TO 11, 95 7 PERCENT OF CHILDREN AGES 12 TO 17 AND 82 7 PERCENT OF ADULTS AGES 18 AND OLDER HAD HEALTH INSURANCE FAILING TO MEET THE HEALTHY PEO PLE (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 SDC'S EAST REGION, 2011 *CURRENT HEALTH INSURANCE COVERAGE CHILDREN 0 TO 11 YEARS RATE - 93 6 YEAR 2020 TARGET 100% CHILDREN 12 TO 17 YEARS RATE - 95 7 YEAR 2020 TARGET 100% ADULTS 18 + YEARS RATE - 82 7 YEAR 2020 TARGET 100% *REGULAR SOURCE OF MEDICAL CARE CHILDREN 0 TO 11 YEARS RATE - 98 8% YEAR 2020 TARGET 100% CHILDREN 12 TO 17 YEARS RATE - 89 3% YEAR 2020 TARGET 100% ADULTS 18 + YEARS RATE - 87 1% YEAR 2020 TARGET 89 4% *NOT CURRENTLY INSURED ADULTS 18 TO 64 YEARS RATE - 15 7% SOU RCE 2011-2012 COMMUNITY HEALTH INTERVIEW SURVEY (CHIS) TABLE 3 MEDI-CAL (MEDICAID)/HEALT HY FAMILIES ELIGIBILITY, AMONG UNINSURED IN SDC'S EAST REGION (ADULTS AGES 18- 64 YRS), 20 11 DESCRIPTION/RATE MEDI-CAL ELIGIBLE - 7 5% HEALTHY FAMILIES ELIGIBLE - 1 3% NOT ELIGIBLE - 91 2% SOURCE 2011-2012 CHIS HEART DISEASE AND CANCER WERE THE TOP TWO LEADING CAUSES O F DEATH IN SDC'S EAST REGION SEE TABLE 4 FOR A SUMMARY OF LEADING CAUSES OF DEATH IN THE EAST REGION FOR ADDITIONAL DEMOGRAPHIC AND HEALTH DATA FOR COMMUNITIES SERVED BY SGH, PLE ASE REFER TO THE SGH 2013 CHNA AT HTTP //WWW SHARP COM/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NE EDS-ASSESSMENTS TABLE 4 LEADING CAUSES OF DEATH IN SDC'S EAST REGION, 2011 CAUSE OF DEATH NUMBER OF DEATHS PERCENT OF TOTAL DEATHS DISEASES OF HEART 937 25 3% MALIGNANT NEOPLASMS 863 23 3% CHRONIC LOWER RESPIRATORY DISEASE 226 6 1% CEREBROVASCULAR DISEASES 195 5 3% ACC IDENTS (UNINTENTIONAL INJURIES) 189 5 1% ALZHEIMER'S DISEASE 187 5 0% DIABETES MELLITUS 11 1 3 0% INTENTIONAL SELF-HARM (SUICIDE) 73 2 0% CHRONIC LIVER DISEASE AND CIRRHOSIS 65 1 8% INFLUENZA AND PNEUMONIA 62 1 7% ALL OTHER CAUSES 800 21 6% TOTAL DEATHS 3,708 100 0% SOUR CE COUNTY OF SAN DIEGO, HHSA, PUBLIC HEALTH SERVICES, COMMUNITY EPIDEMIOLOGY BRANCH COMMU NITY BENEFITS PLANNING PROCESS IN ADDITION TO THE STEPS OUTLINED IN SECTION 3 REGARDING CO MMUNITY BENEFITS PLANNING, SGH * INCORPORATES COMMUNITY PRIORITIES AND COMMUNITY INPUT IN TO ITS STRATEGIC PLAN AND DEVELOPS SERVICE LINE-SPECIFIC GOALS * ESTIMATES AN ANNUAL BUDGE T FOR COMMUNITY PROGRAMS AND SERVICES BASED ON COM

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		MUNITY NEEDS, THE PRIOR YEAR'S EXPERIENCE AND CURRENT FUNDING LEVELS * PREPARES AND DISTRI BUTES A MONTHLY REPORT OF COMMUNITY ACTIVITIES TO ITS BOARD OF DIRECTORS, DESCRIBING COMMU NITY BENEFITS PROVIDED SUCH AS EDUCATION, SCREENINGS AND FLU VACCINATIONS * PREPARES AND D ISTRIBUTES INFORMATION ON COMMUNITY BENEFITS PROGRAMS AND SERVICES THROUGH ITS FOUNDATION AND COMMUNITY NEWSLETTERS * CONSULTS WITH REPRESENTATIVES FROM A VARIETY OF DEPARTMENTS TO DISCUSS, PLAN AND IMPLEMENT COMMUNITY ACTIVITIES PRIORITY COMMUNITY NEEDS ADDRESSED IN CO MMUNITY BENEFITS REPORT SGH 2013 CHNA THROUGH THE SGH 2013 CHNA, THE FOLLOWING PRIORITY HE ALTH NEEDS WERE IDENTIFIED FOR THE COMMUNITIES SERVED BY SGH (IN ALPHABETICAL ORDER) * BE HAVIORAL HEALTH (MENTAL HEALTH) * CARDIOVASCULAR DISEASE * DIABETES, TYPE II * OBESITY * S ENIOR HEALTH (INCLUDING END-OF-LIFE CARE) IN ALIGNMENT WITH THESE IDENTIFIED NEEDS, THE FO LLOWING PAGES DETAIL PROGRAMS THAT SPECIFICALLY ADDRESS CARDIOVASCULAR DISEASE, DIABETES A ND SENIOR HEALTH SGH PROVIDES BEHAVIORAL HEALTH SERVICES TO SDC'S EAST REGION THROUGH CLI NICAL PROGRAMS FOR ADULTS AND OLDER ADULTS, INCLUDING INDIVIDUALS LIVING WITH PSYCHOSIS, D EPRESSION, GRIEF, ANXIETY, TRAUMATIC STRESS AND OTHER DISORDERS SGH ALSO PROVIDES A DEDIC ATED PSYCHIATRIC ASSESSMENT TEAM IN THE EMERGENCY DEPARTMENT (ED) AND ACUTE CARE, AS WELL AS HOSPITAL-BASED OUTPATIENT PROGRAMS THAT SERVE INDIVIDUALS DEALING WITH A VARIETY OF BEH AVIORAL HEALTH ISSUES BEYOND THESE CLINICAL SERVICES, SGH DOES NOT HAVE THE RESOURCES TO COMPREHENSIVELY MEET THE NEED FOR COMMUNITY EDUCATION AND SUPPORT IN BEHAVIORAL HEALTH CO NSEQUENTLY, THE COMMUNITY EDUCATION AND SUPPORT ELEMENTS OF BEHAVIORAL HEALTH CARE ARE ADD RESSED THROUGH THE PROGRAMS AND SERVICES PROVIDED THROUGH SHARP MESA VISTA HOSPITAL AND SH ARP MCDONALD CENTER, WHICH ARE THE MAJOR PROVIDERS OF BEHAVIORAL HEALTH AND CHEMICAL DEPEN DENCY SERVICES IN SDC OBESITY IS ADDRESSED THROUGH GENERAL NUTRITION AND EXERCISE EDUCATI ON AND RESOURCES PROVIDED AT SGH, AS WELL AS PROGRAMS THAT ADDRESS A HEALTHY LIFESTYLE AS PART OF CARE FOR HEART DISEASE, DIABETES AND OTHER HEALTH ISSUES INFLUENCED BY HEALTHY WEI GHT AND EXERCISE IN ADDITION, SHARP REES-STEALY CLINICS THROUGHOUT SDC PROVIDE STRUCTURED WEIGHT MANAGEMENT AND HEALTH EDUCATION PROGRAMS TO COMMUNITY MEMBERS, SUCH AS SMOKING CES SATION AND STRESS MANAGEMENT, LONG-TERM SUPPORT FOR WEIGHT MANAGEMENT AND FAT LOSS, AND PE RSONALIZED WEIGHT-LOSS PROGRAMS IN ADDITION, THROUGH FURTHER ANALYSIS OF SGH'S COMMUNITY PROGRAMS AND IN CONSULTATION WITH SGH'S COMMUNITY RELATIONS TEAM, THIS SECTION ALSO ADDRES SES THE FOLLOWING PRIORITY HEALTH NEEDS FOR COMMUNITY MEMBERS SERVED BY SGH

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		* CANCER EDUCATION AND SUPPORT, AND PARTICIPATION IN CLINICAL TRIALS * BONE HEALTH ORTHOPE DIC / OSTEOPOROSIS EDUCATION AND SCREENING * WOMEN'S AND PRENATAL HEALTH SERVICES AND EDUC ATION * PREVENTION OF UNINTENTIONAL INJURIES * SUPPORT DURING THE TRANSITION OF CARE PROCE SS FOR HIGH-RISK, UNDERSERVED, AND UNDERFUNDED PATIENTS * COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS FOR EACH PRIORITY COMMUNITY NEED IDENTIFIED AB OVE, SUBSEQUENT PAGES INCLUDE A SUMMARY OF THE RATIONALE AND IMPORTANCE OF THE NEED, MEASU RABLE OBJECTIVE(S), FY 2013 REPORT OF ACTIVITIES CONDUCTED IN SUPPORT OF THE OBJECTIVE(S), AND FY 2014 PLAN OF ACTIVITIES IDENTIFIED COMMUNITY NEED STROKE EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NEEDS ASSESSMENT OR TH E MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RA TIONALE * THE SGH 2013 CHNA IDENTIFIED CARDIOVASCULAR DISEASE (INCLUDING CEREBROVASCULAR D ISEASE/STROKE) AS ONE OF FIVE PRIORITY HEALTH ISSUES AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SGH * THE HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) 201 3 CHNA IDENTIFIED CARDIOVASCULAR DISEASE (INCLUDING CEREBROVASCULAR DISEASE/STROKE) AS ONE OF THE TOP FOUR PRIORITY HEALTH ISSUES FOR COMMUNITY MEMBERS IN SDC * FEEDBACK FROM KEY INFORMANT INTERVIEWS CONDUCTED DURING THE HASD&IC 2013 CHNA PROCESS ALIGNED ACCESS TO CARE AND INSURANCE COVERAGE CLOSELY WITH CARE FOR CARDIOVASCULAR DISEASE * IN 2011, HEART DIS EASE WAS THE LEADING CAUSE OF DEATH FOR THE EAST REGION OF SDC CEREBROVASCULAR DISEASE WA S THE FOURTH LEADING CAUSE OF DEATH FOR THE REGION * IN 2011, THERE WERE 195 DEATHS DUE T O CEREBROVASCULAR DISEASES (STROKE) IN SDC'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO CEREBROVASCULAR DISEASES WAS 38 2 DEATHS PER 100,000 POPULATION THE REGION'S AGE-ADJUSTED DEATH RATE WAS THE SECOND HIGHEST OF ALL REGIONS AND HIGHER THAN THE SDC AGE- ADJUSTED RATE OF 32 2 DEATHS PER 100,000 POPULATION * IN 2011, THERE WERE 1,279 HOSPITALI ZATIONS DUE TO STROKE IN SDC'S EAST REGION THE RATE OF HOSPITALIZATIONS IN THE EAST REGIO N WAS 274 1 DISCHARGES PER 100,000 POPULATION, ALSO HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 235 1 DISCHARGES PER 100,000 POPULATION THE STROKE HOSPITALIZATION RATE IN THE EAST RE GION WAS THE HIGHEST IN COMPARISON TO ALL SDC'S REGIONS * IN 2011, THERE WERE 279 STROKE- RELATED ED VISITS IN THE SDC'S EAST REGION THE RATE OF VISITS WAS 59 8 PER 100,000 POPULA TION THE STROKE-RELATED ED VISIT RATE IN THE REGION WAS COMPARABLE TO THE SDC AVERAGE OF 56 1 PER 100,000 POPULATION * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, IF NO CHANGES ARE MADE IN RISK BEHAVIOR, BASED ON CURRENT DISEASE RATES, IT IS PROJECTED THAT BY THE YEAR 2020, THE TOTAL NUMBER OF DEATHS FROM HEART DISEASE AND STRO KE WILL BOTH INCREASE BY 38 PERCENT * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEG O COUNTY 2010 REPORT, THE MOST COMMON RISK FACTORS ASSOCIATED WITH STROKE INCLUDE PHY SICAL INACTIVITY, OBESITY, HYPERTENSION, CIGARETTE SMOKING, HIGH CHOLESTEROL AND DIABETES * AC CORDING TO THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), NEARLY 1 IN 3 DEATHS IN T HE US EACH YEAR IS CAUSED BY HEART DISEASE AND STROKE AT LEAST 200,000 OF THESE DEATHS CO ULD HAVE BEEN PREVENTED THROUGH CHANGES IN HEALTH HABITS, SUCH AS STOPPING SMOKING, MORE P HYSICAL ACTIVITY, AND LESS SALT IN THE DIET, COMMUNITY CHANGES TO CREATE HEALTHIER LIVING SPACES, SUCH AS SAFE PLACES TO EXERCISE AND SMOKE-FREE AREAS, AND MANAGING HIGH BLOOD PRES SURE, HIGH CHOLESTEROL, AND DIABETES (CDC, 2013) MEASURABLE OBJECTIVE * PROVIDE STROKE ED UCATION AND SCREENING SERVICES FOR THE COMMUNITY FY 2013 REPORT OF ACTIVITIES NOTE SGH IS RECOGNIZED WITH ADVANCED CERTIFICATION BY THE JOINT COMMISSION AS A PRIMARY STROKE CENTER THE PROGRAM IS NATIONALLY RECOGNIZED FOR ITS OUTREACH, EDUCATION AND THOROUGH SCREENING PROCEDURES, AS WELL AS DOCUMENTATION OF ITS SUCCESS RATE SGH IS A RECIPIENT OF THE AMERIC AN HEART ASSOCIATION'S (AHA) GET WITH THE GUIDELINES (GWTG) GOLD PLUS ACHIEVEMENT AWARDS F OR STROKE AND THE TARGET STROKE AWARD THE AHA'S GWTG IS A NATIONAL EFFORT FOCUSED ON ENS URING THAT EVIDENCE-BASED THERAPIES ARE USED WITH STROKE PATIENTS THE AHA'S TARGET STROK E AWARD FOCUSES ON IMPROVING THE TIMELINESS OF INTRAVENOUS TISSUE PLASMOGEN ACTIVATOR (IV RT-PA) ADMINISTRATION TO ELIGIBLE PATIENTS SGH'S STROKE CENTER CONDUCTED STROKE SCREENING AND EDUCATIONAL EVENTS TO EDUCATE THE PUBLIC ON STROKE RISK FACTORS, WARNING SIGNS AND AP PROPRIATE INTERVENTIONS, INCLUDING ARRIVAL AT HOSPITALS WITHIN EARLY ONSET OF SY MPTOMS IN FY 2013, THE HOSPITAL CONDUCTED FOURTEEN COMMUNITY SCREENINGS AND EDUCATIONAL EVENTS IN S DC'S EAST REGION, SERVING MORE THAN 1,000 ATTENDEES FROM THE COMMUNITY THE EVENTS WERE HE LD AT VARIOUS COMMUNITY SITES, INCLUDING BUT NOT LIMITED TO ST MICHAEL'S PARISH, WATERFOR D TERRACE RETIREMENT COMMUNITY, RANCHO SAN DIEGO Y

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		MCA, LA VIDA REAL SENIOR LIVING COMMUNITY, FIRST PRESBYTERIAN CHURCH OF EL CAJON, LAKESIDE FIRE STATION, GROSSMONT DISTRICT LIBRARY, AND THE 14TH ANNUAL SENIOR HEALTH FAIR AT THE S ANTEE TROLLEY SQUARE. IN ADDITION TO OFFERING STROKE SCREENINGS AT THESE EVENTS, SGH PROVI DED EDUCATION AND ADVISED BEHAVIOR MODIFICATION, INCLUDING SMOKING CESSATION, WEIGHT REDUC TION AND STRESS REDUCTION FOR COMMUNITY MEMBERS WITH HEALTH RISK FACTORS IDENTIFIED DURING THE STROKE SCREENINGS. IN ADDITION, IN MAY SGH'S STROKE CENTER PRESENTED TO MORE THAN 50 COMMUNITY MEMBERS AT A MEET THE PHYSICIAN LECTURE ENTITLED STROKE IS A BRAIN ATTACK ORGANI ZED THROUGH THE SGH SENIOR RESOURCE CENTER. IN JUNE, SHARP'S SYSTEMWIDE STROKE PROGRAM PAR TICIPATED IN THE STRIKE OUT STROKE NIGHT AT THE PADRES EVENT, HELD AT PETCO PARK. THE EVEN T WAS A COLLABORATION WITH THE SAN DIEGO STROKE CONSORTIUM AND THE COUNTY OF SAN DIEGO. SH ARP PARTICIPATED ALONG WITH SCRIPPS HEALTH, PALOMAR HEALTH, TRI CITY MEDICAL CENTER, ALVAR ADO HOSPITAL, KAISER FOUNDATION HOSPITAL SAN DIEGO, UC SAN DIEGO HEALTH SYSTEM AND THE SAN DIEGO PADRES TO PROMOTE AN EVENING OF STROKE AWARENESS AND SURVIVOR CELEBRATION. STROKE E DUCATION WAS PROVIDED THROUGHOUT THE EVENING TO THE ENTIRE STADIUM OF MORE THAN 43,000 COM MUNITY MEMBERS VIA THE PROMINENTLY DISPLAYED JUMBOTRON. IN ADDITION, IN OCTOBER SHARP PROV IDED STROKE SCREENING AND RISK EDUCATION TO MORE THAN 200 ATTENDEES AT THE SHARP WOMEN'S H EALTH CONFERENCE HELD AT THE SHERATON SAN DIEGO HOTEL AND MARINA. IN FY 2013, THE SGH OUTP ATIENT REHABILITATION DEPARTMENT OFFERED A STROKE SUPPORT GROUP FOR STROKE SURVIVORS AND T HEIR FAMILY MEMBERS AT NO CHARGE. IN ADDITION, SGH ACTIVELY PARTICIPATED IN THE QUARTERLY SAN DIEGO STROKE CONSORTIUM, A COLLABORATIVE EFFORT TO IMPROVE SDC STROKE CARE AND DISCUSS ISSUES IMPACTING STROKE CARE IN SDC. ADDITIONALLY, SGH COLLABORATED WITH SDC TO PROVIDE D ATA FOR THE COUNTY'S STROKE REGISTRY

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		FY 2014 PLAN SGH STROKE CENTER WILL DO THE FOLLOWING * PARTICIPATE IN STROKE SCREENING AN D EDUCATION EVENTS IN THE EAST REGION OF SDC * PROVIDE EDUCATION FOR INDIVIDUALS WITH IDEN TIFIED RISK FACTORS * OFFER A STROKE SUPPORT GROUP, IN CONJUNCTION WITH THE HOSPITAL'S OUT PATIENT REHABILITATION DEPARTMENT * PARTICIPATE WITH OTHER SDC HOSPITALS IN THE SAN DIEGO STROKE CONSORTIUM * CONTINUE TO PROVIDE DATA TO THE SDC STROKE REGISTRY * CONTINUE TO COLL ABORATE WITH THE STATE OF CALIFORNIA TO DEVELOP A STROKE REGISTRY * PROVIDE AT LEAST ONE P HYSICIAN SPEAKING EVENT AROUND STROKE CARE AND PREVENTION * PARTICIPATE IN THE SGH HEART A ND VASCULAR CONFERENCE FOR COMMUNITY PHYSICIANS AND NURSES * PROVIDE STROKE EDUCATION AND SCREENINGS FOR SHARP'S WOMEN'S HEALTH CONFERENCE IDENTIFIED COMMUNITY NEED HEART AND VASC ULAR DISEASE EDUCATION AND SCREENING RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 COM MUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATIS TICS, UNLESS OTHERWISE INDICATED RATIONALE * THE SGH 2013 CHNA IDENTIFIED CARDIOVASCULAR DISEASE AS ONE OF FIVE PRIORITY HEALTH ISSUES AFFECTING MEMBERS OF THE COMMUNITIES SERVED BY SGH * THE HASD&IC 2013 CHNA IDENTIFIED CARDIOVASCULAR DISEASE AS ONE OF THE TOP FOUR P RIORITY HEALTH ISSUES FOR COMMUNITY MEMBERS IN SDC * IN GENERAL, DATA PRESENTED IN THE HA SD&IC 2013 CHNA REVEALED A HIGHER RATE OF HOSPITAL DISCHARGES DUE TO CARDIOVASCULAR DISEAS E IN MORE VULNERABLE COMMUNITIES WITHIN SDC'S EAST REGION * FEEDBACK FROM KEY INFORMANT I NTERVIEWS CONDUCTED DURING THE HASD&IC 2013 CHNA PROCESS ALIGNED ACCESS TO CARE AND INSURA NCE COVERAGE CLOSELY WITH CARE FOR CARDIOVASCULAR DISEASE * ACCORDING TO THE SGH 2013 CHN A, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL AND SMOKING ARE ALL RISK FACTORS THAT COULD LEAD TO CARDIOVASCULAR DISEASE AND STROKE ADDITIONAL RISK FACTORS INCLUDE ALCOHOL USE, OBESITY , DIABETES, AND GENETIC FACTORS ABOUT HALF OF AMERICANS (49 PERCENT) HAVE AT LEAST ONE OF THESE THREE RISK FACTORS * IN 2011, HEART DISEASE WAS THE LEADING CAUSE OF DEATH FOR THE EAST REGION OF SDC CEREBROVASCULAR DISEASE WAS THE FOURTH LEADING CAUSE OF DEATH FOR THE REGION * IN 2011, THERE WERE 649 DEATHS DUE TO HEART DISEASE IN SDC'S EAST REGION THE R EGION'S AGE-ADJUSTED DEATH RATE DUE TO HEART DISEASE WAS 139 1 PER 100,000 POPULATION, AND WAS THE HIGHEST OF ALL REGIONS, AS WELL AS HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 104 4 DEATHS PER 100,000 POPULATION, AND HIGHER THAN THE HP 2020 TARGET OF 108 2 DEATHS PER 100 ,000 * IN 2011, THERE WERE 1,577 HOSPITALIZATIONS DUE TO CORONARY HEART DISEASE IN SDC'S EAST REGION THE RATE OF HOSPITALIZATIONS FOR CORONARY HEART DISEASE WAS 337 9 PER 100,000 POPULATION THE HOSPITALIZATION RATE IN THE REGION WAS AMONG THE HIGHEST IN SDC AND HIGHE R THAN THE COUNTY AVERAGE OF 283 4 CORONARY HEART DISEASE HOSPITALIZATIONS PER 100,000 POP ULATION * IN 2011, THERE WERE 262 CORONARY HEART DISEASE-RELATED ED VISITS IN SDC'S EAST REGION THE RATE OF VISITS WAS 56 1 PER 100,000 POPULATION THE CORONARY HEART DISEASE-REL ATED ED VISIT RATE IN THE REGION WAS THE HIGHEST OF THE REGIONS WITH A COUNTY AVERAGE OF 3 6 1 PER 100,000 POPULATION * ACCORDING TO THE 3-4-50 CHRONIC DISEASE IN SAN DIEGO COUNTY 2010 REPORT, IF NO CHANGES ARE MADE IN RISK BEHAVIOR, BASED ON CURRENT DISEASE RATES, IT I S PROJECTED THAT BY THE YEAR 2020, THE TOTAL NUMBER OF DEATHS FROM HEART DISEASE AND STROK E WILL BOTH INCREASE BY 38 PERCENT MEASURABLE OBJECTIVES * PROVIDE HEART AND VASCULAR EDU CATION AND SCREENING SERVICES FOR THE COMMUNITY, WITH AN EMPHASIS ON ADULTS, WOMEN AND SEN IORS * PARTICIPATE IN PROGRAMS TO IMPROVE THE CARE AND OUTCOMES OF INDIVIDUALS WITH HEART AND VASCULAR DISEASE FY 2013 REPORT OF ACTIVITIES SGH IS RECOGNIZED AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE BY BLUE CROSS BLUE SHIELD FOR DEMONSTRATED EXPERTISE IN DELIVERING QUALITY CARDIAC HEALTH CARE IN NOVEMBER, SGH PROVIDED A MULTICULTURAL CARDIOPULMONARY RE SUSCITATION (CPR) AND AUTOMATED EXTERNAL DEFIBRILLATOR TRAINING TO APPROXIMATELY 15 COMMUN ITY MEMBERS IN ENSENADA, MEXICO THE TRAINING FOCUSED ON CPR TECHNIQUES FOR THE LAY RESCUE R, INCLUDING FRIENDS AND FAMILY MEMBERS IN MARCH, SGH ALSO PROVIDED A CONGESTIVE HEART FA ILURE (CHF) CLASS COVERING TOPICS SUCH AS EXERCISE, NUTRITION, TREATMENT PLANS AND SY MPTOM S IN ADDITION, SGH'S CARDIAC REHABILITATION DEPARTMENT SERVED APPROXIMATELY 280 INDIVIDUA LS THROUGH CARDIAC EDUCATION CLASSES THROUGHOUT FY 2013 THESE CLASSES, OFFERED TWICE PER MONTH, WERE OPEN TO COMMUNITY MEMBERS AND PROVIDED EDUCATION AND RESOURCES ON HEART DISEAS E AND ITS RISK FACTORS THROUGHOUT FY 2013 SGH'S CARDIAC TRAINING DEPARTMENT PROVIDED EDUC ATION AND RESOURCES ON CARDIAC HEALTH AT VARIOUS COMMUNITY EVENTS THROUGHOUT SAN DIEGO, SU CH AS THE VALLEY VIEW HEALTH FAIR, THE UNION TRIBUNE HEALTH EXPO, LA JOLLA COUNTRY DAY SCH OOL, CELEBRANDO, DECEMBER NIGHTS, AND THE SHARP WOMEN'S HEALTH CONFERENCE NEARLY 9,000 CO MMUNITY MEMBERS WERE REACHED THROUGH THESE AND ADD

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		ITIONAL EVENTS ATTENDED BY THE SGH CARDIAC TRAINING PROGRAM THE PROGRAM OFFERED EDUCATION ON CRITICAL ISSUES OF CARDIAC HEALTH, INCLUDING PREVENTION, EVALUATION AND TREATMENT SGH ALSO PROVIDED CARDIOVASCULAR DISEASE PREVENTATIVE SCREENINGS THROUGHOUT FY 2013, SERVING APPROXIMATELY 90 COMMUNITY MEMBERS ADDITIONALLY, SGH CONTINUED TO PROVIDE MEETING SPACE F OR THE LA MESA CHAPTER OF MENDED HEARTS A CARDIAC SUPPORT GROUP FOR COMMUNITY MEMBERS IN ADDITION, SGH'S CARDIAC REHABILITATION PROGRAM PARTICIPATED IN THE SUMMER HEALTHCARE SATUR DAY HEALTH FAIR AT GROSSMONT CENTER, AS WELL AS THE 14TH ANNUAL SENIOR HEALTH FAIR AT THE SANTEE TROLLEY SQUARE, SERVING MORE THAN 200 COMMUNITY MEMBERS THROUGH THESE EVENTS IN OC TOBER, THE SGH CARDIAC REHABILITATION PROGRAM ALSO CONDUCTED A FLU VACCINATION CLINIC FOR HEART DISEASE PATIENTS AND THEIR FAMILY MEMBERS, AS WELL AS SENIORS AND HIGH-RISK ADULTS, REACHING APPROXIMATELY 45 INDIVIDUALS THROUGH THESE EFFORTS THROUGHOUT THE YEAR, SGH PROV IDED EXPERT SPEAKERS ON HEART DISEASE AND HEART FAILURE FOR VARIOUS PROFESSIONAL EVENTS, I NCLUDING SGH'S HEART AND VASCULAR SYMPOSIUM AT THIS SYMPOSIUM, CARDIAC TEAM MEMBERS PROVI DED LECTURES ON PATIENT MANAGEMENT IN ADDITION, STAFF TAUGHT A CLASS IN CARDIOVASCULAR HE ALTH AND TREATMENT OPTIONS TO 40 SENIOR COMMUNITY MEMBERS AT LA VIDA REAL SENIOR LIVING CO MMUNITY IN ADDITION, IN OCTOBER SGH HOSTED THE SOUTHERN CALIFORNIA VOICE (VASCULAR OUTCOM ES IMPROVEMENT COLLABORATIVE) SEMI-ANNUAL MEETING, WHICH INCLUDED REGIONAL VASCULAR PHYSIC IANS, NURSES, EPIDEMIOLOGISTS, SCIENTISTS AND RESEARCH PERSONNEL WITH A GOAL TO COLLECT CO MMON VASCULAR DATASETS IN ORDER TO POOL INFORMATION THAT WILL IMPROVE PATIENT CARE.

