



**Major Equipment:**

Description	Prior Years Costs	Current Year Cost	R=Replace N=New	Expansion
Cardiac Cath Lab CV System	\$	\$899,876	N	
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

**Other Additions and Total Additions for the Period:**

Other capital additions for the period not included above	\$4,771,939
<b>Total Additions for the Period (Sum of Expansion, Equipment &amp; Other Additions)</b>	<b>\$6,629,413</b>

**Home Office Allocation**

Describe the <b>methodology</b> used to allocate home office costs to the hospital
The home office cost allocation is 1.85% of actual operating expenses for the SRDH market, excluding the amount of the actual allocation. Each facility’s percentage of the 1.85% market allocation is determined by the facility’s percentage of the total actual market operating expense.

**Community Benefits Structure**

Hospital Mission Statement	Under the sponsorship of the Adrian Dominican Sisters and in response to the changing needs of the people of southern Nevada, St. Rose Dominican Hospitals offer quality, compassionate care. We promote wholeness of body, mind and spirit in the Dominican tradition of working with others to improve the health status of the community in a shared pursuit for justice and truth with a
----------------------------	--

	commitment to those with special needs.
Hospital Vision	A growing and diversified healthcare ministry distinguished by excellence, quality and commitment to expanding access to those in need.
Hospital Values	Catholic Healthcare West is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value dignity, collaboration, justice, stewardship and excellence.
Hospital Community Benefit Plan (groups to target, decision makers, goals)	The Community Benefit Plan (CBP) reports on the previous fiscal year's community outreach efforts and the planned direction for the next year as it relates to the needs identified in the Community Health Assessment that is conducted every three years. It provides CHW's definition of community benefit, the process of providing community benefit and the needs assessment performed for planning purposes. (A soft copy of the plan will accompany this report submission)

### Mission Mapping (these are not required fields)

	Yes	No
Does your mission map to your strategic planning process?	X	
Do you have a dedicated community benefits coordinator?	X	
Do you have a charitable foundation?	X	
Do you conduct teaching and research?	X	
Do you operate a Level I or Level II trauma center?		X
Are you the sole provider in your geographic area of any specific clinical services? (If Yes, list services.)		X

### Community Health Improvements Services

	Benefit <b>\$2,036,862</b>
Community Health Education	\$ 1,665,804
Community-Based Clinical Services	\$ 1,767
Health Care Support Services	\$ 369,291

### Health Professions Education

	Benefit <b>\$1,421,016</b>
Physicians/Medical Students (net of Direct GME payments)	
Nurses/Nursing Students	\$ 1,579
Other Health Professional Education	\$ 1,384,732
Scholarships/Funding for Professional Education	\$ 34,705

### Subsidized Health Services

	Benefit <b>\$37,276,294</b>
Total Uncompensated Cost from Uncompensated Cost Report filed with DHCFP	\$21,751,738
Less: <b>Medicaid</b> Disproportionate Share Payments received for the Period	
Less: Other Payments Received for these Accounts (County Supplemental Funds, etc.)	\$ (92,865)
Net Uncompensated Care	\$21,658,873
Uncompensated SCHIP (Nevada Checkup) Cost	\$ 48,788
Uncompensated Medicare Cost (see instructions)	\$ 15,937,924
Uncompensated Clinic or Other Cost	

Other Subsidized Health Services	
Less: Cost Reported in Another Category	\$ (369,291)
Total Subsidized Health Services	\$37,276,294

## Research

	Benefit \$
Clinical Research	\$
Community Health Research	\$
Other	\$

## Financial Contributions

	Benefit <b>\$765,652</b>
Cash Donations	\$ 40,359
Grants	\$ 144,324
In-Kind Donations	\$ 55,538
Cost of Fund Raising for Community Programs	\$ 525,431

## Community Building Activities

	Benefit <b>\$130,486</b>
Physical Improvements and Housing	\$ 38
Economic Development	
Community Support	
Environmental Improvements	
Leadership Development and Leadership Training for Community Members	\$ 48,541
Coalition Building	\$ 59,348
Community Health Improvement Advocacy	\$ 22,559
Workforce Development	\$

## Community Benefit Operations

	Benefit <b>\$76,276</b>
Dedicated Staff	\$ 63,884
Community Health Needs/Health Assets Assessment	\$ 12,392
Other Resources	\$

## Other Community Benefits

(Briefly explain other community Benefits provided but not captured in sections above)	Benefit \$
	\$
	\$
Other Community Benefits Subtotal	\$

## Total Community Benefit

	Benefit \$ <b>41,706,586</b>

### Other Community Support

	Benefit \$80,064
Property Tax	\$80,064
Sales and Use Tax	\$
Modified Business Tax	\$
Other Tax (describe)	\$
Assessment for not meeting minimum care obligation of NRS 439B.340	\$
Total Other Community Support	\$

### Total Community Benefits & Other Community Support

	<b>\$41,786,650</b>

List and briefly explain educational classes offered

Included in the Community Benefits Plan under the “Plan Report and Update including Measurable Objectives and Timeframes” section. A softcopy of the plan will accompany this report submission

List and briefly describe other community benefits provided to the community for which the costs cannot be captured

**Non-Quantifiable Benefit**

St. Rose Dominican Hospitals provides many contributions to our employees and the community at large that are important, but impossible to count as community benefit.

- Healthy Roads Employee Wellness Program: St. Rose recently received a Silver Healthyroads Fit Company Award for efforts in creating and promoting a culture of wellness in the workplace.
- Smoke-Free Campus Initiative: All 3 St. Rose campuses are smoke free and have been recognized by the American Lung Association and the Nevada Cancer Coalition for these efforts.
- Rebuilding Together Project. St. Rose employees partnered with Rebuilding Together to make critical repairs to three homes in the Las Vegas Valley for low-income, disabled and or aging residents. This project works to preserve affordable home ownership and revitalize communities.
- Many of our employees volunteer their time and money by participating in community events with their favorite charities. The hospital coordinates teams for the Susan G. Komen Race for the Cure, Arthritis Walk, American Heart Association Heart Walk and the American Lung Association Stratosphere Stair climb.
- Ecology Initiatives. All three St. Rose campuses were honored in 2010 with a “Partner Recognition Award” by Practice Greenhealth, a national membership organization for health care facilities committed to environmentally responsible operations. St. Rose has “Go Green” committees at all three campuses and a representative on the Las Vegas Chamber of Commerce Green Initiative Committee.
- ECHO (Employees Can Help Others) allows employees to donate spare change and other funds to help fellow-employees who need financial assistance with rent/mortgage, utilities and other payments while they are going through family crisis. These funds are distributed through the ECHO committee who handles all requests.
- St. Rose offers hospital maternity tours three times per month for new parents to become familiar with the maternal child center before they are in labor. We also offer prepared childbirth classes four times per week to help new parents learn what to expect.

- Breastfeeding Boutique at the Barbara Greenspun WomensCare Centers offers new moms with specialty breastfeeding products, bras and pumps. A Certified Lactation Counselor is available 5 days per week to help these moms with bra-fitting and customized product selection.

### Discounted Services & Reduced Charges Policy & Procedures

Charity Care Policy: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date:
Does the hospital have a policy? (Yes or No)	May 18, 2004
Policy covers up to what % of Federal Poverty Level?	500%
Discounts given up to what %?	100%
Amount of time to make arrangements (in days or months)	30 days
Other comments	None
Prompt Pay or Other Discounts: (attach copies of actual policies if first filing or policy changed)	Policy Effective Date:
Does the hospital have a policy? (Yes or No)	January 1, 2007
Discounts given up to what %?	30%
Amount of time to make arrangements? (in days or months)	Discounts given upon final bill
Other comments	None

### Collection of Accounts Receivable Policies & Procedures

Effective Date of Policy	May 18, 2004
Does hospital have established policy?	Yes
Does hospital make every reasonable effort to help patient to obtain coverage? (Yes or No)	Yes
Number of patient contacts before referral to collection agency	3
Is collection policy consistent with the Fair Debt Collection Practices Act? (Yes or No)	Yes
Methods of communication with patient (e.g. phone, letter, etc.)	Phone, letter
Number of days prior to referral to collection agency	180
Is the patient notified in writing of referral to collection agency?	Yes, by agency
Is the patient notified in writing prior to a lawsuit being begun?	Yes
Other comments	None

### Chargemaster

Is hospital chargemaster available in accordance with NRS 449.490 (4) requirements? (Yes or No)	Yes
Is the chargemaster updated at least monthly? (Yes or No)	Yes
How is the chargemaster made available? (E.g. format, location, etc.)	Hardcopy available on campus