Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30, 2015

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
St. Luke's Regional Medical Center

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 190 E Bannock

Room/suite

City or town, state or province, country, and ZIP or foreign postal code Boise, ID 83712

F Name and address of principal officer: Kathy Moore
Same as (c) (See Schedule O for more detail)

D Employer identification number
82-0161600

E Telephone number
208-381-3790

G Gross receipts $ 2,632,071,672.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( )◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.stlukesonline.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1906

M State of legal domicile: ID

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Provide healthcare services to the community.	
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	11
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	11709
	6	Total number of volunteers (estimate if necessary)	530
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7,884,088.
	b	Net unrelated business taxable income from Form 990-T, line 34	<5,012,486.>

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,221,874.	8,822,852.
	9	Program service revenue (Part VIII, line 2g)	1,170,993,818.	1,280,024,860.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,744,527.	4,825,881.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	837,725.	269,204.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,185,797,944.	1,293,942,797.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,024,704.	2,332,741.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	535,070,196.	598,127,344.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	608,011,352.	655,231,389.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,147,106,252.	1,255,691,474.
	19	Revenue less expenses. Subtract line 18 from line 12	38,691,692.	38,251,323.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,509,082,323.	1,532,296,537.
	21	Total liabilities (Part X, line 26)	978,586,003.	995,926,862.
	22	Net assets or fund balances. Subtract line 21 from line 20	530,496,320.	536,369,675.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Peter DiDio — Date 8-9-16

▶ Peter DiDio, Vice-President, Controller
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
John W. Sadoff, Jr.	John W. Sadoff Jr.	8-3-16	☐	P00540589

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 655 WEST BROADWAY, SUITE 700
SAN DIEGO, CA 92101-8590

Phone no. 619-232-6500

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
Improve the health of people in the communities we serve by aligning physicians and other providers to deliver integrated,patient-centered,quality care.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,109,086,300. including grants of $ 2,249,403.) (Revenue $ 1,227,507,477.)
Medical & Surgical:

St. Luke's Regional Medical Center is comprised of three hospital campuses(Boise,Meridian and Mountain Home),three urgent care centers(Eagle,Nampa,and Fruitland),two free-standing emergency departments(Nampa and Fruitland),and physician clinics throughout the Treasure Valley. The hospitals provide 24-hour emergency care,diagnostic procedures,a variety of inpatient and outpatient care,and maternity and pediatric care. Known for its clinical excellence,St. Luke's has been recognized for quality and patient safety,and is proud to be designated a Magnet Hospital,the gold standard for nursing care. In addition,St. Luke's has the only

4b (Code:) (Expenses $ 56,396,757. including grants of $ 83,338.) (Revenue $ 45,477,853.)
St. Luke's Childrens Hospital/Specialty Center:

St. Luke's Boise Medical Center is home to Idaho's only children's hospital. The Children's Hospital cares for more than 50,000 children every year,with more than 140 pediatricians and pediatric specialists working with referring physicians from around the region. Features of the Children's Hospital include Idaho's largest and most experienced Level III Newborn Intensive Care Unit,Pediatric Intensive Care Unit,and full service Pediatrics Unit. We also provide care in the state's only Pediatric Cancer Unit,Pediatric Emergency Department,and Pediatric Surgery Suites. At our Children's Hospital School,we help our young patients keep pace with their classmates. At CARES(Children at Risk

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 1,165,483,057.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	**24a**	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1127		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11709		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OR

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Peter DiDio Vice-President,Controller - 208-381-3790

190 E. Bannock, Boise, ID 83712

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mr. Michael M. Mooney	2.50									
Chairman	5.00	X		X				0.	0.	0.
(2) Mr. Ron Sali	2.00									
Planning Committee Chair	4.00	X						0.	0.	0.
(3) Mr. A. J. Balukoff	2.00									
Finance Committee Chair	4.00	X						0.	0.	0.
(4) Mr. George Iliff	2.00									
QSSEC Committee Chair	4.00	X						0.	0.	0.
(5) Mr. Jim Everett	2.00									
Director	4.00	X						0.	0.	0.
(6) Ms. Carol Feider	2.00									
Director	4.00	X						0.	0.	0.
(7) Ms. Kami Faylor	2.00									
Director	4.00	X						0.	0.	0.
(8) Mr. Bill Ringert	2.00									
Director	4.00	X						0.	0.	0.
(9) Bishop Brian Thom	2.00									
Director	4.00	X						0.	0.	0.
(10) Mr. Brad Wiskirchen	2.00									
Director	4.00	X						0.	0.	0.
(11) Mr. Dean Hovdey	2.00									
Director	4.00	X						0.	0.	0.
(12) Catherine Reynolds,M.D.	40.00									
Director	4.00	X						0.	0.	0.
(13) Ms. Joy Kealey	2.00									
Director	4.00	X						0.	0.	0.
(14) Ron Jutzy,M.D.	40.00									
Director	4.00	X						497,557.	0.	20,883.
(15) Thomas R. Huntington,M.D.	40.00									
Director	4.00	X						6,500.	0.	0.
(16) Ms. Kathy Moore	40.00									
Chief Executive Officer-St	8.00	X		X				495,624.	0.	26,237.
(17) Leslie Nona,M.D.	40.00									
Director(Served Through Feb.-2015	4.00	X						319,095.	0.	35,091.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Mr. John Jackson	2.00									
Director(Served Through Oct.-2014)	4.00	X						0.	0.	0.
(19) Mr.Jeffrey S. Taylor	2.00									
SR VP/CFO/Treasurer	50.00			X				1,227,090.	0.	<3,464.>
(20) Ms. Christine Neuhoff	2.00									
VP/Legal Affairs/Secretary	50.00			X				396,045.	0.	36,674.
(21) Ronald M. Kristensen,M.D.	40.00									
Physician						X		1,120,708.	0.	56,907.
(22) Jon B. Getz,M.D.	40.00									
Physician						X		1,199,655.	0.	40,454.
(23) Andrew Forbes,M.D.	40.00									
Physician						X		962,962.	0.	86,193.
(24) Steven S. Huerd,M.D.	40.00									
Physician						X		975,963.	0.	66,144.
(25) Jill C. Beck, MD	40.00									
Physician						X		975,114.	0.	31,604.
(26) Mr. Chris Roth	0.00									
Former CEO and Director	42.00						X	584,624.	0.	35,634.
1b Sub-total ▶								8,760,937.	0.	432,357.
c Total from continuation sheets to Part VII, Section A ▶								713,180.	0.	<138,444.>
d Total (add lines 1b and 1c) ▶								9,474,117.	0.	293,913.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 566

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Emergency Medicine of Idaho, 13960 W. Wainwright,Suite A, Boise, ID 83713	Emergency Medicine Services	20,168,661.
Saltzer Medical Group 217 West Georgia Ste. 115, Nampa, ID 83686	Physician Services	12,472,489.
Woman's Clinic,LLP 100 E. Idaho,Ste 400, Boise, ID 83702	Physician Services	4,838,873.
Anesthesia Associates of Boise 338 E. Bannock St., Boise, ID 83712	Anesthesia Services	4,222,095.
Boise Radiology Group PLLC 115 W. Main Street, Boise, ID 83702	Diagnostic Imaging Services	2,692,075.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 98

See Part VII, Section A Continuation sheets

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Mr. Gary L. Fletcher	0.00									
Former CEO and Director	42.00						X	713,180.	0.	<138,444.>
Total to Part VII, Section A, line 1c								713,180.		<138,444.>

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	889,615.			
	e	Government grants (contributions)	1e	3,366,265.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,566,972.			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a-1f	▶	8,822,852.			
			Business Code				
Program Service Revenue	2a	Net Patient Revenue	900099	1,225,556,259.	1,225,556,259.		
	b	Outpatient Retail Rx	446110	28,333,746.	21,294,216.	7,039,530.	
	c	Joint Venture Income	900099	3,096,001.	3,096,001.		
	d						
	e						
	f	All other program service revenue	900099	23,038,854.	23,038,854.		
	g	**Total.** Add lines 2a-2f	▶	1,280,024,860.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	64,729.			64,729.
	4	Income from investment of tax-exempt bond proceeds	▶	7,210,686.			7,210,686.
	5	Royalties	▶				
			(i) Real	(ii) Personal			
	6a	Gross rents	1,476,420.				
	b	Less: rental expenses	2,101,550.				
	c	Rental income or (loss)	<625,130.>				
	d	Net rental income or (loss)	▶	<625,130.>			<625,130.>
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1333524988.	52,803.			
	b	Less: cost or other basis and sales expenses	1335734558.	292,767.			
	c	Gain or (loss)	<2,209,570.>	<239,964.>			
	d	Net gain or (loss)	▶	<2,449,534.>			<2,449,534.>
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	**Business Code**				
	11a	LAUNDRY	812300	844,558.		844,558.	
	b	EMPLOYEE PARKING REV	900099	49,776.			49,776.
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶	894,334.			
	12	**Total revenue.** See instructions.	▶	1,293,942,797.	1,272,985,330.	7,884,088.	4,250,527.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,332,741.	2,332,741.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,119,575.		1,119,575.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	483,449,441.	448,997,011.	34,452,430.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,642,424.	10,827,454.	814,970.	
9 Other employee benefits	71,458,787.	66,456,672.	5,002,115.	
10 Payroll taxes	30,457,117.	28,325,119.	2,131,998.	
11 Fees for services (non-employees):				
a Management	64,778,440.	63,993,975.	784,465.	
b Legal	12,097,372.		12,097,372.	
c Accounting	1,908.		1,908.	
d Lobbying	134,293.	134,293.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	674,737.	674,737.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	11,236,911.	8,874,654.	2,362,257.	
12 Advertising and promotion	755,705.	755,705.		
13 Office expenses	10,075,696.	10,023,009.	52,687.	
14 Information technology	66,639,045.	66,630,264.	8,781.	
15 Royalties				
16 Occupancy	16,240,301.	16,240,301.		
17 Travel	2,814,858.	2,623,582.	191,276.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	27,581,998.	27,581,998.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	73,786,604.	73,786,604.		
23 Insurance	227,192.	227,192.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Supplies	199,609,369.	195,747,805.	3,861,564.	
b Provision for Bad Debt	53,799,116.	53,791,569.	7,547.	
c Contract Services	32,072,966.	28,014,887.	4,058,079.	
d Repairs	20,118,025.	9,297,558.	10,820,467.	
e All other expenses	62,586,853.	50,145,927.	12,440,926.	
25 **Total functional expenses.** Add lines 1 through 24e	1,255,691,474.	1,165,483,057.	90,208,417.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,853,604.	1	3,583,877.
	2	Savings and temporary cash investments	181,931,805.	2	58,243,906.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	174,132,353.	4	176,240,649.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	250,000.	7	337,705.
	8	Inventories for sale or use	18,460,585.	8	27,243,015.
	9	Prepaid expenses and deferred charges	4,417,302.	9	2,206,447.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 972,473,285.			
	b	Less: accumulated depreciation — 10b: 364,893,366.	546,570,166.	10c	607,579,919.
	11	Investments - publicly traded securities	289,278,837.	11	469,659,482.
	12	Investments - other securities. See Part IV, line 11	8,231,803.	12	8,459,728.
	13	Investments - program-related. See Part IV, line 11	6,704,466.	13	2,508,342.
	14	Intangible assets	48,683,079.	14	42,234,609.
	15	Other assets. See Part IV, line 11	228,568,323.	15	133,998,858.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,509,082,323.	16	1,532,296,537.
Liabilities	17	Accounts payable and accrued expenses	89,870,234.	17	66,800,950.
	18	Grants payable		18	
	19	Deferred revenue	1,924,904.	19	1,849,724.
	20	Tax-exempt bond liabilities	780,156,806.	20	768,938,275.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	511,252.	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	106,122,807.	25	158,337,913.
	26	**Total liabilities.** Add lines 17 through 25	978,586,003.	26	995,926,862.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	529,431,933.	27	535,420,293.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	1,064,387.	29	949,382.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	530,496,320.	33	536,369,675.
	34	Total liabilities and net assets/fund balances	1,509,082,323.	34	1,532,296,537.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,293,942,797.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,255,691,474.
3	Revenue less expenses. Subtract line 2 from line 1	3	38,251,323.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	530,496,320.
5	Net unrealized gains (losses) on investments	5	<5,229,875.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<27,148,093.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	536,369,675.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII .....

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	**Employer identification number**
St. Luke's Regional Medical Center	82-0161600

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions):***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

2014

Name of the organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 3,158,867.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 2,842,650.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 889,615.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 661,235.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 148,562.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 143,029.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 136,097.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 111,824.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 111,690.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 102,453.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 62,981.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 58,318.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 57,166.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 52,105.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 41,508.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 31,406.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 29,936.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 16,570.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 15,316.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 14,998.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 12,537.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 12,010.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 11,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 11,053.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 10,070.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 9,791.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 9,619.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 8,696.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 8,519.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 7,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 7,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 6,770.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 6,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 5,311.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part III *Exclusively* **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e)** and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

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Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ $

3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ▶ [X] if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ [ ] if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	134,293.	134,293.
c Total lobbying expenditures (add lines 1a and 1b)	134,293.	134,293.
d Other exempt purpose expenditures	1,238,372,357.	1,238,372,357.
e Total exempt purpose expenditures (add lines 1c and 1d)	1,238,506,650.	1,238,506,650.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? [ ] Yes [ ] No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	124,298.	124,790.	124,854.	134,293.	508,235.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

St. Luke's Health System,Ltd.

St. Luke's Clinic Coordinated Care,Ltd.

St. Luke's Regional Medical Center,Ltd.

Mountain States Tumor Institute,Inc.

St. Luke's McCall,Ltd.

St. Luke's Wood River Medical Center,Ltd.

Part IV Supplemental Information *(continued)*

St. Luke's Magic Valley Regional Medical Center,Ltd.

St. Luke's Health Foundation,Ltd.

