

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

MUNSTER MEDICAL RESEARCH FOUNDATION, INC.

Employer identification number

35-1107009

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		2497	6,006,722.	149,548.	5,857,174.	1.36
b Medicaid (from Worksheet 3, column a)		31092	64,692,536.	35,305,369.	29,387,167.	6.84
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		33589	70,699,258.	35,454,917.	35,244,341.	8.20
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	98	5011	820,660.	11,443.	809,217.	.19
f Health professions education (from Worksheet 5)	24	470	556,985.		556,985.	.13
g Subsidized health services (from Worksheet 5)	1	801	3,854,939.	3,657,965.	196,974.	.05
h Research (from Worksheet 7)	51	1885	968,416.	255,595.	712,821.	.17
i Cash and in-kind contributions for community benefit (from Worksheet 8)	49		188,319.		188,319.	.04
j Total. Other Benefits	223	8167	6,389,319.	3,925,003.	2,464,316.	.58
k Total. Add lines 7d and 7j.	223	41756	77,088,577.	39,379,920.	37,708,657.	8.78

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2013

JSA 3E1284 1 000

5060CS 3987

V 13-7.15

35-1107009

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	1		80,803.	2,732.	78,071.	.02
4 Environmental improvements						
5 Leadership development and training for community members	1	28	9,676.		9,676.	
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	2	28	90,479.	2,732.	87,747.	.02

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 5,082,914.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 50,829.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5 175,369,630.	
6 Enter Medicare allowable costs of care relating to payments on line 5	6 206,324,857.	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -30,955,227.	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
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8				
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11				
12				
13				

Part V Facility information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number

1 MUNSTER MEDICAL RESEARCH FOUNDATION
 901 MACARTHUR BOULEVARD
 MUNSTER IN 46321

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<u>1</u>	X	X					X			
<u>2</u>										
<u>3</u>										
<u>4</u>										
<u>5</u>										
<u>6</u>										
<u>7</u>										
<u>8</u>										
<u>9</u>										
<u>10</u>										

Part V Facility information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group MUNSTER MEDICAL RESEARCH FOUNDATION

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.

If "Yes," indicate what the CHNA report describes (check all that apply):

- a A definition of the community served by the hospital facility
- b Demographics of the community
- c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d How data was obtained
- e The health needs of the community
- f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g The process for identifying and prioritizing community health needs and services to meet the community health needs
- h The process for consulting with persons representing the community's interests
- i Information gaps that limit the hospital facility's ability to assess the community's health needs
- j Other (describe in Section C)

2 Indicate the tax year the hospital facility last conducted a CHNA: 20 1 3

3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

5 Did the hospital facility make its CHNA report widely available to the public?

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

- a Hospital facility's website (list url): HTTP://WWW.COMHNS.ORG/COMMUNITY
- b Other website (list url): HTTP://CHSCOMMUNITY.HEALTHFORECAST.NET
- c Available upon request from the hospital facility
- d Other (describe in Section C)

6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):

- a Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA
- b Execution of the implementation strategy
- c Participation in the development of a community-wide plan
- d Participation in the execution of a community-wide plan
- e Inclusion of a community benefit section in operational plans
- f Adoption of a budget for provision of services that address the needs identified in the CHNA
- g Prioritization of health needs in its community
- h Prioritization of services that the hospital facility will undertake to meet health needs in its community
- i Other (describe in Section C)

7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs

8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?

b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?

c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
1	X	
3	X	
4	X	
5	X	
7		X
8a		X
8b		

Part V Facility information (continued)

Financial Assistance Policy MUNSTER MEDICAL RESEARCH FOUNDATION

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>3</u> <u>0</u> <u>0</u> % If "No," explain in Section C the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Part V Facility information (continued) MUNSTER MEDICAL RESEARCH FOUNDATION

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Changes to individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Section C.			
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?		X
If "Yes," explain in Section C.			

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B, LINE 3 - COMMUNITY STAKEHOLDERS:

FOCUS GROUPS HELD AS PART OF THIS CHNA INCORPORATED INPUT FROM 44 KEY INFORMANTS (OR COMMUNITY STAKEHOLDERS) IN THE AREA WITH SPECIAL EMPHASIS ON PERSONS WHO WORK WITH OR HAVE SPECIAL KNOWLEDGE ABOUT VULNERABLE POPULATIONS IN THE FOUR COUNTIES, INCLUDING LOW INCOME INDIVIDUALS, MINORITY POPULATIONS, THOSE WITH CHRONIC CONDITIONS, AND OTHER MEDICALLY UNDERSERVED RESIDENTS. THE FIVE GROUPS CONSISTED OF DOCTORS, OTHER HEALTH PROVIDERS, SOCIAL SERVICE PROVIDERS, BUSINESS LEADERS, AND OTHER COMMUNITY LEADERS. THE COMPLETE LIST CAN BE FOUND ON PAGES 103 AND 104 OF OUR CHNA.

PART V, SECTION B, LINE 4 - HOSPITAL FACILITIES CHNA WAS CONDUCTED WITH:

COMMUNITY HEALTHCARE SYSTEM:

ST. CATHERINE HOSPITAL, INC.

ST. MARY MEDICAL CENTER, INC.

FRANCISCAN ALLIANCE:

ST. ANTHONY HEALTH

ST. MARGARET HEALTH - HAMMOND

ST. MARGARET HEALTH - DYER

THE METHODIST HOSPITALS, INC.:

NORTHLAKE CAMPUS

SOUTHLAKE CAMPUS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B, LINE 7 - CHNA NEEDS IDENTIFIED BUT NOT ADDRESSED:

THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM IDENTIFIED AREAS OF CONCERN NOT IDENTIFIED IN THE HOSPITAL'S IMPLEMENTATION PLAN.

THESE AREAS INCLUDE:

- " ACCESS TO HEALTH SERVICES
- " CANCER
- " CHRONIC KIDNEY DISEASE
- " FAMILY PLANNING
- " INJURY & VIOLENCE PREVENTION
- " ORAL HEALTH

MANY OF THESE AREAS ARE BEING ADDRESSED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS BY OTHER COMMUNITY ORGANIZATIONS. FOR EXAMPLE, COMMUNITY HEALTHCARE SYSTEM SUPPORTS A LARGE CANCER PROGRAM WITH A SEPARATE RESEARCH FOUNDATION FOCUSED ON IMPROVING ACCESS TO CLINICAL TRIALS FOR AREA RESIDENTS AS WELL AS PROVIDING FREE SUPPORT AND MIND-BODY SERVICES THROUGH ITS CANCER RESOURCE CENTRE. ALL HOSPITALS PROVIDE ROUTINE LOW-COST AND FREE SCREENING PROGRAMS FOR A VARIETY OF CANCERS.

AS THE HOSPITAL FOCUSES ON LIFESTYLE, EDUCATION, PREVENTION AND ACCESS TO CARE ISSUES SURROUNDING ITS FOUR FOCUSED AREAS, POSITIVE OUTCOMES WILL LIKELY HAVE POSITIVE EFFECTS ON THE HEALTH NEEDS NOT ADDRESSED. TO HAVE THE GREATEST IMPACT, HOWEVER, THE HOSPITAL HAS CHOSEN TO FOCUS ON THREE OF THE MOST SERIOUS DISEASES AND THE RELATED LIFESTYLE ISSUES FACING OUR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

COMMUNITY AS WELL AS INVESTING IN THE HEALTH OF THE MOST VULNERABLE
RESIDENTS - OUR NEWBORNS.

PART V, SECTION B, LINE 20D - FAP ELIGIBILITY:

OUR MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR
EMERGENCY OR OTHER MEDICALLY NECESSARY CARE ARE BASED ON A SLIDING SCALE.
UP TO 200% OF FEDERAL POVERTY GUIDELINES (FPG) IS 100% FREE CARE.
201%-300% IS CHARGED BASED ON MEDICARE RATES. OVER 300% IS CHARGED BASED
ON AVERAGE OF MEDICARE AND LOWEST MANAGED CARE RATES COMBINED.

PATIENTS MAY ALSO BE ELIGIBLE FOR SELF-PAY/PROMPT PAY DISCOUNTS
REGARDLESS OF FEDERAL POVERTY LEVEL. WE OFFER 30% DISCOUNT TO TRUE
SELF-PAY ACCOUNTS AND AN ADDITIONAL 10% DISCOUNT FOR PROMPT PAYMENT.

