



# Sherman Oaks Hospital

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American Heart Association  
**AMERICAN STROKE ASSOCIATION  
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## **INTRODUCTION**

Sherman Oaks Hospital (“SOH” or the “Hospital”) is a 153-bed, not-for-profit, acute-care community hospital located in Sherman Oaks, California, and a member of the Prime Healthcare Foundation, a 501 (c )(3) charity. Staffed with over 700 employees and an extraordinary team of physicians, the Hospital is recognized for advanced technology and compassionate care. It provides 24/7 emergency care in addition to a full range of specialized medical, surgical, and diagnostic services to improve and save lives. Sherman Oaks Hospital has been nationally recognized as a “100 Top Hospital” by IBM Watson Health from 2016 to 2020.

Patients treated through Sherman Oaks Hospital receive the services of a large medical system in a smaller, more personal setting.

Sherman Oaks Hospital serves a diverse population and incorporates elements of urban, suburban, and rural medicine, offering a wide array of patient services. It has a bustling emergency department, 16 intensive care beds, digital (film-less) radiology and laboratory services; as well as a comprehensive operations suite with separate GI and laboratory facilities.

The Hospital’s Mission Statement is quoted below.

## **MISSION AND VALUES**

As a not-for-profit hospital, we strive to ensure that all residents have access to the most advanced healthcare treatments and services available, regardless of ability to pay. This is expressed in our mission statement, and the values that crystallize that statement.

**Our Mission** is to deliver compassionate, quality care to patients and better healthcare to communities.

**Our Values** include:

***Quality***

We are committed to always providing exceptional care and performance.

***Compassion***

We deliver patient-centered healthcare with compassion, dignity and respect for every patient and their family.

***Community***

We are honored to be trusted partners who serve, give back and grow with our communities.

***Physician Led***

We are a uniquely physician-founded and physician-led organization that allows doctors and clinicians to direct healthcare at every level.

## LEADERSHIP

Sherman Oaks Hospital is overseen by a governing board composed of physicians and medical professionals, and community members who are users and/or service collaborators with the Hospital. They are listed below.

### ***Governing Board & Leadership***

Sunny Bhatia, M.D. - Chairman of the Board / Chief Medical Officer

EM V. Garcia - Vice Chair of the Board / Hospital Administrator / Chief Nursing Officer

J. Nathan Rubin, M.D. - Chief of Staff

Roland L. Santos - Chief Nursing Officer

Rick Mahalingam - Regional Chief Financial Officer

Kenn Phillips - Community Member

David Thorson - Community Member

Christopher Cooper - Community Member

Jason Greenspan, M.D. - Member-at-Large

## SERVICES

Sherman Oaks Hospital serves a diverse population and incorporates elements of urban, suburban, and rural medicine, offering a wide array of patient services. These include:

- Center for Reconstruction and Wound Healing with Hyperbaric Medicine
- Clinical Laboratory Services
- Comprehensive Care for Joint Replacement
- Critical Care Services
- Emergency Services (ER)
- Food and Nutrition Services
- Heart Care Services
  - Cardiac Catheterization Laboratory
- Hospital Pharmacy
- Imaging Services
- Multi-Specialty Clinic
- Nursing Services
- Primary Stroke Center
- Rehabilitation Services
- Respiratory Therapy Services
- Senior Behavioral Health Services
  - Mobile Psychiatric Evaluation Services
- Sub-acute Nursing Care Center
- Surgical Services

- Transfusion-Free Medicine Surgery
- Other Services
  - Case Management
  - Physician Referral Services
  - Social Services
    - Home Health
    - Meal Preparation Services
    - Equipment Rental
    - Social/Emotional Support Services

## EXECUTIVE SUMMARY – COMMUNITY BENEFITS

The 2021 Sherman Oaks Hospital (**SOH**) Community Benefits Report (**CBR**) provides an annual update to the Hospital's 2019 Community Health Needs Assessment (**CHNA**); and determines relevance of current health status issues found in the community as of 2021. As the process of reviewing and analyzing community needs has progressed, it is clear that while changes have occurred in the San Fernando Valley as a whole, and in Sherman Oaks Hospital's immediate area, the changes have not been uniform throughout the valley.

This Community Benefit Report incorporates data from area-wide analyses provided by the Los Angeles County Department of Public Health (**LADPH**) Key Indicators of Health (**Key Indicators**) which includes data concentrating on the area immediately surrounding SOH, as well as overall data for the county. Some data is not directly comparable between the two areas, but each discussion provides insight into needs found in the SOH service area.

