COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY BENEFIT PLAN: 2025

Barlow Respiratory Hospital
2000 Stadium Way
Los Angeles, CA 90026

Barlow Respiratory Hospital at Presbyterian Intercommunity Hospital
12401 Washington Blvd, Two East
Whittier, CA 90602

Barlow Respiratory Hospital at Valley Presbyterian Hospital
15107 Vanowen Street, Three East
Van Nuys, CA 91405

Barlow Respiratory Hospital Administration
(213) 202-3314

COMMUNITY BENEFIT PLAN

INTRODUCTION

Barlow Respiratory Hospital (BRH) is a 105-bed, not-for-profit, long-term, acute care hospital with a history of providing respiratory medical services to the Southern California community for over 100 years. Founded in 1902 as a tuberculosis sanatorium, Barlow Respiratory Hospital now treats patients suffering with a wide variety of pulmonary disorders such as chronic bronchitis, emphysema, asthma, and other chronic breathing disorders as well as chronically critically ill patients with multiple medical problems of long duration.

We were the first hospital in the western United States to earn the Disease Specific Gold Seal of Approval® for Respiratory Failure from the Joint Commission. We have also earned the Disease Specific Gold Seal of Approval® for Wound Care by the Joint Commission. We are also the only west coast Passy-Muir Center of Excellence, recognized for treating patients with tracheostomies, on and off the ventilator.

In addition to patient care and research, our commitment extends to education of physicians, and other healthcare professionals by sharing knowledge gained through our expertise in caring for our patient population as well as providing community education on respiratory issues.

With facilities adjacent to downtown Los Angeles, and within PIH Health Hospital in Whittier, and within Valley Presbyterian Hospital in Van Nuys, Barlow Respiratory Hospital is equipped to serve adult patients with a wide range of patient diagnostic, and treatment services, as well as education and outreach activities to various community organizations, agencies, and local schools. Barlow serves as a teaching site for University of Southern California and University of California Los Angeles Medical School students. The hospital also hosts allied health professional school programs through affiliations with universities, community colleges and vocational training centers.

All patient care, community, and business decisions are based on adherence to the mission, vision, and values of Barlow Respiratory Hospital and the community needs assessment, and based upon the findings of the community needs assessment. The mission, vision, and values statements are an integral part of the organization. These statements are at the core of the strategic planning process. However, plans are developed based upon the specific mission and services of Barlow.

MISSION STATEMENT

The Barlow Respiratory Hospital mission is to make a positive difference in the lives of individuals with chronic critical illnesses and complex respiratory conditions in post-acute settings.

VISION STATEMENT

Our Vision is to be the best in the care of individuals with complex respiratory conditions in the post-acute setting.

VALUES

The Core Values of Barlow Respiratory Hospital are:

Continuous Improvement to deliver best outcomes.

Collaboration to improve patient care.

Efficiency in clinical services delivery.

Respect for patients, families and coworkers.

COMMITMENT TO COMMUNITY BENEFIT

The governing bodies of the Barlow Group, Barlow Respiratory Hospital and Barlow Foundation, along with hospital leadership, and staff are strongly committed to fulfilling its mission, which includes improving the respiratory health status of the community. Barlow Respiratory Hospital's specialty care programs are continuously evaluated to ensure that they meet the needs of patient populations in the community.

As part of strategic planning, the Boards of Directors and hospital leadership continually evaluate population needs to assure services provided meet those needs, and to develop new services as the need is identified. This process occurs through input from numerous sources; the Medical Staff, hospital staff, referring hospitals, referring physicians, community representatives, and a periodic community needs assessment.

Barlow Respiratory Hospital's mission and values also reflect its commitment to partnering with other health care providers and community organizations that share its charitable mission, and service area/population in providing care and services. Support from the Boards of Directors includes developing community outreach/health care initiatives, and allocation of resources for the planning, and implementation of these initiatives. The process includes periodic measurement of programs, and services to assure priorities are met and allocated resources achieve planned goals and objectives.

The hospital administrative staff oversees the community outreach functions, under the direction of the Board of Directors. Hospital leadership, with input from others, sets, and monitors measurable objectives for the benefit plan core programs, assesses community needs, and opportunities, identifies collaborative partners, and assures that community benefit activities serve an identified at-risk population. Periodic reports on community benefits are presented to key internal groups, including hospital administration, management, and all boards of directors. The hospital's Community Health Needs Assessment and annual Community Benefits Plan Update are shared with various community planning, and service-provider groups to inform about community benefits activities, and outcomes, as well as available outreach services. Internally, these documents are used to assess community benefits programs and assist in hospital planning.