Part V Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 COMMUNITY SURGERY CENTER 801 MACARTHUR BOULEVARD MUNSTER IN 46321	OUTPATIENT SURGERY
2 COMMUNITY DIAGNOSTIC CENTER 10020 DONALD S. POWERS DRIVE MUNSTER IN 46321	DIAGNOSTIC CENTER
3 ST. JOHN OUTPATIENT CENTER 9660 WICKER AVENUE ST. JOHN IN 46373	OUTPATIENT CENTER
4 COMMUNITY CARDIOLOGY CENTER 801 MACARTHUR BOULEVARD MUNSTER IN 46321	OUTPATIENT CENTER
5 FITNESS POINTE 9550 COLUMBIA AVENUE MUNSTER IN 46321	REHABILITATION
6 COMMUNITY HOME HEALTH SERVICES 9104 COLUMBIA AVENUE MUNSTER IN 46321	HOME HEALTH
7 SCHERERVILLE OUTPATIENT CENTER 7651 HARVEST DRIVE SCHERERVILLE IN 46375	OUTPATIENT CENTER
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C - FACTORS OTHER THAN FPG USED TO DETERMINE FAP ELIGIBILITY

N/A - FPG IS THE ONLY FACTOR USED

PART I, LINE 6A - WAS A COMMUNITY BENEFIT REPORT PREPARED:

THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF A COMMUNITY BENEFIT REPORT. COMMUNITY HOSPITAL MAKES ITS 990 AVAILABLE TO THE PUBLIC.

PART I, LINE 7 - FINANCIAL ASSISTANCE & OTHER COMMUNITY BENEFITS AT COST:

COST ACCOUNTING SYSTEM WAS USED FOR COMPUTATIONS. BAD DEBT IS EXCLUDED FROM THE CALCULATION. MEDICAID DIRECT OFFSETTING REVENUE INCLUDES THE INCREASED HAF REIMBURSEMENT. THE EXPENSE INCLUDES THE HAF FEE.

PART II - COMMUNITY BUILDING ACTIVITIES:

COMMUNITY SUPPORT (LINE 3)

THIS CATEGORY CAN INCLUDE "DISASTER READINESS AND PUBLIC HEALTH EMERGENCY ACTIVITIES, SUCH AS READINESS TRAINING BEYOND WHAT IS REQUIRED BY ACCREDITING BODIES OR GOVERNMENT ENTITIES." EXPENSES AND REVENUES RELATING TO THE BIO-TERRORISM DEPARTMENT OF THE HOSPITAL HAVE BEEN

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INCLUDED IN THIS CATEGORY.

LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBER (LINE 5)

THIS CATEGORY INCLUDES "TRAINING IN CONFLICT RESOLUTION; CIVIC, CULTURAL OR LANGUAGE SKILLS; AND MEDICAL INTERPRETER SKILLS FOR COMMUNITY RESIDENTS." THE COSTS REPORTED HERE RELATE TO THE PROVIDING OF DEAF INTERPRETATION SERVICES TO PATIENTS.

PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT AT COST:

THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST REPORT IS USED TO ESTIMATE BAD DEBT AT COST.

PART III, LINE 3 - BAD DEBT EXPENSE ATTRIBUTABLE TO FAP ELIGIBLE PATIENTS:

WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE.

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE FROM AUDIT:

PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS REDUCED BY THE PROVISION FOR BAD DEBTS, AND NET ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION THE TRENDS IN HEALTH CARE COVERAGE, ECONOMIC TRENDS, AND OTHER COLLECTION INDICATORS. MANAGEMENT REGULARLY ASSESSES THE ADEQUACY OF THE ALLOWANCES BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY AND AGING BUCKET. THE RESULTS OF THE REVIEW ARE THEN UTILIZED TO MAKE MODIFICATIONS, AS NECESSARY, TO THE PROVISION FOR BAD DEBTS TO PROVIDE FOR AN APPROPRIATE ALLOWANCE FOR BAD DEBTS. A SIGNIFICANT PORTION OF THE HOSPITALS' UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES PROVIDED, AND A SIGNIFICANT PORTION OF THE HOSPITALS' INSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND DEDUCTIBLES. THUS, THE HOSPITALS RECORD A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN ACCORDANCE WITH

Part VI Supplemental Information

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CFNI'S POLICY, ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED AGAINST
THE ALLOWANCE FOR BAD DEBTS.

PART III, LINE 8 - WHY MEDICARE SHORTFALL SHOULD BE COMMUNITY BENEFIT:
WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY
FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE,
QUALIFYING THE SHORTFALL AS A COMMUNITY BENEFIT. THE MEDICARE ALLOWABLE
COSTS OF CARE WERE CALCULATED BY USING INFORMATION FROM THE COST
ACCOUNTING SYSTEM.

PART III, LINE 9B - COLLECTION PRACTICES FOR QUALIFYING FA PATIENTS:
COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED
FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES
BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS
RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL
ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A
FINANCIAL ASSISTANCE REVIEW.

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2. NEEDS ASSESSMENT

IN COLLABORATION WITH COMMUNITY HEALTHCARE SYSTEM, FRANCISCAN ALLIANCE, AND THE METHODIST HOSPITALS, INC., COMMUNITY HOSPITAL CONTRACTED WITH A THIRD PARTY TO PERFORM OUR COMMUNITY HEALTH NEEDS ASSESSMENT AS PER REGULATION 501(R). THE MOST RECENT CHNA WAS CONDUCTED IN 2013 AND IS AVAILABLE ON THE FOLLOWING WEBSITES:

[HTTP://WWW.COMHS.ORG/COMMUNITY](http://www.comhs.org/community)

[HTTP://WWW.CHSCOMMUNITY.HEALTHFORECAST.NET](http://www.chscommunity.healthforecast.net)

3. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PATIENTS WHO ARE ADMITTED WITHOUT INSURANCE ARE DIRECTED TO THE HOSPITAL'S FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS PERFORM AN INTERVIEW WITH THE PATIENTS TO EXPLAIN TO THEM THE PROCESS NECESSARY TO RECEIVE FINANCIAL ASSISTANCE. THIS PROCESS INCLUDES APPLYING FOR MEDICAID OR OTHER GOVERNMENT AID. THE APPLICANT THEN MUST FILL OUT A FINANCIAL INFORMATION WORKSHEET AND SUBMIT VARIOUS INFORMATION TO DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY. THE POLICY IS POSTED IN THE EMERGENCY ROOM

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AREA AS WELL AS AT EACH INPATIENT WAITING DESK. THE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE.

4. COMMUNITY INFORMATION

LOCATED IN MUNSTER, INDIANA, THE COMMUNITY SERVED INCLUDES NORTHWEST INDIANA. LATEST U.S. CENSUS BUREAU DEMOGRAPHIC INFORMATION COMPARING MUNSTER TO THE STATE OF INDIANA:

	MUNSTER	INDIANA
PERSONS UNDER 18 YEARS, PERCENT, 2010	23.4%	24.8%
PERSONS 65 YEARS AND OVER, PERCENT, 2010	18.7%	13.0%
WHITE ALONE, PERCENT, 2010 (A)	85.6%	84.3%
BLACK OR AFRICAN AMERICAN ALONE, PERCENT, 2010 (A)	3.5%	9.1%
HISPANIC OR LATINO, PERCENT, 2010 (B)	10.2%	6.0%
WHITE ALONE, NOT HISPANIC OR LATINO, PERCENT, 2010	79.2%	81.5%
HIGH SCHOOL GRADUATE OR HIGHER, AGE 25+, 2009-2013	94.2%	87.2%
BACHELOR'S DEGREE OR HIGHER, AGE 25+, 2009-2013	40.6%	23.2%
MEDIAN HOUSEHOLD INCOME, 2009-2013	\$72,583	\$48,248

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PERSONS BELOW POVERTY LEVEL, PERCENT, 2009-2013 6.6% 15.4%

(A) INCLUDES PERSONS REPORTING ONLY ONE RACE.

