



### FISCAL YEAR 2012 COMMUNITY BENEFIT REPORT











Grande Ronde Hospital—

OUI hospital.

Caring for our local community and patients for more than a century. What we do. Who we are.

# Community benefits in a changing world

Grande Ronde Hospital has always believed in the importance of investing in our local community. We have gone beyond our doors to help build playgrounds, sponsor swimming lessons and sports teams, provide for public transportation, ensure the safety of our citizens, and provide free care for children.

The Affordable Care Act revolutionized the way the Hospital may use its assets to benefit the community and changed the very definition of *community benefit*. New laws govern how health organizations must identify and work to meet unmet community needs. Every three years, we must now con-

duct a community health needs assessment (CHNA) in conjunction with public health experts and others who represent the broad interests of the community. Out of that assessment, we must devise and implement a strategy to meet those needs and report on how our strategy is working.

The Hospital takes this new directive very seriously, and as the Community Benefits Officer, my responsibility is to guide these efforts. I serve with the Hospital's Community Benefit Subcommittee whose members include Hospital staff and Board of Trustees members as well as community volunteers—to understand and implement the requirements of these laws.

Early on, the Subcommittee recognized the importance of pursuing community partnerships to comply with the new laws. In 2010, the Hospital partnered with Northeast Oregon Network (NEON) on the CHNA they prepared and worked to prioritize the needs identified in it. In November 2011, we chose to focus on two underserved priority needs: colorectal cancer awareness and diabetes education.

To address the need for increased colorectal cancer screenings in Union County, the Hospital partnered with the Center for Human Development



Wendy Roberts, Community Benefits Officer, Senior Director of Administrative Services

with CHD to promote "Healthy Living"—a six-week series of healthy eating and exercise classes for chronic disease management, including diabetes. In addition, the Hospital began work on a health maintenance screening in our clinics to help providers manage diabetes and other conditions. The Subcommittee also pledged monies toward a community case manager to help patients manage diabetes.

have.

(CHD) in an educational

"The Cancer You Can

outreach campaign called

Prevent." Still ongoing, the

cessful in reaching many in

the community who had not

previously considered the

need for screening—and

who are now grateful they

To benefit those with

or at risk for diabetes, the

Hospital again partnered

campaign has been suc-

In 2013, the Hospital and its Community Benefit Subcommittee will work to update NEON's initial CHNA using focus groups and interviews with community leaders and residents and refining federal and state statistics with more-current information. In addition, we will assess our inventory of available resources in the community so additional partnerships can be explored in response to new priority needs.

If this all sounds complicated, it is. There is still much to do under the new reporting requirements. I look forward to seeing where this journey takes the Hospital on our mission to serve the needs of the community and provide great health care here at home.

Wendy Roberts, Community Benefits Officer I Got Screened. Now I'm Talking A

Commissioner Steve McC La Grande Resident

# **Colorectal ca**

**67%** of respondents saw or heard our ads.



In a survey conducted by the CHD at the Grande Ronde Health Fair on April 28, 2012, 110 out of 112 respondents answered the question "Have you heard/seen our colorectal cancer awareness ads?" and 74 marked the affirmative.

colorectal cancer.

**August 2011** 

Subcommittee met

with representatives

from the Center for

Human Develop-

ment (CHD) to

discuss CHNA-

identified needs

CHD is focused

on within the

community.

with regard to what

57 of the 112 respondents were between the ages of 50 and 79 and responded to all three questions about

#### SUBCOMMITTEE REPORT

## Prioritizing health needs

he Affordable Care Act of 2010 added new requirements for tax-exempt hospitals with regard to community health needs assessment (CHNA), implementation strategy, billing and collections, and reporting. The purpose is to ensure that tax-exempt hospitals are meeting the health needs of their communities, as well as to encourage greater transparency and accountability. At the federal level, community benefit is defined in the instructions for the IRS Form 990, Schedule H for Hospitals, used to report a hospital's community benefit activities and other information related to tax exemption.

#### TASK 1: Choose Priority Health

**NEEDS** 

May 2011 Subcommittee met

to review the 2010 Northeast Oregon Network (NEON) CHNA data, review state and federal statistics and Grande Ronde Hospital (GRH) patient hospitalization data, and welcome the Director of Adv and Community Benefits from Saint Alphonsus Health System, Boise, to present its method for determining priority needs in

its communities.