St. Luke's Magic Valley Health Foundation,Inc.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization
St. Luke's Regional Medical Center

Employer identification number
82-0161600

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,064,387.	929,477.	752,623.		
b Contributions				752,623.	
c Net investment earnings, gains, and losses	<64,709.>	178,882.	262,073.		
d Grants or scholarships					
e Other expenditures for facilities and programs	<43,295.>	38,724.	75,872.		
f Administrative expenses	<7,001.>	5,248.	9,347.		
g End of year balance	1,049,974.	1,064,387.	929,477.	752,623.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Temporarily restricted endowment ▶ _____%

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	40,655,063.	30,218,653.		70,873,716.
b Buildings	285,000.	626,839,912.	254,981,096.	372,143,816.
c Leasehold improvements		2,084,641.	185,205.	1,899,436.
d Equipment		231,908,045.	109,727,065.	122,180,980.
e Other		40,481,971.		40,481,971.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				607,579,919.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	Def. Bond Finance Costs	8,523,147.
(2)	Due From Related Organizations	124,180,363.
(3)	Idaho Community Trust Endowment-Humphrey Diabetes	1,283,132.
(4)	Deposits-Other	12,216.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		133,998,858.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Accrued Interest Payable-Bonds	6,422,233.
(3)	Capital Leases	54,588,743.
(4)	Medicare/Medicaid	68,661,844.
(5)	SERP DC PLAN	430,838.
(6)	CAA II PLAN LIABILITY	1,448,450.
(7)	Deferred Revenue	1,855,850.
(8)	Pension Liability	24,929,955.
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶		158,337,913.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The Humphreys Diabetes Center Endowment Fund was established in 2000 from donations by several Idahoans for the purpose of supporting its diabetes based mission in the State of Idaho. This fund is to be used only for ongoing operating needs in service to the diabetic community and to provide assistance for Sweet Kids Camp and other priorities determined by the Board of Directors. The fund is in the possession of and administered by The Idaho Community Foundation.

Part XIII Supplemental Information *(continued)*

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
St. Luke's Regional Medical Center	82-0161600

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b	If "Yes," was it a written policy?	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [ ] 100% [ ] 150% [ ] 200% [X] Other 185 %	X	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [X] 400% [ ] Other %	X	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a	Did the organization prepare a community benefit report during the tax year?	X	
b	If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,622,808.		18,622,808.	1.55%
b Medicaid (from Worksheet 3, column a)			150,630,222.	110,239,303.	40,390,919.	3.36%
c Costs of other means-tested government programs (from Worksheet 3, column b)			11,888,222.	7,589,800.	4,298,422.	.36%
d **Total** Financial Assistance and Means-Tested Government Programs			181,141,252.	117,829,103.	63,312,149.	5.27%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,916,203.	822,468.	5,093,735.	.42%
f Health professions education (from Worksheet 5)			10,681,260.	49,582.	10,631,678.	.88%
g Subsidized health services (from Worksheet 6)			7,838,157.	3,003,087.	4,835,070.	.40%
h Research (from Worksheet 7)			5,851,062.	2,069,505.	3,781,557.	.31%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,704,632.	0.	1,704,632.	.14%
j **Total.** Other Benefits			31,991,314.	5,944,642.	26,046,672.	2.15%
k **Total.** Add lines 7d and 7j			213,132,566.	123,773,745.	89,358,821.	7.42%

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 25,276,797.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	177,381,719.	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	251,265,925.	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	<73,884,206.>	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other			

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
	MSO-Provides consulting services for			
1 Ortho Neuro Management,LLC	Ortho Neuro service lines	58.18%		41.82%

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 St. Luke's Regional Medical Center 190 E. Bannock Boise, ID 83712 www.stlukesonline.org State of Idaho License #03	X	X	X				X			A
2 St. Luke's Elmore 895 N. 6th E. Street Mountain Home, ID 83647 www.stlukesonline.org State of Idaho License #05	X	X			X		X			A

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1,2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): www.stlukesonline.org/about-st-lukes/supporting-the-community			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 12			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		X
a	If "Yes," (list url):			
b	If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? **$**			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13 X	
	If "Yes," indicate the eligibility criteria explained in the FAP:		
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 185 % and FPG family income limit for eligibility for discounted care of 400 %		
b	[X] Income level other than FPG (describe in Section C)		
c	[X] Asset level		
d	[X] Medical indigency		
e	[X] Insurance status		
f	[X] Underinsurance status		
g	[ ] Residency		
h	[ ] Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 X	
15	Explained the method for applying for financial assistance?	15 X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application		
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	[ ] Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16 X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	[X] The FAP was widely available on a website (list url): See Part V		
b	[X] The FAP application form was widely available on a website (list url): See Part V		
c	[ ] A plain language summary of the FAP was widely available on a website (list url):		
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	[ ] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	[X] Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	[ ] Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	[X] Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	[ ] Reporting to credit agency(ies)		
b	[ ] Selling an individual's debt to another party		
c	[ ] Actions that require a legal or judicial process		
d	[ ] Other similar actions (describe in Section C)		
e	[X] None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Facility Reporting Group - A

		Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
If "Yes", check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)
- **f** ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- **a** ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** ☒ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** ☐ Other (describe in Section C)

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C.			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

Facility Reporting Group - A

Part V, line 16a, FAP website:

www.stlukesonline.org/resources/before-your-visit/financial-care

Facility Reporting Group - A

Part V, line 16b, FAP Application website:

www.stlukesonline.org/resources/before-your-visit/financial-care

Schedule H, Part V, Section B. Facility Reporting Group A

Facility Reporting Group A consists of:

- Facility 1: St. Luke's Regional Medical Center

- Facility 2: St. Luke's Elmore

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 5:

A series of interviews with and surveys(questionnaires)of community representatives and leaders representing the broad interests of our community were conducted in order to assist us in defining,prioritizing, and understanding our most important community needs. Most of the leaders that participated in our process are individuals who have devoted decades to helping others lead healthier and more independent lives. All of the leaders we interviewed have significant knowledge of our community. To ensure they came from distinct and varied backgrounds,we included multiple representatives from each of these categories:

Category I: Persons with special knowledge of or expertise in public

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

health

Category II: Federal,Regional,State,or Local health or other departments or agencies(with current data or other information relevant to the health needs of the community served by the hospital)

Category III: Leaders,representatives,or members of medically underserved,low income,and minority populations,and populations with chronic disease needs

Each potential need was scored by the community representative on a scale of 1 to 10. Higher scores represent potential needs the community representatives believed were were important to address with additional resources. Lower scores usually meant our leaders thought our community was healthy in that area already or had relatively good programs addressing the potential need. These scores were incorporated directly into our health need prioritization process. In addition,we invited the leaders to suggest programs,legislation,or other measures they believed to be effective in addressing the needs.

The following community leaders/representatives were contacted:

(1) Idaho Arc

(2) Boise Rescue Mission

(3) Boise VA Medical Center

(4) Community Council of Idaho

(5) Family Medicine Residency of Idaho

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

(6) Genesis World Mission

(7) Southwest District Health, District 3

(8) Idaho Department of Health and Welfare

(9) Idaho Department of Labor: Provided unemployment information

(10) Idaho Council of Governments

(11) Idaho Office for Refugees

(12) Terry Reilly Health Services

(13) Treasure Valley Family YMCA

(14) United Way

(15) Substance Abuse and Mental Health Services Administration

U.S. Department of Health and Human Services,Region X.

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 11:

We organized our significant health needs into five groups:

Program Group 1:Weight Management,Nutrition,and Fitness

-Adult and teen weight management

-Adult and teen nutrition

-Adult and teen exercise

Program Group 2:Diabetes

-Wellness and prevention for diabetes

-Chronic condition management for diabetes

-Diabetes screening

Program Group 3:Mental Health

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

-Mental illness wellness and management

-Suicide prevention

-Availability of mental health service providers

Program Group 4:Barriers to Access

-Affordable care

-Affordable health insurance

-Affordable dental care

-Children and family services(low income)

-More providers accept public health insurance

-Primary Care Providers(availability)

-Integrated,coordinated care

-Transportation to and from appointments

Program Group 5:Additional Health Screening and Education Programs Ranked above the median.

-Excessive drinking and illicit drug use prevention and wellness programs

-Skin cancer wellness and prevention

-High cholesterol screening and wellness

-Asthma chronic care and wellness

Next we examined whether it would be effective and efficient for St. Luke's Regional Medical Center("SLRMC")to address each significant health need directly. To make this determination,we reviewed the resources we had available and determined whether the health need was in alignment with our

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

mission and strengths. Where a high priority need was not in alignment with our mission and strengths,SLRMC tried to identify a community group or organization better able to serve the need.

Significant community health needs not addressed by SLRMC are as follows:

(1) Substance abuse services and programs

Drug and alcohol use were not ranked as a top 20th percentile need in our CHNA. In addition, substance abuse treatment is a low strength of SLRMC. Therefore,due to limited resources,St. Luke's is a partner of Allumbaugh House and will rely on other organizations in our community to continue to address this need. How we partner with Allumbaugh House is described in our Implementation Plan.

(2) Affordable Dental Care

SLRMC will not directly provide an affordable dental care program because dental care is not aligned with our strengths. However,this need is ranked above the median and SLRMC will allocate funds to donate to organizations in our community that have quality programs to address dental health needs already. A program description has been completed in our Implementation Plan describing the availability of funds for organizations providing care for low income individuals with dental care needs.

(3) Children and family services

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

SLRMC will not develop its own children and family support services program because this need has a low alignment with our mission and strengths. However,we will provide financial support to organizations in our community serving this need because the need is ranked above the median. The program for financial services is described in our implementation plan.

Group A-Facility 1 -- St. Luke's Regional Medical Center

Part V, Section B, line 16i:

A Financial Care application is provided to the patient which contains Patient Financial Advocate contact information.

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 5:

A series of interviews with and surveys(questionnaires)of community representatives and leaders representing the broad interests of our community were conducted in order to assist us in defining,prioritizing,and understanding our most important community needs. Many leaders that participated in our process are individuals who have devoted decades to helping others lead healthier and more independent lives. All of the leaders we interviewed have significant knowledge of our community. To ensure they came from distinct and varied backgrounds,we included multiple representatives from each of these categories:

Category I: Persons with special knowledge of or expertise in public health

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

Category II: Federal,Regional,State, or Local health or other departments or agencies(with current data or other information relevant to the health needs of the community served by the hospital)

Category III: Leaders,representatives,or members of medically underserved,low income,and minority populations,and populations with chronic disease needs

Each potential need was scored by the community representative on a scale of 1 to 10. Higher scores represent potential needs the community representatives believed were were important to address with additional resources. Lower scores usually meant our leaders thought our community was healthy in that area already or had relatively good programs addressing the potential need. These scores were incorporated directly into our health need prioritization process. In addition,we invited the leaders to suggest programs,legislation,or other measures they believed to be effective in addressing the needs.

The following community leaders/representatives were contacted:

(1) Idaho Department of Health and Welfare

(2) VA Medical Center-Boise, Idaho

(3) Idaho Department of Labor-provided unemployment information

(4) Idaho Central District Health, District 4

(5) Substance Abuse and Mental Health Services Administration

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

U.S. Department of Health and Human Services,Region X

(6) Family Medicine Residency of Idaho

(7) Elmore County Drug and DUI Court

(8) Family Care Clinic

(9) Elmore County

(10) Idaho Partnership for Hispanic Health

(11) The Tooth Dome

(12) Mountain Home AFB Family Support Center

(13) Expanded Food and Nutrition Education Program

(14) MHAFB Family Advocacy

(15) Senior Health Insurance Benefits Advisors (SHIBA)

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 11:

We organized our significant health needs into five groups:

Program Group 1:Weight Management,Nutrition,and Fitness

-Adult and teen weight management

-Adult and teen nutrition

-Adult and teen exercise

Program Group 2:Diabetes

-Wellness and prevention for diabetes

-Chronic condition management for diabetes

Program Group 3:Mental Health

-Mental illness wellness and management

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

-Suicide prevention

-Availability of mental health service providers

Program Group 4:Barriers to Access

-Affordable care

-Affordable health insurance

-Integrated Coordinated Care

-Children and family services (low income)

-More providers accept public health insurance

Program Group 5:Additional Health Screening and Education Programs Ranked above the Median

-Alcohol and illicit drug use programs

-Education support and assistance programs

-High cholesterol prevention

-Respiratory disease prevention and wellness

-Safe-sex education and programs

Next we examined whether it would be effective and efficient for St. Luke's Elmore(SLE)to address each significant health need directly. To make this determination,we reviewed the resources we had available and determined whether the health need was in alignment with our mission and strengths. Where a high priority need was not in alignment with our mission and strengths,St. Lukes tried to identify a community group or organization better able to serve the need.

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

Significant community health needs not addressed by SLE are as follows:

(1) Mental illness,mental health service providers,and suicide:

As a critical access hospital,mental health services are not a strength of SLE. SLE doesn't have the expert resources needed to address this need in an effective and meaningful manner. Due to resource constraints SLE will be unable to provide any programs at this time. SLE will continue to rely on community and Boise area programs and resources to help address this need.

(2) Alcohol and illicit drug use prevention and wellness programs:

Substance abuse is not a top 20th percentile need and is a low strength of SLE. Therefore,due to limited resources,SLE will partner with community resources and primarily rely on other programs in the community to continue to address this need. The program SLE supports is described in the Implementation Plan.

(3) Adult and teen physical activity:

Adult physical activity programs are not aligned with our strengths and there are programs available in the community. Therefore,due to resource constraints,SLE will mostly depend on the community to address this need. The programs SLE directly

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

supports are described in the Implementation Plan.

(4) Safe-sex education:

SLE will not directly provide a safe-sex education program because this need has a low strength alignment for St. Luke's. SLE will rely on Central District Health and other community resources to help address this need.

(5) Respiratory Disease

SLE will rely on St. Luke's Regional Medical Center to provide the necessary respiratory services for our community for three primary reasons:(1)resource constraints inherent with being a Critical Access hospital,(2)the need is not a top 20th percentile and (3)this need is a low strength for SLE. As a Critical Access Hospital,SLE has chosen to focus its limited resources on higher priority needs.

