



Who **We** Are



Who We Are



Population

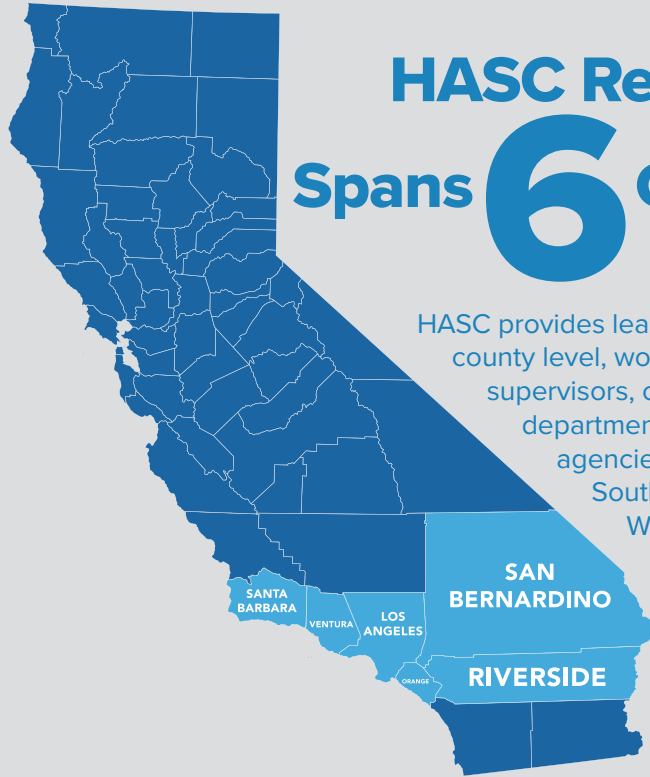
19,072,783



Covering Over

36,500

Square Miles



HASC Region
Spans **6** Counties

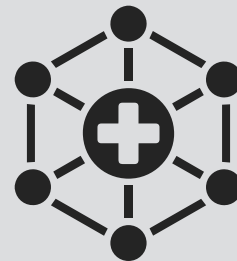
HASC provides leadership at the city and county level, working with county boards of supervisors, chambers of commerce, local departments of health and other agencies to ensure the hospitals of Southern California are heard.

We collaborate with the California Hospital Association (CHA) on state and federal levels on legislation, budget concerns and regulatory issues.



182

Member Hospitals



35

Health Systems



**HOSPITAL
ASSOCIATION**
OF SOUTHERN CALIFORNIA®

Leadership in Health Affairs



MISSION: To lead, represent and serve hospitals and their related organizations, working collaboratively with our members and other stakeholders to improve health and health care in the communities we serve.



VISION: For all member hospitals to consistently and uniformly provide safe, high-quality, cost-effective and culturally-appropriate person-centered health care services.



George W. Greene, Esq.
President/CEO

ABOUT HASC

The Hospital Association of Southern California (HASC) is dedicated to effectively advancing the interests of hospitals in Los Angeles, Orange, Riverside, San Bernardino, Santa Barbara and Ventura counties. We are comprised of close to 180 member hospitals and 35 health systems, plus numerous related professional associations and associate members, all with a common goal: to improve the operating environment for hospitals and the health status of the communities they serve. Working alongside the California Hospital Association (CHA), we provide leadership at the local, state and federal levels on legislation, budget concerns and regulatory issues. We work with county boards of supervisors, chambers of commerce, local departments of health and other agencies to ensure the hospital's voice is heard.

Who We Are

THREE UNIQUE ORGANIZATIONS

We serve our members through three unique organizations:

HASC — a historically strong hospital trade association that serves the political, economic and educational needs of hospitals.

All Health — a HASC subsidiary providing specialized fee-for-service products to help hospitals improve operations.

National Health Foundation (NHF) — a not-for-profit applied research organization affiliated with HASC and dedicated to improving health care delivery and access.

POLITICAL ADVOCACY IN PARTNERSHIP WITH CHA

In a changing health care environment, hospitals need assertive representation. Through partnerships with CHA and hospitals like yours, we work to influence the future of health care in a way that best represents your interests, your patients' needs and the communities you serve. Together, we create visionary change no hospital can achieve alone. HASC helps to:

- Improve quality and patient safety
- Support hospital transition to value-based purchasing and health care reform
- Promote appropriate reimbursement from Medicare and Medi-Cal
- Preserve the safety net, trauma systems and access to care
- Provide education, funding and promotion of disaster and pandemic preparedness
- Initiate long-range solutions to the hospital workforce shortage

Who **We** Are

REPRESENTATION, INFORMATION & EDUCATION

HASC brings extensive expertise to your hospital. We scan the environment, help decipher what's important and deliver in-depth guidance on issues that most impact you. We keep you ahead of what's happening in the industry and deliver representation you can count on through:

- **Local representation** — regional staff represent your area with expert knowledge of community issues and strong relationships with local representatives and key decision makers.
- **Media relations** — expert representation in the media builds support for hospital issues and keeps the public informed.
- **Member seminars, workshops and conferences** — in-depth information on topics ranging from implementing health care reform, physician/hospital relations, quality improvement and financial management from industry experts.

TOOLS TO IMPROVE HOSPITAL OPERATIONS

Working with the association strengthens your hospital's performance with services from professionals who know your operational needs. By turning data into knowledge and providing innovative ways to optimize efficiencies, HASC helps you benchmark the quality of your services, improve business operations and maximize reimbursements.