(B) HISPANICS MAY BE OF ANY RACE, SO ALSO ARE INCLUDED IN APPLICABLE RACE

CATEGORIES

5. PROMOTION OF COMMUNITY HEALTH

COMMUNITY HOSPITAL IN MUNSTER, INDIANA, IS A NOT-FOR-PROFIT, NON-SECTARIAN, ACUTE CARE FACILITY RECOGNIZED FOR MEETING THIS NATION'S HIGHEST HEALTH CARE STANDARDS. THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS HAS AWARDED COMMUNITY HOSPITAL ACCREDITATION WITH COMMENDATION, ITS HIGHEST HONOR, RECOGNIZING THE HOSPITAL'S EXEMPLARY PERFORMANCE.

COMMUNITY HOSPITAL IS THE AREA'S FIRST CHOICE IN HEALTH CARE, WITH MORE ADMISSIONS THAN ANY SINGLE HOSPITAL IN LAKE COUNTY, INDIANA. COMMUNITY HOSPITAL HAS BEEN SELECTED AS THE AREA'S MOST PREFERRED HOSPITAL FOR QUALITY CARE IN EACH OF THE LAST THREE ANNUAL NATIONAL CONSUMER SURVEYS BY NEBRASKA-BASED NATIONAL RESEARCH CORPORATION. THIS UNMATCHED RECORD OF

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QUALITY HEALTH CARE IS BACKED BY SOME OF THE AREA'S MOST RESPECTED
MEDICAL PROFESSIONALS AND SOME OF THE MOST ADVANCED MEDICAL TECHNOLOGY
AVAILABLE.

THE 427-BED HOSPITAL HAS A MEDICAL STAFF OF MORE THAN 575 PHYSICIANS.
COMMUNITY HOSPITAL OPERATES AMONG ITS SERVICES A 24-HOUR EMERGENCY
DEPARTMENT, INTENSIVE CARE, INTERMEDIATE CARE, PEDIATRICS, OBSTETRICS AND
NEONATAL UNITS, COMMUNITY ONCOLOGY CENTER, WOMEN'S DIAGNOSTIC CENTER,
PAIN CLINIC, REHABILITATION CENTER, ORTHOPEDICS UNIT AND OUTPATIENT
SURGERY.

IN NOVEMBER 1998, THE HOSPITAL OPENED FITNESS POINTE, A HEALTH CLUB
FACILITY THAT ENCOMPASSES GENERAL FITNESS, CARDIAC REHABILITATION,
PHYSICAL THERAPY AND SPORTS MEDICINE. THIS UNIQUE, MEDICALLY-BASED
FITNESS FACILITY FURTHERS THE HOSPITAL'S MISSION TO IMPROVE THE HEALTH
AND WELL-BEING OF OUR COMMUNITY.

THE FIRST PATIENT WAS ADMITTED TO COMMUNITY HOSPITAL ON SEPT. 11, 1973,
AT WHICH TIME IT WAS A 104-BED MEDICAL SURGICAL FACILITY. TODAY, THE
NOT-FOR-PROFIT HOSPITAL IS THE AREA'S BUSIEST, OPERATING THE LARGEST
HEART AND CANCER PROGRAMS AS WELL AS DELIVERING SOME 2,400 BABIES A YEAR.

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COMMUNITY HOSPITAL HAS INVESTED SINCE ITS OPENING MORE THAN \$250 MILLION TO ASSEMBLE AN IMPRESSIVE NETWORK OF HEALTH CARE SERVICES THAT SPAN THE ILLNESS-TO-WELLNESS SPECTRUM.

COMMUNITY HOSPITAL IS A NON-PROFIT HOSPITAL OPERATING AS A PART OF THE COMMUNITY HEALTHCARE SYSTEM, WHICH INCLUDES ST. CATHERINE HOSPITAL, INC. IN EAST CHICAGO, INDIANA AND ST. MARY MEDICAL CENTER, INC. IN HOBART, INDIANA. THE HOSPITALS ARE COMMITTED TO PROVIDING THE HIGHEST QUALITY HEALTHCARE IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF THE INDIVIDUAL, PROVIDING FOR THE WELL-BEING OF THE COMMUNITY AND SERVING THE NEEDS OF ALL PEOPLE, INCLUDING THE POOR AND DISADVANTAGED. COMMUNITY HOSPITAL TAKES PRIDE IN BEING RESPONSIVE TO THE NEEDS OF OUR COMMUNITY. BELOW, WE HAVE LISTED CURRENT PROGRAMS DESIGNED TO MEET THOSE NEEDS.

THE DESIGNATED POPULATION THAT COMMUNITY HOSPITAL IS FOCUSING ON INCLUDES THOSE INDIVIDUALS WHOSE LIFE-STYLE BEHAVIORS PUT THEM AT RISK FOR DISEASE AND ILLNESS. OUR PRIMARY FOCUS THIS YEAR IS ON DISEASES THAT HAVE BEEN IDENTIFIED AS HEALTH DISCREPANCIES IN LAKE COUNTY, INDIANA - DIABETES, HEART DISEASE & STROKE, AND MATERNAL INFANT & CHILD HEALTH. THE INCIDENCE OF THESE DISEASES IN OUR REGION SURPASSED STATE AND NATIONAL AVERAGES,

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AND THEREFORE DEMANDED OUR PRIMARY FOCUS. ALL OF THESE AREAS HAVE A COMMON LINK TO MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION, PREVENTION AND ACCESS TO MEDICAL SERVICES. COMMUNITY HOSPITAL HAS INVESTED GREATLY IN RECENT YEARS IN TREATMENT AND EDUCATION PROGRAMS AND IN OFFERING PATIENTS ACCESS TO TREATMENTS NOT AVAILABLE ELSEWHERE IN THE COUNTY. WE ARE EXPANDING BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN PARTICULAR OUR EMPLOYED PHYSICIANS GROUP. THE FOCUS OF OUR COMMUNITY BENEFIT IS TO USE RESOURCES TO REACH BEYOND THE TREATMENT OF THESE DISEASES TO HELP EDUCATE, SUPPORT AND EMPOWER INDIVIDUALS TO LOWER THEIR RISKS.

2013-2014 ANNUAL PROGRESS REPORT

A. THE COMMUNITY HOSPITAL FITNESS POINTE® - THE GOAL OF FITNESS POINTE® IS TO PROVIDE OPPORTUNITIES FOR PERSONS OF NORTHWEST INDIANA TO IMPROVE AND MAINTAIN THEIR HEALTHY LIFE-STYLE HABITS, LOWERING THEIR RISKS FOR HEART DISEASE, STROKES, AND DIABETES. THE FACILITY WAS DEVELOPED TO ADDRESS FINDINGS OF OUR 1995 HEALTH NEEDS ASSESSMENT THAT IDENTIFIED OPPORTUNITIES TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY.

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COMMUNITY HOSPITAL OPENED FITNESS POINTE® ON NOVEMBER 1, 1998. THE APPROXIMATE 73,000 SQUARE FOOT FACILITY HOUSES THE HOSPITAL'S OUTPATIENT PHYSICAL THERAPY, DIZZINESS AND SPINAL THERAPY, OUTPATIENT DIETARY COUNSELING, OUTPATIENT DIABETIC EDUCATION, CARDIAC REHABILITATION PHASE III AND REHAB PLUS, AND THE FITNESS POINTE® DEPARTMENTS. FITNESS POINTE® PROGRAMS ADDRESS HEALTH EDUCATION/WELLNESS, AND FITNESS-RELATED CONTENT AREAS. THE COMMUNITY EDUCATION OFFERINGS AND THE CONTRIBUTIONS OF THE HOSPITAL EMPLOYEES AND MEDICAL STAFF ARE VITAL PIECES IN ADDRESSING THE HEALTH DISPARITIES IN LAKE COUNTY, SUPPORTING A VARIETY OF DISEASE PREVENTION GOALS. MANY OF THE COMMUNITY EDUCATION CLASSES ORIGINALLY DEVELOPED AT FITNESS POINTE ARE NOW ALSO OFFERED AT COMMUNITY HOSPITAL OUTPATIENT CENTRE IN ST. JOHN, VALPARAISO HEALTH CENTER AND PORTAGE YMCA FURTHER EXPANDING THE SCOPE OF SERVICES. HEALTH EDUCATION/WELLNESS SERVICES - THE COMMUNITY HEALTH NEEDS ASSESSMENT INDICATED LAKE COUNTY RESIDENTS HAVE INCREASED RISK FOR HEART DISEASE AND CANCER COMPARED TO STATE AND NATIONAL STATISTICS. A VARIETY OF HEALTH EDUCATION AND WELLNESS PROGRAMS ARE OFFERED TO THE COMMUNITY AT LITTLE OR NO CHARGE TO IMPROVE KNOWLEDGE AND AWARENESS OF LIFE-STYLE RELATED RISKS FOR THESE DISEASES.