DEFINITION OF COMMUNITY

Barlow Respiratory Hospital, a regional referral center, defines "community" as the hospital's primary service area, and includes the patient populations that reside within it. Specifically, this

service area encompasses the entire Los Angeles County. Patients are referred to Barlow from nearly 100 acute care hospitals throughout Northern and Southern California, with some referrals from home and/or long-term care facilities. Barlow provides needed respiratory and chronically critically ill medical services. Barlow improves the quality of life, and health outcomes of a diverse population.

Barlow's primary service area is Los Angeles County, with secondary service areas from the five surrounding counties of Ventura County, Kern County, Orange County, San Bernardino County, and Riverside County. Los Angeles County is one of the most diverse metropolitan areas in the nation. It is an economically and ethnically diverse community, with dozens of cultures, and languages spoken. Ethnic distribution in Los Angeles County for year per 2020 census data was: Hispanic 48%, White 25%, Asian 15%, and African-American 8%.

With over 10 million people as of 2020 census data Los Angeles County is the largest metropolitan area in the United States, and is exceeded by only eight (8) states.

There are eighty-eight (88) cities in the county. Approximately 27% of California's residents live in Los Angeles County. As of 2020 census data, approximately 35% of the population in Los Angeles County was over 65 years of age. Los Angeles County has the largest geriatric population of the Southern California counties, and this is projected to increase primarily due to the baby boom generation. Current illness and population trends indicate continued demand for pulmonary services, and for meeting the multiple health needs of the senior population.

COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

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.

Methodology

We conducted a series of interviews from people who represent the broad interests of the community served by Barlow, including community representatives and health care providers.

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 Community Health Needs

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

Access to Affordable Care, Including Diagnostic Testing, Pharmaceuticals, Post-Acute and Well Care

Chronic Disease Conditions

Homelessness

Mental Health

After identifying the health needs of the community, 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:

Access to Affordable Care, Including Diagnostic Testing, Pharmaceuticals Post-Acute and Well Care - High

Chronic Disease Conditions - High

Homelessness - Low

Mental Health - Low

Recommendations for 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 free or sliding fee scale services.

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. Establishing mobile health services or screening clinics at community agencies or other venues in lower-income communities where residents have trusted relationships.

Providing health care services during extended hours.

Providing outpatient obesity and diabetes clinics for children.

Increasing the availability of nurses to better meet the needs of children with asthma, diabetes or other conditions who may require care at school.

Other Comments

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

Most commented on the incredible challenges presented by the COVID 19 pandemic to the community and healthcare system. Others commented on Barlow's long tenure as a vital 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.

MAJOR COMMUNITY BENEFIT INITIATIVES

Improved Health Insurance Coverage for Under-Insured Patients

Need: Most people who are over 65 have Medicare insurance coverage. However, many of these individuals in Barlow's service area lack the financial resources to pay for costs Medicare does not cover, including extended long term (post-acute) care. A significant number of these financially disadvantaged patients are actually eligible for Medi-Cal. These "dual eligible" patients receive improved benefits and coordinated care management services which often result in them having increased options for placement post-discharge from Barlow. Unfortuantely, due to various barriers, many individuals are either unaware they are eligible for this additional service and the associated benefits, or unable to complete the necessary application process to qualify.

Objectives: Identify underinsured patients upon admission and link to coverage by providing assistance with the application process and follow-up support.

Progress: In 2025 our screening process identified 222 underinsured patients that might qualify for dual eligibility. All patients and/or their families were contacted within 7 days of admission and offered education and application assistance. All but 12 accepted assistance and submitted applications to Medi-Cal, and 192 of those applications were approved.

Chronic Health Conditions Patient and Family Support Groups

Need: The number and severity of chronic conditions increases as individuals' age. A significant number of individuals over the age of 65 have at least one chronic health condition, plus co-morbidity.

Long Term Illnesses and/or extended hospitalizations due to these health conditions can be a stressful and challenging time for patients and their loved ones who provide support. The professional staff at Barlow Respiratory Hospital understands that the support of loved ones is essential for patients to achieve an optimal outcome following an acute episode of chronic illness, medically complex condition, or during rehabilitation. To help each patient achieve a successful outcome, Barlow Respiratory Hospital sponsors patient and family support group meetings.