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PERFORMANCE IMPROVEMENT PROGRAMS

- **Southern California Patient Safety First Collaborative** — HASC region hospitals meet regularly to work on quality improvement and patient safety initiatives.
- **Health Benefits and Wellness Program (HBWP)** — reduces total spending on employee benefits through a group purchasing vehicle that drives down costs while giving hospitals the choice of a fully-insured product and/ or the ability to be self-funded.
- **Communities Lifting Communities (CLC)** — With HC2 Strategies, Inc. and the Public Health Alliance of Southern California, HASC created Communities Lifting Communities, a partnership working to reduce health disparities and improve community health across Southern California.
- **CyberEdge® Cyber Liability Insurance Policy** — created in partnership with insurance carrier AIG and offered through insurance broker AmWINS, the protection package shields hospitals from damaging and expensive breaches with combined insurance and breach-resolution services.
- **ReddiNet® Medical Communications System** — communications system connecting first responders with critical real-time data about hospitals every day and during disasters.
- **Eligibility on Site** — reduces red tape and ensures proper reimbursement with on-site Medi-Cal certification.
- **Compensation Surveys** — presents comprehensive executive, management and non-management compensation and benefit information compiled annually from more than 300,000 participants statewide.

Who We Are

PROFESSIONAL DEVELOPMENT, PEER EDUCATION AND SUPPORT

Your HASC membership keeps you connected to a community of dedicated people successfully addressing change. Learn how to respond to the challenges of health care reform — including physician realignment and how to effectively lead a quality-focused organization — from experts trained in organizational change, as well as from colleagues in classrooms, online and at networking events.

- **CEO meetings, member committees and task forces** — hospital executives meet and initiate action on public policy issues that impact areas such as care delivery, reimbursement, emergency services, behavioral health and more.
- **LEAD Academy®** — an intensive 12-module professional development program to empower emerging health care leaders with effective communication, problem solving and collaboration-building skills.
- **Charge Nurse Education Series** — a series of courses that train nurse leaders to enhance communication and conflict resolution skills, produce better outcomes, foster improved staff performance, and enhance patient safety across facility units and organizations.



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THE ASSOCIATIONS' FEDERATED MODEL

In 1994, the four Associations formally adopted the federated model as a means to ensure that the Associations serve the membership as a seamless and unified advocacy organization that effectively represents the membership at all levels of government.

The model created a new philosophy of cooperation and collaboration among the Associations, including assigned and aligned roles for local, regional, state and national policies and advocacy, and an oversight/leadership role for the Executive Management Group (EMG), composed of the four Association CEOs. Membership and dues for CHA and the Regional Associations were combined as a way to demonstrate the “All for one, one for all” mentality.

The federated model has proven to be highly functional because of the extraordinary level of trust and collaboration between the four CEOs and their entire staff. This amount of trust and cooperation is reinforced not by the words in an operating agreement but by the actions of the CEOs and their staff. There are weekly policy calls, bi-weekly calls with the CEOs and their executive team, semi-annual working retreats for the four CEOs, as well as working retreats for the CEOs and staff. In addition, there are other aspects that contribute to the model's history of success:

- The Federated Model organizational agreement is structured in a way that prevents competing interests on public policy and advocacy positions, educational programs and member services.
- The model allows each of the four Associations to remain independent 501(c)(6) organizations with unique by-laws, budgets, investment portfolios, and for-profit and not-for-profit subsidiaries.
- The three Regional Associations are the corporate members of CHA.
- The CHA CEO is a voting member of the Regional Associations' Executive and Compensation committees. In turn, the Regional Association CEOs serve as non-voting members on the CHA Executive Committee and Board.
- The effectiveness of CHA/Regional Association relationship is reviewed annually by the Compensation Committee as part of the CEO's performance review.

Who We Are

THE ASSOCIATIONS' FEDERATED MODEL (CONTINUED)

- Employment of all Associations' employees is through the California Association of Hospitals and Health Systems (CAHHS). The employees are then leased back to their respective associations.
- The EMG ensures that the Associations, individually and collectively, carry out their respective responsibilities and obligations in a manner that is consistent with the integrated functions inherent in the federated model. This includes:
 - CHA is responsible for federal and state policies, issues, regulations and relationships.
 - The Regional Associations are responsible for local and regional policies, issues, regulations and relationships, as well as supporting CHA's efforts at the state and federal levels.
 - The Associations support and assist each other in activities and programs that are designed to achieve goals approved through the various policy-making mechanisms of the Associations. Each Association adopts coordinated, congruent priorities/goals by December 31 for the ensuing year.
 - In the event that a dispute or conflict arises, it is dealt with by the CEOs of the affected Associations. If the matter is not resolved expeditiously, it's referred to the EMG for a decision. In the rare event that the issue cannot be resolved by the EMG, it is forwarded to the chair officers of the four Associations for final disposition (this aspect of the dispute resolution process has never been necessary in the history of the federated model).



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NATIONAL HEALTH FOUNDATION (NHF)

National Health Foundation was founded in 1973 as a not-for-profit charitable affiliate of HASC. National Health Foundation's mission is to improve the health of individuals and under-resourced communities by taking action on the social determinants of health. Their vision is that all people, regardless of who they are or where they live, can achieve their highest level of health. National Health Foundation's vision achieved by:

- Increasing food access with an emphasis on healthy and fresh foods in under-resourced communities.
- Providing housing with a focus on providing shelter and care for individuals without a home who have been released from the hospital.
- Prioritizing the removal of barriers to health in the Historic South Los Angeles community.
- Providing risk prevention and support for pregnant

For more information, please visit:
nationalhealthfoundation.org



Kelly Bruno
President/CEO



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SENIOR MANAGEMENT STAFF



George W. Greene, Esq.
President/CEO



Isela Rivas
Assistant to the President



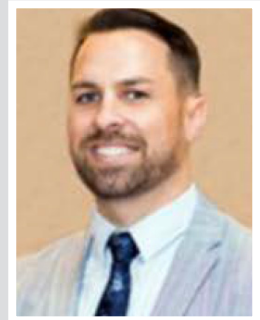
Mark Gamble
Chief of Advocacy and
Operations