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FITNESS POINTE® PROVIDES A SUPPORTIVE ENVIRONMENT FOR AREA RESIDENTS TO MAINTAIN HEALTHY HABITS. RESEARCH INDICATES CERTAIN INDIVIDUALS ARE AT GREATER RISK FOR LIFE-STYLE RELATED DISEASES SUCH AS HEART DISEASE AND DIABETES BASED ON PHYSICAL MEASURES. FITNESS POINTE® SCREENINGS FOR THESE RISKS DURING MANDATORY FITNESS PROFILES ARE PERFORMED ON ALL NEW PROGRAM PARTICIPANTS. IN A STUDY IN CONJUNCTION WITH VALPARAISO UNIVERSITY AND THE HEART CENTER AT COMMUNITY HOSPITAL, FITNESS POINTE® IDENTIFIED 1,321 INDIVIDUALS AT A SIGNIFICANTLY INCREASED RISK FOR DIABETES AND HEART DISEASE. OF THESE INDIVIDUALS, 700 OF THEM AT THE HIGHEST RISK LEVELS FOR HEART DISEASE AND DIABETES WERE INVITED TO UNDERGO ADDITIONAL SCREENING FOR BLOOD CHOLESTEROL, BODY MASS INDEX AND BLOOD PRESSURE. SOME OTHERS AT MODERATE TO HIGH RISK WERE TARGETED, THROUGH ADDITIONAL SCREENING AND LIFE-STYLE MODIFICATION, FOR INTERVENTION TO REDUCE THEIR RISK OF DISEASE. WITH 25% OF WHITE CHILDREN AND 33% OF AFRICAN AMERICAN AND HISPANIC CHILDREN BEING OVERWEIGHT ACCORDING TO 2001 STATISTICS, FITNESS POINTE HAS DEVELOPED PROGRAMS TO HELP ADDRESS THIS ISSUE. "FIT TRIP" IS A PROGRAM THAT BRINGS 1ST-3RD GRADE STUDENTS TO FITNESS POINTE FOR A 90 MINUTE INTRODUCTION AND EXPERIENCE WITH DIFFERENT TYPES OF EXERCISE

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COMBINED WITH BASIC NUTRITION TIPS. "TAKE 5 FOR LIFE" IS A PROGRAM DEVELOPED FOR 5TH GRADERS TO TEACH GOOD HEALTH, NUTRITION AND FITNESS HABITS WITHIN THE SCHOOL SETTING, AS WELL AS TO ENCOURAGE ACTIVITY. BASED ON THE HEALTH NEEDS AND INTERESTS OF THOSE PROGRAM ATTENDEES, PROGRAMS WERE DEVELOPED IN THE AREAS OF: WOMEN'S HEALTH, NUTRITION AND HEALTHY COOKING, RELAXATION, WEIGHT MANAGEMENT, SENIOR HEALTH, BACK AND OTHER ORTHOPEDIC HEALTH ISSUES, DIABETES MANAGEMENT, CANCER AWARENESS AND PREVENTION, HEART DISEASE RISK FACTOR AWARENESS AND SCREENING, MENTAL HEALTH, AND SMOKING CESSATION. THROUGH THE COLLABORATIVE EFFORTS OF THE COMMUNITY HOSPITAL'S WELLNESS SERVICES, PUBLIC RELATIONS, DIETARY SERVICES THERAPY, REHABILITATION, EDUCATION DEPARTMENT, NURSING SERVICES AND OTHERS, A QUARTERLY COMMUNITY EDUCATION CALENDAR CALLED "TAKE CARE!" IS CREATED. THE CALENDAR IS DISTRIBUTED TO MORE THAN 75,000 HOUSEHOLDS IN THE HOSPITAL'S SERVICE AREA, AND TO COMMUNITY CENTERS, PHYSICIAN OFFICES, LIBRARIES AND OTHER PUBLIC LOCATIONS. IT FEATURES EDUCATIONAL AND SUPPORT PROGRAMS DESIGNED TO IMPROVE THE PHYSICAL, MENTAL, SAFETY, NUTRITIONAL AND SOCIAL WELL-BEING OF THE COMMUNITY.

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WELLNESS EDUCATION PROGRAM AREAS

1. HEART DISEASE-RELATED PROGRAMMING INCLUDES ONGOING DAILY BLOOD PRESSURE SCREENING BY THE EXERCISE STAFF, BLOOD PRESSURE SCREENING OFFERED DURING PERIODIC EVENTS, A COMPREHENSIVE SERIES ABOUT CHOLESTEROL THAT INCLUDES A SCREENING AND EDUCATION ON CHOLESTEROL MANAGEMENT, SMOKING CESSATION CLASS, A STROKE AWARENESS LECTURE, A PRESENTATION ON NEW ADVANCED GENETIC TESTING FOR HEART DISEASE, PERIPHERAL ARTERIAL DISEASE SCREENINGS, AND A CLASS THAT HELPS INDIVIDUALS MAINTAIN THEIR HEALTH WHILE ON HEART MEDICATIONS. HEART DISEASE-RELATED SUPPORT GROUPS INCLUDE A HEART FAILURE SUPPORT GROUP, A GROUP FOR WOMEN WITH HEART DISEASE, AND MENDEDED HEARTS - A NATIONAL ORGANIZATION WHERE SEASONED HEART DISEASE PATIENTS VISIT NEWLY DIAGNOSED PATIENTS IN THE HOSPITAL AFTER SURGERY OR A PROCEDURE. OTHER COMMUNITY PROGRAMS RELATED TO THE HEART INCLUDED HOW TO RAISE A HEART-SMART CHILD, PROPER NUTRITION FOR LOWERING CHOLESTEROL, INFANT-CHILD CPR, DIABETES AS IT RELATES TO THE HEART, AND A SERIES OF PROGRAMS FOR WOMEN AND HEART DISEASE.
2. CANCER AWARENESS AND PREVENTION PROGRAMS INCLUDE: A DAY OF CANCER AWARENESS WITH SKIN CANCER SCREENINGS AND A VAST PUBLIC AWARENESS

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CAMPAIGN ABOUT THE LATEST ADVANCES IN PROSTATE CANCER DETECTION AND TREATMENT, INCLUDING THE VALUE OF EARLY DETECTION AND FREE SCREENING SESSIONS. THE COMMUNITY CANCER RESEARCH FOUNDATION LAUNCHED THE CANCER RESOURCE CENTRE, WHICH HOSTS A VARIETY OF FREE PROGRAMS, CLASSES AND SUPPORT GROUPS ABOUT LIVING WITH CANCER. A SPECIAL SEGMENT OF CLASSES WAS BORN WITH THE OPENING OF THE CANCER RESOURCE CENTRE - A SUPPORT PROGRAM OF THE COMMUNITY CANCER RESEARCH FOUNDATION. HERE, THOSE FACING CANCER ATTEND FREE CLASSES SUCH AS YOGA, BREATHING THROUGH PAIN, LEARNING ABOUT COMPLEMENTARY THERAPIES, AND A VARIETY OF SUPPORT GROUPS.

3. DIABETES EDUCATION EFFORTS HAVE EXPANDED TO INCLUDE DIABETES MANAGEMENT CLASSES IN CONJUNCTION WITH EXERCISE. THIS IS IN ADDITION TO A BASIC DIABETES EDUCATION CLASS AND A DIABETES MANAGEMENT CLASS CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION.

4. SENIOR TOPICS OFFERED AT FITNESS POINTE® INCLUDE FALL PREVENTION, UNDERSTANDING MANAGED CARE, UNDERSTANDING ADVANCED DIRECTIVES, UNDERSTANDING HOSPICE AND MEDICARE BENEFITS, HELP WITH DIZZINESS, MAKING SENSE OF MEDICAL TECHNOLOGY, MEDICATION SAFETY, URINARY INCONTINENCE PRESENTATION, A GRANDPARENT CLASS, AND A PROGRAM ON OSTEOPOROSIS.

