

THE
CAMDEN
GROUP

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Situation Assessment – Discussion Draft

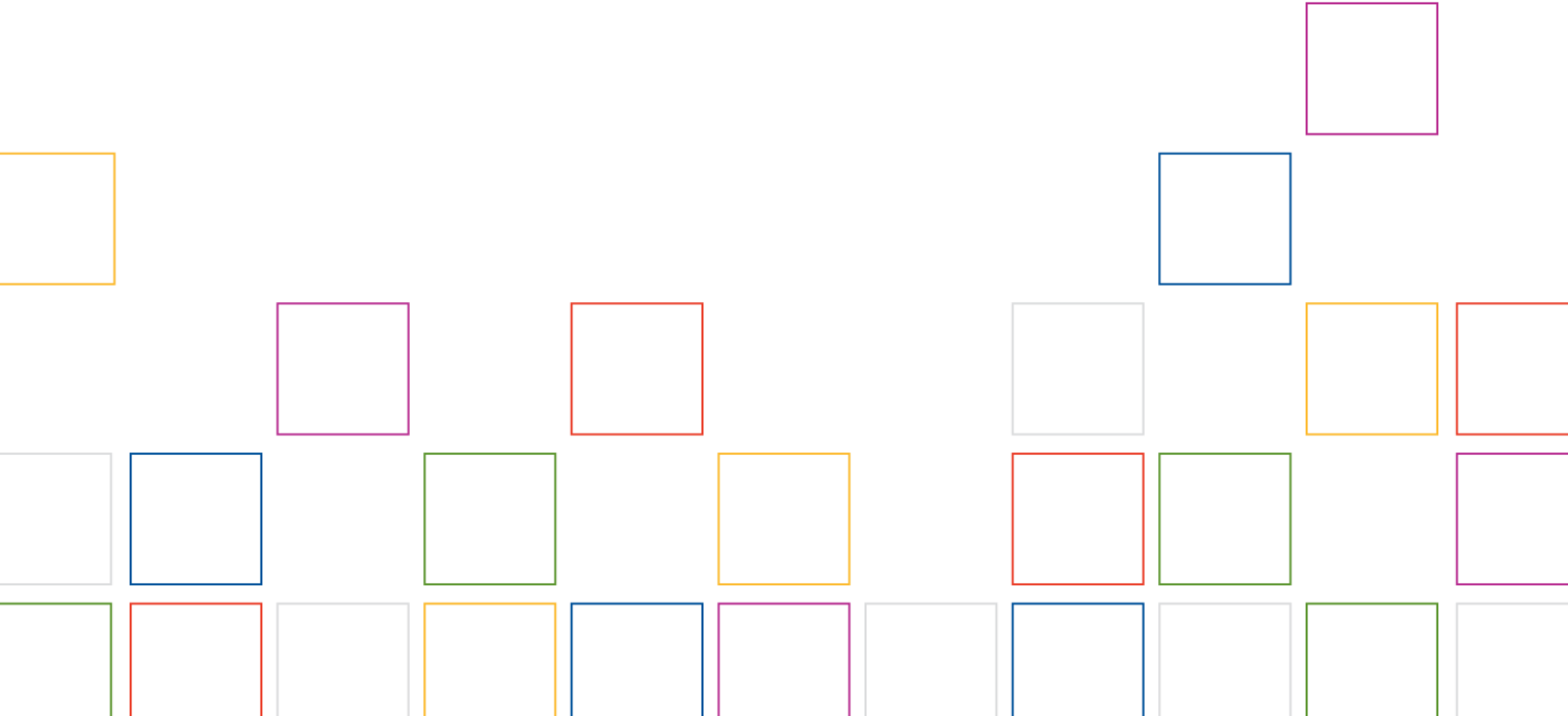
Coast Life Support District
Gualala, California
October 29, 2013 Working Meeting
Updated November 14, 2013



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Engagement Objectives and Engagement Schedule



Engagement Objectives

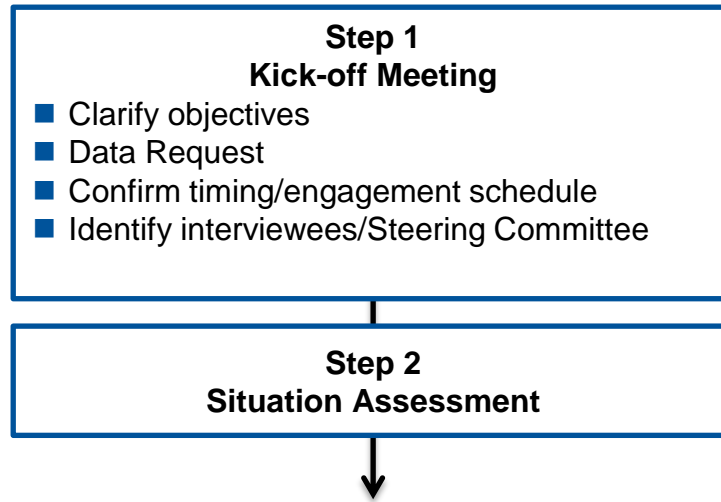
- The objectives of the Coast Life Support District (“CLSD” or the “District”) business plan are as follows:
 - ▶ Create a financially sustainable healthcare model that will serve as a road-map for local delivery of medical services in conjunction with the Redwood Coast Medical Service (“RCMS”) to the residents of the coastal communities located in southern Mendocino and northern Sonoma counties.
 - ▶ Evaluate the community benefit of reinstating some level of after-hours urgent care (“AHUC”).
 - ▶ Develop a long-term fiscally responsible plan to expand other local medical services and facilities; in order to reduce time wasting, stressful transportation, and road trips, and enable more community members to age-in-place.
 - ▶ Enable a course for the future to anticipate advances in medical services and delivery.

Engagement Schedule

Timeframe



Weeks 2-4
(After Data is Received)



Meetings/Site Visits

On-site Meeting
September 10, 2013

Engagement Schedule

Timeframe

Meetings/
Site Visits



Step 2a Review of Current Capabilities/Services

- Ambulance/Emergency medical services data
- Urgent care data including clinic size, visits, financials
- After-hours urgent care clinic data (pre-closure)
- FQHC community needs assessment

Step 2b Market Analysis

- Market size and services
 - ▶ Service area inpatient data by service line, by payer, and where patients are going for care. (data through Office of Statewide Health and Planning Development ["OSHPD"])
 - ▶ Service area outpatient data by service, by payer, and where patients are going for care. (data through Truven Health Analytics)
- Profile of healthcare districts (similar in size, demographics - age, income, and geographic characteristics to CLSD) in California that do and do not operate hospitals
 - ▶ Identify services offered to meet the healthcare needs of the community (Data through publically available information, phone calls)
 - ▶ Identify how they are able to attract/retain medical professionals
- Need for skilled nursing and/or assisted living services

Step 2c Physician Needs Assessment

- Current inventory of physicians by specialty
- Physician-to-population ratios to determine service area community need by physician specialty

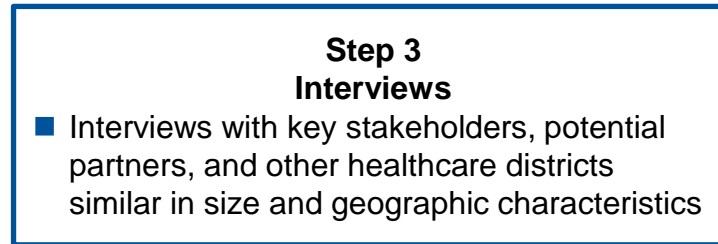
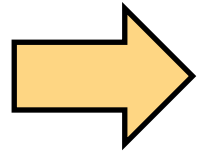


Weeks 2-4
(After Data is
Received)

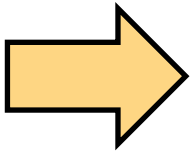
Engagement Schedule

Timeframe

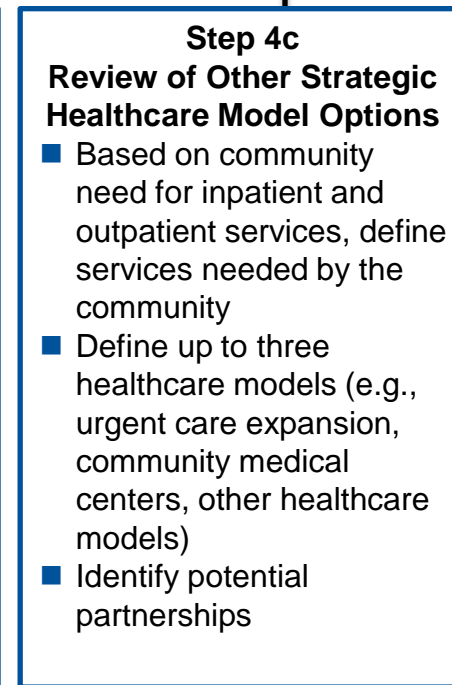
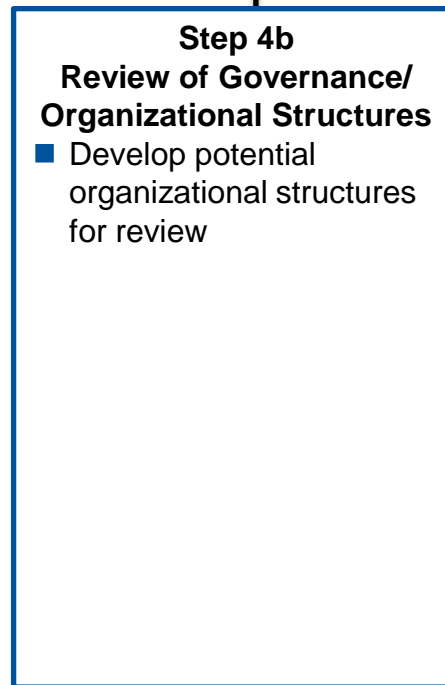
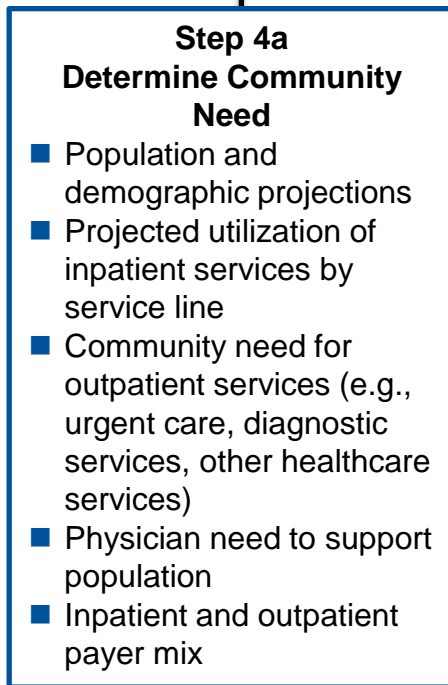
Meetings/Site Visits



On-site October 29, 2013
and October 30, 2013



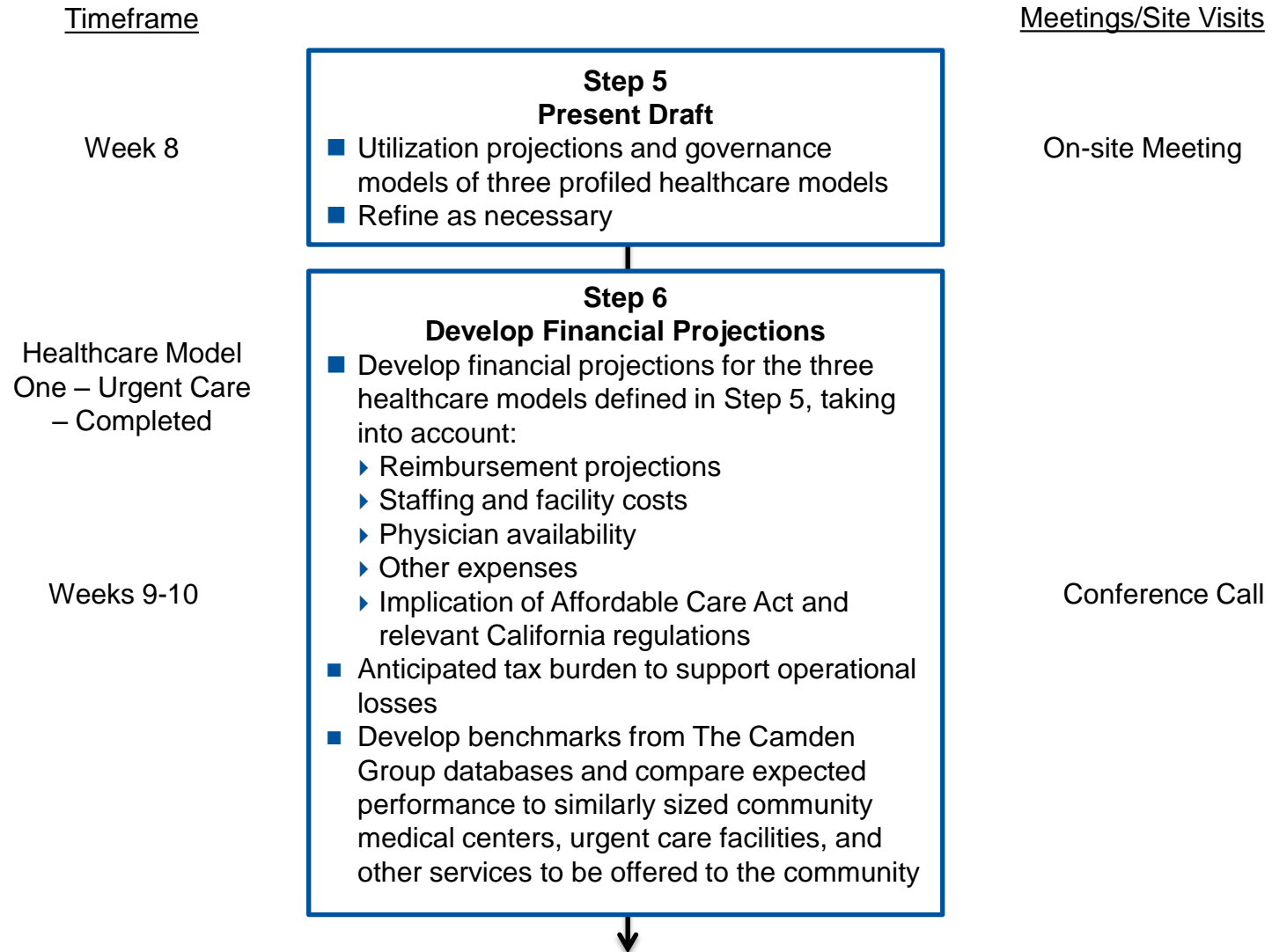
Weeks 6-7



Conference Call



Engagement Schedule



Engagement Schedule

Timeframe

Weeks 11-12

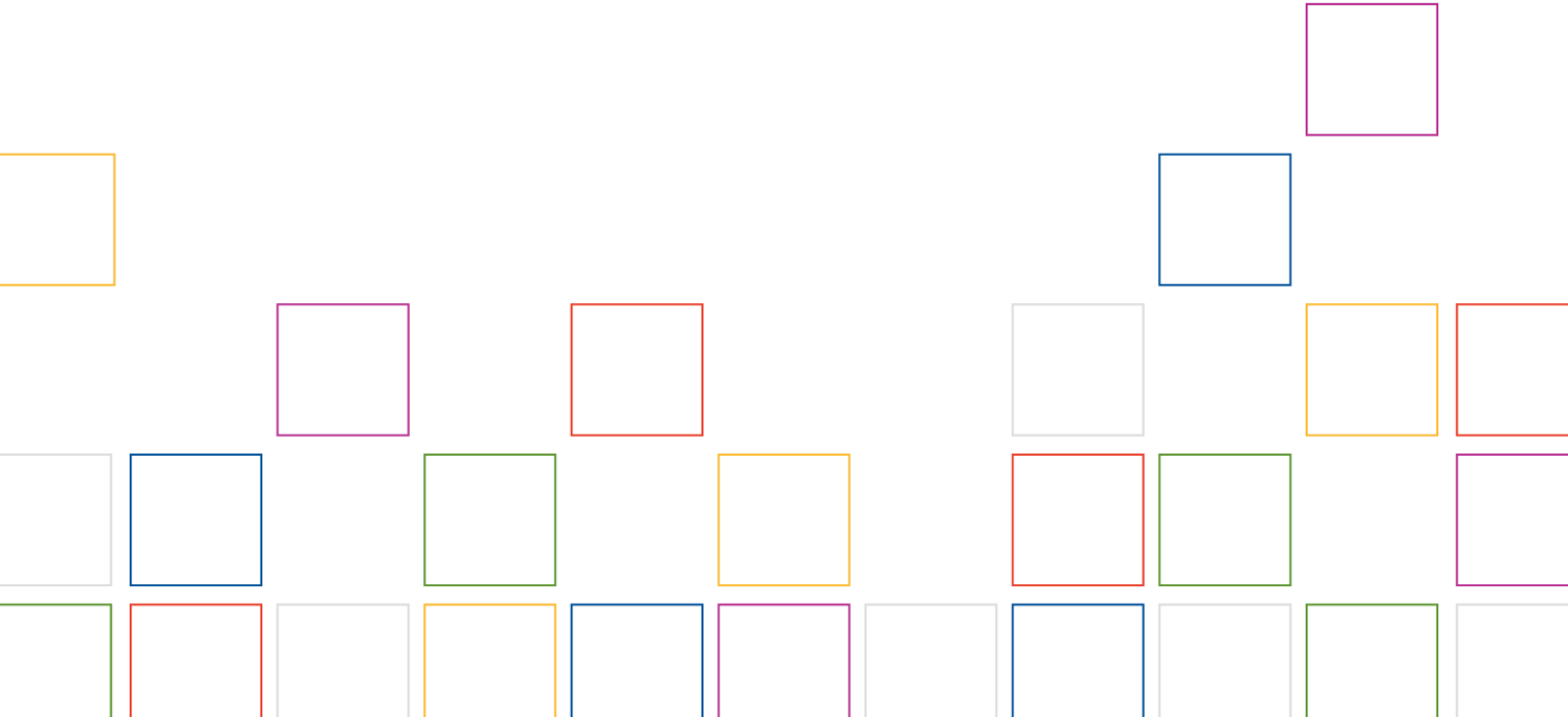
Step 7
Develop and Refine Final Business Plan for Sustainable Healthcare Model

- Review draft financials
- Review draft business plan
- Present summary of business plan and discuss findings and recommendations with the Board
- Finalize business plan

Meetings/Site Visits

Board Meeting
(On-site)

Executive Summary



Executive Summary

The Camden Group compiled an assessment of current and potential healthcare services that could be provided in CLSD's service area. This included a review of current services and capabilities, market analysis, physician needs, and comparison of similar markets. In summary:

- CLSD and RCMS have been innovative and resourceful in their ability to increase access of healthcare services to the population.
- Access to urgent/emergency care continues to be a critical issue due to distance, weather, and road conditions.
- The population of CLSD is small (~6,200 people) which affects the level of healthcare services that can be provided in the community without outside funding or support.

Executive Summary

- Portions of CLSD's service area are designated either as a Health Professional Shortage Area ("HPSA") or a Medically Underserved Area ("MUA") indicating a state and federally recognized shortage of primary care resources. Benefits of practicing in shortage-designated areas can include: physician recruitment assistance, and physician financial incentive programs/payments.
- There were approximately 374 inpatient discharges from CLSD's service area in calendar year ("CY") 2011 generating an average census of 4.7 patients per-day in a hospital bed, assuming 100 percent market retention of volume (no outmigration).
- Expansion of after-hours urgent care is a viable extension of current services given it leverages existing infrastructure and capabilities if a sustained funding source can be secured.