The primary focus of the Community Benefits Report is to address the issues defined as the most important for SOH to address during the Implementation Plan Period (2020, 2021, and 2022).

The primary needs to be addressed from 2020 to 2022 are outlined in following sections, and both the planned interventions, and the actual results are discussed in summary form.

Sherman Oaks Hospital has used the 2019 CHNA results as a basis for its ongoing process of addressing the needs of its service area. The Primary Service Area that constitutes SOH's core service area changed only minimally over the three-year period. That area is defined below, and the interventions to address the needs stated are outlined in the Sherman Oaks Hospital Service Area Needs and Interventions section which follows.

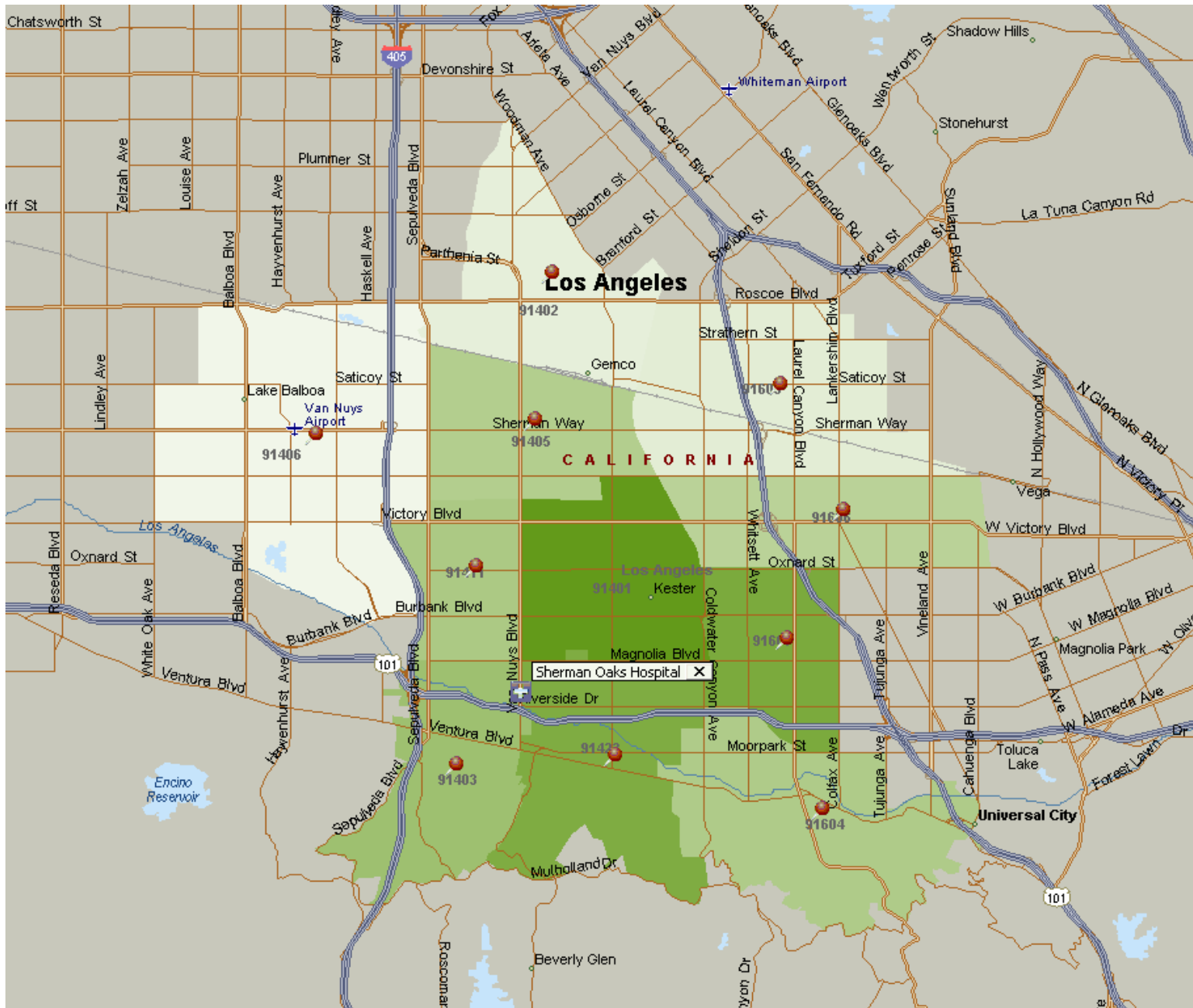


## SERVICE AREA

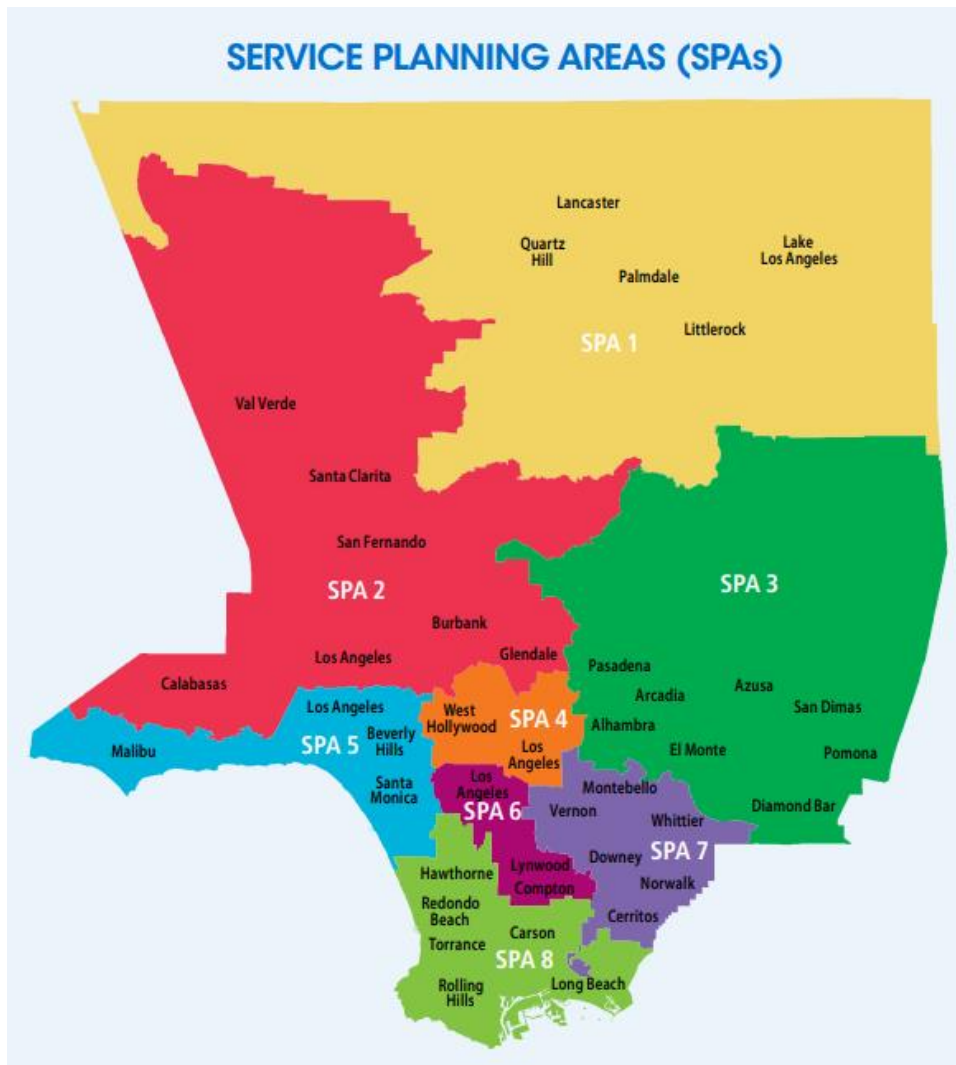
Although it has evolved slightly from the last CHNA report, SOH's Primary Service Area (**PSA**) remains concentrated around the hospital's site, extending mostly east and west from that location. For 2021 (the last full year of available data), the PSA accounted for 60% of all discharges from the hospital. No other zip code accounts for more than two percent of all discharges. Note, however that of the 3,960 discharges listed, just over 2% (81) reported "homeless", as their address.

The Primary Service Area is highlighted in green on the following map. The density of color indicates the relative contribution to the total discharges. The PSA zip codes include the following:

- 91401 Van Nuys
- 91402 Panorama City
- 91403 Sherman Oaks
- 91405 Van Nuys
- 91406 Van Nuys
- 91411 Van Nuys
- 91423 Sherman Oaks
- 91604 Studio City
- 91605 North Hollywood
- 91606 Reseda
- 91607 Valley Village



The Los Angeles County Department of Public Health (LADPH) collects and analyzes health indicators for Los Angeles County as a whole. To provide more localized information on various portions of the County, LADPH divides it into eight Service Planning Areas (**SPAs**). SOH is located in SPA 2 which encompasses the San Fernando Valley. It is shown in red on the following map of Los Angeles County.