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5. ORTHOPEDIC PROGRAMS INCLUDE ARTHRITIS, TENDONITIS AND BURSITIS RECOGNITION AND MANAGEMENT, PREVENTION OF NECK AND LOW BACK PAIN, ATHLETIC FOOT AND ANKLE PROBLEMS, THE CARE AND TREATMENT OF KNEE, HIP, FOOT AND SHOULDER PROBLEMS, CERVICAL AND LUMBAR DISK PROBLEMS, A FALL PREVENTION AND BALANCE SCREENING PROGRAM, AND SPORTS INJURY PREVENTION.

6. NUTRITION PROGRAMS INCLUDE INDIVIDUAL NUTRITIONAL COUNSELING WITH A REGISTERED DIETICIAN, GROUP WEIGHT MANAGEMENT PROGRAMS, LUNCH & LEARN COOKING DEMONSTRATIONS, A CLASS ABOUT EMOTIONAL EATING, AND A CLASS ABOUT FAD DIETS AND PROPER NUTRITION.

7. MENTAL HEALTH RELATED PROGRAMS INCLUDE RELAXATION, STRESS MANAGEMENT, BREATHING EXERCISES, PROGRAMS ON COMPLEMENTARY THERAPIES, RECOGNIZING AND UNDERSTANDING DEPRESSION, AND LIFE MAPPING.

8. WOMEN'S WELLNESS PROGRAMS INCLUDE PRE-AND POST-NATAL EXERCISE, A SERIES ABOUT NUTRITION, SCREENING AND TREATMENT RELATED TO OSTEOPOROSIS, A COMPLETE HEALTH RETREAT FOR WOMEN, FIBROMYALGIA, GENETIC LINKS AND TESTING FOR CANCER, HORMONE REPLACEMENT THERAPY, STRENGTH TRAINING FOR WOMEN, AND HEADACHES IN WOMEN.

9. FAMILY HEALTH PROGRAMS INCLUDE A PRENATAL CLASS, SIBLING CLASS,

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TAKING CARE OF BABY, KEEPING BABY SAFE AND HEALTHY, INFANT GROWTH AND DEVELOPMENT, FAMILY AND FRIENDS CPR, BREAST FEEDING CLASSES AND LACTATION CONSULTATIONS, LAMAZE, TEEN CHILDBIRTH EDUCATION, GRANDPARENT EDUCATION, FILMS ABOUT CESAREAN SECTIONS, POISON PREVENTION AND TREATMENT, ASK THE PEDIATRICIAN AND HOW TO RAISE A HEART-SMART CHILD, AND A PARENT SUPPORT GROUP.

PARTICIPATION IN HEALTH EDUCATION/WELLNESS PROGRAMS RANGES FROM AN AVERAGE OF 300-350 ATTENDEES A MONTH. APPROXIMATELY 20-30% OF THESE ATTENDEES ARE MEMBERS OF THE FITNESS POINTE® FACILITY WHILE 70-80% ARE NON-MEMBERS FROM THE GENERAL COMMUNITY. FITNESS PROGRAM AREAS - THE AMERICAN HEART ASSOCIATION RECOGNIZES THE LACK OF REGULAR PHYSICAL EXERCISE AS A MAJOR RISK FACTOR FOR HEART DISEASE. REGULAR EXERCISE IS ASSOCIATED WITH BETTER HEART HEALTH, MENTAL WELL-BEING, WEIGHT MANAGEMENT, CANCER PREVENTION, DIABETES CONTROL, LOW BACK PAIN PREVENTION/RELIEF AND OTHER LIFESTYLE-RELATED DISEASES. FITNESS POINTE®'S GENERAL FITNESS MEMBERSHIP PROGRAM OFFERS A VARIETY OF EXERCISE PROGRAM OPTIONS DESIGNED TO MEET THE INDIVIDUAL NEEDS. INDIVIDUALS FROM THE COMMUNITY WHO TAKE ADVANTAGE OF THE GENERAL FACILITY MEMBERSHIP PROGRAM

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INCLUDE TRANSFERS FROM CARDIAC REHABILITATION AND PHYSICAL THERAPY, AND THOSE REFERRED BY THEIR PERSONAL PHYSICIAN. IN ADDITION, MANY ARE CORPORATE CUSTOMERS INTERESTED IN ENCOURAGING HEALTHIER EMPLOYEES, OR INDIVIDUALS LOOKING FOR AN OPPORTUNITY TO IMPROVE THEIR HEALTH ON THEIR OWN OR WITH A FRIEND OR FAMILY MEMBER. PRIOR TO USE OF THE FACILITY, INDIVIDUALS ARE SCREENED BY AN EXERCISE SPECIALIST TO DETERMINE MEDICAL OR PHYSICAL LIMITATIONS AND PRECAUTIONS. MEASUREMENTS COLLECTED ON PARTICIPANTS INCLUDE ENDURANCE, BODY COMPOSITION, RESTING BLOOD PRESSURE, FLEXIBILITY AND A HISTORY OF MEDICAL INFORMATION AND LIFESTYLE HABITS. AN INDIVIDUALIZED PROGRAM OF CARDIOVASCULAR CONDITIONING, MUSCULAR TRAINING AND FLEXIBILITY EXERCISES IS DEVELOPED BASED ON THE INDIVIDUAL INTERESTS AND NEEDS. GROUP EXERCISE CLASSES ARE CONDUCTED ON A WEEKLY BASIS AT FITNESS POINTE®. CLASSES INCLUDE TRADITIONAL LOW IMPACT, REGULAR AND STEP AEROBICS, WATER AEROBICS, YOGA, REIKI, PILATES, ROWING, CYCLING, RELAXATION/STRETCHING, ETC. ALL CLASSES ARE AVAILABLE TO MEMBERS. CLASSES ALSO ARE OFFERED ON HOW TO EXERCISE AT HOME, INCLUDING FITNESS AT HOME, PILATES AT HOME, AWESOME ABS, AND YOGA AT HOME. MANY CLASSES ARE ALSO OPEN TO NON-MEMBERS FROM THE COMMUNITY. THESE INCLUDE:

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A) AWESOME ABS

B) FITNESS AT HOME

C) FITNESS INSTRUCTOR TRAINING

D) TEENS GET FIT

E) WOMEN'S FITNESS EXPRESS

F) INTRODUCTION TO BASIC SELF DEFENSE AND SELF DEFENSE II

G) PILATES AT HOME

H) YOGA & DAILY LIFE IN A COOPERATIVE PROGRAM WITH THE TOWN OF MUNSTER
PARKS AND RECREATION DEPARTMENT, GROUP EXERCISE CLASSES WERE OFFERED
JOINTLY.

THE MUNSTER POLICE DEPARTMENT OFFERS BASIC AND ADVANCED SELF DEFENSE
CLASSES FOR FREE SEVERAL TIMES A YEAR. COMMUNITY HEALTH/FITNESS EVENTS -
FITNESS POINTE® CELEBRATED NATIONAL GREAT AMERICAN SMOKE-OUT WITH FREE
PROGRAMMING & INCENTIVES FOR PEOPLE TO STOP SMOKING. FITNESS POINTE®
CONTINUES ITS PARTNERSHIPS WITH AREA UNIVERSITIES, OFFERING STAFF AND
FACILITIES TO EDUCATE FOR COLLEGE CREDIT NUTRITION AND FITNESS STUDENTS
OF PURDUE UNIVERSITY CALUMET AND INDIANA UNIVERSITY; AS WELL AS CLINICAL
ROTATIONS FOR POST GRADUATE PHYSICAL THERAPISTS, BACCALAUREATE AND

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GRADUATE NURSES AND EXERCISE SCIENCE/PHYSIOLOGY STUDENTS FROM OTHER STATE UNIVERSITIES.