Executive Summary

- Given the service area's population size, there is the potential for some increase in specialty rotation on a part-time basis (e.g., one to three days per week) and/or coverage through telehealth:
 - ▶ General surgery
 - ▶ Hematology and oncology
 - ▶ OB/GYN
 - ▶ Otolaryngology
 - ▶ Pediatrics
 - ▶ Psychiatry
 - ▶ Urology

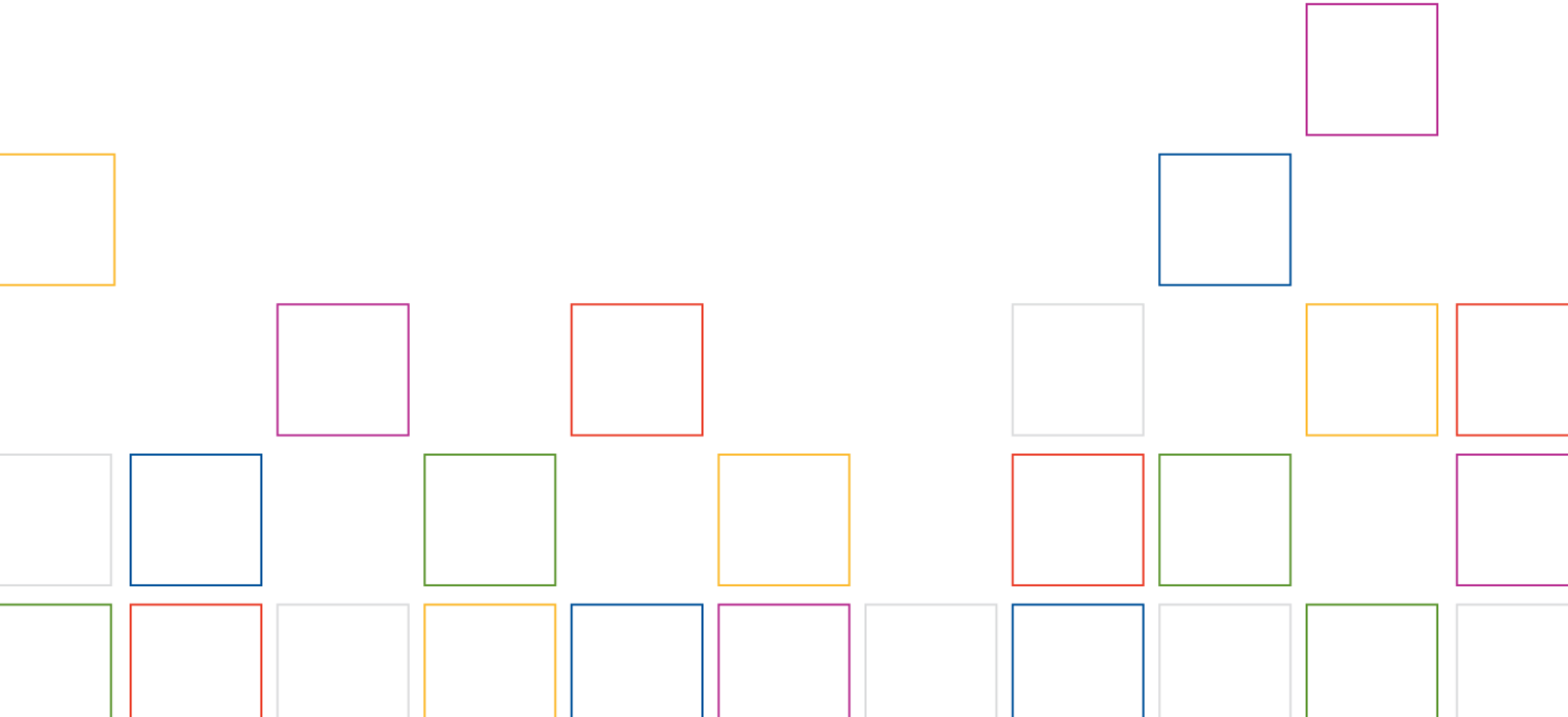
Executive Summary

- In order for a community medical center to be viable in this area, the following characteristics must be true:
 - ▶ Part of a System
 - ▶ High Medicare payer mix (60+ percent)
 - ▶ Critical access designation
 - ▶ High occupancy levels and critical mass of acute patients
 - ▶ Additional tax support from district residents, donations, and other non-operating revenue to support facilities, both capital and operating

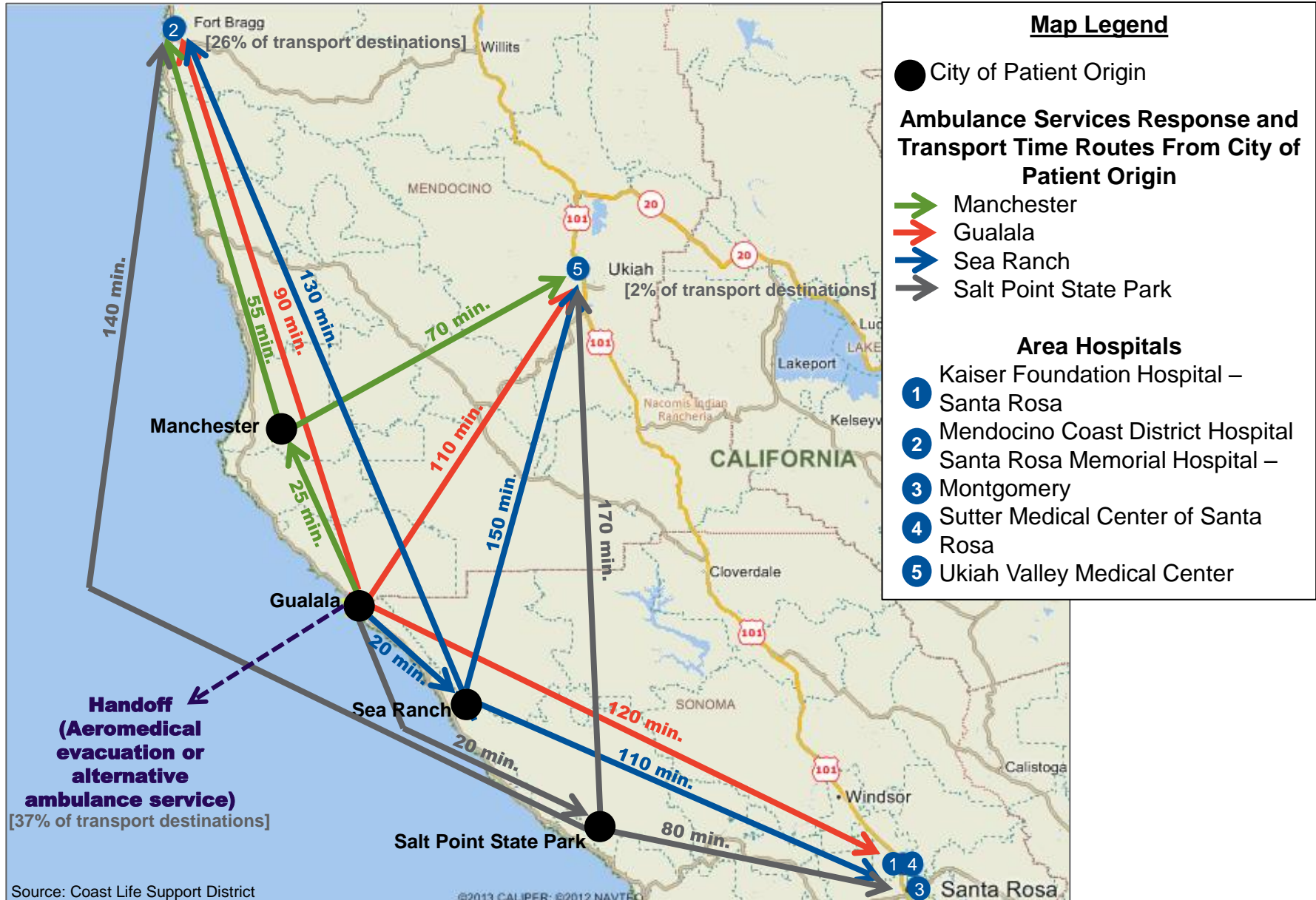
Executive Summary

- Partnership with other care providers to increase access through telehealth is a potential solution if grant/funding sources can be identified.
- Other innovative programs are being piloted in California or elsewhere that may eventually provide increased access for rural providers, although they are not currently allowed under California regulation.

Internal Assessment



Transport Time and Destination Summary



Source: Coast Life Support District

Transport Time and Destination Summary

**Coast Life Support District
Ambulance Service Response and Transport Times (Minutes)
Fiscal Year 2012 - 2013**

City of Patient Origin	Ambulance Response Time from Gualala Station	Ambulance Transport Times to:			Ambulance Response and Transport Time Range
		Santa Rosa	Fort Bragg	Ukiah	
Southern Area Dispatch					
Gualala	10	120	90	110	100 - 130
Salt Point State Parks	20	80	140	170	100 - 190
The Sea Ranch	20	110	130	150	130 - 170
Timber Cove	30	90	N/A	N/A	120
Annapolis	40	90	160	N/A	130 - 200
North Area Dispatch					
Anchor Bay	15	130	80	100	95 - 145
Point Arena	20	145	60	80	80 - 165
Manchester	25	N/A	55	70	80 - 95
Irish Beach	35	N/A	50	60	85 - 95

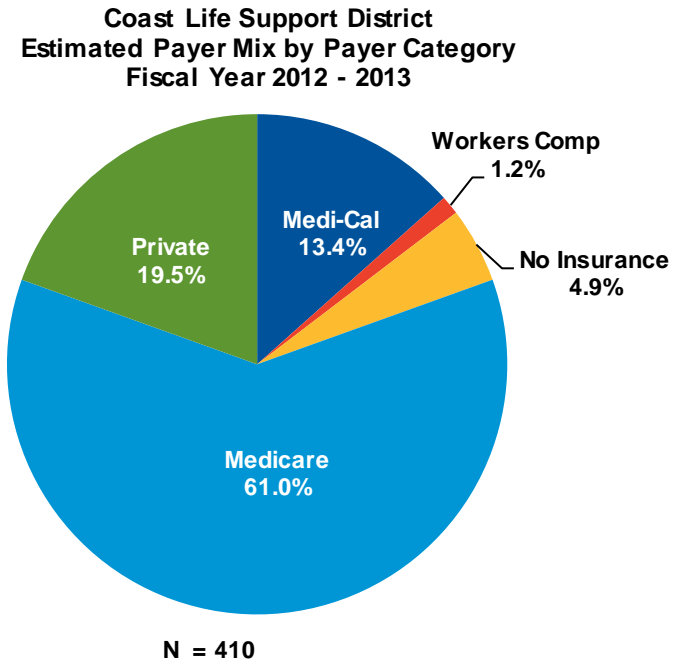
Source: Coast Life Support District

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[CLSD_Transport_Times.xlsx]Sheet1

Note: These times represent departure from the area if on Highway 1. Dispatches inland from these areas could add from ten to 45 minutes to response time.

Profile of CLSD Transport Data

- The large majority of the transport volume is driven by the 65+ age cohort (see pie chart to the right).
- The top five medical diagnoses requiring emergency transport in fiscal year (“FY”) 2012/2013 were related to:
 - ▶ Traumatic injury (26.8 percent)
 - ▶ Weak/Dizzy/Sick/Nausea (9.9 percent)
 - ▶ Abdominal pain (8.3 percent)
 - ▶ Altered level of consciousness (4.7 percent)
 - ▶ Behavioral/Psychiatric disorder (4.3 percent)



Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[CLSD_Payer_Mix.xls]Payer Mix
Source: Coast Life Support District
Note: Coast Life Support District's billing software does not create reports detailing patient headcount by payer type. These numbers were deduced by dividing billings by average bill amount.

RCMS Profile of Volume by Site of Service

- Roughly 55 percent of RCMS' encounters in FY 2013 utilized the Federally Qualified Health Center's ("FQHC") primary care services.
- Approximately 21 percent of RCMS' encounters were seen in the urgent care.

Coast Life Support District
Redwood Coast Medical Services Encounters by Site
Fiscal Year 2013⁽¹⁾

Site	Encounters	
	Number	Percent of Total
Gualala Primary Care	8,071	39.4%
Urgent Care	4,292	20.9%
Point Arena Primary Care	3,217	15.7%
Dental	2,709	13.2%
Visiting Nurse	1,510	7.4%
Behavioral Health	701	3.4%
Total	20,500	100.0%

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[RCMS_Encounters_Data_Rev.xlsx]Table

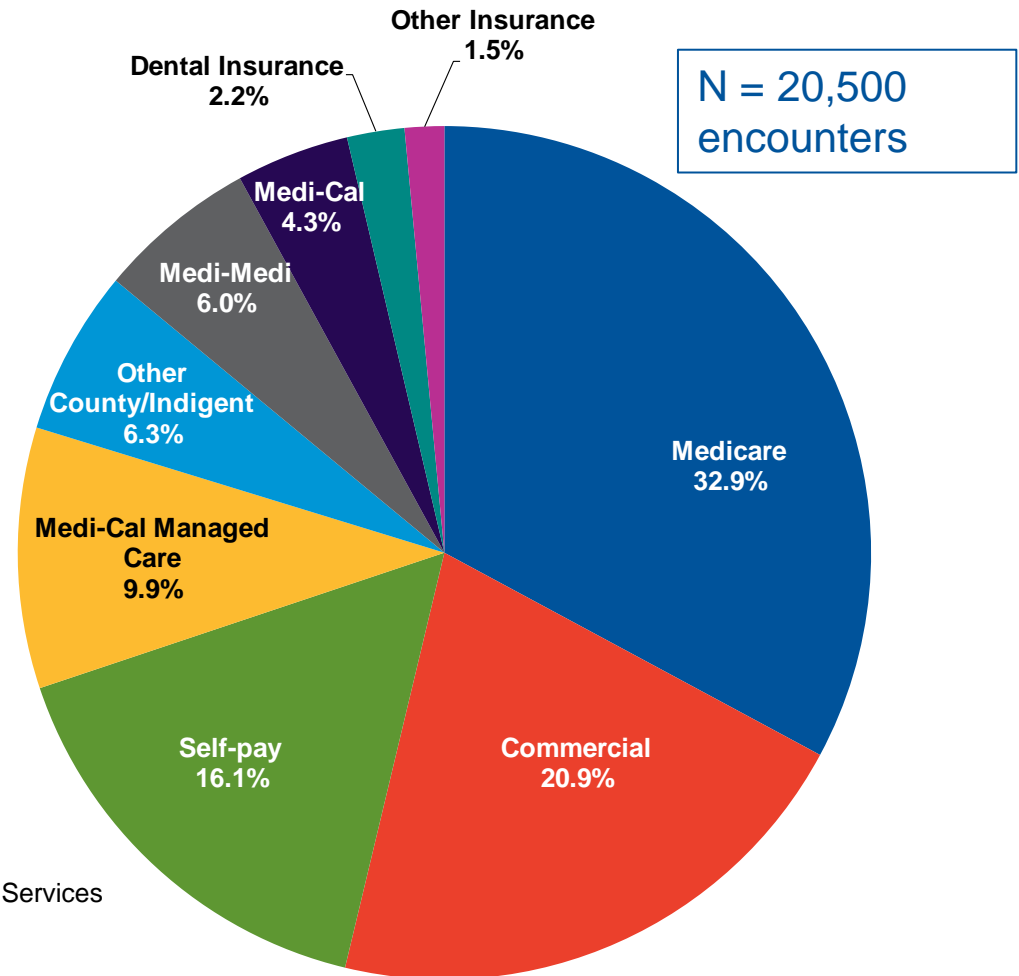
Source: Redwood Coast Medical Services

(1) Fiscal Year ends June 30.

RCMS Profile of Encounter Volume by Payer

- Over 50 percent of RCMS' patients were supported by government payers (Medicare and Medi-Cal).

Coast Life Support District
Redwood Coast Medical Services Encounters by Payer
Fiscal Year 2013⁽¹⁾



Source: Redwood Coast Medical Services
Notes:
(1) Fiscal Year ends June 30

After-hours Profile

- Pre-closure, the AHUC was receiving approximately 1,000 phone calls per-year. Of those 1,000 calls:
 - ▶ Fifty percent were resolved on the call
 - ▶ Forty percent (400 per year or 1.1 per day) resulted in an encounter with a provider
 - ▶ Ten percent were referred to 911 (CLSD or emergency room)
- Based on data collected between January 1 and June 30, 2006, the majority of after-hour calls were placed between 5:00 p.m. to 10:00 p.m. (37 percent) and 7:00 a.m. to 8:00 a.m. (8.4 percent).

District Tax Base to Support Population – Current Year

- 11,069 tax units:
 - ▶ Sonoma County: 5,366
 - ▶ Mendocino County: 5,703

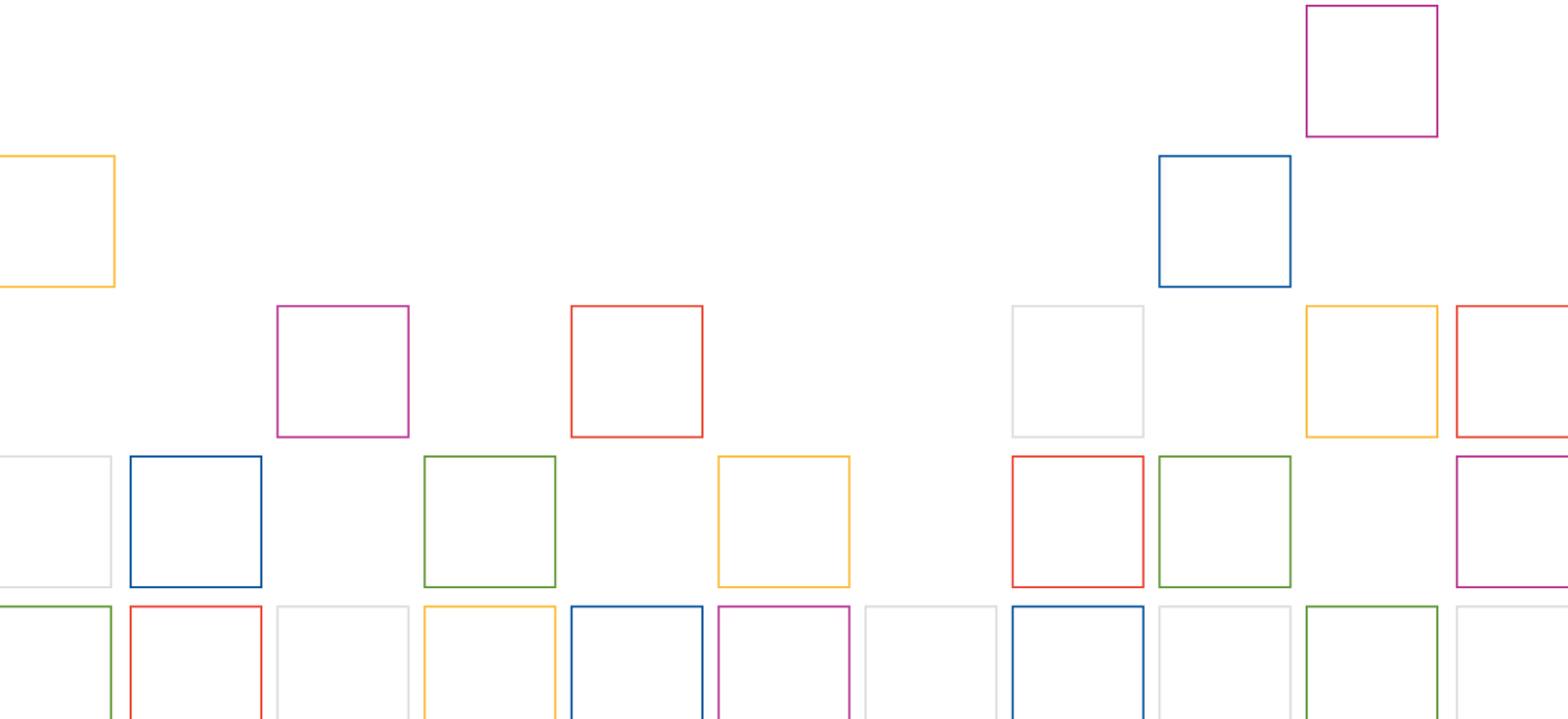
**Coast Life Support District
Summary of Tax Rates
Calendar Year 2013**

Service	Tax Rate Per Unit	Typical Household	Total Taxes Received
Urgent Care/Healthcare Facility	\$18	\$36	\$199,242
Sensitivity Analysis			
Capital Raised			
	\$100,000	\$9	\$18
	\$500,000	\$45	\$90
	\$1,000,000	\$90	\$180

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[CLSD_Tax_Base.xlsx\]Sheet1](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[CLSD_Tax_Base.xlsx]Sheet1)

Source: Coast Life Support District and The Camden Group

Profile of Comparable Markets



Profile of Comparable Markets

- The Camden Group performed an analysis of comparable healthcare organizations in California to CLSD to identify the scope and composition of healthcare services offered, evaluate the financial position of each organization, ascertain the required financial support (e.g., taxes) of community members supporting these health services, and identify potential options.
- A list of criteria was developed at the September 10, 2013 kick-off meeting to identify areas that would be similar to CLSD. The criteria included:
 - ▶ Population between 5,000 to 15,000
 - ▶ Medically and geographically isolated
 - ▶ Resort/Tourist destination
 - ▶ Affluent retirement area (payer mix)
 - ▶ Areas with and without a hospital

Profile of Comparable Markets

Process to Identify Comparable Hospitals

- Our review of healthcare organizations focused on California due to its unique regulatory and reimbursement environment.
- The Camden Group reviewed all counties and healthcare districts in California.
- There are 77 Healthcare Districts in California (excluding CLSD), according to the Association of California Healthcare Districts (“ACHD”), spread across 37 of the state’s 58 counties.
 - ▶ Forty-two districts currently operate hospitals
 - ▶ Twelve districts have closed their hospitals since the early 1990s
 - ▶ Twelve districts have leased or sold their hospitals to for-profit or non-profit healthcare systems since the early 1990s

Profile of Comparable Markets

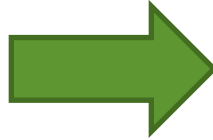
Process to Identify Comparable Hospitals (Cont'd)

- Of the 58 California counties, only two (Modoc and Sierra) have populations close to our target size. There are four rural health clinics (“RHC”) in Modoc, and one RHC and one FQHC in Sierra.

Profile of Comparable Markets

Process to Identify Comparable Hospitals (Cont'd)

77
Healthcare
Districts and
58 Counties



7
Geographic
Areas

Criteria Considered:

- Geographically remote
- Medically isolated
- Population < 15,000
- If hospital, general acute care beds \leq 25
- Resort/Tourist destination

Profile of Comparable Markets

The tables below and on the following page provide a summary of the identified comparable areas.

Hospital Name	City	County	Approximate Service Area Population	Approximate Tax Revenue per Year ⁽²⁾	Licensed Beds ⁽²⁾
Bear Valley Community Hospital	Big Bear	San Bernardino	5,111	\$2.2 million	9 GAC 21 SNF
Catalina Medical Center ⁽¹⁾	Avalon	Los Angeles	4,320	\$350,000	4 GAC 8 SNF
Eastern Plumas District Hospital	Portola	Plumas	10,000	\$530,000	10 GAC 66 SNF
Mammoth Hospital	Mammoth Lakes	Mono	8,307	\$4.1 million	15 GAC
Mendocino Coast District Hospital	Fort Bragg	Mendocino	24,309	\$1.1 million	20 GAC 5 SNF
San Bernardino Mountains Community Hospital	Lake Arrowhead	San Bernardino	12,424	\$2.6 million	17 GAC 20 SNF
Seneca Healthcare District	Chester	Plumas	5,000	\$450,000	10 GAC 16 SNF

Notes:

(1) Catalina Medical Center is the only hospital listed that is not a healthcare district.