#### June 2011

Subcommittee decided to seek local feedback on four top NEON CHNA priorities: Smoking cessa-

tion. ■ Asthma. ■ Colorectal and prostate cancer screenings. ■ Influenza and pneumonia vaccines.



#### July 2011

Subcommittee voted on CHNAidentified needs, narrowing it to a field of seven: Colorectal cancer. Smoking cessation. Asthma. Diabetes. Chronic obstructive pulmonary disease. Prostate cancer. Flu and

cancer. ■ Flu and pneumonia. CHNA data inconclusive when compared with local feedback.

#### September 2011

Subcommittee met with CHD a second time to discuss its efforts in the community regarding smoking cessation and colorectal cancer. The smoking cessation discussions added weight to the Hospital's plan to implement a tobacco-free campus policy in 2012 or

2013.



## COLORECTAL CANCER

Deadly, But Preventable Age 50 or older? Family history?

GET SCREENED.

It could save your life.

CHD 🕝

# ncer campaign pays off

Of the 14 people that had not been screened for colorectal cancer,

**71%** 10 said that they had seen or heard the colorectal cancer awareness campaign ads.

+ 75% of those, 43 said they had been screened for colorectal cancer. Of the 10 who saw or heard the ads, six (60%) responded that they were more likely to get screened as a result of the ads. In April 2012, Grande Ronde Hospital leased a new billboard space in Island City in support of the Center for Human Development's "The Cancer You Can Prevent" campaign. It was displayed through September 2012.

These results show that the colorectal cancer screening campaign was a huge success in achieving the goal of improved screening among Union County residents!

# Our commitment to our community

#### Hello!

I am very pleased to share our community benefit report for the fiscal year ending April 30, 2012. In reviewing past community benefit reports, it became clear to me that Grande Ronde Hospital has a long-standing and growing commitment to our community and our patients.

What has recently changed is the definition of community benefit services, which in the past was mostly at our discretion but is now heavily regulated. Federal laws, tax codes and community benefit reporting requirements have increased and will continue to do so, and health care reform promises to bring sweeping changes to the industry. But as we look to the future, you can count on Grande Ronde Hospital to continuously serve the needs of our community by providing local access to high-quality health care services in a safe and customer-friendly environment.

Grande Ronde Hospital's Mission states that you can expect cost-effective health care services for all who are in need. We believe a patient's

ability to pay should never be a factor for receiving health care at the hospital or at one of our clinics. You can also expect to receive world-class health care with a hometown, personal touch. We are looking out for our community and our patients. It is what we do and who we are.

Sincerely James A. Mattes President/CEO

#### October 2011

Community Benefits Officer (CBO) and staff interviewed the local health provider community, other stakeholders and partners to determine what is already being done in the community and how the CHNA priority needs match what others are seeing and experiencing.



# November 2011

Subcommittee reviewed all results of identified priority needs. They voted to focus program efforts on two: Colorectal cancer and diabetes.

**December 2011** Colorectal cancer: To begin answering the questions "Why are people not getting screened?" and "How can we help show the need?" the Subcommittee reviewed CHD materials on suggestions for partnering on "The Cancer You Can Prevent" state campaign. Diabetes: Members discussed options for targeting the uninsured with free glucose screenings

and education on

disease management

and lifestyle changes.

Source: Center for Human Development (CHD) Colorectal Cancer Screening Campaign Summary Report, August 24, 2012

TASK 2:

PRIORITY

HEALTH

**NEEDS** 

FUND

#### January 2012

Colorectal cancer: GRH Community Relations Manager (CRM) was tasked with working with CHD to jointly develop a colorectal screening awareness campaign. Diabetes: Members determined to work with providers to have nore guest speak ers at the diabetes support group and approved \$12K for a Community Care Coordinator position to work with uninsured diabetic patients on preventive measures.

#### February 2012

Colorectal cancer: Subcommittee reviewed a CHD proposal and the CRM was tasked with developing a marketing budget and proposal for CHD based on GRH funding the project. Diabetes: Subcom-

Diabetes: Subcommittee discussed the Community Care Coordinator's potential role in clinics.

#### March 2012 Subcommittee

discussed options for professional review of CHNA. CRM presented the colorectal screening campaign proposal, and the Subcommittee approved \$12K to fund "The Cancer You Can Prevent" campaign. They dis cussed an electronic Health Maintenance form to help clinics promote preventive screenings.