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		SGH ALSO PARTICIPATED IN SEVERAL PROGRAMS TO IMPROVE THE CARE AND OUTCOMES OF INDIVIDUALS WITH HEART AND VASCULAR DISEASE TO ASSIST IN IMPROVING CARE FOR ACUTELY ILL PATIENTS IN T HE COUNTY, SGH PROVIDED DATA ON STEMI (ST ELEVATION MYOCARDIAL INFARCTION OR ACUTE HEART A TTACK) TO SAN DIEGO COUNTY EMERGENCY MEDICAL SERVICES (EMS) STARTING IN MAY, SGH BEGAN CO LLABORATING WITH SCRIPPS HEALTH PROVIDING STEMI DATA FOR A RESEARCH STUDY INVOLVING STEM C ELL IMPLANTATION IN PATIENTS WITH LOW CARDIAC FUNCTION ALSO, SHARP HEALTHCARE IS NOW HOST ING THE QUARTERLY SAN DIEGO COUNTY EMERGENCY MEDICAL SERVICES COUNTY ADVISORY COUNCIL FOR STEMI AT SHARP'S CORPORATE OFFICE (SPECTRUM) ALSO IN 2013, SGH DESIGNED AND IMPLEMENTED A PERIPHERAL ARTERIAL DISEASE REHABILITATION PROGRAM, WHICH INVOLVES TEACHING AND EXERCISE DESIGNED TO KEEP PATIENTS PARTICULARLY LOW-INCOME PATIENTS AT THE HIGHEST FUNCTIONAL LEVEL THIS PROGRAM IS FUNDED IN PART BY DONATIONS CONTRIBUTED TO THE SGH FOUNDATION, TO HELP D EFRAY COST FOR PATIENTS WITH LIMITED FUNDING OPTIONS SGH'S CARDIAC TEAM IS COMMITTED TO S UPPORTING FUTURE HEALTH CARE LEADERS THROUGH ACTIVE PARTICIPATION IN STUDENT TRAINING AND INTERNSHIP PROGRAMS THE SGH CARDIAC CATHETERIZATION LAB HOSTED A GROSSMONT COLLEGE (GC) C ARDIOVASCULAR TECHNOLOGIST STUDENT FOR EIGHT MONTHS, FOR A TOTAL OF MORE THAN 750 HOURS I N ADDITION, THE CATHETERIZATION LAB RN AND STAFF WORKED WITH A NURSING STUDENT EVERY TUESD AY DURING THE SCHOOL YEAR, WHILE THE NONINVASIVE CARDIOLOGY DEPARTMENT HOSTED STUDENTS IN ECHOCARDIOGRAPHY, ELECTROCARDIOGRAPHY AND VASCULAR LABORATORY TWO DAYS PER WEEK DURING THE SCHOOL YEAR FY 2014 PLAN SGH WILL DO THE FOLLOWING * PROVIDE FREE BIMONTHLY CARDIAC EDU CATION CLASSES BY THE CARDIAC REHABILITATION DEPARTMENT * PROVIDE FREE CHF EDUCATION CLASS ES, THREE TIMES PER YEAR * PROVIDE CARDIAC AND/OR VASCULAR RISK FACTOR EDUCATION OR SCREEN ING THROUGH PARTICIPATION IN ONE TO TWO COMMUNITY EVENTS, INCLUDING AN EDUCATION EVENT FOR SENIORS * PROVIDE WEEKLY PREVENTIVE HEART AND VASCULAR SCREENINGS * IN COLLABORATION WITH THE SGH STROKE CENTER, PROVIDE CAROTID ARTERY SCREENINGS FOR COMMUNITY MEMBERS * PROVIDE A COMPLIMENTARY FLU VACCINATION CLINIC TO CARDIAC REHABILITATION PATIENTS AND OTHER SENIOR COMMUNITY MEMBERS * OFFER EDUCATIONAL SPEAKERS TO THE PROFESSIONAL COMMUNITY ON TOPICS SU CH AS PERFORMANCE IMPROVEMENTS IN CHF AND ACUTE MYOCARDIAL INFARCTION, AND CARDIOVASCULAR TREATMENT OPTIONS AS INVITED * PROVIDE DATA ON STEMI PATIENTS TO SAN DIEGO COUNTY EMS * EN ROLL PATIENTS IN TWO NEW CLINICAL TRIALS OVERPAR FOR POPLITEAL ANEURYSM PATIENTS AND STEN TYS APPOSITION V STUDYING SELF-EXPANDING CORONARY STENTS * PURSUE ADDITIONAL RESEARCH OPPO RTUNITIES TO BENEFIT PATIENTS AND COMMUNITY MEMBERS * PROVIDE A CONFERENCE ON HEART AND VA SCULAR DISEASE FOR COMMUNITY NURSES AND PHYSICIANS IN FALL 2014 * CONTINUE TO PROVIDE STUD ENT LEARNING OPPORTUNITIES IDENTIFIED COMMUNITY NEED DIABETES EDUCATION AND SCREENING RAT IONALE REFERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MO ST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATION ALE * THE SGH 2013 CHNA IDENTIFIED DIABETES AS ONE OF FIVE PRIORITY HEALTH ISSUES FOR COMM UNITY MEMBERS SERVED BY SGH * THE HASD&IC 2013 CHNA IDENTIFIED DIABETES AS ONE OF THE TOP FOUR PRIORITY HEALTH ISSUES FOR COMMUNITY MEMBERS IN SDC * IN GENERAL, DATA IN THE HASD& IC 2013 CHNA REVEALED A HIGHER RATE OF HOSPITAL DISCHARGES DUE TO DIABETES IN MORE VULNERA BLE COMMUNITIES WITHIN SDC'S EAST REGION (E.G , EL CAJON, JACUMBA, ETC) * INPUT COLLECTE D FROM SAN DIEGO COMMUNITY HEALTH LEADERS AND EXPERTS IN THE HASD&IC 2013 CHNA STRONGLY AL IGNED ACCESS TO CARE, CARE MANAGEMENT, EDUCATION AND SCREENING WITH CARE FOR TYPE II DIABE TES * IN 2011, DIABETES WAS THE SEVENTH LEADING CAUSE OF DEATH FOR COMMUNITY MEMBERS IN S DC'S EAST REGION * IN 2011, THERE WERE 111 DEATHS DUE TO DIABETES IN SDC'S EAST REGION T HE REGION'S AGE-ADJUSTED DEATH RATE DUE TO DIABETES WAS 23 8 PER 100,000 POPULATION, THE S ECOND HIGHEST OF ALL REGIONS AND HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 18 8 DEATHS PER 100,000 POPULATION * IN 2011, THERE WERE 825 HOSPITALIZATIONS DUE TO DIABETES IN SDC'S EA ST REGION THE RATE OF HOSPITALIZATIONS FOR DIABETES WAS 176 8 PER 100,000 POPULATION THE HOSPITALIZATION RATE IN THE REGION WAS THE HIGHEST IN SDC'S REGIONS AND HIGHER THAN THE S DC AVERAGE OF 132 6 DIABETES HOSPITALIZATIONS PER 100,000 POPULATION * IN 2011, THERE WER E 722 DIABETES-RELATED ED VISITS IN SDC'S EAST REGION THE RATE OF VISITS WAS 154 7 PER 10 0,000 POPULATION THE DIABETES-RELATED ED VISIT RATE IN THE EAST REGION WAS AMONG THE HIGH EST IN SDC AND HIGHER THAN THE COUNTY AVERAGE OF 137 1 PER 100,000 POPULATION * ACCORDING TO THE CALIFORNIA HEALTH INTERVIEW SURVEY (CHIS), IN 2011, 15 3 PERCENT OF ADULTS LIVING IN SDC'S EAST REGION INDICATED THAT THEY WERE EVER DIAGNOSED WITH DIABETES, HIGHER THAN SD C AT 13 7 PERCENT * ACCORDING TO THE 3-4-50 CHRON

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		IC DISEASE IN SAN DIEGO COUNTY 2010 REPORT FROM THE COUNTY'S HHSA, THE MOST COMMON RISK FA CTORS ASSOCIATED WITH TYPE II DIABETES INCLUDE OVERWEIGHT AND OBESITY, PHYSICAL INACTIVITY , SMOKING, HYPERTENSION AND ABNORMAL CHOLESTEROL * ACCORDING TO THE CENTERS FOR DISEASE C ONTROL AND PREVENTION (CDC), DIABETES IS A MAJOR CAUSE OF HEART DISEASE AND STROKE AS WELL AS THE LEADING CAUSE OF KIDNEY FAILURE, NON-TRAUMATIC LOWER-LIMB AMPUTATIONS, AND NEW CAS ES OF BLINDNESS AMONG ADULTS IN THE US (CDC, 2011) MEASURABLE OBJECTIVE * PROVIDE DIABETE S EDUCATION AND SCREENING IN THE EAST REGION OF SDC FY 2013 REPORT OF ACTIVITIES THE SGH D IABETES EDUCATION PROGRAM IS RECOGNIZED BY THE AMERICAN DIABETES ASSOCIATION (ADA) AND MEE TS NATIONAL STANDARDS FOR EXCELLENCE AND QUALITY IN DIABETES EDUCATION IN FY 2013, THE SG H DIABETES EDUCATION PROGRAM CONDUCTED A COMMUNITY EDUCATIONAL LECTURE AND SEVEN BLOOD GLU COSE SCREENING EVENTS AT HOSPITAL AND OFF-SITE LOCATIONS, REACHING MORE THAN 1,000 COMMUNI TY MEMBERS THE SGH DIABETES EDUCATION PROGRAM SCREENED NEARLY 250 COMMUNITY MEMBERS DURIN G THESE EVENTS AS A RESULT OF THE SCREENINGS, NEARLY 50 INDIVIDUALS WERE IDENTIFIED WITH ELEVATED BLOOD GLUCOSE LEVELS AND PROVIDED WITH FOLLOW-UP RESOURCES SCREENING EVENTS WERE LOCATED THROUGHOUT SDC'S EAST REGION, INCLUDING THE GROSSMONT HEALTHCARE DISTRICT LIBRARY , THE WOMEN'S HEALTH EVENT AT SGH, THE 14TH ANNUAL SENIOR HEALTH FAIR AT THE SANTEE TROLLE Y SQUARE, THE MCGRATH FAMILY YMCA FAMILY CENTER, THE WATERFORD TERRACE RETIREMENT COMMUNIT Y HEALTH FAIR AND THE GROSSMONT CENTER HEALTH FAIR SGH'S DIABETES EDUCATION PROGRAM CONDU CTED COMMUNITY LECTURES ON DIABETES AT LIBRARIES, COMMUNITY CENTERS, EDUCATIONAL INSTITUTI ONS, NATIONAL CONFERENCES AND OTHER HOSPITALS SCREENINGS AND EDUCATION EVENTS WERE DEVELO PED WITH INPUT FROM THE BEHAVIORAL DIABETES INSTITUTE, A SAN DIEGO-BASED ORGANIZATION THAT FOCUSES ON ADDRESSING THE SOCIAL, EMOTIONAL, AND PSYCHOLOGICAL BARRIERS IN ORDER TO HELP INDIVIDUALS WITH DIABETES LIVE A LONG AND HEALTHY LIFE. THE SGH DIABETES EDUCATION PROGRAM ALSO CONTINUED TO SUPPORT THE ADA'S STEP OUT WALK TO STOP DIABETES HELD IN OCTOBER AT MI SSION BAY THROUGH FUNDRAISING AND TEAM PARTICIPATION

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		AS PART OF THESE SCREENINGS, THE SHARP HEALTHCARE (SHARP OR SHC) DIABETES EDUCATION PROGRA M CONDUCTED AN EVENT AT THE STUDENT HEALTH FAIR AT CUYAMACA COLLEGE, PROVIDING EDUCATION T O AND SCREENING MORE THAN 200 COMMUNITY MEMBERS AS A RESULT OF THESE SCREENINGS, THREE IN DIVIDUALS WERE IDENTIFIED WITH ELEVATED BLOOD GLUCOSE LEVELS AND RECEIVED FOLLOW-UP RESOUR CES IN FY 2013, THE SGH DIABETES EDUCATION PROGRAM CONTINUED TO PROVIDE TARGETED OUTREACH TO THE NEWLY IMMIGRATED IRAQI CHALDEAN POPULATION IN SAN DIEGO THE PROGRAM FACILITATED T RANSLATION, AS WELL AS PROVIDED MATERIALS AND RESOURCES TO BETTER UNDERSTAND THE CULTURAL NEEDS OF NEWLY IMMIGRATED CHALDEANS THE RESOURCES PROVIDED INCLUDED AN INFORMATION BINDER ON TOPICS, SUCH AS HOW TO LIVE HEALTHY WITH DIABETES, WHAT YOU NEED TO KNOW ABOUT DIABET ES, ALL ABOUT BLOOD GLUCOSE FOR PEOPLE WITH TYPE II DIABETES, ALL ABOUT CARBOHYDRATE COUNT ING, GETTING THE VERY BEST CARE FOR YOUR DIABETES, ALL ABOUT INSULIN RESISTANCE, AND ALL A BOUT PHYSICAL ACTIVITY WITH DIABETES HANDOUTS WERE PROVIDED IN ARABIC AS WELL AS SOMALI, TAGALOG, VIETNAMESE AND SPANISH FOR ADDITIONAL POPULATIONS EDUCATION WAS ALSO PROVIDED TO STAFF MEMBERS REGARDING THE DIFFERENT CULTURAL NEEDS OF THESE COMMUNITIES FY 2014 PLAN T HE SGH DIABETES EDUCATION PROGRAM WILL DO THE FOLLOWING * COORDINATE AND IMPLEMENT BLOOD GLUCOSE SCREENINGS AT COMMUNITY AND HOSPITAL SITES IN SDC'S EAST REGION * CONDUCT EDUCATIO NAL LECTURES AT VARIOUS COMMUNITY VENUES * CONTINUE TO SUPPORT ADA'S STEP OUT WALK TO STO P DIABETES * CONTINUE TO COLLABORATE WITH THE BEHAVIORAL DIABETES INSTITUTE TO HOST COMMUN ITY LECTURES THAT WILL ASSIST DIABETES PATIENTS AND THEIR LOVED ONES * CONTINUE TO PROVIDE RESOURCES FOR CULTURALLY COMPETENT DIABETES EDUCATION AND/OR OUTREACH TO NEWLY IMMIGRATED POPULATIONS * KEEP CURRENT ON RESOURCES TO GIVE TO THE COMMUNITY FOR SUPPORT OF DIABETES TREATMENT AND PREVENTION * FOSTER RELATIONSHIPS WITH COMMUNITY CLINICS TO PROVIDE EDUCATIO N AND RESOURCES TO COMMUNITY MEMBERS * DEVELOP PARTNERSHIPS WITH YMCAS IN SDC'S EAST REGIO N TO PROVIDE SCREENINGS, EDUCATION, AND RESOURCES TO COMMUNITY MEMBERS * EXPLORE OPPORTUNI TIES FOR FURTHER COLLABORATION WITH COMMUNITY ORGANIZATIONS TO PROVIDE DIABETES EDUCATION TO REFUGEE COMMUNITIES AND OTHER HIGH-RISK POPULATIONS IDENTIFIED COMMUNITY NEED HEALTH E DUCATION, SCREENING AND SUPPORT FOR SENIORS RATIONALE REFERENCES THE FINDINGS OF THE SGH 2 013 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * THE SGH 2013 CHNA IDENTIFIED SENIOR H EALTH AS ONE OF FIVE PRIORITY HEALTH ISSUES FOR COMMUNITY MEMBERS SERVED BY SGH * IN THE HASD&IC 2013 CHNA, DEMENTIA AND ALZHEIMER'S DISEASE WERE IDENTIFIED AMONG THE TOP 15 PRIOR ITY HEALTH CONDITIONS SEEN IN SDC HOSPITALS * ATTENDEES OF COMMUNITY FORUMS HELD DURING T HE HASD&IC 2013 CHNA PROCESS IDENTIFIED ALZHEIMER'S DISEASE AND DEMENTIA AS PRIORITY HEALT H NEEDS FOR SDC * IN SDC'S EAST REGION, THERE WERE 58,491 RESIDENTS (12 53 PERCENT OF THE POPULATION) AGES 65 YEARS OR OLDER IN 2011, AND BY THE YEAR 2020, THE REGION EXPECTS A 51 PERCENT GROWTH AMONG THIS POPULATION * IN 2011, THE LEADING CAUSES OF DEATH AMONG SENIOR ADULTS AGES 65 YEARS AND OLDER IN SDC WERE HEART DISEASE, CANCER, ALZHEIMER'S DISEASE, ST ROKE, CHRONIC LOWER RESPIRATORY DISEASES, DIABETES, INFLUENZA AND PNEUMONIA, UNINTENTIONAL INJURIES, HYPERTENSION AND HYPERTENSIVE RENAL DISEASE, CHRONIC LIVER DISEASE AND CIRRHOSI S, PARKINSON'S DISEASE, AND INTENTIONAL SELF-HARM * IN 2011, INFLUENZA RANKED AS THE TENT H LEADING CAUSE OF DEATH IN SDC'S EAST REGION * IN 2011, 108,853 SENIORS WERE TREATED AND DISCHARGED FROM SDC EDS, REPRESENTING NEARLY ONE OUT OF EVERY THREE SENIOR RESIDENTS ADD ITIONALLY, SENIORS IN SDC'S EAST REGION EXPERIENCE HIGHER ED VISIT RATES FOR FALLS, CORONA RY HEART DISEASE, ALZHEIMER'S DISEASE AND INFLUENZA IN COMPARISON TO SDC OVERALL * IN 201 1, 97,647 SENIORS AGES 65 AND OVER WERE HOSPITALIZED IN SDC SENIORS IN SDC'S EAST REGION EXPERIENCED HIGHER RATES OF HOSPITALIZATION FOR FALLS, CORONARY HEART DISEASE, STROKE, PNE UMONIA, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, DIABETES, ALZHEIMER'S DISEASE, AND INFLUENZ A, WHEN COMPARED TO SDC OVERALL * ACCORDING TO THE SAN DIEGO COUNTY SENIOR HEALTH REPORT UPDATE AND LEADING INDICATORS, SIGNIFICANT HEALTH ISSUES FOR SENIORS INCLUDE OBESITY, DIA BETES, STROKE, CHRONIC LOWER RESPIRATORY DISEASES, INFLUENZA AND PNEUMONIA, MENTAL HEALTH ISSUES INCLUDING DEMENTIA AND ALZHEIMER'S DISEASE, AND CANCER AND HEART DISEASE IN ADDITI ON, SENIORS ARE AT HIGH RISK FOR FALLS, WHICH IS THE LEADING CAUSE OF DEATH DUE TO UNINTEN TIONAL INJURY (HHSA, 2013) * ACCORDING TO THE SAN DIEGO COUNTY SENIOR FALLS REPORT, ADULT S AGES 65 AND OLDER ARE THE LARGEST CONSUMERS OF HEALTH CARE SERVICES, AS THE PROCESS OF A GING BRINGS UPON THE NEED FOR MORE FREQUENT CARE (HHSA, 2012) * IN 2011, 68,817 CALLS WER E MADE TO 9-1-1 FOR SENIORS AGES 65 YEARS AND OLDE

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		R IN NEED OF PRE-HOSPITAL (AMBULANCE) CARE IN SDC, REPRESENTING A CALL FOR ONE OUT OF EVER Y FIVE SENIORS SENIORS IN SDC USE THE 9-1-1 SYSTEM AT HIGHER RATES THAN ANY OTHER AGE GRO UP * AMONG THE POPULATIONS THAT THE CDC RECOMMENDS ANNUAL VACCINATION AGAINST INFLUENZA A RE PEOPLE AGES 50 YEARS AND OLDER, ADULTS WITH A CHRONIC HEALTH CONDITION, PEOPLE WHO LIV E IN NURSING HOMES AND OTHER LONG-TERM CARE FACILITIES, AND PEOPLE WHO LIVE WITH OR CARE F OR THOSE AT HIGH RISK FOR COMPLICATIONS FROM FLU, INCLUDING HOUSEHOLD CONTACTS OF PERSONS AT HIGH RISK FOR COMPLICATIONS FROM THE FLU FLU CLINICS OFFERED IN COMMUNITY SETTINGS AT NO OR LOW COST IMPROVE ACCESS FOR THOSE WHO MAY EXPERIENCE TRANSPORTATION, COST OR OTHER B ARRIERS * WHILE RESEARCHERS HAVE LONG KNOWN THAT CAREGIVING CAN HAVE DELETERIOUS MENTAL H EALTH EFFECTS FOR CAREGIVERS, RESEARCH SHOWS THAT CAREGIVING CAN HAVE SERIOUS PHY SICAL HEA LTH CONSEQUENCES AS WELL SEVENTEEN PERCENT OF CAREGIVERS FEEL THEIR HEALTH IN GENERAL HAS GOTTEN WORSE AS A RESULT OF THEIR CAREGIVING RESPONSIBILITIES (AARP PUBLIC POLICY INSTITU TE, VALUING THE INVALUABLE, UPDATED NOVEMBER 2012) * PROJECT CARE IS A COOPERATIVE SAFETY NET DESIGNED TO ENSURE THE WELL-BEING AND INDEPENDENCE OF OLDER PERSONS AND PERSONS WITH DISABILITIES IN THE COMMUNITY THROUGH ITS COMPONENT SERVICES, PROJECT CARE HELPS PEOPLE L IVE INDEPENDENTLY IN THEIR HOMES SDC'S EAST REGION AUTONOMOUSLY ADMINISTERS A LOCAL PROJE CT CARE SITE, LOCATED AT SGH'S SENIOR RESOURCE CENTER, TO MEET THE UNIQUE NEEDS OF THE COM MUNITY'S SENIORS MEASURABLE OBJECTIVES * PROVIDE A VARIETY OF SENIOR HEALTH EDUCATION AND SCREENING PROGRAMS * PRODUCE ACTIVITY CALENDARS FOUR TIMES A YEAR * ACT AS LEAD AGENCY FO R EAST COUNTY PROJECT CARE, ENSURING THE SAFETY OF HOMEBOUND SENIORS IN SDC'S EAST REGION * IN COLLABORATION WITH COMMUNITY PARTNERS, OFFER SEASONAL FLU VACCINATION CLINICS AT CONV ENIENT LOCATIONS FOR SENIORS AND HIGH-RISK ADULTS IN THE COMMUNITY * PROVIDE INFORMATION A T THE SEASONAL FLU CLINICS ABOUT OTHER SHARP SENIOR RESOURCE CENTER PROGRAMS AND OTHER HEA LTH EDUCATION MATERIALS * SERVE AS A REFERRAL RESOURCE FOR MEMBERS OF THE SENIOR COMMUNITY IN SDC'S EAST REGION