Scott Twomey
Senior Vice President/CFO
and President, AllHealth



Paul Young
Senior Vice President
of Public Policy and
Reimbursement



Adam Blackstone
Vice President
External Affairs & Strategic
Communications



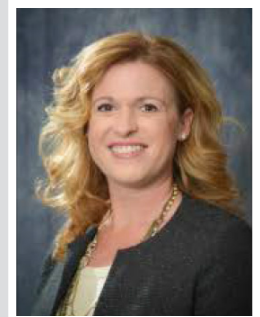
Jaime Garcia
Regional Vice President
Los Angeles County



Whitney Ayers
Regional Vice President
Orange County



Megan Barajas
Regional Vice President
Riverside &
San Bernardino Counties



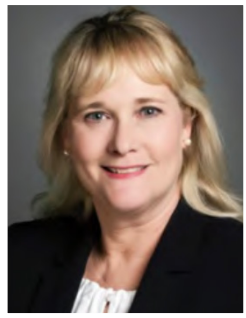
Audra Strickland
Regional Vice President
Santa Barbara &
Ventura Counties



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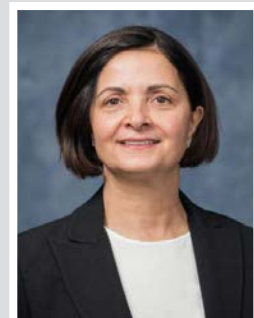
SENIOR MANAGEMENT STAFF



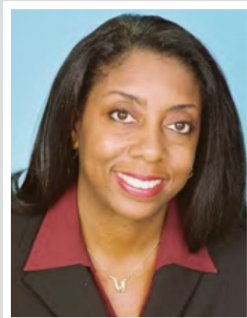
Susan Harrington
President
Communities Lifting Communities



Darryl Sanford
Director
Member Relations
& Association Services



Soraya Peters
Senior Vice President
ReddiNet Health Care
Communications
Technology



Teri Hollingsworth
Vice President
Human Resources
and Education Services



Ana Reza
Vice President
Patient Access Services



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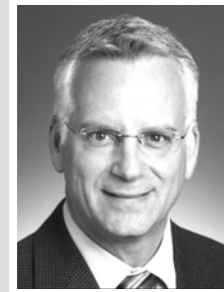
2021 BOARD OF DIRECTORS EXECUTIVE COMMITTEE MEMBERS



Kerry Heinrich
Chair
Chief Executive Officer
Loma Linda University
Medical Center



Joe Avelino, RN
Chair-Elect
Chief Executive Officer
College Medical Center



Bernard Klein, MD
Immediate Past Chair
Chief Executive
Providence Holy Cross Medical Center



George W. Greene, Esq.
President
President/CEO
Hospital Association of
Southern California



Lori Morgan, MD
Treasurer
President/CEO
Huntington Hospital



Keith Hobbs
Secretary
Executive Vice President
Torrance Memorial
Medical Center



Carmela Coyle
Ex-Officio Member
President/CEO
California Hospital Association



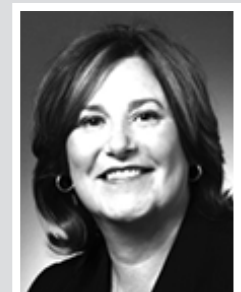
Elaine Batchlor, MD, MPH
Member at Large
CEO
Martin Luther King, Jr.
Community Hospital



James West
Member at Large /
Los Angeles Hospital
Leadership Chair
President/CEO
PIH Health



Marcel Loh
Member at Large
President/CEO
Hollywood
Presbyterian
Medical Center



Vita Willet
Member at Large
SVP/Area Manager
Kaiser Permanente Riverside
and Moreno Valley



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Chief Executive Officer
Providence Little Company
of Mary Hospital



Craig Leach

President/CEO
Torrance Memorial
Medical Center

HARBOR AREA



David Kowalski

Chief Executive Officer
Kindred Health
La Mirada



Elaine Batchlor

Chief Executive Officer
Martin Luther King, Jr.
Community Hospital

INLAND AREA



Douglas Kleam
Chair

President
St. Bernardine Medical Center



James R. Holmes

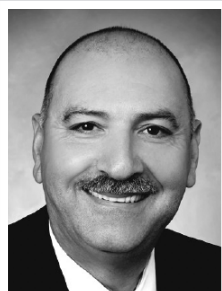
President/CEO
Redlands Community Hospital



Darlene Wetton

Chief Executive Officer
Temecula Valley Hospital

LOS ANGELES CENTRAL AREA



John Raffoul

President
Adventist Health
White Memorial



Jorge Orozco

CEO
LAC+USC
Medical Center

NORTHWEST AREA



Dale Surowitz

President/CEO
Joyce Eisenburg
Keefer Medical Center



Roger Seaver

President/CEO
Henry Mayo
Newhall Hospital



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2021 BOARD MEMBERS

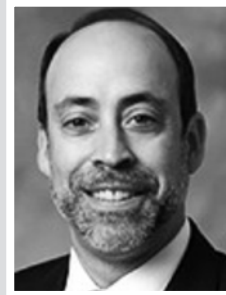
ORANGE COUNTY AREA



Jeremy Zoch, PhD
Chair
CEO
St. Joseph Hospital, Orange



Susan Taylor
CEO
College Hospital Costa Mesa



Chad Lefteris
CEO
UC Irvine Health

SAN GABRIEL VALLEY AREA



Richard Yochum
President/CEO
Pomona Valley
Medical Center



Alice Cheng
President/CEO
Beverly Hospital

SANTA BARBARA



Sue Andersen
Chair
CEO
Marian Regional
Medical Center

VENTURA



Natalie Mussi
Chair
President/CEO
Los Robles Hospital &
Medical Center

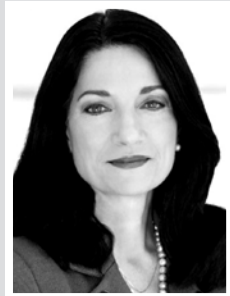


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2021 BOARD MEMBERS

MULTI SYSTEMS REPRESENTATIVES



Johnese Spisso
President/CEO
UCLA Health



Jeffrey Smith
CEO
Cedars-Sinai
Marina Del Rey Hospital



Alina Moran
President
California Hospital
Medical Center
Dignity Health



Marcia Manker
Executive Vice President
MemorialCare Health



Donald Kreitz
Senior Vice President,
California Hospitals
Prospect Medical Holdings, Inc.