(6) Children and family services

Although this need is ranked in the CHNA's top percentile,SLE will not develop its own children and family support program,mainly due to resource constraints. In addition,this need has a low alignment with its mission and strengths. SLE will support the programs and services available through other organizations that have this as their primary mission.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

(7) Education support and assistance programs

Although this need is ranked above the median,SLE will not develop its own education and support assistance programs because this need has a low alignment with our mission and strengths. However,SLE will provide support for training and education as described in the Implementaton plan.

Group A-Facility 2 -- St. Luke's Elmore

Part V, Section B, line 16i:

A Financial Care application is provided to the patient which contains Patient Financial Advocate contact information.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 57

Name and address	Type of Facility (describe)
1 Children's Specialty Center 100 E. Idaho St. Boise, ID 83712	Specialty Peds Physician Clinics
2 St. Luke's Rehab/Intermountain Ortho. 600 W. Robbins Rd. Boise, ID 83702	Rehab/Orthopedics/Rheumatology Physician Clinics
3 St. Luke's Clinic-Intermountain Ortho 1109 W. Myrtle St. Boise, ID 83702	Orthopedics-Physician Clinic
4 Saltzer Rehabilitation South 290 W Georga Ave. Nampa, ID 83686	Physical Therapy Clinic
5 Saltzer Hearing and Balance 210 W. Georga Ave Suite 100 Nampa, ID 83686	Hearing and Balance Clinic
6 Portico East MOB 3277 E. Louise Dr. Meridian, ID 83642	Speciality Physician Clinics
7 Caldwell Medical Arts Bldg. 1818 S. 10th Ave.,Suite 220 Suite 120 Caldwell, ID 83605	Speciality Physician Clinics
8 Idaho Sleep Health-Saltzer 7272 Potomac Dr. Boise, ID 83704	Sleep Disorders Clinic
9 Saltzer-Idaho Pain Management 8950 W. Emerald St.,Suite 168 Boise, ID 83704	Pain Management-Physician Clinic
10 Saltzer Imaging 4403 E. Flamingo Ave. Nampa, ID 83687	Outpatient Imaging Services

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
11 St. Luke's Eagle Urgent Care 3101 E. State St. Eagle, ID 83616	Urgent Care and Specialty Physician Clinics
12 St. Luke's Imaging Center 703 S. Americana Blvd. Boise, ID 83702	Imaging Services and Specialty Physician Clinics
13 Meadowlake Village MOB 3525 E. Louise Dr. Meridian, ID 83642	Specialty Physician Clinics
14 St. Luke's Nampa 9850 W. St. Luke's Drive Nampa, ID 83687	Free Standing ED,Physician Clinics,Physical Therapy Clinic
15 St. Luke's Clinics-Park Center 701 E. Parkcenter Blvd. Boise, ID 83706	Specialty Physician Clinics
16 Anderson Plaza Medical Office Plaza 222 N. 2nd St. Boise, ID 83702	Specialty Physician Clinics
17 Idaho Professional Building 125 E. Idaho St. Boise, ID 83712	Specialty Physician Clinics
18 St. Luke's-Caldwell Urology 1620 S. Kimball Ave. Caldwell, ID 83605	Physician Clinic-Urology
19 St. Luke's Clinic-Fruitland 1210 NW 16th St. Fruitland, ID 83619	Physician Clinic-Surgery
20 St. Luke's Clinic-EOMA 3950 17th St.,Suite A Baker City, OR 97814	Family Medicine-Physician Clinic

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
21 St. Luke's Clinic-Capital City Family 1520 W. State St.,Suite 100 Boise, ID 83702	Family Medicine-Physician Clinic
22 St. Luke's Family Health 3090 Gentry Way,Suite 200 Meridian, ID 83642	Family Medicine-Physician Clinic
23 St. Luke's Clinic-Idaho Family Phys. 130 E. Boise Ave, Boise, ID 83706	Family Medicine-Physician Clinic
24 St. Luke's Family Health 12080 W. McMillan Rd. Boise, ID 83713	Family Medicine-Physician Clinic
25 St. Luke's Mountain States Urology 510 N. 2nd St.,Suite 103 Boise, ID 83702	Physician Clinic-Urology
26 St. Luke's Idaho Cardiology Assoc. 315 E. Elm Suite 350 Boise, ID 83608	Cardiology-Physician Clinic
27 St. Luke's Medical Office Plaza 333 N. 1st Street Boise, ID 83702	Surgery Center/Specialty Physician Clinics
28 St. Luke's Clinic-Mt.View Family Med. 3301 N. Sawgrass Way Boise, ID 83704	Family Medicine-Physician Clinic
29 St. Lukes's Treasure Valley Pediatric 1620 S. Celebration Ave. Meridian, ID 83642	Pediatric Physician Clinic
30 St. Luke's Internal Medicine 4840 N. Cloverdale Rd. Boise, ID 83713	Internal Medicine-Physician Clinic

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 St. Luke's Clinic-Idaho Endocrinology 403 S. 11th St., Suite 100 Boise, ID 83702	Endocrinology-Physician Clinic
32 St. Luke's Family Health 2083 Hospitality Lane Boise, ID 83716	Family Medicine-Physician Clinic
33 St. Luke's Clinic-Warm Springs 100 E. Warm Springs Ave. Suite B Boise, ID 83712	Physician Clinic-Surgery
34 St. Luke's Clinic-Boise Heart 287 W. Jefferson St. Boise, ID 83702	Cardiology-Physician Clinic
35 St. Luke's Clinic-Family Medicine 3165 Greenhurst Rd. Nampa, ID 83686	Family Medicine Physician Clinic
36 St. Luke's Family Health 3140 W. Milano Dr.,Suite 150 Meridian, ID 83646	Family Medicine-Physician Clinic
37 St. Luke's Clinic-Family Medicine 824 S. Diamond St. Nampa, ID 83686	Family Medicine-Physician Clinic
38 St. Lukes Clinic-Stark Medical 932 W. Idaho Suite 100 Ontario, OR 97914	Family Medicine-Physician Clinic
39 St. Lukes's Treasure Valley Pediatric 450 W. State St. Eagle, ID 83616	Pediatric Physician Clinic
40 St. Luke's Clinic-OB/GYN 300 Main St.,Suite 100 Boise, ID 83702	Obstetrics and Gynecology-Physician Clinic

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
41 St. Luke's Clinic-Family Medicine 1107 NW 11th St. Fruitland, ID 83619	Family Medicine-Physician Clinic
42 St. Luke's Clinic-Syringa Family Med. 2347 E. Gala St.,Suite 150 Meridian, ID 83642	Specialty Physician Clinics
43 Jefferson Medical Office Plaza 300 E. Jefferson St. Boise, ID 83712	Cardiology & Internal Medicine Physician Clinics
44 St. Luke's Meridian MOB 520 S. Eagle Road Meridian, ID 83642	Specialty Physician Clinics
45 St. Luke's Idaho Pulmonary Associates 2347 E. Gala St. Meridian, ID 83642	Pulmonary Physician Clinic
46 St. Luke's Boise Orthopedic Surgery 1425 W. River Street Boise, ID 83702	Orthopedic Surgery Center
47 St. Luke's Idaho Cardiology-Saltzer 215 E. Hawaii Nampa, ID 83687	Specialty Physician Clinics
48 St. Luke's Ref. Lab & Central Laundry 3000 S. Denver Way Boise, ID 83705	Reference Lab and Central Laundry Facility
49 St. Luke's Clinic-Pain Management 2275 S. Eagle Rd. Suite 160 Meridian, ID 83642	Physician Clinic-Pain Management
50 St. Lukes Clinic-Trinity Mountain 465 McKenna Drive Mountain Home, ID 86347	Family Medicine & OB/GYN clinic

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
51 St. Luke's Fruitland 1210 NW 16th St. Fruitland, ID 83619	24-7 Emergency Department/Urgent Care/Physician Offices
52 St. Luke's Humphreys Diabetes Center 1226 River St. Boise, ID 83702	Speciality Diabetes Clinic
53 St. Luke's Surgery Center 500 S Eagle Rd. Eagle, ID 83642	Surgery Center
54 St. Luke's Children's Center 608 and 610 Hays St. Boise, ID 83702	Speciality Physician Clinics
55 St. Luke's Clinic 115 Main St. Boise, ID 83702	Physician Bariatric Clinic and General Surgery
56 St. Luke's Rehabilitation-Boise 6052 W State St. Boise, ID 83702	Speciality Rehabilitation Clinic
57 St. Luke's Children Rehabilitation 170 2nd St. S Nampa, ID 83651	Speciality Rehabilitation Clinic

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:

(A) St. Luke's does provide charity care services to patients who meet one or both of the following guidelines based on income and expenses:

1. Income. Patients whose family income is equal to or less than 400% of the then current Federal Poverty Guideline are eligible for possible fee elimination or reduction on a sliding scale.

2. Expenses. Patients may be eligible for charity care if his or her allowable medical expenses have so depleted the family's income and resources that he or she is unable to pay for eligible services. The following two qualifications must apply:

a. Expenses-The patients allowable medical expenses must be greater than 30% of the family income. Allowable medical expenses are the total of the family medical bills that, if paid,would qualify as deductible medical expenses for Federal income tax purposes without regard to whether the

Part VI Supplemental Information *(Continuation)*

expenses exceed the IRS-required threshold for taking the deduction. Paid and unpaid bills may be included.

b. Resources-The patient's excess medical expenses must be greater than available assets. Excess medical expenses are the amount by which allowable medical expenses exceed 30% of the family income. Available assets do not include the primary residence,the first motor vehicle,and a resource exclusion of the first $4,000 of other assets for an individual,or $6,000 for a family of two,and $1,500 for each additional family member.

(B) Service Exclusions:

1. Services that are not medically necessary (e.g. cosmetic surgery) are not eligible for charity care.

2. Eligibility for charity care for a patient whose need for services arose from injuries sustained in a motor vehicle accident where the patient,driver,and/or owner of the motor vehicle had a motor vehicle liability policy,and only if a claim for payment has been properly submitted to the motor vehicle liability insurer,where applicable.

(C) Eligibility Approval Process:

1. St. Luke's screens patients for other sources of coverage and eligibility in government programs. St. Luke's documents the results of each screening. If St. Luke's determines that a patient is potentially eligible for Medicaid or another government program,St. Luke's shall encourage the patient to apply for such a program and shall assist the patient in applying

Part VI Supplemental Information *(Continuation)*

for benefits under such a program.

2. The patient must complete a Financial Assistance Application and provide required supporting documentation in order to be eligible.

3. St. Luke's verifies reported family income and compares to the latest Poverty Guidelines published by the U.S. Department of Health and Human Services.

4. St. Luke's verifies reported assets.

5. St. Luke's provides a written notice of determination of eligibility to the patient or the responsible party within 10 business days of receiving a completed application and the required supporting documentation.

6. St. Luke's reserves the right to run a credit report on all patients applying for charity care services.

(D) Eligibility Period. The determination that an individual is approved for charity care will be effective for six months from the date the application is submitted,unless during that time the patient's family income or insurance status changes to such an extent that the patient becomes ineligible.

Part I, Line 6a:

St. Luke's Regional Medical Center,Ltd.(SLRMC) includes the activity of Mountain States Tumor Institute(MSTI) within its community benefit report since SLRMC is the sole member of MSTI.

Part I, Line 7:

Part VI Supplemental Information *(Continuation)*

The cost to charge ratio was used for the calculation of charity care at cost,unreimbursed Medicaid and other means-tested programs.

Part I, Line 7g:

Subsidized services represent unreimbursed costs incurred(excluding impact of unreimbursed Medicare and Medicaid) for the following services:

Home Care

Maternal Fetal Medicine

Palliative Care and Medicine

Rent Payments on behalf of the Terry Reilly Clinic

Rent Free space provided at various locations to County Emergency Medical Services.

Part I, Ln 7 Col(f):

Bad Debt is defined as expenses resulting from services provided to a patient and/or guarantor who,having the requisite financial resources to pay for health care services,has demonstrated an unwillingness to do so. The amount of bad debt expense included in Form 990,Part IX,line 25 is $53,799,116.

Part II, Community Building Activities:

The community building activities for St. Luke's Regional Medical Center, Ltd.("SLRMC") include the following:

Economic Development:

Part VI Supplemental Information *(Continuation)*

SLRMC CEO particpated in Chamber of Commerce Meetings.

Coalition Building:

Air St. Luke's program director attended monthly/quarterly EMS Council meetings throughout the region to build relationships and discuss emergency management procedures.

SLRMC research leadership and staff particpated in an annual research symposium. The research symposium brought together leading physicians, scientists,and business executives for a day of information sharing, collaboration,and innovation. Participants learned the role investment in research and development plays in long-term viability and business performance,and to consider how clinical research efforts at St. Luke's and research and development at leading regional businesses might collaborate with shared benefit to our community and those we serve. Participants learned about different types of translational research, providing an overview of biomedical research being conducted at academic centers in our region. Attendees considered how regular interchange of information between St. Luke's research investigators and academicians might best occur to increase collaboration in research.

Part III, Line 2:

The Cost to Charge Ratio method is used to estimate bad debt expense at cost.

Part III, Line 4:

Part VI Supplemental Information *(Continuation)*

St. Luke's Regional Medical Center,Ltd. grants credit without collateral to its patients,most of whom are local residents and many of whom are insured under third-party agreements. The allowance for estimated uncollectible amounts is determined by analyzing both historical information(write-offs by payor classification),as well as current economic conditions.

Part III, Line 8:

100% of the shortfall in Medicare reimbursement is considered a community benefit. St. Luke's Regional Medical Center,Ltd. provides medical care to all patients eligble for Medicare regardless of the shortfall and thereby relieves the Federal Government of the burden for paying the full cost of Medicare.

The source of the information is the Medicare Cost Report for fiscal year 2014. The amount is calculated by comparing the total Medicare apportioned costs(allowable costs) to reimbursements received during FY'14.