(2) OSHPD Financial Disclosure Reports

Profile of Comparable Markets

Hospital Name	Critical Access Hospital	FQHC/RHC	Home Health	Skilled Nursing Facility ("SNF")	Assisted Living Facility
Bear Valley Community Hospital	No	X*	X	X*	X
Catalina Medical Center ⁽¹⁾	Yes	X*			
Eastern Plumas District Hospital	Yes			X*	X
Mammoth Hospital	Yes	X*			
Mendocino Coast District Hospital	Yes	X*	X*	X*	X
San Bernardino Mountains Community Hospital	Yes	X*	X		
Seneca Healthcare District	Yes	X*		X*	X

* Indicates service provided by the District

Summary

- The seven areas with hospitals were compared to similar size hospitals affiliated with major health systems. A summary of the findings follows below (see Appendix A for detailed comparisons):
- Two of the seven non-system hospitals made money from operations:
 - ▶ These two had very slim margins one to two percent
 - ▶ This compares to the five of six system-owned hospitals that made money from operations in the one to 18 percent range
- Majority of the non-system-owned hospitals only offer a limited number of medical/surgical acute care beds (no ICU/OB) – four to 17 beds
 - ▶ The system-owned hospitals operated larger facilities
 - Sixteen to 25 medical/surgical beds
 - All had three to eight bed ICU beds
 - Most have OB beds

Summary

- Majority of the hospitals in comparable markets offered a skilled nursing unit (all but Mammoth) of five to 66 beds. The majority of SNFs are long-term units vs. transitional units
 - ▶ Majority of system hospitals do not offer a SNF
- Occupancy rates of comparable market hospitals ran ten to 54 percent while the SNF beds ran much fuller (75 to 106 percent occupancy). Acute ADC ran 0.4 to 10.8.
 - ▶ System-owned hospitals ran higher occupancies of 22 to 74 percent
 - ▶ ADC of profitable system-owned hospitals ran 7.4 to 18.6 ADC
- Both hospitals in comparable markets that made money from operations have over 60 percent Medicare payer mix and a critical access designation
- Hospitals in comparable markets had between \$500,000 and \$4.4 million in non-operating revenue

Summary

- The two hospitals with positive income from operations have older physical plants with the average age of the plant being 15 and 25 years

New Community Hospital Critical Success Factors

Critical Success Factor	Status
Part of System	Potentially
High Medicare payer mix (60+ percent)	TBD
Critical access designation	Probably
High occupancy levels and critical mass	N
Acute care focus; no skilled nursing units (ADC of 7.4 to 18.6)	N
Support tax, donations, and other non-operating revenue to support facilities	TBD
Older physical plants	N

California Licensing Regulations

Community Medical Center Requirements

- General acute care hospitals are required to provide eight essential services:
 - ▶ Medical services
 - ▶ Nursing
 - ▶ Surgical
 - ▶ Anesthesia
 - ▶ Laboratory
 - ▶ Radiology
 - ▶ Pharmacy
 - ▶ Dietary
- Minimum nurse staffing ratios:
 - ▶ Critical care - 1:2
 - ▶ Emergency department (“ED”) - 1:4

California Licensing Regulations

Community Medical Center Requirements (Cont'd)

- ▶ Medical/Surgical - 1:5
- ▶ Post-anesthesia - 1:2
- ▶ Step-down – 1:3
- ▶ Telemetry – 1:4
- No fewer than two registered nurses (“RN”) physically present per unit
- Hospital must have at least one operating room to support 25 or fewer licensed beds

Profiles of Comparable Areas

Non-hospital Healthcare Districts

District	Healthcare Services Offered	Tax Support
Cambria Health Care District	<ul style="list-style-type: none">■ Advance support ambulance service■ Volunteer crisis intervention team■ Professional medical building (a “clinic”) leased by Community Health Centers and Limberg Eye Surgery■ Community healthcare education	\$7 unimproved parcel fee and \$20 improved parcel fee
North Kern - South Tulare Hospital District	<ul style="list-style-type: none">■ Delano District SNF (141 bed facility providing 24-hour nursing care)■ Gloria Nelson Center for Women and Children (OB/GYN and pediatric services)	
Del Puerto Health Care District	<ul style="list-style-type: none">■ Del Puerto Health Center■ Patterson District Ambulance	Ambulance tax

Profiles of Comparable Areas

Seton Coastside (Half Moon Bay)

- Licensed as an acute care hospital, under Seton Medical Center license number
 - ▶ Five licensed acute care beds; no recorded acute care discharges since 2008⁽¹⁾
- One hundred sixteen skilled nursing beds; 2012 ADC of 72
- Operate the only 24-hour standby ED from Daly City to Santa Cruz. ED is well-equipped and staffed to serve community needs
 - ▶ Seven ED stations; 3,103 ED visits in CY 2012
- FY 2012 net income loss (\$1,253,000)⁽²⁾

(1) The Automated Licensing Information and Report Tracking System (ALIRTS)

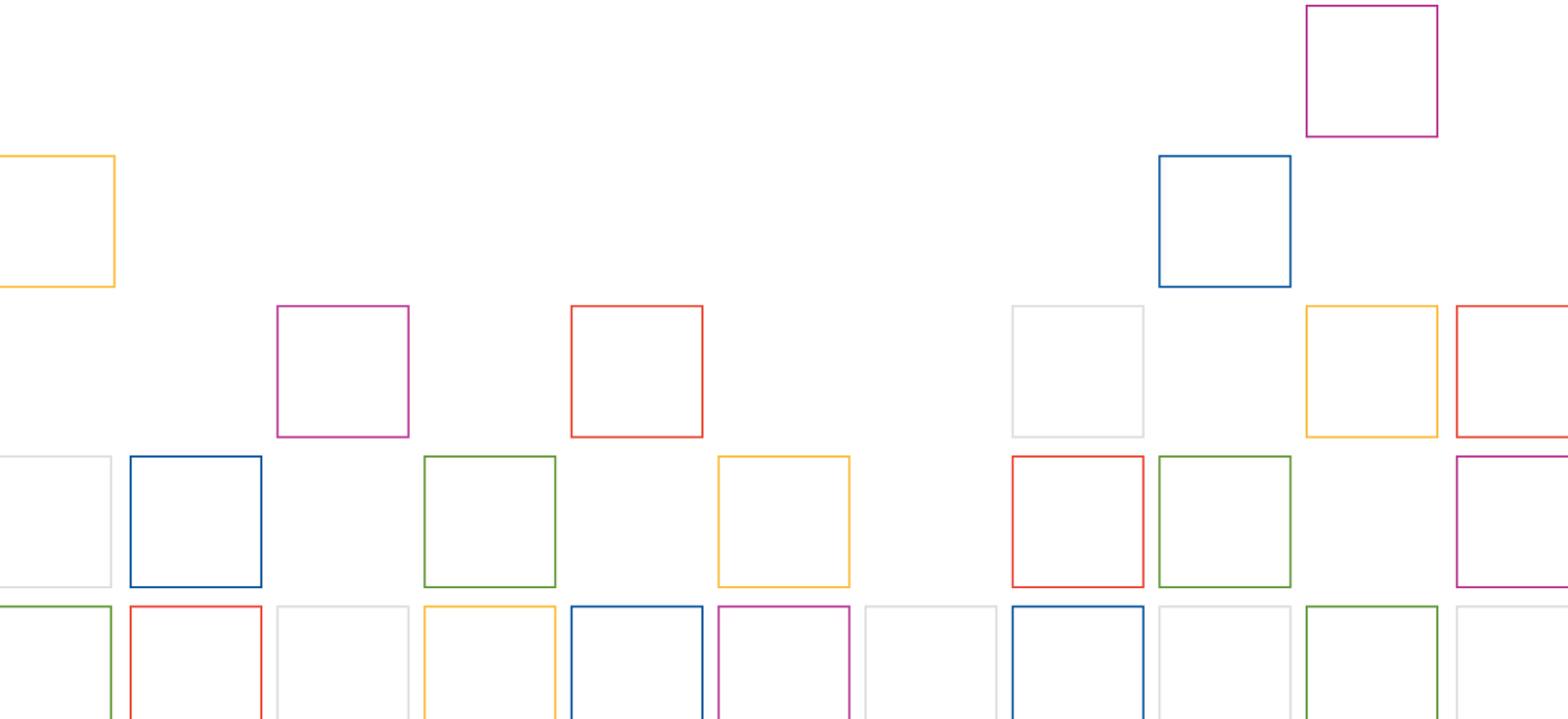
(2) DAC Bond.com: Daughters of Charity Health System, Consolidated Financial statements for the year ended June 30, 2012

Profiles of Comparable Areas

Seton Coastside (Half Moon Bay) (Cont'd)

- Key medical services include physical, occupational and speech therapies, radiology/mammography, and laboratory.
- Seton Coastside's service area constitutes a large geographic area that extends 45 miles from Montara south to the Santa Cruz County line.

Market Profile

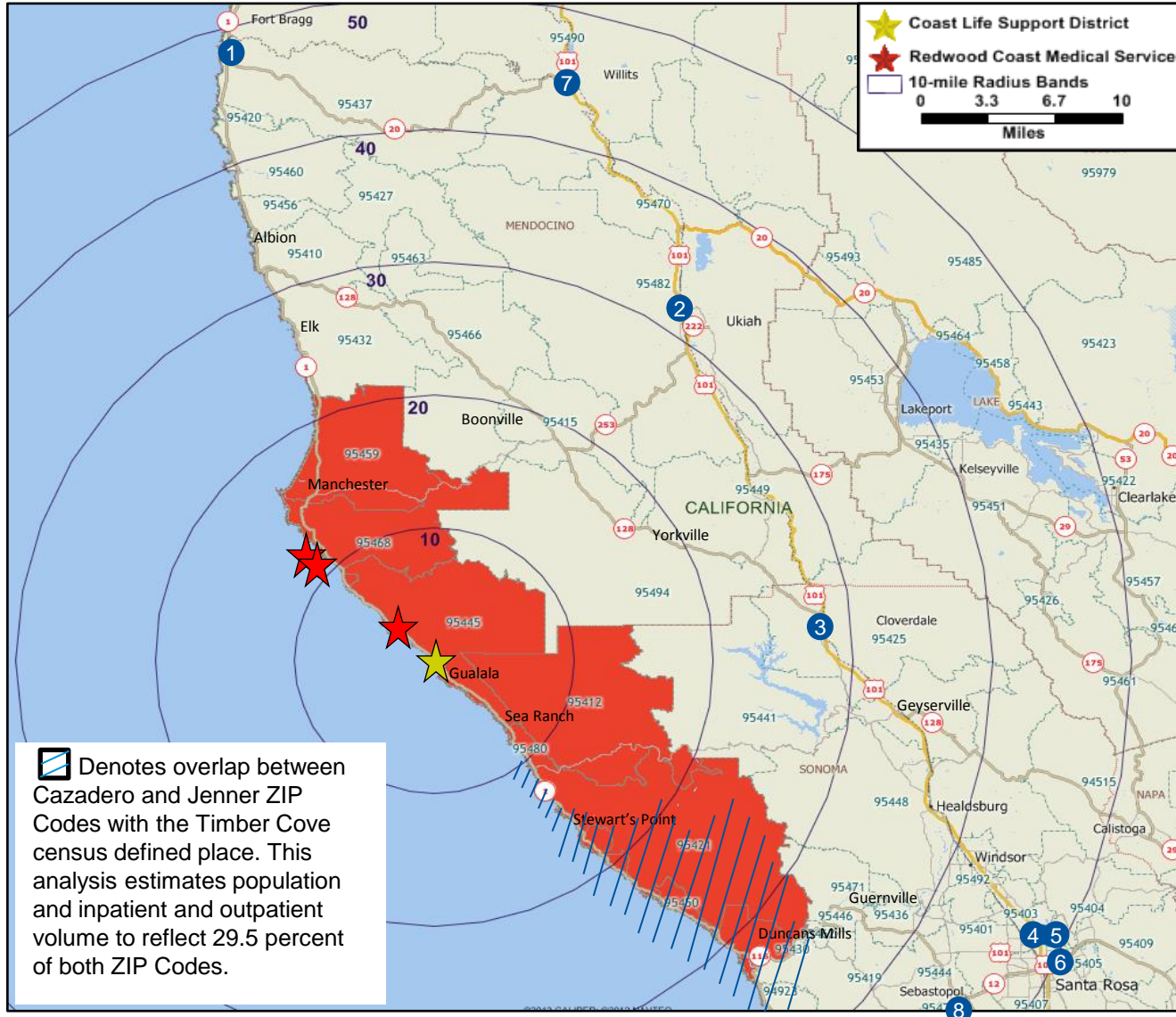


Population and Demographics

- The service area (illustrated on the map and in the table on the following two pages) was defined at the engagement kick-off meeting on September 10, 2013. Multiple population sources were explored to verify the most accurate population size.
- Based on discussions with the Engagement Task Force, the population estimates based on the school districts were determined to be the most accurate. The population will be held flat at 2010 levels as there has not been growth in the area.
- Information provided by CLSD shows seasonal population varies from 760 – 3,000 depending on the time of year. A weighted average was applied to estimate the average increase in the population on an annual basis (~1,400 residents). This incremental population would affect urgent care, ED, and potentially, inpatient bed use.

Service Area Map

Area Hospitals



- 1 Mendocino Coast District Hospital (49 beds)**
 59.6 miles driving (98 min. drive time)
 47.6 miles direct
- 2 Ukiah Valley Medical Center (78 beds)**
 65.9 miles driving (122 min. drive time)
 31.5 miles direct
- 3 Healdsburg District Hospital (26 beds)**
 69.9 miles driving (131 min. drive time)
 27.3 miles direct
- 4 Kaiser Foundation Hospital – Santa Rosa (173 beds)**
 79.8 miles driving (140 min. drive time)
 48.1 miles direct
- 5 Sutter Medical Center of Santa Rosa (135 beds)**
 80.8 miles driving (142 min. drive time)
 48.3 miles direct
- 6 Santa Rosa Memorial Hospital – Montgomery (278 beds)**
 82.8 miles driving (144 min. drive time)
 49.7 miles direct
- 7 Frank R. Howard Memorial Hospital (25 beds)**
 87.4 miles driving (143 min. drive time)
 44.4 miles direct
- 8 Palm Drive Hospital (37 beds)**
 75.5 miles driving (138 min. drive time)
 46.0 miles direct

Source: The Camden Group

Note: Beds represents licensed acute care beds.

Population Summary

Coast Life Support District
Summary of Primary and Secondary Service Area Population by Source
Population Based Upon 2010 U.S. Census Data

Service Area (ZIP Code)	Community	2010 Census Population Data by ZIP Code ⁽¹⁾	2010 Census Population Data by School District ⁽¹⁾	Claritas					
				Actual 2010	Estimated 2013	Projected 2018	2013 - 2018 CAGR	2013 - 2018 Percent Change	
Primary									
95480	Stewarts Point	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
95497	Sea Ranch	1,305	N/A	1,227	1,481	1,802	4.0%	21.7%	
95445	Gualala	2,093	N/A	2,262	2,281	2,335	0.5%	2.4%	
95468	Point Arena	1,258	N/A	1,220	1,212	1,214	0.0%	0.2%	
95412	Annapolis	401	N/A	367	359	350	-0.5%	-2.5%	
<i>Sub total</i>		5,057	4,968	5,076	5,333	5,701	1.3%	6.9%	
Secondary - North									
95459	Manchester	504	640	429	408	381	-1.4%	-6.6%	
Secondary - South ⁽²⁾									
95421	Cazadero	N/A	N/A	1,822	1,899	2,019	1.2%	6.3%	
CDP	Timber Cove	164	N/A	N/A	N/A	N/A	N/A	N/A	
95450	Jenner	N/A	N/A	287	317	360	2.6%	13.6%	
<i>Sub total</i>		164	621	2,109	2,216	2,379	1.4%	7.4%	
Total		5,725	6,229	7,614	7,957	8,461	1.2%	6.3%	
<i>Growth Factor Used</i>			0.0%						

[https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[Population_Summary.xlsx\]Sheet1](https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[Population_Summary.xlsx]Sheet1)

Source: Coast Life Support District, U.S. Census, Claritas, Inc., and The Camden Group

(1) Provided by Coast Life Support District, selected as most accurate source of local population.

(2) These ZIP Codes include areas outside the District's service area

Service Area Population Profile

Coast Life Support District
Total Service Area versus the State of California -
Population by Age Cohort
Calendar Year 2010

Age Cohort (Years)	Estimated 2010	
	Number	Percent of Total
Total Service Area		
0 - 14	769	12.4%
15 - 44	1,576	25.4%
45 - 64	2,358	38.1%
65 +	1,491	24.1%
Total	6,194	100.0%
Women 15 - 44	727	11.7%
Median Age		54.5
California		
0 - 14	7,580,558	20.3%
15 - 44	16,113,601	43.2%
45 - 64	9,380,347	25.2%
65 +	4,200,171	11.3%
Total	37,274,677	100.0%
Women 15 - 44	7,891,481	21.2%
Median Age		35.2

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/Claritas/[Pop_by_Age_and_Sex_CLSD.xlsx]Pop Table

Source: Claritas, Inc.

Total Service Area reflects the total population from Primary Service Area, Secondary Service Area North, and 29.5 percent of the population from Secondary Service Area South.

- The service area's 65+ age cohort represents nearly a quarter of the total population which suggests a continued demand for services such as internal medicine, cardiovascular services, gastroenterology, neurosciences, oncology, orthopedics, pulmonary medicine, urology, and higher needs for chronic disease management.
- Women of child-bearing age (15-44 years) represent a much smaller percentage of the total population compared to California suggesting lower demand for obstetrics care than is standard for other areas.

Service Area Ethnicity Profile

Coast Life Support District
Total Service Area versus the State of California - Ethnic Profile
Calendar Year 2010

Ethnicity	Estimated 2010	
	Number	Percent of Total
Total Service Area		
Hispanics	1,046	16.9%
Non-Hispanics		
White	4,711	76.1%
Black	26	0.4%
American Indian/Alaskan/Aleutian	199	3.2%
Asian/Hawaiian/Pacific Islander	55	0.9%
Other	157	2.5%
<i>Total Non-Hispanics</i>	<i>5,148</i>	<i>83.1%</i>
Total	6,194	100.0%
California		
Hispanics	14,082,975	37.8%
Non-Hispanics		
White	14,889,056	39.9%
Black	2,158,608	5.8%
American Indian/Alaskan/Aleutian	162,969	0.4%
Asian/Hawaiian/Pacific Islander	4,924,261	13.2%
Other	1,056,809	2.8%
<i>Total Non-Hispanics</i>	<i>23,191,702</i>	<i>62.2%</i>
Total	37,274,677	100.0%

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/Claritas/[Ethnicity_Profile_CLSD.xlsx]Ethnicity Table

Source: Claritas, Inc.

Total Service Area reflects the total population from Primary Service Area, Secondary Service Area North, and 29.5 percent of the population from Secondary Service Area South.

Service Area Socioeconomic Status

**Coast Life Support District
Total Service Area versus the State of California -
Socioeconomic Profile
Calendar Year 2010**

Socioeconomic Indicator	Estimated 2010
Total Service Area	
Population	6,194
Households	2,844
Average Household Size	2.1
Median Household Income	\$47,697
Average Household Income	\$67,735
Income Distribution	
Under \$25,000	27.5%
\$25,000 - \$49,999	26.6%
\$50,000 - \$99,999	30.3%
\$100,000 +	15.6%
California	
Population	37,274,677
Households	12,555,918
Average Household Size	2.9
Median Household Income	\$58,023
Average Household Income	\$81,598
Income Distribution	
Under \$25,000	21.7%
\$25,000 - \$49,999	22.6%
\$50,000 - \$99,999	30.1%
\$100,000 +	25.6%

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/Claritas/[Socioeconomic_Profile_CLSD.xlsx]Household Table

Source: Claritas, Inc.

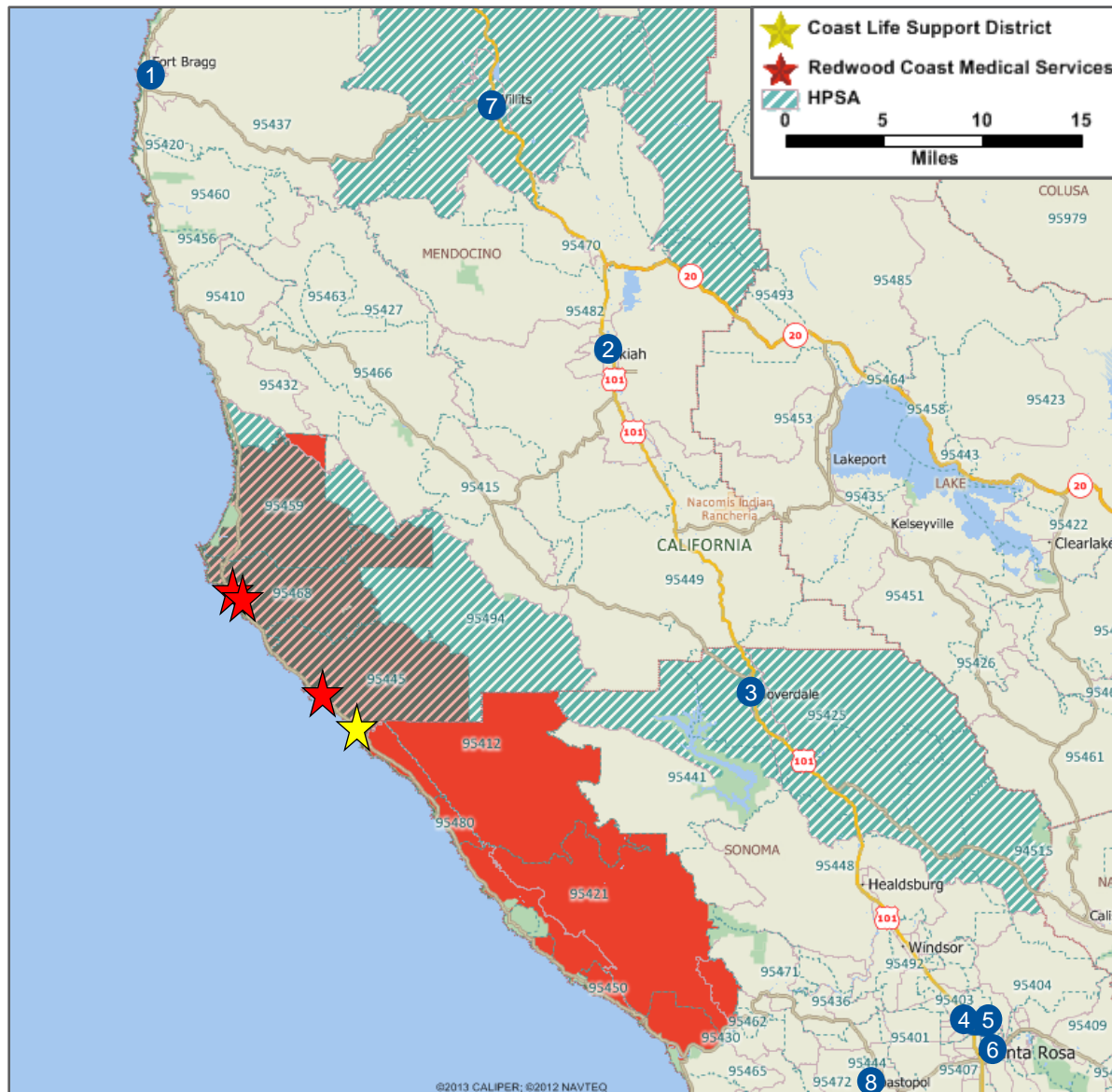
Total Service Area reflects the total population from Primary Service Area, Secondary Service Area North, and 29.5 percent of the population from Secondary Service Area South.

- The majority of household incomes in the District's service area earn household incomes below \$50,000 per year, 54.0 percent in CY 2010, which suggests that many of the service area residents (non-Medicare) will be eligible for Medi-Cal or to receive premium subsidies to purchase health insurance through the exchanges.

Health Professional Shortage Area Designation

- A shortage of physicians in the region is evidenced by the fact that the Federal Government has designated parts of the District's service area as a HPSA. An HPSA is defined as an area, facility, or population group with a shortage of primary care physicians, as defined by a population-to-primary care physician ratio greater than 3,500:1. Other factors taken into consideration include the poverty rate, infant mortality rate, fertility rate, and indicators of insufficient capacity to meet area need.
- HPSA designation places your area or facility in priority contention for grants and other funds. The array of potential benefits include access to state and federal programs providing physician recruitment assistance and financial incentives, which may include student loan forgiveness and Medicare bonuses to providers practicing in a HPSA area.