SOH is located near the “Los Angeles” label in the red zone.

Los Angeles County performed a County Health Survey in 2017 which is remarkably similar to the surveys conducted by KeyGroup and its cooperating agencies in 2019. The results of both surveys are incorporated in our discussion along with comments relating the two.

LADPH’s report, entitled *Key Indicators of Health by Service Planning Area 2017*, is the most recent county-wide study. It lists over 100 various indicators of health. It is interesting to note that SPA 2 is among the healthiest areas in the county, with nearly 30 measures on which the area is above average. By contrast, only five health indicators were below the county average, including:

- Sharing meals as a family daily,
- Using E Cigarettes,
- Suicide rate per 100,000 population,

- Incidence of Alzheimer’s Disease, and
- Incidence of Breast Cancer.

In the interest of brevity, only the data used to directly create the service needs to be addressed by SOH are outlined in the following section. Detailed data is incorporated in the 2019 CHNA report which can be found on SOH’s website.

### **SHERMAN OAKS HOSPITAL SERVICE AREA NEEDS AND INTERVENTIONS**

The results of the CHNA process formed the basis for the Implementation Plan that was to guide SOH’s participation in community health care for the years 2020, 2021, and 2022. This Community Benefit Report summarizes SOH’s progress in meeting the community’s needs as outlined in the previous Implementation Plan and incorporates needs and plans found in the 2020-2022 Implementation Plan completed May 2020. The issues listed below are the ones selected as the ones most appropriate for SOH’s intervention in 2019. The SOH’s Results section of each lists the accomplishments related to each need category. A following section lists the issues from the 2019 CHNA report, and notes that plans to address those issues are still in process.

It is important to note that the Covid-19 pandemic was the dominant health issue for most of 2021, as new vaccines were developed and became available in limited amounts at the start of the year, with growing availability and issues related to distribution as the year progressed. Rapidly changing directives regarding social distancing, masking, and public gatherings occupied much of the medical community, adding to the challenges of dealing with the demands on staff. These issues severely circumscribed efforts to reach into the community and resulted in deferral or postponement of some priorities until the Covid-19 virus could be brought under control, an effort which is ongoing in 2022. Another issue that became prominent in 2021 was growth in the unhoused population in the county. Both of these issues affected SOH’s community service efforts.

1. **Coordination of Care** – Existing payment programs and referral patterns among healthcare providers are highly site-specific, and patients leaving a hospital or other care provider are often also leaving the payment program that covered their care. Any follow-up care is often at the mercy of the entity to which the patient is referred, and often there is little or no coordination regarding care needs and/or regimens to assure maximum recovery. This can result in preventable relapses or complications. Over the previous three years, the federal government has attempted to address these issues in numerous ways, but a true coordination system has yet to be developed. Individual providers are attempting to work across healthcare provider “silos” to organize care coordination programs, but substantial work remains. With the advent of Covid-19, previously developed plans to deal with care coordination are being reworked “on the fly” as data on its spread and severity evolves along with virus variants.

**SOH’s plan** includes working with stepdown providers, including nursing and rehabilitation hospitals, as well as home health agencies and social service agencies. The Hospital is working with these groups to develop protocols to share information back and forth about clients transferred from one site to another, with provisions to assist other providers in maintaining health status of transferred clients on their recovery path. Additional research is in process to create methodologies for identifying high-utilization clients, and coordinating with medical groups’ social service providers to assist in supporting these clients in their homes so they do not become admissions to the hospital.

**SOH’s Results** – Protocols have been regularly evolving to cope with changes in treatment protocols and types of medical issues presenting at the Hospital, as well as in changing transition strategies related to outplacement of patients needing care best provided in non-hospital settings. Staff and management are in constant contact with step-down providers, using Zoom and other virtual meeting applications to allow interactions to take place without adding to infection risk that in-person meetings would create. Patient transitions to selected nursing and retirement housing communities are continuing to occur, as well as programs to allow easier transition to home environments. These are regularly being reviewed. SOH continues to assess existing methodologies’ usefulness in assuring continued recovery from the acute incidents that brought patients to the Hospital in the first place. Weekly meetings, as well as ad hoc conferences as needed, are conducted within the Hospital to assess progress. Regular meetings are organized to review coordination of care with Skilled Nursing Facilities, Home Health Agencies, and Hospice providers. While face-to-face

meetings are less common, phone and Zoom conferences with Assisted Living providers and other community agencies are continuing.