It should be noted that the unreimbursed costs reported within this schedule are significantly less than the amount reported in the annual Community Benefit Report to Ada County("County"). In the report to the County,unreimbursed costs include program costs allocated to the Medicare Advantage program,along with costs that offset the provider-based physician clinic operations;i.e. professional component billing for physician time and effort. The Medicare Cost Report does not include these components.

Part VI Supplemental Information *(Continuation)*

In addition,the report to the County includes all allocated costs to the Medicare Programs,whereas the Medicare Cost Report reports allowable costs only.

Part III, Line 9b:

All subsidiaries within the St. Luke's Health System have policies in place to provide financial assistance to those who meet established criteria and need assistance in paying for the amounts billed for their provided health care services. In addition,the collection policies and practices in place within the St. Luke's Health System provide guidance to patients on how to apply for this assistance. Collection of amounts due may be pursued in cases where the patient is unable to qualify for charity care or financial assistance and the patient has the financial resources to pay for the billed amounts.

Part VI, Line 2:

A Community Health Needs Assessment(CHNA)was conducted for fiscal year ending 9/30/2013. Information related to the 2013 CHNA is shown in the responses to questions 3 and 7 of "Part V,Section B,Facility Policies and Practices".

A complete copy of the CHNA assessments for all of the hospitals operating within the St. Luke's Health System can be found at the following website:

www.stlukesonline.org/about-st-lukes/supporting-the-community

Part VI Supplemental Information *(Continuation)*

Part VI, Line 3:

(A) St. Luke's Regional Medical Center provides notice of the availability of financial assistance via:

1. Signage
2. Patient brochure
3. Billing Statement
4. Written collection action letter
5. Online at www.stlukesonline.org/billing

(B) All notices are translated into the following language:Spanish

(C) St. Luke's provides individual notice of the availability of financial assistance to a patient expected to incur charges that may not be paid in full by third party coverage,along with an estimate of the patient's liability.

(D) For cases in which St. Luke's independently determines patient eligibility for financial assistance,St. Luke's provides written notice of determination that the patient is or is not eligible within 10 business days of receiving a completed application and the required supporting documentation.

Part VI, Line 4:

St. Luke's Regional Medical Center(SLRMC)serves Idaho's Ada and Canyon Counties,with its secondary service area covering southwest and south central Idaho and Eastern Oregon. Certain tertiary areas routinely provide care to residents from throughout Idaho and into its surrounding

Part VI Supplemental Information *(Continuation)*

states.

SLRMC's primary service area includes Ada and Canyon counties and are used to define the community served. The criteria used in selecting this area was to include the entire population of the counties where greater than 70% of the inpatients reside. The residents of these counties comprise about 83% of the inpatients with approximately 64% of the inpatients living in Ada County and 19% in Canyon County. Ada and Canyon counties are part of Idaho Health Districts 3 and 4.

Both Idaho and the service territory are comprised of about 95% white population while the nation as a whole is 72% white. The Hispanic population in Idaho represents 11% of the overall population and about 12% of the defined service area. Canyon County is approximately 24% Hispanic,and Ada County is 7% Hispanic.

Idaho experienced a 21% increase in population from 2000 to 2010 ranking it as the fourth fastest growing state in the country. Ada and Canyon Counties followed that trend,experiencing an even more rapid 34% increase in population within the timeframe. The service area is expected to grow by over 20% again by the year 2020. St. Luke's Regional Medical Center is constantly working to manage the volume and scope of its services in order to meet the needs of an increasing population.

Over the past ten years the 45 to 64 year old age group was the fastest growing segment of the community. Over the next ten years, however,the 65 years or older age group is expected to grow by over 50%, making it the fastest growing segment. Currently,about 11% of the people

Part VI Supplemental Information *(Continuation)*

in the community are over the age of 65 and by 2020 about 13% of the population in the community is expected to be over the age of 65.

The official United States poverty rate increased from 13.3% in 2005 to 15.3% in 2010. The service area poverty rate has increased more than the national average since 2005. In 2005 it was below the national average at 11% and by 2010 it was above the national average at 16%. The poverty rate in the community for children under the age of 18 is 19%,which is below the national average. However,Canyon County's poverty rate is above the national average for both adults and children.

Median Income in the United States has risen by 8% since 2005. However, growth in income was slower in Idaho and in the service area during that period. Median income in Canyon County is well below the national median and slightly lower than Idaho's median income. Despite decreasing over the past five years,median income in Ada County is still slightly higher than the national median income.

Part VI, Line 5:

The people who serve on the various boards for subsidiaries within the St. Lukes Health System are local citizens who have a vested interest in the health of their communities. These committed leaders volunteer on our boards because they are dedicated to ensuring that the people of southern Idaho and the surrounding area have access to the most advanced,most comprehensive health care possible. St. Luke's believes that locally owned and governed hospitals can take the best measure of community health care needs. We are grateful to our board leadership for giving generously of their time and talents and bringing to the table their unique perspectives

Part VI Supplemental Information *(Continuation)*

and intimate knowledge of their communities. St. Luke's would not be the organization it is today without our volunteer board members. The vision of dedicated community leaders has guided St. Luke's for many decades,and will continue to guide us well into the future.

As a not-for-profit organization,100% of St. Luke's revenue after expenses is reinvested in the organization to serve the community in the form of staff,buildings,or new technology.

Also,St. Luke's Regional Medical Center,Ltd.(SLRMC)maintains an open medical staff. Any physician can apply for practicing privileges as long as they meet the standards of SLRMC.

Part VI, Line 6:

As the only Idaho-based not-for-profit health system,St. Luke's Health System is part of the communities we serve,with local physicians and boards who further our organization's mission "To improve the health of people in our region." Working together,we share resources, skills,and knowledge to provide the best possible care,no matter which of our hospitals provide that care. Each St. Luke's Health System hospital is nationally recognized for excellence in patient care,with prestigious awards and designations reflecting the exceptional care that is synonymous with the St. Luke's name.

St. Luke's Health System provides facilities and services across the region,covering a 150-mile radius that encompasses southern and central Idaho,northern Nevada,and eastern Oregon-bringing care close to home and family. The following entities are part of the St. Luke's Health System:

Part VI Supplemental Information *(Continuation)*

(1) St. Luke's Regional Medical Center,Ltd. with the following locations:

--St. Luke's Boise Hospital

--St. Luke's Meridian Hospital

--St. Luke's Childrens Hospital

--St. Luke's Boise/Meridian/Nampa/Caldwell/Fruitland
Physician Clinics

--St. Luke's Nampa Emergency Department/Urgent Care

--St. Luke's Eagle Urgent Care

--St. Luke's Elmore Hospital with physician clinic

--St. Luke's Fruitland Emergency Department/Urgent Care

--St. Luke's Rehabilitation

(2) St. Luke's Wood River Medical Center,Ltd. which consists of
a critical access hospital located in Ketchum,Idaho as well
as various physician clinics

(3) St. Luke's Magic Valley Regional Medical Center,Ltd. which consists
of the following:

--St. Luke's Magic Valley Hospital-Twin Falls,Idaho

--Various St. Luke's Physician Clinics in Twin Falls

--Canyon View-(Behavioral Health)

--St. Luke's Jerome Hospital-Jerome,Idaho

--Various Physician clinics in Jerome

(4) St. Luke's McCall,Ltd. which consists of a critical access
hospital located in McCall,Idaho as well as various physician
clinics.

Part VI Supplemental Information *(Continuation)*

(5) Mountain States Tumor Institute(MSTI)is the region's largest provider of cancer services and a nationally recognized leader in cancer research. MSTI provides advanced care to thousands of cancer patients each year at clinics in Boise,Fruitland,Meridian,Nampa, and Twin Falls,Idaho. MSTI is home to Idaho's only cancer treatment center for children,only federally sponsored center for hemophilia,and only blood and marrow transplant program.

MSTI's services and therapies include breast care services,blood and marrow transplant,chemotherapy,genetic counseling,hematology, hemophilia treatment,hospice,integrative medicine,marrow donor center,mobile mammography,mole mapping,nutritional counseling, PET/CT scanning,patient/family support,pediatric oncology, radiation therapy,rehabilitation,research and clinical trials, Schwartz Center Rounds for Caregivers,spiritual care,support groups/classes,tumor boards,and Wound Ostomy,and Continence Nursing.

MSTI is expanding as rapidly as today's cancer treatment. Patients can now visit a MSTI clinic or Breast Cancer detection center at 12 different locations in southwest Idaho and Eastern Oregon. Locations include Boise,Meridian,Nampa,Twin Falls,and Fruitland.

St. Luke's physician clinics and services are provided in partnership with area physicians and other health care professionals. These include: Cardiovascular;Child Abuse and Neglect Evaluation;Endocrinology;Ear, Nose,and Throat;Family Medicine;Gastroenterology;General

Part VI Supplemental Information *(Continuation)*

Surgery;Hypertensive Disease;Internal Medicine;Maternal/Fetal Medicine;Medical Imaging;Metabolic and Bariatric Surgery;Nephrology; Neurology;Neurosurgery;Obstetrics/Gynecology;Occupational Medicine; Orthopedics;Outpatient Rehabilitation;Plastic Surgery;Psychiatry and Addiction;Pulmonary Medicine;Sleep Disorders;and Urology.

In addition,St. Luke's works with other regional facilities through management service contracts. These facilities include:

(1) Challis Area Health Center

(2) North Canyon Medical Center

(3) Salmon River Clinic

(4) Weiser Memorial Hospital

Part VI, Line 7, List of States Receiving Community Benefit Report:

ID

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization
St. Luke's Regional Medical Center

Employer identification number
82-0161600

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Luke's Health Foundation,Ltd. 190 East Bannock Street Boise, ID 83712	81-0600973	501(c)(3)	1,388,691.	0.			Cover operational needs of the St. Luke's Health Foundation.
City of Boise Planning PO Box 500 Boise, ID 83701	82-6000165	115	165,726.	0.			Donations represent rent paid on behalf of the Allumbaugh House (operated by Terry
Boise State University 1910 University Drive Boise, ID 83725	82-6010706	501(c)(3)	52,100.	0.			Provide financial support for general programs and scholarships.
Boise Metro Chamber of Commerce P.O. Box 2368 Boise, ID 83701	82-0100595	501[c](6)	43,910.	0.			Support of regional economic development
Nampa School District 201 Lake Lowell Avenue Nampa, ID 83686	82-6000727	501(c)(3)	39,300.	0.			Provide financial support for general programs and scholarships.
Idaho Stampede Community Foundation, Inc. - P.O. 6525 - Boise, ID 83707	47-0881811	501[c](3)	38,627.	0.			Support of regional economic development

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 20.

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 2.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2014)**

See Part IV for Column (h) descriptions

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Treasure Valley Family YMCA 1050 West State Street Boise, ID 83702	82-0200908	501(c)(3)	30,400.	0.			Support the Strong Kids Campaign,Cancer Survivor Programs,Boise PHIT,YEAH! Program,and YMCA Diabetes
Miracle League of Payette,Inc. 316 15th Avenue North Payette, ID 83661	46-4427966	501(c)(3)	25,000.	0.			Support the sport of baseball.
Women's and Children's Alliance 720 West Washington Street Boise, ID 83702	82-0204464	501(c)(3)	15,000.	0.			Support "Healing Begins with Hope" breakfast event and Tribute to Women and
The Momentum Group DBA Create Common Good - 2513 South Federal Way No. 104 - Boise, ID 83705	93-1277434	501(c)(3)	15,000.	0.			Provide training and employment to refugees.
FC Nova 3924 East Lake Hazel Road Meridian, ID 83642	82-0437695	501(c)(3)	10,000.	0.			Support the sport of soccer.
Nampa Harvest Festival Association DBA Snake River Stampede - P.O. Box 231 - Nampa, ID 83653	82-0148165	501(c)(3)	9,700.	0.			Support awareness campaign and no-cost screen mammograms to women in Treasure Valley.
Eagle Football Boosters Capital Improvement Committee - P.O. Box 324 - Eagle , ID 83616	20-4669751	501(c)(3)	7,000.	0.			Support the sport of football.
Jannus,Inc. 1607 West Jefferson Street Boise, ID 83702	81-6035382	501(c)(3)	7,000.	0.			General support for families and communities.
Caldwell Treasure Valley Rodeo,Inc. - P.O. Box 98 - Caldwell, ID 83606	82-0128057	501(c)(3)	6,485.	0.			To provide support to run a rodeo and provide entertainment and source of revenue to the

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nampa Chamber of Commerce 315 11th Ave S Nampa, ID 83651	82-0148080	501(c)(6)	6,350.	0.			Support the business community dedicated to building prosperity in the region
Children's Home Society 740 Warm Springs Avenue Boise, ID 83712	82-0201128	501(c)(3)	6,250.	0.			Provide subsidies to low-income children and family members for mental and behavioral health
One Stone,Inc. 7025 West Emerald Street,Suite 200 Boise, ID 83704	26-3599715	501(c)(3)	6,000.	0.			Support students becoming better leaders.
Genesis World Mission,Inc. 215 West 35th Street Garden City, ID 83714	82-0505074	501(c)(3)	5,750.	0.			Provide funding support for the operational costs of the Garden City Community Clinic.
Idaho State University Foundation,Inc. - 921 South 8th Avenue Stop 8050 - Pocatello, ID 83209	82-6013543	501(c)(3)	5,000.	0.			Support the Treasure Valley Anatomy and Physiology Laboratory at ISU-Meridian Health
Boys and Girls Club of Ada County 610 East 42nd Street Boise, ID 83714	82-0481687	501(c)(3)	5,000.	0.			Support Wild West Auction Event.
Boys and Girls Club of Western Treasure Valley - P.O. Box 876 - Ontario, OR 97914	20-8035378	501(c)(3)	5,000.	0.			Provide behavior guidance and to promote the health, social, educational, vocational,
Hands of Hope Northwest,Inc. 1201 Powerline Road Nampa, ID 83686	84-1398889	501(c)(3)	2,120.	388,476.	FMV	Medical equipment and supplies	Provide durable medical equipment and supplies to people in need in the Treasure Valley.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part I, Line 2:

The organization endeavors to monitor its grants to ensure that such grants are used for proper purposes and not otherwise diverted from their intended use. This is accomplished by requesting recipient organizations to affirm that funds must be used solely in accordance with the grant request and budget on which the grant was based and that funds not expended for the stated purpose are to be returned to the organization. Reports are requested from time to time as deemed appropriate.

