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Mission, Values and Principles

Mission Statement

Marshall Medical Center proudly serves the Western slope of El Dorado County. Our mission is to promote health improvement and provide health services of extraordinary value and quality to our community.

Values and Principles

We at Marshall have dedicated our lives to healing. To that end, we are a community within the larger whole. The Marshall community -- employees, medical staff, volunteers, and directors -- embrace the following values and principles:

Our patients come first. All other values are overshadowed by the proper care of those who entrust their lives to us. It is our duty and privilege to care for our patients, and we care for them with dignity, respect and compassion.

Medicine is a science. Therapeutics at Marshall is based on the Medical Staff’s oversight of the application of the best medical science. We strive for continued improvement in all aspects of patient care, pursuing growth in our collective expertise. Excellence in prevention, diagnosis and treatment of disease are defined by documented clinical outcomes.

Healing is an art. Scientific medicine flourishes best in a healing environment. In a healing environment, our patients and their families are an essential part of the health care team. We empower them through our support, our example and our teaching. To enrich our healing environment, members of the Marshall community treat each other with the same respect we hold for our patients.

Our hospital is not defined by walls. Our hospital is defined by the doors we open. The community is best served by a continuum of care, wherever those services are needed. We must reach out to emphasize primary care, prevention, education and collaboration with other organizations when their missions complement our own.

We bequeath this hospital to future generations. Our community is best served by institutions that are locally owned and managed. To maintain our independence and meet the present and future needs of the hospital and the community, we manage Marshall’s finances prudently. We compete on the basis of value; striving to maintain the lowest costs and prices in our market. We view it as sound financial strategy to strive for uncompromising excellence in health care.
About Marshall Medical Center

Marshall’s History

In the late 1950s a group of local citizens saw a great need for improved healthcare services in El Dorado County. The citizens formed a committee to petition the state of California for a nonprofit charter under which a hospital could be built and operated. As a result of this, plans were drawn, funds were solicited, Michigan California lumber company donated land for a hospital site, and Marshall Hospital opened its doors in 1959. A group of dedicated employees worked hard to make the original 49 bed hospital a success.

Marshall Medical Center derives its name from the pioneer James Marshall, who discovered gold at Sutter’s Mill a few miles north of Placerville.

Marshall Facts

Marshall Medical Center is an independent, nonprofit community healthcare provider located in the heart of the Sierra Foothills between Sacramento and South Lake Tahoe. Marshall Medical Center includes Marshall Hospital, a fully accredited acute care facility with 113 beds (14 distinct patient skilled nursing beds) located in Placerville; several outpatient facilities in Cameron Park, Placerville, El Dorado Hills and Georgetown; a group of primary care physicians known as the Marshall Physician Clinic Services, specialists including cardiology and rheumatology; and many community health and education programs. Marshall has more than 160 affiliated physicians and a team of more than 1500 employees providing quality healthcare services to more than 180,000 residents of El Dorado County.

Marshall annually provides outstanding healthcare services for 467 newborns, 153,398 outpatient visits and 23,708 emergency department visits. At the Marshall Hospital Campus in Placerville, health services provided include:

- Emergency Department
- Cardiac Services
- Cardiac Rehabilitation
- Intensive Care/Critical Care Unit
- Birth Center
- 99 Acute Inpatient Beds
- Palliative Care
- Diagnostic Imaging Services
- Laboratory
- Respiratory Care
- Surgery (outpatient/inpatient)
- Out Patient Physical Rehabilitation
- Out Patient Occupational Therapy
- Out Patient Speech Therapy
- Sleep Lab
- Transitional Care (14 Skilled Nursing Beds)
- Wound Care
Offsite from the main hospital campus, Marshall has a strong commitment to providing the necessary health services and facilities to support the surrounding community including:

<table>
<thead>
<tr>
<th>Placerville</th>
<th>Cameron Park</th>
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</thead>
<tbody>
<tr>
<td>Cardiology Services</td>
<td>Cancer Resource Center</td>
</tr>
<tr>
<td>Ear, Nose &amp; Throat</td>
<td>Cardiology Services</td>
</tr>
<tr>
<td>Family &amp; Internal Medicine</td>
<td>Community Health Library</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Diabetes and Nutrition Education</td>
</tr>
<tr>
<td>Hearing Center</td>
<td>Diagnostic Imaging</td>
</tr>
<tr>
<td>Homecare</td>
<td>Family &amp; Internal Medicine</td>
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<tr>
<td>Laboratory</td>
<td>General Surgery</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>Health Education Classes</td>
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<tr>
<td>Orthopedics</td>
<td>Hearing Center</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Hematology/ Oncology</td>
</tr>
<tr>
<td>Plastic Surgery &amp; Esthetician Services</td>
<td>Infusion Center</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>Laboratory</td>
</tr>
<tr>
<td>Urology</td>
<td>Nephrology</td>
</tr>
<tr>
<td></td>
<td>OB/GYN</td>
</tr>
<tr>
<td></td>
<td>Outpatient Surgery</td>
</tr>
<tr>
<td></td>
<td>Rheumatology</td>
</tr>
<tr>
<td></td>
<td>Urology</td>
</tr>
</tbody>
</table>

**Georgetown**

- Divide Wellness Center

**El Dorado Hills**

- Cardiology
- Family Medicine
- Gynecology
- Laboratory
- Orthopedic Services
- Physical and Speech Therapy
# Key Leadership at Marshall Medical Center

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Biography</th>
</tr>
</thead>
<tbody>
<tr>
<td>James Whipple, MBA</td>
<td>Chief Executive Officer</td>
<td>James joined Marshall in 1982 as Director of Finance/Chief Financial Officer. He was selected as CEO in 2003. A graduate of California State University, Chico, he double majored in business and economics. James also earned an MBA from the University of Washington. Before joining Marshall, James worked as Assistant Controller for Rideout Memorial Hospital in Marysville, CA.</td>
</tr>
<tr>
<td>Shannon Truesdell, RN, MPA</td>
<td>Chief Operating Officer</td>
<td>Shannon joined Marshall in 1989 as manager of Surgical Services. She held a number of progressively responsible nursing leadership positions and was named Assistant Administrator in 2000 and Chief Operating Officer in 2011. Shannon earned her bachelor of science in nursing from San Francisco State University and a masters in public administration – health services, from the University of San Francisco.</td>
</tr>
<tr>
<td>Laurie Eldridge</td>
<td>Chief Financial Officer</td>
<td>Laurie joined Marshall in 1990 and has held a number of positions during her tenure, including senior accountant and controller. She was selected as CFO in 2003. Laurie earned her bachelor of science degree in managerial economics at UC Davis. Laurie is a member of the Healthcare Financial Management Association (HFMA).</td>
</tr>
<tr>
<td>Kathy Krejci, RN, MBA</td>
<td>Chief Nursing Officer</td>
<td>Kathy began her career as a registered nurse in Marshall’s medical-surgical unit in 1983. She later assumed the position of Director of Patient Care Services in 2000 and was selected as the Chief Nursing Officer in 2010. Kathy earned an MBA in Health Services Administration from the University of Phoenix.</td>
</tr>
<tr>
<td>Reginald Rice Sr., MD</td>
<td>VP, Medical Affairs</td>
<td>A graduate of Loma Linda University School of Medicine in 1963, Dr. Rice founded the Sierra Center for Family Practice, a community health clinic in Placerville. He practiced Family Medicine in Placerville for 22 years and continues as Medical Director of Medical Staff Integration for Marshall Medical Center. His medical activities have included being President of the San Luis Obispo County Medical Society, Director of a New England Family Medicine Residency in Boston, Mass., and Chief of Staff of three hospitals.</td>
</tr>
<tr>
<td>Jayne Moore</td>
<td>Chair, Board of Directors</td>
<td>Jayne Moore has lived in El Dorado County since 1961. Jayne is a senior Vice President/Branch Administrator for El Dorado Savings Bank, where she has worked for 35 years. Jane has served on the Marshall Community Board since 2009.</td>
</tr>
<tr>
<td>Stanley Henjum, MD</td>
<td>Chief of Staff</td>
<td>A board-certified cardiologist, Dr. Henjum received his medical degree from the Medical College of Wisconsin in Milwaukee. He completed his internship and residency at the Naval Hospital in Oakland, CA and his fellowship in Cardiology at the Naval Hospital in San Diego. He completed his Naval service as Lieutenant Commander in 1993.</td>
</tr>
<tr>
<td>Sajiv Pathak, MD</td>
<td>Chief of Staff Elect</td>
<td>Dr. Pathak received his medical degree from the Government Medical College in Surat, India and completed his residency at UC Davis Medical Center. He is double board certified in Neurology and Internal Medicine. Dr. Pathak has been in private practice in Neurology since 1991.</td>
</tr>
</tbody>
</table>
Community Snapshot