Objectives: Barlow Support Groups are offered as requested by patients, and others involved in patient's care. Support groups are facilitated by the Department of Social Services and Rehabilitation Services.

Progress: Due to the Covid-19 pandemic, support groups have been paused. We are planning

to restart these groups later in calendar year 2026.

Initiatives Focused on Community Building

Barlow representatives hold membership in numerous local community groups. Barlow representatives are involved in discussions which identify/clarify community issues, development and implementation strategies to address the issues, and monitoring and evaluating progress toward established goals.

Barlow representatives serve as liaisons between community groups and civic/business leaders. Currently we are involved with the Echo Park Chamber of Commerce, Los Angeles Chamber of Commerce, Los Angeles Rotary Club, and Valley Industry & Commerce Association.

Initiatives Focused on Long-Term Strategic, Community Health Improvement

Need: The need for additional specialty services and a better referral system for specialty care are ranked third and tenth, respectively, among community health priorities identified in the Healthcare Association of Southern California (HASC) Regional Report 1998. According to the Barlow Respiratory Hospital 2020 Community Needs Assessment, the community has access to medical care primarily through their primary care physicians, urgent care and the emergency room.

Objectives: We aim to continually grow and expand to bring our expertise in ventilator weaning, pulmonary rehabilitation, and treatment of the chronically critically ill to other communities.

Progress: We currently support the operations of two (2) satellites – one in Presbyterian Intercommunity Hospital in Whittier, the other within Valley Presbyterian Hospital in the San Fernando Valley. The current satellite units continue to be successful in delivering care to the community. Our medical staff membership continues to grow primarily due to these successes. We have added individual physicians and physician groups to our staff and enhanced our working relationships with local acute care hospitals and health systems, including UCLA, PIH, Valley Presybterian and Good Samaritan. This provides patients within these health care facilities and systems enhanced access to our services.

Barlow Respiratory Hospital serves as an educational center for the training of medical students from USC and UCLA. The students round with a physician over a three (3) to four (4) week time period on critically ill patients, many of whom are ventilator dependent with multiple co-morbidities. Didactic teaching is performed using printed educational material as supplement to bedside teaching.

Our Medical Director has been serving as an Associate Clinical Professor of Medicine Voluntary Faculty member at UCLA since August 2010 to present, teaching System Based Healthcare. He teaches approximately once a month at UCLA for a four (4) hour time period.

The Barlow Respiratory Hospital Nursing Residency Program is an in-depth three-month training required for all newly hired nurses at Barlow Respiratory Hospital. It provides hands-on acute care experience and education specific to the critical care needs of Barlow patients and specialized training to serve patients with respiratory illness. Program participants are both new grads and seasoned Registered Nurses who care for Barlow Respiratory Hospital patients at all three locations; Barlow Main in Los Angeles, Barlow at Valley Presbyterian Hospital in Van

Nuys and Barlow at PIH Health Hospital–Whittier.

Barlow Respiratory Hospital partners with local community colleges to serve as a rotation training site for Nurses and Respiratory Therapists. Students serve with on-site educators at all three locations; Barlow Main in Los Angeles, Barlow at Valley Presbyterian Hospital in Van Nuys and Barlow at PIH Health Hospital–Whittier.

In addition, the hospital awards an annual Nursing Scholarship to a fourth semester nursing student. Criteria for selection include financial need and academic performance to promote excellence in the field of nursing and to develop the next generation of highly trained healthcare professionals.

Barlow Respiratory Hospital presents an annual Respiratory Symposium with CEU provided for Respiratory Therapists, Registered Nurses. Symposium goals are: Promote standards of practice in patient safety; Expand innovative critical thinking skills; and Advance the profession.

COMMUNITY BENEFITS AND ECONOMIC VALUE

In estimating the costs of services, we used the following methodology: where employees and/or costs of the hospital were involved, we identified actual costs and added benefit cost for labor hours. We also added an indirect allocation for maintenance, clean up, grounds, utilities, etc., and factored that into the calculations. Whenever monies were received for services provided, that revenue was offset against the costs of these programs. In terms of the large ticket items such as the subsidy of the Medi-Cal and Medicare programs we utilized our actual costs and subtracted the reimbursements from both of those programs.

	2023-2024	2024-2025
Medical Care		
Charity Care	2,000	
Medi-Cal-Unreimbursed Costs	1,090,785	911,636
Medicare - Unreimbursed Costs	14,490,935	15,175,959
Bad Debts	2,915,642	8,980,991
Benefits for Vulnerable Populations		
Community Foundations	17,500	17,500
Total Economic Benefit	**$18,516,862**	**$25,086,086**

NON-QUANTIFIABLE COMMUNITY BENEFITS

Barlow is committed to excellence in outcomes for chronic lung diseases, and other disease processes in the respiratory and medically complex patient. Barlow contributes to the knowledge base of pulmonary and critical care medicine, and shapes the health care decisions for patients with ventilator dependency, respiratory failure and other disease processes in the respiratory and medically complex patient. Barlow Respiratory Research Center (BRRC) established in 1990 and in operation until 2016, and the Center for Outcomes and Value established in 2016, have focused on outcomes-based research in respiratory illnesses.

Barlow's benefits to the community are many, and impossible to measure. Most far-reaching are scientific publications and presentations that benefit Southern California and world communities through the education of physicians and allied health professionals responsible for the communities' health care. Since 1990 over eighty publications, and more than eighty presentations have been provided to thousands of medical professionals, Barlow's leadership role in weaning patients from prolonged mechanical ventilation.

By conducting research and reporting its findings, Barlow serves as a valuable resource for patients who become ventilator-dependent and have weaning and rehabilitative potential, the chronically critically ill, those with chronic lung and medically complex disease processes, their families, and the medical community challenged with their care.

Need: Why are respiratory diseases important? According to the CDC Healthy People 2020 initiative, more than 23 million people in the United States currently have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and nearly an equal number have not yet been diagnosed. COPD is now the third leading cause of death in the United States, according to the National Institutes of Health (NIH). In 2014, approximately 147,000 people died from chronic lower respiratory diseases, almost as many as died from lung cancer in the same year. In nearly eight out of ten cases, COPD is caused by exposure to cigarette smoke. In addition, other environmental exposures (such as those in the workplace) may cause COPD. Individuals and their families, schools, workplaces, neighborhoods, cities, and states are all affected by the burden of respiratory diseases. Because of the cost to the health care system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual health care expenditures for asthma alone are estimated at $20.7 billion.

Multiple demands of fiscal constraint, rapidly advancing technology, reorganization of health care delivery in the United States, evidence-based medicine, and an informed and empowered consumer base have all contributed to the prominent role of health sciences outcomes research in current medical decision-making. For example, caring for patients on ventilators outside of the Intensive Care Unit (ICU) was once a new frontier – now it is routinely recognized as part of the continuum of critical care by patients, their families, physicians, and payers. Advanced technology in supporting and successfully treating critically ill patients has created a population of survivors of catastrophic illness, the *chronically critically ill*.

The chronically critically ill are a large and growing population that is estimated to exceed 100,000 at any given time in the United States. Driving this trend are projections for growth of the adult prolonged acute mechanical ventilation population in U.S. hospitals to exceed 625,000 by the year 2020. The cost of care in the ICU for a ventilator-dependent patient can exceed $3,000 per day. Patients are transferred out of the ICU to Barlow while still ventilator-dependent

for a variety of reasons: cost savings, to free up beds for newly critically ill patients, and most importantly to utilize weaning expertise.

Clinical research calls for an enhanced infrastructure with needs to define and focus on the outcomes of medical care that are important to patients, their families, and society. These outcomes have been identified as "patient-centered outcomes." Outcomes research focuses on the effects of medical care on individuals and society. Observational outcomes research relies on large sets of data that contain information on patient characteristics, treatments, and outcomes. BRH maintains one of the largest databases in the nation of ventilator-dependent patients admitted to a long-term care (LTCH) hospital for weaning from prolonged mechanical ventilation. BRH studies are designed to work together to determine: the impact of disease on the patient, treatment effectiveness, and efficiencies of processes and delivery of care.

Objectives: The objectives of Barlow's Center for Outcome and Value are:

1. Continue to study selected aspects of prolonged ventilator dependency and weaning, expanding the database compared to prior year. This includes the analysis of subpopulations of patients, such as patients admitted with selected diagnoses, renal insufficiency, pressure ulcers, those with infectious complications, and the very elderly. Report trends in patient demographics, weaning outcome, time to wean, and survival.

2. Participate in establishing true benchmarks for post-ICU/post short-term acute care hospital patient populations by continued participation in selected external databases soliciting data from long term care hospitals (LTCH).

Progress: With our ongoing Ventilation Outcomes Database (VOD), we continue to collect admission and discharge data on ventilator-dependent patients including: demographic information, functional status, prior ICU-stay information, co-morbidities, laboratory data, severity of illness (APACHE® III APS), and subsequent outcome, disposition and survival information. The database now contains over 5,000 patients' data, with appropriate confidentiality and security safeguards.

