



# Sherman Oaks Hospital

Member of Prime Healthcare



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## INTRODUCTION

Sherman Oaks Hospital (**SOH**, or the **Hospital**), a member of Prime Healthcare Foundation, is a 153-bed, not-for-profit, acute-care community hospital located in Sherman Oaks, California. Staffed with over 500 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 is nationally recognized as a “100 Top Hospital” by IBM Watson Health.

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. We have 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 and many more. The Hospital is consistently at the forefront in providing innovative and integrated healthcare.

## 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 our 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. - Chair of the Board & Chief Medical Officer

EM V. Garcia - Vice Chair of the Board & EHMC & SOH Chief Executive Officer

Kenn Phillips - Community Member

David Thorson - Community Member

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

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

Samuel Kashani, M.D. = Member-at-Large

Andrew Renner, M.D. – Member-at-Large

Rick Mahalingam - Regional Chief Financial Officer

Roland L. Santos – Chief Nursing Officer

## **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:

- **24 Hour Emergency Care**
- **Behavioral Health Services**
- **Center for Reconstruction and Wound Healing with Hyperbaric Medicine**
- **Clinical Laboratory Services**
- **Comprehensive Care for Joint Replacement**
- **Comprehensive Senior Care Program**
- **Critical Care Services**
- **Emergency Services**
- **Food and Nutrition Services**
- **Financial Assistance**
- **Heart Care Services**
- **Hospital Pharmacy**
- **Multi-Specialty Clinic**
- **Imaging Services**
- **Primary Stroke Center**
- **Rehabilitation Services**
- **Respiratory Therapy Services**
- **Sub-Acute Nursing Care Center**
- **Surgical Services**
- **Transfusion-Free Medicine Surgery**
- **Wound Care & Hyperbaric Medicine**

- **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 2025 Sherman Oaks Hospital (**SOH** or the **Hospital**) Community Benefits Report (**CBR**) provides an annual update to the Hospital’s 2022 Community Health Needs Assessment (**CHNA**); and determines relevance of current health status issues found in the community as of 2025. 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 SOH’s Implementation Plan Period (2022, 2023, and 2024).

The primary needs to be addressed from 2022 to 2024 are outlined in following sections, and both the planned interventions, and the actual results are discussed in summary form. The 2025 Community Health Needs Assessment was completed at the end of 2025, so its needs were too late to be incorporated into the work plans for 2025. Where applicable, needs identified in that document are addressed in this report.

## SERVICE AREA

The 2025 Sherman Oaks Hospital Community Benefits Report addresses issues outlined in the Hospital's 2022 CHNA, and outlines actions taken to address those issues. The CHNA can be found on SOH's community benefits page. The most recent discharge data available at the publication date for the CHNA was for 2024. Data for 2025 was available as this report was being prepared and it is being presented here. It differs in several respects from the 2024 data, but the core service area is remarkably similar, while the lesser contributors are more scattered.

The most pertinent area for service analysis and planning is typically the area from which over 50% of SOH's patients are drawn. This standard assumes that a small number of zip codes are the dominant suppliers of patients. In a densely populated urban area such as the San Fernando Valley, zip code areas are small geographically, and thus many zip codes are listed in the Hospital's discharge logs.

Review of data from SOH's 2025 discharge logs shows a typical distribution, in that a very small number of zip codes are the sources of much of SOH's client population, with only eight zip codes responsible for 51% of total discharges. These eight areas, designated the Primary Service Area (**PSA**), each contributed at least 4% of total discharges but none was responsible for more than 8%. Beyond these eight zip codes, no other zip code was responsible for more than 2.5% of discharges and only nine contributed as much as 1%. These nine zip codes, designated a Secondary Service Area (**SSA**), added only another 14% of total discharges, bringing the total penetration to 65%.

The PSA zip codes include the following:

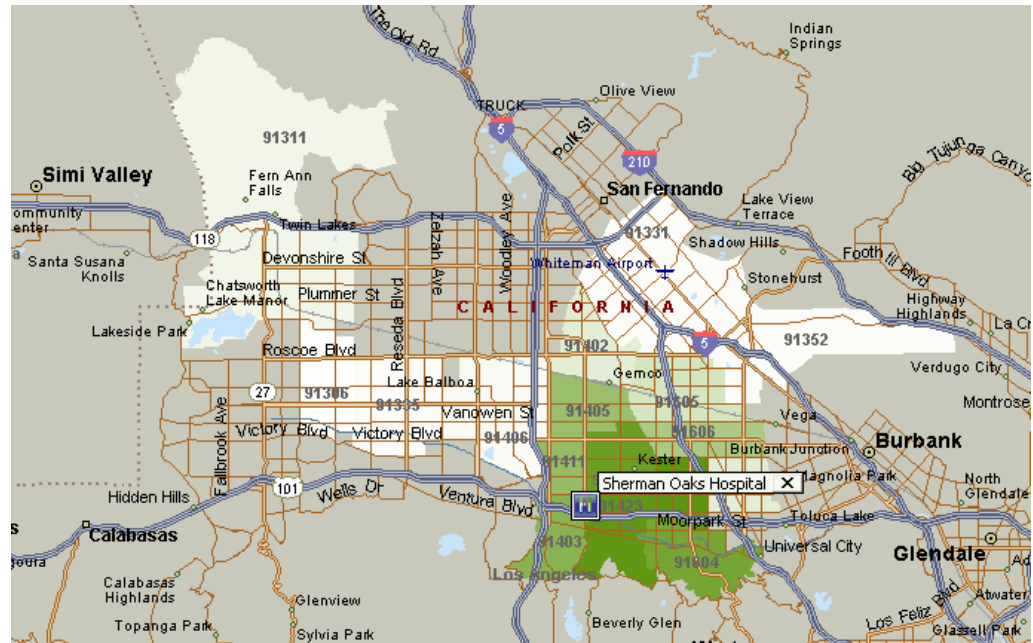
- 91401 Van Nuys
- 91403 Sherman Oaks
- 91405 Van Nuys
- 91411 Van Nuys
- 91423 Sherman Oaks
- 91604 Studio City
- 91605 North Hollywood
- 91607 Valley Village

The PSA area is depicted in the adjacent map. The density of color denotes the relative number of discharges from each area, with darker shades indicating larger numbers.



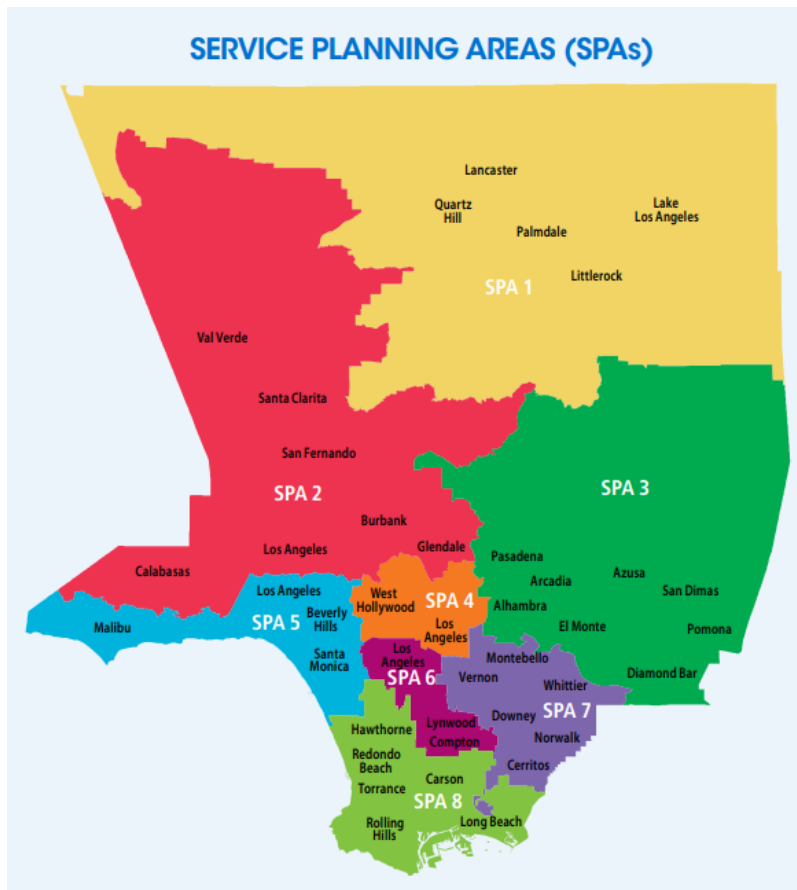
A second map shown below expands the service area to include the Secondary Service Area zip codes, showing how the overall service area becomes more fragmented. Virtually every zip code not included in the colored section provided patients to SOH, but in smaller numbers, showing that the Hospital serves virtually all the San Fernando Valley. The SSA zip codes are highlighted in white on the following map. The SSA zip codes include the following:

- 91306 Winnetka
- 91311 Chatsworth
- 91331 Pacoima
- 91335 Reseda
- 91352 Sun Valley
- 91402 Panorama City
- 91406 Van Nuys
- 91601 North Hollywood
- 91605 North Hollywood



The Los Angeles County Department of Public Health (**LADPH**) is charged with collecting and analyzing health indicators for the county.

To provide more localized information on various portions of the county, LADPH divides the county into eight Service Planning Areas (**SPAs**).



SOH is in SPA 2 which encompasses the San Fernando Valley and areas to the north. It is shown in red on the adjoining map of Los Angeles County. SOH is located near the “Los Angeles” label in the red zone.

Los Angeles County last performed a County Health Survey in 2017 which is remarkably similar to the surveys conducted by KeyGroup and its cooperating agencies in 2022. The results of both surveys are incorporated in our discussion along with comments relating the two. Note that the LADPH report uses statistics and data from 2015 in its 2017 report. Given the age of these statistics, little emphasis is placed on their value, aside from providing a general reading of the area’s relative status in relation to other areas.

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 2025, Sherman Oaks Hospital contracted KEYGROUP to oversee the process of developing a CHNA directly addressing needs in Sherman Oaks Hospital's service area. This CHNA was designed to comply with California's Senate Bill 697 (**SB 697**) and to meet the requirements under the Patient Protection and Affordable Care Act (**ACA**). To better understand the health needs in the Hospital service area, KEYGROUP reviewed numerous state and county sources. A local literature review was conducted, and community assets and resources were documented. This analysis process concentrated on the whole of SPA 2, and uses data from various years.

The CHNA process was more focused, using Hospital-specific data as a base, and drawing on community members recruited mostly from the PSA for focus groups, and soliciting surveys from residents locally.

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 can be found in the 2022 CHNA report which is on SOH's website.

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

The results of the 2022 CHNA process formed the basis for the Implementation Plan that was to guide SOH's participation in community health care for the years 2023, 2024 and 2025. This Community Benefit Report summarizes SOH's progress in meeting the community's needs as outlined in the previous 2020-2022 Implementation Plan and incorporates needs and plans found in the 2023-2025 Implementation Plan completed May 2023. The issues listed below are the ones selected as the ones most appropriate for SOH's intervention in 2022. The CHNA and Implementation Plan can be found on SOH's website. The four needs considered the most salient, and suitable for intervention by SOH are listed below.

They are:

- Mental Health,
- Continuity of Care,
- Homelessness, and
- Employee Retention.

The 2025 CHNA development process generated a new set of primary issues. Two of these, Homelessness and Coordination of Care are considered similar to 2022's Homelessness and Continuity of Care. Mental Health was also addressed in the 2022 CHNA so it continues to be included in the 2025 CHNA, along with two other topics that were deemed salient:

- Chronic Disease Management, and
- Primary and Urgent Care.

Employee retention was mentioned only in passing during the 2025 CHNA process, so minimal emphasis will be placed on it going forward, although its course through the 2022-2025 period will be discussed.

The following section provides details related to these issues from the 2022 CHNA report, and notes that plans to address those issues are still in process. Each need is outlined, and SOH's original Implementation Plan to address it is reported. Environmental changes that occurred since the CHNA report date are also noted, and the Hospital's progress in responding to these needs is highlighted. It is important to note that the Covid-19 pandemic had been the dominant health issue for the period analyzed in the 2022 CHNA. While still a subject of watchfulness, it no longer drives planning processes forward, as other issues have become more pressing. It should also be noted that the most recent CHNA is the 2025 version, which was developed in the latter half of 2025, and so was not addressed in planning for 2025 operations.

The focus group process was part of the Community Health Needs Assessment process in 2022, and represented the most detailed dissection of health care issues among community representatives at the sessions. The four that emerged from the processes were considered by the group to be the most pressing, and to be issues which SOH could address in concert with the larger community. They represent community health problems as a group, and individually they represent opportunities for the Hospital to provide improvements. They are outlined below.

**Mental Health** – This category was the most cited issue, in terms of the number of focus group participants choosing it as important. This general term generated many related ideas, and they were consolidated into this general category. Among issues related to mental health was the need for inpatient mental health services, problems with substance abuse that intersected general mental health problems, and issues related to acute physical problems presented at the Emergency Department which are related to mental health conditions experienced by the patient. An attempt to deal with the intersecting issues of crime and mental health was developing with the creation of “Care Courts,” which are designed to deal with persons arrested for minor crimes but who may need mental health interventions to have both their infractions and health needs addressed more appropriately. Thus, although the underlying problems subsumed under the “Mental Health” rubric are continuing, the available methods of combatting the problem are changing rapidly, and were not addressed in either the 2022 CHNA or the 2023-2025 Implementation Plan.

**SOH’s Implementation Plan** as of early 2023 included dedication to continuing its existing services as a primary provider of inpatient mental health services in the San Fernando Valley. As more focus was directed to mental health issues associated with acute admissions to hospitals, SOH planned to expand its coordination practices with community providers to identify high-intensity users of Hospital services with accompanying mental health issues that can be addressed in alternative settings. With better coordination, these clients could be directed to more appropriate care sites. SOH also planned to research options to coordinate community care solutions with the Hospital’s inpatient services as crises arise in those community locations. As the development of Care Courts under California’s CARE Act (SB1338) got underway, SOH staff envisioned working with court staff and social work organizations to provide

inpatient services and step-down follow-up as appropriate. All these programs were in operation in 2025, with plans to continue their use in future years.

**SOH's Results** – The specialized 19-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.

The Hospital has served, and will continue to serve, as a referral location for other healthcare providers needing specialized services for aging people in danger due to mental health issues. At the close of 2025, increases in mental health encounters in SOH's Emergency Room continued to occur, as well as direct admissions to the Mental Health unit. The Hospital has expanded its services to address the influx. SOH's expanded Senior Behavioral Health Program offers Mobile Psychiatric Evaluation Services and Psychiatric Emergency Teams (**PET**), and a 24-hour Clinical Nursing team. Crisis stabilization services are available 24 hours a day, 7 days a week with psychiatric assessment and treatment and recreational therapy assessment and treatment. Gero-psychiatric educational series are offered to post-acute partners including Skilled Nursing Facilities, Assisted Living Facilities, Senior Living Facilities, Board and Care Facilities, and other community members. More concrete updates to operations will be instituted as the impact of Care Court referrals and revised treatment paradigms are encountered.

**Continuity of Care** – An emerging topic of discussion within medical and social work circles is Social Determinants of Health (SDOH). SDOH issues include conditions that exist outside a healthcare institution, often in the home or immediate neighborhood, which make it difficult to manage chronic diseases such as diabetes, high blood pressure, or osteoporosis. Many of these issues can be addressed more appropriately with non-institutional interventions, but they are often not brought to medical attention until the patient enters the emergency room.

Changes in MediCal and Covered California eligibility requirements have also forced providers to cope with redetermination of eligibility for all MediCal recipients over a year's time. Passage of new healthcare budgets at all government levels could meaningfully change eligibility criteria again. Since this process requires input from insureds, many existing recipients have not provided the necessary paperwork or have been determined ineligible for continuing MediCal coverage. Hospitals and medical groups have become the first providers to discover that their patients need to either re-apply for MediCal coverage, or to find alternate health insurance as required by the state. In either case, the options available to assist clients in managing their care have changed, and providers must help their patients navigate the emerging environment. In light of eligibility changes resulting from The One Big Beautiful Bill Act, it will be important to follow the changes as they occur and react appropriately. Many of the patients seen in 2024 and 2025 may find their coverage changed or ended, and need assistance to determine their best new options.

**SOH's plan** as stated in its 2023 Implementation Plan included working with stepdown providers, including nursing and rehabilitation hospitals, as well as home health agencies, mental health clinics, and social service agencies. The Hospital continues to work with these groups to develop and revise protocols to share information back and forth about clients transferred from one site to another. These protocols will assist other providers in maintaining the health status of transferred clients on their recovery path. Additional research is in the process of creating methodologies for identifying high-utilization clients. This will allow coordination with medical groups' social service providers to assist in supporting these clients in their homes, so they do not become admissions to the Hospital.

Another critical issue related to continuity of care is assuring that patients' insurance status is reviewed and redetermined, and the most advantageous coverage intervention is offered to patients whose coverage has lapsed. Under SOH's Presumptive MediCal Program, patients for whom health services are a burden are assisted to file for available assistance to allow them to access care immediately. They are then followed up to assure that they either are provided with an insurance option or covered under the Hospital's policy for medically necessary care. As of 2025, with passage of OBBBA, the regulations

regarding healthcare coverage have changed as of January 1, 2026. The Hospital has pivoted to plan for the changes as they are enforced.

**SOH's Results** – As health systems of all types recover from pandemic-era disease management protocols and changes in reimbursement, unanticipated issues have arisen. Prior to 2023, the primary focus involving continuity of care was managing utilization, as the pandemic strained both SOH's physical capacity and its workforce's stamina. As Covid related admissions subsided, many of the patients who had previously been diagnosed with conditions requiring treatment, but had had their procedures postponed, have returned to get their delayed treatments performed. In some cases, they may find themselves needing different interventions and/or may no longer be eligible for the treatments originally prescribed until they are re-enrolled in MediCal or moved to new coverage. Protocols have been revised to address these changes.

Management has continually evolved operations 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. Patient transitions to selected nursing homes and retirement housing communities are continuing to occur, as well as programs to allow easier transitions to home environments. These are regularly 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.

SOH also collaborates with police (LAPD) and fire (LAFD) departments, where allowed, to coordinate care for persons who are repeat users of emergency services, alleviating calls to 911 for less-than-life-threatening injuries. Other interventions involving police and fire agencies include Active Shooter Drills,

and De-Escalation and Crisis Intervention training. The Hospital also implemented the GetCareNow program: a patient appointment/ scheduling system in the Emergency Department, which will decrease waiting times and will help patients schedule their ED appointments or visits easily.

As noted earlier, SOH partnered with its eligibility consultants to ensure that patients having trouble negotiating the redesignation process were provided with adequate guidance to find acceptable coverage. While this process achieved measurable success, the changes under OBBBA will require another reorientation of this process, and that reorientation is underway as regulations are published to govern the process.

As more public events are scheduled in community settings, SOH has continued to monitor opportunities for community outreach. Examples include participation in Sherman Oaks and Encino Street Fairs, where SOH provided health screenings, a first aid booth, Heart and Stroke health education, and health and safety information. Support for the American Red Cross included hosting a Blood Drive event for the community. Other Hospital sponsored outreach programs include a Doctors Day event, Hospital Week Celebration, Emergency Medical Services Week Celebration, and Stroke Education and Heart Month education programs for community members. The Hospital also developed Prime-E Academy, a virtual training format providing courses in CPR, ACLS, BLS, Critical Care, Basic Arrhythmia Care, and Drips and Drugs basic education. A listing of community events sponsored or participated by SOH is provided in Appendix A.

**Homelessness** has become a major issue in Los Angeles as increasing numbers of residents are living on the streets. It has also been a major topic of litigation. Attempts to deal with it are spilling into the political arena. Several bond and tax issues have passed in the last two elections to provide funds for housing and treatment of unhoused residents, with mixed results. The most recent election at the end of 2024 resulted in a new slate of City Council representatives who have different ideas as to how to address the problem. Proposed changes to the agencies that participate in homeless services are in discussion as this report is being prepared.

Unhoused patients represented a declining portion of the discharges from SOH in 2025 versus 2024, with discharges to unknown zip codes comprising just under 1% of all discharges. The actual provision of care to these clients 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.

City agencies, police, and court systems have spent the past years exploring new methods of coping with the unhoused population. Although proposals have been advanced to address homelessness issues, the payment programs in place generally have no ability to fund follow-up care or patient management. The funding from bond issues and tax increases has recently started flowing, but questions are already being raised as to the efficacy of programs being funded. Programs such as Project HomeKey and Inside Safe have been developed to provide short-term relief, but questions are arising as to how well these programs have succeeded in reducing the homeless counts. Longer-term solutions, such as expanded low-income housing projects and residential treatment centers, are slow in coming, and are encountering resistance both from neighbors who fear the influx of questionable residents, and from unhoused people who object to the strictures imposed by housing providers. Meanwhile hospital emergency departments continue to serve as primary care centers for people with no ties to a healthcare provider.

**SOH's Plan** in 2023 included provisions to improve communication between the Hospital and step-down providers both before and after hospitalization, to clarify client needs and necessary treatment protocols upon transfer. These provisions remain in place, along with newer steps to address changes in programs to care for homeless. The unhoused patients needing discharge from SOH are a particular point of need,

and protocols are consistently in review, to ensure that people with no discharge address are referred to suitable agencies to find housing with adequate services to continue courses of 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. The advent of several programs designed to get unhoused people into temporary and permanent accommodations will present new opportunities for the Hospital to join with these providers in easing the transition from street to Hospital to residential situations. And as new housing solutions are developed, SOH will collaborate with the developers and social service providers to coordinate care to minimize emergency room utilization.

**SOH's Results** – For the patients with no receiving location specified (1% of all discharges in 2025), SOH's discharge planners have relied on protocols to locate social service and/or housing agencies to guide the transition. These protocols are continually under review and are updated to guide transitions of patients to selected nursing and retirement housing communities, as well as programs to allow easier transition to home or temporary housing environments. SOH has continued to coordinate with LAPD, LAFD, and various homeless shelters. When clients are facing discharge with no receiving address, the Clinical Social Workers and Case Managers assist in facilitating discharges to appropriate locations. The Hospital follows homeless placement protocols and has a checklist for placing the patients. Options available for discharge placement are Homeless Shelters, Skilled Nursing Facilities and Board and Care Facilities. Programs such as Project Room Key and Inside Safe provide options, and these opportunities are accessed as appropriate. All these options are reviewed as necessary to assess their usefulness in assuring continued recovery from the acute incidents that brought unhoused people to the Hospital in the first place. Meetings that used to be monthly are now supplemented by rapid response online conferences as treatment protocols, transfer arrangements, and payment policies change.

**Employee Retention** – One of the most lingering effects of the Covid pandemic was the “Great Resignation” in which many employees were either laid off or forced to work from home, and who have elected not to come back to work. In the healthcare field, the opposite happened as many staff were required to work punishing extra hours on site to cope with the influx of patients while simultaneously attempting to protect their own health. As the

pandemic subsided, many employees in all fields have chosen not to return to their old employers. This phenomenon has been particularly evident in inpatient healthcare settings, such as hospitals, nursing facilities, and retirement communities. As with homelessness, governmental attempts at solutions have addressed some immediate problems, but often with lingering after-effects, while legislation aimed at increasing staff wages has targeted healthcare providers without an equivalent increase in reimbursement. An additional complication is the advent of a higher minimum wage for fast-food workers, making those outlets more competitive for entry-level staff. While the immediate issues regarding staff shortages have subsided, the larger questions related to staffing at new wage rates and benefits requirements remain.

**SOH's Plan** was two-pronged in 2022 and through 2025. First, the Hospital reviewed its pay and employee benefits policies to determine the best ways to maintain existing staff and increase staff satisfaction. Recruitment efforts to replace staff losses were expanded, providing real-time data on wage and benefits demands in the healthcare marketplace. Specific examples include Walk-in Wednesday hiring events, Career Fairs, Employee Recognition programs and an Employee Discount Marketplace. Where needed, changes in staffing compensation and benefits policies are being implemented. Secondly, management is pursuing relationships with multiple colleges and trade schools to provide internships and on-the-job experience for people seeking employment in the healthcare field. Educational institutions range from USC and UCLA to West Coast University and the Los Angeles City College system. These programs offer opportunities to community members to pursue careers that benefit themselves while improving healthcare in the neighborhood.

**SOH's Results** – Many of these relationship efforts were put on hold during the height of the pandemic, and have now restarted. The programs that survived are sending students to the Hospital on a regular basis. On a typical day, 15 to 18 students are on site, working toward RN, LVN, CNA, and CLS certifications under supervision of Hospital personnel. SOH has continued its relationship with various schools, colleges, and universities, working to advance outreach, affiliations, and engagement to attract more employees and staff. Additional programs are in process, and negotiations are ongoing with other schools and

programs. Many of these programs are targeted at communities of color and low-income populations seeking better employment opportunities.

Walk-in Wednesdays Hiring Events and Career Fairs were held onsite, and a Recruitment booth was staffed at the Sherman Oaks/Encino Street Fair. The Hospital's Employee Recognition (WOW Recognition) program continues to recognize and acknowledge dedicated employees and staff. A Talent Acquisition and Global Outreach International recruitment program targets International Nurses and Clinical Laboratory Scientists. SOH also implemented its Employee Discount Marketplace which includes multiple vendors, an exclusive employee benefits program that offers discounts on a wide variety of money-saving offers, including discount tickets, cars, rentals, and hotels, as well as attractive product and service deals for everyday needs.

Leadership Rounding with the employees and staff has built trust, improved communication, increased job satisfaction, and continues to improve the quality of patient care, as well as maintaining good relationships with staff. Employee retention efforts have been effective enough to allow the Hospital to maintain its census close to its pre-Covid level, and the increase in emphasis on mental health by providers is helping to drive patients needing these services, which is expected to increase the need for additional staff.

**Primary and Urgent Care** – This category from the 2025 CHNA is closely related to Coordination of Care in that document and Continuity of Care in the 2022 CHNA. Its primary difference is in its focus on the tendency of many irregular users of healthcare services to delay treatment for minor illnesses or injuries until they become acute, and then using Emergency Departments as their primary providers. This creates stresses on Hospital staffs who are forced to provide high-intensity triage and treatment services for ailments that could be more expeditiously treated on an outpatient basis. The patients who arrive in acute distress often experience delays in treatment as optimal staff resources may not be on duty when they arrive, and additional problems in establishing evidence of coverage for the treatments they receive.

State and Federal legislation was passed in the wake of the COVID pandemic expanding MediCal coverage to groups not previously covered. Other programs provided subsidies for coverage. These temporary subsidies for health insurance and inclusion of previously ineligible populations in coverage eligibility resulted in record low numbers of California residents being uninsured. Many of these temporary changes were due to expire January 1, 2026, and the OBBBA did not provide extensions. Other provisions of OBBBA limited premium subsidies for Covered California insureds. These changes disproportionately affected residents who were typical users of ERs for care.

**SOH's Plan** – Since this issue was not addressed in the 2022 CHNA, no specific plan was outlined there. But the problem existed then, and the Hospital has been dealing with both the problem and the corresponding reimbursement issue throughout the last three years. It will continue to do so in the future. Continuing plans for dealing with the patients who arrive at the Emergency Department for primary care issues will include dealing with the acute issues on presentation. Once initial treatment is completed, they will be guided through their insurance coverages if they have them. These patients will be redirected to services that their providers offer, and medical and billing records will be transferred to those entities.

As insurance coverage changes and patients' payors change, the Hospital will collaborate with clients to guide them through the process of reinstating their coverage or finding new coverage. This process will involve an ongoing concerted effort to follow the regulatory and coverage changes as they become effective and more clients find themselves without current coverage.

**SOH's Results** – Over the past three years, as more area residents have obtained insurance coverage, the utilization of the Emergency Department has increased. While more of these patients are deemed to have coverage, the process of getting that coverage arranged has been an ever-present task. SOH staff have had success in treating those who bring their problems to the ED, and have been increasingly successful in finding coverage options to protect clients from financial crises. This success will be tested in the coming years as patients once covered under expiring programs become ineligible for coverage and are forced to find new coverage options. As in the past, SOH will continue to counsel clients as to their coverage options and to collaborate with them to achieve the most acceptable outcomes.

**Chronic Disease Management** – The Affordable Care Act and succeeding California legislation have been successful in increasing the number of California residents who are classified as having health insurance coverage. More than one-third of the state’s residents are now covered by MediCal and fewer than 6% of the state’s total residents are without insurance, down from over 12% three years ago. Many of these residents suffer from chronic ailments. The illnesses most seen at SOH are:

- Diabetes,
- Chronic Respiratory Diseases including Asthma and COPD,
- Hypertension or high blood pressure, and
- Obesity.

These conditions share a primary commonality in that they are all lifestyle-related and can be managed to limit the need for inpatient care. A secondary commonality, and the reason for inclusion in SOH’s plan for community services, is that they are often underlying conditions which create acute health crises that bring patients to the Hospital. This phenomenon is often discussed under the term Social Determinants of Health (**SDoH**). SOH is aware of the results of failure to address SDoH issues, although by the time clients arrive at the Hospital, the chance to deal with the root causes of the problems has passed.

**SOH’s Plan** includes a range of education programs that advocate condition-specific preventive practices for each of the illnesses outlined above, as well as to others. Examples include:

- Training sessions to teach diet, exercise, and insulin management techniques to Type 2 Diabetes patients, as well as education as to insulin management options for Type 1 clients, where support programs exist.
- Education and training in management of specific issues triggering respiratory episodes for Chronic Respiratory Disease patients, and techniques to combat trigger situations.
- Education for clients with hypertension and setup of management protocols to maintain healthy blood pressure levels in day-to-day situations.
- With the advent of GLP-1 based drugs, persons wishing to lose weight have new options, and will need assistance in getting started with the changed regimens. While much of this process can be

accomplished without inpatient services, SOH staff will still encounter patients whose weight has sent them to the Hospital for associated problems. Staff will have opportunities to discuss options with these clients and assist them in getting started on a weight-loss regimen. New protocols will be developed to formalize the process.

**SOH's Results** - SOH has educational programs addressing each of these issues that have been offered to community organizations, schools, and senior centers, in addition to on-site educational programs for inpatient and outpatient clients in the recovery process. SOH also participates in numerous health fairs and other public assembly occasions by providing onsite education and screening services. A list of community outreach programs provided in the past year is found in Appendix A. The hospital has actively collaborated with clients to ensure that potential adjustments to their lifestyles following discharge are advocated to minimize the risk of re-admission.

As was discussed in previous sections, changes in health insurance coverage are a major potential complication in the process of managing chronic conditions. Many currently insured patients who have been helped to begin management of their conditions under previous coverages may find themselves back to managing their conditions on their own. Federal and State agencies have recognized this hazard and are developing program options to assist residents to continue their maintenance programs. To the extent that these patients arrive at SOH, it will be incumbent on SOH staff to assist them in locating their options.

## FINANCIAL IMPACT

Sherman Oaks Hospital's operations include diverse services and expenses that benefit the community. The Hospital's analysis for its IRS 990 report is reproduced below. It should be noted that many of the Hospital's community serving services, such as education and training for local residents, and on-site educational programs, are subsumed into other departments' expenses and not reflected here.

**Community Health Improvement Services and Community Benefit Operations —  
Schedule H, Part I, Line 7e**

Use this worksheet to report the net cost of community health improvement services and community benefit operations.

	<b>(A) Total community benefit expense</b>	<b>(B) Direct offsetting revenue</b>	<b>(C) Net community benefit expense (subtract col. (B) from col. (A) for lines 1-5)</b>
<b>1. Community Health Improvement Services</b>			
a. Medical Transport	\$22,571.00		\$22,571.00
b. Street Fair	\$5,000.00		\$5,000.00
c.			\$0.00
d.			\$0.00
e.			\$0.00
f.			\$0.00
g.			\$0.00
h.			\$0.00
i.			\$0.00
j.			\$0.00
<b>2. Worksheet subtotal (add lines 1a through 1j)</b>	<b>\$27,571.00</b>	<b>\$0.00</b>	<b>\$27,571.00</b>
<b>3. Community Benefit Operations</b>			
a.			\$0.00
b.			\$0.00
c.			\$0.00
d.			\$0.00
<b>4. Worksheet subtotal (add lines 3a through 3d)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>5. Worksheet total (add lines 2 and 4; enter amounts from column (A), (B), and (C) on Schedule H, Part I, line 7e, columns (c), (d), and (e), respectively)</b>	<b>\$27,571.00</b>	<b>\$0.00</b>	<b>\$27,571.00</b>

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>Vulnerable Population</b>	<b>Broader Community</b>	<b>Total</b>
Traditional Charity Care	\$610,033		\$610,033
Medi-Cal	\$128,341		\$128,341
Other Means-Tested Government Program (Indigent Care)	0		0
<b>Sum Financial Assistance and Means-Tested Government Program</b>	<b>\$738,374</b>		<b>\$738,374</b>
<b>Other Benefits</b>			
Community Health Improvement Services	\$77,105	0	\$77,105
Community Benefit Operations	0	0	0
Health Professions Education	0	0	0
Subsidized Health Services	0	0	0
Research	0	0	0
Cash and in-kind Contributions for Community Benefits	0	0	0
Other Community Benefits	0	0	0
<b>Total Other Benefits</b>	<b>\$77,105</b>	<b>0</b>	<b>\$77,105</b>
<b>Community Benefits Spending</b>			
<b>Total Community Benefits*</b>	<b>\$815,479</b>	<b>0</b>	<b>\$815,479</b>
Medicare	0		0
<b>Total Community Benefits with Medicare</b>	<b>\$815,479</b>	<b>0</b>	<b>\$815,479</b>

\*

## ACKNOWLEDGMENTS

This 2024 CBR is the result of the commitment and efforts of many individuals 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.

Many data sources were utilized 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 several agencies and providers have done important analysis on the Census data, and results of their work are included 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*
- Sherman Oaks Hospital Discharge data provided by the IT Department of Prime Healthcare
- American Community Survey section of the U.S. Census website

## APPENDIX A - COMMUNITY ACTIVITIES 2025 AND PLANNED COMMUNITY ACTIVITIES FOR 2026

### 2025 Events

- Doctors Day Event 2025
- Hospital Week Celebration 2025
- Emergency Medical Services (EMS) Week Celebration 2025
- American Red Cross with SOH and SOH Blood Drive Event 2025 (2 scheduled events per hospital)
- Stroke Education and Heart Month Education for the Community 2025
- De-escalation & Crisis Intervention Training 2025
- Fire Safety Seminars 2025
- Nursing Skills Fair 2025
- Sherman Oaks Street Fair 2025
  - Recruitment Booth
  - Stroke Education

### 2026 Events

- Doctors Day Event 2026
- American Red Cross with SOH and SOH Blood Drive Event 2026 (2 scheduled events per hospital)
- Hospital Week Celebration 2026
- Emergency Medical Services (EMS) Week Celebration 2026
- Stroke Education and Heart Month Education for the Community 2026
- De-escalation & Crisis Intervention (DCI) Training 2026
- Fire Safety Seminars 2026
- Nursing Skills Fair 2026
- Prime-E Academy – Virtual Training & Classes
- CPR, ACLS, BLS Classes

- Critical Care Classes
- Basic Arrhythmia Classes
- Drips & Drugs Classes
- Sherman Oaks/ Encino Street Fair 2026
  - Recruitment
  - Stroke & Heart Health Education