<table>
<thead>
<tr>
<th></th>
<th>Total Population (County)</th>
<th>White</th>
<th>Median age</th>
<th>84%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ave. Household Income</td>
<td>$67,019</td>
<td>Latino</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Percentage living in poverty</td>
<td>7.8%</td>
<td>African American</td>
<td>0.004%</td>
</tr>
<tr>
<td></td>
<td>Percentage unemployed</td>
<td>11.3%</td>
<td>Asian / Pacific Islander</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Percentage uninsured</td>
<td>11.4%</td>
<td>Native American</td>
<td>0.007%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: 2010-2011 El Dorado County Economic & Demographic Profile
Community Health Needs Assessment

Executive Summary

Every three years, nonprofit hospitals are required to conduct community health needs assessments (CHNA) and use the results to develop community health improvement implementation plans. These assessments are required of virtually all nonprofit hospitals by both state and federal laws.

Between early 2012 and February 2013, Valley Vision, Inc., conducted an assessment of the health needs of residents living in Marshall Medical Center’s hospital service area (HSA). For the purposes of the assessment, a health need was defined as: “a poor health outcome and its associated driver.” A health driver was defined as: “a behavioral, environmental, and/or clinical factor, as well as more upstream social economic factors, that impact health.”

The objective of the CHNA was:

To provide necessary information for Marshall Medical Center’s community health improvement plan, identify communities and specific groups within these communities that are experiencing health disparities, especially as these disparities relate to chronic disease, and further identify contributing factors that create both barriers and opportunities for these populations to live healthier lives.

A community-based participatory research orientation was used to conduct this assessment, which included both primary and secondary data. Primary data collection included input from more than 50 members of the HSA, expert interviews with 15 key informants including representatives from El Dorado County Health and Human Services Department, Capitol Health Network, Divide Wellness Center, El Dorado County Community Health Center, Bipolar Insights, ACCEL Coalition, Marshall Medical Center Community Board, and the El Dorado County Mental Health Services, and focus group interviews with 43 community members. In addition, an assessment collected data on more than 70 health assets in the greater El Dorado County area. Secondary data used included health outcome data, socio-demographic data, and behavioral and environmental data at the ZIP code or census tract level. Health outcome data included Emergency Department (ED) visit, hospitalization, and mortality rates related to heart disease, diabetes, stroke, hypertension, chronic obstructive pulmonary disease, asthma, safety, and mental health conditions. Socio-demographic data included data on race and ethnicity, poverty (female headed households, families with children, people over 65 years of age), educational attainment, health insurance status, and housing arrangement (own or rent). Behavioral and environmental data helped describe general living conditions of the HSA such as crime rates, access to parks, availability of healthy food, and leading causes of death.

Analysis of both primary and secondary data revealed five specific Communities of Concern in the Marshall Medical Center HSA that were living with a high burden of disease. These five communities had consistently high rates of negative health outcomes that frequently exceeded county, state, and Healthy People 2020 benchmarks. They were confirmed by experts as areas prone to experiencing poorer health
outcomes relative to other communities in the HSA. These five communities are ZIP Code 95619 (Diamond Springs), 95623 (El Dorado), 95634 (Georgetown), 95667 Placerville and 95726 Pollock Pines.

Health Outcome Indicators
Age-adjusted rates of ED visits and hospitalizations due to heart disease, diabetes, stroke, and hypertension were drastically higher in these ZIP codes compared to other ZIP codes in the HSA. In general, Whites had the highest rates for these conditions compared to other racial and ethnic groups. Mortality data for these conditions showed high rates as well.

Environmental and Behavioral Indicators
Analysis of environmental indicators showed that many of these communities had conditions that were barriers to active lifestyles, such as elevated crime rates and a traffic climate unfriendly to bicyclists and pedestrians. Furthermore, these communities frequently had higher percentages of residents who were obese or overweight. Access to healthy food outlets was limited, while the concentration of fast food and convenience stores was high.