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		FY 2013 REPORT OF ACTIVITIES SHARP SENIOR RESOURCE CENTERS CONNECT SENIORS AND THEIR CAREG IVERS TO A VARIETY OF FREE AND LOW-COST PROGRAMS AND SERVICES, INCLUDING EDUCATIONAL SEMIN ARS, COMMUNITY REFERRALS AND HEALTH SCREENINGS COMPASSIONATE STAFF AND VOLUNTEERS AT THE SHARP SENIOR RESOURCE CENTERS UNDERSTAND THE UNIQUE NEEDS OF SENIORS AND CAN PROVIDE PERSO NALIZED SUPPORT AND CLEAR, ACCURATE INFORMATION ON EVERYTHING FROM HEALTH EDUCATION TO CAR EGIVER SERVICES AND RESOURCES CALENDARS HIGHLIGHTING SGH'S SENIOR RESOURCE CENTER ACTIVIT IES ARE MAILED FOUR TIMES A YEAR TO MORE THAN 7,550 HOUSEHOLDS IN FY 2013, THE SGH SENIOR RESOURCE CENTER PROVIDED APPROXIMATELY 100 FREE HEALTH EDUCATION PROGRAMS TO NEARLY 1,300 COMMUNITY MEMBERS HEALTH EDUCATION TOPICS INCLUDED HEARING, STROKE, ARTHRITIS, BALANCE/F ALL PREVENTION, THE POWER OF TOUCH, CARDIOVASCULAR DISEASE, OSTEOPOROSIS, FITNESS, DIABETE S, SENIOR SERVICES, PATIENT-PROVIDER COMMUNICATION, PROJECT CARE, VIALS OF LIFE, ADVANCE D IRECTIVES FOR HEALTH CARE, FINANCIAL ISSUES, MEMORY LOSS, BACK HEALTH, CAREGIVER RESOURCES , END-OF-LIFE ISSUES, MEDICARE, DEPRESSION, CHRONIC PAIN MANAGEMENT, SLEEP DISORDERS, PARK INSON'S DISEASE, AND MAINTAINING A HEALTHY VOICE EDUCATIONAL PROGRAMS WERE OFFERED AT THE HOSPITAL CAMPUS, THE DR WILLIAM C HERRICK COMMUNITY HEALTH CARE LIBRARY IN THE GROSSMON T HEALTHCARE DISTRICT, AND AT VARIOUS COMMUNITY SITES IN SDC'S EAST REGION AS PART OF THE IR EDUCATIONAL OFFERINGS, THE SGH SENIOR RESOURCE CENTER ALSO PROVIDED A SERIES OF PHYSICI AN LECTURES IN FY 2013, COVERING TOPICS SUCH AS BACK PAIN, STROKE AND HEARING LOSS IN TOT AL, MORE THAN 130 COMMUNITY MEMBERS ATTENDED THESE LECTURES IN FY 2013, THE SGH SENIOR RE SOURCE CENTER PROVIDED 12 HEALTH SCREENING EVENTS, SERVING MORE THAN 275 MEMBERS OF THE SE NIOR COMMUNITY IN ADDITION, THE SGH SENIOR RESOURCE CENTER OFFERED FREE MONTHLY BLOOD PRE SSURE SCREENINGS, AT TWO LOCATIONS ON-SITE AND AT SEVERAL LOCATIONS IN THE COMMUNITY, SCRE ENING MORE THAN 435 COMMUNITY MEMBERS ADDITIONALLY, THE SGH SENIOR RESOURCE CENTER PROVID ED THREE BALANCE/FALL PREVENTION SCREENINGS, AND FOUR HAND SCREENINGS THE HOSPITAL ALSO O FFERED HEALTH SCREENINGS FOR LUNG FUNCTION, DIABETES, CAROTID ARTERY DISEASE, PERIPHERAL A RTERY DISEASE AND STROKE FROM THESE SCREENINGS, 30 ATTENDEES WERE REFERRED TO PHYSICIANS FOR FOLLOW-UP THE SGH SENIOR RESOURCE CENTER DISTRIBUTED APPROXIMATELY 100 ADVANCE DIRECT IVES FOR HEALTH CARE, AND 4,000 VIALS OF LIFE, WHICH PROVIDE IMPORTANT MEDICAL INFORMATION TO EMERGENCY PERSONNEL FOR SENIORS AND DISABLED PEOPLE LIVING IN THEIR HOMES PROJECT CAR E IS A COMMUNITY PROGRAM THAT INCLUDES THE COUNTY OF SAN DIEGO'S AGING AND INDEPENDENCE SE RVICES (AIS), JEWISH FAMILY SERVICES, SAN DIEGO GAS AND ELECTRIC (SDG&E), LOCAL SENIOR CEN TERS, SHERIFF AND POLICE, AND MANY OTHERS THROUGH THIS PROGRAM, THE SGH SENIOR RESOURCE C ENTER PROVIDED DAILY ARE YOU OK? PHONE CALLS TO APPROXIMATELY 40 ISOLATED OR HOMEBOUND SEN IORS IN SDC'S EAST REGION ARE YOU OK? PROGRAM PARTICIPANTS SELECT REGULARLY SCHEDULED TIM ES TO RECEIVE COMPUTERIZED PHONE CALLS AT THEIR HOME IN THE EVENT THAT STAFF MEMBERS DO N OT CONNECT WITH PARTICIPANTS THROUGH THESE PHONE CALLS, THE PARTICIPANTS' FAMILY OR FRIEND S ARE CONTACTED TO ENSURE THE PARTICIPANTS' SAFETY IN FY 2013, NEARLY 9,500 ARE YOU OK? P HONE CALLS WERE PLACED TO SENIORS OR DISABLED INDIVIDUALS, AND 125 FOLLOW-UP PHONE CALLS W ERE PLACED TO THEIR FAMILY OR FRIENDS IN COLLABORATION WITH THE CAREGIVER COALITION OF SA N DIEGO, THE SGH SENIOR RESOURCE CENTER PROVIDED CAREGIVER CONFERENCES AT THE LA MESA COMM UNITY CENTER, FIRST UNITED METHODIST CHURCH OF MISSION VALLEY, AND COLLEGE AVENUE BAPTIST CHURCH FOR MORE THAN 200 FAMILY CAREGIVERS THESE CONFERENCES PROVIDED EDUCATION ON EMOTIO NAL ISSUES AND PHYSICAL ASPECTS OF CARE GIVING, AS WELL AS COMMUNITY RESOURCES AT THE FIR ST UNITED METHODIST CHURCH OF MISSION VALLEY, THE CONFERENCE ENTITLED BATTER UP! GETTING I NTO THE GAME OF CAREGIVING TARGETED MALE CAREGIVERS IN THE COMMUNITY TOPICS INCLUDED STRA TEGIES TO MANAGE THE CHALLENGING AND STRESSFUL ASPECTS OF CAREGIVING, KNOWING WHEN TO ASK FOR HELP, AND OTHER IMPORTANT CAREGIVER ISSUES THE CONFERENCE ALSO FEATURED A PANEL OF MA LE CAREGIVERS FROM THE COMMUNITY WHO SHARED THEIR INSIGHTS AND EXPERIENCES WITH THE CONFER ENCE ATTENDEES THE SGH SENIOR RESOURCE CENTER ALSO COORDINATED A CONFERENCE ON CHRONIC DI SEASE MANAGEMENT WITH SHARP HOSPICECARE ENTITLED LIVING WITH A CHRONIC ILLNESS THE CONFER ENCE PROVIDED INFORMATION ON CHRONIC CARE MANAGEMENT, WARNING SIGNS FOR SPECIFIC CHRONIC D ISEASES, AND WHEN TO ACCESS CARE TO NEARLY 60 COMMUNITY MEMBERS ADDITIONAL TOPICS INCLUDE D HOW TO PLAN FUTURE HEALTH CARE NEEDS AND UNDERSTAND AVAILABLE RESOURCES, HOW TO COPE WIT H LIFE'S TRANSITIONS, AND HEALING TOUCH FOR SELF-CARE. THE CONFERENCE FEATURED A PHYSICIAN , PSYCHOLOGIST, LAWYER AND OTHER EXPERTS IN THE FIELD OF AGING AND HEALTH CARE TO ASSIST S ENIORS TO MORE EFFECTIVELY NAVIGATE THEIR GOLDEN Y

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		EARS THE SGH SENIOR RESOURCE CENTER ALSO PARTICIPATED IN HEALTH FAIRS IN EL CAJON, RANCHO SAN DIEGO, LAKESIDE, SANTEE, LA MESA, THE COLLEGE AREA, AND SAN DIEGO IN ADDITION, THE S GH SENIOR RESOURCE CENTER PARTICIPATED IN THE SHARP HOSPICECARE RESOURCE AND EDUCATION EXP O AT THE COLLEGE AVENUE BAPTIST CHURCH, SERVING 70 COMMUNITY HEALTH CARE PROFESSIONALS TH E SGH SENIOR RESOURCE CENTER PROVIDED BLOOD PRESSURE SCREENINGS AT THE EVENT, AS WELL AS E DUCATIONAL RESOURCES ON SENIOR AND CAREGIVER SERVICES THROUGH A PRESENCE AT THESE COMMUNI TY VENUES, THE SGH SENIOR RESOURCE CENTER PROVIDED EDUCATION AND RESOURCES TO NEARLY 1,750 COMMUNITY MEMBERS ADDITIONALLY, THE SGH SENIOR RESOURCE CENTER COLLABORATED WITH THE CAR EGIVER COALITION OF SAN DIEGO TO PROVIDE A WEBINAR THAT PROVIDED EDUCATION AND RESOURCES T O 15 ATTENDEES ON THE CHALLENGES AND RESOURCES FOR TRAVELING AND CAREGIVING THE WEBINAR I S WIDELY AVAILABLE TO COMMUNITY MEMBERS VIA THE CAREGIVER COALITION OF SAN DIEGO WEBSITE ALSO IN FY 2013, SGH'S SENIOR RESOURCE CENTER COORDINATED NOTIFICATION OF AVAILABILITY AND PROVISION OF SEASONAL FLU VACCINES IN SELECTED COMMUNITY SETTINGS THROUGH ACTIVITY REMIND ERS, COLLABORATIVE OUTREACH CONDUCTED BY THE FLU CLINIC SITE, 2-1-1 SAN DIEGO, SHARP COM A ND NEWSPAPER NOTICES THE SGH SENIOR RESOURCE CENTER PROVIDED MORE THAN 1,000 SEASONAL FLU VACCINATIONS AT 17 COMMUNITY SITES TO HIGH-RISK ADULTS WITH LIMITED ACCESS TO HEALTH CARE RESOURCES, INCLUDING SENIORS WITH LIMITED RESOURCES FOR TRANSPORTATION AND THOSE WITH CHR ONIC ILLNESSES SITES INCLUDED SENIOR CENTERS, COMMUNITY CENTERS, CHURCHES, SENIOR NUTRITI ON SITES, THE SALVATION ARMY, FOOD BANKS AND HOSPITAL DEPARTMENTS AT THESE COMMUNITY SITE S, SGH PROVIDED ACTIVITY CALENDARS FOR THE SENIOR RESOURCE CENTER DETAILING UPCOMING COMMU NITY EVENTS, INCLUDING BLOOD PRESSURE AND FLU CLINICS, VIALS OF LIFE, COMMUNITY SENIOR PRO GRAMS AND PROJECT CARE AT THE FOOD BANKS, THE SGH SENIOR RESOURCE CENTER PROVIDED VACCINE S NOT ONLY TO SENIORS, BUT ALSO TO HIGH-RISK COMMUNITY MEMBERS, MANY OF WHOM WERE UNINSURE D OR HAD LIMITED ACCESS TO TRANSPORTATION IN FY 2013, THE SENIOR RESOURCE CENTER MAINTAIN ED ACTIVE RELATIONSHIPS WITH ORGANIZATIONS SERVING SENIORS, ENHANCING NETWORKING AMONG PRO FESSIONALS IN SDC'S EAST REGION AND PROVIDING QUALITY PROGRAMMING FOR SENIORS THESE ORGAN IZATIONS INCLUDED AIS (PROJECT CARE AND THE CAREGIVER COALITION OF SAN DIEGO), ECSSP, MEAL S-ON-WHEELS GREATER SAN DIEGO, THE CAREGIVER EDUCATION COMMITTEE AND THE AGING DISABILITY RESOURCE CONNECTION

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		FY 2014 PLAN SGH'S SENIOR RESOURCE CENTER WILL CONDUCT THE FOLLOWING ACTIVITIES * PROVIDE RESOURCES AND SUPPORT TO ADDRESS RELEVANT CONCERNS OF SENIORS IN THE COMMUNITY THROUGH IN-PERSON AND PHONE CONSULTATIONS * PROVIDE COMMUNITY HEALTH INFORMATION AND RESOURCES THROU GH EDUCATIONAL PROGRAMS, MONTHLY BLOOD PRESSURE CLINICS, AND FOUR TO EIGHT TYPES OF HEALTH SCREENINGS ANNUALLY * UTILIZE SHARP EXPERTS AND COMMUNITY PARTNERS TO PROVIDE APPROXIMATE LY 35 SEMINARS PER YEAR THAT FOCUS ON ISSUES OF CONCERN TO SENIORS * PARTICIPATE IN 18 COM MUNITY HEALTH FAIRS AND SPECIAL EVENTS TARGETING SENIORS * COLLABORATE WITH EAST COUNTY YM CA, AIS AND EAST COUNTY ACTION NETWORK ON A HEALTHY LIVING FOR SENIORS CONFERENCE * COORDI NATE TWO CONFERENCES ONE DEDICATED TO FAMILY CAREGIVER ISSUES IN COLLABORATION WITH THE CA REGIVER COALITION OF SAN DIEGO AND ONE IN COLLABORATION WITH SHARP HOSPICECARE * MAINTAIN DAILY CONTACT THROUGH PHONE CALLS WITH INDIVIDUALS (MANY ARE HOMEBOUND) IN RURAL AND SUBUR BAN SETTINGS WHO ARE AT RISK FOR INJURY OR ILLNESS, AND CONTINUE SUPPORTING PROJECT CARE S ERVICES FOR THE EAST COUNTY COMMUNITY * PRODUCE AND DISTRIBUTE QUARTERLY CALENDARS HIGHLIG HTING EVENTS OF INTEREST TO SENIORS AND FAMILY CAREGIVERS * PROVIDE 4,000 VIALS OF LIFE TO SENIORS * IN COLLABORATION WITH SHARP ADVANCE CARE PLANNING THROUGH SHARP HOSPICECARE, PR ESENT AN ADVANCED DIRECTIVES AND HEALTH CARE DECISIONS PROGRAM TO INFORM SENIORS ABOUT ADV ANCE DIRECTIVES AND OTHER NECESSARY DOCUMENTS AVAILABLE TO COMMUNICATE THEIR END-OF-LIFE W ISHES * PROVIDE SEASONAL FLU VACCINATIONS AT 15 COMMUNITY SITES FOR SENIORS WITH LIMITED M OBILITY AND ACCESS TO TRANSPORTATION, AS WELL AS HIGH-RISK ADULTS, INCLUDING LOW-INCOME, M INORITY, HOMELESS AND POPULATIONS WITH CHRONIC DISEASE * IN COLLABORATION WITH COMMUNITY A GENCIES, COORDINATE THE NOTIFICATION OF THE AVAILABILITY AND PROVISION OF SEASONAL FLU VAC CINES AT A VARIETY OF COMMUNITY SITES CONVENIENT TO HIGH-RISK ADULTS AND SENIORS, INCLUDIN G PHYSICIANS' OFFICES, PHARMACIES AND PUBLIC HEALTH CENTERS, PUBLICIZE THROUGH MEDIA AND C OMMUNITY PARTNERS * CONTINUE TO PROVIDE SEASONAL FLU IMMUNIZATIONS AT FOOD BANK SITES IN S DC'S EAST REGION IDENTIFIED COMMUNITY NEED CANCER EDUCATION AND SUPPORT, AND PARTICIPATIO N IN CLINICAL TRIALS RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NE EDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTH ERWISE INDICATED RATIONALE * IN THE HASD&IC 2013 CHNA, VARIOUS TYPES OF CANCER WERE IDENT IFIED AMONG THE TOP PRIORITY HEALTH CONDITIONS SEEN IN SDC HOSPITALS * IN 2011, CANCER WA S THE SECOND-LEADING CAUSE OF DEATH IN SDC'S EAST REGION * IN 2011, THERE WERE 861 DEATHS DUE TO CANCER (ALL SITES) IN SDC'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO CANCER WAS 184 5 DEATHS PER 100,000 POPULATION, HIGHER THAN THE SDC AGE-ADJUSTED RATE O F 155 2 DEATHS PER 100,000 POPULATION, AND HIGHER THAN THE HP 2020 TARGET OF 160 6 DEATHS PER 100,000 * IN 2011, 25 PERCENT OF ALL CANCER DEATHS IN SDC'S EAST REGION WERE DUE TO L UNG CANCER, NINE PERCENT TO COLORECTAL CANCER, EIGHT PERCENT TO FEMALE BREAST CANCER, FIVE PERCENT TO PROSTATE CANCER, AND LESS THAN ONE PERCENT TO CERVICAL CANCER * IN 2011, THE DEATH RATES FOR COLORECTAL, FEMALE BREAST CANCER AND LUNG CANCER IN SDC'S EAST REGION WERE ALL HIGHER WHEN COMPARED TO THE AGE-ADJUSTED DEATH RATES FOR THESE SPECIFIC CANCERS IN SD C OVERALL * ACCORDING TO THE 2011 SUSAN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNI TY PROFILE REPORT, SAN DIEGO HAD THE HIGHEST INCIDENCE RATE FOR BREAST CANCER (163 95 PER 100,000) COMPARED TO THE NEIGHBORING COUNTIES OF IMPERIAL, LOS ANGELES, ORANGE AND RIVERSI DE. SAN DIEGO'S INCIDENCE RATE FOR BREAST CANCER IS ALSO ABOVE THAT OF THE STATE (151 82 P ER 100,000) * ACCORDING TO A 2012 REPORT FROM THE CALIFORNIA CANCER REGISTRY, BREAST CANC ER IS THE MOST COMMON CANCER AMONG WOMEN IN CALIFORNIA, WITH AN ESTIMATED 292,400 EXISTING CASES (42 PERCENT OF ALL CANCERS) * IN SDC, MINORITY WOMEN HAVE HIGH BREAST CANCER MORTA LITY RATES AND WERE LESS LIKELY TO HAVE BREAST CANCER DETECTED AT AN EARLY STAGE, ACCORDIN G TO THE 2011 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 GROUP S, WITH 37 3 PERCENT REPORTING NEVER HAVING HAD THE SCREENING * ACCORDING TO THE 2011 SUS AN G KOMEN FOR THE CURE SAN DIEGO AFFILIATE COMMUNITY PROFILE REPORT, THE MOST COMMON BAR RIERS TO RECEIVING EFFECTIVE BREAST HEALTH CARE INCLUDED LACK OF AWARENESS AND KNOWLEDGE, FINANCIAL BARRIERS, CULTURAL BARRIERS AND EMOTIONAL FACTORS THE MOST COMMON CHALLENGES IN THE CURRENT BREAST HEALTH CARE SYSTEM INCLUDED COST OF CARE, QUALITY OF PROVIDERS, LACK O F COMMUNICATION, AND EDUCATION AND LANGUAGE BARRIERS INCREASED ADVOCACY, EDUCATION, FUNDI NG AND PARTNERSHIPS WERE AMONG THE SUGGESTIONS FOR IMPROVING PROGRAMS, SERVICES AND THE BR EAST HEALTH CARE SYSTEM OVERALL * ACCORDING TO TH

Identifier	Return Reference	Explanation
		E AMERICAN CANCER SOCIETY (ACS), A TOTAL OF 1,665,540 NEW CANCER CASES AND 585,720 CANCER DEATHS ARE PROJECTED TO OCCUR IN THE US IN 2014 CALIFORNIA IS PROJECTED TO HAVE THE MOST NEW CANCER CASES (171,730) AND THE HIGHEST NUMBER OF DEATHS (57,950) (ACS, 2014) * ACCORD ING TO THE CDC, CANCER SURVIVORS FACE MANY PHYSICAL, PSYCHOLOGICAL, SOCIAL, SPIRITUAL AND FINANCIAL ISSUES AT DIAGNOSIS, DURING TREATMENT AND FOR THE REMAINDER OF THEIR LIVES BREA ST CANCER PATIENT NAVIGATION IS AN INTERVENTION THAT ADDRESSES BARRIERS TO QUALITY STANDAR D CARE BY PROVIDING INDIVIDUALIZED ASSISTANCE TO PATIENTS, CANCER SURVIVORS AND THEIR FAMI LIES MEASURABLE OBJECTIVES * PROVIDE CANCER EDUCATION AND SUPPORT SERVICES TO THE COMMUNI TY * PARTICIPATE IN CANCER CLINICAL TRIALS, INCLUDING SCREENING AND ENROLLING PATIENTS FY 2013 REPORT OF ACTIVITIES NOTE THE SGH CANCER CENTER IS ACCREDITED BY THE NATIONAL ACCRED ITATION PROGRAM FOR BREAST CENTERS (NAPBC) THE NAPBC GRANTS ACCREDITATION TO ONLY THOSE C ENTERS THAT VOLUNTARILY COMMIT TO PROVIDING THE BEST POSSIBLE CARE TO PATIENTS WITH DISEAS ES OF THE BREAST THE SGH CANCER CENTER IS ALSO ACCREDITED BY THE AMERICAN COLLEGE OF SURG EONS COMMISSION ON CANCER PROGRAM (COC) COC ACCREDITATION STANDARDS PROMOTE COMPREHENSIVE CANCER SERVICES, INCLUDING CONSULTATION AMONG SURGEONS, MEDICAL AND RADIATION ONCOLOGISTS , DIAGNOSTIC RADIOLOGISTS, PATHOLOGISTS, AND OTHER CANCER SPECIALISTS, RESULTING IN IMPROV ED PATIENT CARE AS PART OF ITS JOURNEY IN COMPREHENSIVE CANCER CARE, THE SGH CANCER CENTE R PROVIDES NUTRITIONAL AND GENETIC COUNSELING SERVICES TO THE PATIENTS

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		IN FY 2013, THE SGH CANCER CENTER PARTICIPATED IN A VARIETY OF COMMUNITY CANCER EDUCATIONA L EVENTS THESE EVENTS SERVED MORE THAN 900 COMMUNITY MEMBERS, AND INCLUDED THE EAST COUNT Y SENIOR HEALTH FAIR AT SANTEE TROLLEY STATION, LEARN AND LIVE EVENTS FOR BREAST, COLON AN D PROSTATE CANCER, THE SUMMER HEALTHCARE SATURDAY EVENT AT GROSSMONT CENTER, JEWISH FAMILY SERVICES HEALTH FAIR, JEWISH FAMILY SERVICES BREAST CANCER TALK, SHARP'S ANNUAL WOMEN'S H EALTH CONFERENCE AND THE SGH CANCER EXPO SGH CANCER CENTER STAFF ALSO SUPPORTED THE ACS M AKING STRIDES AGAINST BREAST CANCER WALK, AS WELL AS HELD A RESOURCE BOOTH TO PROVIDE EDUC ATIONAL MATERIALS ON BREAST CANCER AT THE SUSAN G KOMEN RACE FOR THE CURE IN BALBOA PARK IN ADDITION, SGH CANCER CENTER STAFF SERVED AS HEALTH AND SCIENCE PROJECT JUDGES FOR MORE THAN 30 JUNIOR HIGH AND HIGH SCHOOL STUDENTS AT THE SAN DIEGO SCIENCE FAIR HELD IN BALBOA PARK THROUGHOUT FY 2013, SGH PROVIDED EDUCATIONAL SESSIONS TO COMMUNITY MEMBERS WHOSE LI VES ARE IMPACTED BY CANCER THROUGH ITS LEARN AND LIVE EVENTS FOR BREAST, COLON AND PROSTAT E CANCER TWO LIVE AND LEARN PROSTATE CANCER EDUCATIONAL SEMINARS WERE PROVIDED TO 50 COMM UNITY MEMBERS, AND SESSIONS COVERED CRITICAL ISSUES AROUND PROSTATE CANCER, INCLUDING TREA TMENT OPTIONS WITH RADIATION IN SEPTEMBER, THE SGH CANCER CENTER HELD A CANCER AWARENESS EXPO THAT INCLUDED A PANEL OF PHYSICIANS TO ANSWER QUESTIONS FROM THE COMMUNITY ON TOPICS SUCH AS PREVENTATIVE MEASURES, SCREENING, DETECTION AND DIAGNOSIS THE SEMINAR INCLUDED ED UCATIONAL INFORMATION FROM DIFFERENT DEPARTMENTS, A TOUR OF THE SGH CANCER CENTER AND ALSO FEATURED A BREAST CANCER SURVIVOR WHO SHARED HER STORY WITH SEMINAR ATTENDEES IN ADDITIO N, SGH PRESENTED AN EDUCATIONAL SESSION ON BREAST CANCER TO 50 RESIDENTS AT WATERFORD TERR ACE RETIREMENT COMMUNITY THE SGH CANCER CENTER CONTINUED TO OFFER SUPPORT PROGRAMS FOR CA NCER PATIENTS IN FY 2013, INCLUDING BIWEEKLY BREAST CANCER SUPPORT GROUP MEETINGS THESE M EETINGS WERE HELD AT NO COST TO PARTICIPANTS, WITH AN AVERAGE ATTENDANCE OF 12 TO 15 COMMU NITY MEMBERS IN ADDITION, THE LOOK GOOD FEEL BETTER PROGRAM OFFERED THROUGH THE ACS PRO VIDED SIX CLASSES THROUGHOUT FY 2013 TO APPROXIMATELY 40 WOMEN IN THE COMMUNITY THE PROGR AM BOOSTS WOMEN'S SELF-CONFIDENCE BY TEACHING THEM TECHNIQUES TO HELP MANAGE THE SIDE EFFE CTS OF CANCER TREATMENT, SUCH AS USING COSMETIC AND SKIN CARE PRODUCTS, WIGS, SCARVES AND OTHER ACCESSORIES TO MANAGE SKIN CHANGES AND HAIR LOSS IN FY 2013, SGH CONTINUED ITS BREA ST HEALTH NAVIGATOR PROGRAM, WHERE AN RN CERTIFIED IN BREAST HEALTH PERSONALLY ASSISTS BRE AST CANCER PATIENTS IN THEIR NAVIGATION OF THE HEALTH CARE SYSTEM THE BREAST HEALTH NAVIG ATOR OFFERS SUPPORT, GUIDANCE, FINANCIAL ASSISTANCE REFERRALS AND CONNECTION TO COMMUNITY RESOURCES THROUGH COLLABORATION WITH COMMUNITY CLINICS INCLUDING FAMILY HEALTH CENTERS OF SAN DIEGO (FHCSD), NEIGHBORHOOD HEALTHCARE AND CENTRO MEDICO THE BREAST HEALTH NAVIGATOR REFERS UNFUNDED OR UNDERFUNDED WOMEN TO LOCAL COMMUNITY CLINICS FOR A COVERED MAMMOGRAM DI AGNOSTIC WORK-UP, OR IMMEDIATE MEDI-CAL INSURANCE SHOULD THEIR BIOPSY PROVE POSITIVE AND R EQUIRE TREATMENT PATIENTS NEEDING PSYCHOSOCIAL SUPPORT ARE REFERRED TO A BREAST CANCER CA SE MANAGEMENT PROGRAM THROUGH JEWISH FAMILY SERVICES THE BREAST HEALTH NAVIGATOR ALSO PLA YS AN ACTIVE ROLE IN COMMUNITY EDUCATION, PROVIDING PRESENTATIONS AND EDUCATIONAL RESOURCE S ABOUT BREAST CANCER, MAMMOGRAPHY GUIDELINES AND EARLY DETECTION, AT NO CHARGE TO THE COM MUNITY IN ADDITION, THE BREAST HEALTH NAVIGATOR FACILITATED ACCESS TO CARE FOR APPROXIMAT ELY 170 BREAST CANCER PATIENTS IN NEED MANY WITH LATE-STAGE CANCER DIAGNOSES THROUGH THE P ROVISION OF REFERRALS TO VARIOUS COMMUNITY AND NATIONAL ORGANIZATIONS ALSO IN FY 2013, TH E SGH CANCER CENTER SCREENED APPROXIMATELY 150 PATIENTS FOR PARTICIPATION IN CANCER CLINIC AL TRIALS AS A RESULT, EIGHT NEW PATIENTS WERE ENROLLED IN CANCER RESEARCH STUDIES, WHILE 63 PATIENTS CONTINUED TO RECEIVE FOLLOW-UP CARE THROUGH THE STUDIES IN ADDITION, THE SGH CANCER CENTER TRAINED EIGHT PIMA MEDICAL INSTITUTE X-RAY STUDENTS WHO OBSERVED AND PARTIC IPATED IN CLINICAL ROTATIONS IN RADIOLOGY, AS WELL AS A STUDENT FROM THE NATIONAL UNIVERSI TY RADIATION THERAPY PROGRAM FY 2014 PLAN SGH CANCER CENTER WILL CONDUCT THE FOLLOWING * PROVIDE BIWEEKLY BREAST CANCER SUPPORT GROUPS TO PARTICIPANTS AT NO CHARGE * PROVIDE SIX LOOK GOOD FEEL BETTER CLASSES * CONTINUE TO PROVIDE EDUCATION AND RESOURCES TO THE COMMU NITY WITH THE BREAST HEALTH NAVIGATOR, ALSO PROVIDE ONGOING PERSONALIZED EDUCATION AND INF ORMATION, SUPPORT AND GUIDANCE TO BREAST CANCER PATIENTS AND THEIR LOVED ONES AS THEY MOVE THROUGH THE CONTINUUM OF CARE * PROVIDE COMMUNITY MEMBERS WITH AN ADDITIONAL CANCER NAVIG ATOR FOR ALL CANCERS OTHER THAN BREAST * SCREEN AND ENROLL ONCOLOGY PATIENTS IN CLINICAL T RIALS FOR RESEARCH STUDIES * SCREEN AND PROVIDE GENETIC TESTING FOR PATIENTS AND FAMILY ME MBERS * PROVIDE EDUCATIONAL INFORMATION ON CANCERS