The La Grande

October 26, 2012

published

**Observer article** 

April 2012

CBO reported on the CHNA assessment. CRM updated the Subcommittee on CHD community awareness campaign progress. Medical staff gave an update on the Health Maintenance form.



#### FISCAL YEAR 2012 COMMUNITY BENEFIT REPORT

#### **COMMUNITY BENEFIT SUBCOMMITTEE**

# Our Mission

The Community Benefit Subcommittee, in support of Grande Ronde Hospital's Mission and Vision, strives through collaborative efforts with other not-for-profit, communityfocused organizations to identify and support the priority needs of Union County with an emphasis on the underserved.

#### **Community benefit report** For the fiscal year ending April 30, 2012\*

#### COMMUNITY BENEFITS BY CATEGORY

COMMUNITY DEMERTIS BY CATEGORY	
Direct charity care	\$2,591,536
Unreimbursed Medicaid	\$773,298
Total charity care and means- tested government programs	\$3,364,834
Community health improvement	\$131,294
Health profession education	\$187,004
Subsidized health services	\$545,756
Cash and in-kind donations	\$22,214
Total other benefits	\$886,268
TOTAL COMMUNITY BENEFITS	\$4,251,102

\*Figures approximate pending filing of IRS Form 990, Schedule H in March 2013. Note: All benefits are presented at cost.



FISCAL YEAR 2012 COMMUNITY BENEFIT REPORT is service for the friends and patrons of GRANDE RONDE HOSPITAL, 900 Sunset Drive, La Grande, OR 97850.

Jim Mattes President/CEO

Wendy Roberts Senior Director of Administrative Services, Community Benefits Officer

Mardi Ford Community Relations Manager, Editor

Information in the FISCAL YEAR 2012 COMMUNITY BENEFIT REPORT comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

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#### Fiscal year 2012 employment data

As one of Union County's largest employers, Grande Ronde Hospital provides hundreds of local family wage jobs with good benefits. We also employ many part-time workers and contract labor with independents. The annual average turnover rate (ATR) for

total

As one of Union **County's largest** 

employers, Grande

**Ronde Hospital** 

supports the

employees

employees at GRH is 8.32%, significantly lower than the national industry ATR. Providers: 36

Registered nurses: 133 New hires: 64



#### **Community Health Improvement Service**

American Heart Association health care provider CPR certification/recertification classes

- Diabetes support group
- Free Children's Clinic for Medically Indigent
- Free Childbirth Education Classes
- Growing Through Grief support group
- Health care student training and shadowing
- Healthy Options community calendar
- Health Scene community newsletter
- Sleep Apnea Support Group
- Trauma Team Talks Tough program

**Operation Give Back Annual Employee Food Drive** 



**GRH Children's Clinic's ABC Come Read With Me** 

#### **Community Relations** Support Small community event/

#### project donations

- American Cancer Society Relay for Life
- Celtic Society of Eastern Oregon Highland Games Court Appointed Special Advocates Annual Gala Fundraiser
- Independent Mary Kay Consultants' Adopt-A-Grandparent
- NEON Union County Fiesta
- Our Lady of the Valley Catholic Church Family
- Event
- Union County Fair Junior Livestock Auction ■ Union County Little League
- Union County Youth Soccer Association

#### **Community in-kind donations** and events

- 4-H Leaders' Association Radio Auction
- Celtic Society of Eastern Oregon Highland Games Cove High School Senior Parents Association
- Substance-Free Grad Night Cove Masonic Lodge Annual Easter Egg Hunt
- FFA Agriculture
- GRH Children's Clinic's ABC Come Read With Me ■ La Grande Arts Commission 25th Anniversary of
- the Season's Faire
- Operation Give Back Annual Employee Food Drive Union County Relay For Life

■ Union High School 2012 Senior Class Substance-Free Graduation Night

# From smoke-free to tobacco-free

or nearly 30 years, Grande Ronde Hospital (GRH) promoted a smoke-free campus, but as of January 1, 2013, we have expanded the policy to ban the use of any tobacco products by employees, patients or visitors on any GRH properties. Seeds were planted for this policy expansion during the community health needs assessment process. This action will promote the best, most positive health choices, particularly for those living with asthma and COPD. Policies that discourage tobacco use improve patient care by helping wounds heal faster, lowering infection rates and improving birth outcomes.

