

**Advancing the State of the Art in Community Benefit Demonstration
Accomplishments to Date – All Partners¹
December 2007**

Entity	Accomplishments
Senior Leadership	<ul style="list-style-type: none"> • CEOs and other senior leaders directly accountable for CB performance – accountability reflected in job description, and in one case tied to compensation (CHW). • Increased understanding and integration of ASACB Core Principles by senior leadership into hospital-wide practices.
Community Benefit Committee (CBC)	<ul style="list-style-type: none"> • CBC serves as extension of trustees to provide direct oversight for all charitable activities and ensure program alignment with ASACB Core Principles. • Expanded membership to include diverse community stakeholders • Trustee members on CBC serve as ‘board level champions’ to keep CB planning and programming updates on board of trustees agenda.
Community Benefit Department	<ul style="list-style-type: none"> • Increased understanding and investment in competencies and FTE commitment needed for quality programming. • Increased investment in data collection, program tracking tools and evaluation. • Developed specific outreach strategies to access identified DUHN populations. • Increased coordination with clinical departments to reduce inappropriate ER utilization. • Increased capacity of department directors/managers to advocate for CB to senior leadership. • Increased investment in programs to reduce health disparities. • Increased coordination between CB and finance departments on reporting and planning.
Organization	<ul style="list-style-type: none"> • Integration of ASACB Core Principles in CB and organizational strategic planning process. • Increased number of physicians engaged in program development, implementation and evaluation. • Coordination of hospital departments in case management strategy to reduce inappropriate (frequent flier’) visits to ED due to chronic health conditions • Enhanced seamless continuum of care between physician and community services.
Community	<ul style="list-style-type: none"> • Expanded capacity of community partners to implement and sustain collaborative activities. • Recognition of hospital support of community health needs by media outlets. • Increased strategic leveraging of hospital resources based on Core Principles. • Increase in formal links with community partners. • Recognition of priority health issue and collaborative activities to address it • Increased engagement of local government officials in strategic planning and advocacy on health related issues on a city, county, or regional level.

¹ Hospital/health system partners include Catholic Healthcare West, Lucile Packard Children’s Hospital, Presbyterian Intercommunity Hospital, St. Joseph Health System, and Texas Health Resources

Sampling of Site Specific Institutional Impacts to Date

Health System Accountability	
Each hospital has action plan and timeline to reduce preventable hospitalization within specific DRGs in current 3 year plan	Catholic Healthcare West
Integration of Community Benefit principles and needs assessment findings into strategy and business development market analysis processes	
Developed 'innovation fund' to invest in system-wide disease management initiative	
Created system and hospital level metrics and financial incentives for senior leadership to promote achievement of Community Benefit performance measures.	
Community Benefit is a metric in the System Financial Score Card	St Joseph Health System
Codified hospital board committee framework in health system bylaws.	
Developed system policy for health fairs to align with ASACB Core Principles.	Texas Health Resources
Health system policy to provide release time for ad-hoc staff community service activities revised to coordinate with formal community benefit programming.	
Hospital Accountability	
Appointed hospital board members to subcommittees charged with oversight of specific community benefit programs.	CHW-Kern
Revised community grant application process to emphasize programs and activities aligned with ASACB Core Principles.	SJHS-Sonoma County and CHW-San Bernardino
Integrated language into all hospital employee job descriptions and annual review process to understand and support CB.	Presbyterian Intercommunity Hospital
Expanded Executive Director for Community Partnerships job description to include oversight of CB programs.	Lucile Packard Children's Hospital
Integrated Healthy Communities and CB updates and planning as a standing agenda item at monthly Executive Management Team.	SJHS-St Jude Medical Center
Incorporated ASACB Core Principles and its importance in strategic planning process in CEO/Hospital President public discourse.	SJHS-Sonoma County
	CHW-St Bernardino
Developed Community Services Newsletter that informs and educates hospital community around CB programs and activities.	CHW-St Francis Memorial Hospital
Community Benefit Management	
Created .5 FTE position to support CB reporting and to provide administrative support to CB Committee and Healthy Communities programs and EMT meetings.	SJHS-St Jude Medical Center
Created two 1 FTE positions to support Community Benefit reporting and the implementation of obesity prevention program in partnership with school district.	Presbyterian Intercommunity Hospital
Created a 1 FTE Analyst position to support CB and ASACB enhancement process.	SJHS-Sonoma County
Created two 1 FTE positions to oversee screening program and develop preventive health programs in partnership with large community based industries.	CHW-Kern
Created .5 FTE position to provide TA to community grantees and other hospital programs around Community Benefit reporting.	CHW-St Bernardine Medical Center

Sampling of Program and Community Impacts to Date

Evidence-Based Service Planning	
Coordinate with Decision Support Services to generate zip code level data to create targeted breast cancer program outreach strategies.	CHW-St Bernadine Medical Center
Use ASACB tools and needs assessment findings to develop programs for discharged disenfranchised/homeless/isolated elderly patients and coordinate service care with community agencies.	CHW-St Francis Memorial Hospital
Established nonprofit status for various hospital and community based collaboratives to maintain long term sustainability and diversify funding sources	St Jude and Lucile Packard Children's Hospital
Enhanced Continuum of Care	
Expand referral system with community clinics to provide discharged homeless patients with case management and transitional housing in order to decrease readmissions and reduce lengths of stay.	CHW-St Francis Memorial Hospital
Expanded mobile health clinic services in underserved communities, including primary prevention education and connection to a permanent medical home.	Presbyterian Intercommunity Hospital
Coordinate with community based providers to enhance homeless shelter services.	CHW-Kern
Coordinate referral system with low cost health insurance providers to provide preventative health education to DUHN communities through home visits.	
Expanded referral system between physician's office, senior fall prevention program, mental health services, community-based services and providers.	SJHS-St Jude Medical Center
Hospital TA and leadership influence assisted local obesity collaborative to obtain \$100,000 in external grant funds.	
Expanded hospital based program enhancements to medical professionals working in hospital affiliated medical group that serves large proportion of local community.	
Collaborate with govt. officials and affordable housing service providers to develop housing and social services for the homeless.	CHW-St Bernadine Medical Center
Collaborate with community clinics to fund position to assist patients in navigating specialty care at hospital and community clinics in service area leading to better follow-up and preventative care.	CHW-St Francis Memorial Hospital
Enhanced understanding and use of mobile health clinic as effective outreach strategy for clinical departments.	Lucile Packard Children's Hospital
Coordinate between hospital and foundation to develop strategic plans to address priority health and policy issues in community.	
Develop shared health informational resources in collaboration with partners	
Change in Health Status or Knowledge/Behavior	
Documented improvement in health status and quality of life of case managed diabetes patients.	CHW-Kern
Documented improved behavior and knowledge of diabetes patients in meeting diet/physical activity/blood glucose control goals.	Catholic HealthCare West
Reduction in inappropriate ER visits (18% decrease in the past year) for fever related illnesses in children through collaboration between health education and clinical departments.	SJHS-St Jude Medical Center