FITNESS POINTE PROVIDES A NUTRITION DAY EVENT, "EAT SMART DAY" WHICH INCLUDES HEALTHY NUTRITION DISPLAYS, LECTURES AND DEMONSTRATIONS TO ENCOURAGE BETTER NUTRITION HABITS FOR THE PUBLIC. FITNESS POINTE OFFERS THE "NEW HEALTHY ME" PRODUCT LINE OF EMPLOYEE WELLNESS SERVICES TO EMPLOYEES OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS EMPLOYEES OF REGIONAL COMPANIES. RESULTS OF PARTICIPANTS HAVE DEMONSTRATED LOWER HEALTH CLAIMS FOR PARTICIPANTS. CARDIAC REHABILITATION - OUR OWN ASSESSMENT FOUND THAT DESPITE SIGNIFICANT BENEFITS OF CARDIAC REHABILITATION, ONLY ABOUT 45 PERCENT OF OUR INPATIENT HEART SURGERY POPULATION IS REFERRED TO CARDIAC REHABILITATION, PHASE 2. IN RESPONSE TO THE FACT THAT THOSE WHO CONTINUE CARDIAC REHAB THROUGH PHASE 3 ARE LIKELY TO MAINTAIN THEIR LIFESTYLE, FITNESS POINTE NOW OFFERS REHAB PLUS IN PLACE OF PHASE IV CARDIAC REHAB. THE MED FIT PROGRAM IDENTIFIES PARTICIPANTS WITH ELEVATED RISK FACTORS AND ENGAGES THEM IN RISK REDUCTION PROGRAMMING. SINCE FITNESS POINTE® HAS OPENED, MORE THAN 625 CARDIAC REHABILITATION GRADUATES AND AN AVERAGE OF 10 PHYSICAL THERAPY

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GRADUATES PER MONTH HAVE TRANSITIONED TO GENERAL MEMBERS. A DISCOUNT RATE IS OFFERED TO ENCOURAGE AND SUPPORT THEIR CONTINUED REHAB IN A GENERAL FITNESS SETTING. FITNESS POINTE® PROGRAM STATISTICS - FITNESS POINTE® PROGRAMS AND SERVICES ARE OFFERED TO THE PUBLIC. THE AVERAGE AGE OF PROGRAM ATTENDEES IS 49 YEARS OF AGE, WHILE 52% OF PARTICIPANTS WERE 50+ YEARS OF AGE. SINCE FITNESS POINTE® IS INTERESTED IN MEETING NEEDS NOT ALREADY BEING MET IN THE COMMUNITY, IT IS IMPORTANT TO NOTE THAT MORE THAN 70% OF PARTICIPANTS REPORT THEY HAVE NEVER PREVIOUSLY BEEN A MEMBER OF A FITNESS FACILITY. FITNESS POINTE® SERVICES RECORD MORE THAN 35,000 VISITS PER MONTH. APPROXIMATELY 2,000 INDIVIDUALS HAVE TRANSFERRED TO THE FACILITY MEMBERSHIP PROGRAM FROM CARDIAC REHAB AND PHYSICAL THERAPY TO CONTINUE THEIR REHABILITATIVE MAINTENANCE.

SHORT TERM GOALS TO OFFER SERVICES THAT MEET THE INTERESTS AND HEALTH NEEDS OF THE COMMUNITY:

ONGOING STAFF DEVELOPMENT AND TRAINING - TO PROVIDE THE HIGHEST QUALITY CUSTOMER SERVICE.

PROVIDE THE BEST SERVICES AT THE LOWEST POSSIBLE PRICE.

CONTINUE DATABASE DOCUMENTATION TO DETERMINE SHORT AND LONG TERM

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EFFECTS OF PROGRAMS.

CONTINUE INTEGRATION OF FITNESS POINTE® SERVICES WITH OTHER HOSPITAL SERVICES TO BECOME A SIGNIFICANT PART OF THE COMMUNITY HOSPITAL CONTINUUM OF CARE.

IDENTIFY APPROPRIATE PARTNERSHIPS TO STRENGTHEN THE QUALITY AND SCOPE OF SERVICES OFFERED.

IDENTIFY RESEARCH OPPORTUNITIES IN THE AREAS OF HEALTH PROMOTION AND DISEASE PREVENTION

B. PREVENTION/WELLNESS AT COMMUNITY HOSPITAL

COMMUNITY HOSPITAL'S PREVENTION/WELLNESS PROGRAM FOCUSES ON PROMOTING AWARENESS OF CARDIOVASCULAR DISEASE, REDUCING THE INCIDENCE OF HEART DISEASE AND IMPROVING THE QUALITY OF LIFE THROUGH AN INTEGRATED CARDIOVASCULAR HEALTH SERVICES DELIVERY SYSTEM. DURING THE 2013-2014 FISCAL YEAR, COMMUNITY HOSPITAL CONTINUED TO OFFER VARIOUS LEVELS OF CARDIAC AND VASCULAR SCREENINGS AT A SUBSTANTIAL DISCOUNT. ALL LEVELS OF SCREENINGS PUT AN EMPHASIS ON DIRECTING THE SCREENING PARTICIPANTS TO A VARIETY OF WELLNESS PROGRAMS OFFERED THROUGH COMMUNITY HOSPITAL AND FITNESS POINTE®. FITNESS POINTE® CONTINUES TO SUPPORT THE WELLNESS

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PROGRAMS CREATED TO BETTER SERVE THE HEALTH NEEDS OF OUR COMMUNITY AND SUPPORT THE IMPORTANCE OF RISK FACTOR MODIFICATION THROUGH LIFE-STYLE AND BEHAVIOR CHANGES.

THE CORONARY HEALTH APPRAISAL IS OFFERED THROUGHOUT THE COMMUNITY HEALTHCARE SYSTEM AT A REDUCED COST OF \$30. THIS SCREENING NOT ONLY MEASURES CHOLESTEROL LEVELS, HEMOGLOBIN A1C, AND BLOOD PRESSURE, BUT ALSO EVALUATES INDIVIDUALS WHO MEET THE CRITERIA FOR METABOLIC SYNDROME. A TOTAL OF 74 PEOPLE WERE SCREENED BETWEEN COMMUNITY HOSPITAL AND COMMUNITY HOSPITAL OUTPATIENT CENTERS IN ST. JOHN AND SCHERERVILLE.

DURING THE 2013-2014 FISCAL YEAR, COMMUNITY HOSPITAL CONTINUED TO OFFER THE FAST CT HEART SCAN. THIS TEST IS SELF REFERRED AND NO DOCTOR ORDER IS NEEDED. PARTICIPANTS PAY \$200. THIS PROCEDURE HELPS TO DETECT HEART DISEASE IN ITS EARLIEST STAGES. THIRTY INDIVIDUALS PARTICIPATED IN THE SCREENING.

THE PHASE 3 CARDIAC REHABILITATION STAFF CONDUCTS A MONTHLY SCREENING FOR PERIPHERAL ARTERIAL DISEASE, OR PAD. INDIVIDUALS AT RISK FOR PAD ARE SMOKERS, DIABETICS AND CARDIAC PATIENTS. THE SCREENING TARGETS INDIVIDUALS WHO WOULD NEED FURTHER TESTING AND POSSIBLY INTERVENTION TO

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TREAT THE DISEASE. FOLLOWING THE PUBLIC SCREENING, PARTICIPANTS ARE EDUCATED ON THE DISEASE AND HOW TO PREVENT OR MANAGE IT. THE SCREENING COSTS \$10. THIS PAST FISCAL YEAR, 68 INDIVIDUALS WERE SCREENED. IN ADDITION, EACH SEPTEMBER, COMMUNITY HOSPITAL PARTICIPATES IN THE NATIONAL LEGS FOR LIFE PERIPHERAL ARTERIAL DISEASE SCREENING CAMPAIGN. THIS FREE PAD SCREENING OFFERED TO THE PUBLIC IS ONE MORE WAY WE REACH OUT TO THE COMMUNITY AND PROVIDE A NEEDED SERVICE TO OUR POPULATION. THE SCREENING DRAWS ABOUT 175 PARTICIPANTS FROM AROUND THE AREA.

PHASE 3 CARDIAC REHABILITATION OFFERS A FREE MONTHLY BLOOD PRESSURE SCREENING. THE CARDIAC REHABILITATION STAFF IS OFTEN ASKED TO TAKE BLOOD PRESSURES OR PARTICIPATE IN OTHER WAYS WHEN OTHER HOSPITAL DEPARTMENTS SPONSOR HEALTH FAIRS. AS AN ADDED SERVICE, FREE OF CHARGE, THE CARDIAC REHABILITATION STAFF OFFERS ITS FORMER MEMBERS THE OPPORTUNITY TO GET A BLOOD PRESSURE, OXIMETER READING, OR HEART RHYTHM QUICK LOOK WHILE THEY ARE EXERCISING AT FITNESS POINTE®.