2. **Transitions of Care** – The actual provision of care is just as fragmented as the payment system that supports it. Patients discharged from hospitals or other care facilities often find themselves at loose ends once they leave the premises. Care coordinators and social service agencies attempt to manage transitions, but their ability to assure appropriate care in offsite situations is constrained by their inability to actively follow clients from the facility to another care site or to home. Also, there are no formal programs to determine that the care settings into which patients are released are the most appropriate, or even adequate. Existing payment programs generally provide no ability to fund follow-up care or patient management programs. Some early systems are being designed to work with the most frequently seen clients to minimize the amount of time they spend in inpatient settings, but funding for such systems is not commonly available, and care providers are developing these systems on their own. The advent of Covid-19 has created opportunities and demand for better tracking and coordination of care, while at the same time creating issues with patient transfers as providers attempt to limit their Covid-19 exposure. The interventions of state and federal government agencies and the accompanying reimbursement for care related to Covid-19 has created both opportunities and potential traps for providers, due to changes in what treatments merit coverage. These rules are being amended or revised rapidly, as Covid-19 viruses mutate, and payment programs attempt to follow changing protocols.

**SOH’s Plan** included provisions to improve communications between the hospital and step-down providers both before and after transitions, to clarify client needs and necessary treatment protocols upon transfer. These provisions are now in review, to address Covid-19 issues and continue to provide the most appropriate care. As payment programs develop to facilitate such services, the hospital will coordinate with providers to maintain an equitable reimbursement environment for all involved parties.

**SOH’s Results** – As noted in item 1 above, protocols currently in place are being reviewed and updated to guide transitions of patients to selected nursing and retirement housing communities, as well as programs to allow easier transition to home or quarantine environments. These are being reviewed as necessary to assess their usefulness in assuring continued recovery from the acute incidents that brought them to the Hospital in

the first place, and to ensure that virus strains do not transfer along with the patients. Meetings that used to be monthly are now supplemented by rapid response conferences as treatment protocols, transfer arrangements, and payment policies change. SOH has also been in contact with the California Department of Public Health to devise new treatment modalities as vaccines became available and relative efficacies of these modalities are discerned. The Hospital sponsored Community Vaccine Clinics in conjunction with the MyTurn.gov program, and provided vaccinations to over 350 community members. Along with the Covid-19 services, SOH also provided stroke and heart health information. The Hospital will continue to work with appropriate agencies to deliver vaccinations and boosters as demand indicates, and will maintain its public information efforts as appropriate.

3. **Payment Issues** – The Affordable Care Act has been successful in increasing the number of California residents who have health insurance in some form, with one-third of the state’s residents now covered by MediCal. Fewer than 7% of the state’s total residents are without insurance, down from over 12% three years ago. One side effect of the push to get people insured is that many of the insurance programs developed have been designed with substantial deductibles. So even though more people have insurance, they still face significant costs if they actually use that insurance. Thus, while the proportion of uninsured and self-pay patients decreased and the number of clients with insurance cards has grown, the amount of bad debt from unpaid deductibles and coinsurance has also increased. As insurance rates rise faster than inflation, employers who provide health insurance have increased their deductibles and copays as well. And while the ACA-conforming policies ostensibly cover a wide range of illnesses, including mental illness, the range of conditions not covered is still large. Finally, the election results and expected review of the ACA under the new administration will create new challenges and opportunities as the legislative and regulatory environment evolves.

**SOH’s Plan** includes provisions to continue assuring that clients who can get insurance coverage are directed to the appropriate sources. In addition, SOH will continue to review planned and newly passed legislation to ensure continuing affordability among clients.

**SOH’s Results** – The insurance qualification process is now deeply rooted in the admission and Emergency Department triage process, to assure that patients who may qualify for various payment programs get



enrolled in a timely manner. Changes in reimbursement due to Covid-19 are tracked and analyzed to assure that patients presenting with virus symptoms are treated appropriately, and billing for those services is directed to the correct payment source. It was noted earlier, and is reiterated here, that payment systems related to Covid-19 are changing intermittently. SOH staff is tracking these changes, and adjusting payment and billing operations to meet the evolving needs.

4. **Mental Health** - According to the primary data collected via key informant interviews, focus groups and surveys, many of the health care providers identified mental health as a major issue in the Sherman Oaks Hospital service area. Discharge records for 2014 from SOH show that the single most common MS-DRG family is Psychoses (the overall term for mental health issues), accounting for nearly 18% of all discharges for that year. Mental Health was the most commonly cited Health Need by focus group participants throughout SPA 2, and was also the fourth most-mentioned item, described as “Access to Mental Health Providers”. This condition is often a co-morbidity with other physical ailments, and mental issues existing beside actual physical disabilities complicate treatment for the physical manifestations. While mental health conditions are formally considered equivalent to physical ailments for payment purposes, diagnosis and treatment protocols for them are less well-defined. Most insurers tend to encourage outpatient care for all but the most dangerous mental conditions. Additional problems related to mental health include a high incidence of homelessness and substance abuse, which are not amenable to inpatient treatment and are typically not considered reimbursable services by payors. Since hospitals have no control over patients’ mental illness treatment courses after they are discharged, and compliance with treatment regimens is difficult, patients with mental issues in addition to their physical ills are some of the most often re-admitted clients at any hospital. The mental health issues associated with Covid-19 are only beginning to be revealed and analyzed, and treatment modalities are expected to reflect discoveries related to the virus.

**SOH’s Plan** – As a primary care provider of mental health services, particularly in geriatric services, SOH is dedicated to continuing its existing services. As more focus is directed to mental health issues associated with acute admissions to hospitals, SOH is expanding its coordination practices with community providers to identify high-intensity users of hospitals services with accompanying mental health issues that can be



addressed in alternative settings. With better coordination, these clients can be directed to more appropriate care sites. SOH will also research options to coordinate community care solutions with the Hospital's inpatient services as crises arise in those community locations, and reflect innovations in care to address Covid-19 issues.

**SOH's Results** – The specialized 16-bed inpatient unit is designed specifically to focus on senior behavioral health, addressing the unique emotional, behavioral, and mental health needs of adults ages 50 and older. SOH's program is designed to improve day-to-day functioning, leading to improved health and a higher quality of life. Our team is comprised of experienced and compassionate healthcare professionals who are devoted to providing the care and emotional support these patients and families need. Because the program is Hospital-based, we can accept patients suffering from psychiatric issues and chronic medical conditions. At the close of 2021, increases in mental health encounters were beginning to occur, and the Hospital is adjusting its services to address the influx. More concrete updates to operations will be incorporated as Covid-19 related mental health issues are more clearly understood, and the impact of Covid-19 is felt by area residents.

5. **Diabetes** – Diabetes was the physical ailment most cited as an issue by the focus groups at SOH, and the second-most common Health Need cited by the VCCC focus group respondents. It is a common underlying condition for other acute admissions to SOH and area hospitals because it presents so many complications that create crisis situations. While it is not one of the most common admission diagnoses, it is one of the most common complications accompanying the admitting diagnosis. It was among the top ten causes of death cited in the Los Angeles Department of Public Health's *Strategic Plan*. Adult-onset diabetes is largely a lifestyle disease, commonly associated with obesity and lack of exercise. As with mental illness, treatment for diabetes is typically a long-term process and best conducted on an outpatient basis. But as is the case with mental illness, hospitals have little ability to control compliance with treatment regimens. Diabetics often find themselves in and out of hospitals as they fail to manage their condition. Diabetes was the second-most cited issue among respondents in SOH's Focus Groups.

**SOH's Plan** is primarily focused on education, since care for acute diabetes issues is expensive and often delivered after the most effective treatments are available. SOH will continue to participate in health fairs, and coordinate with schools and community groups to educate area residents on the risks that lead to diabetes.

**SOH's Results** - Examples of health fairs supported with diabetes education materials prior to the Covid-19 lockdown include the Encino Family Festival, Sherman Oaks Street Fair, and several farmers' markets. These in-person interventions have been suspended until they are deemed safe to resume. Diabetes management classes are still offered at the Hospital, but only to inpatients until it is safe to invite visitors back to the Hospital. Website information programs are available online for those seeking information on symptom management, and referrals are offered to appropriate providers.

6. **Heart Disease** - cardiovascular disease includes congestive heart failure, heart attack, coronary heart disease/coronary artery disease and stroke. Coronary issues are among the most frequently reported reasons for SOH hospital admissions, and these conditions are similar among other SPA 2 hospitals. Coronary Heart Disease and Stroke are the Number 1 and Number 2 causes of death in the *Strategic Plan*, and together they represent over half of all deaths due to the top ten causes of death in the county. It is important to note that although Covid-19 became the third most-common cause of death nationwide in 2020 and 2021, with 900,000+ deaths attributed, this number is less than 60% of deaths due to cardiac conditions, which exceeded 1,600,000.

**SOH's Plan** includes education regarding stroke and cardiac risks, along with maintaining state-of-the-art services for cardiac emergencies seen at the hospital. The Hospital's Acute Rehabilitation Unit is a center for rehabilitation and recovery from cardiac events. Epic Cardiology Medical Group is coordinating with both SOH and Encino Hospital Medical Center to provide state of the art care for patients, and expand the range of services available at the Hospital.

**SOH's Results** – The education programs provided by the Hospital are ongoing, and growth in expertise among staff in the Acute Rehabilitation Unit is allowing the Hospital to expand its range of services to those recovering from cardiac events. Epic Cardiology's clinical expertise is being utilized to monitor and fine-tune the services provided at the Hospital. While participating in Covid-19 vaccination events, SOH staff also

provided Stroke and heart health information to those getting their shots, thus emphasizing the relative importance of cardiac health alongside the prevention program for Covid-19.

7. **Lack of Knowledge about Health Services** - Knowledge of healthcare needs are both commonly held and highly specialized. Nearly everyone knows that he/she should exercise, eat in moderation, and not engage in risky activities. Beyond those basics, knowledge of specific behaviors and regimens to maintain good health is less common, and for people with specific health issues, the appropriate actions may not be intuitive. Added to this limited knowledge base is the fact that accessing experts (i.e., physicians, dieticians, etc.) can be costly for those not highly insured. Data is available on websites and various disease-related organizations work to inform the public about their specific illnesses, but many area residents may not know where to find needed information, or may not feel they can afford to see the appropriate professional. During the primary data collection process, health care professionals and service providers shared that there is a lack of knowledge regarding the existing health care services among their constituents. This lack of knowledge regarding low-cost health care services makes it difficult for their clients to access the care they need.

**SOH's Plan** focuses on educational programs that target area residents who are not current clients of the Hospital, delivered at health fairs, schools, retirement communities and other locations where people are interested in learning about health options. Additionally, the Hospital staff maintains a database of insurance opportunities that can be used to cover uninsured clients, and collaborates with eligible clients to get them into appropriate programs. This is an ongoing process as insurance options change often, and many more changes are possible over the next few years. As was noted earlier, changes to services and payment systems are being made as Covid-19 responses change available options. The hospital will continue to monitor and address changes as they occur.

**SOH's Results** – Although a few educational programs occurred before the pandemic shutdown in 2020, most outreach programs involving outside participants were shut down for the entire year 2021, and many are only starting to reopen. So the primary “educational” programs have focused on ways to best use and conserve Personal Protective Equipment (PPE), and on changing protocols for use of hospital equipment and efficacy of treatment modalities. At the start of 2021, a new emphasis arose focusing on educating residents as to the opportunities for vaccination and other control methodologies to limit the spread and deadliness of Covid-19.

As new strains were discovered and information sources that either were confusing or plainly misinformed were transmitted through new channels, trustworthy advice and opportunities for vaccination were publicized and offered to area residents.

Two additional issues were developed in the 2019 CHNA process which differ from the ones listed in the 2016 CHNA. Additional issues related to homelessness and coordinated care of Social Determinants of Health (SDOH) arose in 2021. Efforts to deal with these are discussed below. They will continue to be addressed going forward, although the planning process is ongoing, and subject to change as conditions related to Covid-19 impact these matters. As noted in earlier sections, the influence of the Covid-19 pandemic suffuses all aspects of the Hospital's operation.

8. **Homeless Issues** – The problem of homeless populations in SOH's service area is larger than the Hospital can resolve on its own. But as a point of initial contact with many homeless people, SOH can and does serve as a referral and coordination resource to assist homeless service agencies in providing solutions to those who need them. Discharges of patients with "homeless" listed as their zip code represented just over 2% of total discharges at SOH in 2021. Recent propositions addressing homeless issues have passed, providing new funding for homeless programs. Opportunities to assist in the development of new options and services may present new options for SOH participation.

**SOH's Plan** will focus on City and County innovations to assist currently homeless residents of the PSA in finding housing and supportive services to facilitate their re-entry into mainstream housing, employment, and mental health status. These programs are still in development, and the ultimate availability of housing options beyond the known Covid-19 interim solutions as of this report date will influence SOH's ability to participate in referral and treatment programs. Until more concrete programs are defined, and participation regulations clarified, SOH will continue to monitor plans and refer homeless patients treated at the Hospital to existing service providers as appropriate. SOH will continue to coordinate with various local, county and state agencies to find appropriate placements for unhoused patients arriving at the Hospital, and work with local fire and

police agencies to help them manage their encounters with homeless persons, thus avoiding unnecessary hospitalizations in favor of more appropriate treatment courses.