Part IV Supplemental Information

Part II, line 1, Column (h):

Name of Organization or Government: City of Boise Planning

(h) Purpose of Grant or Assistance: Donations represent rent paid on behalf of the Allumbaugh House (operated by Terry Reilly).

Name of Organization or Government: Treasure Valley Family YMCA

(h) Purpose of Grant or Assistance: Support the Strong Kids Campaign,Cancer Survivor Programs,Boise PHIT,YEAH! Program,and YMCA Diabetes Prevention Program.

Name of Organization or Government: Women's and Children's Alliance

(h) Purpose of Grant or Assistance: Support "Healing Begins with Hope" breakfast event and Tribute to Women and Industry(TWIN)lunch event.

Name of Organization or Government: Caldwell Treasure Valley Rodeo,Inc.

(h) Purpose of Grant or Assistance: To provide support to run a rodeo and provide entertainment and source of revenue to the community.

Name of Organization or Government: Children's Home Society

(h) Purpose of Grant or Assistance: Provide subsidies to low-income children and family members for mental and behavioral health services and to support annual "Culinary World Tour" gala.

Name of Organization or Government:

Idaho State University Foundation,Inc.

(h) Purpose of Grant or Assistance: Support the Treasure Valley Anatomy and Physiology Laboratory at ISU-Meridian Health Science Center.

Part IV Supplemental Information

Name of Organization or Government:

Boys and Girls Club of Western Treasure Valley

(h) Purpose of Grant or Assistance: Provide behavior guidance and to promote the health, social, educational, vocational, and character development of youth.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

St. Luke's Regional Medical Center

Employer identification number

82-0161600

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? **2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Ron Jutzy,M.D.	(i)	490,826.	0.	6,731.	8,060.	12,823.	518,440.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Ms. Kathy Moore	(i)	453,882.	0.	41,742.	13,260.	12,977.	521,861.	0.
Chief Executive Officer-St	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Leslie Nona,M.D.	(i)	253,870.	40,983.	24,242.	25,350.	9,741.	354,186.	0.
Director(Served Through Feb.-2015	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Mr.Jeffrey S. Taylor	(i)	502,191.	0.	724,899.	<16,575.>	13,111.	1,223,626.	0.
SR VP/CFO/Treasurer	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Ms. Christine Neuhoff	(i)	395,505.	0.	540.	17,290.	19,384.	432,719.	0.
VP/Legal Affairs/Secretary	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Ronald M. Kristensen,M.D.	(i)	995,360.	61,062.	64,286.	43,458.	13,449.	1,177,615.	28,476.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Jon B. Getz,M.D.	(i)	1,157,913.	0.	41,742.	25,350.	15,104.	1,240,109.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Andrew Forbes,M.D.	(i)	822,448.	51,740.	88,774.	65,350.	20,843.	1,049,155.	46,953.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Steven S. Huerd,M.D.	(i)	839,477.	51,740.	84,746.	61,320.	4,824.	1,042,107.	48,937.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Jill C. Beck, MD	(i)	933,389.	0.	41,725.	13,260.	18,344.	1,006,718.	0.
Physician	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) Mr. Chris Roth	(i)	567,084.	0.	17,540.	17,290.	18,344.	620,258.	0.
Former CEO and Director	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Mr. Gary L. Fletcher	(i)	672,786.	0.	40,394.	<148,807.>	10,363.	574,736.	0.
Former CEO and Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 3:

Compensation for the organization's CEO is determined by St. Luke's Health System,Ltd.(System),sole member of St. Luke's Regional Medical Center,Ltd.(SLRMC). The System board approves the compensation amount per the recommendation of its compensation committee,and the decision is then reviewed and ratified by the board of directors for SLRMC.

In determining compensation for the CEO,the System board utilizes the following criteria:

Compensation Committee

Independent compensation consultant

Compensation survey or study

Approval by the board or compensation committee

Part I, Line 4b:

During CY'14,the following individuals participated in a supplemental non-qualified executive retirement plan:

Part III Supplemental Information

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

	SERP	SERP-Gross Up	Total
Jeffrey S. Taylor	$377,721	$ 305,937	$683,658

Part II-Column (f)

Prior Compensation

Reportable compensation is based on the total amount paid during calendar year 2014,including current year payments of amounts reported in prior years as contributions to employee benefit plans and deferred compensation, together with investment earnings from those prior year contributions. As a result,certain amounts have been reported twice,both in prior years when earned or accrued,and again in the current year paid.

Part II-Column (c)

During CY'14 the following individuals participated in the basic pension plan. Due to changes in actuarial assumptions these individuals

Part III Supplemental Information

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

experienced a decrease in their vested balance in the plan.

Gary Fletcher ($174,157)

Jeffrey Taylor ($41,925)

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

Part I Bond Issues

See Part VI for Column (f) Continuations

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	Idaho Health Facilities Authority	82-6051863	451295TW9	12/04/08	126,435,101.	Capital Projects for Health Care Facilities		X		X		X
B	Idaho Health Facilities Authority	82-6051863	451295VK2	09/09/10	210,427,891.	Current Refunding of Bonds Issued 7/20/2000 an		X		X		X
C	Idaho Health Facilities Authority	82-6051863	451295VN6	07/11/12	75,896,250.	Capital Projects for Health Care Facilities		X		X		X
D	Idaho Health Facilities Authority	82-6051863	NONE	07/31/12	75,000,000.	Capital Projects for Health Care Facilities		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,640,000.	29,435,000.		7,405,000.
2	Amount of bonds legally defeased				
3	Total proceeds of issue	126,443,653.	210,427,891.	76,185,123.	75,000,000.
4	Gross proceeds in reserve funds	16,716,219.	1,941,826.		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,410,199.		946,613.	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	112,389,945.		75,238,511.	75,000,000.
11	Other spent proceeds		210,427,891.		
12	Other unspent proceeds				
13	Year of substantial completion	2009			2013

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

Part I Bond Issues See Part VI for Column (f) Continuations

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	Idaho Health Facilities Authority	82-6051863	451295VP1	10/24/12	150,000,000.	Current Refunding of Bonds issued 3/4/2009		X		X		X
B	Idaho Health Facilities Authority	82-6051863	451295WC9	08/20/14	176,779,592.	Capital Projects for Health Care Facilities		X		X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	150,000,000.	177,088,159.		
4	Gross proceeds in reserve funds	112,489.			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		1,798,967.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		16,402,868.		
11	Other spent proceeds	150,000,000.			
12	Other unspent proceeds		158,886,324.		
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		.00 %		.00 %		.00 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		.00 %		.00 %		.00 %	
6 Total of lines 4 and 5	.00 %		.00 %		.00 %		.00 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		X

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X	X		X	
b Exception to rebate?		X	X			X		X
c No rebate due?	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X	X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part III Private Business Use *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X			X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X						
c Are there any research agreements that may result in private business use of bond-financed property?	X			X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.00 %		.00 %		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.00 %		.00 %		%		%	
6 Total of lines 4 and 5	.00 %		.00 %		%		%	
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K, Part I, Bond Issues:

(a) Issuer Name: Idaho Health Facilities Authority
(f) Description of Purpose:
Current Refunding of Bonds Issued 7/20/2000 and 5/26/2005

Schedule K, Part IV, Arbitrage, Line 2c:
(a) Issuer Name: Idaho Health Facilities Authority
Date the Rebate Computation was Performed: 01/14/2014

Schedule K, Supplemental Information:
Differences between the issue price(Part I)and total proceeds(Part II,
line 3)are due to investment earnings or losses.

Part II, Line 4,Column A,(Entity 1 page): 2008A Bonds
Amounts presented consist of debt reserve fund deposits of $13,551,149
and debt service fund Deposits of $3,165,070.

Part II, Line 4,Column A,(Entity 2 page): 2012 C,D Bonds
Amounts presented consist of debt service fund deposits of $112,489.

Part II, Line 4,Column B,(Entity 1 Page): 2010 Bonds
Amounts presented consist of debt service fund deposits of $1,941,826.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2014

Open To Public Inspection

Name of the organization
St. Luke's Regional Medical Center

Employer identification number
82-0161600

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Syringa Family Medicine, P	Board Member is a m	197,643.	Catherine R		X
Colliers Paragon dba Colli	Board Member is own	569,352.	Colliers Pa		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Syringa Family Medicine, P.A.

(b) Relationship Between Interested Person and Organization:

Board Member is a member of Syringa Family Medicine, P.A.

(d) Description of Transaction: Catherine Reynolds, M.D., is a member of Syringa Family Medicine, P.A. Compensation for Dr. Reynolds was paid to Syringa Family Medicine under a Professional Service Agreement.

(a) Name of Person: Colliers Paragon dba Colliers International

(b) Relationship Between Interested Person and Organization:

Board Member is owner of Colliers Paragon

(d) Description of Transaction: Colliers Paragon dba Colliers International provides property management services for St. Luke's Regional Medical Center,Ltd.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

Form 990, Part III, Line 4a, Program Service Accomplishments:

children's hospital in the state of Idaho.

During FY'15,St. Luke's Hospital locations in the Treasure Valley provided inpatient care for 36,132 admissions,covering 138,571 patient days. Also,the hospitals provided patient care associated with 295,347 outpatient visits. In addition to hospital patient care,the various physician clinics located in the Treasure Valley provided patient care asociated with 639,996 visits.

St. Luke's provides more heart procedures than any other hospital in Idaho, providing cardiac care for heart patients throughout Idaho,and into parts of Oregon,Nevada,and Utah. St. Luke's supports the region through partnerships with physicians,hospitals,and regional clinics where patients are cared for in their own communities. Classes and screenings are offered to promote heart and vascular health and support those living with cardiovascular disease. In addition,St. Luke's has provided hundreds of automated external defibrillators(AEDs)to local schools,civic organizations and businesses,and has worked with area hospitals to achieve standardized clinical protocols for heart attack patients.

Integral to the Heart & Vascular line is St. Luke's Cardiology Associates(SLICA),a 16-physician cardiology practice servicing Boise and the surrounding communities within Idaho. SLICA specializes in the treatment of diseases and disorders that affect the heart and its associated blood vessels. In-office diagnostic services include

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

treadmill stress testing,echocardiography,heart rhythm monitoring,heart catheterization and nuclear cardiology. Also included in the practice are special clinics designed to manage irregular heart beats(arrhythmias)pacemakers and defibrillators,blood thinning medications,congestive heart failure,and lipds

Form 990, Part III, Line 4b, Program Service Accomplishments:

Evaluation Services),medical evaluation,treatment,and documentation in cases of alleged abuse are provided.

During FY'15 the Children's Hospital experienced the following patient volumes:

Pediatrics:

Admissions 2,305

Patient Days 7,515

Pediatric Intensive Care Unit:

Admissions 151

Patient Days 1,780

Form 990 Part III-Statement of Program Accomplishments

Please note that the program expense amounts reported in Statement III-Statement of Program Accomplishments,do not include an allocation of certain administrative and functional support costs. These costs are classified as Management and General within Part IX-Statement of Functional Expenses.

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

Form 990, Part VI, Section A, line 6:

St. Luke's Health System,Ltd. is the sole member of St. Luke's Regional Medical Center,Ltd.

Form 990, Part VI, Section A, line 7a:

St. Luke's Health System,Ltd.(Member)and St. Luke's Regional Medical Center,Ltd.(Corporation)cooperatively select and employ the CEO of the Corporation. St. Luke's Health System, Ltd.,is the sole member of the Corporation.

Form 990, Part VI, Section A, line 7b:

St. Luke's Health System,Ltd.(Member)maintains approval and implementation authority over St. Luke's Regional Medical Center,Ltd.(Corporation).

Actions requiring approval authority may be initiated by either the Corporation or its Member,but must be approved by both the Corporation (by action of its Board of Directors) and the Member. Actions requiring approval authority of the Member include:

(a) Amendment to the Articles of Incorporation;

(b) Amendment to the Bylaws of the Corporation;

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

(c) Appointment of members of the Corporation's Board of Directors,other than ex officio directors;

(d) Removal of an individual from the Corporation's Board of Directors if and when removal is requested by the Corporation's Board of Directors, which request may only be made if the Director is failing to meet the reasonable expectations for service on the Corporation's Board of Directors that are established by the Member and are uniform for the Corporation and for all of the other hospitals for which the Member then serves as the sole corporate member.

(e) Approval of operating and capital budgets of the Corporation,and deviations to an approved budget over the amounts established from time to time by the Member;and

(f) Approval of the strategic/tactical plans and goals and objectives of the Corporation.

Implementation Authority means those actions which the Member may take without the approval or recommendation of the Corporation. This authority will not be utilized until there has been appropriate communication between the Member and the Corporation's Board of Directors and its Chief Executive Officer. Actions requiring implementation authority include:

(a) Changes to the Statements of mission,philosophy,and values of the Corporation;

(b) Removal of an individual from the Corporation's Board of Directors if

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

and when the Member determines in good faith that the Director is failing to meet the Approved Board Member Expectations. This authority to remove Directors shall not be used merely because there is a difference in business judgment between the Director and the Corporation or the Member,and shall never be used to remove one or more Directors from the Corporation's Board of Directors in order to change a decision made by the Corporation's Board of Directors;

(c) Employment and termination of the Chief Executive Officer of the Corporation;

(d) Appointment of the auditor for the Corporation and the coordination of the Corporation's annual audit;

(e) Sales,lease,exchange,mortgage,pledge,creation of a security interest in or other disposition of real property of the Corporation if such property has a fair market value in excess of a limit set from time to time by the Member that is not otherwise contained in an Approved Budget;

(f) Sale,merger,consolidation,change of membership,sale of all or substantially all of the assets of the corporation,or closure of any facility operated by the Corporation;

(g) The dissolution of the Corporation;

(h) Incurrence of debt by or for the Corporation in accordance with requirements established from time to time by the Member and that

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

is not otherwise contained in an Approved Budget;and

(i) Authority to establish policies to promote and develop an integrated, cohesive health care delivery system across all corporations for which the Member serves as the corporate member.