Linda Marsh
Senior Executive
Vice President
AHMC Healthcare Inc.



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2021 SPECIAL CONSTITUENT REPRESENTATIVES



Glenn Raup, PhD
Behavioral Health Services
Executive Director,
Behavioral Health,
Emergency Care Center and
Observation Services,
St. Joseph Hospital, Orange



Harry Sax, MD, FACS, FACHE
Healthcare Executives of
Southern California
Professor & Executive Vice Chair
Senior Physician Advisor
Cedars-Sinai Medical Center



Adam Darvish
Post-Acute Care
California District Vice President,
Kindred Healthcare



Theresa Murphy, RN
Patient Care
Administration
Chief Nursing Officer
USC Verdugo Hills Hospital



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2020 Impact Report

**“ In California,
and especially
Southern
California and
the HASC region,
hospitals held
the lines and
carried the day
– even as our
frontline health
care workers
encountered
fatigue and strain.**



PRESIDENT’S MESSAGE:

It is with a sense of pride and accomplishment that I share HASC’s 2020 Impact Report with you.

It was a year like no other as HASC and its members responded to COVID-19. While multiple vaccines now bring optimism, we are still fully enveloped in this battle. We know our members’ backs are against the wall and we are continuing to survey the landscape to anticipate new and unforeseen challenges that may appear.

The story of 2020 is a story of hospitals contending with a raging storm armed with limited resources and nationwide shortages of critical supplies, equipment, and our most precious resource – health care workers. While I’m pleased that we successfully advocated for close to \$94 million in Coronavirus Relief Funds last year, this number is only a fraction of the financial burden incurred in our fight against this virus. Truly, let’s give credit where credit is due – hospitals and their organizations stepped up and deployed their limited resources to deliver world-class care in the face of a tsunami. In California, and especially Southern California and the HASC region, hospitals held the lines and carried the day – even as our frontline health care workers encountered fatigue and strain.

While we will continue to focus on the COVID-19 fight for the near and possibly the foreseeable future, HASC and its partner organizations are looking to position our members for new challenges. Alongside the pandemic, behavioral health impacts were already hitting our communities, and we at HASC are prioritizing attention to these. The pandemic is also leaving aftereffects – in terms of patients that did not seek medically necessary care, resulting in the onset or exacerbation of both chronic and acute health conditions. We need to gird our resources in response, as we meet these and other challenges – including health care affordability, reimbursement, and equity of care issues.

Our current and overriding goal is the same, however – to move forward together and to position our members for what’s next.

Stay healthy, safe, and stay strong.

A handwritten signature in black ink, appearing to read 'G. Greene', written over a light blue horizontal line.

George W. Greene
President/CEO, HASC



HASC's Pandemic Response

Since the outset of the pandemic, HASC has helped to lead a coordinated response for the region as multiple hospitals and organizations act together in response to the impact of COVID-19. We are in almost continual contact with state and local public health departments, county EMS agencies, local elected officials, Medicaid managed care plans and community stakeholders. In many cases, we are hosting weekly or bi-weekly calls with these groups in each county to identify new challenges and to develop mitigation strategies as we look ahead.

Hospital Financial Losses and Coronavirus Relief Funds

Over 10 months, priorities changed as we entered new stages of the pandemic. Early on, the governor asked that our hospitals swiftly ramp up physical capacity in their facilities by at least 40 percent. This sweeping statewide response taught California valuable lessons about COVID-19 spread and its disparate impact on different regions of California. Unfortunately, this also resulted in a devastating financial burden to our hospitals.

Recognizing the severe financial impact experienced by our hospitals, HASC held discussions with L.A. Care, CalOptima and IEHP regarding potential solutions to improve cashflow for hospitals. On May 14, 2020, L.A. Care announced that they would provide up to \$85 million in accelerated claims payments to hospitals, and more than \$21 million in advanced incentive payments to individual primary care physicians and FQHC clinics. Similarly, IEHP sought to provide contracted hospitals with alternative funding through capitation payments to assist hospitals with their cashflow needs with support of more than \$90 million.

Each county received allocations from the CARES Act Coronavirus Relief Fund (CRF) from the United States Department of the Treasury and the State of California to respond to the effects of the coronavirus pandemic. HASC advocated for CRF resources to support hospitals for their COVID-19 related expenses and has been successful in receiving **\$94 million for hospitals** in four of the six counties we serve:

- Orange County: \$50M, including \$30M in cash payments to hospitals, \$10M in mobile field hospital units, and \$10M (500 ventilators)
- Riverside County: \$34 million
- San Bernardino County: \$10 million CRF and another \$10 million for personal protective equipment
- Ventura County: \$10 million



Successfully advocated for **\$94 million** in Coronavirus Relief Funds

Personal Protective Equipment (PPE)

To assist in the efforts to identify available PPE, HASC has worked with CHA, state and county EMS, and city contacts, to identify commercial vendors and donors of PPE and medical items for sites where supplies are low throughout the HASC region.

HASC is a key member of a partnership led by The BizFed Institute and the 39 state senators and assemblymembers representing Los Angeles County. This unprecedented effort brings Los Angeles County, the Service Employees International Union (SEIU), and other labor unions together with the association to collect and distribute PPE and supplies.

HASC partnered with Logistics Victory Los Angeles (LoVLA), an initiative of the City of Los Angeles and the Port of Los Angeles. **Through our partnership with LoVLA, approximately 2.2 million PPE items have been provided across 36 hospitals to date.**

As an alternative resource for hospitals to acquire PPE at competitive pricing, HASC secured a partnership with PPE.Exchange. HASC is also actively involved with the Southern California PPE Consortium and their efforts to bring PPE manufacturing back to the region.

Helped distribute over
2 million PPE Items
to over **35 hospitals**



Public Health Officer Orders and Elected Officials

We have encountered proposed Public Health Officer Orders and health care resolutions that would have placed significant and unsustainable burdens on our member hospitals. These proposals would have required hospitals to increase testing capacity during a nationwide shortage, allocate more PPE to staff as requested and would have placed additional burdens on staffing. As a result of our advocacy efforts, we've been able to either have these proposals amended or rejected. HASC leadership and our regional vice presidents remain in frequent contact with local elected officials and public health departments to identify emerging issues early, enabling us to develop advocacy strategies to address them before they are enacted.

Staffing and Child Care

To support staffing efforts of hospitals, HASC created the Priority Workforce Job Portal which has been deployed to serve as a central directory where member hospitals and local SNFs can post and fill high-demand positions.

As part of its role promoting the workforce development system, HASC engaged students from area nursing programs to assist providers with COVID-19 vaccination clinics and testing.

To address the emergency child care needs of hospitals and their essential workers during this pandemic, HASC continues to actively work at both the county and state level with CHA to identify and communicate information on child care resources and financial subsidy opportunities to member hospitals. As an added resource, HASC's Emergency Child Care for Essential Workers page offers information on emergency child care services available by county.

COVID-19 Special Pay Practices and Policies Survey

HASC keeps a pulse on regional compensation and special pay practices, and in 2020 conducted three Special Pay Practices and Policies Surveys to keep hospitals current on pandemic market effects.

Surge Capacity and Alternate Care Sites (ACS)

Early in 2020 as the spread of the COVID-19 virus began painting a dire picture of hospital bed shortages, HASC worked with county and state agencies, elected officials, and hospitals to assist with standing up Alternate Care Sites to build capacity and help decompress hospitals.

HASC worked in close coordination with CHA to add surge capacity with the USNS Mercy Navy hospital ship and the Los Angeles Surge Hospital (formerly St. Vincent Medical Center). In collaboration with the Los Angeles County EMS Agency, HASC coordinated briefings for hospitals on transfer criteria to the USNS Mercy and the Los Angeles Surge Hospital (LASH).

HASC played a key role in discussions and provided support to stand up multiple Alternate Care sites throughout the region. As COVID-19 hospitalizations declined following the summer months of 2020, many of these sites were decommissioned prior to enduring the surge in cases experienced in the winter.

ReddiNet

ReddiNet® facilitates information exchange among hospitals, EMS, paramedics, law enforcement and other healthcare system professionals over a reliable and secure network. ReddiNet captures the essentials of data management for high performing emergency response and the system has been critical in facilitating real-time data exchange during the pandemic in the following ways:

- Activated over 15 Alternative Care Sites (ACS), five of remain active.
- Created and activated over 600 non-acute facilities including assisted living facilities and dental offices.
- Over 7,800 resource requests were submitted and processed by EMS and Public Health Departments.
- Over 30 customized urgent features were deployed to meet the counties COVID-19 requirements.
- Set up six new interfaces to multiple counties' dashboards for diversion, data assessment and bed capacity.

20% of unemployed working-age adults stated that they could not work because COVID-19 disrupted their child care arrangements.

28.8% of the health care workforce has child care obligations for children aged 3–12 years.

US Census Bureau: Household Pulse Survey <https://www.census.gov/library/stories/2020/08/parents-juggle-work-and-child-care-during-pandemic.html>

The Lancet: Impact of school closures for COVID-19 on the US health-care workforce and net mortality: a modelling study | [https://doi.org/10.1016/S2468-2667\(20\)30082-7](https://doi.org/10.1016/S2468-2667(20)30082-7)

Frontline Fatigue and Wellness

During this health crisis, health care workers continue to provide care, despite ever-challenging work demands, including higher influx of critically ill patients, increased work stress and personal demands placed on them as a result of the pandemic. Health care workers experiencing fatigue can jeopardize the health and safety of themselves, staff and others. In recognition of this, HASC created its Care for the Caregiver page, a comprehensive online resource to help hospitals and employees navigate wellness options. HASC also launched a webinar series profiling specific facilities' programs supporting workforce emotional health, resilience and well-being.

Mental Health and Substance Use Disorder (MSUD) Exacerbation

When the opening months of the COVID-19 pandemic passed, health care organizations rescheduled elective procedures and urged patients to seek care whenever they need it. At the same time, concern existed and persists about an emerging wave of non-COVID-19 patients needing treatment for mental and substance use disorders. Recent surveys by the Centers for Disease Control and Prevention (CDC) have found elevated levels of adverse mental health conditions, substance use, and suicidal ideation reported by U.S. adults as of June 2020. Of their findings:

- Approximately three times as many people have experienced anxiety disorders compared to the second quarter of 2019 (25.5 percent versus 8.1 percent).
- Suicidal ideation was also elevated; approximately twice as many respondents reported serious consideration of suicide in the previous 30 days than did U.S. adults in 2018.

Recognizing this emerging public health crisis, HASC is developing a comprehensive plan to address these issues and is making this a greater advocacy focus in 2021.

HASC launched a program in support of CA Bridge with Aimee Moulin, MD, Director/Co-Principal Investigator at CA Bridge, presenting to the HASC Board of Directors in February 2020. CA Bridge advances the use of evidence-based medications for addiction treatment (MAT), most commonly buprenorphine, which has been shown to reduce relapse among people suffering from opioid use disorder.

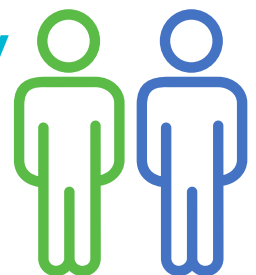
At the time of the Board of Directors presentation, there were only a handful of hospitals participating in CA Bridge. The number increased significantly after we engaged with hospitals. As of November, there were 75 HASC members participating in CA Bridge.