In addition, BRH currently submits data on several quality measures to the CDC's National Healthcare Safety Network (NHSN), The Joint Commission, and the Centers for Medicare & Medicaid Services (CMS). Barlow's staff also has served serves on multiple technical expert panels. By serving on these panels convened by CMS, we provide important input in the regulations that shape the care of chronic critically ill patients.

Our staff also respond to a number of opportunities to share research findings through publications, and participation at and hosting of professional conferences, communicating new knowledge about disease processes and treatments that will lead to improved patient outcomes. Some examples include:

American Thoracic Society (ATS) 2015 International Conference
Denver, CO, May 2015

Poster Presentation: *Chronic Critical Illness: Updates to Weaning Outcomes at a Regional Weaning Center with Selected Subpopulation Reporting.* Poster discussion session, May 17, 2015
Hassenpflug M, Steckart MJ, Nelson DR. Chronic critical illness: updates to weaning outcomes

at a regional weaning center. Am J Respir Crit Care Med 191; 2015:A1192
Poster Presentation: *Post-ICU Mechanical Ventilation: Outcome of the Revised Therapist-Implemented Patient Specific (TIPS©) Weaning Protocol.* Thematic poster discussion session, May 18, 2015
Hassenpflug M, Vela D, Sandoval R, Nelson DR, Sasse S, Steckart MJ. Post-ICU mechanical ventilation: outcomes of the revised therapist-implemented patient specific (TIPS©) weaning protocol. Am J Respir Crit Care Med 191; 2015:A3166

American Society for Parenteral and Enteral Nutrition (ASPEN) Clinical Nutrition Week
Austin, TX, January 2016

Poster Presentation: *Chronic Critical Illness: Association Between Vitamin D Status and Weaning from Prolonged Mechanical Ventilation.* Thematic poster session, January 26, 2016
Diot S, Hassenpflug M, Steckart MJ. Chronic critical illness: association between vitamin D status and weaning from prolonged mechanical ventilation. JPEN 40; 2016:S50

Poster Presentation: *Chronic Critical Illness: Emerging Post-acute Care Nutrition Practice Population for CNSCs.* Thematic poster session, January 26, 2016
Diot S, Hassenpflug M, Steckart MJ. Chronic critical illness: emerging post-acute care nutrition practice population for CNSCs. JPEN 40; 2016:S49

American Thoracic Society (ATS) 2016 International Conference
San Francisco, CA, May 2016

Poster Presentation: *Chronic Critical Illness: Updates to Patient Characteristics and Outcomes at a Regional Weaning Center.* Thematic poster session, May 17, 2016
Hassenpflug M, Steckart J, Nelson DR. Chronic critical illness: updates to weaning outcomes at a regional weaning center. Am J Resp Crit Care Med 193; 2016:A5285

Poster Presentation: *Chronic Critical Illness: Influence of Etiology of Ventilator Dependency on Outcomes at a Regional Weaning Center.* Thematic poster session, May 17, 2016
Hassenpflug M, Steckart J, Nelson DR. Chronic critical illness: influence of etiology of ventilator dependency on weaning outcomes at a regional weaning center. Am J Resp Crit Care Med 193; 2016:A5284

American College of Chest Physicians (ACCP) Annual Conference
Los Angeles, CA. October, 2016

Poster Presentations. Thematic poster session "Mechanical Ventilation and Respiratory Failure II," October 26, 2016:

Chronic Critical Illness: Updates to Patient Admission Characteristics and Outcomes at a Regional Weaning Center
Hassenpflug M, Steckart J, Nelson DR. Chronic critical illness: updates to patient characteristics and weaning outcomes at a regional weaning center. Chest 2016;150(4_S):314A

Post-ICU Mechanical Ventilation: Weaning Outcomes of Selected Subpopulations at a Regional Weaning Center
Hassenpflug M, Steckart J, Nelson DR. Post-ICU mechanical ventilation: weaning outcomes of selected subpopulations at a regional weaning center. Chest 2016;150(4_S):319A

Chronic Critical Illness: Influence of Etiology of Ventilator Dependency on Outcomes at a Regional Weaning Center

Hassenpflug M, Steckart J, Nelson DR. Chronic critical illness: influence of etiology of ventilator dependency on weaning outcomes at regional weaning center. Chest 2016;150(4_S):323A