Form 990, Part VI, Section B, line 11:

The Form 990(Form)is reviewed by an independent public accounting firm based on audited financial statements and with the assistance of the organization's finance and accounting staff. The final draft of the Form is presented to the Finance Committee of the Board of Directors. The Board receives the final version of the Form prior to filing.

Form 990, Part VI, Section B, Line 12c:

The organization annually reviews the conflict of interest policy with each board member and also with new board members. Persons covered under the policy include officers,directors,senior executives,non-director members of Board committees and others as identified by a senior executive. At all levels the board is responsible for assessing,reviewing,and resolving any conflicts of interest that have been disclosed by a covered person,or a conflict of interest disclosed by a covered person with respect to a covered person other than himself/herself. Where a conflict exists,the affected parties must recuse themselves from participating in any discussion related to the conflict.

Form 990, Part VI, Section B, Line 15:

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

Executive compensation is set by St. Luke's boards of directors and is reviewed annually. Compensation levels are based on an independent analysis of comparable pay packages offered at similar institutions across the country, with the goal of placing executives in the 50th percentile of those surveyed. These surveys are usually done every two years,with the most recent compensation survey completed during calendar year 2014.

St. Luke's Health System is committed to providing the highest quality medical care to all people regardless of their ability to pay. To keep that commitment,St. Luke's puts a great deal of time and effort into recruiting and retaining the top physicians in a variety of medical fields. Our relationships with physicians range from having privileges at the hospital to full employment.

For those physicians who choose to be employed,St. Luke's must offer competitive pay and benefits.

Physician compensation is based on a range of criteria and can be influenced by a number of variables including:

-Community need for medical specialty

-Experience

-Productivity

-Geography

-National surveys adjusted for local conditions

-Willingness to serve regardless of patients' ability to pay

-Duration of relationship and contractual terms

Name of the organization: St. Luke's Regional Medical Center

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-Performance on quality metrics

To ensure physician compensation and benefits remain within industry standards and legal requirements for not-for-profit institutions, St. Luke's has a Physician Arrangements policy that specifies circumstances requiring a third-party valuation and also periodically uses third-party consulting firms to review St. Luke's physician compensation arrangements.

Given the growing national shortage of physicians,recruiting and retaining physicians is more critical than ever to guarantee that people seeking care at St. Luke's will continue to have access to the physicians and specialists they need regardless of their insurance status or insurance provider.

Form 990, Part VI, Section C, Line 19:

The organization's governing documents,conflict of interest policy,and financial statements are not available to the public. Form 990,which contains financial information,is available for public inspection.

Form 990 Part VII Section A

The total hours worked and compensation reported for Kathy Moore,Chris Roth,Jeff Taylor,Christine Neuhoff,and Gary Fletcher,represent services rendered to the following organizations within the St. Luke's Health System:

Kathy Moore:

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

St. Luke's Regional Medical Center,Ltd.

Mountain States Tumor Institure,Inc.

St. Luke's Health Foundation,Ltd.

St. Luke's McCall,Ltd.

St. Luke's Clinic Coordinate Care,Ltd.

Chris Roth:

St. Luke's Health System,Ltd.

St. Luke's Health Foundation,Ltd.

Jeff Taylor:

St. Luke's Health System,Ltd.

St. Luke's Regional Medical Center,Ltd.

Mountain States Tumor Institute,Inc.

St. Luke's McCall,Ltd.

St. Luke's Magic Valley Regional Medical Center,Ltd.

St. Luke's Wood River Medical Center,Ltd.

St. Luke's Clinic Coordinated Care,Ltd.

Christine Neuhoff:

St. Luke's Health System,Ltd.

St. Luke's Regional Medical Center,Ltd.

Mountain States Tumor Institute,Inc.

St. Luke's McCall,Ltd.

St. Luke's Magic Valley Regional Medical Center,Ltd.

St. Luke's Wood River Medical Center,Ltd.

St. Luke's Clinic Coordinated Care,Ltd.

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

Gary Fletcher:

St. Luke's Health System,Ltd.

St. Luke's Clinic Coordinated Care,Ltd.

In addition,Catherine Reynolds,M.D. is a member of Syringa Family Medicine,P.A.,(Syringa)a physician practice that has a professional service agreement with St. Luke's Regional Medical Center,Ltd.(SLRMC). Dr. Reynolds works at least 40 hours per week on behalf of this practice for SLRMC. During CY'14,SLRMC paid Syringa $213,935 for services rendered to St. Luke's patients.

Also,it should be noted that the hours reported for the directors (employed by St. Luke's)officers,key employees,and highest-paid employees are based on a minimum 40 hour work week. However,due to the demands of their roles within the St. Luke's Health System,the hours worked by these individuals often exceed the minimum required 40 hours.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Minimum Liability-Defined Benefit Plan	-24,929,955.
Classification Adjustment-Intercompany System Conversion	-2,336,054.
Capital Contributions from Grants and Donations	117,916.
Total to Form 990, Part XI, Line 9	-27,148,093.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: St. Luke's Regional Medical Center

Employer identification number: 82-0161600

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
St. Luke's Clinic-Treasure Valley,LLC - 45-2716222, 190 E. Bannock, Boise, ID 83712	Physician Clinic Services	Idaho	194,836,448.	0.	St. Luke's Regional Medical Center,Ltd.
Southern Idaho Health Partners,LLC - 47-1589095, 190 E. Bannock, Boise, ID 83712	Physician Clinic Services	Idaho	5,952,200.	6,468,876.	St. Luke's Regional Medical Center,Ltd.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
St. Luke's Health System,Ltd. - 56-2570681 190 E. Bannock Boise, ID 83712	Supporting Organization	Idaho	501(c)(3)	11-3	N/A		X
Mountain States Tumor Institute,Inc. - 82-0295026, 100 E. Idaho, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Regional Medical Center,LTd.	X	
St. Luke's Wood River Medical Center,Ltd. - 84-1421665, 190 E. Bannock, Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System,Ltd.		X
St. Luke's Health Foundation,Ltd. - 81-0600973, 190 E. Bannock, Boise, ID 83712	Fundraising	Idaho	501(c)(3)	7	St. Luke's Health System,Ltd.	X	

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) Section 512(b)(13) controlled organization? No
St. Luke's Magic Valley Regional Medical Center,Ltd. - 56-2570686, 801 Pole Line Road, Twin Falls, ID 83301	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System,Ltd.		X
St. Luke's McCall,Ltd. - 27-3311774 190 E. Bannock Boise, ID 83712	Healthcare Services	Idaho	501(c)(3)	3	St. Luke's Health System,Ltd.		X
St. Luke's Magic Valley Health Foundation,Inc. - 82-0342863, 775 Pole Line Road, Twin Falls, ID 83301	Fundraising	Idaho	501(c)(3)	7	St. Luke's Magic Valley Regional Medical		X
St. Luke's Clinic Coordinated Care,Ltd. - 45-5195864, 190 E. Bannock, Boise, ID 83712	Accountable Care Organization	Idaho	501(c)(3)	9	St. Luke's Health System,Ltd.		X
St. Luke's Regional Medical Center Auxiliary - 82-0255667, 190 E. Bannock, Boise, ID 83702	Fundraising	Idaho	501(c)(3)	11-1	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
SL Phys Realty-Louise,LLC - 26-3731325, 190 E. Bannock, Boise, ID 83712	Real Estate Lease	ID	N/A	Related	1,072,114.	1,791,072.	X		N/A	X		87.00%
1500 Shoreline,LLC - 27-0681501, 190 E. Bannock, Boise, ID 83712	Real Estate Lease	ID	N/A	Related	420,498.	1,175,179.	X		N/A	X		55.00%
3399 East Louise MOB,LLC - 27-0848198, 190 E. Bannock, Boise, ID 83712	Real Estate Lease	ID	N/A	Related	724,173.	1,726,310.	X		N/A	X		67.00%
Ortho-Neuro Management,LLC - 26-4483076, 190 E. Bannock, Boise, ID 83712	Mgmt. Consulting	ID	N/A	Related	472,097.	2,210,306.	X		N/A	X		58.00%

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

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

Part III **Continuation of Identification of Related Organizations Taxable as a Partnership**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
Idaho Cytogenetics Laboratory,LLC - 33-1012210, 190 E. Bannock, Boise, ID 83712	Healthcare	ID	N/A	Related	138,172.	273,297.		X	N/A	X		50.00%
St. Luke's-Elk's Rehabilitation Service,LLC - 82-0503100, 204 Fort Place PO BOX 1100, Boise, ID 83701	Healthcare	ID	N/A	Related	<484,825.>	0.		X	N/A	X		50.00%
Wound Care and Hyperbaric Treatment Center,LLP - 90-0288299, 600 N. Robbins Road, Boise, ID 83702	Healthcare	ID	N/A	Related	<1,722,258.>	0.		X	N/A	X		90.00%
Medical Building Investment Group,LLC - 26-3667995, PO Box 1271, Ketchum, ID 83340	Real Estate Lease	ID	N/A	Related	<60,021.>	<389,844.>	X		N/A	X		64.88%

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	St. Luke's Health Foundation,Ltd.	B	1,388,691.	Operating Loss Subsidy
(2)	St. Luke's Health Foundation,Ltd.	C	889,615.	Donations specified for SLRMC
(3)	Ortho Neuro Management Services,LLC	P	3,029,268.	Per Mgmt. Agreement
(4)	SL Phys Realty-Louise,LLC	K	1,930,255.	Per Master Lease Agreement
(5)	1500 Shoreline,LLC	K	1,182,299.	Per Master Lease Agreement
(6)	3399 East Louise,MOB-LLC	K	1,725,874.	Per Master Lease Agreement

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	Mountain States Tumor Institute,Inc.	O	54,353,760.	Salaries & Wages Paid by SLRMC
(8)	St. Luke's Health Foundation,Ltd.	O	804,473.	Salaries & Wages Paid by SLRMC
(9)	St. Luke's Health System, Ltd	O	179,516,296.	Salaries & Wages Paid by SLRMC
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

St. Luke's Magic Valley Health Foundation,Inc.

Direct Controlling Entity: St. Luke's Magic Valley Regional Medical Center,Ltd.

St. Luke's Health System, Ltd. and Subsidiaries

Consolidated Financial Statements as of and for the Years Ended September 30, 2015 and 2014, and Independent Auditors' Report

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
St. Luke's Health System, Ltd.
Boise, Idaho

We have audited the accompanying consolidated financial statements of St. Luke's Health System, Ltd. and its subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of September 30, 2015 and 2014, and the related consolidated statements of operations and changes in net assets, and of cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Health System's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Luke's Health System, Ltd. and its subsidiaries as of September 30, 2015 and 2014, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Disclaimer of Opinion on Charity Care Schedule

The charity care schedule summarized in Note 1, which is the responsibility of the Health System's management, is not a required part of the basic financial statements, and we did not audit or apply limited procedures to such information and we do not express any assurances on such information.

Deloitte & Touche LLP

January 19, 2016

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS
AS OF SEPTEMBER 30, 2015 AND 2014
(In thousands)

	2015	2014
ASSETS		
CURRENT ASSETS:		
Cash and cash equivalents	$ 236,717	$ 266,047
Receivables—net	274,350	262,227
Inventories	30,839	27,310
Prepaid expenses	15,622	12,389
Current portion of assets whose use is limited	47,908	44,114
Total current assets	605,436	612,087
ASSETS WHOSE USE IS LIMITED:		
Board designated funds	336,586	263,360
Restricted funds	179,256	197,700
Permanent endowment funds	12,129	11,168
Donor restricted plant replacement and expansion funds and other specific purpose funds	27,705	24,098
Total assets whose use is limited	555,676	496,326
PROPERTY, PLANT, AND EQUIPMENT—Net	998,557	913,121
GOODWILL	37,393	37,693
OTHER ASSETS:		
Land and buildings held for investment or future expansion—at cost	45,921	45,970
Other	15,346	23,668
Deferred financing cost—net	8,523	9,171
Total other assets	69,790	78,809
TOTAL	$2,266,852	$2,138,036

See notes to consolidated financial statements.

LIABILITIES AND NET ASSETS	2015	2014
CURRENT LIABILITIES:		
Accounts payable and accrued liabilities	$ 128,160	$ 103,894
Accrued salaries and related liabilities	39,949	32,042
Employee benefit liabilities	101,298	86,593
Estimated payable to Medicare and Medicaid programs	91,095	106,554
Current portion of long-term debt and capital leases	20,432	17,827
Total current liabilities	380,934	346,910
NONCURRENT LIABILITIES:		
Long-term debt and capital leases	848,413	811,485
Liability for pension benefits	71,888	45,935
Other liabilities	2,416	2,935
Total noncurrent liabilities	922,717	860,355
NET ASSETS:		
Unrestricted:		
The Health System	924,004	893,428
Noncontrolling interests	1,251	2,358
Total unrestricted net assets	925,255	895,786
Temporarily restricted	25,817	23,817
Permanently restricted	12,129	11,168
Total net assets	963,201	930,771
TOTAL	$2,266,852	$2,138,036

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS
FOR THE YEARS ENDED SEPTEMBER 30, 2015 AND 2014
(In thousands)

	2015	2014
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT:		
Patient service revenue (net of contractual allowances and discounts)	$ 1,866,721	$ 1,683,044
Less provision for bad debts	(84,003)	(88,232)
Net patient service revenue (net of bad debts)	1,782,718	1,594,812
Other revenue (including rental income)	47,649	41,063
Net assets released from restrictions—operating	(2,139)	(1,022)
Income (loss) on equity interest in joint ventures	295	(1,185)
Total unrestricted revenues, gains, and other support	1,828,523	1,633,668
EXPENSES:		
Salaries and benefits	975,387	863,578
Supplies and drugs	303,879	260,103
Depreciation and amortization	103,517	106,636
Contract services	177,624	155,387
Purchased services	131,967	125,543
Interest expense	32,803	24,973
Other expenses	43,649	40,448
Total expenses	1,768,826	1,576,668
INCOME FROM OPERATIONS	59,697	57,000
INVESTMENT INCOME	6,164	4,082
REVENUE IN EXCESS OF EXPENSES	65,861	61,082
ADJUSTMENT FOR INCOME ATTRIBUTABLE TO NONCONTROLLING INTERESTS	(403)	(291)
REVENUE IN EXCESS OF EXPENSES ATTRIBUTABLE TO THE HEALTH SYSTEM	$ 65,458	$ 60,791

See notes to consolidated financial statements.