3 TIMES

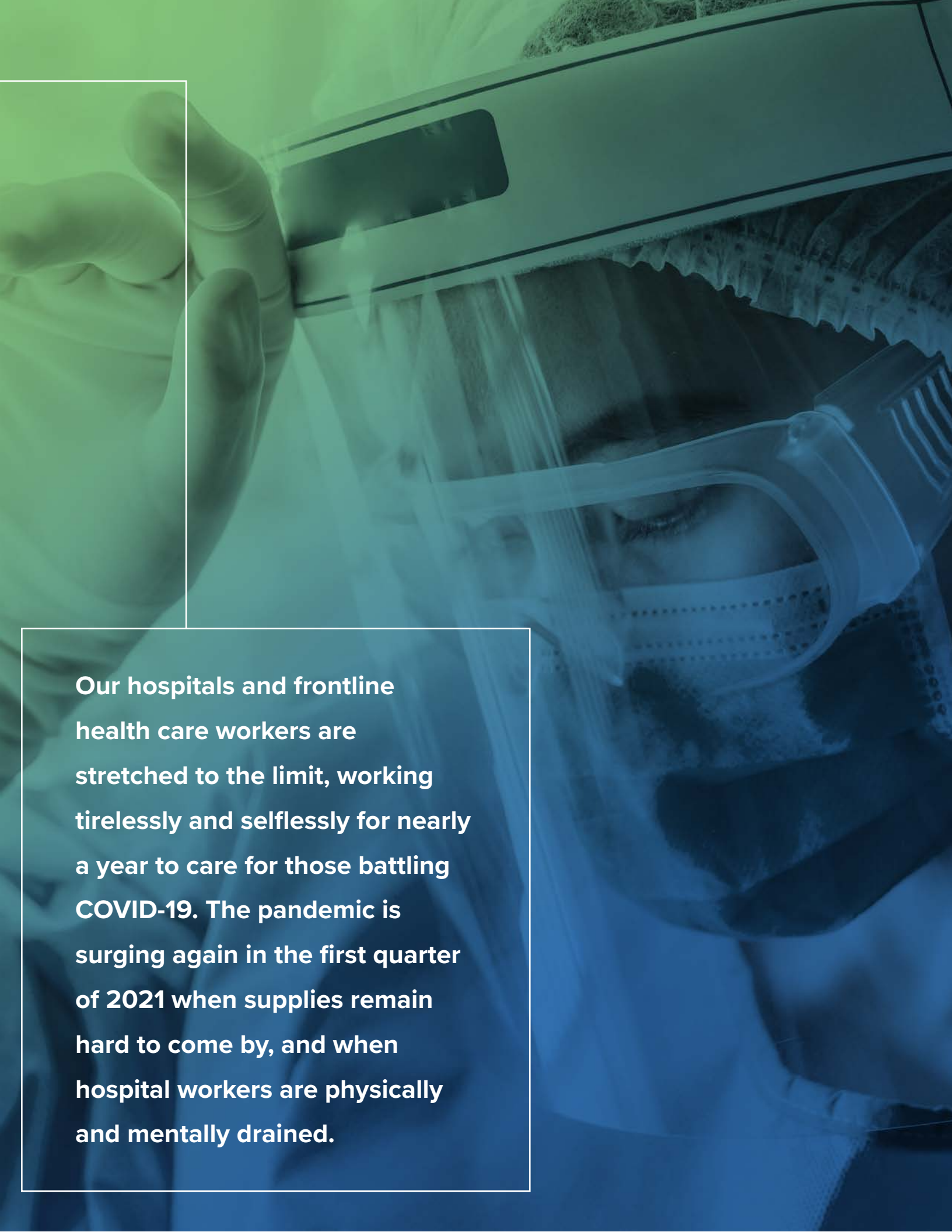


**As Many People
have Experienced
Anxiety Disorders
Since June 2020**

**Twice as Many
People have
had Suicidal
Ideations**



Centers for Disease Control and Prevention (CDC) [Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020](#)



Our hospitals and frontline health care workers are stretched to the limit, working tirelessly and selflessly for nearly a year to care for those battling COVID-19. The pandemic is surging again in the first quarter of 2021 when supplies remain hard to come by, and when hospital workers are physically and mentally drained.

Hotel Rooms for Frontline Health Care Workers

On April 10, 2020, Gov. Gavin Newsom announced a program to provide doctors, nurses and other critical frontline health care workers access to no-cost or low-cost hotel rooms. The program prioritized health care workers who come in direct contact with or are suspected of having direct contact with COVID-19 patients, or who tested positive for COVID-19 but did not require hospitalization. By providing hotel rooms in close proximity to medical facilities, health care workers avoided potentially spreading the virus once leaving their shift by selecting to stay in one of the pre-identified hotels across the state. The state identified more than 150 hotels that opted in to provide discounted rates. HASC worked with hospitals and hospital systems to transition them to this state sponsored program.

Food Insecurity and the Project Roomkey Initiative

Throughout 2020, National Health Foundation (NHF) quickly and nimbly adapted and did all it could to support our communities. Guided by its core values, NHF pivoted existing in-person services to virtual ones to keep our communities engaged. NHF provided support to families applying for pandemic assistance to address food insecurity and hosted food distribution events. NHF's largest undertaking of the year was the opening of an emergency, 90-bed recuperative care site at a local hotel through the statewide initiative, Project Roomkey.

The housing project was completed in tandem with the City of Los Angeles, Los Angeles Homeless Services Authority, Los Angeles County Department of Health Services, and the local hotel. The program provided temporary housing support to individuals experiencing homelessness to prevent the spread of COVID-19.

This Project Roomkey site is unique because it offers recuperative care for people who need medical support. Individuals served include seniors and individuals with existing medical conditions, who did not have a place to self-isolate and were at higher risk of hospitalization if they became infected.

This project had a significant impact on our local health care system and its ability to respond with the resources needed to safely treat patients in need of acute care during this pandemic.

“People experiencing homelessness are especially vulnerable in this crisis, and we’re taking urgent action to get them indoors quickly. Project Roomkey helps get those at the highest risk into a safer place — and we’re grateful to NHF and all of our service providers for stepping up to help save lives.”

- Eric Garcetti, Los Angeles Mayor



Public Safety Power Shutoffs (PSPS) and Energy Conservation

HASC has been engaged in ongoing communication with Southern California Edison (SCE) to promote improved communications and clarify processes and protocols in advance of a Public Safety Power Shutoff (PSPS) event. PSPS is an operational practice that SCE may use to preemptively shut off power in high fire risk areas to reduce fire risk during extreme and potentially dangerous weather conditions. In 2020 there were multiple wind events as well as rolling blackouts due to extreme heat – fortunately, no hospitals were impacted by PSPS events and a joint communication from HASC and SCE encouraging hospitals to decrease power consumption during extreme heat conditions had measurable impact on power consumption by hospitals, which reduced the load to a point where SCE could halt rolling blackouts.

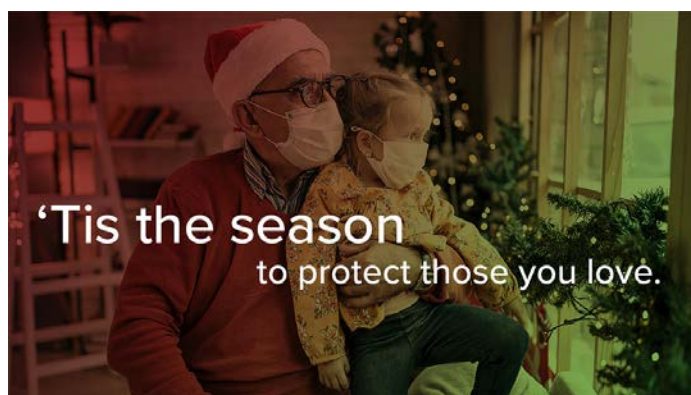
Communications and Public Relations

Communications has played a critical role in supporting our members during the pandemic. When our hospitals resumed deferred procedures and services in mid-2020, HASC in collaboration with CHA and the Regional Associations developed public-facing messaging and communications toolkits to assist member hospitals and health systems, including their communication teams, in responding to patients' concerns about seeking care in emergency departments or other appropriate care settings; emphasizing the need to adhere to public health safety guidelines; encouraging the public to receive influenza vaccinations; and once again, the importance of following safety precautions during the holiday season when travel and gatherings are traditionally more prevalent.

Over the course of the pandemic, public relations has also played an important part in supporting our members and ensuring that the community receives timely and accurate information. Through relationships with the media, the external affairs teams at CHA and HASC provided frequent updates to reporters, news releases, interviews and information to provide advocacy and help guide the hospital narrative.

"We'd really like to caution people in thinking about the numbers of beds in hospitals because we have an ability to shift and reshape and change that capacity based on needs. We are working in real time to shift physical space and add more capacity. Additionally, we want to maintain and reserve the hospital capacity for those individuals who are acutely ill and in need of hospital care," [said a spokesperson for the Hospital Association of Southern California.](#)

"While we're all fortunate that the beginning of the influenza season has shown to be more mild than past years, it remains critical that social distancing, mask adherence and frequent hand hygiene is practiced in the community to maintain adequate resources for all patients, not just those that are COVID positive," [said a spokesperson for the Hospital Association of Southern California.](#)





Diversity, Equity and Inclusion (DEI) Resources

The 2020 protests related to racial inequality and social injustice juxtaposed with the pandemic and its disparate impact on minority communities has emphasized the need for hospitals to examine their commitment to diversity and inclusion to better serve patient populations. In response, HASC created a Diversity, Equity and Inclusion Resource page that contains recommended toolkits, articles, books, speakers, trainings and organizations.

The association also launched a DEI roundtable series featuring expert speakers with diversity program experience. Additional sessions are set for March 4, May 6, July 8, and Sept. 2, 2021.

As part of its commitment to workforce diversity, HASC in 2018 debuted the College to Career Diversity Internship Program (CDIP), a 10-week, full-time summer internship that exposes talented, diverse college students to the health care workforce. We have also endorsed and promoted the American Hospital Association's #123 for Equity Pledge to Act Campaign to our members. The campaign aims to ensure that people in every community receive high-quality, equitable and safe care and urges hospital and health system leaders to take action on eliminating health disparities.

Our vision is that as more organizations become aware of programs and services and recommended resources, they will use them to build their capacity to support a more inclusive environment for patients and employees.

Communities Lifting Communities

Communities Lifting Communities (CLC) experienced a successful 2020 implementing initiatives and projects to advance community health and support leadership education across the HASC region. CLC has established and supported partnerships between hospitals, public health departments, health plans and other stakeholders to improve community health and reduce health inequities. This was accomplished by collaborating on quality improvement projects and interventions, showcasing stories about hospital and partner efforts to improve community health, supporting regional strategic community planning and investment initiatives, and utilizing data and outcome metrics to evaluate the impact of community health initiatives and projects.

CLC also hosted leadership education programs including *Alignment of Governance and Leadership in Healthcare: Building Momentum for Transformation* for hospital executives and board members, public health officials and community partners. These regional workshops build knowledge and understanding of population health improvement, building strategic partnerships with diverse

stakeholders, and educating on the critical roles governing boards and senior leadership play in ensuring optimal results for population health initiatives.

CLC also launched an *Advancing Health Equity: Pathways for Hospitals to Improve Health Virtual Workshop* to provide an overview of how hospitals can advance health equity across their organizations and in the communities they serve. The workshop covered foundational concepts including the difference between equity and equality in the health care setting, the root causes of health inequities and the impact of implicit bias and racism on current health outcomes. Participants learned strategies for how to transform their organizations into anchor institutions by adopting an anchor mission and aligning institutional resources – including hiring, purchasing and investments – with the needs of their communities.