Analysis of the health behaviors of these residents also show many behaviors that correlate to poor health, such as having a diet that is limited in fruit and vegetable consumption. When examining these findings with those of the qualitative data (key informant interview and focus groups), a consolidated list of priority health needs of these communities was compiled. These priority health needs are shown in the list below.
Identified health needs for the Marshall Medical Center Hospital Service Area:

- Access to primary and preventative services
- Limited mental health services; lack of access to mental health services
- Lack of access to specialty and follow up care
- Lack of access to inpatient and outpatient substance abuse treatment
- Limited transportation options
- Lack of access to dental care
- Lack of coordination of care among providers; no case management services
- Limited or no nutrition literacy/access to healthy and nutritious foods, food security
- Lack of safe and/or affordable places to exercise
- Perceptions of limited cultural competence in health care and related systems

During the Marshall Annual Strategic Meeting held in July 2013, and a subsequent meeting of community organizations held September 2013, the board, along with key community members, prioritized the health needs and identified the top three. Among those community members present were:

Patricia Charles-Heathers, EDC Mental Health
Teri Daly, CAO, EDC
Jeanine Ellinwood, MD, Snowline Hospice
Mark Espinosa, Shingle Springs Tribal Health
Jon Lehrman, MD, ACCEL Program
Monica Long, ACCEL Program
Karen Shelnutt, RN, Parish Nursing
Nancy Symons, Partners in Care
Denis Thomas, Robinsons Pharmacy
Brian Veerkamp, Supervisor, El Dorado County
Jan Walker-Conroy, EDC Public Health
Chris Weston, EDC Public Health
Craig Klatt, Pastor, Camino SDA
Matt Huckabee, Center for Violence Free Relationships
Frank Gates, Cold Springs Community Church
Marty Hackett, EDC Emergency Services
Tim Thompson, EDC Sheriff Chaplain
Stacie Bolton, EDCHCC
Veronica Velasquez, MD, EDCHCC
Alicia Paris Pombo, MD, EDC Public Health
Greg Schwab, Georgetown Fire Department
Sandra Haskins, Gold Country Retirement
Carl Hagan, Placerville City Council
Jared Edmunds, The Pines at Placerville
Arnel Leus, The Pines at Placerville
Judith Brandt, MD, Western Sierra Medical Clinic
Doug Hawkins, Western Slope Health Center
Laurie Randall, Western Slope Health Center
Greg Dixon, Saint Patrick’s Catholic Church

This group identified the top three Prioritized Needs for the Marshall Medical Center Service Area as:

1. Limited mental health services; lack of access to mental health services
2. Lack of access to inpatient and outpatient substance abuse treatment
3. Lack of coordination of care among providers; no case management services
Commitment to Improve Community Health

Marshall Medical Center recognizes its obligation to provide service above and beyond its role as a healing facility. For more than 50 years, Marshall has worked to promote the community’s health and wellbeing and comparably, El Dorado County is thriving. A recent study by the University of Wisconsin ranked El Dorado County as the 6th healthiest among all California counties (University of Wisconsin Population Health Institute. County Health Rankings 2013. Accessible at www.countyhealthrankings.org.)

The following community benefits demonstrate tangible ways in which the organization is fulfilling its mission to promote health improvement and provide health services of extraordinary value and quality to our community.

Marshall provides charity care and other financial assistance to those in the community who cannot afford services, or whose health insurance does not cover all services rendered.

Summary of Quantifiable Benefits November 1, 2011- October 31, 2012

<table>
<thead>
<tr>
<th>Community Benefit Categories</th>
<th>Net Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance at Cost</td>
<td>3,510,802</td>
</tr>
<tr>
<td>Medicaid</td>
<td>20,010,527</td>
</tr>
<tr>
<td>Costs of Other Means-Tested Government Programs</td>
<td>5,903,242</td>
</tr>
<tr>
<td>Community Health Improvement Services and Community Benefit Operations</td>
<td>728,680</td>
</tr>
<tr>
<td>Health Professions Education</td>
<td>36,864</td>
</tr>
<tr>
<td>Cash and In-Kind Donations</td>
<td>284,720</td>
</tr>
<tr>
<td>Other Benefits</td>
<td>1,050,264</td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT PROVIDED Excluding Unpaid Costs of Medicare</strong></td>
<td><strong>30,434,835</strong></td>
</tr>
<tr>
<td>Unpaid Costs of Medicare</td>
<td>53,926,912</td>
</tr>
<tr>
<td><strong>TOTAL COMMUNITY BENEFIT PROVIDED Including Unpaid Costs of Medicare</strong></td>
<td><strong>84,361,747</strong></td>
</tr>
</tbody>
</table>
Identified Health Needs for the Marshall Medical Center Hospital Service Area:
Marshall Medical Center is actively addressing many of the needs identified in the assessment. The following describes programs and involvement the hospital has undertaken or will undertake to promote community health.