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		AND AVAILABLE TREATMENTS THROUGH COMMUNITY RESIDENTS AND COMMUNITY PHYSICIAN LECTURES, AN D PARTICIPATION IN HEALTH FAIRS AND EVENTS WITH DEMONSTRATIONS ON BREAST SELF-EXAMS * CONT INUE TO TRAIN AND INTERN NATIONAL UNIVERSITY RADIATION THERAPY STUDENTS IDENTIFIED COMMUNI TY NEED BONE HEALTH - ORTHOPEDIC / OSTEOPOROSIS EDUCATION AND SCREENING RATIONALE REFEREN CES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * IN THE H ASD&IC 2013 CHNA, BACK PAIN WAS IDENTIFIED AMONG THE TOP 15 PRIORITY HEALTH CONDITIONS SEE N IN SDC HOSPITALS * IN SDC'S EAST REGION IN 2011, THE NUMBER OF ARTHRITIS-RELATED HOSPIT ALIZATIONS TOTALED 1,781 AMONG THE HIGHEST IN THE COUNTY THE EAST REGION'S RATE OF ARTHRI TIS-RELATED HOSPITALIZATIONS WAS 381 7 PER 100,000 POPULATION, HIGHER THAN THE AGE-ADJUSTE D SDC AVERAGE OF 309 3 ARTHRITIS HOSPITALIZATIONS PER 100,000 POPULATION, AS WELL AS HIGHE R THAN ALL OTHER SDC REGIONS * IN SDC'S EAST REGION FROM 2009 TO 2011, THE NUMBER OF ARTH RITIS-RELATED ED DISCHARGES INCREASED FROM 2,241 TO 3,668, WHILE THE RATE OF ARTHRITIS-REL ATED ED DISCHARGES INCREASED FROM 475 9 TO 786 PER 100,000 POPULATION THE REGION'S 2011 A RTHRITIS-RELATED ED DISCHARGE RATE OF 786 PER 100,000 POPULATION WAS HIGHER THAN THE 2011 AGE-ADJUSTED COUNTY AVERAGE OF 647 8 PER 100,000 POPULATION * IN SDC'S EAST REGION IN 201 1, FEMALES HAD A HIGHER ED DISCHARGE RATE FOR ARTHRITIS-RELATED DIAGNOSIS THAN MALES (932 6 AND 634 9 PER 100,000 POPULATION, RESPECTIVELY) BLACKS HAD A HIGHER ED DISCHARGE RATE F OR ARTHRITIS-RELATED DIAGNOSIS THAN PERSONS OF OTHER RACIAL OR ETHNIC GROUPS, AND PERSONS AGES 25 TO 44 HAD HIGHER ED DISCHARGE RATES FOR ARTHRITIS-RELATED DIAGNOSIS THAN OTHER PER SONS * ACCORDING TO THE CDC, ARTHRITIS IS THE NATION'S MOST COMMON CAUSE OF DISABILITY A N ESTIMATED 50 MILLION US ADULTS (ABOUT ONE IN FIVE) REPORT DOCTOR-DIAGNOSED ARTHRITIS AS THE US POPULATION AGES, THESE NUMBERS ARE EXPECTED TO INCREASE SHARPLY TO 67 MILLION BY 2 030, AND MORE THAN ONE-THIRD OF THESE ADULTS WILL HAVE LIMITED ACTIVITY AS A RESULT IN AD DITION, A RECENT STUDY INDICATED THAT SOME FORM OF ARTHRITIS OR OTHER RHEUMATIC CONDITION AFFECTS ONE IN EVERY 250 CHILDREN (CDC, 2011) * ACCORDING TO THE NATIONAL INSTITUTES OF H EALTH (NIH), MORE THAN 40 MILLION PEOPLE EITHER ALREADY HAVE OSTEOPOROSIS OR ARE AT HIGH R ISK DUE TO LOW BONE MASS IN THE US (NIH, 2012) * THE VARIOUS RISK FACTORS FOR DEVELOPING OSTEOPOROSIS INCLUDE FAMILY HISTORY, THINNESS OR SMALL FRAME, HAVING HAD EARLY MENOPAUSE, BEING POSTMENOPAUSAL, ABNORMAL ABSENCE OF MENSTRUAL PERIODS (AMENORRHEA), PROLONGED USE O F CERTAIN MEDICATIONS, LOW CALCIUM INTAKE, PHYSICAL INACTIVITY, SMOKING AND EXCESSIVE ALCO HOL INTAKE (NIH, 2012) * ACCORDING TO THE NIH, OSTEOPOROSIS IS THE MOST COMMON TY PE OF BO NE DISEASE THE NIH REVEALS THAT ABOUT HALF OF ALL WOMEN OVER THE AGE OF 50 WILL EXPERIENC E A FRACTURE OF THE SPINE, WRIST OR HIP DURING THEIR LIFETIME (NIH, 2012) * ACCORDING TO THE CDC, THERE WERE 258,000 HOSPITAL ADMISSIONS FOR FRACTURES OF THE HIP AMONG PEOPLE AGES 65 AND OLDER BY 2030, THE NUMBER OF HIP FRACTURES IS PROJECTED TO INCREASE BY 12 PERCENT (CDC, 2013) * 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 TH E POPULATION DEVELOPS PROTRACTED BACK PAIN, 2 TO 8 PERCENT HAVE CHRONIC BACK PAIN (PAIN TH AT LASTS MORE THAN THREE MONTHS), 3 TO 4 PERCENT OF THE POPULATION IS TEMPORARILY DISABLED DUE TO BACK PAIN, AND 1 PERCENT OF THE WORKING-AGE POPULATION IS DISABLED COMPLETELY AND PERMANENTLY DUE TO LBP

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		MEASURABLE OBJECTIVE * PROVIDE EDUCATION ON ORTHOPEDICS AND OSTEOPOROSIS TO THE COMMUNITY FY 2013 REPORT OF ACTIVITIES NOTE SGH IS CERTIFIED BY THE JOINT COMMISSION IN DISEASE-SPE CIFIC CARE FOR THEIR TOTAL KNEE AND TOTAL HIP REPLACEMENT PROGRAMS THE PROGRAMS ARE NATIO NALLY RECOGNIZED FOR THEIR OUTREACH, EDUCATION AND UTILIZATION OF EVIDENCE-BASED PRACTICES , AS WELL AS DOCUMENTATION OF THEIR PERFORMANCE MEASURES AND SUCCESS RATES IN FY 2013, SG H OFFERED QUARTERLY EDUCATIONAL SESSIONS ON HIP AND KNEE PROBLEMS TO MORE THAN 400 COMMUNI TY MEMBERS TOPICS INCLUDED MANAGEMENT OF ARTHRITIS, AND HIP AND KNEE REPAIR AND TREATMENT , FROM NON-SURGICAL OPTIONS TO MINIMALLY-INVASIVE SURGERY USING THE LATEST TECHNOLOGY SES SIONS WERE HELD AT THE GROSSMONT HEALTHCARE DISTRICT CONFERENCE CENTER, AND AT THE VI AT L A JOLLA VILLAGE AN INDEPENDENT SENIOR LIVING COMMUNITY IN LA JOLLA ATTENDANCE RANGED FROM 50 TO 90 INDIVIDUALS AT EACH EVENT IN ADDITION, SGH PROVIDED THREE SEMINARS FOR TREATMEN T OF SHOULDER PAIN, REACHING APPROXIMATELY 225 COMMUNITY MEMBERS AND PROVIDING EDUCATION O N ARTHRITIS, TORN ROTATOR CUFF, BURSITIS AND FROZEN SHOULDER, AS WELL AS TREATMENT OPTIONS ADDITIONALLY, SHARP OFFERED SPECIALIZED EDUCATION ON OSTEOPOROSIS PREVENTION AND TREATME NT, AS WELL AS OSTEOPOROSIS HEEL SCAN SCREENINGS TO THE COMMUNITY DURING THE SHARP WOMEN'S HEALTH CONFERENCE HELD AT THE SHERATON SAN DIEGO HOTEL AND MARINA IN OCTOBER MORE THAN 6 50 COMMUNITY MEMBERS ATTENDED THE EVENT, AND APPROXIMATELY 200 ATTENDEES RECEIVED EDUCATIO N REGARDING OSTEOPOROSIS, CALCIUM AND VITAMIN D REQUIREMENTS, AND EXERCISE FOR OSTEOPOROSI S TREATMENT AND PREVENTION FY 2014 PLAN SGH WILL DO THE FOLLOWING * CONTINUE TO OFFER OR THOPEDIC, ARTHRITIS, JOINT HEALTH AND OSTEOPOROSIS EDUCATIONAL PRESENTATIONS TO THE COMMUN ITY * PROVIDE EDUCATION AND RESOURCES TO THE SHARP WOMEN'S HEALTH CONFERENCE IDENTIFIED CO MMUNITY NEED WOMEN'S AND PRENATAL HEALTH SERVICES AND EDUCATION RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO CO UNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * IN THE HASD&IC 2 013 CHNA, HIGH-RISK PREGNANCY WAS IDENTIFIED AS ONE OF THE TOP 15 PRIORITY HEALTH CONDITIO NS SEEN IN SDC HOSPITALS * IN 2011, IN SDC'S EAST REGION THERE WERE 410 LOW BIRTH WEIGHT (LBW) BIRTHS, 6 5 PERCENT OF TOTAL BIRTHS FOR THE REGION LBW BIRTHS WERE HIGHER AMONG FEM ALE INFANTS THAN MALE INFANTS AND WERE HIGHEST AMONG WHITE INFANTS WHEN COMPARED TO INFANT S OF OTHER RACE/ETHNICITY * IN 2011, 26 INFANTS DIED BEFORE THEIR FIRST BIRTHDAY IN SDC'S EAST REGION THE INFANT MORTALITY RATE WAS 4 1 INFANT DEATHS PER 1,000 LIVE BIRTHS INFAN T MORTALITY WAS SIMILAR FOR MALES AND FEMALES AND WAS HIGHEST AMONG WHITE INFANTS WHEN COM PARED TO INFANTS OF OTHER RACE/ETHNICITY * THERE WERE 662 HOSPITALIZATIONS DUE TO MATERNA L COMPLICATIONS IN SDC'S EAST REGION IN 2011 THE REGION'S AGE-ADJUSTED RATE WAS 279 5 PER 100,000 POPULATION, WHICH WAS LOWER THAN THE ACTUAL RATE FOR SDC OVERALL (307 9 PER 100,0 00) * IN 2011, THERE WERE 4,916 LIVE BIRTHS WITH PRENATAL CARE IN SDC'S EAST REGION, WHIC H TRANSLATES TO 77 6 PERCENT OF LIVE BIRTHS FOR THE REGION THIS WAS LOWER THAN THE PERCEN TAGE OF LIVE BIRTHS RECEIVING PRENATAL CARE IN SDC OVERALL (83 1 PERCENT) * BETWEEN 2009 AND 2011, MOTHERS IN SDC BEGINNING THEIR PRENATAL CARE DURING THEIR FIRST TRIMESTER INCREA SED FROM 70 1 PERCENT TO 72 2 PERCENT * ACCORDING TO 2011 CHIS DATA, 22 6 PERCENT OF WOME N (AGES 18 TO 65 YEARS) WERE OBESE (BMI > 30) THIS STATISTIC INCREASES TO 30 9 PERCENT FO R WOMEN IN SDC'S EAST REGION * ACCORDING TO 2011 CHIS DATA, 10 8 PERCENT OF WOMEN IN SDC' S EAST REGION EAT FAST FOOD FOUR OR MORE TIMES PER WEEK * ACCORDING TO HP 2020, THE RISK OF MATERNAL AND INFANT MORTALITY AND PREGNANCY-RELATED COMPLICATIONS CAN BE REDUCED BY INC REASING ACCESS TO QUALITY PRECONCEPTION AND INTERCONCEPTION CARE HEALTHY BIRTH OUTCOMES A ND EARLY IDENTIFICATION AND TREATMENT OF HEALTH CONDITIONS AMONG INFANTS CAN PREVENT DEATH OR DISABILITY AND ENABLE CHILDREN TO REACH THEIR FULL POTENTIAL * ACCORDING TO THE CDC, MATERNAL HEALTH CONDITIONS THAT ARE NOT ADDRESSED BEFORE PREGNANCY CAN LEAD TO COMPLICATIO NS FOR THE MOTHER AND THE INFANT SEVERAL HEALTH-RELATED FACTORS KNOWN TO CAUSE ADVERSE PR EGNANCY OUTCOMES INCLUDE UNCONTROLLED DIABETES AROUND THE TIME OF CONCEPTION, MATERNAL OBE SITY, MATERNAL SMOKING DURING PREGNANCY AND MATERNAL DEFICIENCY OF FOLIC ACID IN THE US, THE NUMBER OF BIRTHS DECLINED BY 3 PERCENT FROM 2009 TO 2010 AND THE GENERAL FERTILITY RAT E DECLINED BY 3 PERCENT TEENAGE BIRTH RATE FELL 10 PERCENT FROM 2009 TO 2010, WHILE THE B IRTH RATE OF WOMEN AGES 40-44 YEARS CONTINUED TO RISE * ACCORDING TO A REPORT FROM THE NA TIONAL 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 US PRET ERM BIRTH RATE (LESS THAN 37 WEEKS OF GESTATION) R

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		OSE BY MORE THAN ONE-THIRD FROM THE EARLY 1980S THROUGH 2006 THE FIRST TWO-YEAR DECLINE I N NEARLY THREE DECADES OCCURRED FROM 2006 TO 2008, DURING WHICH THE PRETERM BIRTH RATE DEC REASED FROM 12 8 PERCENT TO 12 3 PERCENT (NCHS, 2010) MEASURABLE OBJECTIVES * CONDUCT OUT REACH AND EDUCATION ACTIVITIES FOR WOMEN ON A VARIETY OF HEALTH TOPICS, INCLUDING PRENATAL CARE AND PARENTING SKILLS * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO HELP RAISE AWAREN ESS OF WOMEN'S HEALTH ISSUES AND SERVICES, AS WELL AS TO PROVIDE LOW-INCOME AND UNDERSERVE D WOMEN IN THE SAN DIEGO COMMUNITY WITH CRITICAL PRENATAL SERVICES * PARTICIPATE IN PROFES SIONAL ASSOCIATIONS RELATED TO WOMEN'S SERVICES AND PRENATAL HEALTH AND DISSEMINATE RESEAR CH * DEMONSTRATE BEST PRACTICES IN BREASTFEEDING AND MATERNITY CARE, AND PROVIDE EDUCATION AND SUPPORT TO NEW MOTHERS ON THE IMPORTANCE OF BREASTFEEDING FY 2013 REPORT OF ACTIVITIE S IN FY 2013, SGH OFFERED TWO WELLNESS AND PREVENTION-RELATED COMMUNITY EXPOS THAT ADDRESS ED WOMEN'S HEALTH TOPICS THESE CLASSES LED BY PHYSICIANS AND TOPIC-EXPERTS REACHED APPROX IMATELY 120 WOMEN THE EXPOS INCLUDED A SERIES OF EXPERTS THAT DISCUSSED METHODS TO IMPROV E HEART HEALTH, EATING HABITS AND EMOTIONAL AND MENTAL WELL-BEING IN ADDITION, A FREE HEA LTH SCREENING OFFERED INFORMATION ABOUT CHOLESTEROL AND GLUCOSE LEVELS, BLOOD PRESSURE AND BMI ATTENDEES ALSO HAD THE OPPORTUNITY TO HAVE THEIR PERSONAL HEALTH QUESTIONS ANSWERED BY HEALTH CARE PROFESSIONALS ADDITIONALLY, IN FY 2013 SGH OFFERED THREE EDUCATIONAL SEMIN ARS TO THE COMMUNITY ON GYNECOLOGIC ROBOTIC PROCEDURES, AND PROVIDED EDUCATION AND RESOURC ES ON TREATMENT OPTIONS TO 98 WOMEN THROUGH THESE SESSIONS

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		THROUGHOUT FY 2013, SGH PROVIDED FREE BREASTFEEDING SUPPORT GROUPS TO THE COMMUNITY TWICE PER WEEK FACILITATED BY RN LACTATION CONSULTANTS, EACH SESSION PROVIDED EDUCATION AND SUP PORT TO APPROXIMATELY 25 MOTHERS IN THE COMMUNITY SGH ALSO OFFERED WEEKLY POSTPARTUM DEPR ESSION SUPPORT GROUPS FOR WOMEN AND FAMILIES THE SUPPORT GROUPS ARE LED BY THE SGH WOMEN' S HEALTH CENTER'S SOCIAL WORKERS, AND PROVIDE SUPPORT TO WOMEN AND FAMILIES STRUGGLING WIT H THE CHALLENGES AND ADAPTATIONS OF HAVING A NEWBORN SGH PARTICIPATED IN AND PARTNERED WI TH A NUMBER OF COMMUNITY ORGANIZATIONS AND ADVISORY BOARDS FOR MATERNAL AND CHILD HEALTH I N FY 2013, INCLUDING THE LOCAL CHAPTER OF THE ASSOCIATION OF WOMEN'S HEALTH, OBSTETRIC AND NEONATAL NURSES (AWHONN), WOMEN, INFANTS, AND CHILDREN (WIC), CALIFORNIA TERATOGEN INFORM ATION SERVICE (CTIS), PARTNERSHIP FOR SMOKE-FREE FAMILIES, SAN DIEGO COUNTY BREASTFEEDING COALITION ADVISORY BOARD, THE BEACON COUNCIL'S PATIENT SAFETY COLLABORATIVE, ASSOCIATION O F CALIFORNIA NURSE LEADERS (ACNL), THE REGIONAL PERINATAL CARE NETWORK (PCN), PERINATAL SA FETY COLLABORATIVE, AND THE PUBLIC HEALTH NURSE ADVISORY BOARD IN FY 2013, SGH PROVIDED B OTH A POSTER PRESENTATION TO THE ACNL TITLED ENDING EARLY ELECTIVE DELIVERIES AS WELL AS A WEBINAR ON THIS TOPIC PROVIDED THROUGH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CM MS) PARTNERSHIP FOR PATIENTS AND HEALTH RESEARCH AND EDUCATIONAL TRUST (HRET) THE SGH WOM EN'S HEALTH CENTER ALSO PRESENTED A PODIUM PRESENTATION ENTITLED EXCLUSIVE BREASTFEEDING A T DISCHARGE AT THE CMMS CALL FOR INNOVATIONS OVER THE PAST FISCAL YEAR, SGH IMPLEMENTED C RITICAL PROCESS IMPROVEMENTS TO IMPROVE BREASTFEEDING RATES AMONG NEW MOTHERS, AND CONTINU ED TO EXPLORE AND PARTICIPATE IN OPPORTUNITIES TO SHARE THESE BEST PRACTICES WITH THE BROA DER HEALTH CARE COMMUNITY THE TEN STEPS TO SUCCESSFUL BREASTFEEDING WERE IMPLEMENTED ALON G WITH OTHER QUALITY STRATEGIES ON EACH UNIT TO PROMOTE EXCLUSIVE BREASTFEEDING AND EXCLUS IVE BREAST MILK IN THE NICU THE INITIATIVES INCLUDED BUT WERE NOT LIMITED TO FACILITATIN G SKIN-TO-SKIN CONTACT WITH THE NEWBORN IMMEDIATELY AFTER DELIVERY, IMPLEMENTING EARLY INT ERVENTION STRATEGIES FOR WOMEN IDENTIFIED AS HAVING DIFFICULTY WITH BREASTFEEDING, AND STA NDARDIZING AN INTERDISCIPLINARY PLAN OF CARE TO IDENTIFY MOTHERS HAVING DIFFICULTY WITH BR EASTFEEDING THESE STRATEGIES PROMOTE THE NUTRITIONAL HEALTH OF HIGH-RISK INFANTS AND PREV ENT INFLAMMATORY DISEASE PROCESSES THAT CAN CAUSE SERIOUS BACTERIAL INFECTION IN THE INTES TINE OF SICK PREMATURE INFANTS, WHICH CAN RESULT IN DEATH OF INTESTINAL TISSUE AND EVEN PR OGRESSION TO BLOOD POISONING OR SEPTICEMIA IN ADDITION, SGH REVAMPED ALL OF THE BREASTFEE DING EDUCATIONAL RESOURCES PROVIDED AT THE COMMUNITY CLINICS AND THE CHILDBIRTH EDUCATION CLASSES TO REFLECT BEST PRACTICES IN BREASTFEEDING FOR MOTHERS AND THEIR FAMILIES IN THE NICU, NURSES PROMOTED THE USE OF A MOTHERS' PUMP LOG TO INCREASE ACCOUNTABILITY FOR THE MO THERS' DOCUMENTATION OF THEIR 24 HOUR TOTALS OF BREAST MILK VOLUMES THE DAILY TOTALS OF E XCLUSIVE BREAST MILK VOLUMES WERE DOCUMENTED BY AN RN, AND NURSES TRACKED THE PERCENTAGE O F INFANTS EXCLUSIVELY PROVIDED BREAST MILK OR SOME BREAST MILK UNTIL DISCHARGE, INCORPORAT ING EARLY INTERVENTION STRATEGIES TO PROMOTE THE ESTABLISHMENT OF BREAST MILK IN THE FIRST COUPLE OF WEEKS ADDITIONALLY, THE SGH WOMEN'S HEALTH CENTER TRACKED THE MOTHERS OF PREMA TURE INFANTS 28-34 WEEKS WHO ESTABLISHED BREAST MILK SUPPLY AT TWO WEEKS THIS INTERDISCIP LINARY APPROACH RESULTED IN A 70 PERCENT EXCLUSIVE BREASTFEEDING RATE FOR NEWBORNS AS WELL AS AN 83 PERCENT EXCLUSIVE BREAST MILK RATE FOR PREMATURE INFANTS IN THE NICU THIS ABSTR ACT WAS APPROVED BY AHWONN FOR POSTER PRESENTATION IN JUNE 2014 IN ADDITION, THE SGH WOME N'S HEALTH CENTER PARTICIPATED IN THE SAN DIEGO COUNTY BREASTFEEDING COALITION POSTER COMP ETITION FOR ALL OF THEIR QUALITY INITIATIVES SURROUNDING EXCLUSIVE BREASTFEEDING AT DISCHA RGE THE SGH WOMEN'S HEALTH CENTER WAS AWARDED SECOND PLACE AT THIS COMPETITION DURING WOR LD HEALTH BREASTFEEDING WEEK IN AUGUST 2013 SGH IS ALSO CURRENTLY SEEKING BABY-FRIENDLY U SA DESIGNATION BY SEPTEMBER 2014 THROUGH THE IMPLEMENTATION OF EVIDENCE-BASED MATERNITY CA RE PRACTICES ESTABLISHED BY THE UNITED NATIONS CHILDREN'S FUND (UNICEF) AND THE WORLD HEA LTH ORGANIZATION (WHO) IN 1991, THE BABY-FRIENDLY HOSPITAL INITIATIVE (BFHI) RECOGNIZES AN D ENCOURAGES HOSPITALS AND BIRTHING CENTERS THAT OFFER HIGH-QUALITY BREASTFEEDING CARE TH E BFHI HAS BEEN IMPLEMENTED IN MORE THAN 170 COUNTRIES, RESULTING IN THE DESIGNATION OF MO RE THAN 20,000 BIRTHING FACILITIES THE REQUIREMENTS FOR A BABY-FRIENDLY USA DESIGNATION I NCLUDE BUT ARE NOT LIMITED TO TRAINING HEALTH CARE STAFF TO PROPERLY IMPLEMENT A BREASTFE EDING POLICY, PROVIDING EDUCATION TO PREGNANT WOMEN ON THE BENEFITS OF BREASTFEEDING, DEMO NSTRATING HOW TO BREASTFEED AND MAINTAIN LACTATION TO NEW MOTHERS, ENCOURAGING BREASTFEEDI NG ON DEMAND, ALLOWING MOTHERS AND INFANTS TO REMA

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		IN TOGETHER 24 HOURS A DAY, AND ESTABLISHING BREASTFEEDING SUPPORT GROUPS AND REFERRING MO THERS TO THESE RESOURCES FOLLOWING DISCHARGE FROM THE HOSPITAL OR CLINIC THROUGHOUT FY 20 13, SGH INCORPORATED THE REQUIREMENTS OF A BABY-FRIENDLY HOSPITAL ALONG WITH OTHER PROCESS IMPROVEMENTS IN ORDER TO IMPROVE EXCLUSIVE BREASTFEEDING AT DISCHARGE AS A RESULT OF THE SE COMPREHENSIVE EFFORTS, THE SGH WOMEN'S HEALTH CENTER WAS SUCCESSFUL IN RAISING THE EXCL USIVE BREASTFEEDING RATE AT DISCHARGE FROM 49 PERCENT IN 2011 TO 70 PERCENT IN 2013 THE S GH WOMEN'S HEALTH CENTER'S PRENATAL CLINIC (SGH PRENATAL CLINIC) MIDWIVES CONTINUED TO PRO VIDE IN-KIND HELP AT NEIGHBORHOOD HEALTH CENTERS IN EL CAJON AND LAKESIDE, AND FHCSD THROU GHOUT FY 2013 THE MIDWIVES PROVIDE CARE FOR PREGNANT WOMEN FIVE DAYS PER WEEK APPROXIMATE LY 1,400 HOURS AT THE EL CAJON AND LAKESIDE SITES TO SUPPORT THE UNDERSERVED POPULATION IN SDC'S EAST REGION THE HOSPITAL ALSO DELIVERS APPROXIMATELY 720 BABIES FROM COMMUNITY CLI NICS EACH YEAR THE SGH PRENATAL CLINIC PARTICIPATED IN THE CALIFORNIA DEPARTMENT OF PUBLI C HEALTH (CDPH) COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP) TO OFFER COMPREHENSIVE PRE NATAL CLINICAL AND SOCIAL SERVICES TO LOW-INCOME, LOW-LITERACY WOMEN WITH MEDI-CAL BENEFIT S SERVICES INCLUDED HEALTH EDUCATION, NUTRITIONAL GUIDANCE AND PSY CHOLOGICAL/SOCIAL ISSUE SUPPORT, AS WELL AS TRANSLATION SERVICES FOR NON-ENGLISH SPEAKING WOMEN AS PART OF THIS EFFORT, AND IN ORDER TO REDUCE THE NUMBER OF WOMEN THAT REACH GESTATIONAL DIABETIC CRITERI A, WOMEN WERE OFFERED NUTRITION CLASSES, AND THOSE WITH NUTRITION ISSUES WERE REFERRED TO AN SGH REGISTERED DIETICIAN OR THE SGH DIABETES EDUCATION PROGRAM AS APPROPRIATE. AT-RISK WOMEN WITH ELEVATED BMIS RECEIVED EDUCATION AND GLUCOMETERS IN ORDER TO MEASURE THEIR SUGA RS AND HELP PREVENT THE DEVELOPMENT OF GESTATIONAL DIABETES WOMEN WITH A CURRENT DIABETES DIAGNOSIS WERE REFERRED TO THE SGH DIABETES EDUCATION PROGRAM FREE EDUCATION ON GESTATIO NAL DIABETES WAS ALSO PROVIDED TO PREGNANT MEMBERS OF THE COMMUNITY THE SGH PRENATAL CLIN IC ALSO PROVIDED EDUCATIONAL RESOURCES TAILORED SPECIFICALLY TO THE INCREASING CHALDEAN PO PULATION