Health Professional Shortage Area Map



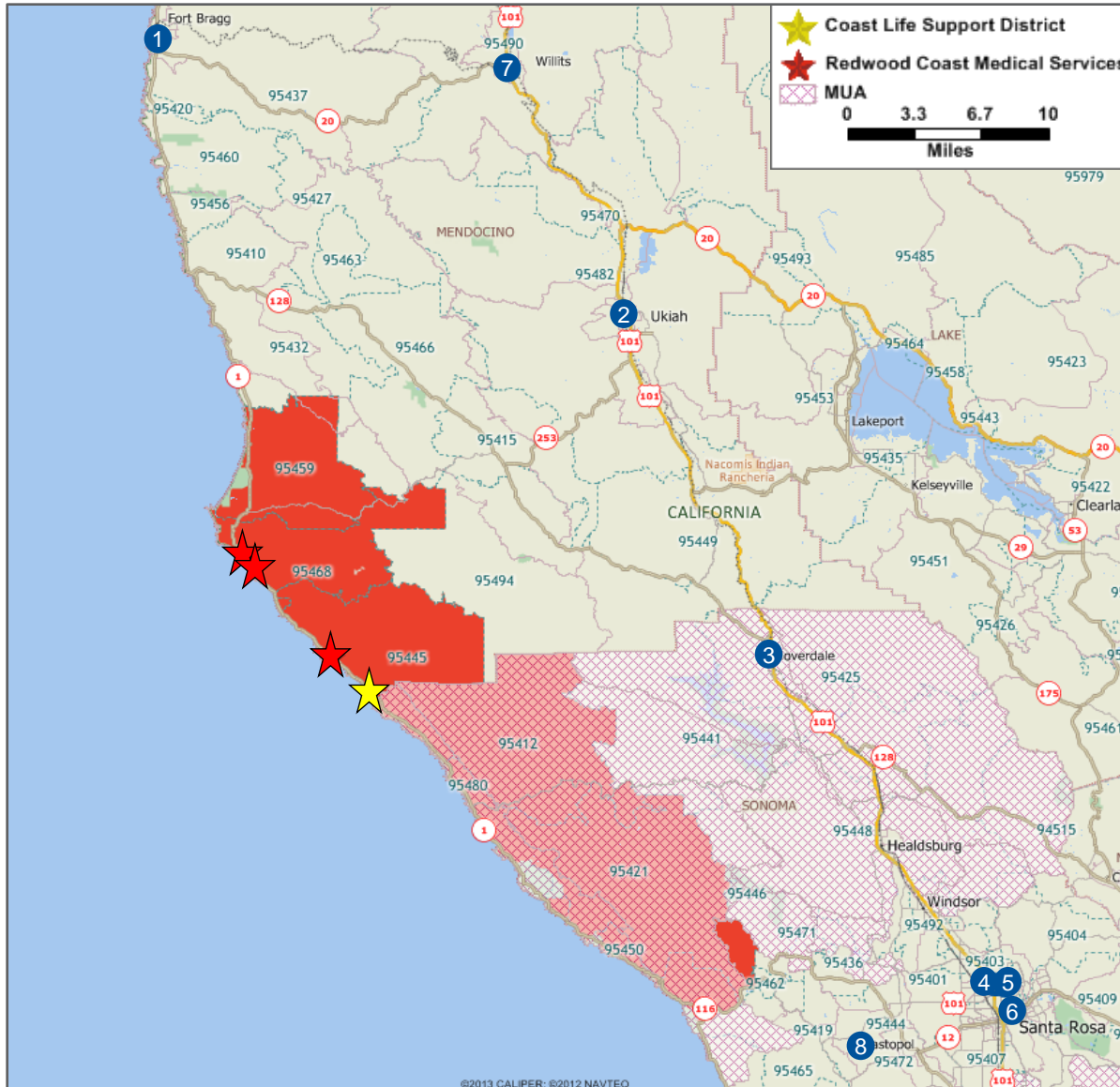
Area Hospitals

- 1 Mendocino Coast District Hospital
- 2 Ukiah Valley Medical Center
- 3 Healdsburg District Hospital
- 4 Kaiser Foundation Hospital – Santa Rosa
- 5 Sutter Medical Center of Santa Rosa
- 6 Santa Rosa Memorial Hospital
- 7 Frank R. Howard Memorial Hospital
- 8 Palm Drive Hospital

Medically Underserved Area Designation

- The shortage of primary care physicians in the service area is also noted by the existence of a MUA.
- An MUA is defined as an area, facility, or population group with an Index of Medical Underservice (“IMU”) less than or equal to 62 out of 100. The IMU is calculated by taking into consideration the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with an income below the poverty level, and the percentage of people age 65 or older. These factors are converted to weighted values and then summed to obtain an IMU score for a particular area.
- Benefits include Community Health Center (“CHC”) grant funds, health center designation eligibility of RHC or FQHC, and HRSA's funding preference to Title VII and VIII training programs.

Medically Underserved Area Map



Area Hospitals

- 1 Mendocino Coast District Hospital
- 2 Ukiah Valley Medical Center
- 3 Healdsburg District Hospital
- 4 Kaiser Foundation Hospital – Santa Rosa
- 5 Sutter Medical Center of Santa Rosa
- 6 Santa Rosa Memorial Hospital
- 7 Frank R. Howard Memorial Hospital
- 8 Palm Drive Hospital

Sources: The Camden Group and Health Resources and Services Administration

Health Status of Sonoma/Mendocino Counties

Coast Life Support District
Health Status Indicators
Various Years 2003-2011

Health Status Indicator	Year	Mendocino County	Sonoma County	California
Age-adjusted Mortality (Per 100,000 Population)				
All cancers	2009-2011	170.9	167.4	168.4
Diabetes	2009-2011	15.1	15.8	20.2
Alzheimer's disease	2009-2011	15.4	38.7	30.6
Coronary heart disease	2009-2011	124.5	106.8	122.4
Unintentional injuries (excluding motor vehicle)	2009-2011	55.7	27.2	27.8
Stroke	2009-2011	32.2	39.2	38.1
Motor vehicle	2009-2011	16.0	6.6	7.6
Age-adjusted Quality of Life and Social Support				
Percent reporting fair or poor health	2008-2010	23.5%	11.4%	18.8%
Percent of adults, no exercise in last month	2008-2010	24.5%	15.9%	22.0%
Health Risk Factors				
Percent of adults with obesity	2008-2010	24.4%	23.3%	24.6%
Percent of adults with high blood pressure	2005-2011	29.2%	26.6%	26.0%
Percent of adults who smoke	2008-2010	19.2%	15.5%	12.9%
Maternal and Child Health				
Infant mortality: all races ⁽¹⁾	2008-2010	7.5	4.5	6.0
Percent of low birthweight infants	2003-2009	6.3%	5.7%	6.8%
Births to mothers aged 15-19 ⁽²⁾	2009	39.2	22.2	36.6
Census				
Percent of persons under 18 in poverty	2011	31.4%	15.9%	22.8%
Percent uninsured population (<65 years old)	2010	21.5%	17.5%	20.7%
Sexually Transmitted Diseases				
HIV prevalence ⁽³⁾	2009-2011	2.7	5.9	9.7

[https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[Health_Status_Indicators.xlsx\]Table](https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[Health_Status_Indicators.xlsx]Table)

Sources: Health Indicators Warehouse and County Health Rankings

- Indicates county metric is less than the respective state metric by more than five percent
- Indicates county metric is within five percent of the respective state metric
- Indicates county metric is greater than the respective state metric by more than five percent

(1) Metric reported rate is per 1,000 live births

(2) Metric reported rate is per 1,000 women age 15 - 19 years old

(3) Crude case rate among population ages 13 years and older

Physicians to Support Population

- At a 2010 population size of 6,194, the service area could support full-time primary care physicians. Based on discussions with CLSD, population was held flat at 2010 levels.
- The population could support the following nine specialties at least one day per week including:
 - ▶ Cardiology*
 - ▶ General surgery
 - ▶ Hematology and oncology
 - ▶ OB/GYN
 - ▶ Ophthalmology*
 - ▶ Orthopedics*
 - ▶ Otolaryngology
 - ▶ Pediatrics
 - ▶ Urology

* Indicates specialties with partial physician coverage currently

Coast Life Support District
Physician Full-Time Equivalents ("FTE") Required to Support Population
Calendar Year 2013

Specialty	Physician Demand	Physician Supply ⁽²⁾
Primary Care ⁽¹⁾	3.62	5.75
Allergy & Immunology	0.05	
Cardiology	0.21	0.05
Cardiovascular Surgery	0.05	
Dermatology	0.18	
Endocrinology	0.05	
Gastroenterology	0.17	
General Surgery	0.62	
Hematology & Oncology	0.24	
Infectious Disease	0.06	
Neonatology	0.03	
Nephrology	0.07	
Neurology	0.15	
Neurosurgery	0.06	
Obstetrics & Gynecology	0.65	
Ophthalmology	0.29	0.10
Oral & Maxillofacial Surgery	0.07	
Orthopedics	0.40	0.05
Otolaryngology	0.21	
Pediatrics	0.97	
Physical Medicine & Rehab	0.11	
Plastic Surgery	0.07	
Pulmonary Disease	0.10	
Radiation Oncology	0.07	
Rheumatology	0.04	
Thoracic Surgery	0.05	
Urology	0.22	
Population	6,194	

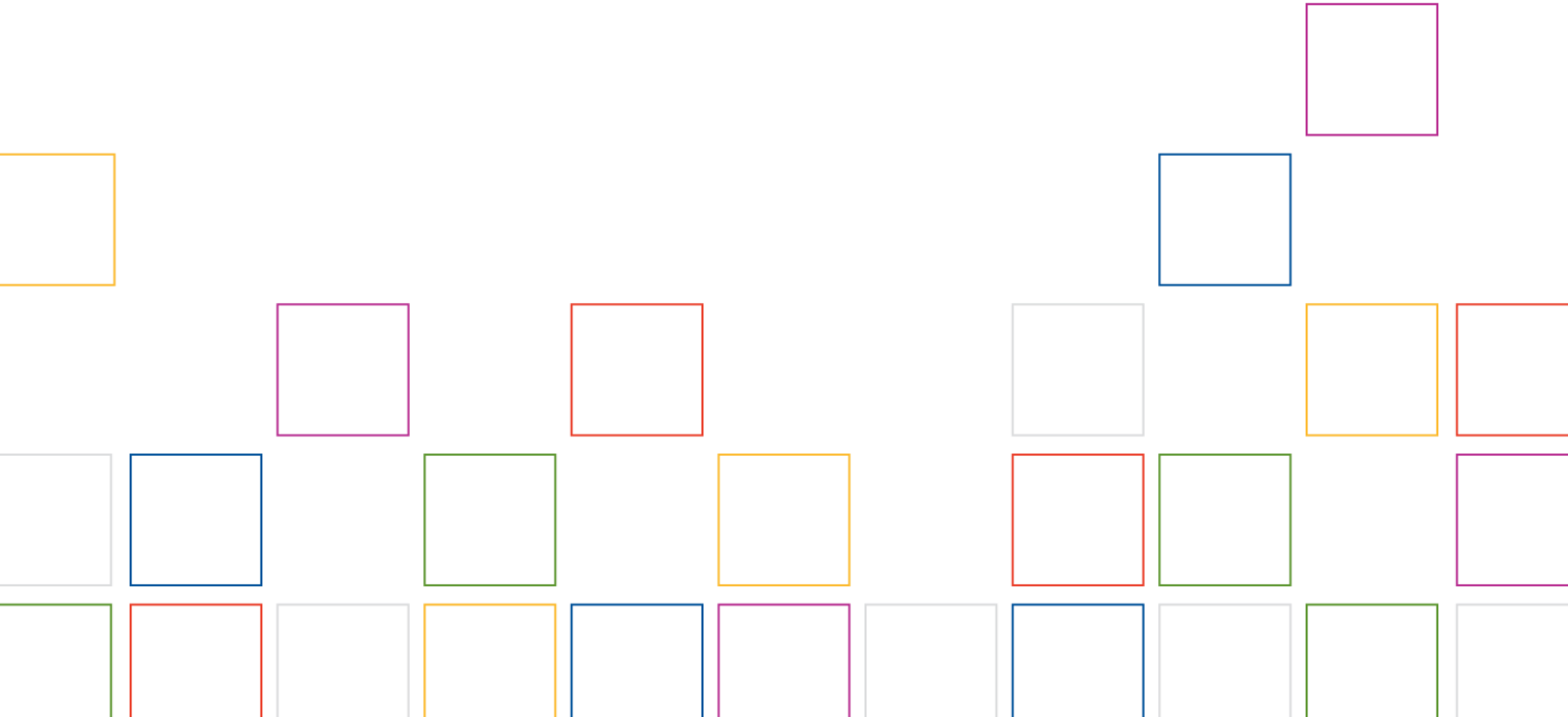
Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[Physician_Ratios.xlsx]Sheet1
Sources: Redwood Coast Medical Services, GMENAC 1990; Merritt, Hawkins & Assoc. 2002; Claritas, Inc., and The Camden Group

□ Denotes FTE demand greater than or equal to 1.0.

(1) Primary care providers inclusive of family practice, internal medicine, and mid-level providers (e.g., physician assistants, nurse practitioners).

(2) MD/DO providers are considered 1.0 FTE per 40 hours worked per week. Mid-level providers are assigned an FTE of 0.75.

Inpatient, ED, Ambulatory Surgery, and Outpatient Need



Inpatient Market Share by Hospital

Coast Life Support District
Service Area Inpatient Discharge Market Share
Calendar Year 2011

Hospital	Service Area							
	Total		Primary		Secondary - North		Secondary - South ⁽¹⁾	
	Volume	Percent of Total	Volume	Percent of Total	Volume	Percent of Total	Volume	Percent of Total
Santa Rosa Memorial Hospital-Montgomery	126	33.7%	114	36.0%	4	14.3%	8	27.6%
Sutter Medical Center of Santa Rosa	78	20.9%	72	22.7%	0	0.0%	6	21.4%
Mendocino Coast District Hospital	69	18.5%	53	16.7%	16	57.1%	0	0.0%
Ukiah Valley Medical Center/Hospital Drive	33	8.8%	28	8.8%	5	17.9%	0	0.0%
Kaiser Foundation Hospitals	14	3.7%	6	1.9%	0	0.0%	8	26.5%
UCSF Medical Center	11	2.8%	10	3.2%	0	0.0%	1	2.0%
Palm Drive Hospital	10	2.6%	5	1.6%	0	0.0%	5	16.3%
St. Mary's Medical Center, San Francisco	8	2.1%	6	1.9%	2	7.1%	0	0.0%
California Pacific Med Center - Pacific Campus	6	1.7%	4	1.3%	1	3.6%	1	4.1%
Marin General Hospital	5	1.3%	5	1.6%	0	0.0%	0	0.0%
El Camino Hospital	3	0.8%	3	0.9%	0	0.0%	0	0.0%
John Muir Medical Center-Concord Campus	2	0.5%	2	0.6%	0	0.0%	0	0.0%
Healdsburg District Hospital	2	0.5%	2	0.6%	0	0.0%	0	0.0%
St. Joseph's Medical Center Of Stockton	2	0.5%	2	0.6%	0	0.0%	0	0.0%
University Of California Davis Medical Center	2	0.5%	2	0.6%	0	0.0%	0	0.0%
Oroville Hospital	2	0.5%	2	0.6%	0	0.0%	0	0.0%
Sutter Roseville Medical Center	1	0.3%	1	0.3%	0	0.0%	0	0.0%
Stanford Hospital	1	0.2%	0	0.0%	0	0.0%	1	2.0%
Total	374	100.0%	317	100.0%	28	100.0%	29	100.0%
Patient Days	1,713		1,482		109		122	
Average Length-of-Stay	4.6		4.7		3.9		4.2	
Average Daily Census	4.7		4.1		0.3		0.3	

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[CLSD_Assessment_Tables.xlsx\]Table_2](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[CLSD_Assessment_Tables.xlsx]Table_2)

Source: OSHPD Inpatient Discharge Database, 2011.

Note: Inpatient discharges include acute care only. Excludes normal new births (MS-DRG 795).

(1) Secondary Service Area - South discharges were calculated as 29.5 percent of total discharges.

Inpatient Market Share by Service Line

Coast Life Support District
Service Area Market Share by Service Line
Calendar Year 2011

Service Line	Total Service Area Discharges		Hospital							
	Number	Percent of Total	Mendocino Coast District Hospital	Santa Rosa Hospitals	Ukiah Valley Medical Center	Kaiser Hospitals	Palm Drive Hospital	Academic Hospitals	Other Sutter Hospitals	All Other
Cardiology - Diagnostic/Interventional	14	3.8%	0.0%	97.9%	0.0%	2.1%	0.0%	0.0%	0.0%	0.0%
Cardiology - Medical	26	6.9%	11.7%	81.0%	0.0%	2.3%	0.0%	3.9%	1.1%	0.0%
Cardiology - Surgery	8	2.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Chemical Dependency	2	0.5%	50.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%
Endocrine	5	1.4%	37.8%	24.5%	18.9%	18.9%	0.0%	0.0%	0.0%	0.0%
ENT	4	1.0%	0.0%	63.9%	27.9%	8.2%	0.0%	0.0%	0.0%	0.0%
Gastroenterology	33	8.8%	24.3%	53.9%	9.1%	4.8%	4.8%	0.0%	0.0%	3.0%
General Medicine	24	6.5%	12.4%	32.5%	16.5%	18.5%	7.8%	0.0%	0.0%	12.4%
General Surgery	37	9.8%	24.6%	41.4%	5.5%	2.4%	4.3%	5.5%	5.5%	10.9%
Gynecology	10	2.7%	30.0%	40.0%	20.0%	0.0%	0.0%	10.0%	0.0%	0.0%
Neonatal Intensive Care	10	2.6%	10.4%	55.2%	20.9%	3.1%	0.0%	0.0%	0.0%	10.4%
Neurology	18	4.7%	17.1%	60.2%	11.4%	0.0%	0.0%	0.0%	5.7%	5.7%
Neurosurgery	6	1.5%	0.0%	53.7%	0.0%	0.0%	0.0%	41.1%	5.3%	0.0%
Obstetrics & Deliveries	45	12.1%	20.0%	47.7%	26.6%	1.3%	0.0%	0.0%	2.2%	2.2%
Oncology	16	4.4%	24.3%	26.1%	0.0%	11.4%	0.0%	7.9%	0.0%	30.3%
Ophthalmology	0	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Orthopedics	50	13.3%	16.1%	61.7%	0.0%	1.2%	2.4%	6.6%	4.0%	8.0%
Plastic Surgery	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Psychiatry	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pulmonary Medicine	42	11.2%	35.9%	50.6%	7.2%	2.8%	3.5%	0.0%	0.0%	0.0%
Rehabilitation	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Spine Surgery	6	1.7%	0.0%	15.9%	0.0%	0.0%	15.9%	0.0%	4.7%	63.5%
Thoracic & Vascular Surgery	11	2.8%	0.0%	87.8%	0.0%	0.0%	0.0%	12.2%	0.0%	0.0%
Transplant	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Urology	9	2.3%	0.0%	76.7%	11.6%	0.0%	0.0%	11.6%	0.0%	0.0%
Total	374	100.0%	18.5%	54.6%	8.8%	3.7%	2.6%	3.5%	1.9%	6.4%
	<i>Number =</i>		69	204	33	14	10	13	7	24

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/(CLSD_Assessment_Tables.xlsx)Market Share

Source: OSHPD Inpatient Discharge Database, 2011

☐ Denotes service lines with volume greater than or equal to 50 discharges

Notes: Service lines defined by The Camden Group; excludes normal new borns (MS-DRG 795). Includes acute care only.

Santa Rosa Hospitals include Santa Rosa Memorial Hospital - Montgomery and Sutter Medical Center of Santa Rosa

Academic Hospitals include Stanford Hospital, UCSF Medical Center, and University of California Davis Medical Center

Other Sutter includes Sutter Roseville Medical Center and California Pacific Medical Center - Pacific Campus.

All Other includes seven other area hospitals.

Inpatient Market Share by Service Line Opportunity

Coast Life Support District
Opportunity for Retained Inpatient Volume
Calendar Year 2011

Service Line	Potential to Retain Market Volume	Target Volume				100% Potential Target Volume		
		Mendocino Coast District Hospital	Santa Rosa Hospitals	Ukiah Valley Medical Center	Palm Drive Hospital	Discharges	Patient Days	Average Daily Census
Cardiology - Diagnostic/Interventional	No	0	14	0	0	0	0	0.0
Cardiology - Medical	Potentially	3	21	0	0	24	71	0.2
Cardiology - Surgery	No	0	8	0	0	0	0	0.0
Chemical Dependency	No	1	0	0	1	0	0	0.0
Endocrine	Potentially	2	1	1	0	4	18	0.1
ENT	Potentially	0	2	1	0	3	18	0.0
Gastroenterology	Potentially	8	18	3	2	30	164	0.4
General Medicine	Potentially	3	8	4	2	17	100	0.3
General Surgery	Potentially	9	15	2	2	28	191	0.5
Gynecology	Potentially	3	4	2	0	9	12	0.0
Neonatal Intensive Care	No	1	5	2	0	0	0	0.0
Neurology	Potentially	3	11	2	0	16	54	0.1
Neurosurgery	No	0	3	0	0	0	0	0.0
Obstetrics & Deliveries	No	9	21	12	0	0	0	0.0
Oncology	Potentially	4	4	0	0	8	23	0.1
Ophthalmology	No Cases	0	0	0	0	0	0	0.0
Orthopedics	Potentially	8	31	0	1	40	131	0.4
Plastic Surgery	No Cases	0	0	0	0	0	0	0.0
Psychiatry	No Cases	0	0	0	0	0	0	0.0
Pulmonary Medicine	Potentially	15	21	3	1	41	183	0.5
Rehabilitation	No Cases	0	0	0	0	0	0	0.0
Spine Surgery	No	0	1	0	1	0	0	0.0
Thoracic & Vascular Surgery	No	0	9	0	0	0	0	0.0
Transplant	No Cases	0	0	0	0	0	0	0.0
Urology	Potentially	0	7	1	0	8	27	0.1
Total		69	204	33	10	227	992	2.7
<i>Average Length-of-Stay</i>							<i>4.4</i>	

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[CLSD_Assessment_Tables.xlsx]Opportunity

Source: OSHPD Inpatient Discharge Database, 2011

Notes: Service lines defined by The Camden Group; excludes normal new borns (MS-DRG 795). Includes acute care only.

Santa Rosa Hospitals include Santa Rosa Memorial Hospital - Montgomery and Sutter Medical Center of Santa Rosa

Inpatient Market Share by Service Line Opportunity

Coast Life Support District
Service Area Opportunity for Retained Inpatient Volume - Market Share Sensitivity Analysis
Calendar Year 2011

Service Line	Total Service Area Inpatient Discharges	CLSD Potential Retained Inpatient Discharges	Physician Need ⁽¹⁾	MGMA Median Physician Compensation	Market Share Range Scenarios			Resultant Discharges		
					Low	Medium	High	Low	Medium	High
Cardiology - Medical	26	24	0.21	\$432,620	45.0%	60.0%	75.0%	11	14	18
Endocrine	5	4	0.05	\$232,965	35.0%	50.0%	65.0%	2	2	3
ENT	4	3	0.21	\$420,258	10.0%	20.0%	30.0%	0	1	1
Gastroenterology	33	30	0.17	\$494,853	40.0%	55.0%	70.0%	12	17	21
General Medicine	24	17	3.62	\$220,774	45.0%	60.0%	75.0%	8	10	13
General Surgery	37	28	0.62	\$351,509	35.0%	50.0%	65.0%	10	14	18
* Gynecology	10	9	0.65	\$230,426	15.0%	25.0%	35.0%	1	2	3
Neurology	18	16	0.15	\$264,469	35.0%	50.0%	65.0%	5	8	10
Oncology	16	8	0.24	\$385,283	20.0%	35.0%	50.0%	2	3	4
Orthopedics	50	40	0.40	\$562,594	25.0%	40.0%	55.0%	10	16	22
Pulmonary Medicine	42	41	0.10	\$341,119	50.0%	65.0%	80.0%	20	26	33
Urology	9	8	0.22	\$400,000	25.0%	40.0%	55.0%	2	3	4
Volume from other Service Lines	101	0								
Total	374	227						83	117	150
<i>Overall Market Share for Target Areas</i>		<i>60.8%</i>			<i>22.2%</i>	<i>31.3%</i>	<i>40.1%</i>			
Patient Days		993						373	521	668
Average Length-of-Stay		4.4						4.4	4.4	4.4
Average Daily Census		2.7						1.0	1.4	1.8
Bed Need At 80% Occupancy		4.0						2.0	2.0	3.0

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[CLSD_Assessment_Tables.xlsx]Opportunity (2)

Sources: OSHPD Inpatient Discharge Database, 2011, GMENAC 1990; Merritt, Hawkins & Assoc. 2002; Claritas, Inc., MGMA Physician Compensation and Production Survey: 2013 Based on 2012 Data (Western Geography), and The Camden Group

Notes: Service lines defined by The Camden Group; excludes normal newborns (MS-DRG 795). Includes acute care only.