Access to primary care and preventive services:
- Ongoing recruiting of primary care physicians, FNPs/PAs to meet community needs
- Expansion of access for MediCal covered patients – November, 2013 and ongoing
- Expansion of access for patients covered by Health Exchange (Covered California) – January, 2014 and ongoing
- Develop additional designated Rural Health Clinics in underserved areas – Sept., 2014
- **Medi-Cal / CMSP** - Marshall works alongside with other safety net providers to provide care to Medi-Cal and CMSP patients in El Dorado County. As much as 18% of Marshall’s patient population are Medi-Cal patients.
- **ACCEL Care Pathways** Marshall participates in Access El Dorado (ACCEL), a countywide health collaborative dedicated to improving El Dorado County residents’ access to and quality of healthcare by developing and implementing a patient case management services program. Each member of the county’s safety net provider network is represented and addresses issues such as assisting residents with enrollment in health insurance and finding medical home. Examples of the Care Pathways include Securing health insurance for newborns and young children, ensuring that insurance coverage is maintained over time, obtaining a medical home for newborns and children, facilitating referrals between primary care practices and pediatric mental health services and specialty care services (e.g. orthopedics and pain management telemedicine). The pathways were created alongside ACCEL strategies to expand primary care provider supply and access to needy populations.

Limited mental health services; lack of access to mental health services
- **Identified as a priority need for the Marshall HAS. See Community Benefit Planning section, Need #1 of this report for details**
- **Psychiatric Assessment** Marshall Medical Center provides psychiatric assessments to hospital inpatients at no cost to the patient to best determine the patient’s continuum of care after discharge.

Lack of access to specialty and follow-up care
- Ongoing recruiting of primary care physicians, FNPs/PAs to meet community needs
- Expansion of access for MediCal covered patients – November, 2013 and ongoing
- Develop of additional designated Rural Health Clinics in underserved areas – Sept., 2014

Lack of access to inpatient and outpatient substance abuse treatment
- **Identified as a priority need for the Marshall HAS. See Community Benefit Planning section, Need #2 of this report for details**

Limited transportation options
• Work with the El Dorado Community Foundation and El Dorado Transit to evaluate potential for expansion of transportation to underserved areas – April, 2014

Lack of access to dental care
• Not addressing at this time due to dental services currently offered to underserved populations by the Shingle Springs Health and Wellness center and by the El Dorado County Community Health Center through use of a mobile dental van

Lack of coordination of care among providers; no case management services
• **Identified as a priority need for the Marshall HAS. See Community Benefit Planning section, Need 3 of this report for details

Limited or no nutrition literacy / access to healthy nutritious foods, food security
• Not addressing at this time due to limited resources.

Lack of safe and/or affordable places to exercise
• Not addressing at this time due to limited resources.

Perceptions of limited cultural competency in health care and related systems
• Recruiting of primary care physicians and FNPs/PAs and clinic staff with bilingual language skills, with particular emphasis on Spanish – November, 2014 and ongoing
• Certification of bilingual employees as healthcare interpreters – October, 2013 and ongoing

In addition to the above, Marshall is working to improve the quality of care provided to the community by participating in the following initiatives and activities:

Primary Stroke Center Accreditation
In 2013, Marshall acquired certification as a Primary Stroke Center by The Joint Commission. As a certified center, Marshall ensures that stroke victims receive appropriate, time-sensitive treatment and the latest in follow-up care for patients, resulting in better outcomes and recovery.