	2015	2014
UNRESTRICTED NET ASSETS:		
Revenue in excess of expenses	$ 65,861	$ 61,082
Change in noncontrolling interests	(1,510)	(1,280)
Change in net unrealized gains on investments	(6,079)	489
Net assets released from restrictions—capital acquisitions	807	3,428
Change in funded status of pension plan	(29,610)	6,400
Increase in unrestricted net assets	29,469	70,119
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions	5,166	5,161
Investment income	875	514
Change in net unrealized gains on investments	(1,095)	405
Net assets released from restrictions	(2,946)	(4,450)
Increase in temporarily restricted net assets	2,000	1,630
PERMANENTLY RESTRICTED NET ASSETS—Contributions for endowment funds	961	1,017
INCREASE IN NET ASSETS	32,430	72,766
NET ASSETS—Beginning of year	930,771	858,005
NET ASSETS—End of year	$ 963,201	$ 930,771

ST. LUKE'S HEALTH SYSTEM, LTD. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS
AS OF SEPTEMBER 30, 2015 AND 2014
(In thousands)

	2015	2014
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	$ 32,430	$ 72,766
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	103,517	106,636
Net realized loss on investments	2,213	2,191
Unrealized gain (loss) on investments	7,174	(894)
Amortization of deferred financing fees	648	596
Restricted contributions received	(6,127)	(6,178)
Loss (gain) on disposition of equipment and other assets	318	(964)
(Gain) loss on equity interest in joint ventures	(295)	1,185
Change in funded status of pension plans	29,610	(6,400)
Changes in assets and liabilities—net of acquisitions of medical practices:		
Net change in receivables	(28,537)	(8,087)
Net change in inventories	(3,108)	1,399
Net change in prepaid expenses and other current assets	(2,727)	314
Net change in other assets	(7,418)	(4,899)
Net change in accounts payable and accrued liabilities	25,155	14,457
Net change in accrued salaries and related liabilities	7,930	6,704
Net change in employee benefit liabilities	14,090	12,484
Net change in payable to Medicare and Medicaid programs	(6,223)	5,883
Net change in other liabilities	(4,133)	(2,532)
Net cash provided by operating activities	164,517	194,661

See notes to consolidated financial statements.

	2015	2014
CASH FLOWS FROM INVESTING ACTIVITIES:		
Acquisitions of property, plant, and equipment and land	$ (123,580)	$ (105,743)
Proceeds from disposition of equipment and other assets	576	759
Purchase of investments (includes purchases with restricted funds)	(1,588,853)	(857,449)
Change in restricted funds	3,695	1,442
Proceeds from sales of investments	1,520,148	711,331
Payments on acquisition of medical practices	-	(185)
Cash received from acquisition transactions	242	-
Contributions to unconsolidated joint ventures	-	(139)
Net cash used in investing activities	(187,772)	(249,984)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Repayment of long-term debt	(11,220)	(11,313)
Advances on lines of credit	54,074	50,473
Repayments on lines of credit	(52,719)	(50,541)
Proceeds from contributions for temporarily restricted net assets	5,166	5,161
Proceeds from contributions for endowment funds	961	1,017
Proceeds from bond issuance	-	176,780
Cost of issuance fees from bonds	-	(1,800)
Payments on notes payable	(2,337)	(1,710)
Net cash provided by financing activities	(6,075)	168,067
NET (DECREASE) INCREASE IN CASH	(29,330)	112,744
CASH—Beginning of year	266,047	153,303
CASH—End of year	$ 236,717	$ 266,047
Supplemental cash flow information:		
Non-cash increase in capital lease obligation	$ 51,734	

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization—St. Luke's Health System, Ltd. and subsidiaries (the "Health System") is an Idaho-based not-for-profit organization providing a comprehensive health care delivery system to the communities it serves. The Health System's general offices are located in Boise, Idaho. The Health System is governed by volunteer boards made up of local citizens.

The Health System's primary hospitals and service areas are located within the State of Idaho in Boise, Meridian, Nampa, Twin Falls, Mountain Home, McCall, Jerome, and Ketchum and have other facilities and operations throughout Southern Idaho and Eastern Oregon.

Basis of Presentation—The consolidated financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America. Intercompany transactions have been eliminated.

Use of Estimates—The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Such estimates include the useful lives of depreciable assets, liabilities associated with employee benefit programs, self-insured professional liability risks not covered by insurance and potential settlements with the Medicare and Medicaid programs. In addition, valuation reserve estimates are made regarding the collectability of outstanding patient and other receivables.

Changes in estimates are included in results of operations in the period when such amounts are determined and actual amounts could differ from such estimates.

Statements of Operations—Transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as unrestricted revenues, gains and other support and expenses.

Temporarily and Permanently Restricted Net Assets—Temporarily restricted net assets are those whose use by the Health System is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Health System pursuant to those stipulations. Permanently restricted net assets are assets whose use by the Health System is limited by donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed.

Donor Restricted Gifts—Unconditional promises to give cash, pledges receivable and other assets are recorded at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as

unrestricted net assets and reported in the statement of operations as net assets released from restrictions. Total pledges receivable, net of allowances, as of September 30 are as follows:

	2015	2014
Less than one year	$ 2,723	$ 871
One to five years	817	1,067
More than five years	264	507
	3,804	2,445
Less allowance for estimated uncollectible accounts	201	226
Total pledges receivable	$ 3,603	$ 2,219

Cash and Cash Equivalents—Cash and cash equivalents represents cash on hand and cash in banks, excluding amounts whose use is limited and consists primarily of cash and highly liquid investments with original maturities of three months or less. As of September 30, 2015 and 2014, the Health System had book overdrafts of $12,726 and $7,053, respectively, at multiple institutions that is included in accounts payable and accrued liabilities.

Inventories—Inventories consist primarily of medical and surgical supplies and are stated at the lower of cost (on a moving-average basis) or market.

Assets Whose Use is Limited—Assets whose use is limited include assets set aside by the Board of Directors for future capital purposes over which the Board retains control and may, at its discretion, subsequently be used for debt retirement or other purposes. It also includes assets held by trustee under indenture agreements, assets restricted by donors for specific purposes and permanent endowment funds.

The Health System's long-term and short term investment portfolios are managed according to investment policies adopted by the Health System and based on overall investment objectives. Board designated funds are investments established by the Board for strategic future capital or operating expenditures intended to expand or preserve services provided to the communities it serves. All investments are recorded using settlement date accounting. Investment income and gains (losses) on investments whose use has not been restricted by the donor, including unrestricted income from endowment funds, are reported as part of investment income. Investment income and gains (losses) on investments whose income has been restricted by the donor are recorded as increases (decreases) to temporarily or permanently restricted net assets.

The Health System's investments primarily include mutual funds and debt securities that are carried at fair value. The Health System evaluates whether securities are other-than-temporarily impaired (OTTI) based on criteria that include the extent to which cost exceeds market value, the intent to sell, the duration of the market decline, the credit rating of the issuer or security, the failure of the issuer to make scheduled principal or interest payments and the financial health and prospects of the issuer or security. Any declines in the value of investment securities determined to be OTTI are recognized in earnings and reported as OTTI losses. The Health System determined that no securities were OTTI as of September 30, 2015 and 2014.

Property, Plant, and Equipment—Property, plant, and equipment are recorded at cost with the exception of donated assets, which are recorded at fair value at the date of donation. Property and equipment donated for Health System operations are recorded as additions to property, plant, and

equipment when the assets are placed in service. Depreciation is computed using the straight-line method over the estimated useful lives of the depreciable assets with depreciation taken in both the year placed in service and the year of disposition.

The estimated useful lives of each asset ranges are as follows:

Buildings	15–40 years
Fixed and major movable equipment	2–20 years
Leasehold improvements	5–15 years

Expenditures for maintenance and repairs are charged to expense as incurred and expenditures for renewals and betterments are capitalized. Upon sale or retirement of depreciable assets, the related cost and accumulated depreciation are removed from the records and any gain or loss is reflected in the statement of operations. Periodically, the Health System evaluates the carrying value of property, plant, and equipment for impairment based on undiscounted operating cash flows whenever events or changes occur which might impact recovery of recorded assets.

Goodwill—Goodwill represents the future economic benefits arising from other assets acquired in a business combination that are not individually identified and separately recognized. Goodwill is not amortized but is subject to annual impairment testing at the reporting unit level. A reporting unit is defined as a component of an organization that engages in business activities from which it may earn revenues and incur expenses, whose operating results are regularly reviewed for decision making purposes and for which discrete financial information is available.

The quantitative impairment testing for goodwill includes a two-step process consisting of identifying a potential impairment loss by comparing the fair value of the reporting unit to its carrying amount, including goodwill and then measuring the impairment loss by comparing the implied fair value of the goodwill for a reporting unit to its carrying value. The fair value is estimated based upon internal evaluations of the related long-lived assets for each reporting unit and can include comparable market prices, quantitative analyses of revenues and estimated future net cash flows. If the fair value of the reporting unit assets is less than their carrying value including goodwill, an impairment loss is recognized.

In addition to annual impairment review, impairment reviews are performed whenever circumstances indicate a possible impairment may exist.

Meaningful Use—The Health System accounts for Electronic Health Records (EHR) incentive payments in accordance with ASC 450-30, *Gain Contingencies* ("ASC 450-30"). In accordance with ASC 450-30, the Health System recognizes a gain for EHR incentive payments when its eligible hospitals and physician practices have demonstrated meaningful use of certified EHR technology for the applicable period and when the final calculation of the EHR incentive payment is available. The demonstration of meaningful use is based on meeting a series of objectives and varies among hospitals and physician practices, between the Medicare and Medicaid programs and within the Medicaid program from state to state. Additionally, meeting the series of objectives in order to demonstrate meaningful use becomes progressively more stringent as its implementation is phased in through stages as outlined by the Centers for Medicare and Medicaid Services.

For the years ended September 30, 2015 and 2014 respectively, the Health System recognized $4,447 and $4,366 in EHR incentives in accordance with the HITECH Act under the Medicaid program. These incentives are included in other revenue.

The Health System incurs both capital expenditures and operating expenses in connection with the implementation of its various EHR initiatives. The amount and timing of these expenditures does not directly correlate with the timing of the Health System's receipt or recognition of the EHR incentive payments.

Land and Buildings Held for Future Investment or Future Expansion—Land and buildings held for investment or future expansion represents land and buildings purchased or donated to the Health System for future operations and are not included in the Health System operations.

Costs of Borrowing—Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Financing costs are deferred and amortized over the life of the bonds.

Net Patient Service Revenue—Net patient service revenue before provision for bad debts is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care—The Health System provides services to all patients regardless of their ability to pay in accordance with its charity care policy. The estimated cost of providing these services was $29,811 and $34,129 in 2015 and 2014, respectively, calculated by multiplying the ratio of cost to gross charges for the Health System by the gross compensated charges associated with providing care to charity patients.

In addition to charity care services, the Health System provides services to patients who are deemed indigent under state Medicaid and county indigency program guidelines. In most cases, the cost of services provided to these patients exceeds the amounts received as compensation from the respective programs. In addition, in response to broader community needs, the Health System also provides many programs such as health screening, patient and health education programs, clinical and biomedical services to outlying hospitals, and serves as a clinical teaching site for higher education programs of health professionals. The following unaudited schedule summarizes the charges forgone in accordance with the Health System's charity care policy, the unpaid costs associated with services provided under Medicare, Medicaid, and county indigency programs, and the benefit of services provided to support broader community needs:

	Unaudited	
	2015	2014
Estimated unpaid costs of services provided under Medicare, Medicaid, and county indigency programs	$ 278,557	$ 227,638
Estimated benefit of services to support broader community needs	32,678	29,103

Income Taxes—The Health System is a not-for-profit corporation and is recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code.

Unrelated Business Income—The Health System is subject to federal excise tax on its unrelated business taxable income (UBTI). As of September 30, 2015, the Company had approximately $3,975 of UBTI Net Operating Losses from operating losses incurred from 2001 to 2015 which expire in years 2016 to 2030. The Health System does not believe that it is more likely than not they will utilize these losses prior to their expiration and as such has provided a full valuation allowance against these losses.

Recently Issued and New Accounting Pronouncements—In April 2013, the FASB issued ASU No. 2013-06, *"Services Received from Personnel of an Affiliate (ASU 2013-06)."* ASU 2013-06 requires that contributed services be recognized at fair value if employees of separately governed affiliated entities regularly perform services for and under the direction of the donee. The scope includes all services received from personnel of any affiliate for which the affiliate does not seek compensation from the recipient not-for-profit and (1) create or enhance nonfinancial assets or (2) require specialized skills, are provided by individuals possessing those skills, and typically would need to be purchased if not provided by donation. Affiliates may include (1) other not-for-profits, (2) for-profit entities, (3) individuals, or (4) other parties that qualify as affiliates. ASU 2013-06 was adopted by the Health System for the fiscal year ended September 30, 2015 and did not have a material effect on the Health System's financial position, results of operations, or cash flows.

In April 2015, the FASB issued ASU 2015-03, Interest—Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Costs ("ASU 2015-03"), which requires entities to present debt issuance costs related to a recognized debt liability as a direct deduction from the carrying amount of that debt liability. The provisions of ASU 2015-03 are applicable to the Health System for the fiscal year beginning October 1, 2016. The Heath System is currently evaluating the impact that adopting this standard will have on the Health System's financial position, results of operations, or cash flows.