(1) Based on total service area population of 6,194 residents.

* MD need includes obstetrics

Inpatient Market Share Payer Mix

**Coast Life Support District
Service Area Inpatient Discharge Market Share by Payer
Calendar Year 2011**

Payer Category	Service Area							
	Total		Primary		Secondary - North		Secondary - South ⁽¹⁾	
	Volume	Percent of Total	Volume	Percent of Total	Volume	Percent of Total	Volume	Percent of Total
Medicare	169	45.2%	149	47.0%	7	25.0%	13	44.9%
Medi-Cal	89	23.8%	74	23.3%	11	39.3%	4	13.3%
Private Coverage	85	22.6%	68	21.5%	9	32.1%	8	26.5%
All Other	31	8.4%	26	8.2%	1	3.6%	4	15.3%
Total	374	100.0%	317	100.0%	28	100.0%	29	100.0%

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[CLSD_Assessment_Tables.xlsx\]Table_3](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[CLSD_Assessment_Tables.xlsx]Table_3)

Source: OSHPD Inpatient Discharge Database, 2011.

Note: Inpatient discharges include acute care only. Excludes normal new borns (MS-DRG 795).

(1) Secondary Service Area - South discharges were calculated as 29.5 percent of total discharges.

Emergency Department Visits Market Share

Coast Life Support District
Service Area Emergency Department Visits Market Share by Hospital
Calendar Year 2011

Hospital	Service Area							
	Total		Primary		Secondary - North		Secondary - South ⁽¹⁾	
	Visits	Percent of Total	Visits	Percent of Total	Visits	Percent of Total	Visits	Percent of Total
Mendocino Coast District Hospital	333	41.7%	283	43.7%	50	63.3%	0	0.0%
Santa Rosa Memorial Hospital-Montgomery	106	13.3%	95	14.7%	3	3.8%	8	11.2%
Ukiah Valley Medical Center/Hospital Drive	98	12.3%	74	11.4%	24	30.4%	0	0.0%
Sutter Medical Center Of Santa Rosa	84	10.5%	72	11.1%	0	0.0%	12	16.1%
Kaiser Foundation Hospitals	60	7.6%	37	5.7%	0	0.0%	23	32.6%
Palm Drive Hospital	41	5.2%	17	2.6%	0	0.0%	24	33.9%
Healdsburg District Hospital	27	3.4%	25	3.9%	0	0.0%	2	2.5%
Petaluma Valley Hospital	7	0.9%	6	0.9%	0	0.0%	1	1.2%
Sutter Lakeside Hospital	6	0.7%	5	0.8%	0	0.0%	1	0.8%
Sutter Auburn Faith Hospital	4	0.5%	2	0.3%	2	2.5%	0	0.0%
Frank R Howard Memorial Hospital	4	0.5%	4	0.6%	0	0.0%	0	0.0%
Eden Medical Center	4	0.5%	4	0.6%	0	0.0%	0	0.0%
Community Hospital Monterey Peninsula	3	0.4%	3	0.5%	0	0.0%	0	0.0%
Alta Bates Summit Med Ctr-Alta Bates Campus	3	0.4%	3	0.5%	0	0.0%	0	0.0%
Arroyo Grande Community Hospital	2	0.3%	2	0.3%	0	0.0%	0	0.0%
John Muir Medical Center-Walnut Creek Campus	2	0.3%	2	0.3%	0	0.0%	0	0.0%
Grossmont Hospital	2	0.3%	2	0.3%	0	0.0%	0	0.0%
California Pacific Med Ctr-Pacific Campus	2	0.3%	2	0.3%	0	0.0%	0	0.0%
Sutter Roseville Medical Center	2	0.3%	2	0.3%	0	0.0%	0	0.0%
St. Joseph Hospital - Orange	2	0.3%	2	0.3%	0	0.0%	0	0.0%
Valleycare Medical Center	2	0.3%	2	0.3%	0	0.0%	0	0.0%
Marin General Hospital	2	0.3%	2	0.3%	0	0.0%	0	0.0%
Alameda Hospital	2	0.3%	2	0.3%	0	0.0%	0	0.0%
San Joaquin General Hospital	1	0.1%	0	0.0%	0	0.0%	1	0.8%
St. Helena Hospital	1	0.1%	0	0.0%	0	0.0%	1	0.8%
Total	798	100.0%	648	100.0%	79	100.0%	71	100.0%
ED Station Need at 2,000 Visits per Station	0.4		0.3		0.0		0.0	

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[ED_Tables.xlsx]Market Share

Source: OSHPD Emergency Department Database, 2011

Note: Numbers may not foot due to rounding.

(1) Secondary Service Area - South ED visits were calculated as 29.5 percent of total ED visits

Emergency Department Visits Payer Mix

**Coast Life Support District
Service Area Emergency Department Visits Payer Mix
Calendar Year 2011**

Payer	Service Area							
	Total		Primary		Secondary - North		Secondary - South ⁽¹⁾	
	Visits	Percent of Total	Visits	Percent of Total	Visits	Percent of Total	Visits	Percent of Total
Medicare	169	21.1%	141	21.8%	20	25.3%	8	10.7%
Medicare Managed Care	26	3.3%	20	3.1%	0	0.0%	6	9.1%
<i>Subtotal</i>	<u>195</u>	<u>24.4%</u>	<u>161</u>	<u>24.8%</u>	<u>20</u>	<u>25.3%</u>	<u>14</u>	<u>19.8%</u>
Medi-Cal	201	25.2%	169	26.1%	16	20.3%	16	22.3%
Commercial - HMO	57	7.1%	37	5.7%	6	7.6%	14	19.4%
Commercial - PPO	18	2.2%	13	2.0%	3	3.8%	2	2.5%
Commercial - Other	173	21.7%	145	22.4%	22	27.8%	6	8.3%
<i>Subtotal</i>	<u>248</u>	<u>31.0%</u>	<u>195</u>	<u>30.1%</u>	<u>31</u>	<u>39.2%</u>	<u>22</u>	<u>30.2%</u>
Self-pay	117	14.7%	96	14.8%	8	10.1%	13	18.6%
Other Payers	37	4.7%	27	4.2%	4	5.1%	6	9.1%
Total	<u>798</u>	<u>100.0%</u>	<u>648</u>	<u>100.0%</u>	<u>79</u>	<u>100.0%</u>	<u>71</u>	<u>100.0%</u>

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[ED_Tables.xlsx]Payer Mix

Source: OSHPD Emergency Department Database, 2011

Note: Numbers may not foot due to rounding.

(1) Secondary Service Area - South ED visits were calculated as 29.5 percent of total ED visits

Ambulatory Surgery Market Share

**Coast Life Support District
Service Area Ambulatory Surgery Market Share
Calendar Year 2011**

Hospital	Service Area							
	Total		Primary		Secondary - North		Secondary - South ⁽¹⁾	
	Surgeries	Percent of Total	Surgeries	Percent of Total	Surgeries	Percent of Total	Surgeries	Percent of Total
Mendocino Coast District Hospital	119	35.6%	103	37.1%	16	55.2%	0	0.0%
Sutter Medical Center of Santa Rosa	66	19.6%	61	21.9%	0	0.0%	5	17.0%
Santa Rosa Memorial Hospital-Montgomery	43	12.8%	37	13.3%	2	6.9%	4	13.8%
UCSF Medical Center	31	9.2%	28	10.1%	0	0.0%	3	10.6%
Kaiser Foundation Hospital - Santa Rosa	16	4.7%	7	2.5%	0	0.0%	9	31.9%
California Pacific Med Center-Pacific Campus	14	4.2%	14	5.0%	0	0.0%	0	0.0%
PDI Surgery Center	12	3.6%	5	1.8%	7	24.1%	0	0.0%
Palm Drive Hospital	10	3.0%	4	1.4%	0	0.0%	6	21.3%
Ukiah Valley Medical Center	9	2.7%	5	1.8%	4	13.8%	0	0.0%
Healdsburg District Hospital	4	1.2%	3	1.1%	0	0.0%	1	3.2%
Ronald Reagan UCLA Medical Center	3	0.9%	3	1.1%	0	0.0%	0	0.0%
Menlo Park Surgical Hospital	2	0.6%	2	0.7%	0	0.0%	0	0.0%
Presidio Surgery Center	2	0.6%	2	0.7%	0	0.0%	0	0.0%
San Francisco General Hospital	2	0.6%	2	0.7%	0	0.0%	0	0.0%
Surgery Center of Palo Alto	2	0.6%	2	0.7%	0	0.0%	0	0.0%
Sonoma Valley Hospital	1	0.2%	0	0.0%	0	0.0%	1	2.1%
Total	335	100.0%	278	100.0%	29	100.0%	28	100.0%

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[CLSD_Ambulatory_Surgery_Data.xlsx]Market Share

Source: OSHPD Ambulatory Surgery Database, 2011

Note: Numbers may not foot due to rounding.

(1) Secondary Service Area - South surgeries were calculated as 29.5 percent of total surgeries

Ambulatory Surgery Payer Mix

Coast Life Support District Service Area Ambulatory Surgery Payer Mix Calendar Year 2011

Payer	Service Area							
	Total		Primary		Secondary - North		Secondary - South ⁽¹⁾	
	Surgeries	Percent of Total	Surgeries	Percent of Total	Surgeries	Percent of Total	Surgeries	Percent of Total
Medicare	145	43.4%	123	44.2%	13	44.8%	9	34.0%
Medicare Managed Care	7	2.2%	3	1.1%	0	0.0%	4	16.0%
<i>Subtotal</i>	<i>153</i>	<i>45.7%</i>	<i>126</i>	<i>45.3%</i>	<i>13</i>	<i>44.8%</i>	<i>14</i>	<i>50.0%</i>
Medi-Cal	69	20.6%	62	22.3%	5	17.2%	2	7.4%
Commercial - HMO	21	6.2%	14	5.0%	1	3.4%	6	20.2%
Commercial - PPO	6	1.7%	3	1.1%	2	6.9%	1	2.1%
Commercial - Other	78	23.4%	66	23.7%	8	27.6%	4	16.0%
<i>Subtotal</i>	<i>105</i>	<i>31.3%</i>	<i>83</i>	<i>29.9%</i>	<i>11</i>	<i>37.9%</i>	<i>11</i>	<i>38.3%</i>
Self-pay	3	0.8%	2	0.7%	0	0.0%	1	2.1%
Other Payers	6	1.7%	5	1.8%	0	0.0%	1	2.1%
Total	335	100.0%	278	100.0%	29	100.0%	28	100.0%

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[CLSD_Ambulatory_Surgery_Data.xlsx]Payer Mix

Source: OSHPD Ambulatory Surgery Database, 2011

Note: Numbers may not foot due to rounding.

(1) Secondary Service Area - South surgeries were calculated as 29.5 percent of total surgeries

Service Area Utilization Summary

Coast Life Support District Utilization Comparison Calendar Year 2011

Volume Type	Service Area				County		
	Total	Primary	Secondary - North	Secondary - South	Mendocino	Sonoma	California
Discharges	374	317	28	29	8,245	37,297	3,277,447
Discharges per 1,000 pop	60	62	68	46	94	77	87
<i>Percent difference from Service Area</i>					55.1%	26.9%	44.5%
ED Visits	798	648	79	71	38,615	124,491	10,115,648
ED Visits per 1,000 pop	129	126	190	113	438	256	269
<i>Percent difference from Service Area</i>					240.3%	98.5%	109.0%
Ambulatory Surgeries	335	278	29	28	6,364	29,465	2,073,799
Ambulatory Surgeries per 1,000 pop	54	54	70	44	72	61	55
<i>Percent difference from Service Area</i>					33.7%	12.0%	2.1%
Population	6,194	5,150	415	629	88,071	486,778	37,570,307

[https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[CLSD_Assessment_Tables.xlsx\]Table_1](https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[CLSD_Assessment_Tables.xlsx]Table_1)

Source: OSHPD Inpatient Discharge Database, 2011, OSHPD Emergency Department Database, 2011, California Department of Finance - County Population Estimates, and Claritas, Inc.
Note: Inpatient discharges include acute care only. Excludes normal new borns (MS-DRG 795). Based on discussions with CLSD, service area population was held flat at 2010 levels.

- Utilization is low in the service area. Increased access to physicians and services could increase use. However, there will also be many downward pressures on use rates (e.g., readmission penalties, Accountable Care Act, two midnights).

Summary of Potential Need

Coast Life Support District Summary of Potential Need - Initial Draft Calendar Year 2011

Service Modality	CLSD Potential Retained Volume	Market Share Range Scenarios		
		Low	Medium	High
Inpatient				
Discharges	227	83	117	150
Patient Days	993	373	521	668
Average Daily Census	2.7	1.0	1.4	1.8
Bed Need At 80% Occupancy	4.0	2.0	2.0	3.0
Surgery ⁽¹⁾				
General Surgery - Inpatient	28	10	14	18
Orthopedic Surgery - Inpatient	40	10	16	22
Outpatient Surgery	246	86	123	160
Total	314	106	153	200
Emergency Department ⁽²⁾				
Primary Service Area	541	243	325	406
Secondary Service Area - North	77	35	46	58
Secondary Service Area - South	44	20	26	33
Total	662	298	397	496

Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[CLSD_Assessment_Tables.xlsx]Summary of Pot. Need

Source: OSHPD Inpatient Discharge Database, 2011; OSHPD Ambulatory Surgery Database, 2011; OSHPD Emergency Department Visits Database, 2011; The Camden Group

Notes: Inpatient discharges - service lines defined by The Camden Group; excludes normal new borns (MS-DRG 795); includes acute care only.

(1) Market capture assumptions of outpatient surgery in scenarios 1, 2, 3 are 35.0 percent, 50.0 percent, and 65.0 percent

(2) Market capture assumptions of ED visits in scenarios 1, 2, 3 are 45.0 percent, 60.0 percent, and 75.0 percent

Outpatient Data

- Claritas, Inc. population growth assumptions is the basis for the Truven Health Analytics outpatient data projections by ZIP Code. Therefore, the outpatient data was adjusted on the ZIP Code level to reflect the adjustments in population from Claritas compared to the school districts to more accurately reflect the current use of healthcare for the service area residents.

Outpatient Visit Profile

Coast Life Support District
Service Area Outpatient Claims by Service Line
Calendar Year 2012

Service Line	2012 Claims
Medical/Surgical	
Allergy	546
Cardiology	3,084
Cardiothoracic	18
Dermatology	3,945
Gastroenterology	449
General Surgery	483
Hematology/Oncology	3,341
Medicine	39,209
Nephrology	1,340
Neurology	552
Neurosurgery	33
OB/GYN	635
Ophthalmology	4,389
Oral Surgery	15
Orthopedics	1,052
Otolaryngology	1,226
Plastic Surgery	96
Psychiatry	3,250
Pulmonary	831
Radiation Therapy	1,177
Urology	393
Vascular	107
Total	66,172

Business_Plan_2013/Planning/[Outpatient_Assessment_Tables.xlsx]Table (2)

Sources: Thomson Reuters Outpatient Procedures Estimates ("OPE"), and Claritas, Inc.

* Indicates specialties with partial physician coverage currently

- The most significant outpatient volume (over 3,000 claims) occurred in the following six service lines:
 - ▶ Cardiology*
 - ▶ Dermatology
 - ▶ Hematology/Oncology
 - ▶ Medicine*
 - ▶ Ophthalmology*
 - ▶ Psychiatry
- Adding rotating specialists in these areas could mean increased access to healthcare services in the community.

Outpatient Visit Profile

**Coast Life Support District
Service Area Outpatient Claims
Calendar Year 2012**

Service Line	Total Service Area		Currently Available in Community	Volume to Support Locally
	2012 Claims	Median Industry Benchmark		
Imaging/Ancillary Volume				
CT Scan	738	7,201		No
Diagnostic Radiology	6,732		X	
Labs	44,091		X	
MRI	455	3,490		No
PET Scan	60			No
SPECT	133			No
Total	52,209			
Other				
Anesthesiology	83			With Surgery
Chiropractic	2,704			
Miscellaneous	6,500			N/A
Physical Therapy	16,579		X	
Podiatry	1,075		X	
Total	26,941			

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Source: Thomson Reuters Outpatient Procedures Estimates ("OPE"), The Advisory Board Company - 2013 Volumes Benchmarking Survey Results

Outpatient Visit Profile

Some shifts in the payer mix are expected to occur as a result of the changes included in the Affordable Care Act. Expect to see a reduction in the uninsured population, as they become eligible for Medi-Cal expansion or opt to purchase insurance through Covered California.

Coast Life Support District
Service Area Outpatient Payer Mix
Calendar Year 2012 and 2017

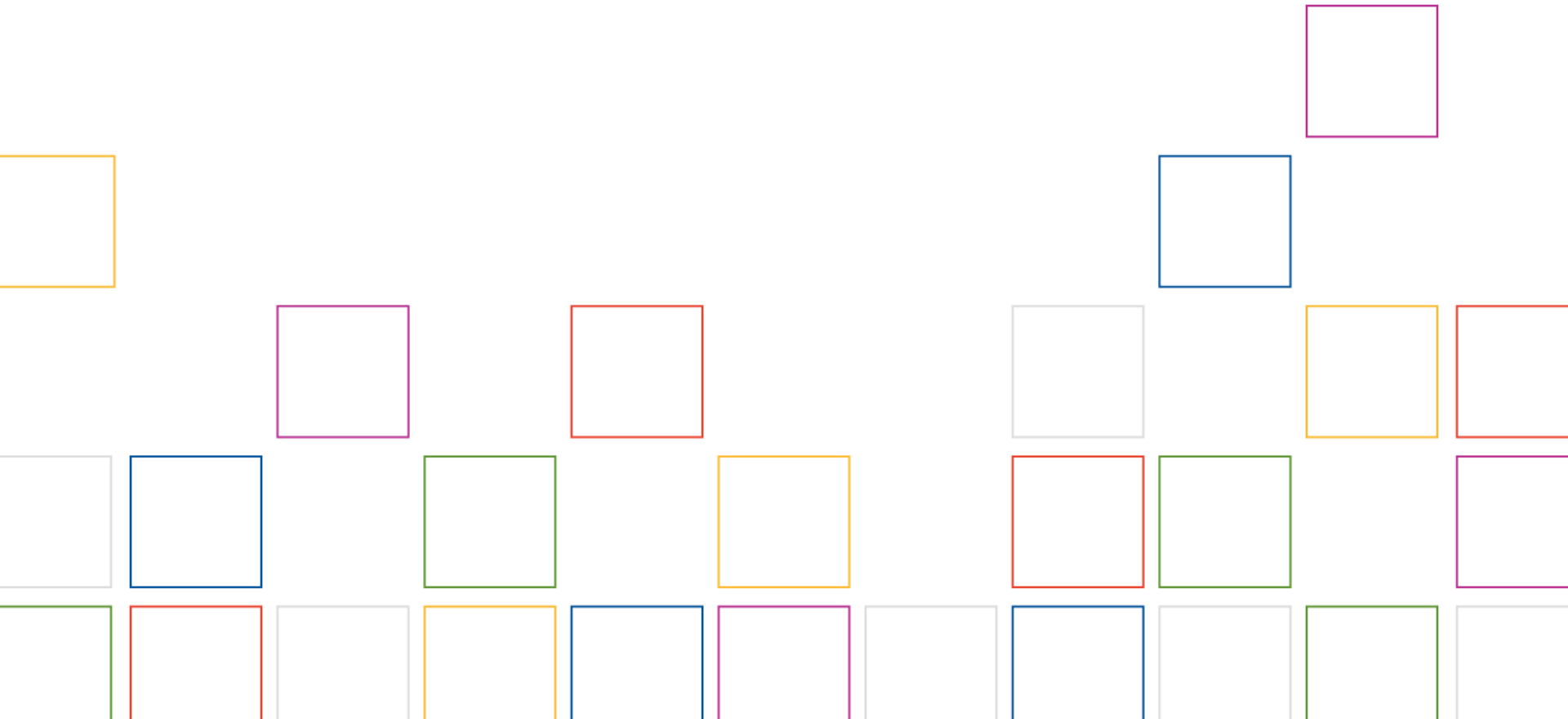
Payer Mix	Service Area							
	Total		Primary		Secondary - North		Secondary - South ⁽¹⁾	
	2012	2017	2012	2017	2012	2017	2012	2017
Medi-Cal	13.9%	16.3%	12.6%	15.0%	21.7%	24.5%	19.1%	21.2%
Medicare	37.1%	37.7%	38.1%	38.7%	36.8%	37.0%	30.0%	31.7%
Medicare Dual Eligibles	9.9%	9.8%	10.2%	10.2%	12.5%	12.3%	5.8%	6.0%
Private - Direct	4.5%	4.1%	4.5%	4.1%	2.1%	1.9%	5.6%	5.1%
Private - Employer-Sponsored	26.7%	24.1%	27.1%	24.5%	14.6%	13.0%	30.6%	27.2%
Private - Exchange	0.0%	3.4%	0.0%	3.3%	0.0%	4.3%	0.0%	3.9%
Uninsured	7.9%	4.5%	7.4%	4.2%	12.3%	7.0%	8.9%	5.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[Outpatient_Assessment_Tables.xlsx\]Payer_Mix](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[Outpatient_Assessment_Tables.xlsx]Payer_Mix)

Source: Thomson Reuters Outpatient Procedures Estimates ("OPE")

(1) Secondary Service Area - South procedures/visits were calculated as 29.5 percent of total outpatient procedures/visits

E-Solutions for Health



Services Provided by Telemedicine

- Primary care and specialist referral services
 - ▶ Live interactive video or the storing and forward transmission of diagnostic images, vital signs, and/or video
- Remote patient monitoring
 - ▶ Devices to remotely collect and send data to a healthcare agency, including vital signs, blood glucose, or heart ECG
- Consumer medical and health information
 - ▶ Internet or wireless devices to obtain specialized health information and online groups for peer-to-peer support
- Medical education
 - ▶ Medical education video or online seminars for targeted groups in remote locations

Telemedicine Reimbursement

- Coverage and reimbursement policies by both private and public payers remain an obstacle for telemedicine implementation
- Currently, telehealth is covered under Medicare only if Medicare beneficiaries present at sites in HPSAs or counties outside of Metropolitan Statistical Areas (“MSA”)
- Under the Medicare reimbursement benefits, only certain practitioners may provide services at specific sites (e.g., not in the patient’s home)
- Medicare pays for services that mimic typical “face-to-face” interactions
- Little telehealth reimbursement by private payers

Avera eCARE for Rural Clinicians

- Supports 675 rural clinicians
- eEmergency provides clinicians immediate access to emergency medicine physicians
- Electronic Intensive Care Unit (“eICU”) care uses advanced monitoring software to provide around-the-clock monitoring of ill patients in the critical care unit
- Medication safety has improved for more than 73,700 patients in 40 hospitals through ePharmacy
- Rural patients in clinics and hospitals are connected to specialists in urban communities using eConsult
 - ▶ More than one-third of patients reported they would not have received specialist care without eConsult



mHealth Program for At-risk Pregnant Women

- Mobile health program employed by the Center for Connected Health
 - ▶ Launched at one of the most medically underserved communities in Massachusetts
- Text messaging program for pregnant women
- Messages were designed to encourage patients with positive reminders and educational messages
 - ▶ Received one to four per week
- Women who received text messages from their clinical team received the recommended level of prenatal care nine percent more than other pregnant women in the community

UC Davis Health System and Telemedicine

- UC Davis Telehealth Program seeks technological solutions for improving healthcare in rural communities. They partner with community hospitals and clinics throughout northern California to provide access to specialized medical care through the use of telecommunications technology.
- Outlying California hospitals and clinics have a live interactive consultation with a UC Davis specialist by simply dialing him or her up on video.