THREE DIABETES SCREENINGS WERE CONDUCTED FREE OF CHARGE DURING THE YEAR. 56 INDIVIDUALS HAD THEIR FASTING BLOOD SUGAR TESTED. A FEW INDIVIDUALS MET THE CRITERIA FOR DIABETES, WHILE APPROXIMATELY 50% WERE FOUND TO BE

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PRE-DIABETIC. BASIC INFORMATION REGARDING PRE-DIABETES WAS GIVEN AND PARTICIPANTS THAT MET THE CRITERIA FOR DIABETES WERE INSTRUCTED TO FOLLOW-UP WITH THEIR PHYSICIAN FOR FURTHER TESTING.

WE CONTINUE TO TRACK INDIVIDUALS IN OUR DATABASE WHO GO THROUGH OUR SCREENING PROGRAMS TO DETERMINE TO WHAT DEGREE THIS EARLY INTERVENTION WILL HELP LOWER THE RISK FOR DEVELOPING HEART DISEASE. IN ADDITION TO THE DATABASE, OUR RISK FACTOR ANALYSIS SOFTWARE PROGRAM ALLOWS US TO HAVE THE MOST UP-TO-DATE DATA AVAILABLE. THIS SOFTWARE ENABLES US TO PREPARE REPORTS THAT EDUCATE INDIVIDUALS ABOUT HOW THEIR HEALTH STATUS PLACES THEM AT RISK FOR DEVELOPING HEART DISEASE, AND PROVIDES RECOMMENDATIONS AND SUPPORT IN MAKING HEALTHY LIFE-STYLE CHOICES THAT CAN LOWER THEIR RISK. THEREFORE, WE CAN ASSIST THEM IN PARTICIPATING IN ONE OF OUR WELLNESS EDUCATION PROGRAMS BEST SUITED TO THEIR INDIVIDUAL NEEDS. OUR DATABASE INCLUDES PATIENTS FROM OUR VARIOUS CARDIOVASCULAR OUTPATIENT CLINICS SUCH AS THE HEART FAILURE TREATMENT CLINIC, LIPID CLINIC AND CARDIAC REHABILITATION. THIS ALLOWS US TO TRACK OUR CARDIOVASCULAR PATIENTS AND BETTER MANAGE THEIR OUTCOMES AND TREATMENT OPTIONS. THROUGH THIS DATABASE, WE HAVE BEEN ABLE TO PERFORM INTERNAL RESEARCH ACTIVITIES

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THAT MEASURE THE OUTCOMES OF PATIENTS WITH HEART DISEASE AND HEART FAILURE SO WE CAN BETTER MANAGE THESE CONDITIONS AND PREVENT RECURRENT EVENTS. TO CONTINUE TO BETTER SERVE OUR PATIENT POPULATION, OUR CARDIOVASCULAR RESEARCH DEPARTMENT FOCUSES ON REDUCING CARDIOVASCULAR MORBIDITY AND MORTALITY IN OUR COMMUNITIES BY PARTICIPATING IN CLINICAL RESEARCH INITIATIVES DESIGNED TO PROMOTE EARLY DETECTION, DIAGNOSIS AND TREATMENT OF CARDIOVASCULAR AND PERIPHERAL VASCULAR DISEASE. COMMUNITY HOSPITAL DOCTORS AND STAFF PRESENTED A VARIETY OF PUBLIC LECTURES FREE OF CHARGE. THE PROGRAMS INLCUDED INFORMATION ON MANAGING AND CONTROLLING CHOLESTEROL, PAD, AND DIAGNOSTIC TESTS FOR THE HEART. FINALLY, PREVENTION/WELLNESS SERVICES DONATES GIFT CERTIFICATES FOR BOTH THE HEART SCAN AND CORONARY HEALTH APPRAISAL. THE CERTIFICATES ARE MADE AVAILABLE TO CHARITABLE ORGANIZATIONS AND CERTAIN COMMUNITY HOSPITAL SPONSORED EVENTS.

C. CANCER PROGRAM - COMMUNITY HOSPITAL CANCER PROGRAM IS APPROVED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER IN THEIR "COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM" CATEGORY. APPROVAL OF OUR CANCER PROGRAM QUALIFIES COMMUNITY HOSPITAL TO PARTNER WITH THE COMMISSION ON

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CANCER IN THE AMERICAN CANCER SOCIETY'S NATIONAL CANCER INFORMATION AND REFERRAL PROJECT, SHARING INFORMATION ON RESOURCES AND CANCER EXPERIENCE FOR THE AMERICAN CANCER SOCIETY'S NATIONAL CALL CENTER AND WEB SITE, KEY SOURCES OF CANCER INFORMATION AND GUIDANCE FOR THE PUBLIC. THIS INDICATES THAT COMMUNITY HOSPITAL MEETS THE STANDARDS OF THE COMMISSION ON CANCER IN ORGANIZATION AND MANAGEMENT OF OUR PROGRAM ENSURING MULTIDISCIPLINARY, INTEGRATED AND COMPREHENSIVE ONCOLOGY SERVICES. IN ADDITION, COMMUNITY HOSPITAL MEETS THEIR PERFORMANCE MEASURES FOR HIGH-QUALITY CANCER CARE. AN APPROVED PROGRAM ENSURES OUR PATIENTS RECEIVE QUALITY CARE CLOSE TO HOME AND ACCESS TO A MULTI-SPECIALTY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS. THE PROGRAM ALSO PROVIDES THE COMMUNITY WITH ACCESS TO CANCER-RELATED INFORMATION, EDUCATION AND SUPPORT, AND OFFERS LIFELONG PATIENT FOLLOW-UP, ONGOING MONITORING AND IMPROVEMENT OF CARE AND INFORMATION ABOUT ONGOING CANCER CLINICAL TRIALS AND NEW TREATMENT OPTIONS. A REGISTRY COLLECTS DATA ON TYPE AND STAGE OF CANCERS AND TREATMENT RESULTS. CANCER PROGRAM LEADERSHIP USES CANCER REGISTRATION DATA INCLUDING LIFELONG FOLLOW UP TO EVALUATE CLINICAL OUTCOMES COMPARED TO THOSE IN OTHER PROGRAMS. THEY ALSO USE THE DATA TO TRACK PATTERNS OF

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ACCESS, CARE AND REFERRAL, ALLOCATE AND PRIORITIZE RESOURCES, AND TARGET SERVICES AND PROGRAMS TO ADDRESS THE HEALTH CARE NEEDS OF OUR SERVICE AREA. AMERICAN COLLEGE OF SURGEONS ACCREDITED CANCER PROGRAM PROVIDING A WIDE RANGE OF SERVICES TO OUR PATIENTS WITH CANCER IS THE MULTIDISCIPLINARY CANCER COMMITTEE. THIS COMMITTEE COMPOSED OF PATHOLOGISTS, SURGEONS, ONCOLOGISTS, RADIATION ONCOLOGISTS, CLINICAL AND NURSING STAFF, AND CANCER REGISTRY PERSONNEL, HOSTS WEEKLY TUMOR CONFERENCES TO REVIEW CLINICAL FINDINGS, PAST HISTORY AND RADIOLOGIC AND PATHOLOGIC TREATMENT OPTIONS. CANCER EDUCATION - CANCER EDUCATION PROGRAMS HELD OVER THE PAST YEAR INCLUDE THOSE DIRECTED AT COLON CANCER PREVENTION, BREAST SELF-EXAMINATION, THE IMPORTANCE OF PAP SMEARS, SMOKING CESSATION, AND THE IMPORTANCE OF EARLY DETECTION OF PROSTATE CANCER. IN ADDITION, SEVERAL NEW COMMUNITY EDUCATION PROGRAMS WERE INTRODUCED TO RAISE PUBLIC AWARENESS OF ISSUES AFFECTING THE PREVENTION AND EARLY DETECTION OF CANCER. SOME OF THESE NEW PROGRAMS ALSO HELPED MEMBERS OF THE COMMUNITY BETTER MANAGE SIDE EFFECTS FROM CANCER TREATMENTS, WHILE OTHER EFFORTS WERE DIRECTED AT HELPING PATIENTS MAKE COMPLEX TREATMENT DECISIONS. THE COMMUNITY CANCER RESEARCH FOUNDATION