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		IN ADDITION, THE SGH WOMEN'S HEALTH CENTER CONTINUED ITS PARTNERSHIP WITH VISTA HILL PAREN TCARE TO ASSIST DRUG-ADDICTED PATIENTS WITH PSY CHOLOGICAL AND SOCIAL ISSUES DURING PREGNAN CY THESE APPROACHES HAVE BEEN SHOWN TO REDUCE BOTH LOW BIRTH WEIGHT RATES AND HEALTH CARE COSTS IN WOMEN AND INFANTS THE SGH WOMEN'S HEALTH CENTER ALSO PROVIDED WOMEN WITH REFERR ALS TO A VARIETY OF COMMUNITY RESOURCES INCLUDING BUT NOT LIMITED TO CTIS, WIC AND THE SDC PUBLIC HEALTH NURSE FY 2014 PLAN SGH WILL DO THE FOLLOWING * PROVIDE WELLNESS AND PREVE NTION EVENTS FOR WOMEN THAT FOCUS ON LIFESTY LE TIPS TO ENHANCE OVERALL HEALTH * PROVIDE VI DEOS ON VARIOUS NUTRITION TOPICS THROUGH THE SGH WEBSITE AND SOCIAL MEDIA * PROVIDE EDUCAT ION ON CARDIOVASCULAR HEALTH AND WELLNESS AS PART OF THE SECOND WOMEN'S HEART HEALTH EXPO * PROVIDE FREE BREASTFEEDING AND POSTPARTUM SUPPORT GROUPS * PROVIDE PARENTING EDUCATION C LASSES * PARTICIPATE IN COMMUNITY EVENTS TARGETING WOMEN IN THE COMMUNITY, SUCH AS THE SHA RP WOMEN'S HEALTH CONFERENCE * PROVIDE MEDICAL SERVICES TO LOW-INCOME PATIENTS THROUGH THE SGH PRENATAL CLINIC * SHARE EVIDENCE-BASED PRACTICES REGARDING IMPROVEMENTS IN ELECTIVE D ELIVERIES LESS THAN 39 WEEKS AS WELL AS BREASTFEEDING RATES AT DISCHARGE THROUGH PRESENTAT IONS AT NATIONAL CONFERENCES AND RESEARCH PUBLICATIONS IDENTIFIED COMMUNITY NEED PREVENTI ON OF UNINTENTIONAL INJURIES RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY H EALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UN LESS OTHERWISE INDICATED RATIONALE * IN THE HASD&IC 2013 CHNA, UNINTENTIONAL INJURY WAS I DENTIFIED AS ONE OF THE TOP PRIORITY HEALTH CONDITIONS SEEN IN SDC HOSPITALS * IN 2011, A CCIDENTS (UNINTENTIONAL INJURIES) WERE THE FIFTH LEADING CAUSE OF DEATH FOR SDC'S EAST REG ION * IN 2011, ACCIDENTS (UNINTENTIONAL INJURIES) WERE THE SIXTH LEADING CAUSE OF DEATH O VERALL IN SDC * UNINTENTIONAL INJURIES MOTOR VEHICLE ACCIDENTS, FALLS, PEDESTRIAN-RELATED , FIREARMS, FIRE/BURNS, DROWNING, EXPLOSION, POISONING (INCLUDING DRUGS AND ALCOHOL, GAS, CLEANERS AND CAUSTIC SUBSTANCES), CHOKING/SUFFOCATION, CUT/PIERCE, EXPOSURE TO ELECTRIC CU RRENT/RADIATION/FIRE/SMOKE, NATURAL DISASTERS AND INJURIES AT WORK ARE ONE OF THE LEADING CAUSES OF DEATH FOR SDC RESIDENTS OF ALL AGES, REGARDLESS OF GENDER, RACE OR REGION * BET WEEN 2009 AND 2011, 2,889 SAN DIEGANS DIED AS A RESULT OF UNINTENTIONAL INJURIES, AND SINC E 2000, THE RATE OF DEATH HAS INCREASED BY 5 PERCENT * IN 2011, THERE WERE 188 DEATHS DUE TO UNINTENTIONAL INJURY IN SDC'S EAST REGION THE REGION'S AGE-ADJUSTED DEATH RATE DUE TO UNINTENTIONAL INJURIES WAS 40 3 DEATHS PER 100,000 POPULATION, THE HIGHEST OF ALL REGIONS AND HIGHER THAN THE SDC AGE-ADJUSTED RATE OF 31 4 DEATHS PER 100,000 POPULATION * IN 201 1, THERE WERE 4,085 HOSPITALIZATIONS RELATED TO UNINTENTIONAL INJURY IN SDC'S EAST REGION THE RATE OF HOSPITALIZATIONS WAS 875 4 PER 100,000 POPULATION, THE HIGHEST OF ALL REGIONS AND HIGHER THAN THE SDC AVERAGE OF 686 3 PER 100,000 POPULATION * IN 2011, THERE WERE 27 ,619 ED VISITS RELATED TO UNINTENTIONAL INJURY IN SDC'S EAST REGION THE RATE OF VISITS WA S 5,918 6 PER 100,000 POPULATION, THE HIGHEST OF ALL REGIONS AND HIGHER THAN THE SDC AVERA GE OF 5,094 2 PER 100,000 POPULATION * INJURY, INCLUDING BOTH INTENTIONAL AND UNINTENTION AL, IS THE NUMBER ONE KILLER AND DISABLER OF PERSONS AGES 1 TO 44 IN CALIFORNIA (CALIFORNI A DEPARTMENT OF PUBLIC HEALTH, 2010) * ACCORDING TO HP 2020, MOST EVENTS RESULTING IN INJ URY, DISABILITY OR DEATH ARE PREDICTABLE AND PREVENTABLE THERE ARE MANY RISK FACTORS FOR UNINTENTIONAL INJURY AND VIOLENCE, INCLUDING INDIVIDUAL BEHAVIORS AND CHOICES, SUCH AS ALC OHOL USE OR RISK-TAKING, THE PHYSICAL ENVIRONMENT BOTH AT HOME AND IN THE COMMUNITY, ACCES S TO HEALTH SERVICES AND SYSTEMS CREATED FOR INJURY-RELATED CARE, AND THE SOCIAL ENVIRONME NT, INCLUDING INDIVIDUAL SOCIAL EXPERIENCES (SOCIAL NORMS, EDUCATION, VICTIMIZATION HISTOR Y), SOCIAL RELATIONSHIPS (PARENTAL MONITORING AND SUPERVISION OF YOUTH, PEER GROUP ASSOCIA TIONS, FAMILY INTERACTIONS), THE COMMUNITY ENVIRONMENT (COHESION IN SCHOOLS, NEIGHBORHOODS AND COMMUNITIES) AND SOCIETAL-LEVEL FACTORS (CULTURAL BELIEFS, ATTITUDES, INCENTIVES AND DISINCENTIVES, LAWS AND REGULATIONS) MEASURABLE OBJECTIVE * TO OFFER AN INJURY AND VIOLEN CE PREVENTION PROGRAM FOR CHILDREN, ADOLESCENTS AND YOUNG ADULTS IN SDC'S EAST REGION FY 2 013 REPORT OF ACTIVITIES IN FY 2013, THINKFIRST/SHARP ON SURVIVAL PARTICIPATED IN 56 PROGR AMS THAT SERVED MORE THAN 3,600 ELEMENTARY, MIDDLE AND HIGH SCHOOL STUDENTS IN SDC'S EAST REGION THE PROGRAMS CONSISTED OF ONE- TO TWO-HOUR CLASSES ON THE MODES OF INJURY, DISABIL ITY AWARENESS, AND THE ANATOMY AND PHYSIOLOGY OF THE BRAIN AND SPINAL CORD THEY ALSO HEAR D PERSONAL TESTIMONIES FROM INDIVIDUALS, KNOWN AS VOICES FOR INJURY PREVENTION (VIPS), WIT H TRAUMATIC BRAIN OR SPINAL CORD INJURIES (SCI) IN ADDITION, THINKFIRST/SHARP ON SURVIVAL OFFERED SCHOOLS MULTIPLE OPPORTUNITIES FOR LEARNI

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		NG WITH THE PROVISION OF A VARIETY OF LESSON PLANS, INCLUDING INFORMATION ON PHYSICAL REHA BILITATION, CAREERS IN HEALTH CARE, AND DISABILITY AWARENESS PANELS TO MEET THE NEEDS OF S PECIFIC CLASS CURRICULA THINKFIRST/SHARP ON SURVIVAL ALSO SPOKE TO AT-RISK YOUTH ABOUT TH E CONSEQUENCES OF RECKLESS DRIVING, VIOLENCE, AND POOR DECISION MAKING THINKFIRST/SHARP O N SURVIVAL PARTICIPATED IN A VARIETY OF COMMUNITY EVENTS THROUGHOUT FY 2013, INCLUDING PRE SENTATIONS FOR YOUTH AND THEIR PARENTS, HEALTH- AND SAFETY-RELATED FAIRS, AND COMMUNITY GR OUPS THESE COMMUNITY-BASED EVENTS AND PRESENTATIONS SERVED MORE THAN 900 PARTICIPANTS TH INK FIRST/SHARP ON SURVIVAL PARTICIPATED IN THE ANNUAL KIDS CARE FEST EVENT SPONSORED BY T HE GROSSMONT HEALTHCARE DISTRICT IN LA MESA, PROVIDING HELMET-FITTING INFORMATION AND EDUC ATION ON BOOSTER AND CAR SEATS TO APPROXIMATELY 400 COMMUNITY MEMBERS IN OCTOBER, THINKFI RST/SHARP ON SURVIVAL ALSO PROVIDED PROPER HELMET-FITTING INFORMATION AND BOOSTER SEAT EDU CATION AT THE EL CAJON FIRE DEPARTMENT SAFETY FAIR AND OPEN HOUSE, SERVING 500 PEOPLE WIT H THE PARTNERSHIP AND FINANCIAL SUPPORT OF THE HEALTH AND SCIENCE PIPELINE INITIATIVE (HAS PI), DOZENS OF SCHOOLS THROUGHOUT SDC HAD THE OPPORTUNITY TO PROVIDE THINKFIRST/SHARP ON S URVIVAL SPEAKERS TO THEIR STUDENTS THESE STUDENTS, WHO ALL HAVE AN INTEREST IN PURSUING C AREERS IN HEALTH CARE, WERE PROVIDED WITH CLASSROOM PRESENTATIONS AND THE OPPORTUNITY TO P ARTICIPATE IN A HALF-DAY TOUR OF THE SMH REHABILITATION CENTER IN 2013, A DOZEN HIGH SCHO OL SENIORS FROM GRANITE HILLS HIGH SCHOOL TOURED THE CENTER AND RECEIVED AN IN-DEPTH LOOK AT OCCUPATIONAL, PHYSICAL, SPEECH, RECREATION THERAPY AND NURSING CAREERS STUDENTS ALSO R OTATED THROUGH SEVERAL "STATIONS" RUN BY VIP SPEAKERS TO PRACTICE THEIR WHEELCHAIR MOBILIT Y, LOWER BODY DRESSING AND DRIVING SKILLS USING THE DRIVING SIMULATOR ADDITIONALLY, STUDE NTS CONDUCTED SMALL GROUP PATIENT THERAPY ACTIVITIES TO TEST MEMORY, ORGANIZATION AND A VA RIETY OF EXECUTIVE COGNITIVE SKILLS IN ADDITION, MORE THAN 200 COLLEGE STUDENTS ENROLLED IN SAN DIEGO STATE UNIVERSITY'S (SDSU'S) DISABILITY IN SOCIETY COURSE AND RECEIVED EDUCATI ON ON INJURY PREVENTION, BRAIN INJURY, SCI AND DISABILITY AWARENESS BEGINNING IN FY 2012, THINKFIRST/SHARP ON SURVIVAL IMPLEMENTED A BOOSTER SEAT PROJECT FUNDED BY THE GROSSMONT H EALTHCARE DISTRICT THE PROJECT WAS DEVELOPED IN RESPONSE TO THE CALIFORNIA LAW CHANGE IMP LEMENTED IN JANUARY 2012 WHEN REQUIREMENTS FOR BOOSTER SEATS CHANGED FROM AGE SIX OR 60 PO UNDS TO AGE EIGHT OR A HEIGHT OF FOUR FEET NINE INCHES THE PROJECT WAS MODELED AFTER A LA RGER, SUCCESSFUL BOOSTER SEAT PROJECT IMPLEMENTED BY THINKFIRST SAN DIEGO, IN PARTNERSHIP WITH THE THINKFIRST NATIONAL OFFICE, AND FUNDED BY THE NATIONAL HEALTH AND TRANSPORTATION SAFETY ADMINISTRATION (NHTSA) IN 2004 THIS PROGRAM NOT ONLY PROVIDED EDUCATION TO PARENTS ON SPECIFICS OF THE LAW AND CONSEQUENCES OF MISUSE, BUT ALSO OFFERED GUIDANCE TO ALTER CH ILDREN'S MISCONCEPTIONS THAT BOOSTER SEATS ARE FOR "BABIES " AFTER TWO YEARS, THE PROGRAM SUCCESSFULLY INCREASED BOOSTER SEAT USE IN SIX SCHOOLS BY AN AVERAGE OF 19 PERCENT THE TH INKFIRST/SHARP ON SURVIVAL BOOSTER SEAT PROJECT MODELED THE BEST PRACTICES FROM THIS PREVI OUS PROGRAM, AND PROVIDED MORE THAN 3,000 STUDENTS AND THEIR PARENTS WITH POTENTIALLY LIFE SAVING INFORMATION THE EDUCATION DIRECTED TOWARD THE STUDENTS WAS CONDUCTED IN FOUR DIFFE RENT SCHOOLS WITH BOTH ASSEMBLY AND CLASSROOM EDUCATION FORMATS EACH CHILD WAS ALSO MEASU RED AND INFORMATION ON THE CHILD'S HEIGHT, THE NEW LAW AND BEST PRACTICES FOR BOOSTER SEAT USE WAS SENT HOME WITH THE CHILD ADDITIONALLY, OVER 70 STUDENTS AT THESE SCHOOLS WERE PR OVIDED WITH A FREE BOOSTER SEAT AND A FEW ADDITIONAL SEATS GIVEN OUT TO COMMUNITY MEMBERS WHOSE CHILDREN PARTICIPATED IN A BOOSTER SEAT DRAWING COMPETITION THE PROGRAM CAME TO ITS CONCLUSION IN JANUARY 2013

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		FY 2014 PLAN THINKFIRST/SHARP ON SURVIVAL WILL DO THE FOLLOWING * WITH FUNDING SUPPORT FR OM GRANTS, PROVIDE EDUCATIONAL PROGRAMMING AND PRESENTATIONS FOR LOCAL SCHOOLS AND ORGANIZ ATIONS * INCREASE COMMUNITY AWARENESS OF THE PROGRAM THROUGH ATTENDANCE AND PARTICIPATION AT COMMUNITY EVENTS AND HEALTH FAIRS USING GRANT FUNDING * CONTINUE TO EVOLVE PROGRAM CURR ICULA TO MEET THE NEEDS OF HEALTH CAREER PATHWAY CLASSES AS PART OF THE HASPI PARTNERSHIP * CONTINUE TO ADDRESS THE NEEDS OF ELEMENTARY SCHOOL CHILDREN AND THEIR PARENTS BY PROVIDI NG BOOSTER SEAT EDUCATION WITH FUNDING SUPPORT FROM GRANTS * CONTINUE TO PROVIDE COLLEGE S TUDENTS WITH INJURY PREVENTION EDUCATION THROUGH SDSU'S DISABILITY IN SOCIETY COURSE * EXP LORE FURTHER OPPORTUNITIES TO PROVIDE EDUCATION TO HEALTH CARE PROFESSIONALS AND COLLEGE S TUDENTS INTERESTED IN HEALTH CARE CAREERS IDENTIFIED COMMUNITY NEED SUPPORT DURING THE TR ANSITION OF CARE PROCESS FOR HIGH-RISK, UNDERSERVED AND UNDERFUNDED PATIENTS RATIONALE REF ERENCES THE FINDINGS OF THE SGH 2013 COMMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED RATIONALE * COMM UNITY HEALTH LEADERS PARTICIPATING IN THE HASD&IC 2013 CHNA PROCESS STRONGLY ALIGNED AND R ECOMMENDED FURTHER WORK IN ACCESS TO CARE, HEALTH INSURANCE AND CARE MANAGEMENT WITH EACH OF THE PRIORITY HEALTH ISSUES IDENTIFIED FOR SDC (CARDIOVASCULAR DISEASE, TYPE II DIABETES , MENTAL/BEHAVIORAL HEALTH, AND OBESITY) * COMMUNITY MEMBERS PARTICIPATING IN THE HASD&IC 2013 CHNA COMMUNITY FORUMS (THROUGHOUT SDC) ALSO STRONGLY ALIGNED ACCESS TO CARE AND CARE MANAGEMENT WITH MAINTAINING HEALTH * IN 2011, SDC'S EAST REGION PRESENTED A HIGHER RATE OF UNEMPLOY MENT (9 9 PERCENT IN 2011) WHEN COMPARED TO SDC OVERALL (8 5 PERCENT IN 2011) * ACCORDING TO 2011 CHIS DATA, 20 1 PERCENT OF THOSE 18 TO 64 YEARS OF AGE IN SDC'S EAST R EGION WERE CURRENTLY UNINSURED * ACCORDING TO 2011 CHIS DATA, IN SDC'S EAST REGION FOR TH OSE 18 TO 65 YEARS OF AGE, THE MOST COMMON SOURCES OF HEALTH INSURANCE COVERAGE INCLUDED E MPLOY MENT-BASED COVERAGE (62 9 PERCENT) AND PUBLIC PROGRAMS (13 7 PERCENT) IN 2011, 13 1 PERCENT OF THE POPULATION IN SDC'S EAST REGION WAS LIVING BELOW THE POVERTY LEVEL, WITH MO RE THAN 22 PERCENT OF THOSE BEING FAMILIES * IN 2011, NEARLY 20 PERCENT OF FAMILIES IN TH E EAST REGION RECEIVED SOME FORM OF CASH PUBLIC ASSISTANCE, COMPARED TO 14 9 PERCENT OF FA MILIES IN SDC OVERALL * ACCORDING TO 2011 CHIS DATA, 86 PERCENT OF ADULTS IN SDC'S EAST R EGION HAVE A USUAL SOURCE OF CARE AMONG THESE ADULTS, 22 PERCENT UTILIZE A COMMUNITY CLIN IC, GOVERNMENT CLINIC OR COMMUNITY HOSPITAL AS THEIR USUAL SOURCE OF CARE * AS OF MARCH 2 012, THE AVERAGE UNEMPLOY MENT RATE IN THE CITIES OF EL CAJON, LA MESA, LAKESIDE, LEMON GRO VE, SANTEE, AND SPRING VALLEY WAS 10 4 PERCENT (LABOR MARKET INFORMATION, STATE OF CALIFOR NIA EMPLOY MENT DEVELOPMENT DEPARTMENT, HTTP WWW LABORMARKETINFO EDD CA GOV) * ACCORDING T O THE BUREAU OF LABOR STATISTICS (BLS), 37 7 PERCENT OF UNEMPLOY ED PERSONS NATIONALLY REMA INED SO FOR 27 WEEKS OR GREATER * THE COST OF LIVING IN CALIFORNIA IS 35 PERCENT ABOVE TH E US AVERAGE, WITH HEALTH SPENDING PER CAPITA IN CALIFORNIA GROWING BY 5 9 PERCENT BETWEEN 1994 TO 2004 (CALIFORNIA HOSPITAL ASSOCIATION SPECIAL REPORT, OCTOBER 2011) * ACCORDING TO HASD&IC, BETWEEN 2006 AND 2009, DEMAND FOR ED SERVICES IN SDC INCREASED BY 11 9 PERCENT , FROM 582,129 TO 651,595 VISITS (HASD&IC, 2010) * IN 2013, THE HEALTH INSURANCE BENEFITS AVAILABLE UNDER THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA) COST A SINGLE PERSON IN CALIFORNIA BETWEEN $468 TO $550 PER MONTH, FOR A FAMILY OF THREE OR MORE IN CALI FORNIA, COBRA COSTS RANGED FROM $1,461 73 TO $1,699 76 PER MONTH THESE RATES REPRESENT AN YWHERE FROM 20 TO 78 PERCENT OF A PERSON'S INCOME (2013 COBRA SELF-PAY RATES, MOTION PICTU RE INDUSTRY PENSION & HEALTH PLANS) * COMMUNITY CLINICS IN CALIFORNIA HAVE EXPERIENCED RI SING RATES OF PRIMARY CARE CLINIC UTILIZATION, THE NUMBER OF PERSONS UTILIZING THE CLINICS INCREASED BY 27 3 PERCENT BETWEEN 2007 AND 2011 (OSHPD, 2011) MEASURABLE OBJECTIVES * CO NNECT HIGH-RISK, UNDERFUNDED PATIENTS AND COMMUNITY MEMBERS TO COMMUNITY RESOURCES AND ORG ANIZATIONS FOR LOW-COST MEDICAL EQUIPMENT, HOUSING OPTIONS, AND FOLLOW-UP CARE * ASSIST EC ONOMICALLY DISADVANTAGED INDIVIDUALS THROUGH TRANSPORTATION AND FINANCIAL ASSISTANCE FOR P HARMACEUTICALS * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE FOLLOW-UP MEDICAL CAR E, FINANCIAL ASSISTANCE, PSY CHIATRIC AND SOCIAL SERVICES TO CHRONICALLY HOMELESS INDIVIDUA LS FY 2013 REPORT OF ACTIVITIES IN FY 2013 SGH CONTINUED TO PROVIDE POST-ACUTE CARE FACILI TATION FOR HIGH-RISK PATIENTS, INCLUDING INDIVIDUALS WHO WERE HOMELESS OR WITHOUT A SAFE H OME ENVIRONMENT INDIVIDUALS RECEIVED REFERRALS TO AND ASSISTANCE FROM A VARIETY OF LOCAL RESOURCES AND ORGANIZATIONS THAT PROVIDED SUPPORT WITH TRANSPORTATION, PLACEMENT, MEDICAL EQUIPMENT, MEDICATIONS, AS WELL AS OUTPATIENT DIAL

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		YSIS AND NURSING HOME STAYS SGH REFERRED HIGH-RISK PATIENTS, FAMILIES, AND COMMUNITY MEMB ERS TO CHURCHES, SHELTERS AND OTHER COMMUNITY RESOURCES FOR FOOD, SAFE SHELTER AND OTHER R ESOURCES FOR UNEMPLOYED AND UNDERFUNDED PATIENTS, OR FOR THOSE WHO SIMPLY CANNOT AFFORD T HE EXPENSE OF A WHEELCHAIR, WALKER OR CANE DUE TO A FIXED INCOME, SGH HAS COMMITTED TO IMP ROVING ACCESS TO DURABLE MEDICAL EQUIPMENT (DME) FOR HIGH-RISK PATIENTS UPON DISCHARGE SG H CASE MANAGERS ACTIVELY RECRUIT DME DONATIONS FROM THE COMMUNITY IN ORDER TO PROVIDE FOR PATIENTS IN NEED ALSO IN FY 2013, SGH CONTINUED TO PROVIDE INFORMATION ON DME IN THE PRE- RECORDED MESSAGE THAT CALLERS TO SGH HEAR WHEN THEY ARE PLACED ON HOLD SGH CASE MANAGERS AND SOCIAL WORKERS PROVIDE AND TRACK DME ITEMS TO PATIENTS WHO ARE UNINSURED, UNDERINSURED , OR WHO ARE OTHERWISE UNABLE TO AFFORD THE EQUIPMENT REQUIRED TO KEEP THEM SAFE AND HEALT HY TO ASSIST ECONOMICALLY DISADVANTAGED INDIVIDUALS, IN FY 2013 SGH PROVIDED MORE THAN $1 27,000 IN FREE MEDICATIONS, TRANSPORTATION, LODGING, AND FINANCIAL ASSISTANCE THROUGH ITS PROJECT HELP FUNDS THESE FUNDS ASSISTED MORE THAN 4,000 INDIVIDUALS IN FY 2013 IN ADDITI ON, SGH PHARMACISTS ASSISTED MORE THAN 250 ECONOMICALLY DISADVANTAGED PATIENTS WITH MORE T HAN 700 OUTPATIENT PRESCRIPTIONS VALUED AT APPROXIMATELY $319,000 IN FY 2013 SGH CONTINUE D TO COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE SERVICES TO CHRONICALLY HOMELESS PATIENTS THROUGH ITS COLLABORATION WITH THE SAN DIEGO RESCUE MISSION, SGH DISCHARGED CHRO NICALLY HOMELESS PATIENTS TO THE RESCUE MISSION'S RECUPERATIVE CARE UNIT THIS PROGRAM ALL OWS CHRONICALLY HOMELESS PATIENTS TO RECEIVE FOLLOW-UP CARE THROUGH SGH IN A SAFE SPACE, A ND ALSO PROVIDES PSY CHIATRIC CARE, SUBSTANCE ABUSE COUNSELING, AND GUIDANCE FROM THE RESCU E MISSION'S PROGRAMS IN ORDER TO HELP THESE PATIENTS GET BACK ON THEIR FEET FY 2014 PLAN SGH WILL CONDUCT THE FOLLOWING * CONTINUE TO PROVIDE POST-ACUTE CARE FACILITATION TO HIGH -RISK PATIENTS * CONTINUE AND EXPAND THE DME DONATIONS PROJECT TO IMPROVE ACCESS TO NECESS ARY MEDICAL EQUIPMENT FOR HIGH-RISK PATIENTS WHO CANNOT AFFORD DME * CONTINUE TO ADMINISTE R PROJECT HELP FUNDS TO THOSE IN NEED * CONTINUE TO COLLABORATE WITH COMMUNITY ORGANIZATIO NS TO PROVIDE MEDICAL CARE, FINANCIAL ASSISTANCE, PSY CHIATRIC AND SOCIAL SERVICES TO CHRON ICALLY HOMELESS PATIENTS IDENTIFIED COMMUNITY NEED COLLABORATION WITH LOCAL SCHOOLS TO PR OMOTE INTEREST IN HEALTH CARE CAREERS RATIONALE REFERENCES THE FINDINGS OF THE SGH 2013 CO MMUNITY HEALTH NEEDS ASSESSMENT OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATI STICS, UNLESS OTHERWISE INDICATED