Cherished Futures for Black Moms & Babies

Communities Lifting Communities (CLC), the Public Health Alliance of Southern California (Alliance), and HASC celebrated the one-year anniversary of Cherished Futures for Black Moms & Babies, a collaborative effort to reduce Black infant mortality and improve patient experiences and safety for Black mothers and birthing people in Los Angeles County.

The Cherished Futures collaborative launched in January of 2020 against the national backdrop of the COVID-19 pandemic and calls for racial justice. Many around the globe awoke to the reality that racism in its many forms is a public health crisis. Racism undergirds inequities in nearly every prominent measure of health status, including COVID-19 cases and deaths that disproportionately affect Black, Indigenous, Latinx, and other communities of color.

As part of the Cherished Futures collaborative, the participating hospital teams discussed and identified systems level strategies to address persistent gaps in birth outcomes for Black women, babies, and birthing families. The hospital teams are now implementing these strategies. Each intervention employs a data-supported approach at three different levels: clinical, institutional and community.

The Cherished Futures pilot includes a cohort of five hospitals: Antelope Valley Hospital, Cedars-Sinai, Centinela Hospital Medical Center, Dignity Health – California Hospital Medical Center, and Providence Little Company of Mary Medical Center, Torrance. Communities Lifting Communities and the Public Health Alliance of Southern California will continue hosting collaborative convenings, provide technical assistance to the hospitals implementing improvement strategies, and will evaluate the collective success of the Cherished Futures model.



Looking Ahead

2021 Strategic Priorities for HASC

COVID-19 has eclipsed nearly every other pandemic or epidemic in the past 150 years in both size and impact. Its effects are now influencing the strategic priorities of the Association as we proceed through 2021. In our response to the pandemic, our work is now guided by these adjusted 2021 strategic priorities, and our ongoing goal is to anticipate how the needs of our member hospitals change as the situation evolves. Additionally, we're committed to providing the most value to our members in areas where we can make meaningful impacts.



COVID-19 Response



Behavioral Health



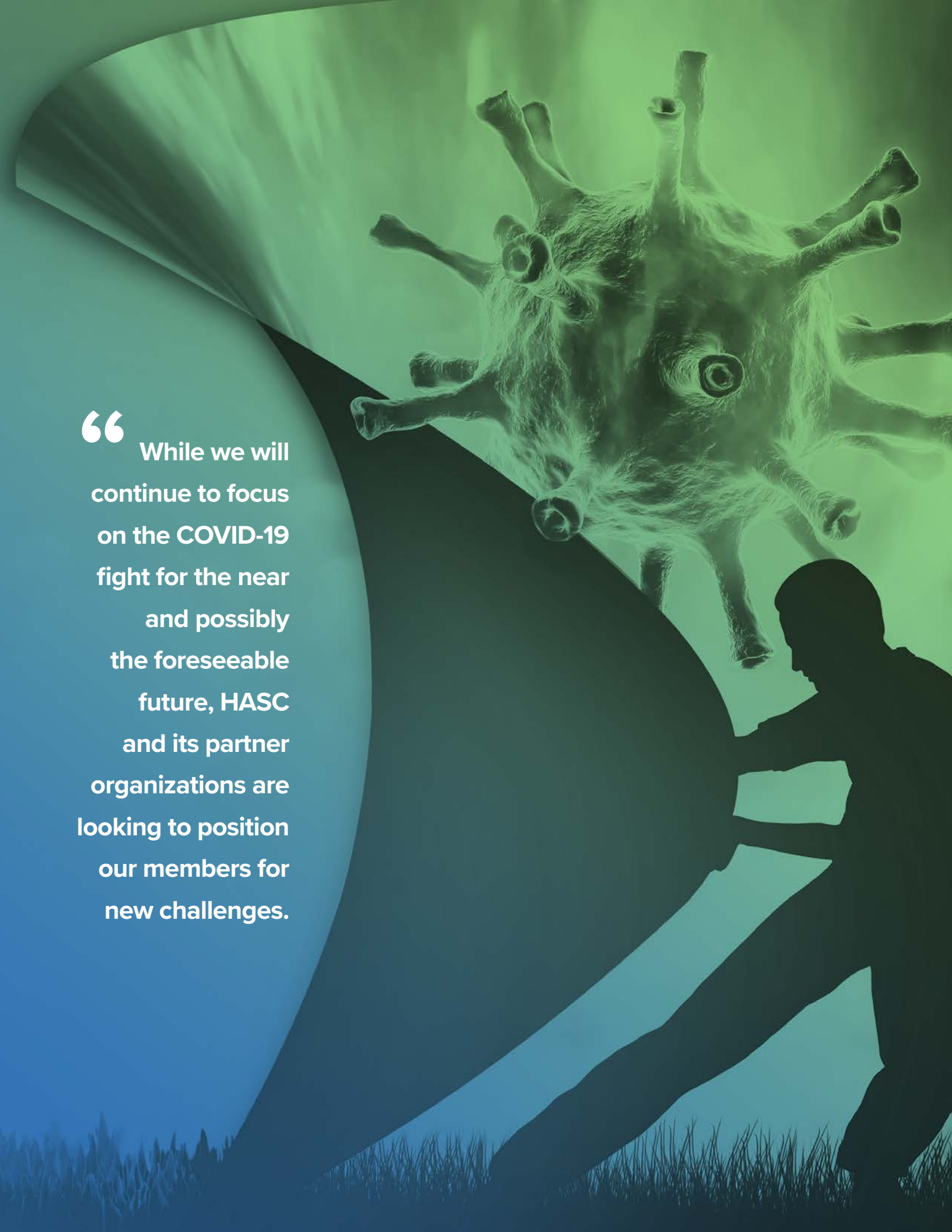
Racial Inequities and Social Determinants of Health



Workforce



Reimbursement



“ While we will continue to focus on the COVID-19 fight for the near and possibly the foreseeable future, HASC and its partner organizations are looking to position our members for new challenges.



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