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FORMED IN 2001 AS A SEPARATE NOT-FOR-PROFIT CORPORATION TO RAISE OUTSIDE FINANCIAL SUPPORT. THE PURPOSE OF THIS FOUNDATION IS TO REDUCE CANCER MORBIDITY AND MORTALITY IN THE COMMUNITY BY SUPPORTING AND ADVANCING CANCER DETECTION, DIAGNOSIS, TREATMENT AND EDUCATION/PREVENTION AND BY PROMOTING THE ACQUISITION OF KNOWLEDGE THROUGH CLINICAL RESEARCH. CLINICAL TRIALS OFFERED INCLUDED THOSE FOR BREAST AND COLON CANCER, MELANOMA, MULTIPLE MYELOMA AND MANY GYNECOLOGICAL CANCERS. IN THE EFFORT TO IMPROVE PATIENT AND PHYSICIAN ACCESS TO CANCER RESEARCH TRIALS, THE HOSPITAL MAINTAINS ASSOCIATION WITH FEDERALLY SPONSORED COOPERATIVE GROUPS TO IMPROVE PATIENT AND PHYSICIAN ACCESS TO CANCER RESEARCH TRIALS. SPONSORED BY THE NATIONAL CANCER INSTITUTE (NCI), ONE PROGRAM IS KNOWN AS THE CANCER TRIALS SUPPORT UNIT. IT IS SUPPORTING THE DEVELOPMENT OF A NATIONAL NETWORK OF PATIENTS AND PHYSICIANS TO PARTICIPATE IN NCI- CANCER TREATMENT TRIALS. NCI HAS TAKEN STEPS THROUGH THIS PROGRAM TO BRING TOGETHER RESEARCH COOPERATIVES FROM AROUND THE U.S. AND CANADA. THE EFFORT RECOGNIZES THAT MORE PATIENTS AND PHYSICIANS COULD BECOME INVOLVED IN CANCER RESEARCH TRIALS WITH ADDED SUPPORT. TYPICALLY NCI RESEARCH COOPERATIVES OPEN TRIALS ONLY TO INDIVIDUAL MEMBERS, WHICH ARE OFTEN

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ACADEMIC INSTITUTIONS THAT CAN ACQUIRE LARGE NUMBERS OF PATIENTS AND HAVE THE FINANCIAL BACKING TO FACILITATE THE WORK. THROUGH THE CLINICAL TRIALS SUPPORT UNIT, COMMUNITY HOSPITAL GAINS ACCESS TO CLINICAL RESEARCH TRIALS FROM FOUR DIFFERENT RESEARCH COOPERATIVES. THE PROGRAM ALSO IS PROVIDING FINANCIAL ASSISTANCE AND IS WORKING TO REDUCE REGULATORY AND ADMINISTRATIVE BURDENS, AND TO STREAMLINE AND STANDARDIZE DATA COLLECTION AND REPORTING. IN ADDITION, THE HOSPITAL HAS MEMBERSHIP WITH NRG ONCOLOGY, A GROUP FORMED WITH THE MERGING OF THREE LARGE COOPERATIVE GROUPS—NATIONAL SURGICAL ADJUVANT BREAST AND BOWEL PROGRAMS (NSABP), GYNECOLOGY ONCOLOGY GROUP (GOG) AND RADIATION THERAPY ONCOLOGY GROUP (RTOG). THE MERGE WAS MANDATED BY THE NATIONAL CANCER INSTITUTE IN AN EFFORT TO STREAMLINE RESEARCH AND TO CONCENTRATE RESOURCES IN A MORE EFFICIENT MANNER.

THE COMMUNITY CANCER RESEARCH FOUNDATION OPENED THE CANCER RESOURCE CENTRE IN MUNSTER - A NON-MEDICAL RESOURCE HAVEN FOR THOSE SEEKING INFORMATION ABOUT CANCER. THE CENTRE HOLDS FREE COMMUNITY PROGRAMS AND SUPPORT/NETWORKING GROUPS, AND HAS AN EXTENSIVE LIBRARY WITH TWO COMPUTER TERMINALS FOR INTERNET ACCESS. THE CENTRE OPENED IN JUNE OF 2003, AND ALL

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SERVICES AND PROGRAMS ARE FREE.

D. BREAST CANCER - AN ON-GOING COMMUNITY-BASED EDUCATION INITIATIVE CONTINUES TO IDENTIFY WOMEN WHO ARE AT HIGH RISK FOR DEVELOPING BREAST CANCER. A COMPUTERIZED MODEL DEVELOPED BY THE NATIONAL CANCER INSTITUTE WAS USED AS A BASIS FOR IDENTIFYING WOMEN AND EDUCATING THE PUBLIC ON FACTORS THAT MOST DIRECTLY INCREASE THE RISK OF DEVELOPING BREAST CANCER. IN OCTOBER 1999, COMMUNITY HOSPITAL BEGAN CONDUCTING A FREE BREAST CANCER RISK ASSESSMENT ON ALL MAMMOGRAPHY PATIENTS OVER THE AGE OF 35 TO IDENTIFY PATIENTS WHO MAY BE AT HIGH RISK FOR BREAST CANCER. A LETTER WAS DEVELOPED BY THE HOSPITAL TO COMMUNICATE TEST RESULTS TO PATIENTS, NOTIFY HIGH RISK PATIENTS OF THEIR RISK STATUS AND ADVISE VARIOUS TREATMENT OPTIONS THEY MAY DISCUSS WITH THEIR PHYSICIAN. THE HOSPITAL ALSO OFFERS FREE CONSULTATION SERVICES OF OUR NURSE PRACTITIONER/BREAST HEALTH NAVIGATOR AT THE WOMEN'S DIAGNOSTIC CENTER IN CONJUNCTION WITH THESE TEST RESULTS. MORE THAN 14,000 WOMEN COMPLETED THE BREAST CANCER RISK ASSESSMENT THROUGH THE FISCAL YEAR ENDING JUNE 30, 2014. APPROXIMATELY 5% OF THE WOMEN WHO COMPLETED THE BREAST RISK ASSESSMENT AT COMMUNITY HOSPITAL WERE IDENTIFIED TO HAVE A LIFETIME RISK ASSESSMENT OF

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20% OR GREATER. THE INTENT OF THESE EFFORTS IS TO BETTER INFORM WOMEN OF THE RISK FACTORS THAT INCREASE THEIR CHANCES OF DEVELOPING BREAST CANCER AND TO PROVIDE EDUCATION ABOUT ADDITIONAL TREATMENT OPTIONS IF THEY ARE AT ELEVATED RISK. THE AMERICAN CANCER SOCIETY RECOMMENDS AN ANNUAL BREAST MRI IN ADDITION TO YEARLY MAMMOGRAPHY FOR WOMEN WHO HAVE A LIFETIME RISK ASSESSMENT FOR BREAST CANCER OF 20% OR GREATER, AND THIS RECOMMENDATION IS COMMUNICATED IN EACH HIGH RISK PATIENT'S REPORT AND PATIENT LETTER. IN ADDITION TO A BREAST MRI, PATIENTS WITH AN ELEVATED LIFETIME RISK FOR BREAST CANCER MAY ALSO BENEFIT FROM CONSULTATION WITH A MEDICAL GENETICIST AND/OR HIGH RISK BREAST CLINIC.

OVER THE LAST SEVERAL YEARS, FOCUSED EFFORTS HAVE BEEN MADE TO DEVELOP OUTREACH EDUCATION PROGRAMS AND OFFER HEALTH SCREENINGS THAT ADDRESS CHALLENGES UNIQUE TO OUR NEIGHBORHOODS. WHEN POSSIBLE, OUR COMMUNITY OUTREACH TEAM EMBRACES AN INNOVATIVE APPROACH, TAKING PROGRAMS OUT OF THE HOSPITAL AND INTO LOCAL CHURCHES, COMMUNITY CENTERS, AND THE WORKPLACE. THIS APPROACH ALLOWS US TO SERVE MORE PEOPLE IN SETTINGS THEY FIND COMFORTABLE AND CONVENIENT.

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6. AFFILIATED HEALTH CARE SYSTEM

COMMUNITY HOSPITAL IS PART OF AN AFFILIATED SYSTEM. EACH HOSPITAL IN THE SYSTEM PROVIDES MEDICAL SERVICES TO THEIR COMMUNITIES AND ADJOINING COMMUNITIES. EACH ENTITY'S PURPOSE IS TO PROVIDE HEALTH CARE TO THOSE WHO NEED IT, INCLUDING THE UNINSURED OR UNDERINSURED.

7. STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA