

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

Barlow Respiratory Hospital

95-1647809

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	
b 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 <i>free</i> 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 <i>discounted</i> 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 type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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?		
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	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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)			9,632.		9,632.	0.01
b Medicaid (from Worksheet 3, column a)			4,733,384.	2,861,004.	1,872,380.	2.67
c Costs of other means-tested government programs (from Worksheet 3, column b)			2,770,707.	1,774,012.	996,695.	1.42
d Total Financial Assistance and Means-Tested Government Programs	0	0	7,513,723.	4,635,016.	2,878,707.	4.10
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			9,477.		9,477.	0.01
f Health professions education (from Worksheet 5)			87,644.		87,644.	0.13
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total Other Benefits	0	0	97,121.	0.	97,121.	0.14
k Total. Add lines 7d and 7j	0	0	7,610,844.	4,635,016.	2,975,828.	4.24

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			9,477.		9,477.	0.01
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	0	0	9,477.	0.	9,477.	0.01

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? Part VI	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. Part VI	2	18,819.
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. Part VI	3	
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. Part VI		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) Part VI	5	43,105,085.
6 Enter Medicare allowable costs of care relating to payments on line 5 Part VI	6	44,235,425.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) Part VI	7	-1,130,340.
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 type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year? Part VI	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. 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				
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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 letter of facility reporting group Barlow Respiratory Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If 'Yes,' provide details of the acquisition in Section C.		X
3 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 12.	X	
If 'Yes,' indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>2016</u>		
5 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. Part V	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If 'Yes,' list the other hospital facilities in Section C.		X
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If 'Yes,' list the other organizations in Section C.		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If 'Yes,' indicate how the CHNA report was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website (list url): _____		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If 'No,' skip to line 11.	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>2016</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If 'Yes,' (list url): _____		
b If 'No,' is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. Part V		
12a 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)?		X
b If 'Yes' to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If 'Yes' to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Barlow Respiratory Hospital

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If 'Yes,' indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If 'Yes,' indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized 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 type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group **Barlow Respiratory Hospital**

		Yes	No
17	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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	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(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized 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?		X
If 'Yes,' check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group Barlow Respiratory Hospital

22 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 The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

Part V

23 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?

If 'Yes,' explain in Section C.

24 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?

If 'Yes,' explain in Section C.

	Yes	No
23		X
24		X

Part V Facility Information (continued)

Copy of

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

Part V, Line 5 - Account Input from Person Who Represent the Community

Facility: Barlow Respiratory Hospital

The hospital conducted interviews with members of the Board of Directors, members of the Medical Staff, referring physicians, public health officials, and administrative staff of hospitals in the greater Los Angeles area.

Part V, Line 14 - Amounts Charged to Patients

Facility : Barlow Respiratory Hospital

The basis for calculating amounts charged to patients is the amount that Medicare would pay if the patient's services were covered by Medicare.

Part V, Line 11 - Explanation of Needs Not Addressed and Reasons Why

Facility: Barlow Respiratory Hospital

The hospital CHNA included a review of data available for the community served as well as input from organizations and individuals who represent the community served.

The following health needs were targeted to be addressed:

• Access to care

Barlow will continue efforts to bring its expertise in ventilator weaning and treatment of the chronically critically ill to other communities by expanding its service delivery system. We will accomplish this by actively seeking opportunities to open sites to offer our specialized services throughout Los Angeles County.

Barlow has a financial assistance policy that supports access to long-term care for uninsured and underinsured patients who do not have the resources to pay for their care.

•Chronic disease conditions

Barlow will offer support groups for those dealing with multiple chronic health

Part V Facility Information (continued)

Copy of

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

Part V, Line 11 - Explanation of Needs Not Addressed and Reasons Why (continued)

conditions. Support groups are offered free of charge and are open to the community. With a focus on prevention of chronic diseases, Barlow Respiratory Hospital will offer community health fairs that include health education and preventive screenings.

•Smoking cessation

Barlow will continue to develop collaborative partnerships with community organizations to prevent and treat a number of respiratory conditions. We will continue to offer programs that focus on smoking cessation as a strategy to prevent future respiratory diseases and other chronic conditions.

Barlow is a regional referral center and our primary service area is defined as the entirety of Los Angeles County. Because of the vast size of this service area, the identified community health needs in the region are many and far reaching. They include:

Access to Care

Chronic Disease Conditions

Smoking

Homelessness

Mental Health

Nutrition and Physical Activity

Due to the enormity of the issues identified in the CHNA, and the relatively modest resources of our organization, we are not able to address all community needs.

Rather, we have chosen to address a subset of the prioritized needs that we selected

Part V Facility Information (continued)

Copy of

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

Part V, Line 11 - Explanation of Needs Not Addressed and Reasons Why (continued)

utilizing the following criteria:

-Existing organizational infrastructure and capacity - whether the hospital has the programs, systems, staff and support resources in place to address the issue.

-Established relationships - whether there are established relationships with community partners to address the issue.

-Ongoing investment - whether existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.

- Focus area - whether the hospital has acknowledged competencies and expertise to address the issue and the issue fits the organizational mission.

Part V, Line 22d - Other Billing Determination of Individuals Without Insurance

Facility: Barlow Respiratory Hospital

The hospital facility used the Medicare DRG based payment system to determine payment.

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 6a - Related Organization Community Benefit Report

The hospital filed a community benefit report with the California Office of Statewide Health Planning and Development. It is available to the public through that organization and is available upon request from the Hospital.

Part I, Line 7 - Financial Assistance and Certain Other Community Benefits at Cost
The cost /charge ratio, derived from Worksheet 2, was used to determine costs on line 7 column (f) and column (c).

Part II - Community Building Activities

The hospital makes its meeting rooms available at no charge to community based non profit and government organizations (e.g. police departments and as a polling place for federal, state and local elections) for their meetings and educational sessions.

Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense

Bad debt expense includes actual charges written off as uncollectible and an estimate of uncollectible bad debt amounts in open accounts at fiscal year end.

Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit

No bad debt expense is reported as a community benefit.

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

Barlow Respiratory Hospital -Notes to audited Financial Statements for the years ended August 31, 2017 and 2016 - page 8, Note 2

Provision for doubtful accounts - The Hospital provides for an allowance against patient accounts receivable for amounts that could become uncollectible whereby such receivables are reduced to their estimated net realizable value. The Hospital estimates this allowance based on the aging of their accounts receivable, historical collection experience by payer, and other relevant factors. There are various factors that can impact the collection trends, such as changes in the economy, which in turn have an impact on unemployment rates and the number of uninsured, and under-insured patients, the increased burden of co-payments to be made by patients with insurance, and business practices related to collection efforts. These factors continuously change and can have an impact on collection trends and the Hospital's estimation process. The Hospital's policy is to attempt to collect amounts due from patients, including co-payments and deductibles due from patients with insurance, at the time of service while complying with all federal and state laws and regulations.

Part III, Line 8 - Explanation Of Shortfall As Community Benefit

The Medicare Cost Report cost finding methodology was used to determine the cost of services to Medicare covered patients. Approximately 70 % of the Medicare patients

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 8 - Explanation Of Shortfall As Community Benefit (continued)

that receive care at the hospital are dually eligible for both Medicare and Medi-Cal so they are low income seniors that meet Medi-Cal eligibility criteria and would be have Medi-Cal coverage as their primary coverage if they were less than 65 years of age.

Part III, Line 9b - Provisions On Collection Practices For Qualified Patients

Collection activity by the Hospital will cease when the patient is declared eligible for charity care and will be suspended during the period that the patient is attempting to qualify under the Hospital's Financial Assistance Policy.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Barlow Respiratory Hospital

Employer identification number

95-1647809

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If 'Yes' on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If 'Yes' on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.

Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?

If 'Yes,' describe in Part III

9 If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1 a		
1 b		
2		
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 David Nelson, MD Medical Dir.	(i) 220,678 (ii) 0	0	0	0	0	220,678	0
2 Amit Mohan President & CEO	(i) 264,171 (ii) 0	0	0	6,231	15,018	285,420	0
3 Ed Engesser CFO	(i) 218,336 (ii) 0	10,000	0	6,371	17,415	252,122	0
4 Gladys D'Souza CNO	(i) 188,810 (ii) 0	6,000	0	5,815	19,725	220,350	0
5 Kirk Watson VP, Business Development	(i) 216,061 (ii) 0	6,000	0	5,709	378	228,148	0
6 Suzanne Zolfo Rigdon Exe Dir Foundation	(i) 210,135 (ii) 0	0	0	3,121	12,038	225,294	0
7 Maria Silverio Charge Nurse, ICU	(i) 176,191 (ii) 0	0	0	0	0	176,191	0
8 Angelina Games RN, ICU	(i) 162,438 (ii) 0	0	0	3,722	5,824	171,984	0
9 Haydee Dator Charge Nurse	(i) 158,426 (ii) 0	0	0	4,903	10,724	174,053	0
10 Azucena Vallejo Charge Nurse	(i) 156,168 (ii) 0	0	0	4,794	7,844	168,806	0
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 7 - Non-Fixed Payments Not Listed

The bonus was determined by the compensation committee of the Board of Directors.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Barlow Respiratory Hospital

Employer identification number

95-1647809

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder

The Barlow Group, a California nonprofit public benefit corporation is the only member. The Barlow Groups also serves as the only member of the Barlow Foundation which is the fund raising arm for Barlow Respiratory Hospital.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

There are two categories of directors- Designated directors and Selected directors. "Designated Directors" of which there shall be no more than five (5), shall be the individuals serving in the positions enumerated below:

- (a) President of Barlow Group;
- (b) President of the corporation;
- (c) Medical Director of the Hospital;
- (d) Chief of the medical staff of the Hospital (the "Medical Staff") (duly elected by the Medical Staff).
- (e) Chairperson of the Board of Barlow Foundation, or another member of the Board of Barlow Foundation as designated by the Barlow Foundation and approved by the Board of Barlow Group.

Each Designated Director shall serve on the Board so long as he or she holds at least one of the positions enumerated above.

All directors other than the Designated Directors shall be "Selected Directors."

Pursuant to Section 5220(d) of the California Nonprofit Public Benefit Corporation Law, all Selected Directors shall be designated by the Member and shall serve at the pleasure of the Member. All directors of the corporation shall be individuals also serving on the Member's Board of Directors. Selected Directors shall serve for the same term as the Selected Director serves on the Member's Board of Directors.

Notwithstanding any other provision of these Bylaws, at no time shall the Board

include in the aggregate more than forty-nine percent (49%) "interested persons" as

Name of the organization

Barlow Respiratory Hospital

Employer identification number

95-1647809

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body (continued)

defined by Section 5227 of the California Nonprofit Public Benefit Corporation Law.

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders

Each of the following powers may be executed only with the prior written approval of the Member:

- (a) To retain an attorney or firm of attorneys to provide legal services for the corporation and to fix the amount of compensation for such services, except in such a case where the retention of an attorney or firm of attorneys concerns a non-routine situation, such as, by way of example only, the existence of a conflict of interest that requires the use of an attorney or firm of attorneys not previously consented to;
- (b) To retain an accountant or firm of accountants to provide accounting and auditing services for the corporation and to fix the amount of compensation for such services;
- (c) To authorize any unbudgeted expenditure in excess of \$100,000 for capital improvements to the properties owned or leased by the corporation and not approved by a budget procedure;
- (d) To establish any programs with respect to marketing and/or public relations, which relate to strategic planning on a system-wide basis for the Barlow Group and its affiliates and to retain any consultants at a cost in excess of \$250,000 with respect thereto;
- (e) To incur or guarantee indebtedness, as so defined in accordance with Generally Accepted Accounting Principles;
- (f) To mortgage, pledge or otherwise encumber any real property of the corporation, and to mortgage, pledge or otherwise encumber property or assets, other than real property, of the corporation with a value in excess of \$50,000;
- (g) To sell, lease, assign or otherwise transfer any real property of the

Name of the organization

Barlow Respiratory Hospital

Employer identification number

95-1647809

Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders (continued)

corporation, and to sell, lease, assign or otherwise transfer property or assets, other than real property, of the corporation with a value in excess of \$50,000;

(h) To adopt or modify an annual budget and an annual business plan for this corporation;

(i) To form a subsidiary or enter into an agreement to act as a general partner;

(j) To remove the President, the Chief Financial Officer or the Medical Director from office; and

(k) To amend or repeal the Bylaws.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Chief Financial Officer and the Finance Department staff will prepare and file the returns. When it is deemed appropriate, consultative support and /or review will be solicited from an external public accounting firm. Prior to filing, the return for each of the Barlow Organizations will be distributed to the Barlow Group Board of Directors for their review. The Chief Executive Officer performs a final review and approves the Annual Information Returns before filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The hospital has a Board of Director Conflict of Interest Policy that all Board members sign at least every two (2) years. The policy requires every director to "complete the "Director and Officer Questionnaire" and identify all known actual or potential conflicts of interest in which they or one or more of their family members may be involved. In addition during deliberations or discussions at any Board of Directors meeting, an individual Board member shall identify any actual or potential conflict of interest, and having so disclosed the actual or potential conflict of interest and the material facts thereof, shall not participate in discussion on that agenda item and shall not vote on the issue."

Name of the organization

Barlow Respiratory Hospital

Employer identification number

95-1647809

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The Personnel/Compensation Committee (Committee) of the Board of Directors is charged with the responsibility of establishing and recommending changes to the compensation of the CEO, CFO and Medical Director.

The Committee utilizes the Hospital Association of Southern California's Health Executive Compensation Report to benchmark BRH compensation to the marketplace. Specifically the 'Single Facility Southern California Salary Range' amounts for minimum-midpoint-maximum compensation serve as the benchmarks for determining comparative marketplace compensation. The CEO and CFO are eligible to participate in the same paid time off and employee insurance benefits as all Hospital management level employees. The Medical Director and CEO have written contracts which document their compensation and benefits.

The committee reviews the experience level of the individual in each position, the individual accomplishments of officer, and the overall accomplishments of the hospital in recommending compensation and/or changes to compensation for these three positions.

The Committee's recommendations are then submitted to the full Board of Directors for discussion and approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The audited financial statements, governing/organizing documents, and conflict of interest policy are all available upon request.

Form 990, Part VII - Compensation Explanation**David Nelson, MD**

Dr. David Nelson received compensation was for his Medical Director Services and not for his services as a member of the board of directors.

Name of the organization

Employer identification number

Barlow Respiratory Hospital

95-1647809

**Form 990, Part XI, Line 9
Other Changes In Net Assets Or Fund Balances**

Change in value of split-interest agreements.....	\$	268,473.
Government grants.....		-39,000.
Write-off of pledges receivable.....		-998,405.
Total	\$	<u>-768,932.</u>

SCHEDULE R
 (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
 Internal Revenue Service

Name of the organization
Barlow Respiratory Hospital

Employer identification number
95-1647809

Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ----- ----- ----- -----					
(2) ----- ----- ----- -----					
(3) ----- ----- ----- -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) Barlow Foundation 2000 Stadium Way Los Angeles, CA 90026 95-4560787	Fundraising	CA	501c3	7	Barlow Group		X
(2) Barlow Group 2000 Stadium Way Los Angeles, CA 90026 95-3771980	Promote public health	CA	501c3	III-FI	N/A		X
(3) ----- ----- ----- -----							
(4) ----- ----- ----- -----							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o	Sharing of paid employees with related organization(s)	X	
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses		X
r	Other transfer of cash or property to related organization(s)		X
s	Other transfer of cash or property from related organization(s)		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- -----				Yes	No			Yes	No		Yes	No	
(2) ----- ----- -----													
(3) ----- ----- -----													
(4) ----- ----- -----													
(5) ----- ----- -----													
(6) ----- ----- -----													
(7) ----- ----- -----													
(8) ----- ----- -----													

6/27/18

01:56PM

Form 990, Part IX, Line 24a - Impairment Loss on Property and Equipment

The Hospital recognized an impairment loss of long-lived assets in accordance with the provisions of Financial Accounting Standards Board Accounting Standards Codification 360-10-35, "Measurement of an Impairment Loss," totaling approximately \$11,709,000 during the year ended August 31, 2017. The impairment loss relates to pre-construction costs for the construction of a replacement hospital facility. Due to the decision to pursue the retrofit of the existing hospital building to meet seismic requirements through January 1, 2030 and to defer the construction of a new hospital building until financial resources are available and a business imperative is developed, the Hospital has determined that these costs are impaired.

Client 01

Barlow Respiratory Hospital

95-1647809

6/27/18

01:56PM

Pol. Campaign & Lobbying Acts (Sch C)
Amount of above

Hospital Association of Southern California.....	\$	5,483.
National Association of Long Term Hospitals.....		1,299.
Total	\$	<u>6,782.</u>

Implementation Strategy



Barlow Respiratory

HOSPITAL

Helping You Breathe Easier

2017

Implementation Strategy

Introduction

In July of 2017 we conducted a Community Health Needs Assessment (CHNA) as required by both state and federal laws regulating tax-exempt hospitals. The CHNA included a review of data for the community served by Barlow as well as input from organizations and individuals who represent the community we serve.

Specific health needs were identified and prioritized through a structured process using defined criteria. This Implementation Strategy addresses those health needs.

Health Needs

Barlow will address the following health needs through our community benefit programs and activities:

Access to Care

Chronic Disease Conditions

Smoking Cessation

Programs and Services

We plan to address the identified health needs through a commitment of resources with the following programs and services.

Access to Care

Barlow will continue efforts to bring its expertise in ventilator weaning and treatment of the chronically critically ill to other communities by expanding its service delivery system. We will accomplish this by actively seeking opportunities to open sites to offer our specialized services throughout Los Angeles County. Barlow has a financial assistance policy that supports access to long-term care for uninsured and underinsured patients who do not have the resources to pay for their care.

Chronic Disease Conditions

Barlow will offer support groups for those dealing with multiple chronic health conditions. Support groups are offered free of charge and are open to the community. With a focus

on prevention of chronic diseases, Barlow Respiratory Hospital will offer community health fairs that include health education and preventive screenings.

Smoking Cessation

Barlow will continue to develop collaborative partnerships with community organizations to prevent and treat a number of respiratory conditions. We will continue to offer programs that focus on smoking cessation as a strategy to prevent future respiratory diseases and other chronic conditions.

The Board of Directors met and approved this Implementation Strategy on August 31, 2017.

Attested to by:

Signature: _____

Date: _____

Chairman of the Board of Directors

Community Health
Needs Assessment



Barlow Respiratory
HOSPITAL
Helping You Breathe Easier

2017

Introduction

Barlow Respiratory Hospital (Barlow) is a 105-bed, long-term acute care hospital that serves Los Angeles County and the surrounding regions. Barlow's Main campus is located in Downtown Los Angeles and we have satellite campuses within both PIH Health Hospital in Whittier and Valley Presbyterian Hospital in Van Nuys. We treat patients with medically complex conditions, many of whom are ventilator-dependent, that need the continued long-term acute care we provide after they are discharged from a short-term acute care hospital. Barlow admits patients from all over Southern California, but our primary service area is Los Angeles County. Approximately 94% of our patients reside in Los Angeles County.

In July of 2017, Barlow completed a Community Health Needs Assessment (CHNA) as required by state and federal law. The CHNA is the basis for our community benefit plan, which outlines how Barlow will give back to the community it serves. The CHNA includes primary data collection and secondary data analysis that focus on the health needs of the community area we serve.

This document is a descriptive summary of the process and outcome of the CHNA. It is accompanied by an Implementation Plan that describes the activities we plan to undertake in order to address some of the needs identified by the CHNA, in keeping with our not-for-profit status and mission.

Methodology

We conducted a series of interviews from people who represent the broad interests of the community served by Barlow, including representatives of low-income, medically underserved, and chronic disease populations, health care providers and practitioners, and other community leaders. A list of those that were interviewed is included with this report as Attachment 1.

We also collected information and data from a variety of sources to examine our service area demographics, economic indicators, and other important factors that affect the health needs of our patients and community.

Despite our best efforts there are certain Information gaps that impact our ability to assess the health needs of our community, including the fact that some raw and tabulated data was several years old.

Identification and Prioritization of Health Needs

Based on the results of the primary and secondary data collection, health needs were identified. The identified health needs were:

Access to Care

Chronic Disease Conditions

Smoking

Homelessness

Mental Health
Nutrition and Physical Activity

Priority Health Needs

After identifying the health needs of the community we serve, we then prioritized those needs based on the following criteria:

- Our Existing Organizational Infrastructure and Capacity
- Our Pre-Existing Competencies and Expertise
- Our Existing Relationships in the Community
- Any Available Ongoing Investment

The health needs were prioritized as follows:

Priority Health Needs	Ranking
Access to care	High
Chronic disease conditions	High
Smoking	High
Homelessness	Low
Mental health	Low
Nutrition/physical activity	Low

Community Input

Interviews were conducted in July, 2017. The individuals that were interviewed addressed community health matters that affected the residents of Los Angeles County. They were asked to share their perspectives on a number of topics, including:

- The biggest health and social issues or concerns facing the community.
- Any challenges or barriers faced in obtaining health and social services.
- Any challenges or barriers to obtaining prevention and treatment services.
- Specific challenges or barriers faced in obtaining behavioral health services.
- Specific challenges or barriers faced in obtaining prevention and treatment services for chronic diseases.
- Any existing and needed actions/activities to address these issues.
- The recommended roles for hospitals and healthcare providers in addressing community health needs.

Responses and trends relative to each of these topic areas are summarized below.

Biggest Health Issues or Concerns Facing the Community

The biggest issues and concerns in the community were identified to include:

- Obesity and diabetes stemming from poor nutrition and lack of access to grocery stores or physical activity.
- Income disparities and resulting in lack of insurance or access to health care.
- Homelessness, and associated complications.
- Health disparities that impact communities of color and lower-income communities.
- Increase in respiratory diseases and chronic lung diseases such as asthma and COPD.
- Strokes, heart disease and their causes, such as hypertension and high cholesterol.
- High incidence of depression.
- Dental problems and lack of access to dental care.
- Gang violence and violence in the home.
- Teen pregnancy.
- People living longer and needing more ventilator assistance, wound care, long-term antibiotics and services at a higher level than skilled nursing.

Challenges or Barriers Faced in Obtaining Health and Social Services, Including Prevention and Treatment

Interview respondents were asked about the problems and challenges children and families face in obtaining several different types of services. The most frequently identified challenges were lack of insurance and cost. Additional challenges included:

- Lack of awareness of the importance of ongoing preventive and primary health care in the absence of symptoms.
- Shortages of primary care physicians.
- Low reimbursement rates by Medi-Cal and increasingly by Medicare.
- Poor health habits and lack of compliance with physician recommendations.
- Lack of knowledge of existing community clinic options or eligibility requirements.
- Access to information about the Affordable Care Act (ACA), including eligibility and enrollment processes.
- Health care is not seen as a priority in the spectrum of issues facing some people.
- Difficulty obtaining specialty care referrals and authorizations under managed care.
- Not enough specialty care to serve uninsured patients.

- General confusion about the health care system and how to access services.
- Limited availability of social services along with long waits for services and significant paperwork/bureaucracy to obtain services.
- Lack of knowledge of how to access social services or which services people may be eligible for.
- Lack of reimbursement or payment structures for social services.

The Specific Challenges or Barriers Faced in Obtaining Behavioral Health Services

Interview respondents were asked about the specific challenges or barriers faced in obtaining behavioral health services. Responses included:

- Lack of inpatient psychiatric treatment resources.
- Under-diagnosis of depression and lack of recognition of how "massive" the incidence is.
- Insufficient outpatient treatment options.
- Lack of knowledge of affordable treatment options in the community.
- Lack of a supportive family structures and dynamics.
- Stigma associated with mental health problems in many cultures can also be a significant barrier to accessing services.

The Specific Challenges or Barriers Faced in Obtaining Prevention and Treatment Services for Chronic Diseases

Interview respondents were asked about the specific challenges or barriers faced in obtaining prevention and treatment services for chronic diseases. Response included:

- Lengthy authorization processes.
- Pressure on appropriate lengths of treatment due to cost and limited insurance coverage.
- Lack of availability of local or easily accessible treatment options.
- High cost of medications and durable medical equipment.
- Insufficient support from primary care physicians.

Suggestions Regarding Needed Actions/Activities to Address All These Issues

Interview respondents were asked what would make it easier to obtain health and social services, including prevention and treatment, as well as chronic disease and behavioral health services. Suggestions included:

- Public education about the importance of screening and wider availability of screening clinics, run by nurse practitioners, to focus on hypertension and other indicators of heart disease.
- Public education about affordable primary care clinics in neighborhoods.
- Establishment of screening opportunities or mobile clinics where community members have trusting relationships with the organization, which can also help to overcome transportation and language barriers.
- Play areas for children so mothers can fill out forms and talk to professionals.
- Transportation assistance to medical appointments.
- Better information about the ACA to address community confusion about how it will work and how it will impact them.
- Increased number of primary care physicians and incentives for people to practice primary care, especially in lower-income or less desirable areas, where quality, affordable health care providers are needed.
- Increase specialty care appointments/capacity to better meet the need for uninsured patients.
- Better funding for outpatient clinics to help prevent the need for hospitalizations and to help people transition from an inpatient setting.
- Provide social services at known community agencies that have the trust of local residents.
- Conduct outreach and engage with people regarding available services and eligibility.
- More affordable housing and other social services needed for the homeless.
- Reform/redesign services to improve access and improve payment.
- Better reimbursement rates for outpatient and inpatient services.
- More acknowledgement and recognition of the issue of depression.
- Reduce stigma associated with mental illness and treatment.

Recommended Roles for Hospitals and Health Care Providers in Addressing Community Health Needs

Interview respondents were asked for recommendations on how hospitals and other health care providers can help address community health needs. Suggestions included:

- Providing medical homes and case management to ensure that there is follow-up with patients regarding their care and treatment.
- Focus on keeping patients at home instead of using the hospital or emergency room.
- Establish health services or screening clinics at community agencies and settings in lower-income communities where residents have trusted relationships.

- Provide health care services during extended hours to facilitate access for people working during the day.
- Provide outpatient obesity and diabetes clinics for children.
- Conduct education campaigns and community outreach on making healthy choices.
- Provide more family planning education and parenting classes on important topics for new parents.
- Increase the availability of nurses in schools to better meet the needs of children with asthma, diabetes or other health conditions who may require care at school.
- Establish wellness centers focused on prevention and education at low-cost or free.
- Use technology better to help facilitate access to care.

Other Comments

Interview respondents were given an opportunity to share any final thoughts or comments.

Many commented on Barlow's long tenure as an important part of the health care infrastructure in Los Angeles, and its outstanding reputation in the medical community, especially in regard to ventilator weaning and caring for patients with complex chronic illnesses.

Health Care Facilities and Community Resources

The following are links to sources for health care facilities and community resources.

Hospitals

A list of hospitals and hospital systems is available through the Hospital Association of Southern California and can be found at: www.hasc.org/member-hospitals-systems.

Community Clinics

A list of community clinics is available at: www.ccalac.org.

Community Resources

Community resources throughout Los Angeles County can be found at: 211 LA County www.211la.org.

Attachment 1: Community Stakeholders

	Name	Title	Organization
1	Phillip Fagan, MD	Board Member	Barlow Foundation
2	Azmy Ghaly, MD	Chief of Staff	Barlow Respiratory Hospital
3	Pegi Matsuda	Senior Vice President, Community & Marketing Development	Valley Presbyterian Hospital
4	Sanjay Vadgama, MD	1) Medical Director, Barlow at VPH & 2) Medical Director, Hospitalist Program and ICU	1) Barlow Respiratory Hospital & 2) Valley Presbyterian Hospital
5	John Kea, MD	Medical Staff Member, Internal Medicine	St. Vincent Hospital, St. Francis Hospital, Barlow Respiratory Hospital
6	Nadeem Chishtie, MD	Medical Staff Member	PIH Health, Barlow Respiratory Hospital
7	Alan Rothfeld, MD	Board Member	Barlow Respiratory Hospital
8	Sarkis Semerdjyan	Health Deputy	Office of Los Angeles County Supervisor Hilda Solis
9	Reanna Thompson	Chief Nursing Officer	PIH Health
10	Karen Longpre	Director, Care Management	Keck Medical Center of USC
11	Surena Boyce	Vice President, Business Development	Health Quality Management Group