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		RATIONALE * ACCORDING TO THE 2013 HEALTHCARE SHORTAGE AREAS ATLAS FROM THE COUNTY OF SAN D IEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA), SDC IS ONE OF 28 COUNTIES IN CALIFORNIA LIST ED AS A REGISTERED NURSE (RN) SHORTAGE AREA * THE DEMAND FOR RNS AND OTHER HEALTH CARE PE RSONNEL IN THE US WILL INCREASE DUE TO THE AGING POPULATION, AND NURSES ALSO WILL BE NEEDE D TO EDUCATE AND TO CARE FOR PATIENTS WITH VARIOUS CHRONIC CONDITIONS, SUCH AS ARTHRITIS, DEMENTIA, DIABETES, AND OBESITY IN ADDITION, THE NUMBER OF INDIVIDUALS WHO HAVE ACCESS TO HEALTH CARE SERVICES WILL INCREASE AS A RESULT OF FEDERAL HEALTH INSURANCE REFORM MORE N URSES WILL BE NEEDED TO CARE FOR THESE PATIENTS (BLS, 2012) * THE BLS PROJECTS AN EMPLOY M ENT OF MORE THAN 3 2 MILLION RNS IN 2022, AN INCREASE OF 19 PERCENT FROM 2012 RNS ARE PRO JECTED TO HAVE THE MOST NEW JOBS IN 2020, WHEN COMPARED TO OTHER HEALTH CARE PRACTITIONERS AND TECHNICAL OCCUPATIONS IN HEALTH CARE * THE BLS PROJECTS THAT HEALTH CARE SUPPORT OCC UPATIONS (HOME HEALTH AIDES, ETC) WILL BE THE FASTEST GROWING OCCUPATIONAL GROUP FROM 201 0 TO 2020 (BLS, 2010) * OVERALL EMPLOY MENT IS PROJECTED TO INCREASE BY ABOUT 14 PERCENT D URING THE 20102020 DECADE WITH MORE THAN HALF A MILLION NEW JOBS EXPECTED FOR EACH OF FOUR OCCUPATIONS-RNS, RETAIL SALESPERSONS, HOME HEALTH AIDES, AND PERSONAL CARE AIDES (BLS, 20 12) * ACCORDING TO THE SAN DIEGO WORKFORCE PARTNERSHIP 2011 REPORT TITLED, HEALTHCARE WOR KFORCE DEVELOPMENT IN SDC RECOMMENDATIONS FOR CHANGING TIMES, HEALTH CARE OCCUPATIONS THA T WILL BE IN HIGHEST DEMAND IN THE NEXT THREE TO FIVE Y EARS INCLUDE PHY SICAL THERAPISTS, M EDICAL ASSISTANTS, OCCUPATIONAL THERAPISTS, RNS, MEDICAL RECORD AND HEALTH INFORMATION TEC HNICIANS, RADIOLOGY TECHNOLOGISTS AND TECHNICIANS, PHARMACISTS AND MEDICAL AND CLINICAL LA BORATORY TECHNOLOGISTS * ACCORDING TO THE SAN DIEGO WORKFORCE PARTNERSHIP, DESPITE THE GR OWING DEMAND FOR HEALTH CARE WORKERS, EMPLOY ERS EXPRESS AN "EXPERIENCE GAP" AMONG RECENT G RADUATES AS A CHALLENGE TO FILLING OPEN POSITIONS WHILE NEW GRADUATES OFTEN POSSESS THE R EQUISITE 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 STU DENTS COULD HELP INCREASE THE NUMBER OF CULTURALLY COMPETENT HEALTH CARE WORKERS MEASURAB LE OBJECTIVE * IN COLLABORATION WITH LOCAL SCHOOLS, OFFER OPPORTUNITIES FOR STUDENTS TO EX PLORE A VAST ARRAY OF HEALTH CARE PROFESSIONS FY 2013 REPORT OF ACTIVITIES IN COLLABORATIO N WITH THE GROSSMONT UNION HIGH SCHOOL DISTRICT (GUHSD), SGH PARTICIPATED IN THE HEALTH-CA REERS EXPLORATION SUMMER INSTITUTE (HESI), PROVIDING 12 STUDENTS WITH OPPORTUNITIES FOR CL ASSROOM INSTRUCTION, JOB SHADOWING OBSERVATIONS AND LIMITED HANDS-ON EXPERIENCES IN HOSPIT AL DEPARTMENTS AT THE CONCLUSION OF THE PROGRAM, STUDENTS PRESENTED THEIR EXPERIENCES AS CASE STUDIES TO FAMILY MEMBERS, EDUCATORS AND HOSPITAL STAFF THOSE COMPLETING THE PROGRAM RECEIVED HIGH SCHOOL CREDITS EQUAL TO TWO SUMMER SCHOOL SESSIONS SGH ALSO CONTINUED ITS PARTICIPATION IN THE HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) PROGRAM IN FY 2013, P ROVIDING EARLY PROFESSIONAL DEVELOPMENT FOR 153 STUDENTS FROM A BROAD ARRAY OF BACKGROUNDS IN GRADES NINE THROUGH 12 STUDENTS SHADOWED AN ESTIMATED 50 HEALTH PROFESSIONALS IN 33 D EPARTMENTS AND NURSING AREAS THROUGHOUT THE HOSPITAL DURING EACH SEMESTER, STUDENTS ROTAT ED THROUGH INSTRUCTIONAL PODS IN AREAS SUCH AS NURSING, OBSTETRICS, OCCUPATIONAL AND PHYSI CAL THERAPY, BEHAVIORAL HEALTH, SICU, MICU, IMAGING, ENGINEERING, REHABILITATION, LABORATO RY, PHARMACY, PULMONARY, CARDIAC SERVICES AND FOOD SERVICES IN MAY 2013, THE HSHMC PROGRA M GRADUATED ITS THIRD FULL CLASS OF STUDENTS LEVEL I OF THE HSHMC PROGRAM IS THE ENTRY LE VEL FOR ALL STUDENTS AND IS CONDUCTED OVER A 16-WEEK PERIOD FOR FY 2013, 59 NINTH-GRADERS SHADOWED PRIMARILY IN NON-NURSING AREAS OF THE HOSPITAL, INCLUDING PHY SICAL THERAPY, FOOD SERVICES, LABORATORY, CARDIAC SERVICES, IMAGING, PHY SICIAN OFFICES, PULMONARY, PHARMACY A ND RADIATION THERAPY NINTH-GRADERS SPENT A GREATER LENGTH OF TIME WITHIN EACH DEPARTMENT IN ORDER TO MORE FULLY EXPERIENCE DIFFERENT CLINICAL AREAS OF THE HOSPITAL LEVEL II OF TH E HSHMC PROGRAM OFFERS PATIENT INTERACTION, WHERE STUDENTS ARE TRAINED IN TENDER LOVING CA RE (TLC) FUNCTIONS BY A CERTIFIED NURSING ASSISTANT (CNA) ON NURSING FLOORS IN FY 2013, 5 1 TENTH-GRADERS, 20 ELEVENTH-GRADERS AND 23 TWELFTH-GRADERS PARTICIPATED IN THE LEVEL II T LC PROGRAM, EXPERIENCING COLLEGE-LEVEL CLINICAL ROTATIONS, HANDS-ON EXPERIENCE, TLC FUNCTI ON PATIENT CARE AND MENTORING STUDENTS WERE PLACED IN A NEW ASSIGNMENT EACH SEMESTER FOR A VARIETY OF PATIENT CARE EXPERIENCES, AND ALSO TOOK ADDITIONAL HEALTH-RELATED COURSEWORK AT SAN DIEGO MESA COLLEGE, INCLUDING ANATOMY, PHYS

Identifier	Return Reference	Explanation
		IOLOGY, MEDICAL TERMINOLOGY AND HUMAN BEHAVIOR COURSES IN FY 2013, TWELFTH-GRADERS CONTIN UED TO RECEIVE TRAINING IN FIRST TOUCH THE PATIENT-CENTERED MODEL OF CARE PROVIDED BY SGH TO HELP EASE PATIENT ANXIETY AND INCREASE TRUST IN THEIR CAREGIVER IN ADDITION, SGH STAFF PROVIDED HSHMC STUDENTS INSTRUCTION ON EDUCATIONAL REQUIREMENTS, CAREER LADDER DEVELOPMEN T AND JOB REQUIREMENTS AT THE END OF THE ACADEMIC YEAR, SGH STAFF PROVIDED HSHMC STUDENTS , THEIR LOVED ONES, COMMUNITY LEADERS AND HOSPITAL MENTORS A SYMPOSIUM THAT SHOWCASED THE LESSONS LEARNED THROUGHOUT THE PROGRAM ALSO IN FY 2013, SGH PROVIDED 775 STUDENTS FROM CO LLEGES AND UNIVERSITIES THROUGHOUT SAN DIEGO WITH VARIOUS PLACEMENT AND PROFESSIONAL DEVEL OPMENT OPPORTUNITIES THROUGHOUT THE ACADEMIC YEAR, 565 NURSING STUDENTS SPENT MORE THAN 5 2,000 HOURS AT SGH, INCLUDING BOTH TIME SPENT BOTH IN CLINICAL ROTATIONS AND INDIVIDUAL PR ECEPTOR TRAINING AMONG THE NURSING PROGRAMS, ACADEMIC PARTNERS INCLUDED BUT WERE NOT LIMI TED TO SDSU, POINT LOMA NAZARENE UNIVERSITY (PLNU), UNIVERSITY OF SAN DIEGO (USD), NATIONA L UNIVERSITY (NU), CALIFORNIA STATE UNIVERSITY-SAN MARCOS, SOUTHWESTERN COLLEGE (SWC) AND KAPLAN COLLEGE (KC) ALLIED HEALTH STUDENTS SPENT MORE THAN 48,000 HOURS ON THE SGH CAMPUS , AND CAME FROM ACADEMIC INSTITUTIONS THROUGHOUT SAN DIEGO INCLUDING GC, EMSTA COLLEGE, AL LIANT UNIVERSITY, SAN DIEGO MESA COLLEGE (MC), NU, UNIVERSITY OF SOUTHERN CALIFORNIA AND S DSU, AMONG OTHERS FY 2014 PLAN SGH WILL DO THE FOLLOWING * IN COLLABORATION WITH GUHSD, PARTICIPATE IN THE HESI * CONTINUE TO TRACK AND REPORT OUTCOMES OF HSHMC STUDENTS AND GRAD UATES TO PROMOTE LONG-TERM PROGRAM SUSTAINABILITY * CONTINUE TO PROVIDE INTERNSHIP AND PRO FESSIONAL DEVELOPMENT OPPORTUNITIES TO COLLEGE AND UNIVERSITY STUDENTS THROUGHOUT SAN DIEG O SGH PROGRAM AND SERVICE HIGHLIGHTS * 24-HOUR EMERGENCY SERVICES WITH HELIPORT AND PARAME DIC BASE STATION DESIGNATED STEMI CENTER * ACUTE CARE * AMBULATORY CARE SERVICES, INCLUDIN G INFUSION THERAPY * BEHAVIORAL HEALTH UNIT * BREAST HEALTH CENTER, INCLUDING MAMMOGRAPHY * CARDIAC SERVICES, RECOGNIZED BY THE AMERICAN HEART ASSOCIATION GWTG * CARDIAC TRAINING C ENTER * CT SCAN * DAVID AND DONNA LONG CENTER FOR CANCER TREATMENT * ELECTROCARDIOGRAM (EK G) * ELECTROENCEPHALOGRAPHY (EEG) * ENDOSCOPY UNIT * GROSSMONT PLAZA OUTPATIENT SURGERY CE NTER * GROUP AND ART THERAPIES * HOME HEALTH * HOME INFUSION THERAPY * HOSPICE * HY PERBARI C TREATMENT * INTENSIVE CARE UNIT (ICU) * LAKEVIEW HOME * NEONATAL INTENSIVE CARE UNIT (NI CU) * ORTHOPEDICS * OUTPATIENT DIABETES SERVICES, RECOGNIZED BY THE AMERICAN DIABETES ASSO CIATION * OUTPATIENT IMAGING CENTERS * LABORATORY SERVICES (INPATIENT AND OUTPATIENT) * PA RKVIEW HOME * PATHOLOGY SERVICES * PEDIATRIC SERVICES * PULMONARY SERVICES * RADIOLOGY SER VICES * REHABILITATION CENTER * ROBOTIC SURGERY * SENIOR RESOURCE CENTER * SLEEP DISORDERS CENTER * SPIRITUAL CARE SERVICES * STROKE CENTER * SURGICAL SERVICES * TRANSITIONAL CARE UNIT * VAN SERVICES * VASCULAR SERVICES * WOMEN'S HEALTH CENTER * WOUND CARE CENTER SECTIO N 5 SHARP HOSPICECARE SHARP HOSPICECARE IS LOCATED AT 8881 FLETCHER PARKWAY IN LA MESA, ZI P CODE 91942

Identifier	Return Reference	Explanation
		AS A SYSTEMWIDE PROGRAM, SHARP HOSPICECARE PROVIDES PROGRAMS AND SERVICES TO ALL OF SHARP HEALTHCARE'S (SHARP'S OR SHC'S) HOSPITAL ENTITIES HOWEVER, SHARP HOSPICECARE IS LICENSED UNDER SHARP GROSSMONT HOSPITAL (SGH) AND AS SUCH, THE FINANCIAL VALUE OF ITS COMMUNITY BEN EFIT PROGRAMS AND SERVICES ARE INCLUDED IN THE SGH SECTION OF THIS REPORT THE FOLLOWING D ESCRIPTION HIGHLIGHTS THE VARIETY OF COMMUNITY BENEFIT PROGRAMS AND SERVICES PROVIDED BY S HARP HOSPICECARE TO SAN DIEGO COUNTY (SDC) IN FY 2013 * OTHER BENEFITS FOR VULNERABLE POP ULATIONS INCLUDED CONTRIBUTION OF TIME TO STAND DOWN FOR HOMELESS VETERANS AND THE SAN DIE GO FOOD BANK * OTHER BENEFITS FOR THE BROADER COMMUNITY INCLUDED A VARIETY OF END-OF-LIFE SUPPORT FOR SENIORS, FAMILIES AND CAREGIVERS IN THE SAN DIEGO COMMUNITY, INCLUDING EDUCAT ION, SUPPORT GROUPS, AND OUTREACH AT COMMUNITY HEALTH FAIRS AND EVENTS SHARP HOSPICECARE ALSO PROVIDED VOLUNTEER TRAINING OPPORTUNITIES FOR COMMUNITY MEMBERS, INCLUDING BOTH ADULT S AND TEENS IN ADDITION, SHARP HOSPICECARE STAFF ACTIVELY PARTICIPATED IN COMMUNITY BOARD S, COMMITTEES AND CIVIC ORGANIZATIONS, SUCH AS SAN DIEGO COUNTY COALITION FOR IMPROVING EN D-OF-LIFE CARE (SDCCEOL), SAN DIEGO REGIONAL HOME CARE COUNCIL (SDRHCC), SAN DIEGO COMMUNI TY ACTION NETWORK (SANDI-CAN), EAST COUNTY SENIOR SERVICE PROVIDERS (ECSSP), AND SOUTH COU NTY ACTION NETWORK (SOCAN) SEE APPENDIX A FOR A LISTING OF SHARP'S 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 AND TIME DEVOTED TO GENERALIZABLE HEALTH-REL ATED RESEARCH PROJECTS THAT WERE MADE AVAILABLE TO THE BROADER HEALTH CARE COMMUNITY DEFI NITION OF COMMUNITY SHARP HOSPICECARE PROVIDES COMPREHENSIVE END-OF-LIFE HOSPICE CARE, SPE CIALIZED PALLIATIVE CARE AND COMPASSIONATE SUPPORT TO PATIENTS AND FAMILIES THROUGHOUT SDC FOR SHC'S 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS, THE DIGNITY HEALTH/TRUV EN HEALTH COMMUNITY NEED INDEX (CNI) WAS UTILIZED TO IDENTIFY VULNERABLE COMMUNITIES WITHI N THE COUNTY THE CNI IDENTIFIES THE SEVERITY OF HEALTH DISPARITY FOR EVERY ZIP CODE IN TH E UNITED STATES (US) BASED ON SPECIFIC BARRIERS TO HEALTH CARE ACCESS INCLUDING EDUCATION, INCOME, CULTURE/LANGUAGE, INSURANCE AND HOUSING AS SUCH, THE CNI DEMONSTRATES THE LINK B ETWEEN COMMUNITY NEED, ACCESS TO CARE, AND PREVENTABLE HOSPITALIZATIONS ACCORDING TO DIGN ITY HEALTH'S CNI, COMMUNITIES SERVED BY SHARP HOSPICECARE WITH ESPECIALLY HIGH-NEED INCLUD E BUT ARE NOT LIMITED TO EAST SAN DIEGO, CITY HEIGHTS, NORTH PARK, THE COLLEGE AREA, AND DOWNTOWN SAN DIEGO DESCRIPTION OF COMMUNITY HEALTH IN SDC, 93 8 PERCENT OF CHILDREN AGES 0 TO 11, 93 5 PERCENT OF CHILDREN AGES 12 TO 17, AND 81 3 PERCENT OF ADULTS WERE CURRENTLY INSURED IN 2011 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 TAB LE 3 FOR DATA REGARDING ELIGIBILITY FOR MEDI-CAL HEALTHY FAMILIES TABLE 2 HEALTH CARE AC CESS IN SDC, 2011 *CURRENT HEALTH INSURANCE COVERAGE CHILDREN 0 TO 11 YEARS RATE - 93 8% Y EAR 2020 TARGET - 100% CHILDREN 12 TO 17 YEARS RATE - 93 5% YEAR 2020 TARGET - 100% ADULTS 18 + YEARS RATE - 81 3% YEAR 2020 TARGET - 100% *REGULAR SOURCE OF MEDICAL CARE CHILDREN 0 TO 11 YEARS RATE - 98 1% YEAR 2020 TARGET - 100% CHILDREN 12 TO 17 YEARS RATE - 82 2% YE AR 2020 TARGET - 100% ADULTS 18 + YEARS RATE - 85 6% YEAR 2020 TARGET - 89 4% *NOT CURRENT LY INSURED ADULTS 18 TO 64 YEARS RATE - 17 7% SOURCE 2011-2012 COMMUNITY HEALTH INTERVIEW SURVEY (CHIS) TABLE 3 MEDI-CAL (MEDICAID)/HEALTHY FAMILIES ELIGIBILITY, AMONG UNINSURED IN SDC (ADULTS AGES 18 TO 64 YEARS), 2011 DESCRIPTION/RATE MEDI-CAL ELIGIBLE - 6 9% HEALTH Y FAMILIES ELIGIBLE - 0 4% NOT ELIGIBLE - 92 6% SOURCE 2011-2012 CHIS TABLE 4 SUMMARIZES THE LEADING CAUSES OF DEATH IN SDC FOR ADDITIONAL DEMOGRAPHIC AND HEALTH DATA FOR COMMUNI TIES SERVED BY SHARP HOSPICECARE PLEASE REFER TO THE SHARP MEMORIAL HOSPITAL (SMH) 2013 CH NA AT HTTP://WWW SHARP COM/ABOUT/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS WHICH INCLUD ES DATA FOR THE PRIMARY COMMUNITIES SERVED BY SHARP HOSPICECARE TABLE 4 LEADING CAUSES O F DEATH IN SDC, 2011 CAUSE OF DEATH NUMBER OF DEATHS PERCENT OF TOTAL DEATHS MALIGNANT NEO PLASMS 4,812 24 2% DISEASE OF HEART 4,758 24 0% ALZHEIMER'S DISEASE 1,221 6 2% CHRONIC LOW ER RESPIRATORY DISEASES 1,045 5 3% CEREBROVASCULAR DISEASES 1,031 5 2% ACCIDENTS (UNINTENT IONAL INJURIES) 1,017 5 1% DIABETES MELLITUS 581 2 9% INTENTIONAL SELF-HARM (SUICIDE) 383 1 9% CHRONIC LIVER DISEASE AND CIRRHOSIS 331 1 7% INFLUENZA AND PNEUMONIA 311 1 6% ESSENTI AL (PRIMARY) HYPERTENSION AND HYPERTENSIVE RENAL DISEASE 269 1 4% PARKINSON'S DISEASE 211 1 1% PNEUMONITIS DUE TO SOLIDS AND LIQUIDS 147 0 7

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		% SEPTICEMIA 128 0 6% VIRAL HEPATITIS 113 0 6% ALL OTHER CAUSES 3,494 17 6% TOTAL DEATHS 1 9,852 100 0% SOURCE COUNTY OF SAN DIEGO, HHSA, PUBLIC HEALTH SERVICES, COMMUNITY EPIDEMIO LOGY BRANCH COMMUNITY BENEFITS PLANNING PROCESS IN ADDITION TO THE STEPS OUTLINED IN SECTI ON 3 REGARDING COMMUNITY BENEFITS PLANNING, SHARP HOSPICECARE * CONSULTS WITH REPRESENTAT IVES FROM A VARIETY OF INTERNAL DEPARTMENTS AND OTHER COMMUNITY ORGANIZATIONS TO DISCUSS, PLAN AND IMPLEMENT COMMUNITY ACTIVITIES * PARTICIPATES IN PROGRAMS AND WORKGROUPS TO REVIE W AND IMPLEMENT SERVICES THAT IMPROVE PALLIATIVE AND END-OF-LIFE CARE FOR THE SAN DIEGO CO MMUNITY * INCORPORATES END-OF-LIFE COMMUNITY NEEDS INTO ITS GOAL DEVELOPMENT PRIORITY COMM UNITY NEEDS ADDRESSED BY SHARP HOSPICECARE THE 2013 CHNAS FOR EACH SHC ACUTE CARE HOSPITAL (SHARP CHULA VISTA MEDICAL CENTER, SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER, SGH, SM H) IDENTIFY SENIOR HEALTH AS A PRIORITY HEALTH NEED FOR THE COMMUNITY SHARP HOSPICECARE P ROVIDES HOSPICE AND PALLIATIVE CARE SERVICES ACROSS THE SHC CARE CONTINUUM, AND HELPS TO A DDRESS SENIOR HEALTH ISSUES THROUGH THE FOLLOWING COMMUNITY PROGRAMS AND SERVICES * END-O F-LIFE AND CHRONIC ILLNESS MANAGEMENT EDUCATION FOR COMMUNITY MEMBERS * ADVANCE CARE PLANN ING EDUCATION AND OUTREACH FOR COMMUNITY MEMBERS AND HEALTH CARE PROFESSIONALS * HOSPICE A ND PALLIATIVE CARE EDUCATION AND TRAINING PROGRAMS FOR HEALTH CARE PROFESSIONALS, STUDENTS AND VOLUNTEERS * BEREAVEMENT COUNSELING AND SUPPORT FOR EACH OF THE COMMUNITY PROGRAMS AN D SERVICES DESCRIBED ABOVE, SUBSEQUENT PAGES INCLUDE A SUMMARY OF THE RATIONALE AND IMPORT ANCE OF THE SERVICE(S), MEASURABLE OBJECTIVE(S), FY 2013 REPORT OF ACTIVITIES CONDUCTED IN SUPPORT OF THE OBJECTIVE(S), AND FY 2014 PLAN OF ACTIVITIES IDENTIFIED COMMUNITY NEED E ND-OF-LIFE AND CHRONIC ILLNESS MANAGEMENT EDUCATION FOR COMMUNITY MEMBERS RATIONALE REFERE NCES THE FINDINGS OF THE SHARP HEALTHCARE (SHC) 2013 COMMUNITY HEALTH NEEDS ASSESSMENTS OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDICATED

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		* IN SHC'S 2013 CHNAS, SENIOR HEALTH WAS IDENTIFIED AS ONE OF THE PRIORITY HEALTH ISSUES F OR COMMUNITY MEMBERS SERVED BY SHC * RESEARCH PRESENTED IN THE SHC 2013 CHNAS REVEALED TH AT SENIORS ARE AT HIGH-RISK FOR DEVELOPING CHRONIC ILLNESSES AND RELATED DISABILITIES, AND CHRONIC CONDITIONS ARE THE LEADING CAUSE OF DEATH AMONG OLDER ADULTS NATIONWIDE, ABOUT 8 0 PERCENT OF SENIORS ARE LIVING WITH AT LEAST ONE CHRONIC CONDITION, WHILE 50 PERCENT OF S ENIORS HAVE TWO OR MORE CHRONIC CONDITIONS, THUS INCREASING THEIR NEED FOR CARE (CENTERS F OR DISEASE CONTROL AND PREVENTION, 2007) * FINDINGS PRESENTED IN THE SHC 2013 CHNAS REVEA LED THE FOLLOWING HEALTH CONDITIONS AS CHIEF CONCERNS FOR SENIORS IN SDC CARDIOVASCULAR D ISEASE, ALZHEIMER'S DISEASE, PAIN MANAGEMENT, HEARING LOSS (MANY SENIORS CANNOT AFFORD TRE ATMENT), AND MOBILITY ISSUES (FALLS AND RESULTING IMMOBILITY) IN ADDITION, HEALTH ISSUES SUCH AS MEDICATION MANAGEMENT, SOCIAL PLANNING FOR THE FUTURE (INCLUDING HOUSING, ADVANCE CARE PLANNING, ETC), AND LACK OF EDUCATION, MANAGEMENT AND SUPPORT FOR BEHAVIORAL CHANGES WERE IDENTIFIED * ACCORDING TO RESEARCH PRESENTED IN THE SHC 2013 CHNAS, OLDER ADULTS AR E AMONG THE FASTEST GROWING AGE GROUPS IN THE US IN 2011, THE FIRST OF MORE THAN 70 MILLI ON BABY BOOMERS (ADULTS BORN BETWEEN 1946 AND 1964) TURNED 65, AND IN THE NEXT TWO DECADES , ANOTHER 79 MILLION BABY BOOMERS WILL MOVE INTO THIS DEMOGRAPHIC (AMERICAN HOSPITAL ASSOC IATION FIRST CONSULTING GROUP, 2007, PEW RESEARCH CENTER SOCIAL AND DEMOGRAPHIC TRENDS, 20 10, UNITED HEALTH FOUNDATION, AMERICA'S HEALTH RANKING SENIOR REPORT, 2013) * THERE ARE A N ESTIMATED FOUR MILLION FAMILY CAREGIVERS IN CALIFORNIA, ACCORDING TO THE CALIFORNIA CARE GIVER RESOURCE CENTER (CRC) * THE CLOSE RELATIONSHIP BETWEEN A CAREGIVER AND CARE RECIPIE NT IS A SHARED RELATIONSHIP WITH INVOLVED EMOTIONS, EXPERIENCES, AND MEMORIES, WHICH CAN P LACE A CAREGIVER AT HIGHER RISK FOR PSY CHOLOGICAL AND PHY SICAL ILLNESS (NATIONAL ALZHEIMER 'S ASSOCIATION, 2012) * WHILE RESEARCHERS HAVE LONG KNOWN THAT CAREGIVING CAN HAVE DELETE RIOUS MENTAL HEALTH EFFECTS FOR CAREGIVERS, RESEARCH SHOWS THAT CAREGIVING CAN HAVE SERIOU S PHY SICAL HEALTH CONSEQUENCES AS WELL SEVENTEEN PERCENT OF CAREGIVERS FEEL THEIR HEALTH IN GENERAL HAS GOTTEN WORSE AS A RESULT OF THEIR CAREGIVING RESPONSIBILITIES FURTHERMORE, AN ESTIMATED 17 TO 35 PERCENT OF FAMILY CAREGIVERS VIEW THEIR HEALTH AS FAIR TO POOR (AAR P PUBLIC POLICY INSTITUTE, 2011, AARP PUBLIC POLICY 2012) * THE DEMAND FOR INFORMATION BY CAREGIVERS INCREASED FROM 67 PERCENT TO 77 PERCENT OVER THE FIVE YEARS PERIOD FROM 2004 T O 2009 (THE NATIONAL ALLIANCE FOR CAREGIVING AND AARP, 2009) * ACCORDING TO THE NATIONAL ALZHEIMER'S ASSOCIATION, CAREGIVERS RESPONDED POSITIVELY TO INTERVENTIONS SUCH AS INDIVIDU AL/GROUP THERAPY, EDUCATIONAL/TRAINING SUPPORT, HOME-BASED VISITS OR TECHNOLOGY, DEPENDING ON HOW THEY ARE DELIVERED (NATIONAL ALZHEIMER'S ASSOCIATION, 2012) * ACCORDING TO A 2011 ARTICLE IN THE AMERICAN FAMILY PHY SICIAN JOURNAL (AFPJ), IN THE NEXT FEW DECADES, THE DEM AND FOR FAMILY CAREGIVERS IS EXPECTED TO RISE BY 85 PERCENT FURTHERMORE, FAMILY CAREGIVIN G HAS BEEN AFFECTED IN SEVERAL IMPORTANT WAYS OVER THE PAST FIVE YEARS CAREGIVERS AND CAR E RECIPIENTS ARE OLDER AND HAVE HIGHER LEVELS OF DISABILITY THAN IN YEARS PAST, THE DURATI ON, INTENSITY AND BURDEN OF CARE HAS INCREASED, THE FINANCIAL COST ASSOCIATED WITH INFORMA L CAREGIVING HAS RISEN, AND THE USE OF PAID FORMAL CARE HAS DECLINED SIGNIFICANTLY MEASUR ABLE OBJECTIVES * PROVIDE EDUCATION AND OUTREACH TO THE SAN DIEGO COMMUNITY CONCERNING END -OF-LIFE CARE AND CHRONIC ILLNESS MANAGEMENT * COLLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE EDUCATION AND OUTREACH TO COMMUNITY SENIORS AND THEIR LOVED ONES FY 2013 REPORT O F ACTIVITIES IN AN EFFORT TO SUPPORT THE SAN DIEGO COMMUNITY IN THE AREAS OF END-OF-LIFE C ARE, AGING AND CAREGIVING, SHARP HOSPICECARE IS A MEMBER OF A VARIETY OF ORGANIZATIONS INC LUDING SAN DIEGO COUNTY COALITION FOR IMPROVING END-OF-LIFE CARE (SDCCEOL), SAN DIEGO REGI ONAL HOME CARE COUNCIL (SDRHCC), SAN DIEGO COMMUNITY ACTION NETWORK (SANDI-CAN), EAST COUN TY SENIOR SERVICE PROVIDERS (ECSSP), AND SOUTH COUNTY ACTION NETWORK (SOCAN), AND COLLABOR ATED WITH THESE ORGANIZATIONS FOR A VARIETY OF EVENTS THROUGHOUT FY 2013 THROUGH THESE CO LLABORATIONS, NEARLY 2,500 COMMUNITY MEMBERS RECEIVED END-OF-LIFE EDUCATION AND OUTREACH A T AN ASSORTMENT OF SEMINARS, HEALTH FAIRS, EXPOS, CLASSES AND OTHER EVENTS EDUCATION COVE RED END-OF-LIFE ISSUES AND CHRONIC ILLNESS MANAGEMENT, INCLUDING INTRODUCTION TO HOSPICE, ELIGIBILITY AND OTHER KEY FACTS ABOUT HOSPICE EVENTS TOOK PLACE AT A VARIETY OF CHURCHES, SENIOR LIVING CENTERS, AND COMMUNITY HEALTH AGENCIES AND ORGANIZATIONS THROUGHOUT SAN DIE GO, INCLUDING THE COLLEGE AVENUE SENIOR CENTER, LA MESA COMMUNITY CENTER, SAN DIEGO GAS & ELECTRIC (SDG&E), THE ROCK CHURCH, SKY LINE CHURCH, ST PAUL'S SENIOR LIVING, AND AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP), TO NAME A F

Identifier	Return Reference	Explanation
		EW IN HONOR OF CALIFORNIA HEALTH CARE DECISIONS WEEK, IN OCTOBER SHARP HOSPICECARE PARTNE RED WITH SANDI-CAN AND OTHER COMMUNITY ORGANIZATIONS TO CO-HOST A LARGE COMMUNITY EVENT AT THE BALBOA PARK CLUB ENTITLED NAVIGATING END-OF-LIFE DECISIONS THIS FREE HALF-DAY CONFER ENCE PROVIDED 120 SENIORS AND FAMILIES WITH TOOLS TO HELP THEM IDENTIFY THEIR VALUES AND G OALS, AS WELL AS COMMUNICATION TIPS TO MAKE EDUCATED AND INFORMED HEALTH CARE DECISIONS T HE EVENT INCLUDED RESOURCES FROM 35 COMMUNITY EXHIBITORS, AS WELL AS PRESENTATIONS FROM A VARIETY OF COMMUNITY EXPERTS, INCLUDING THE FIVE ESSENTIAL DOCUMENTS EVERYONE SHOULD HAVE , FAMILY DECISION MAKING PEARLS AND PITFALLS, ABC'S OF END-OF-LIFE CARE DECISIONS, BURIAL ALL YOU NEED TO KNOW AND PLAN FOR, BENEFITS OF WHOLE BODY DONATION, AND HEALING TOUCH FO R SELF-CARE IN HONOR OF THE 2ND ANNUAL NATIONAL HEALTH CARE DECISIONS DAY IN APRIL, SHARP HOSPICECARE AND THE SGH SENIOR RESOURCE CENTER PROVIDED A CONFERENCE FOR APPROXIMATELY 10 0 COMMUNITY SENIORS AND CAREGIVERS AT THE LA MESA COMMUNITY CENTER ENTITLED LIVING WITH A CHRONIC ILLNESS THROUGH PRESENTATIONS FROM SHARP HOSPICECARE LEADERSHIP AND COMMUNITY HEA LTH EXPERTS, AS WELL AS RESOURCES FROM COMMUNITY HEALTH AND SENIOR SERVICE AGENCIES, ATTEN DEES RECEIVED EDUCATION AND SUPPORT FOR LIVING WITH CHRONIC ILLNESS, INCLUDING IDENTIFY IN G AND MANAGING DISEASE SPECIFIC SY MPTOMS, WHEN AND WHERE TO ACCESS CARE, ASSESSING AND COM MUNICATING VALUES, BELIEFS AND HEALTH CARE GOALS, COPING WITH LIFE'S TRANSITIONS, AND TOOL S FOR SELF-CARE, RELAXATION, HEALING AND PREVENTION OF CAREGIVER BURNOUT IN SEPTEMBER, TH IS CONFERENCE WAS REPEATED FOR APPROXIMATELY 75 SENIORS AND CAREGIVERS AT THE POINT LOMA C OMMUNITY PRESBYTERIAN CHURCH IN FURTHER SUPPORT OF NATIONAL HEALTH CARE DECISIONS DAY, SH ARP HOSPICECARE PLAYED A LEAD ROLE IN THE PLANNING, ORGANIZATION AND DELIVERY OF A COUNTYW IDE EVENT ENTITLED PLANNING AHEAD FOR YOUR FUTURE HEALTHCARE NEEDS, HOSTED BY SDCCEOL HEL D AT THE FIRST UNITED METHODIST CHURCH IN MISSION VALLEY, THIS DYNAMIC, FREE CONFERENCE WA S A COLLABORATION OF A VARIETY OF COMMUNITY HOSPICE AGENCIES AND MORTUARIES THAT PROVIDED MORE THAN 125 COMMUNITY MEMBERS WITH TOOLS AND RESOURCES FOR SELECTING AN APPROPRIATE HEAL TH CARE AGENT AND END-OF-LIFE PLANNING THE CONFERENCE INCLUDED COMMUNITY PHY SICIANS WHO S HARED THEIR PERSONAL EXPERIENCES WITH COMPLETING AN ADVANCE DIRECTIVE, INCLUDING CRUCIAL C ONVERSATIONS WITH THEIR LOVED ONES, AND HOW THEY SELECTED THEIR HEALTH CARE AGENT PRESENT ATIONS ENTITLED FAMILY DECISION MAKING PEARLS AND PITFALLS, AND PHY SICIAN ORDERS FOR LIFE SUSTAINING TREATMENT (POLST) WERE ALSO PROVIDED, AS WELL AS A COMMUNITY PHY SICIAN PANEL E NTITLED HOW PHY SICIANS PLAN TO DIE

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		IN COLLABORATION WITH SHARP CHULA VISTA MEDICAL CENTER, THE COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA), LIVE WELL SAN DIEGO, THE BRAILLE INSTITUTE, HEALTH NET AND SOCAN, SHARP HOSPICECARE PARTICIPATED IN THE WALK A DAY IN SOMEONE ELSE'S SHOES EXPO IN SE PTEMBER THIS FREE EVENT FOCUSED ON THE CHALLENGES OF AGING AND PROVIDED APPROXIMATELY 150 COMMUNITY MEMBERS WITH FREE SCREENINGS FOR BONE DENSITY, VISION, BLOOD SUGAR, BLOOD PRESS URE, DENTAL HEALTH AND DEPRESSION ADDITIONALLY, THE EVENT FEATURED EDUCATION AND RESOURCE BOOTHS FOR ALZHEIMER'S DISEASE, PARKINSON'S DISEASE, BLINDNESS, CANCER, HEALTH CARE PLANN ING, MEDICARE AND ELDER LAW AND ADVOCACY IN ADDITION, IN APRIL, SHARP HOSPICECARE PARTICI PATED IN THE DIA DE LA MUJER LATINA EVENT AT SWEETWATER HIGH SCHOOL IN NATIONAL CITY, PROV IDING INFORMATION AND RELAXATION TECHNIQUES TO APPROXIMATELY 200 SPANISH-SPEAKING WOMEN A LSO IN FY 2013, THE SHARP HOSPICECARE INTEGRATIVE THERAPIES TEAM PROVIDED A MONTHLY STRESS MANAGEMENT CLASS CALLED THE POWER OF TOUCH HEALING FOR THE FAMILY CAREGIVER WITH A GOAL OF PREVENTING CAREGIVER BURNOUT AND PROMOTING HEALING, APPROXIMATELY 150 FAMILY CAREGIVERS LEARNED SIMPLE TECHNIQUES FOR SELF-CARE AND RELAXATION THROUGH AN EDUCATIONAL LECTURE, HA NDS-ON DEMONSTRATIONS AND SELF-PRACTICE. FY 2014 PLAN SHARP HOSPICECARE WILL DO THE FOLLOW ING * CONTINUE TO COLLABORATE WITH A VARIETY OF LOCAL NETWORKING GROUPS AND COMMUNITY-ORI ENTED AGENCIES TO PROVIDE EDUCATION AND RESOURCES TO COMMUNITY SENIORS AND THEIR LOVED ONE S ON END-OF-LIFE AND PALLIATIVE CARE ISSUES * IN COLLABORATION WITH SHARP CORONADO HOSPITA L AND HEALTHCARE CENTER AND THE SMH AND SGH SENIOR RESOURCE CENTERS, HOST THREE FREE END-O F-LIFE CONFERENCES, REACHING 100 COMMUNITY MEMBERS PER CONFERENCE IDENTIFIED COMMUNITY NEE D ADVANCE CARE PLANNING EDUCATION AND OUTREACH TO COMMUNITY MEMBERS AND HEALTH CARE PROFE SSIONALS RATIONALE REFERENCES THE FINDINGS OF THE SHC 2013 COMMUNITY HEALTH NEEDS ASSESSME NTS OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERWISE INDI CATED RATIONALE * PARTICIPANTS IN THE HASD&IC 2013 CHNA COMMUNITY FORUMS RECOMMENDED INCR EASED EDUCATIONAL RESOURCES ON ADVANCE DIRECTIVES TO HELP ADDRESS THE HEALTH CONCERNS OF S ENIORS IN SDC * KEY INFORMANT INTERVIEWS FROM THE SHC 2013 CHNAS IDENTIFIED SOCIAL PLANNI NG FOR THE FUTURE, INCLUDING EDUCATION ON ADVANCE CARE PLANNING, AMONG CHIEF CONCERNS FOR SENIORS IN SDC * GREATER COMMUNITY EDUCATION REGARDING CARE OPTIONS AND CARE MANAGEMENT T O ENSURE A POSITIVE EXPERIENCE AS SENIORS APPROACH THE LATER STAGES OF LIFE WERE IDENTIFIE D AS AREAS OF IMPROVEMENT FOR SENIORS IN THE SHC 2013 CHNAS * ACCORDING TO THE CDC, BARRI ERS TO ADVANCE CARE PLANNING INCLUDE LACK OF AWARENESS, DENIAL OF DEATH AND DY ING, DENIAL OF BEING IN A CIRCUMSTANCE IN WHICH WE ARE UNABLE TO MAKE OUR OWN DECISIONS AND SPEAK FOR OURSELVES, CONFUSION BETWEEN WHETHER TO CHOOSE PALLIATIVE CARE AND DOING WHATEVER IT TAKE S TO EXTEND LIFE, AND CULTURAL DIFFERENCES (CDC, 2012) * ACCORDING TO THE CDC, PLANNING F OR THE END OF LIFE IS INCREASINGLY BEING VIEWED AS A PUBLIC HEALTH ISSUE, GIVEN ITS POTENT IAL TO PREVENT UNNECESSARY SUFFERING AND TO SUPPORT AN INDIVIDUAL'S DECISIONS AND PREFEREN CES RELATED TO THE END OF LIFE. IN ADDITION, THE CDC RECOGNIZES THE PUBLIC HEALTH OPPORTUN ITY TO EDUCATE AMERICANS, AND ESPECIALLY OLDER ADULTS, ABOUT ADVANCE CARE PLANNING AND TO IMPROVE THEIR QUALITY OF CARE AT THE END OF LIFE (CDC, 2010) * MOST PEOPLE SAY THEY WOULD PREFER TO DIE AT HOME, YET ONLY ABOUT ONE-THIRD OF ADULTS HAVE AN ADVANCE DIRECTIVE EXPRE SSING THEIR WISHES FOR END-OF-LIFE CARE. AMONG THOSE 60 AND OLDER, THAT NUMBER RISES TO AB OUT HALF OF OLDER ADULTS COMPLETING AN ADVANCE DIRECTIVE (PEW RESEARCH CENTER, 2006, AARP, 2008) * ONLY 28 PERCENT OF HOME HEALTH CARE PATIENTS, 65 PERCENT OF NURSING HOME RESIDEN TS AND 88 PERCENT OF HOSPICE CARE PATIENTS HAVE AN ADVANCE DIRECTIVE ON RECORD (NATIONAL C ENTER FOR HEALTH STATISTICS, 2011) * ALTHOUGH MAKING DECISIONS ON END-OF-LIFE CARE CAN BE TRAUMATIC, PROVIDING INFORMATION TO FAMILY MEMBERS, INVOLVING THEM IN DISCUSSIONS AND USI NG ADVANCE DIRECTIVES HAS SHOWN TO REDUCE THEIR SY MPTOMS OF POST-TRAUMATIC STRESS, ANXIETY , AND DEPRESSION (DETERING ET AL , 2010, THE IMPACT OF ADVANCE CARE PLANNING ON END OF LIF E CARE IN ELDERLY PATIENT RANDOMIZED CONTROLLED TRIAL, BRITISH MEDICAL JOURNAL) MEASURAB LE OBJECTIVES * PROVIDE ADVANCE CARE PLANNING EDUCATION, ENGAGEMENT AND CONSULTATION FOR C OMMUNITY MEMBERS AND HEALTH CARE PROFESSIONALS FY 2013 REPORT OF ACTIVITIES SHC OFFERS A F REE AND CONFIDENTIAL ADVANCE CARE PLANNING (ACP) PROGRAM THROUGH SHARP HOSPICECARE. THE PR OGRAM IS DESIGNED TO EMPOWER ADULTS OF ANY AGE AND HEALTH STATUS IN THE COMMUNITY TO EXPLO RE AND DOCUMENT THEIR BELIEFS, VALUES AND GOALS AS THEY RELATE TO HEALTH CARE. THE PROGRAM CONSISTS OF THREE STAGES STAGE ONE, COMMUNITY ENGAGEMENT, FOCUSES ON BRINGING AWARENESS TO HEALTHY COMMUNITY MEMBERS ABOUT THE IMPORTANCE

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		OF ACP THIS STAGE INCLUDES BASIC EDUCATION AND RESOURCES, IDENTIFICATION OF AN APPROPRIAT E HEALTH CARE AGENT, AND COMPLETION OF AN ADVANCE DIRECTIVE. THE NEXT STAGE, DISEASE-SPECI FIC OUTREACH, FOCUSES ON EDUCATION FOR COMMUNITY MEMBERS WITH A PROGRESSIVE CHRONIC ILLNES S, INCLUDING DECLINE IN FUNCTIONAL STATUS, CO-MORBIDITIES, POTENTIAL FOR HOSPITALIZATION A ND CAREGIVER ISSUES WITH A GOAL OF ANTICIPATING FUTURE NEEDS AS HEALTH DECLINES, THIS STA GE FOCUSES ON DEVELOPING A WRITTEN PLAN THAT IDENTIFIES GOALS OF CARE, AND INVOLVES THE HE ALTH CARE AGENT AND LOVED ONES THE THIRD STAGE, LATE LIFE ILLNESS OUTREACH, TARGETS THOSE WITH A DISEASE PROGNOSIS OF ONE Y EAR OR LESS, WHEN SPECIFIC OR URGENT DECISIONS MUST BE M ADE AND CONVERTED INTO MEDICAL ORDERS THAT WILL GUIDE THE HEALTH CARE PROVIDER'S ACTIONS A ND BE CONSISTENT WITH GOALS OF CARE. THE FOCUS OF THIS STAGE IS TO ASSIST THE INDIVIDUAL O R APPOINTED HEALTH CARE AGENT WITH NAVIGATING COMPLEX MEDICAL DECISIONS RELATED TO IMMEDIA TE LIFE SUSTAINING OR PROLONGING MEASURES, INCLUDING COMPLETION OF THE POLST FORM IN FY 2 013, THE SHARP ACP TEAM PROVIDED PRINTED EDUCATIONAL RESOURCES, AS WELL AS PHONE AND IN-PE RSON CONSULTATIONS TO COMMUNITY MEMBERS SEEKING GUIDANCE WITH IDENTIFY ING THEIR PERSONAL G OALS OF CARE AND HEALTH CARE PREFERENCES, APPOINTING AN APPROPRIATE HEALTH CARE AGENT, AND COMPLETING AN ADVANCE DIRECTIVE. IN ADDITION, THE PROGRAM ENGAGED MORE THAN 1,600 COMMUNI TY MEMBERS IN FREE ACP EDUCATION AT A VARIETY OF COMMUNITY SITES, INCLUDING HEALTH FAIRS, SENIOR CENTERS, HOMECARE AGENCIES, CHURCHES AND SEMINARS THE TEAM ALSO PROVIDED ACP LECTU RES TO MORE THAN 400 COMMUNITY HEALTH CARE PROFESSIONALS, INCLUDING ATTENDEES OF THE AGING AND INDEPENDENCE SERVICES (AIS) VITAL AGING CONFERENCE, SDCCEOL, SANDI-CAN, SAN DIEGO COU NTY COUNCIL ON AGING (SDCCOA), UNITED HEALTH GROUP, COALITION TO TRANSFORM ADVANCED CARE (CTAC), CASE MANAGERS FROM THE SAN DIEGO CARE TRANSITIONS PARTNERSHIP (SDCTP) AND SOCIAL WO RKERS FROM UC SAN DIEGO HEALTH SYSTEM

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		FY 2014 PLAN SHARP HOSPICECARE WILL DO THE FOLLOWING * CONTINUE TO PROVIDE FREE ACP EDUCA TION AND OUTREACH TO COMMUNITY MEMBERS THROUGH PHONE AND IN-PERSON CONSULTATIONS * CONTINU E TO PROVIDE FREE ACP EDUCATION AND OUTREACH TO HEALTH CARE PROFESSIONALS * CONTINUE TO CO LLABORATE WITH COMMUNITY ORGANIZATIONS TO PROVIDE AT LEAST 50 EDUCATIONAL CLASSES AND EVEN TS TO RAISE AWARENESS OF ACP * PARTICIPATE IN NATIONAL HEALTHCARE DECISIONS DAY IN APRIL A S PART OF A NATIONAL COLLABORATIVE EFFORT TO MOTIVATE AND EDUCATE COMMUNITY MEMBERS AND PR OVIDERS ABOUT THE IMPORTANCE OF ADVANCE CARE PLANNING * DEVELOP A NEW SHC ADVANCE DIRECTIV E FOR DISTRIBUTION TO COMMUNITY MEMBERS TO CLEARLY ARTICULATE AND COMMUNICATE PERSONAL HEA LTH CARE PREFERENCES IDENTIFIED COMMUNITY NEED PROFESSIONAL AND STUDENT EDUCATION, AND VO LUNTEER TRAINING RATIONALE REFERENCES THE FINDINGS OF THE SHC 2013 COMMUNITY HEALTH NEEDS ASSESSMENTS OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALTH STATISTICS, UNLESS OTHERW ISE INDICATED RATIONALE * ACCORDING TO THE 2013 SDC HEALTHCARE SHORTAGE AREAS ATLAS FROM THE COUNTY OF SAN DIEGO'S HEALTH AND HUMAN SERVICES AGENCY (HHSA), SDC IS ONE OF 28 COUNTI ES IN CALIFORNIA LISTED AS A REGISTERED NURSE (RN) SHORTAGE AREA * THE DEMAND FOR RNS AND OTHER HEALTH CARE PERSONNEL IN THE US WILL INCREASE DUE TO THE AGING POPULATION, AND NURS ES ALSO WILL BE NEEDED TO EDUCATE AND TO CARE FOR PATIENTS WITH VARIOUS CHRONIC CONDITIONS , SUCH AS ARTHRITIS, DEMENTIA, DIABETES, AND OBESITY IN ADDITION, THE NUMBER OF INDIVIDUA LS WHO HAVE ACCESS TO HEALTH CARE SERVICES WILL INCREASE AS A RESULT OF FEDERAL HEALTH INS URANCE REFORM MORE NURSES WILL BE NEEDED TO CARE FOR THESE PATIENTS (BUREAU OF LABOR STAT ISTICS, 2012) * THE BUREAU OF LABOR STATISTICS (BLS) PROJECTS EMPLOY MENT OF MORE THAN 3 2 MILLION RNS IN 2022, AN INCREASE OF 19 PERCENT FROM 2012 RNS ARE PROJECTED TO HAVE THE M OST NEW JOBS IN 2020, WHEN COMPARED TO OTHER HEALTH CARE PRACTITIONERS AND TECHNICAL OCCUP ATIONS IN HEALTH CARE * THE BLS PROJECTS THAT HEALTH CARE SUPPORT OCCUPATIONS (HOME HEALT H AIDES, ETC) WILL BE THE FASTEST GROWING OCCUPATIONAL GROUP FROM 2010 TO 2020 (BLS, 2010) * OVERALL EMPLOY MENT IS PROJECTED TO INCREASE ABOUT 14 PERCENT DURING THE 20102020 DECA DE WITH MORE THAN HALF A MILLION NEW JOBS EXPECTED FOR EACH OF FOUR OCCUPATIONS-RNS, RETAI L SALESPERSONS, HOME HEALTH AIDES, AND PERSONAL CARE AIDES * ACCORDING TO THE INSTITUTE O F MEDICINE (IOM), THE NATION FACES AN IMPENDING HEALTH CARE CRISIS AS THE NUMBER OF OLDER PATIENTS WITH MORE COMPLEX HEALTH NEEDS INCREASINGLY OUTPACES THE NUMBER OF HEALTH CARE PR OVIDERS WITH THE KNOWLEDGE AND SKILLS TO ADEQUATELY CARE FOR THEM (IOM, 2008) * AN ESTIMA TED 3 5 MILLION ADDITIONAL HEALTH CARE PROFESSIONALS WILL BE NEEDED BY 2030 TO CARE FOR OL DER ADULTS, WHILE CURRENT LEVELS OF WORKFORCE ARE ALREADY STRETCHED (ELDERCARE WORKFORCE A LLIANCE, 2011) * THE SAN DIEGO WORKFORCE PARTNERSHIP RECOMMENDS PROGRAMS THAT PROVIDE VOL UNTEER EXPERIENCES TO HIGH SCHOOL AND POST-SECONDARY STUDENTS, AS ON-THE- JOB TRAINING COU LD PROVIDE REAL WORLD EXPERIENCE FOR WORKERS PROGRAMS THAT TARGET UNDERREPRESENTED GROUPS AND DISADVANTAGED STUDENTS COULD HELP INCREASE THE NUMBER OF CULTURALLY COMPETENT HEALTH CARE WORKERS MEASURABLE OBJECTIVES * PROVIDE EDUCATION AND TRAINING OPPORTUNITIES FOR STU DENTS AND INTERNS * PROVIDE A SHARP HOSPICECARE RESOURCE & EDUCATION EXPO FOR COMMUNITY HE ALTH CARE PROFESSIONALS * THROUGH EDUCATION, TRAINING AND OUTREACH, GUIDE LOCAL, STATE AND NATIONAL HEALTH CARE ORGANIZATIONS IN THE DEVELOPMENT AND IMPLEMENTATION OF APPROPRIATE S ERVICES FOR THE NEEDS OF THE AGING POPULATION, INCLUDING INDIVIDUALS IN NEED OF ADVANCED I LLNESS MANAGEMENT * MAINTAIN ACTIVE RELATIONSHIPS AND LEADERSHIP ROLES WITH LOCAL AND NATI ONAL ORGANIZATIONS * PROVIDE VOLUNTEER OPPORTUNITIES FOR ADULTS AND TEENS IN THE SAN DIEGO COMMUNITY FY 2013 REPORT OF ACTIVITIES BETWEEN THE FALL 2012 AND SPRING 2013 SEMESTERS, S HARP HOSPICECARE PROVIDED 56 SAN DIEGO STATE UNIVERSITY (SDSU) NURSING STUDENTS WITH OPPOR TUNITIES TO SHADOW CASE MANAGERS OUT IN THE FIELD IN ADDITION, SHARP HOSPICECARE'S LAKEVI EW AND PARKVIEW HOMES SERVED AS TRAINING SITES FOR 21 SDSU NURSING STUDENTS WHO SPENT AN E IGHT-HOUR DAY SHADOWING AND LEARNING FROM THE HIGHLY SKILLED AND COMPASSIONATE NURSING STA FF AT EACH OF THE HOMES SHARP HOSPICECARE ALSO PROVIDED 200 HOURS OF TRAINING, SUPERVISIO N AND SHADOWING FOR A STUDENT INTERN FROM THE SDSU GERONTOLOGY PROGRAM, AS WELL AS TRAINED AND SUPERVISED SIX PREMEDICAL STUDENTS THROUGH THE SDSU PRE-PROFESSIONAL PROGRAM ADDITIO NALLY, LECTURES ON HOSPICE AND ACP WERE PROVIDED TO MORE THAN 20 STUDENTS AT THE UNIVERSIT Y OF PHOENIX AND NEARLY 40 STUDENTS AT UNIVERSITY CITY HIGH SCHOOL IN JUNE 2013, SHARP HO SPICECARE HOSTED ITS FOURTH ANNUAL RESOURCE AND EDUCATION EXPO, REACHING APPROXIMATELY 100 COMMUNITY HEALTH CARE PROFESSIONALS THE EXPO FEATURED 50 RESOURCE EXHIBITS REPRESENTING A VARIETY OF COMMUNITY AGENCIES SUPPORTING END-OF-

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		LIFE NEEDS EDUCATION WAS PROVIDED BY VARIOUS COMMUNITY AGENCIES INCLUDING THE LA MESA POL ICE DEPARTMENT, SOUTHERN CAREGIVER RESOURCE CENTER, ALZHEIMER'S ASSOCIATION AND BUTLER COU NSELING, AS WELL AS SHARP NUTRITION SERVICES AND INJURY PREVENTION IN FY 2013, SHARP HOSP ICECARE LEADERSHIP PROVIDED EDUCATION, TRAINING AND OUTREACH TO LOCAL, STATE AND NATIONAL HEALTH CARE PROFESSIONALS THESE EFFORTS SOUGHT TO GUIDE INDUSTRY PROFESSIONALS IN ACHIEVI NG PERSON-CENTERED, COORDINATED CARE THROUGH THE ADVANCEMENT OF INNOVATIVE HOSPICE AND PAL LIATIVE CARE INITIATIVES EDUCATIONAL OUTREACH TO LOCAL ORGANIZATIONS INCLUDED SDCCOA, SAN DIEGO MEDICAL GROUP MANAGEMENT ASSOCIATION (SDMGMA), SAN DIEGO POLST COALITION AND UC SAN DIEGO MOORE'S CANCER CENTER STATE AND NATIONAL PRESENTATIONS INCLUDED THE AMERICAN HOSPI TAL ASSOCIATION (AHA) ANNUAL MEMBERSHIP MEETING, THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO) CLINICAL TEAM CONFERENCE, THE CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION (CHAPCA) ANNUAL CONFERENCE, THE COALITION FOR COMPASSIONATE CARE OF CALIFORNIA (CCCC) CONFERENCE, CALIFORNIA PHYSICIANS MEDICAL GROUP, AND SCOTT AND WHITE MEDICAL GROUP OF CENTRAL, TX PRESENTATION TOPICS INCLUDED ADVANCED ILLNESS MANAGEMENT, HOSPICE ECONOMI CS, PROGNOSTICATION, ACP AND GERIATRIC FRAILTY IN ADDITION, SHARP HOSPICECARE LEADERSHIP SERVED AS PART OF THE CALIFORNIA HEALTHCARE FOUNDATION'S (CHCF) PALLIATIVE CARE ACTION COM MUNITY, A ONE-YEAR LEARNING COLLABORATIVE COMPRISED OF 21 CALIFORNIA-BASED PROVIDER ORGANI ZATIONS SEEKING TO SHARE IMPLEMENTATION STRATEGIES, EXPERIENCES AND LESSONS LEARNED IN THE IMPLEMENTATION OF COMMUNITY-BASED PALLIATIVE CARE SERVICES ALSO IN FY 2013, SHARP HOSPIC ECARE PROVIDED PRINT, RADIO AND TELEVISION INTERVIEWS FOR KPBS, FOX 5 AND THE SAN DIEGO UN ION-TRIBUNE, DISCUSSING ISSUES PERTAINING TO END-OF-LIFE CARE A RESEARCH ARTICLE WAS ALSO PUBLISHED IN THE SEPTEMBER 2013 ISSUE OF JOURNAL OF CLINICAL OUTCOMES MANAGEMENT, ENTITLE D, DEVELOPMENT AND PRELIMINARY EVALUATION OF AN INNOVATIVE ADVANCED CHRONIC DISEASE CARE M ODEL

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		IN ADDITION, SHARP HOSPICECARE PROVIDED TRAINING FOR NEARLY 50 NEW VOLUNTEERS THROUGHOUT T HE YEAR PRIOR TO PROVIDING PATIENT CARE AND ADMINISTRATIVE SUPPORT ACTIVITIES, VOLUNTEERS PARTICIPATED IN AN EXTENSIVE 32-HOUR TRAINING PROGRAM TO CONFIRM THEIR UNDERSTANDING OF A ND COMMITMENT TO HOSPICE CARE. SHARP HOSPICECARE ALSO TRAINED FIVE TEENAGERS THROUGH ITS T EEN VOLUNTEER PROGRAM, AS WELL AS HOSTED A STUDENT VOLUNTEER FROM SAN DIEGO METROPOLITAN R EGIONAL & TECHNICAL HIGH SCHOOL. THE TEEN AND HIGH SCHOOL STUDENT VOLUNTEERS DEVOTED THEIR TIME TO SPECIAL PROJECTS IN THE OFFICE OR AT SHARP HOSPICECARE'S HOSPICE HOMES. IN ADDITI ON, SHARP HOSPICECARE CONTINUED ITS VOLUNTEER-RUN WIG DONATION PROGRAM TO PROVIDE FREE WIG S FOR COMMUNITY MEMBERS WHO SUFFER FROM HAIR LOSS. FY 2014 PLAN SHARP HOSPICECARE WILL DO THE FOLLOWING * CONTINUE TO PROVIDE EDUCATION AND TRAINING OPPORTUNITIES FOR NURSING AND PREMEDICAL STUDENTS AND INTERNS * PROVIDE AN END-OF-LIFE LEARNING ENVIRONMENT IN COMMUNITY - BASED HOSPICE HOMES * CONTINUE TO PROVIDE EDUCATION, TRAINING AND OUTREACH TO LOCAL, STAT E AND NATIONAL HEALTH CARE ORGANIZATIONS TO SUPPORT THE DEVELOPMENT AND IMPLEMENTATION OF APPPROPRIATE SERVICES FOR THE NEEDS OF THE AGING POPULATION, INCLUDING INDIVIDUALS IN NEED OF ADVANCED ILLNESS MANAGEMENT * MAINTAIN ACTIVE RELATIONSHIPS AND LEADERSHIP ROLES WITH L OCAL AND NATIONAL ORGANIZATIONS * PROVIDE VOLUNTEER TRAINING PROGRAMS FOR AT LEAST 75 ADUL TS AND TEENS * CONTINUE TO PROVIDE A VOLUNTEER-RUN WIG DONATION PROGRAM IDENTIFIED COMMUNI TY NEED BEREAVEMENT COUNSELING AND SUPPORT RATIONALE REFERENCES THE FINDINGS OF THE SHC 2 013 COMMUNITY HEALTH NEEDS ASSESSMENTS OR THE MOST RECENT SAN DIEGO COUNTY COMMUNITY HEALT H STATISTICS, UNLESS OTHERWISE INDICATED. RATIONALE * ACCORDING TO THE NHPCO, GRIEF MAY BE EXPERIENCED IN RESPONSE TO PHYSICAL LOSSES, SUCH AS DEATH, OR IN RESPONSE TO SY MBOLIC OR SOCIAL LOSSES SUCH AS DIVORCE OR LOSS OF A JOB. THE GRIEF EXPERIENCE CAN BE AFFECTED BY ON E'S HISTORY AND SUPPORT SYSTEM. TAKING CARE OF ONE'S SELF AND ACCESSING COUNSELING AND SUP PORT SERVICES CAN BE A GUIDE THROUGH SOME OF THE CHALLENGES OF GRIEVING AS A PERSON ADJUST S TO THEIR LOSS * ACCORDING TO A 2010 ARTICLE IN JOURNAL OF THE AMERICAN MEDICAL ASSOCIAT ION (JAMA), WHEN COMPARED WITH NURSING HOMES OR HOME HEALTH NURSING SERVICES, BEREAVED FAM ILY MEMBERS REPORT FEWER UNMET NEEDS FOR PAIN AND EMOTIONAL SUPPORT WHEN THE LAST PLACE OF CARE WAS HOSPICE. IN ADDITION, LOWER SPOUSAL MORTALITY AT 18 MONTHS WAS FOUND AMONG BEREA VED WIVES OF DECEDENTS WHO USED HOSPICE CARE VERSUS THOSE WHO DID NOT * A 2004 JAMA STUDY TITLED, "QUALITY OF END-OF-LIFE CARE AND LAST PLACE OF CARE," EXAMINED 1,578 FAMILY MEMBE RS OF PEOPLE WHO DIED IN THE YEAR 2000 OF NON-TRAUMATIC CAUSES. FAMILIES WERE ASKED ABOUT THE QUALITY OF PATIENTS' EXPERIENCES AT THE LAST PLACE WHERE THEY SPENT MORE THAN 48 HOURS. SIGNIFICANT FINDINGS OF THE STUDY INCLUDE MORE THAN ONE-THIRD OF THOSE CARED FOR BY NURS ING HOMES, HOSPITALS AND HOME HEALTH AGENCIES REPORTED EITHER INSUFFICIENT OR PROBLEMATIC EMOTIONAL SUPPORT FOR THE PATIENT AND/OR FAMILY, COMPARED TO ONE-FIFTH OF THOSE IN HOSPICE (JAMA, JANUARY 7, 2004). MEASURABLE OBJECTIVES * PROVIDE BEREAVEMENT EDUCATION, RESOURCES , COUNSELING AND SUPPORT TO COMMUNITY MEMBERS WITH LIFE-LIMITING ILLNESS AND THEIR LOVED O NES * PROVIDE INDIVIDUALS AND THEIR FAMILIES REFERRALS TO NEEDED COMMUNITY SERVICES * PROV IDE SUPPORT TO LOVED ONES OF THOSE WHO HAVE PASSED AWAY THROUGH THE MEMORY BEAR PROGRAM FY 2013 REPORT OF ACTIVITIES THROUGHOUT FY 2013, SHARP HOSPICECARE OFFERED A VARIETY OF BERE AVEMENT SERVICE OPTIONS TO HELP GRIEVING COMMUNITY MEMBERS LEARN EFFECTIVE WAYS TO COPE WI TH THE LOSS OF A LOVED ONE. SERVICES WERE PROVIDED IN BOTH SPANISH AND ENGLISH, AND INCLUD ED PROFESSIONAL BEREAVEMENT COUNSELING FOR INDIVIDUALS AND FAMILIES, AS WELL AS COMMUNITY EDUCATION, SUPPORT GROUPS AND MONTHLY NEWSLETTER MAILINGS. IN FY 2013, SHARP HOSPICECARE D EVOTED MORE THAN 1,460 HOURS TO HOME AND OFFICE COUNSELING AND PHONE CONTACTS WITH PATIENT S AND THEIR LOVED ONES, PROVIDING THEM WITH BEREAVEMENT COUNSELING SERVICES FROM MASTER'S- LEVEL SOCIAL WORKERS WITH SPECIFIC TRAINING IN GRIEF AND LOSS. IN ADDITION, FREE QUARTERLY BEREAVEMENT SUPPORT GROUPS FACILITATED BY SKILLED MENTAL HEALTH CARE PROFESSIONALS SPECIA LIZING IN THE NEEDS OF THE BEREAVED REACHED MORE THAN 350 PARTICIPANTS IN FY 2013. GROUPS INCLUDED STRAIGHT TALK ABOUT GRIEF AND LOSS AND THE WIDOW'S/WIDOWER'S GROUP. STRAIGHT TALK ABOUT GRIEF AND LOSS CONSISTED OF EIGHT WEEKLY SESSIONS EACH QUARTER, INCLUDING. INTRODUC TION TO THE GRIEF PROCESS, STRATEGIES FOR COPING WITH GRIEF, COMMUNICATING WITH FAMILY AND FRIENDS, EXPERIENCING ANGER IN GRIEF, GUILT, REGRET AND FORGIVENESS, DIFFERENTIATING NATU RAL GRIEF AND DEPRESSION, USE OF CEREMONY AND RITUAL TO PROMOTE HEALING, AND WHAT DOES HEA LING LOOK LIKE?/WHO AM I NOW? IN ADDITION, STRAIGHT TALK ABOUT GRIEF AND LOSS WAS PROVIDED FOR THE SPANISH-SPEAKING POPULATION IN THE SPRING

Identifier	Return Reference	Explanation
		, FALL AND WINTER QUARTERS THE WIDOW'S/WIDOWER'S GROUP WELCOMED COMMUNITY MEMBERS WHO LOS T A SPOUSE, AND PROVIDED THEM WITH AN OPPORTUNITY TO SHARE THEIR EMOTIONAL CHALLENGES AND RECEIVE SUPPORT AND COPING SKILLS FROM OTHER GROUP MEMBERS ADDITIONALLY, A SUPPORT GROUP ENTITLED SUPPORT DURING THE HOLIDAY SEASON, WAS OFFERED ON THREE DAYS IN NOVEMBER, WHILE A SPECIAL EVENT ENTITLED HEALING THROUGH THE HOLIDAYS WAS OFFERED ON TWO DAYS IN DECEMBER MORE THAN 70 ADULTS ATTENDED THE GROUPS, RECEIVING PRESENTATIONS AND SUPPORT AROUND UNDERS TANDING GRIEF, IMPROVING COPING SKILLS, EXPLORING THE SPIRITUAL MEANING OF THE HOLIDAYS IN THE FACE OF GRIEF, REMEMBERING LOVED ONES AND REVIVING HOPE A SIMILAR GROUP WAS PROVIDED IN THE SPRING TITLED REMEMBERING YOUR PARENTS, WHICH FOCUSED ON COPING WITH GRIEF AROUND MOTHER'S AND FATHER'S DAY, AND SERVED APPROXIMATELY 30 COMMUNITY MEMBERS IN FURTHER SUPPO RT OF COMMUNITY MEMBERS WHO HAVE LOST A LOVED ONE, 1,660 PEOPLE RECEIVED 13 MONTHLY ISSUES OF THE BEREAVEMENT SUPPORT NEWSLETTERS, HEALING THROUGH GRIEF (FOR ADULTS) AND JOURNEY TO MY HEART (FOR CHILDREN UNDER 12 YEARS) IN ADDITION, SHARP HOSPICECARE BEREAVEMENT COUNSE LORS PROVIDED REFERRALS TO COMMUNITY COUNSELORS, MENTAL HEALTH SERVICES, OTHER BEREAVEMENT SUPPORT SERVICES AND COMMUNITY RESOURCES AS NEEDED FURTHERMORE, SHARP HOSPICECARE VOLUNT EERS SUPPORTED GRIEVING COMMUNITY MEMBERS THROUGH THE MEMORY BEAR PROGRAM, IN WHICH THEY U SED GARMENTS OF LOVED ONES WHO HAVE PASSED ON TO SEW TEDDY BEARS AS KEEPSAKES FOR SURVIVIN G FAMILY MEMBERS FY 2014 PLAN SHARP HOSPICECARE WILL DO THE FOLLOWING * CONTINUE TO OFFE R INDIVIDUAL AND FAMILY BEREAVEMENT EDUCATION, COUNSELING AND SUPPORT GROUPS IN ENGLISH AN D SPANISH * CONTINUE TO PROVIDE REFERRALS TO NEEDED COMMUNITY SERVICES * PROVIDE HEALING T HROUGH THE HOLIDAYS EVENTS AND SUPPORT SERVICES * PROVIDE 13 MAILINGS OF BEREAVEMENT SUPPO RT NEWSLETTERS * CONTINUE TO PROVIDE A MEMORY BEAR PROGRAM TO SERVE 250 FAMILIES SHARP HOS PICECARE PROGRAM AND SERVICE HIGHLIGHTS * ADVANCE CARE PLANNING * BEREAVEMENT CARE SERVICE S * HOMES FOR HOSPICE PROGRAM * HOSPICE NURSING SERVICES * INTEGRATIVE THERAPIES * SPIRITU AL CARE SERVICES * VOLUNTEER PROGRAM * MANAGEMENT FOR VARIOUS HOSPICE PATIENT CONDITIONS, INCLUDING * ALZHEIMER'S DISEASE * CANCER * DEBILITY * DEMENTIA * HEART DISEASE * HIV * KI DNEY DISEASE * LIVER DISEASE * PULMONARY DISEASE * STROKE

Identifier	Return Reference	Explanation
		APPENDIX A SHARP HEALTHCARE INVOLVEMENT IN COMMUNITY ORGANIZATIONS THE LIST BELOW SHOWS TH E INVOLVEMENT OF SHARP EXECUTIVE LEADERSHIP AND OTHER STAFF IN COMMUNITY ORGANIZATIONS AND COALITIONS IN FISCAL YEAR 2013 COMMUNITY ORGANIZATIONS ARE LISTED ALPHABETICALLY * 2-1- 1 SAN DIEGO BOARD * A NEW PATH (PARENTS FOR ADDICTION, TREATMENT AND HEALING) * ACCESS TO INDEPENDENCE * ADULT PROTECTIVE SERVICES * AGING AND INDEPENDENCE SERVICES (AIS) * ALZHEIM ER'S ASSOCIATION * AMERICAN ASSOCIATION OF CRITICAL CARE NURSES, SAN DIEGO CHAPTER * AMERI CAN CANCER SOCIETY (ACS) * AMERICAN COLLEGE OF CARDIOLOGY * AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES (ACHE) * AMERICAN DIABETES ASSOCIATION (ADA) * AMERICAN FOUNDATION FOR SUICIDE PREVENTION * AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION * AMERICAN HEART ASSOCIAT ION (AHA) * AMERICAN HOSPITAL ASSOCIATION (AHA) * AMERICAN LUNG ASSOCIATION * AMERICAN LIV ER FOUNDATION * AMERICAN PARKINSON DISEASE ASSOCIATION, INC * AMERICAN PSYCHIATRIC NURSES ASSOCIATION * AMERICAN RED CROSS OF SAN DIEGO * ARC OF SAN DIEGO * ARTHRITIS FOUNDATION * ASIAN BUSINESS ASSOCIATION * ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTH CARE (NATIONAL) * ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTH CARE OF SOUTHERN CALIFORNIA * ASSOCIATION FOR CLINICAL PASTORAL EDUCATION (ACPE) * ASSOCIATION OF CALIFORNIA NURSE LEADERS (ACNL) * ASSOCIATION OF PERIOPERATIVE REGISTERED NURSES (AORN) * ASSOCIATION OF PRACTICAL AND PROFE SSIONAL ETHICS * ASSOCIATION OF REHABILITATION NURSES * ASSOCIATION OF WOMEN'S HEALTH, OBS TETRIC AND NEONATAL NURSES (AWHONN) * AZUSA PACIFIC UNIVERSITY (APU) * BANKERS HILL PARK W EST COMMUNITY DEVELOPMENT CORPORATION * BEACON COUNCIL PATIENT SAFETY COLLABORATIVE * BOYS AND GIRLS CLUB OF SAN DIEGO * BONITA BUSINESS AND PROFESSIONAL ORGANIZATION * CALIFORNIA ASSOCIATION OF HEALTH PLANS * CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH SYSTEMS * CAL IFORNIA ASSOCIATION OF MARRIAGE AND FAMILY THERAPISTS * CALIFORNIA ASSOCIATION OF PHYSICIA N GROUPS * CALIFORNIA BOARD OF BEHAVIORAL HEALTH SCIENCES * CALIFORNIA COLLEGE, SAN DIEGO * CALIFORNIA COUNCIL FOR EXCELLENCE * CALIFORNIA DEPARTMENT FOR PUBLIC HEALTH * CALIFORNIA DIETETIC ASSOCIATION, EXECUTIVE BOARD * CALIFORNIA HEALTHCARE FOUNDATION * CALIFORNIA HEA LTH INFORMATION ASSOCIATION * CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION * CALIFOR NIA HOSPITAL ASSOCIATION CENTER FOR BEHAVIORAL HEALTH * CALIFORNIA LIBRARY ASSOCIATION * C ALIFORNIA NURSING STUDENT ASSOCIATION * CALIFORNIA STATE BAR, HEALTH SUBCOMMITTEE * CALIFO RNIA STATE UNIVERSITY SAN MARCOS * CALIFORNIA TERATOGEN INFORMATION SERVICE * CALIFORNIA W OMEN LEAD * CAREGIVER COALITION OF SAN DIEGO * CARING HEARTS MEDICAL CLINIC * CHELSEA'S LI GHT FOUNDATION * CHICANO FEDERATION OF SAN DIEGO COUNTY * COMMUNITY HEALTH IMPROVEMENT PAR TNERS (CHIP) BEHAVIORAL HEALTH WORK TEAM * CHIP BOARD * CHIP HEALTH LITERACY TASK FORCE * CHIP SUICIDE PREVENTION WORK TEAM * CHIP INDEPENDENT LIVING ASSOCIATION (ILA) ADVISORY BOA RD AND PEER REVIEW ADVISORY TEAM * CHULA VISTA CHAMBER OF COMMERCE * CHULA VISTA COMMUNITY COLLABORATIVE * CHULA VISTA FAMILY HEALTH CENTER * CHULA VISTA ROTARY * CITY OF CHULA VIS TA WELLNESS PROGRAM * COALITION TO TRANSFORM ADVANCED CARE (CTAC) * COMBINED HEALTH AGENCI ES * COMMUNITY EMERGENCY RESPONSE TEAM (CERT) * CONSORTIUM FOR NURSING EXCELLENCE, SAN DIE GO * CORONADO CHAPTER OF ROTARY INTERNATIONAL * CORONADO CHRISTMAS PARADE * CORONADO FIRE DEPARTMENT * CREATIVE ARTS CONSORTIUM * COUNCIL OF WOMEN'S AND INFANTS' SPECIALTY HOSPITAL S (CWISH) * CYCLE EASTLAKE * BEHAVIORAL DIABETES INSTITUTE * DISABLED SERVICES ADVISORY BO ARD * DOWNTOWN SAN DIEGO PARTNERSHIP * EAST COUNTY SENIOR SERVICE PROVIDERS * EL CAJON COM MUNITY COLLABORATIVE COUNCIL * EL CAJON FIRE DEPARTMENT * EL CAJON ROTARY * ELDERHELP OF S AN DIEGO * EMERGENCY NURSES ASSOCIATION, SAN DIEGO CHAPTER * EMPLOYEE ASSISTANCE PROFESSIO NALS ASSOCIATION * EMSTA COLLEGE * FACING FUTURES * FAMILY HEALTH CENTERS OF SAN DIEGO (FH CSD) * GARDNER GROUP * GARY AND MARY WEST SENIOR WELLNESS CENTER * GIRL SCOUTS OF SAN DIEG O IMPERIAL COUNCIL, INC * GROSSMONT COLLEGE (GC) * GROSSMONT HEALTHCARE DISTRICT * GROSSM ONT UNION HIGH SCHOOL DISTRICT (GUHD) * HEALTH CARE COMMUNICATORS BOARD * HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM (HICAP) * HELEN WOODWARD ANIMAL CENTER * HELIX CHARTER HI GH SCHOOL * HELPING OLDER PEOPLE EQUALLY (HOPE) * HOME OF GUIDING HANDS * HOSPITAL ASSOCIA TION OF SAN DIEGO AND IMPERIAL COUNTIES (HASD&IC) * HASD&IC COMMUNITY HEALTH NEEDS ASSESSM ENT ADVISORY GROUP * HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) BOARD * I LOVE A CLEA N SAN DIEGO * INTERNATIONAL ASSOCIATION OF EATING DISORDERS PROFESSIONALS (IAEDP) * INTERN ATIONAL LACTATION CONSULTANTS ASSOCIATION (ILCA) * JEWISH FAMILY SERVICES OF SAN DIEGO * J EWISH FEDERATION OF SAN DIEGO COUNTY JEWISH SENIOR SERVICES COUNCIL * JOHN BROCKINGTON FOU NDATION * JOURNAL FOR NURSING CARE QUALITY EDITORIAL BOARD * KAPLAN COLLEGE ADVISORY BOARD * KIWANIS CLUB OF CHULA VISTA * KOMEN LATINA ADVI

Identifier	Return Reference	Explanation
		SORY COUNCIL * KOMEN RACE FOR THE CURE COMMITTEE * LA MAESTRA FAMILY CLINICS * LA MESA LIO N'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 * MEDICAL LIBRARY GROUP OF SOUTHERN CALIFORNIA AND ARIZONA * ME NDED HEARTS * MENTAL HEALTH AMERICA BOARD * MENTAL HEALTH COALITION * MESA COLLEGE HEIT PR OGRAM ADVISORY BOARD * MIRACLE BABIES * MRI JOINT VENTURE BOARD * NATIONAL ALLIANCE ON MEN TAL ILLNESS (NAMI) * NATIONAL ASSOCIATION OF NEONATAL NURSES (NANN) * NATIONAL ASSOCIATION OF HISPANIC NURSES (NAHN), SAN DIEGO CHAPTER * NATIONAL ASSOCIATION OF PSY CHIATRIC HEALTH CARE SY STEMS * NATIONAL COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE (NCADD) * NATIONAL HOSPI CE AND PALLIATIVE CARE ASSOCIATION * NATIONAL INITIATIVE FOR CHILDREN'S HEALTHCARE QUALITY * NATIONAL KIDNEY FOUNDATION * NATIONAL PERINATAL INFORMATION CENTER * NATIONAL UNIVERSIT Y * NEIGHBORHOOD HEALTHCARE COMMUNITY CLINIC BOARD OF DIRECTORS * NORTH COUNTY HEALTH PROJ ECT * NURSEWEEK * ORCHARD APARTMENTS * PACIFIC ARTS MOVEMENT (PAC-ARTS, FORMERLY THE SAN D IEGO ASIAN FILM FOUNDATION) * PALLIATIVE CARE ACTION COMMUNITY * PARTNERSHIP FOR PHILANTHR OPIC PLANNING OF SAN DIEGO (FORMERLY SAN DIEGO PLANNED GIVING ROUNDTABLE) * PARTNERSHIP FO R SMOKE-FREE FAMILIES * PENINSULA SHEPHERD SENIOR CENTER * PERINATAL SAFETY COLLABORATIVE * PERINATAL SOCIAL WORK CLUSTER * PLANETREE BOARD OF DIRECTORS * PROFESSIONAL ONCOLOGY NET WORK (PON) * PROJECT CARE COUNCIL * PUBLIC HEALTH NURSE ADVISORY BOARD * RECOVERY INNOVATI ONS OF CALIFORNIA (RICA) * REGIONAL HOME CARE COUNCIL * REGIONAL PERINATAL SY STEM (RPS) * RESIDENTIAL CARE COUNCIL * SAFETY NET CONNECT * SAN DIEGO COMMUNITY ACTION NETWORK (SANDI- CAN) * SAN DIEGANS FOR HEALTHCARE COVERAGE * SAN DIEGO ASSOCIATION OF DIABETES EDUCATORS * SAN DIEGO ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES * SAN DIEGO ASSOCIATION FOR HEAL THCARE RECRUITMENT * SAN DIEGO BLACK NURSES ASSOCIATION * SAN DIEGO BLOOD BANK * SAN DIEGO BRAIN INJURY FOUNDATION * SAN DIEGO CARE TRANSITIONS PARTNERSHIP (SDCTP) * SAN DIEGO CITY COLLEGE * SAN DIEGO CITY PARKS AND RECREATION * SAN DIEGO COMMITTEE ON EMPLOY MENT OF PEOP LE WITH DISABILITIES * SAN DIEGO COUNCIL ON SUICIDE PREVENTION * SAN DIEGO COUNTY BREASTFE EDING COALITION * SAN DIEGO COUNTY COUNCIL ON AGING (SDCCOA) * 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 DI EGO FOOD BANK * SAN DIEGO FOUNDATION * SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY, LIVE WE LL SAN DIEGO * SAN DIEGO HEALTH INFORMATION ASSOCIATION * SAN DIEGO HEALTHCARE DISASTER CO UNCIL * SAN DIEGO HOUSING COMMISSION (SDHC) * SAN DIEGO IMMUNIZATION COALITION * SAN DIEGO IMPERIAL COUNCIL OF HOSPITAL VOLUNTEERS * SAN DIEGO LESBIAN, GAY, BISEXUAL, AND TRANSGEND ER COMMUNITY CENTER, INC (THE CENTER) * SAN DIEGO MENTAL HEALTH COALITION * SAN DIEGO MES A COLLEGE * SAN DIEGO MILITARY FAMILY COLLABORATIVE * SAN DIEGO NORTH CHAMBER OF COMMERCE * SAN DIEGO NUTRITION COUNCIL

Identifier	Return Reference	Explanation
		* SAN DIEGO OLDER ADULT COUNCIL * SAN DIEGO ORGANIZATION OF HEALTHCARE LEADERS (SOHL), A LOCAL ACHE CHAPTER * SAN DIEGO PATIENT SAFETY CONSORTIUM * SAN DIEGO PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT (POLST) COALITION * 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-IMPERIAL COUNCIL OF HOSPITAL VOLUNTEERS * SAN DIEGO REGIONAL CHAMBER OF COMMERCE * SAN DIEGO SCIENCE ALLIANCE * SAN YSIDRO HIGH SCHOOL * SAN YSIDRO MIDDLE SCHOOL * SANTEE CHAMBER OF COMMERCE * SAY SAN DIEGO * 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 * SOUTHERN CAREGIVER RESOURCE CENTER * ST PAUL'S RETIREMENT HOMES FOUNDATION * ST VINCENT 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 SERVICE ORGANIZATIONS COUNCIL OF SAN DIEGO * 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 * WALK SAN DIEGO * WOMEN, INFANTS AND CHILDREN PROGRAM (WIC) * YMCA * YWCA BECKY'S HOUSE * YWCA BOARD OF DIRECTORS * YWCA EXECUTIVE COMMITTEE * YWCA IN THE COMPANY OF WOMEN EVENT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GROSSMONT HOSPITAL FOUNDATION

Employer identification number
33-0124488

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

(a) Name, address, and EIN (if applicable) 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" to 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 entity? Yes	(g) No
(1) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(C)(3)	LINE 3	N/A		No
(2) GROSSMONT HOSPITAL CORPORATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
(3) SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(C)(3)	LINE 7	SHARP HEALTHCARE	Yes	
(4) SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH INSURANCE COMPANY	CA	501(C)(4)	N/A	SHARP HEALTHCARE	Yes	
(5) SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
(6) SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	
(7) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(C)(3)	LINE 3	SHARP HEALTHCARE	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CONTINUOUS QUALITY INSURANCE SPC 23 LIME TREE BAY AVENUE PO BOX 1 CJ	CAPTIVE INSURANCE COMPANY	CJ	N/A	C					No
(2) CHARITABLE REMAINDER TRUST (3)	PROGRAM SUPPORT	CA	N/A	T					No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GROSSMONT HOSPITAL CORPORATION	P	885,143	ACCRUAL
(2) GROSSMONT HOSPITAL CORPORATION	B	2,199,044	ACCRUAL
(3) GROSSMONT HOSPITAL CORPORATION	C	1,121,136	ACCRUAL
(4) GROSSMONT HOSPITAL CORPORATION	N	58,781	ACCRUAL

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Additional Data

Return to Form

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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