9. **Chronic Care Management** – Many ills that are common in the area’s population, including diabetes, obesity, high blood pressure, and cardiac disease, are lifestyle- and chronic-disease related. Although they typically present at the Hospital as acute problems, they are controllable in outpatient settings once the patient stabilizes. Healthcare organizations are starting to address these Social Determinants of Health (**SDOH**), realizing that management of the conditions that create these health problems can often occur in home-based settings. The Hospital has a vested interest in assisting other providers to manage their clients, to minimize the number of re-admissions and complications that compromise patient health.

**SOH’s Plan** includes improved communication with community service organizations dealing with the SDOH issues identified as medical precursors. In addition, as services become available to assist former patients to transition back to their home, and assess those environments for potential hazards and lifestyle issues, the Hospital will work with these organizations and the payors that cover patients’ hospitalization costs to coordinate services that will minimize the potential for rehospitalization, and contribute to higher levels of resident health.

Sherman Oaks Hospital’s commitment to the improvement of health in its community is ongoing, and SOH will continue to expand its services and involvement in community health improvement programs.

## COMMUNITY BENEFIT EXPENSES

Sherman Oaks Hospital provides services to patients without regard to ability to pay for those services, in addition to funding training and public education programs both on site and in the community. Schedule H of the hospital's IRS form 990 for 2020 (the most recent year available) appears below, showing expenditures of over \$26 million. This figure represents roughly 6% of gross revenues at the Hospital.

	(a) Number of activities or programs (optional)	(b) Number of persons served (optional)	(c) Total community benefit expense	(d) Total offsetting revenue	(e) Net community benefit expense	(f) Percentage of total expense
<b>Financial Assistance and Means Tested Gov't Programs</b>						
7a	Financial assistance at cost (WS1 & WS2)	0	\$ (215,309)	\$ -	\$ (215,309)	-0.23%
7b	Medicaid (WS3, Column (A))	0	\$ 31,441,737	\$ 7,164,602	\$ 24,277,135	26.18%
7c	Costs of other means-tested gov't programs (WS3, Column (B))	0	\$ -	\$ -	\$ -	\$ -
7d	Total Financial Assistance and Means-Tested Gov't Programs	0	\$ 31,226,428	\$ 7,164,602	\$ 24,061,826	25.95%
<b>Other Benefits</b>						
7e	Community health improvement services & community benefit operations (WS4)	0	\$ 58,142	\$ -	\$ 58,142	0.06%
7f	Health professions education (WS5)	0	\$ 55,336	\$ -	\$ 55,336	0.06%
7g	Subsidized health services (WS6)	0	\$ -	\$ -	\$ -	0.00%
7h	Research (WS7)	N/A	\$ -	\$ -	\$ -	0.00%
7i	Cash & in-kind contributions for community benefit groups (WS8)	N/A	\$ -	\$ -	\$ -	0.00%
7j	Total. Other benefits	0	\$ 113,478	\$ -	\$ 113,478	0.12%
7k	Total. Add lines 7d and 7j	0	\$ 31,339,906	\$ 7,164,602	\$ 24,175,304	26.07%

## ACKNOWLEDGMENTS

This 2021 Community Benefit Report is the result of the commitment and efforts of various individuals and groups who contributed time, expertise, and resources to create a comprehensive and effective community assessment. Special thanks go to the SOH Steering Committee and the Advisory Committee members, the staff at Sherman Oaks Hospital, Community leaders and organizations that participated in our interviews and members of the community that took the survey and shared their experiences and information for the benefit of this assessment.

Numerous data sources were consulted in developing the health profile for the Sherman Oaks Hospital Primary Service Area and larger comparison areas. Data from the U.S. Census Bureau underlies much of the information presented, but the following agencies and providers have done important analysis on the Census data, and results of their work appear throughout this document. Important sources include:

- The Los Angeles County Department of Public Health's *Strategic Plan 2018-2023*
- The Los Angeles County Department of Public Health's *Key Indicators of Health by Service Planning Area 2017*
- Perception Health Inpatient data was extracted and provided by Sherman Oaks Hospital
- American Community Survey section of the U.S. Census website