Level 3 Trauma Center
In 2012, Marshall became a verified Level 3 Trauma Center through the American College of Surgeons. As an ACS verified Trauma Center, Marshall’s patient experience seamless interaction and transfer arrangements with regional Level I and Level II Trauma Centers and inclusion in reporting and data practices that help Marshall measure itself amongst other top flight hospitals. Four qualified and experienced general surgeons perform emergency surgeries. Every Emergency Department nurse is a certified trauma nurse, and if hired without certification, must obtain it within one year.
Cancer Accreditation
Marshall’s cancer program has been accredited by the Commission on Cancer of the American College of Surgeons for several years. The accreditation follows a rigorous review of the program’s offerings and practices, and assures patients a quality, comprehensive treatment and support experience. Having an accredited Cancer Program in El Dorado County supports better patient outcomes simply from patients not having to drive far for treatments. Additionally, our patient transport vehicle helps patients with transportation issues get to and from appointments. Marshall offers many programs to the community, such as free mammogram screening for women who cannot afford one, resulting in earlier detection of breast cancer.

Initiative to Reduce Inpatient Readmissions
Marshall has made concentrated effort to reduce readmissions to the hospital following discharge for a condition or multiple conditions. Improved processes, such as more stringent medication reviews to post-discharge follow-up and support systems have been put in place. The efforts have already had an impact on community health, with the mean rate of readmissions trending down from 2010 to 2013, by about 3.5 percentage points.

Affair of the Heart
Affair of the Heart is an event organized by Marshall in February to coincide with Women’s Heart Health month. Featuring heart-healthy talks by physicians, demonstrations, educational booths and heart-friendly shopping, the event is a huge hit with the community and attracts a wide variety of people. The knowledge and tools attendees come away with can help them make healthier decisions and improve their lives.

Women’s Health Expo
The Women’s Health Expo features health talks by physicians, a 5K fun run/walk and health screenings by Marshall clinicians. Attendees receive health information from the screenings and are able to make decisions about how to improve their health; the screenings can also detect problems people may not have been aware of, leading to further diagnosis and treatment.

Patient Education Programs/Classes
One way Marshall supports community health outcomes is by providing a number of educational classes to the community. Our childbirth related classes help expectant mothers take better care of themselves and their children. A key program is Sweet Success, which is a gestational diabetes prevention program. It has shown to decrease premature births among these mothers, and results in better overall health for mom and baby. We also offer life-saving courses and important health improvement courses such as smoking cessation.

Health Professions Education
The Education Department hosts job shadowing events where students from the community are paired with a Marshall employee in a particular health field. The students shadow the employee to gain first-hand experience. Students are able to take that knowledge to further develop their educational goals. We also work with area high school ROP programs to give students on-the-job experience.
Community Partnerships – Board of Directors Participation
Marshall’s leadership continue to support community organizations and service clubs by voluntarily serving on boards of the Chamber of Commerce, El Dorado Community Health Clinic, El Dorado County Economic Development Corp, El Dorado Economic Advisory committee, MORE Youth, Rotary Club, Snowline Hospice

Community Health Library
Marshall operates a Community Health Library with a mission to “promote health and individual responsibility, support informed decision making, and improve communication between health care consumers and providers.” The library is free and open to the public, with more than 3,000 resources and web research access.

CHAT (Congestive Heart Active Telephone Treatment)
The CHATT program helps patients manage congestive heart failure (CHF) through telephone calls from a registered nurse who specializes in cardiovascular care. The CHATT program uses a multi-disciplinary approach, which includes a physician, the CHATT RN, CHATT Medical Director, Dietitians, Pharmacists, Medical Social Workers, Laboratory Technologists, Cardiac Rehabilitation Nurses, Home Caregivers, and the patient.

Community Sponsorships
Funds are provided to organizations such as the American Cancer Society, Boys & Girls Club, Cameron Park Community Services District, The Center for Violence Free Relationships, El Dorado Hills Community Services District, EDH Vision Coalition, Hands4Hope, Rotary Club,

El Dorado Health Connections
Marshall provides financial support of El Dorado Health Connections, which provides intensive, community-based case management and medically appropriate housing to patients with at least one chronic illness who have major barriers to effectively using primary care and other support services. The program’s goal is to improve health outcomes and lower cost of their care by reducing use of emergency room and inpatient services. The program emphasizes establishing clients in primary care homes; educating patients on how to use the primary care system and manage their chronic disease; and, problem solving barriers to accessing health care and related support services. The program also operates a respite housing facility for patients whose housing is inappropriate for their medical condition.

Marshall Green Initiative
Marshall is a proud leader in “going green” with one of the largest solar programs for hospitals in the nation, a major recycling effort, a selection of supplies and programs to reduce water, waste and energy. Marshall’s green program is not just about helping to preserve equatorial rain forests but can also mean improving your health, improving your overall quality of life and leaving future generations a vibrant beautiful planet through contributing to a sustainable future for our planet.
**Community Benefit Planning**

Marshall Medical Center continues to build its organizational governance, management structures and focused programmatic efforts for community benefit. In FY 2013, Marshall accomplished the following to support the FY 2014 community benefit plan:

- Completed a Community Health Needs Assessment
- Convened two meetings with community based non-profit organizations to discuss findings, prioritize needs and explore community assets and solutions.
- Worked with hospital leaders to propose a strategy for community benefit oversight and governance.
- Submitted a Community Benefit Plan for consideration by the hospital governing board.
- Published the Community Health Needs Assessment to Marshall’s external Website.

**Prioritized Needs Identified for the Marshall Medical Center Service Area**

Among the health needs identified in the Community Health Needs Assessment, the following three were prioritized by community leaders:

1. Limited mental health services; lack of access to mental health services
2. Lack of access to inpatient and outpatient substance abuse treatment
3. Lack of coordination of care among providers; no case management services

Marshall Medical Center is committed to improving health in El Dorado County, but we cannot act alone. Together with other health and welfare organizations and public entities, we will enjoy greater success in influencing community health. To this end, we participate with and fund coalitions and organizations with a broader reach than medical care. Through this involvement, Marshall Medical Center’s community benefit goals and objectives may also be met through these coalitions.
Prioritized Need #1

Limited mental health services; lack of access to mental health services

Background:
There are limited mental health services available, especially for uninsured and in rural areas as many programs and services have been cut due to lack of funding. There is also a stigma around seeking care, especially in the professional community. It is recognized that compliance with treatment can be difficult without support.

Issues:
- Difficulty in getting patients to participate
- Difficulty in educating providers on symptoms and area resources
- Lack of funding
- Identifying what resources are available
- People do not know where to go for help, cannot find providers that take Medi-Cal, or cannot afford sliding scale fees for counseling
- Provide better case management from the start, especially important in cases of homelessness. The first thing people need is help finding a place to get medications and knowledge about how to take them.
- There is a need for more psychiatrists in the community. It can take weeks or months to get an appointment.

Goal FY 14:
Increase by 15% the capacity for mental health services and professionals in the Western Slope of El Dorado County that provides care to indigent communities.

Provide a means for care management for indigent/homeless mental health patients with chronic disease.

Objectives:
- Convene a group of mental health community resources to meet at least quarterly in FY 14 to explore the issues.
- Identify funding sources by April 2014
- Identify local resources and communicate to area health care providers by April 2014
- Evaluate the feasibility of adding mental health professionals in El Dorado County, including adding behavioral health professionals to Marshall affiliated primary care clinics and tele-psychiatry in select Marshall-affiliated primary care clinics by July 2014
Community Resources:

**El Dorado Health Connections** - The program provides intensive, community-based case management and medically appropriate housing to patients with at least one chronic illness who have major barriers to effectively using primary care and other support services. The program’s goal is to improve health outcomes and lower cost of their care by reducing use of emergency room and inpatient services. The program emphasizes establishing clients in primary care homes; educating patients on how to use the primary care system and manage their chronic disease; and, problem solving barriers to accessing health care and related support services. The program also operates a respite housing facility for patients whose housing is inappropriate for their medical condition. An estimated 52% of clients have serious mental illness such as bipolar, schizophrenia or depression.

**ACCEL** – pediatric mental health consults care pathway

**Shingle Springs Health & Wellness (Tribal Health)** – Behavioral Health Services including Psychiatry, Psychology, Counseling (including substance abuse) and support groups are offered to patients.

**El Dorado County** – El Dorado County Mental Health offers outpatient services for individuals with serious mental health conditions who meet certain income and/or eligibility requirements. Services include screening and assessment, medication evaluation and treatment, recovery groups, life skills training, vocational counseling and support referrals, and peer counseling. Funding for adult services is provided primarily by the Mental Health Services Act of California and Medi-Cal insurance coverage.

School Districts - Many districts have been trying to hire more school physiologists and counselors

**Marshall Medical Center Psychiatric Assessment and Treatment**
Marshall Medical Center provides psychiatric assessment and treatment to hospital inpatients at no cost to the patient to best manage acute or chronic mental health conditions.
Prioritized Health Need #2

Lack of access to inpatient and outpatient substance abuse treatment

Background:
In El Dorado County, there are very limited substance abuse treatment services available, especially for uninsured. Behavioral health issues are exacerbated by the lack of residential treatment options. The lack of supportive services creates barriers to achieving and maintaining sobriety. Key informants and focus group participants noted an increase in substance use and abuse as a method for coping with stress. They identified the homeless population as having significant challenges with mental health and substance abuse.

Issues:

- Lack of knowledge
- Lack of resources and funding
- Self-medication
- Need to identify drug activity earlier in the school system; need on site presence of law enforcement
- The distance between rural communities makes it difficult to offer services or reach vulnerable populations.
- There is a strong relationship between mental health and substance abuse

Goal FY 14:
Identify and support community agencies working to intervene with substance abuse especially among the homeless population in El Dorado County.

Objectives:

- By January, 2014, identify community resources working to intervene with substance abuse and assess programs and viability
- Identify funding sources to develop and sustain substance abuse treatment programs

Community Resources:

- **El Dorado County** offers some substance abuse services and will be increasing services. They continue to look for more providers in the local community to offer services eventually would like to offer residential treatment outside of the EDC correctional center.
- **UC Davis** is on the cutting edge of treating substance abuse including education of providers (through telemedicine) to better manage pain and to lower the availability of prescribed substances
- **Shingle Springs Tribal Health** sponsors substance abuse support groups
- **Health Connections** (as discussed under Mental Health section) – 38% of clients have current alcohol abuse and 18% have current substance abuse conditions.
Prioritized Health Need #3

Lack of coordination of care among providers; no case management services

**Background:** Key informants noted that patients are receiving care from multiple providers working independently of one another and that many providers are working in “silos.” Better communication and collaboration would allow everyone to operate more effectively. Focus groups participants reported that many providers did not seem to be aware of community resources or know where to send people for help with other issues. There is a lack of chronic disease management support.

**Issues:**
- Need to improve communication, collaboration among physicians and community organizations
- Lack of funding
- Community organizations are not familiar with each other
- What does interagency collaboration look like? Is there a good model?

**Goal FY 14:**

By October 2014, establish a means to coordinate care for chronically ill patients in El Dorado County.

**Objectives:**

- Identify a medical director and clinical director to develop and implement the community care management plan by January 2014
- Pursue Medicare Bundled Payment for Care Improvement Initiative by January 2014
- Develop Health Coach Program through Folsom Lake College for Spring Semester 2014

**Community Resources:**

- **Marshall Medical Center Community Care Management** – Utilizing the expertise of Marshall’s physicians, Social Services, Pharmacy and Case Management and other departments, the program will coordinate the care of Marshall’s sickest patients – identified as those who are high utilizers of the Emergency Department and inpatient services. Starting with a pilot group of the top 100 sickest patients, Marshall’s Community Care Management Program will coordinate the care of these chronically ill patients and act as a hub between primary and specialty care providers. Marshall will seek to partner with these patients better manage their health. After the initial year, Marshall plans to take the effort to a larger scale.

- **Medicare Bundled Payment for Care Improvement** – Marshall is one of only three hospitals in California participating in a pilot program to assume risk from admission to 90 days post admission for the following conditions: Pneumonia, stroke, total joint replacement (hip / knee) and congestive heart failure. The goal for the program is to better coordinate care so as to maintain or improve the quality of care patients receive, while reducing the cost of care by greater than 2%.
• **Health Coach Program** – The program’s goal is to develop health coaches that will assist chronically ill patients with adherence to diet, exercise and medication regimens. Through collaboration with Folsom Lake College, a Health Coach curriculum will be included in the college’s academic offering, including a one semester didactic followed by a one+ semester supervised care management.

• **ACCEL (Access El Dorado)** is a community-wide collaborative among public and private health-related agencies seeking to create healthier communities, especially within vulnerable populations, in El Dorado County. ACCEL was also one of five care coordination sites across the county to participate in a National Institutes of Health (NIH) study. The project, **Community Care Coordination Performance Measures (NIH-CCCMP) Project** seeks to help address the lack of validated care coordination quality and performance measures, and the lack of comparative performance data, particularly for community-based care coordination organizations.
## Community Health Assets

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<th>Name</th>
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S=screening services; M=disease management services; E=education services; I=information available; CM=case management; C=counseling services offered; R=referral services offered; A=advocacy services; P=programs offered
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