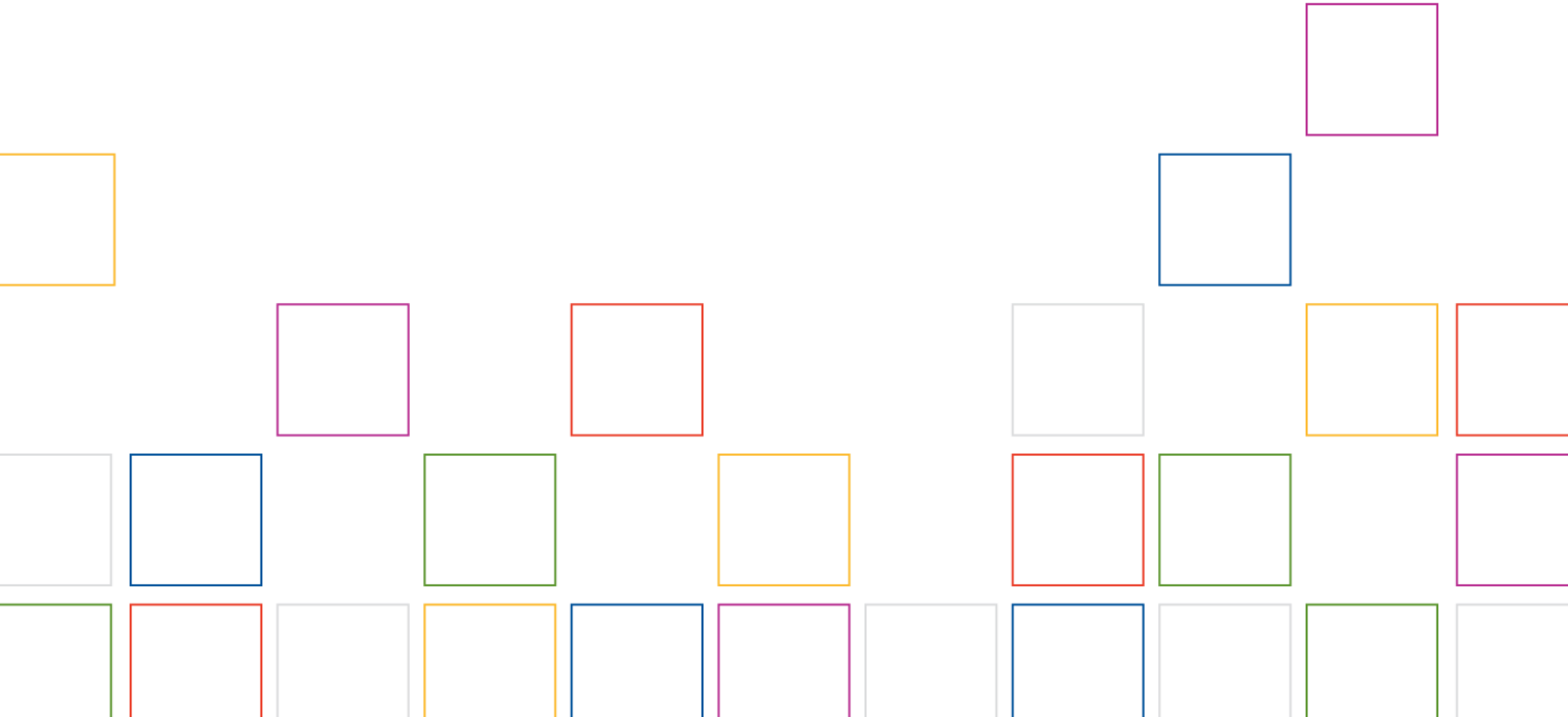


Sutter Health and Telemedicine

- Lakeside Hospital (Lakeport, California) implemented telestroke technology.
- Links the physicians overseeing patients arriving in the ED with acute stroke symptoms, to a physician stroke team at Sutter California Pacific Medical Center's ("CPMC") Neuroscience Institute in San Francisco.
- The program utilizes video conferencing technology that enables stroke neurologists to conduct one-on-one consultations across a geographically huge service area, to diagnose and assess patients for stroke within a critical three-hour window for treatment.



Other Programs



Other Programs

- A variety of innovative healthcare arrangements are being developed in the U.S. that are designed to solve access barriers in rural areas, reduce healthcare costs, and improve patient quality and patient experience.
 - ▶ Frontier Extended Stay Clinics *
 - ▶ Community Paramedicine *
 - ▶ Free-standing ED*
 - ▶ Hospital at Home

*To date, these arrangements are not legally practiced in California, and would require exceptions/exemptions or changes to state legislation.

Frontier Extended Stay Clinic

- Demonstration engagement implemented by Centers for Medicare & Medicaid Services (“CMS”) and HRSA, beginning April 2010
- Eligibility for Frontier Extended Stay Clinic (“FESC”) program:
 - ▶ Clinic must be 75 road miles away from nearest hospital or nearest hospital must be inaccessible by public roads
- FESC designation authorizes a clinic to keep patients for extended periods of time (up to 48 hours), and deliver 24/7 emergency and after-hours care
- Five clinics participating in the pilot program: four in Alaska, one in Washington
- FESCs not able to cover operating costs of providing extended care; estimated additional costs to provide these services is \$1 million per clinic per year

Community Paramedicine

- Community-based, collaborative model of care that leverages the skills of paramedics and EMS systems to address identified care gaps in a local community.
- Community Paramedicine (“CP”) services may include but are not limited to:
 - ▶ Transport patients not needing emergency care to non-ED locations (alternative locations)
 - ▶ Assess, treat as needed, and refer or release patient (vs. sending to ED)
 - ▶ Support patients recently discharged from the hospital with appropriate follow-up care to prevent unnecessary re-admissions
- CP not practiced in California due to strict paramedic scope-of-practice specifications, and restrictions placed on where paramedics may treat patients.
 - ▶ OSHPD and California Emergency Medical Services Authority (“EMSA”) are beginning demonstration CP programs

Freestanding Emergency Departments

- Generally open 24/7 and capable of handling most emergencies. Staffed by emergency physicians and nurses. Typically have lab and radiology services on-site. They can stabilize and provide initial treatment to patients with a wide range of emergent problems.
- California state law provides an exception for the operation of a potential look-alike free-standing ED for urgent/emergency care in rural areas when the local EMS agency has given approval. Four facilities in California were approved as Freestanding Emergency Departments (“FEDs”) under this exception:
 - ▶ Redwood Coast Medical Services
 - ▶ Community Medical Center (Oakhurst)
 - ▶ Naval Hospital (Lemoore)
 - ▶ Western Sierra Medical Clinic (Downieville)

FEDs – California State Law Exceptions

- FED look-alikes act essentially as urgent care centers that, because of their distance from a hospital, are permitted to accept emergency and ambulance patients.
- None advertise as “emergency centers” and none are open 24/7.
- Provide basic urgent/emergency care only to stabilize patient for transport.
- Clinics bill the emergency visits as outpatient clinic visits.
- Must have adequate staff and equipment to provide these services.

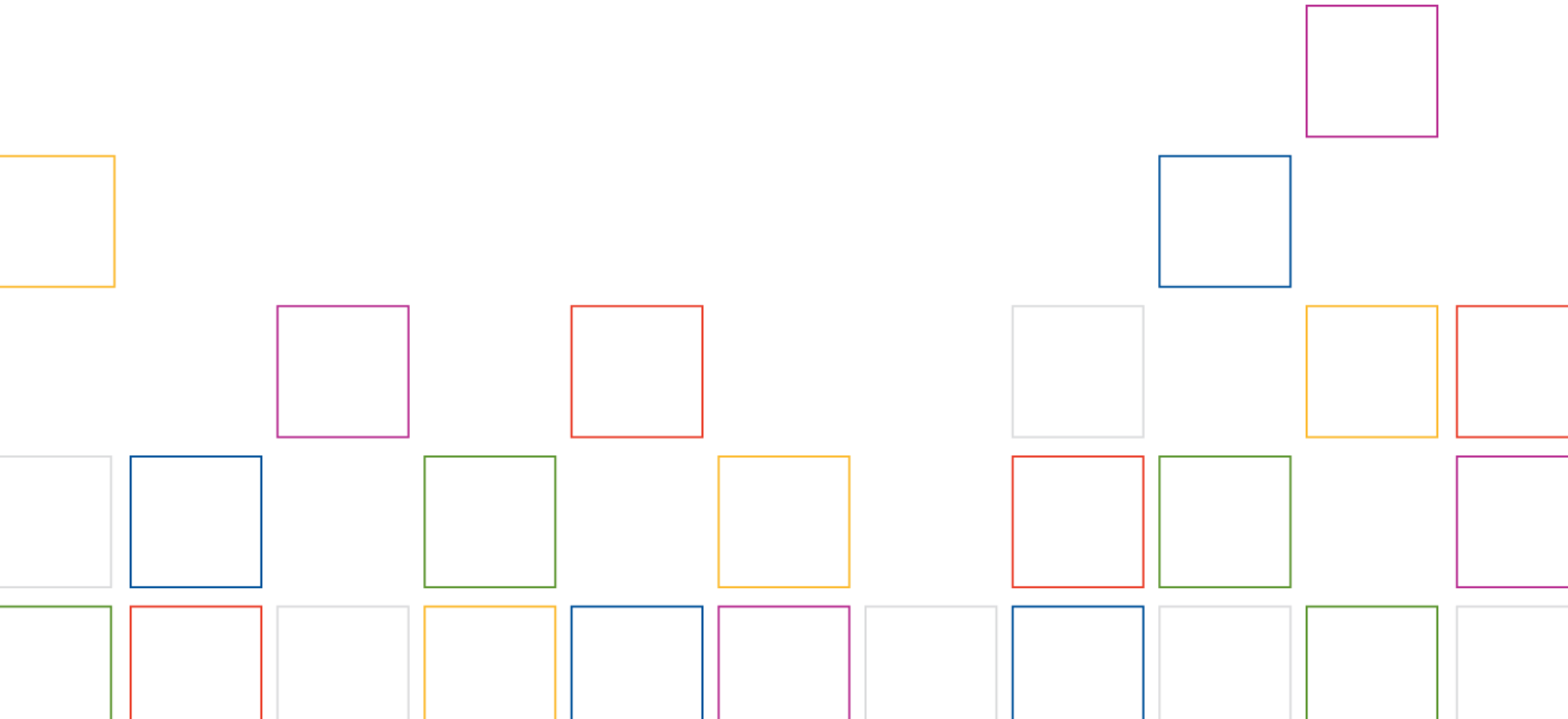
Hospital at Home

- Developed through Johns Hopkins School of Medicine, Hospital at Home (“HAH”) is an acute, home-based program in which eligible older patients are provided state-of-the-art acute care services at home post-hospital discharge.
- HAH focuses on patients age 65+ who required hospital admission for diseases such as community-acquired pneumonia, congestive heart failure, chronic obstructive pulmonary disease, and cellulitis.
- Patients meeting specific medical eligibility criteria can receive hospital-level care including diagnostic tests and treatment therapies from doctors and nurses in their own home. The patient is treated until stable for discharge from the HAH program.

Cases for Grants, Special Funding, Rural Exceptions

- Geographically isolated
 - ▶ Travel time to closest facility
 - ▶ Inaccessibility due to weather and roads
 - ▶ Long transport times in emergencies
- HPSA and MUA designations
- Need county/political support – a good story

Summary of Preliminary Options – For Discussion



Summary of Preliminary Options – For Initial Discussion

		Meet Goals			
Option:	Option Name:	After-Hours Urgent Care	Expand Services	Age at Home	Comments
1.	Extend urgent care to after-hours	X	X	X	
2.	Build a hospital to provide 24/7 emergency services	X	X	X	Would need partnership with a system
3.	Expand specialty rotations/outpatient services: <ul style="list-style-type: none"> ■ Cardiology ■ ENT ■ Hematology/Oncology ■ Ophthalmology ■ Orthopedics ■ Podiatry ■ Psychiatry ■ Urology ■ Other outpatient services – TBD 		X	X	Rotate through existing clinics

Summary of Preliminary Options – For Initial Discussion

Option:	Option Name:	Meet Goals			Comments
		After-Hours Urgent Care	Expand Services	Age at Home	
4.	Expand access through telehealth to healthcare providers	X	X	X	Limited payment models; grants available
5.	Develop community paramedicine program		X	X	Program in pilot form; not currently available in California
6.	Develop FED	X	X	X	Not currently available in California
7.	Other ideas – from community input, other discussions				

Profiles of Comparable Areas

Bear Valley Hospital

- Tax Revenue: \$2.2 million
- Other Local Service Area Health Services:
 - ▶ Bear Valley Community Healthcare District Rural Health Clinic
 - ▶ Bear Valley Hospital skilled nursing unit
 - ▶ Erwin Lake Elderly Care
 - Assisted living with capacity for six
 - ▶ Home Instead Senior Care (home health)
 - Offering companionship and home helper services



Profiles of Comparable Areas

Catalina Island Medical Center

- Tax Revenue: \$350,000
- Other local service area health services:
 - ▶ Rural health clinic



Profiles of Comparable Areas

Eastern Plumas Healthcare

- Tax Revenue: \$530,000
- Other local service area health services:
 - ▶ Eastern Plumas Health Care SNFs (two facilities)
 - Hospital-based
 - Sixty-six beds (Portola location)
 - Thirty-nine beds (Loyalton location)
 - ▶ Heavenly Home Assisted Living
 - Residential care facility with capacity of four



Profiles of Comparable Areas

Mammoth Hospital

- Tax Revenue: \$4.1 million
- Seventeen-bed critical access hospital
- 58,000 square feet
- Twelve outpatient clinics offering family medicine, dental, behavioral health, orthopedics, physical therapy, general surgery, laboratory, imaging, pediatrics, urology, and women's health
- Other local service area health services:
 - ▶ Rural health clinic



Profiles of Comparable Areas

Mendocino Coast District Hospital

- Tax Revenue: \$1.1 million
- Other local service area health services:
 - ▶ Sherwood Oaks Health Center (79-bed SNF)
 - ▶ Home Health Services of Mendocino
 - ▶ The Lodge at the Woods (24 assisted living apartments)
 - ▶ North Coast Family Health Center - rural health clinic offering primary care and surgery services



Profiles of Comparable Areas

San Bernardino Mountains Community Hospital (Lake Arrowhead)

- Tax Revenue: \$2.6 million
- Other local service area health services:
 - ▶ Mountains Community Rural Health Clinic
 - ▶ Rim of the World Home Health (home health)



Profiles of Comparable Areas

Seneca Healthcare District

- Tax Revenue: \$450,000
- Other local service area health services:
 - ▶ Eagle Lake Village Senior Living
 - Assisted living with capacity of 76
 - ▶ Northeastern Rural Health Clinics: Westwood Family Practice
 - ▶ Seneca Healthcare District SNF(16 beds)



Profiles of Comparable Areas

Financial Profile

Coast Life Support District
Inpatient Utilization Profile by Bed Type by Comparable Hospital
Fiscal Year 2012 Ending June 30

Bed Type	Bear Valley Community Hospital	Catalina Medical Center	Eastern Plumas District Hospital	Mammoth Hospital	Mendocino Coast District Hospital	San Bernardino Mountains Community Hospital	Seneca Healthcare District	Indicator		
								Average	Low	High
Licensed Beds										
Medical/Surgical Acute	9	4	10	11	13	17	10	11	4	17
Medical/Surgical Intensive Care	0	0	0	2	4	0	0	1	0	4
Obstetrics Services ⁽¹⁾	0	0	0	2	3	0	0	1	0	3
<i>Acute Care Subtotal</i>	<i>9</i>	<i>4</i>	<i>10</i>	<i>15</i>	<i>20</i>	<i>17</i>	<i>10</i>	<i>12</i>		
Skilled Nursing Care	21	8	66	0	5	20	16	19	0	66
Total	30	12	76	15	25	37	26	32		
Estimated Population	5,111	4,320	10,000	8,307	24,309	12,424	5,000	9,924		
Acute Care Beds per 1,000 pop	1.8	0.9	1.0	1.8	0.8	1.4	2.0	1.2		
Total Discharges										
Medical/Surgical Acute	254	23	450	510	852	195	211	356	23	852
Medical/Surgical Intensive Care	0	0	0	10	116	0	0	18	0	116
Obstetrics Services ⁽¹⁾	0	0	0	105	171	0	0	39	0	171
<i>Acute Care Subtotal</i>	<i>254</i>	<i>23</i>	<i>450</i>	<i>625</i>	<i>1,139</i>	<i>195</i>	<i>211</i>	<i>414</i>		
Skilled Nursing Care	7	6	95	0	213	12	6	48	0	213
Total	261	29	545	625	1,352	207	217	462		

Source: OSPHD Financial Disclosure Reports

https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/Expense_Benchmarks_Small_Sample.xlsxsummary 1

(1) Includes obstetrics acute, and alternative birthing center

Profiles of Comparable Areas

Financial Profile

Coast Life Support District
Inpatient Utilization Profile by Bed Type by Comparable Hospital
Fiscal Year 2012 Ending June 30

Bed Type	Bear Valley Community Hospital	Catalina Medical Center	Eastern Plumas District Hospital	Mammoth Hospital	Mendocino Coast District Hospital	San Bernardino Mountains Community Hospital	Seneca Healthcare District	Indicator		
								Range		
								Average	Low	High
ALOS										
Medical/Surgical Acute	2.9	6.0	2.9	2.3	3.4	6.0	4.6	4.0	2.3	6.0
Medical/Surgical Intensive Care	0.0	0.0	0.0	4.7	6.1	0.0	0.0	1.5	0.0	6.1
Obstetrics Services ⁽¹⁾	0.0	0.0	0.0	1.8	1.9	0.0	0.0	0.5	0.0	1.9
<i>Acute Care Subtotal</i>	<i>2.9</i>	<i>6.0</i>	<i>2.9</i>	<i>2.2</i>	<i>3.5</i>	<i>6.0</i>	<i>4.6</i>	<i>4.0</i>		
Skilled Nursing Care	1,067.1	367.0	212.4	0.0	9.1	570.7	834.7	437.3	0.0	1,067.1
Total	31.5	80.7	39.4	2.6	5.1	38.7	27.5	32.2		
Average Daily Census										
Medical/Surgical Acute	2.0	0.4	3.6	3.2	8.0	3.2	2.6	3.3	0.4	8.0
Medical/Surgical Intensive Care	0.0	0.0	0.0	0.1	1.9	0.0	0.0	0.3	0.0	1.9
Obstetrics Acute	0.0	0.0	0.0	0.5	0.9	0.0	0.0	0.2	0.0	0.9
<i>Acute Care Subtotal</i>	<i>2.0</i>	<i>0.4</i>	<i>3.6</i>	<i>3.8</i>	<i>10.8</i>	<i>3.2</i>	<i>2.6</i>	<i>3.8</i>		
Skilled Nursing Care	20.5	6.0	55.3	0.0	5.3	18.8	13.7	17.1	0.0	55.3
Total	22.5	6.4	58.9	4.5	18.9	22.0	16.4	21.4		
Occupancy Rate										
Medical/Surgical Acute	22.7%	9.5%	36.1%	29.0%	61.2%	18.8%	26.5%	29.1%	9.5%	61.2%
Medical/Surgical Intensive Care	0.0%	0.0%	0.0%	6.4%	48.7%	0.0%	0.0%	7.9%	0.0%	48.7%
Obstetrics Services ⁽¹⁾	0.0%	0.0%	0.0%	26.3%	29.9%	0.0%	0.0%	8.0%	0.0%	29.9%
<i>Acute Care Subtotal</i>	<i>22.7%</i>	<i>9.5%</i>	<i>36.1%</i>	<i>25.6%</i>	<i>54.0%</i>	<i>18.8%</i>	<i>26.5%</i>	<i>27.6%</i>		
Skilled Nursing Care	97.5%	75.4%	83.8%	0.0%	105.7%	93.8%	85.8%	77.4%	0.0%	105.7%
Total	75.0%	53.4%	77.5%	30.0%	75.7%	59.3%	63.0%	62.0%		

Source: OSPHD Financial Disclosure Reports

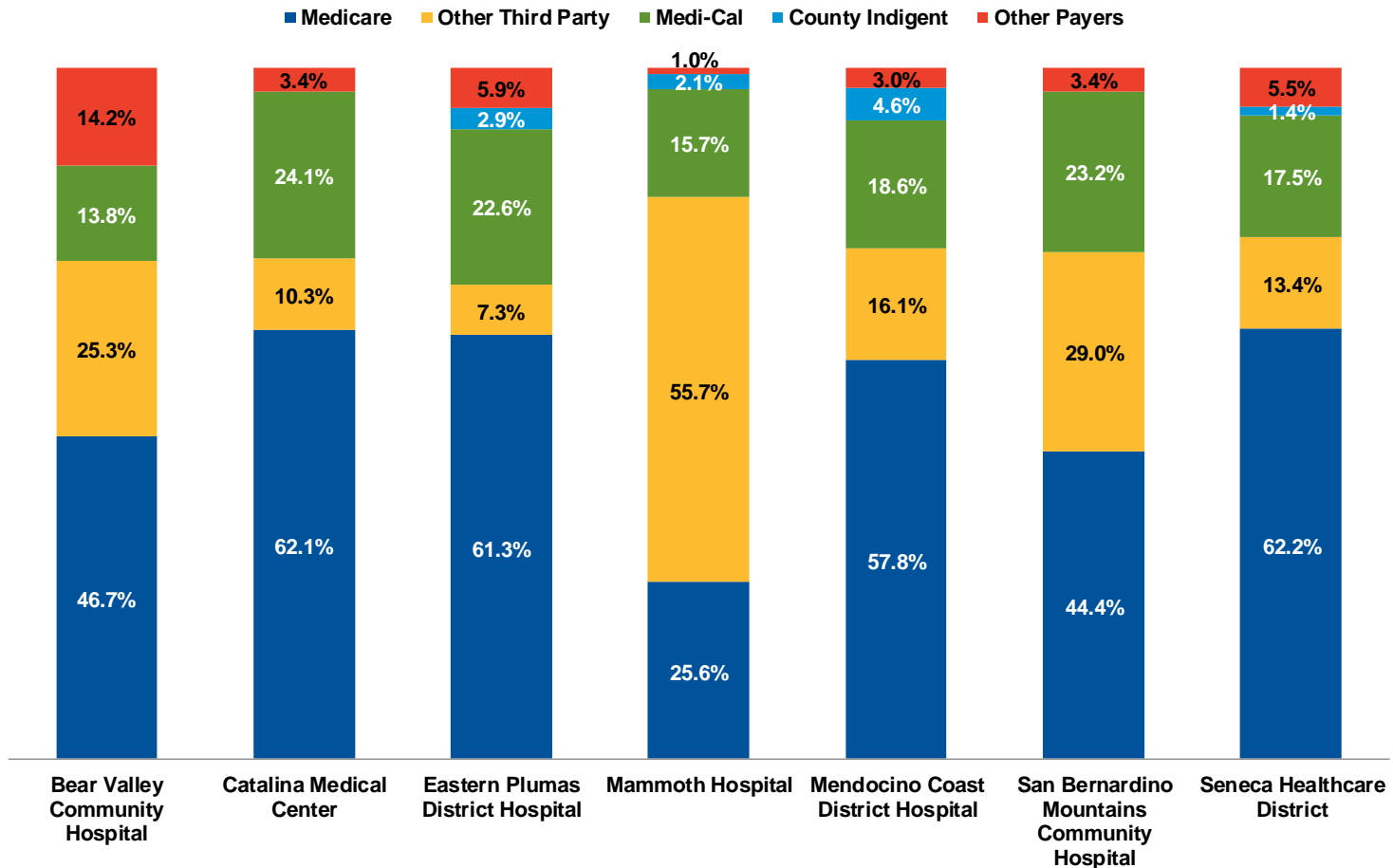
https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/Expense_Benchmarks_Small_Sample.xlsx summary 1(2)

(1) Includes obstetrics acute, and alternative birthing center

Profiles of Comparable Areas

Payer Mix – All Discharges

**Inpatient Discharge Payer Mix Comparison by Comparable Hospital
Fiscal Year 2012 Ending June 30**

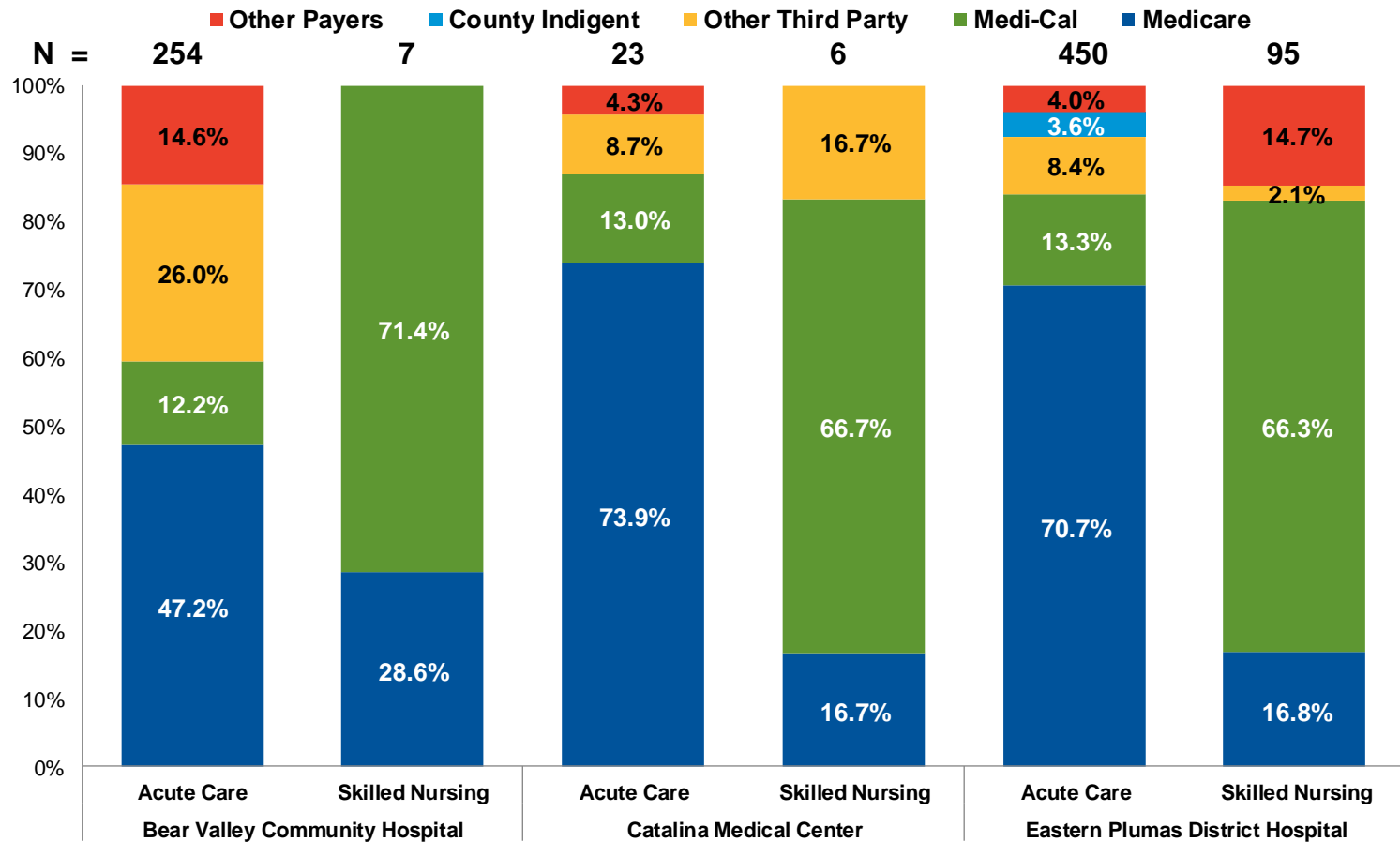


Source:
OSPHD
Financial
Disclosure
Reports

Profiles of Comparable Areas

Payer Mix – Acute vs. Skilled Nursing Discharges

**Inpatient Discharge Payer Mix
Comparison of Acute Care and Skilled Nursing Care
Fiscal Year 2012 Ending June 30**

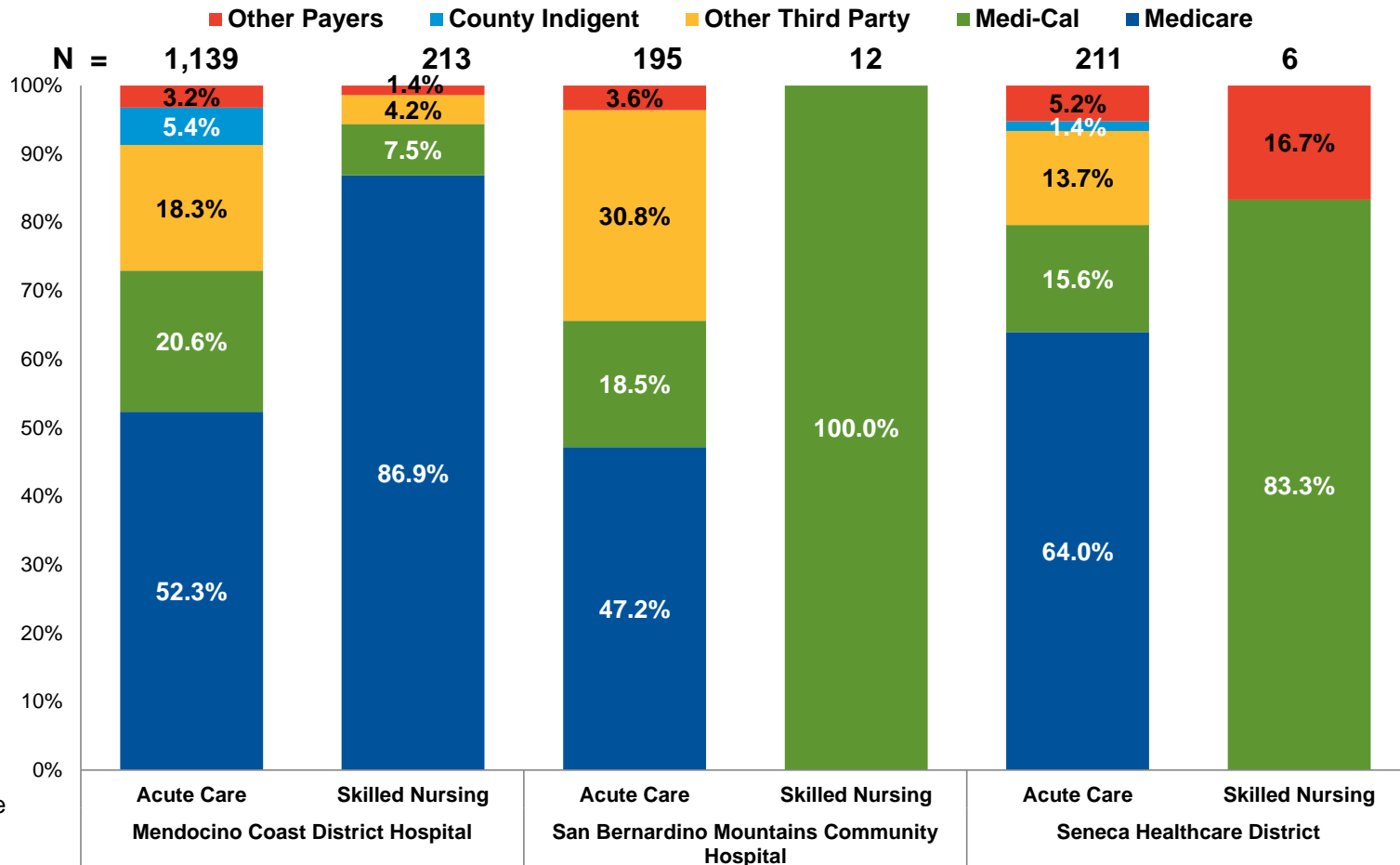


Source:
OSPHD
Financial
Disclosure
Reports

Profiles of Comparable Areas

Payer Mix – Acute vs. Skilled Nursing Discharges

**Inpatient Discharge Payer Mix
Comparison of Acute Care and Skilled Nursing Care
Fiscal Year 2012 Ending June 30**



Source:
OSPHD
Financial
Disclosure
Reports

Profiles of Comparable Areas

Financial Profile

Coast Life Support District
Financial Profile by Comparable Hospital
Fiscal Year 2012 Ending June 30

Measure	Bear Valley Community Hospital	Catalina Medical Center	Eastern Plumas District Hospital	Mammoth Hospital	Mendocino Coast District Hospital	San Bernardino Mountains Community Hospital	Seneca Healthcare District
Income Statement							
Operating Revenue	\$16,527,499	\$6,320,101	\$20,609,305	\$55,348,352	\$45,833,873	\$13,633,872	\$12,876,889
Operating Expenses	19,763,015	6,827,611	20,137,972	55,536,680	47,612,083	16,627,776	12,703,159
Net From Operations	(\$3,235,516)	(\$507,510)	\$471,333	(\$188,328)	(\$1,778,210)	(\$2,993,904)	\$173,730
Non-operating Revenue	\$2,647,317	\$679,628	\$746,769	\$4,403,805	\$1,688,005	\$2,791,035	\$513,372
Non-operating Expenses	265,837	0	0	0	98,321	32,461	163,974
Net Non-operating Revenue And Expense	\$2,381,480	\$679,628	\$746,769	\$4,403,805	\$1,589,684	\$2,758,574	\$349,398
Net Income Before Taxes and Extraordinary Items	(\$854,036)	\$172,118	\$1,218,102	\$4,215,477	(\$188,526)	(\$235,330)	\$523,128
Extraordinary Items	\$0	\$0	\$0	\$0	\$0	\$1	\$0
Net Income	(\$854,036)	\$172,118	\$1,218,102	\$4,215,477	(\$188,526)	(\$235,331)	\$523,128
Property, Plant, and Equipment ("PPE")							
Total Property, Plant, and Equipment	\$12,028,115	\$3,673,473	\$21,176,147	\$73,444,440	\$39,363,291	\$16,506,914	\$10,068,067
Less Accumulated Depreciation and Amortization	(8,866,072)	(2,503,230)	(13,297,987)	(28,116,188)	(24,122,293)	(10,409,494)	(7,795,960)
Net Total Property, Plant And Equipment	\$3,162,043	\$1,170,243	\$7,878,160	\$45,328,252	\$15,240,998	\$6,097,420	\$2,272,107
Construction In Progress	\$377,041	\$1,368,770	\$50,063	\$770,712	\$2,938,013	\$395,183	\$465,808
Average Age Of Plant	16.81	7.67	15.44	7.41	17.02	9.83	25.17
Total PPE Assets Per Bed	\$413,505	\$420,187	\$279,292	\$4,947,677	\$1,692,052	\$456,813	\$405,149
Net PPE Assets Per Bed	\$117,969	\$211,584	\$104,319	\$3,073,264	\$727,160	\$175,476	\$105,304
Total Sqaure Footage	30,677	11,996	55,017	96,506	76,975	33,734	37,719
Sqaure Footage per Licensed Bed	1,023	1,000	724	6,434	3,079	912	1,451
Total PPE Assets Per Square Foot	\$404	\$420	\$386	\$769	\$550	\$501	\$279
Net PPE Assets Per Square Foot	\$115	\$212	\$144	\$478	\$236	\$192	\$73

Source: OSPHD Financial Disclosure Reports

[https://sharepoint.thecamden.org.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[Expense_Benchmarks_Small_Sample.xlsx\]summary 2](https://sharepoint.thecamden.org.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[Expense_Benchmarks_Small_Sample.xlsx]summary 2)

Profiles of Comparable Areas

Financial Profile

Coast Life Support District
Summary of Key Financial Ratios by Comparable Hospital
Fiscal Year 2012 Ending June 30

Ratios	Bear Valley Community Hospital	Catalina Medical Center	Eastern Plumas District Hospital	Mammoth Hospital	Mendocino Coast District Hospital	San Bernardino Mountains Community Hospital	Seneca Healthcare District
Liquidity Ratios							
Current Ratio	1.73	7.43	2.24	4.25	1.58	3.03	3.53
Acid Test Ratio	0.13	2.01	0.84	3.04	0.83	1.95	1.38
Days In Accounts Receivable	55.64	81.17	49.73	62.26	29.28	61.31	43.18
Bad Debt Rate	10.46%	8.70%	3.48%	1.90%	1.52%	7.76%	5.40%
Debt, Risk, And Leverage Ratios							
Long-term Debt to Assets Rate	3.11%	N/A	37.97%	36.24%	49.72%	52.38%	29.52%
Debt Service Coverage Ratio	-4.04	0.00	2.02	3.20	2.65	2.08	3.20
Interest Expense as a Percentage of Operating Expense	0.21%	0.00%	1.54%	2.87%	1.57%	2.99%	0.21%
Profitability Ratios							
Net Return on Operating Assets	-48.45%	-10.96%	6.06%	1.77%	-4.56%	-24.63%	4.11%
Net Return on Equity	-5.64%	3.49%	23.76%	9.23%	-2.43%	-5.43%	12.70%
Operating Margin	-19.58%	-8.03%	2.29%	-0.34%	-3.88%	-21.96%	1.35%
Turnover on Operating Assets	2.51	1.37	1.60	0.70	2.03	1.34	2.64
Fixed Asset Ratios							
Fixed Asset Growth Rate	13.77%	12.55%	3.26%	9.45%	14.85%	9.71%	23.56%
Net PPE Assets Per Bed	117,969	211,584	104,319	3,073,264	727,160	175,476	105,304

Source: OSPHD Financial Disclosure Reports

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[Expense_Benchmarks_Small_Sample.xlsx\]summary 4](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[Expense_Benchmarks_Small_Sample.xlsx]summary 4)

Profiles of Comparable Areas

Summary of Services

Coast Life Support District
 Summary of Services Offered by Comparable Hospital
 Fiscal Year 2012 Ending June 30

Services	Bear Valley Community Hospital	Catalina Medical Center	Eastern Plumas District Hospital	Mammoth Hospital	Mendocino Coast District Hospital	San Bernardino Mountains Community Hospital	Seneca Healthcare District
Patient Services							
Ambulatory Surgery	X		X		X	X	X
Anesthesiology	X		X		X	X	X
Cardiology	X	X	X		X		X
Diagnostic Radiology	X	X	X	X	X	X	X
Emergency Services	X	X	X	X	X	X	X
Gastro-Intestinal			X				
Labor and Delivery					X		
Nuclear Medicine					X		
Occupational Therapy			X			X	
Physical Therapy	X	X	X	X	X	X	X
Respiratory Therapy	X	X	X	X	X	X	X
Speech-Language Pathology			X		X	X	
Surgery and Recovery	X		X	X	X	X	X
Laboratory							
Clinical Laboratory	X	X	X	X	X	X	X
Pathological Laboratory					X		
Imaging							
Computed Tomographic Scanner	X	X	X		X		X
Magnetic Resonance Imaging			X		X		
Ultrasonography	X	X	X		X		X
Other Services							
Adult Day Healthcare					X		
Clinics		X	X	X	X		X
Home Healthcare					X		
Medical Transportation			X	X	X		
Observation Care			X	X			X
Outpatient Hospice					X		
Satellite Clinics	X					X	

Source: OSPHD Financial Disclosure Reports

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[Expense_Benchmarks_Small_Sample.xlsx\]summary 3](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[Expense_Benchmarks_Small_Sample.xlsx]summary 3)

Profiles of Comparable Areas

Health Systems Operating Small Community Medical Centers

The list below reflects a summary of the small community medical centers (25 beds or less) operated by health systems in California.

Hospital Name	City	County	System Name
Frank R. Howard Memorial Hospital	Willits	Mendocino	Adventist Health
Mark Twain St. Joseph's Hospital	San Andreas	Calaveras	Dignity Health
Mercy Medical Center Mt. Shasta	Mt. Shasta	Siskiyou	Dignity Health
Redwood Memorial Hospital	Fortuna	Humboldt	St. Joseph Health
St. Helena Hospital Clearlake	Clearlake	Lake	Adventist Health
Sutter Lakeside Hospital	Lakeport	Lake	Sutter Health

Profiles of Comparable Areas

Health Systems Operating Small Community Medical Centers – Financial Profile

Coast Life Support District
Inpatient Utilization Profile by Bed Type by Comparable Hospital
Fiscal Year 2012 Ending June 30 or December 31

Bed Type	Frank R. Howard Memorial Hospital	St. Helena Hospital Clearlake	Mercy Medical Center Mt. Shasta	Redwood Memorial Hospital	Sutter Lakeside Hospital	Mark Twain St. Joseph's Hospital	Indicator Range		
							Average	Low	High
<i>System Name:</i>	<i>Adventist Health</i>	<i>Adventist Health</i>	<i>Dignity Health</i>	<i>St. Joseph Health</i>	<i>Sutter Health</i>	<i>Dignity Health</i>			
Licensed Beds									
Medical/Surgical Acute	16	16	25	23	16	24	20	16	25
Medical/Surgical Intensive Care	4	4	4	4	3	8	5	3	8
Obstetrics Services ⁽¹⁾	0	5	4	8	6	4	5	0	8
<i>Acute Care Subtotal</i>	<u>20</u>	<u>25</u>	<u>33</u>	<u>35</u>	<u>25</u>	<u>36</u>	<u>29</u>		
Skilled Nursing Care	5	0	0	0	0	12	3	0	12
Total	<u>25</u>	<u>25</u>	<u>33</u>	<u>35</u>	<u>25</u>	<u>48</u>	<u>32</u>		
Total Discharges									
Medical/Surgical Acute	1,163	1,032	738	1,055	1,483	914	1,064	738	1,483
Medical/Surgical Intensive Care	110	255	221	91	170	432	213	91	432
Obstetrics Services ⁽¹⁾	0	178	155	394	333	0	177	0	394
<i>Acute Care Subtotal</i>	<u>1,273</u>	<u>1,465</u>	<u>1,114</u>	<u>1,540</u>	<u>1,986</u>	<u>1,346</u>	<u>1,454</u>		
Skilled Nursing Care	79	0	0	0	73	8	27	0	79
Total	<u>1,352</u>	<u>1,465</u>	<u>1,114</u>	<u>1,540</u>	<u>2,059</u>	<u>1,354</u>	<u>1,481</u>		

Source: OSPHD Financial Disclosure Reports

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[Expense_Benchmarks_Small_Sample.xlsx\]summary 1b](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[Expense_Benchmarks_Small_Sample.xlsx]summary 1b)

(1) Includes obstetrics acute, and alternative birthing center

Profiles of Comparable Areas

Health Systems Operating Small Community Medical Centers – Financial Profile

Coast Life Support District
Inpatient Utilization Profile by Bed Type by Comparable Hospital
Fiscal Year 2012 Ending June 30 or December 31

Bed Type	Frank R. Howard Memorial Hospital	St. Helena Hospital Clearlake	Mercy Medical Center Mt. Shasta	Redwood Memorial Hospital	Sutter Lakeside Hospital	Mark Twain St. Joseph's Hospital	Indicator		
							Average	Low	High
ALOS									
Medical/Surgical Acute	3.7	4.3	2.7	3.7	3.4	4.0	3.6	2.7	4.3
Medical/Surgical Intensive Care	4.9	4.9	1.8	8.3	6.1	2.7	4.8	1.8	8.3
Obstetrics Services ⁽¹⁾	0.0	2.4	2.1	2.0	2.0	0.0	1.4	0.0	2.4
<i>Acute Care Subtotal</i>	<u>3.8</u>	<u>4.1</u>	<u>2.4</u>	<u>3.6</u>	<u>3.4</u>	<u>3.6</u>	<u>3.5</u>		
Skilled Nursing Care	8.6	0.0	0.0	0.0	2.8	4.9	2.7	0.0	8.6
Total	<u>4.0</u>	<u>4.1</u>	<u>2.4</u>	<u>3.6</u>	<u>3.4</u>	<u>3.6</u>	<u>3.5</u>		
Average Daily Census									
Medical/Surgical Acute	11.7	12.0	5.4	10.8	13.9	10.0	10.6	5.4	13.9
Medical/Surgical Intensive Care	1.5	3.4	1.1	2.1	2.9	3.2	2.4	1.1	3.4
Obstetrics Acute	0.0	1.2	0.9	2.2	1.8	0.0	1.0	0.0	2.2
<i>Acute Care Subtotal</i>	<u>13.1</u>	<u>16.6</u>	<u>7.4</u>	<u>15.0</u>	<u>18.6</u>	<u>13.2</u>	<u>14.0</u>		
Skilled Nursing Care	1.9	0.0	0.0	0.0	0.6	0.1	0.4	0.0	1.9
Total	<u>15.0</u>	<u>16.6</u>	<u>7.4</u>	<u>15.0</u>	<u>19.1</u>	<u>13.3</u>	<u>14.4</u>		
Occupancy Rate									
Medical/Surgical Acute	73.0%	75.1%	21.6%	46.8%	86.7%	41.6%	57.5%	21.6%	86.7%
Medical/Surgical Intensive Care	36.7%	86.0%	27.3%	51.8%	95.3%	39.9%	56.2%	27.3%	95.3%
Obstetrics Services ⁽¹⁾	0.0%	23.1%	22.2%	27.0%	30.7%	0.0%	17.2%	0.0%	30.7%
<i>Acute Care Subtotal</i>	<u>65.7%</u>	<u>66.5%</u>	<u>22.4%</u>	<u>42.8%</u>	<u>74.3%</u>	<u>36.6%</u>	<u>51.4%</u>		
Skilled Nursing Care	37.0%	0.0%	0.0%	0.0%	0.0%	0.9%	6.3%	0.0%	37.0%
Total	<u>60.0%</u>	<u>66.5%</u>	<u>22.4%</u>	<u>42.8%</u>	<u>76.5%</u>	<u>27.7%</u>	<u>49.3%</u>		

Source: OSPHD Financial Disclosure Reports

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[Expense_Benchmarks_Small_Sample.xlsx\]summary fb \(2\)](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[Expense_Benchmarks_Small_Sample.xlsx]summary%20fb%20(2))

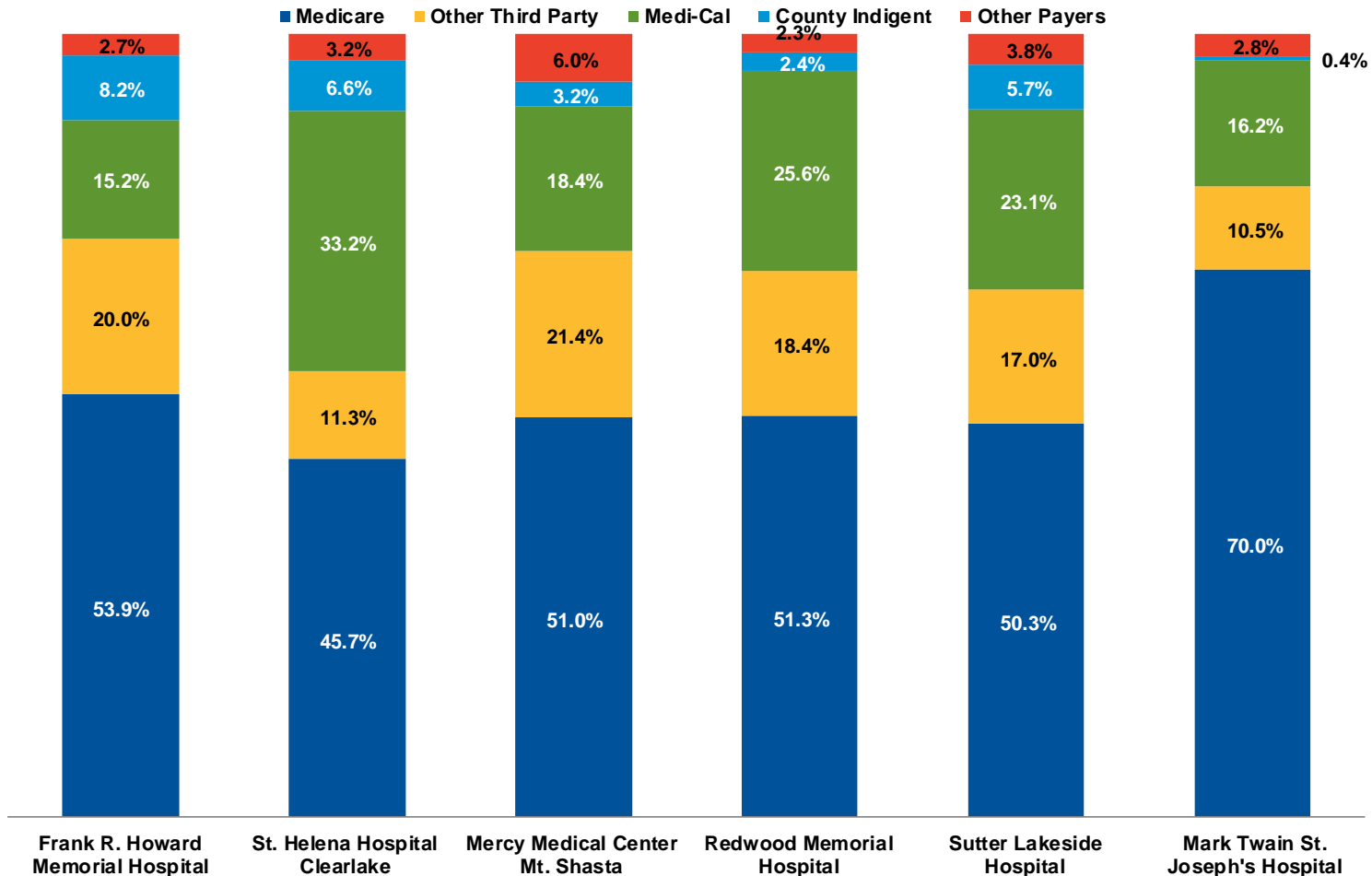
(1) Includes obstetrics acute, and alternative birthing center

Profiles of Comparable Areas

Health Systems Operating Small Community Medical Centers

– Payer Mix

**Inpatient Discharge Payer Mix Comparison by Comparable Hospital
Fiscal Year 2012 Ending June 30 or December 31**



Source:
OSPHD
Financial
Disclosure
Reports

Profiles of Comparable Areas

Health Systems Operating Small Community Medical Centers – Financial Profile

Coast Life Support District
Financial Profile by Comparable Hospital
Fiscal Year 2012 Ending June 30 or December 31

Measure	Frank R. Howard Memorial Hospital	St. Helena Hospital Clearlake	Mercy Medical Center Mt. Shasta	Redwood Memorial Hospital	Sutter Lakeside Hospital	Mark Twain St. Joseph's Hospital
Income Statement						
Operating Revenue	\$46,612,996	\$68,011,776	\$48,443,156	\$47,821,025	\$70,352,079	\$45,471,107
Operating Expenses	39,980,673	67,572,501	45,055,535	39,100,228	65,516,451	48,427,075
Net From Operations	\$6,632,323	\$439,275	\$3,387,621	\$8,720,797	\$4,835,628	(\$2,955,968)
Non-operating Revenue	\$988,077	\$0	\$267,121	\$606,127	\$117,741	\$284,728
Non-operating Expenses	0	78,937	145,364	912,203	9,627	67,663
Net Non-operating Revenue And Expense	\$988,077	(\$78,937)	\$121,757	(\$306,076)	\$108,114	\$217,065
Net Income Before Taxes and Extraordinary Items	\$7,620,400	\$360,338	\$3,509,378	\$8,414,721	\$4,943,742	(\$2,738,903)
Net Income	\$7,620,400	\$360,338	\$3,509,378	\$8,414,721	\$4,943,742	(\$2,738,903)
Property, Plant, and Equipment ("PPE")						
Total Property, Plant, and Equipment	\$13,551,857	\$36,696,894	\$30,099,464	\$25,451,229	\$65,996,048	\$33,188,393
Less Accumulated Depreciation and Amortization	(9,726,650)	(21,187,660)	(21,619,386)	(18,824,673)	(40,366,223)	(19,779,902)
Net Total Property, Plant And Equipment	\$3,825,207	\$15,509,234	\$8,480,078	\$6,626,556	\$25,629,825	\$13,408,491
Construction In Progress	\$12,550,908	\$8,215,541	\$3,418,328	\$3,358,881	\$1,817,598	\$625,626
Average Age Of Plant	7.39	9.26	15.20	12.29	13.99	9.52
Total PPE Assets Per Bed	\$1,044,111	\$1,796,497	\$1,015,691	\$823,146	\$2,712,546	\$704,459
Net PPE Assets Per Bed	\$655,045	\$948,991	\$360,558	\$285,298	\$1,097,897	\$292,377
Total Sqaure Footage	49,654	73,903	78,775	50,168	80,789	73,729
Sqaure Footage per Licensed Bed	1,986	2,956	2,387	1,433	3,232	1,536
Total PPE Assets Per Square Foot	\$526	\$608	\$425	\$574	\$839	\$459
Net PPE Assets Per Square Foot	\$330	\$321	\$151	\$199	\$340	\$190

Source: OSPHD Financial Disclosure Reports

[https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[Expense_Benchmarks_Small_Sample.xlsx\]summary 2b](https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[Expense_Benchmarks_Small_Sample.xlsx]summary 2b)

Profiles of Comparable Areas

Health Systems Operating Small Community Medical Centers – Financial Profile

Coast Life Support District
Summary of Key Financial Ratios by Comparable Hospital
Fiscal Year 2012 Ending June 30 or December 31

Ratios	Frank R. Howard Memorial Hospital	St. Helena Hospital Clearlake	Mercy Medical Center Mt. Shasta	Redwood Memorial Hospital	Sutter Lakeside Hospital	Mark Twain St. Joseph's Hospital
Liquidity Ratios						
Current Ratio	5.42	2.06	5.16	8.43	1.87	5.49
Acid Test Ratio	4.19	0.38	2.96	5.12	0.44	3.54
Days In Accounts Receivable	54.03	38.16	40.47	51.92	46.35	43.33
Bad Debt Rate	1.60%	2.69%	1.71%	2.57%	3.03%	3.86%
Debt, Risk, And Leverage Ratios						
Long-term Debt to Assets Rate	NA	130.95%	8.47%	3.50%	16.96%	8.65%
Debt Service Coverage Ratio	0.00	3.15	8.37	38.47	1.08	-0.40
Interest Expense as a Percentage of Operating Expense	0.00%	1.82%	0.52%	0.58%	1.64%	0.60%
Profitability Ratios						
Net Return on Operating Assets	16.90%	5.83%	11.02%	26.48%	14.87%	-10.12%
Net Return on Equity	16.59%	-1.88%	12.19%	17.00%	17.78%	-7.89%
Operating Margin	14.23%	0.65%	6.99%	18.24%	6.87%	-6.50%
Turnover on Operating Assets	1.19	2.37	1.48	1.42	1.77	1.73
Fixed Asset Ratios						
Fixed Asset Growth Rate	97.36%	15.19%	12.54%	-33.05%	-22.86%	13.72%
Net PPE Assets Per Bed	655,045	948,991	360,558	285,298	1,097,897	292,377

Source: OSPHD Financial Disclosure Reports

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[Expense_Benchmarks_Small_Sample.xlsx\]summary 4b](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[Expense_Benchmarks_Small_Sample.xlsx]summary 4b)

Profiles of Comparable Areas

Health Systems Operating Small Community Medical Centers – Summary of Services

Coast Life Support District
Summary of Services Offered by Comparable Hospital
Fiscal Year 2012 Ending June 30 or December 31

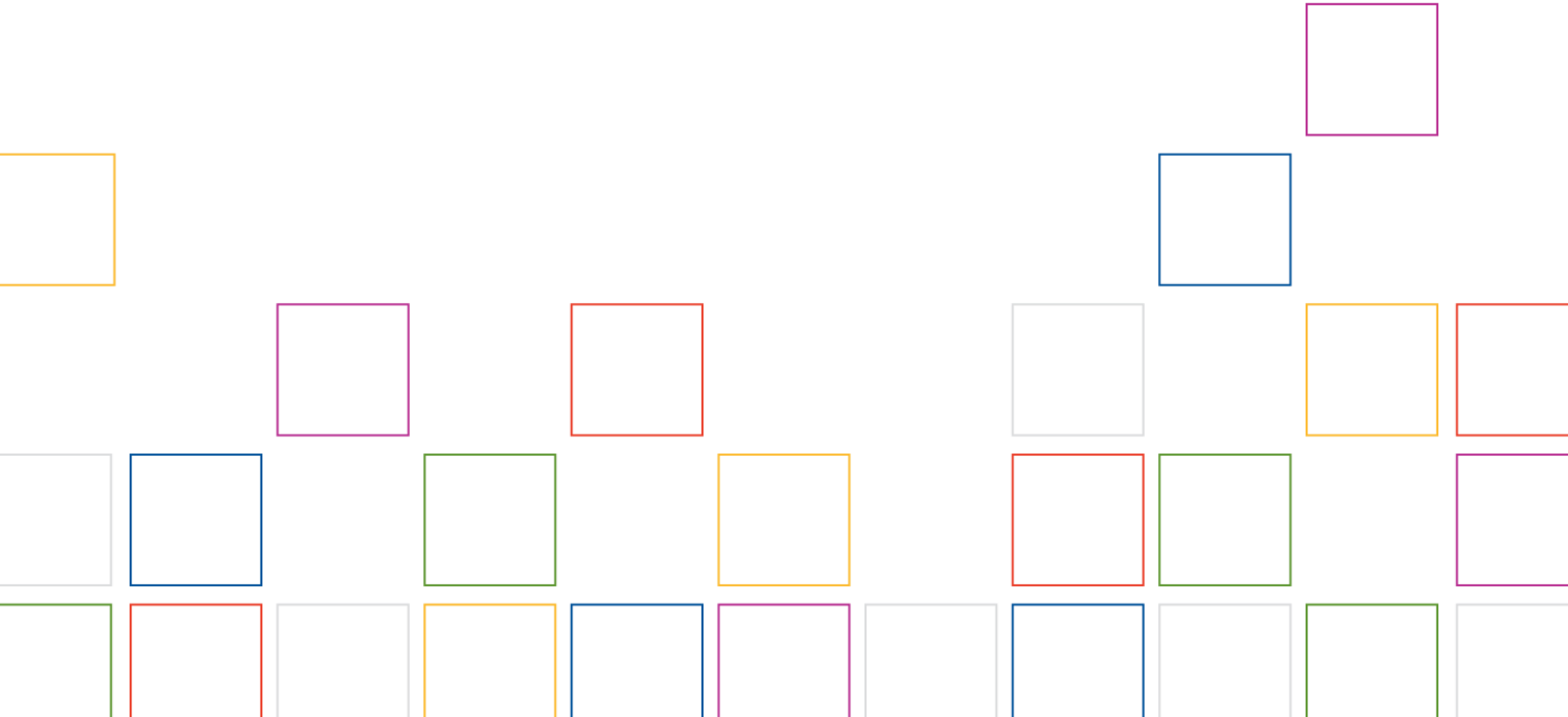
Services	Frank R. Howard Memorial Hospital	St. Helena Hospital Clearlake	Mercy Medical Center Mt. Shasta	Redwood Memorial Hospital	Sutter Lakeside Hospital	Mark Twain St. Joseph's Hospital
Patient Services						
Ambulatory Surgery						
Anesthesiology	X	X	X		X	
Cardiology	X	X	X	X	X	X
Diagnostic Radiology	X	X	X	X	X	X
Emergency Services	X	X	X	X	X	X
Gastro-Intestinal						
Labor and Delivery				X		
Nuclear Medicine		X	X		X	X
Occupational Therapy	X	X	X		X	X
Physical Therapy	X	X	X	X	X	X
Respiratory Therapy	X	X	X	X	X	
Speech-Language Pathology	X	X	X		X	X
Surgery and Recovery	X	X	X	X	X	X
Laboratory						
Clinical Laboratory	X	X	X	X	X	X
Pathological Laboratory	X	X	X		X	
Imaging						
Computed Tomographic Scanner	X	X	X		X	X
Magnetic Resonance Imaging	X	X	X		X	X
Ultrasonography	X	X	X		X	X
Other Services						
Adult Day Healthcare						
Clinics		X	X		X	
Home Healthcare						
Medical Transportation						
Observation Care	X	X	X			
Outpatient Hospice			X			
Satellite Clinics		X				X

Source: OSPHD Financial Disclosure Reports

https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/Expense_Benchmarks_Small_Sample.xlsxsummary 3b

Appendix B

Standby and Basic ED Requirements



Standby and Basic ED Requirements

Standby and Basic Emergency Department Requirements

Requirements	Emergency Department	
	Standby	Basic
SPACE REQUIREMENTS		
General Space Requirements	Designated emergency room area	Treatment room
Specific Space Requirements:		
Cast room		X
Nursing station		X
Medication room		X
Public toilets		X
Observation room	X	X
Staff support rooms including toilets, showers and lounge		X
Waiting room		X
Reception area	X	X
Observation beds in the emergency medical service shall not be counted in the total licensed bed capacity of the hospital.	X	X

[https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[ER_Requirements.xls\]Matrix](https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[ER_Requirements.xls]Matrix)

Sources: California Administrative Code Title 22

Standby and Basic ED Requirements

Standby and Basic Emergency Department Requirements

Requirements	Emergency Department	
	Standby	Basic
GENERAL REQUIREMENTS		
Written policies and procedures developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and med staff where appropriate.	X	X
The responsibility and the accountability of the emergency medical service to the medical staff and administration shall be defined.	X	X
There shall be a roster of names of physicians and their telephone numbers who are available to provide emergency service.	X	
The emergency medical service shall be so located in the hospital as to have ready access to all necessary services.		X
A communication system employing telephones, radiotelephone or similar means shall be in use to establish and maintain contact with the police department, rescue squads and other emergency services of the community.	X	X
The emergency medical service shall have a defined emergency and mass casualty plan in concert with the hospital's capabilities and the capabilities of the community served.	X	X
The hospital shall require continuing education of all emergency medical service personnel.	X	X
Medical records shall be maintained on all patients presenting themselves for emergency medical care. These shall become part of the patient's hospital medical record. Past hospital records shall be available to the emergency medical service.	X	X

[https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[ER_Requirements.xls\]Matrix](https://sharepoint.thecamdengroup.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[ER_Requirements.xls]Matrix)

Sources: California Administrative Code Title 22

Standby and Basic ED Requirements

Standby and Basic Emergency Department Requirements

Requirements	Emergency Department	
	Standby	Basic
GENERAL REQUIREMENTS, continued		
An emergency room log shall be maintained and shall contain at certain information relating to the patient.	X	X
Emergency medical services shall be identified to the public by an exterior sign , clearly visible from public thoroughfares. The wording of such signs shall state:	STANDBY EMERGENCY MEDICAL SERVICE, PHYSICIAN ON CALL	BASIC EMERGENCY MEDICAL SERVICE, PHYSICIAN ON DUTY
All medications furnished to patients through the emergency service shall be provided by a pharmacist or an individual lawfully authorized to prescribe.		X
Standardized emergency nursing procedures shall be developed by an appropriate committee of the medical staff.	X	X
A list of referral services shall be available to include the name, address and telephone number of the following:		
Police department	X	X
Blood Bank	X	
Antivenin service	X	X
Burn center	X	X
Drug abuse center	X	X
Poison control information center	X	X
Suicide prevention center	X	X
Director of the State Dept of Health or designee	X	X
Local health department	X	X
Clergy	X	X
Emergency psychiatric service	X	X
Chronic dialysis service	X	X
Renal transplant center	X	X
Intensive care newborn nursery	X	X
Emergency maternity service	X	X
Radiation accident management service	X	X
Ambulance transport and rescue service	X	X
County coroner or medical examiner	X	X

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[ER_Requirements.xls\]Matrix](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[ER_Requirements.xls]Matrix)

Sources: California Administrative Code Title 22

Standby and Basic ED Requirements

Standby and Basic Emergency Department Requirements

Requirements	Emergency Department	
	Standby	Basic
GENERAL REQUIREMENTS, continued		
Periodically, an appropriate committee of the medical staff shall evaluate the services provided and make appropriate recommendations to the executive committee of the medical staff and administration.	X	X
The hospital shall have the following service capabilities:		
Intensive care service with adequate monitoring and therapeutic equipment.		X
Laboratory service with the capability of performing blood gas analysis and electrolyte determinations.		X
Radiological service shall be capable of providing the necessary support for the emergency service.		X
Surgical services shall be immediately available for life-threatening situations.		X
Post anesthesia recovery service.		X
The hospital shall have readily available the services of a blood bank containing common types of blood and blood derivatives. Blood storage facilities shall be in or adjacent to the emergency service.		X

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[ER_Requirements.xls\]Matrix](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[ER_Requirements.xls]Matrix)

Sources: California Administrative Code Title 22

Standby and Basic ED Requirements

Standby and Basic Emergency Department Requirements

Requirements	Emergency Department	
	Standby	Basic
PHYSICIAN REQUIREMENTS		
A physician shall have overall responsibility for the service.	No qualifications delineated	Must be trained and experienced in emergency medical services.
Responsibilities include:		
(1) Implementation of established policies and procedures.	X	X
(2) Development of a system for physician coverage on call 24 hours a day to the ED.	X	
(3) Providing physician staffing for the ED 24 hours a day who are experienced in emergency medical care.		X
(3) Assurance that physician coverage is available within a reasonable length of time, relative to the patient's illness or injury.	X	
(4) Development of a roster of specialty physicians available for consultation at all times.	X	X
(5) Assurance of continuing education for the medical and nursing staff.	X	
All physicians, dentists and podiatrists providing services in the emergency room shall be members of the organized medical staff.	X	X
An RN shall be responsible for the nursing care within the service.		X
An RN shall be immediately available within the hospital at all times to provide emergency nursing care.	X	
An RN trained and experienced in emergency nursing care shall be on duty at all times.		X
There shall be sufficient other personnel to support the services offered.	No qualifications delineated	Must be other licensed nurses and skilled personnel.

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[ER_Requirements.xls\]Matrix](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[ER_Requirements.xls]Matrix)

Sources: California Administrative Code Title 22

Standby and Basic ED Requirements

Standby and Basic Emergency Department Requirements

Requirements	Emergency Department	
	Standby	Basic
EQUIPMENT REQUIREMENTS		
All equipment and supplies necessary for life support shall be available, including but not limited to:		
Airway control and ventilation equipment	X	X
Suction devices	X	X
Cardiac monitor defibrillator	X	X
Pacemaker capability		X
Apparatus to est. central venous pressure monitoring		X
IV fluids and administration devices	X	X
Blood expanders	X	X

[https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/\[ER_Requirements.xls\]Matrix](https://sharepoint.thecamden.com/Clients/Coast_Life_Support_District/Business_Plan_2013/Planning/[ER_Requirements.xls]Matrix)

Sources: California Administrative Code Title 22