In May 2014, the FASB issued ASU No. 2014-09, *"Revenue from Contracts with Customers (Topic 606) (ASU 2014-09)"* that will result in substantial changes in revenue recognition under US GAAP. Under ASU 2014-09, revenue recognition requires the following: (1) Identifying the contract; (2) Identifying the performance obligations; (3) Determining the transaction price; (4) Allocating the transaction price to performance obligations; and (5) Recognizing revenue upon satisfaction of performance obligations. In August 2015, the FASB issued ASU No. 2015-14, *"Revenue from Contracts with Customers (Topic 606): Deferral of the Effective Date."* Due to this deferral, the Health System is required to adopt this guidance for fiscal years beginning October 1, 2019 with early adoption permitted for fiscal year ending September 30, 2019.

Reclassifications—After a detailed review and restructuring of the general ledger chart of accounts, management determined that certain expense classifications could be enhanced by placing them in more specific categories. On the consolidated statement of operations, management reclassified amounts between other expense, contract services, supplies and drugs, salaries and benefits and purchased services. In particular $79,958 was reclassified from other expenses to contract services and $5,020 was reclassified from purchased services to contract services. On the consolidated balance sheet, management reclassified $30,987 from accrued salaries and related liabilities to employee benefit liabilities. In each case, management deemed that the reclassifications were not the result of misclassification in the previous year, however, the update enhanced the specificity of the balance categories in light of the general ledger review and restructuring that occurred during fiscal year 2015.

Subsequent Events—The Health System has evaluated subsequent events through January 19, 2016. This is the date the financial statements were available to be issued.

2. BUSINESS TRANSACTIONS

Effective October 1, 2014, the Health System entered into a definitive agreement with Idaho Elks Rehabilitation Hospital (Elks). The dual purpose of the agreement was to dissolve the existing joint ventures (JV's) that St. Luke's and Elks had in place prior to the agreement, and in turn for the Health System to purchase the assets associated with those JV's, along with other assets owned directly by Elks, at their appraised fair market value. Consideration given by the Health System for the transaction totaled $7,629, net of cash received, and consisted of an elimination of net receivables due to the Health

System from Elks prior to the transaction, along with the Health System giving up their portion of ownership in the joint ventures that were dissolved to Elks. As a result of the transaction, the Health System expanded its rehabilitation services including the operation of an inpatient rehabilitation hospital located in Boise, Idaho.

The determination of the estimated fair market value of the assets obtained and liabilities assumed required management to make certain estimates and assumptions. The transaction with Elks resulted in the assets obtained and liabilities assumed being recorded on their estimated fair values on the transaction date. In 2015, and excess of assets obtained over liabilities assumed in the amount of $104 was recorded in the consolidated statement of operations and changes in net assets representing the excess of the fair value of tangible and identifiable intangible assets obtained over liabilities assumed or other financial consideration given.

The results of operations are included in the Health System's consolidated financial statements beginning October 1, 2014. The following table presents the allocation of consideration given for the assets obtained and liabilities assumed:

	2015
Cash	$ 242
Inventory	421
Prepaid expenses	128
Covenants not to compete	319
Property	7,459
Total assets obtained	8,569
Employee benefit liability assumed	(594)
Total liabilities assumed	(594)
Total assets and liabilities assumed	7,975
Total consideration given	7,871
Excess of assets obtained over liabilities assumed in transaction	$ 104

3. NET PATIENT SERVICE REVENUE

The Health System has agreements with third-party payors that provide for payments to the Health System at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare—Inpatient acute and certain outpatient care services rendered to Medicare program beneficiaries are paid at prospectively determined rates based upon the service provided. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient nonacute services, certain other outpatient services, and defined capital and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology.

The Health System is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the Medicare fiscal intermediary. The Health System's classification of patients under the Medicare program and the appropriateness of their admission are subject to a review by a peer review organization under contract with the fiscal intermediary.

Medicaid—Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Health System is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Health System and audits thereof by the Medicaid fiscal intermediary.

Changes in estimates are included in results of operations in the period when such amounts are determined. The Health System has an opportunity to amend previously settled cost reports. With regard to the amended cost reports, the Health System accrues settlements when amounts are probable and estimable.

Changes in prior year estimates decreased net patient service revenue by $10,405 for fiscal year ended September 30, 2015 and decreased net patient service revenue by $12,768 for fiscal year ended September 30, 2014.

Other—The Health System has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Health System under these agreements includes prospectively determined rates per patient day, per discharge and discounts from established charges.

The System records a provision for bad debts related to uninsured accounts to record the net self-pay accounts receivable at the estimated amounts the System expects to collect.

Patient service revenue (including patient co-pays and deductibles), net of contractual allowances and discounts (but before provision for uncollectible accounts) by primary payor source, for the year ended September 30 are as follows:

	2015	2014
Commercial payors, patients, and other	$1,095,929	$ 988,259
Medicare program	599,440	512,093
Medicaid program	171,352	182,692
	1,866,721	1,683,044
Less total provision for uncollectible accounts	84,003	88,232
	$1,782,718	$1,594,812

4. ACCOUNTS RECEIVABLE AND CONCENTRATION OF CREDIT RISK

The Health System grants credit without collateral to its patients, most of whom are local residents and many of whom are insured under third-party payor agreements. Accounts receivable, reflected net of any contractual arrangements, as of September 30 are as follows:

	2015	2014
Commercial payors, patients, and other	$250,758	$225,663
Medicare program	58,035	45,320
Medicaid program	19,118	25,425
Non-patient	14,044	32,230
	341,955	328,638
Less total allowance	67,605	66,411
	$274,350	$262,227

The allowance for estimated uncollectible accounts is determined by analyzing both historical information (write-offs by payor classification), as well as current economic conditions.

5. PROPERTY, PLANT, AND EQUIPMENT

Property, plant, and equipment as of September 30 are as follows:

	2015	2014
Land	$ 49,770	$ 48,111
Buildings, land improvements, and fixed equipment	967,001	907,982
Major movable equipment	549,431	486,174
	1,566,202	1,442,267
Less accumulated depreciation:		
Buildings, land improvements, and fixed equipment	322,215	286,085
Major movable equipment	352,143	293,308
	674,358	579,393
	891,844	862,874
Construction in process	106,713	50,247
	$ 998,557	$ 913,121

As of September 30, 2015 and 2014, the Health System had $5,992 and $5,139, respectively, of property, plant, and equipment purchases included in accounts payable and accrued liabilities.

Depreciation expense was $96,451 and $98,637 for the years ended September 30, 2015 and 2014, respectively.

6. ASSETS WHOSE USE IS LIMITED

Assets whose use is limited that will be used for obligations classified as current liabilities and the current portion of pledges receivable are reported in current assets. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value, based on quoted market prices of identical or similar assets. The majority of the Health System's investments are managed by independent investment managers. The following table sets forth the composition of assets whose use is limited as of September 30:

	2015	2014
Board designated funds:		
Cash and cash equivalents	$ 4,376	$ 8,637
Mutual funds	85,472	36,460
Corporate bonds, notes, mortgages and asset-backed securities	217,126	161,069
Government and agency securities	112,482	133,303
Interest receivable	1,269	1,052
Due to donor restricted and permanent endowment funds	(36,231)	(33,047)
	384,494	307,474
Less amounts classified as current assets	(47,908)	(44,114)
	$336,586	$263,360
Restricted funds:		
Cash and cash equivalents	$ 10,729	$136,653
Certificates of deposit, commercial paper and other equities	45,127	31,601
Corporate bonds, notes, mortgages and asset-backed securities	61,943	16,129
Government and agency securities	61,457	13,317
	$179,256	$197,700
Permanent endowment funds—due from board designated funds	$ 12,129	$ 11,168
Donor restricted plant replacement and expansion funds and other specific purpose funds:		
Due from board designated funds	$ 24,102	$ 21,879
Pledges receivable	3,603	2,219
	$ 27,705	$ 24,098

Investment income for assets limited as to use, cash equivalents, and other investments for the years ended September 30 are comprised of the following:

	2015	2014
Investment income:		
Interest income	$ 8,377	$ 6,273
Realized loss on sales of securities	(2,213)	(2,191)
	$ 6,164	$ 4,082
Change in net unrealized gain on investments	$ (6,079)	$ 489

In connection with the issuance of the certain bond obligations, the Health System is required to maintain a debt reserve fund. The debt reserve fund is to be used for the payment of principal and interest at maturity. The amount held in the debt reserve fund as of September 30, 2015, related to the Series 2008A Bonds, is $16,716 (which includes $3,165 to be paid over the next 12 months). This amount is included in restricted funds. Amounts held in custody, to be paid over the next 12 months, for the Series 2005 and 2012CD Bonds is $1,942 and $112, respectively. These amounts are also included in restricted funds.

Proceeds received from the Series 2014A Bonds are restricted to qualified expenditures related to a facility project of the Health System and are held by the Series 2014A Bond Trustee in a Construction Fund. Initial deposits into the Construction Fund were $174,947 and the remaining balance as of September 30, 2015 was $158,886.

7. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Restricted net assets as of September 30 consist of donor restricted contributions and grants, which are to be used as follows:

	2015	2014
Equipment and expansion	$ 15,376	$ 13,584
Research and education	2,847	2,414
Charity and other	7,594	7,819
Total temporarily restricted net assets	25,817	23,817
Permanently restricted net assets	12,129	11,168
Total restricted net assets	$ 37,946	$ 34,985

The composition of endowment net assets by type of fund as of September 30 is as follows:

	September 30, 2015		
	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment net assets	$ -	$ 12,129	$ 12,129
Board-designated endowment net assets	510	-	510
Total endowment net assets	$ 510	$ 12,129	$ 12,639

	September 30, 2014		
	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment net assets	$ -	$ 11,168	$ 11,168
Board-designated endowment net assets	1,104	-	1,104
Total endowment net assets	$ 1,104	$ 11,168	$ 12,272

Changes in endowment net assets during 2015 and 2014 are as follows:

	September 30, 2015		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets—beginning of period	$ 1,104	$ 11,168	$ 12,272
Investment returns	-	-	-
Unrealized gains	-	-	-
Contributions	2	342	344
Appropriation of endowment net assets for expenditure	-	-	-
Transfers to remove or add to board-designated endowment funds	-	-	-
	(596)	619	23
Endowment net asset—end of period	$ 510	$ 12,129	$ 12,639

	September 30, 2014		
	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets—beginning of period	$ 1,618	$ 10,151	$ 11,769
Investment returns	162	-	162
Unrealized gains	(601)	-	(601)
Contributions	5	1,039	1,044
Appropriation of endowment net assets for expenditure	-	-	-
Transfers to remove or add to board-designated endowment funds	-	-	-
	(80)	(22)	(102)
Endowment net assets—end of period	$ 1,104	$ 11,168	$ 12,272

8. DEBT

Long-term debt as of September 30 consists of the following:

	2015	2014
Obligations to Idaho Health Facilities Authority—Series 2014A Fixed Rate Bonds	$166,135	$166,135
Obligations to Idaho Health Facilities Authority—Series 2014A Fixed Rate Bond Premium	10,225	10,585
Obligations to Idaho Health Facilities Authority—Series 2012A Fixed Rate Bonds	75,000	75,000
Obligations to Idaho Health Facilities Authority—Series 2012A Fixed Rate Bond Premium	749	794
Obligations to Idaho Health Facilities Authority—Series 2012B Variable Rate Direct Purchase	67,595	70,555
Obligations to Idaho Health Facilities Authority—Series 2012CD Variable Rate Revenue Bonds	150,000	150,000
Obligations to Idaho Health Facilities Authority—Series 2008A Fixed Rate Bonds	122,360	123,795
Obligations to Idaho Health Facilities Authority—Series 2008A Fixed Rate Bond Discount	(3,016)	(3,114)
Obligations to Idaho Health Facilities Authority—Series 2005 Fixed Rate Bonds	103,105	106,105
Obligations to Idaho Health Facilities Authority—Series 2000 Fixed Rate Bonds	72,500	75,800
Obligations to Idaho Health Facilities Authority—Series 2000 and Series 2005 Fixed Rate Bond Premium	4,286	4,502
Capital leases	57,464	7,375
Notes payable	36,266	36,962
Line of credit	6,176	4,818
Total debt	868,845	829,312
Less current portion	20,432	17,827
Total long-term debt	$848,413	$811,485

As of September 30, 2015, the maturity schedule of long-term debt is as follows:

Years Ending September 30	Long-Term Debt	Capital Lease	Total
2016	$ 18,681	$ 4,027	$ 22,708
2017	13,045	4,001	17,046
2018	13,558	4,040	17,598
2019	14,111	3,796	17,907
2020	14,694	3,528	18,222
Thereafter	737,292	70,457	807,749
	$ 811,381	89,849	901,230
Less amount representing interest		(32,385)	(32,385)
		$ 57,464	$ 868,845

Obligations to Idaho Health Facility Authority

Series 2000—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from $2,800 to $29,700, beginning July 2011 through July 2030. The Series 2000 bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360 day year comprised on 12 30-day months and are payable on July 1 and January 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 4.86%.

The Series 2000 bonds maturing on or after July 1, 2021, are subject to redemption prior to maturity at the option of the Health System.

The Series 2000 Bonds are secured with a mortgage on the Health System's hospital located in Boise, Idaho.

Series 2005—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from $2,690 to $51,710, beginning July 2011 through July 2035. The Series 2005 bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360 day year comprised on 12 30-day months and are payable on July 1 and January 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 4.68%.

The Series 2005 bonds maturing on or after July 1, 2021, are subject to redemption prior to maturity at the option of the Health System. In addition, Series 2005 bonds maturing on or after July 1, 2025, are subject to redemption prior to maturity at the option of the Health System on or after July 1, 2015.

The Series 2005 Bonds are secured with a mortgage on the Health System's hospital located in Boise, Idaho.

Series 2008A—Represents Fixed Rate Revenue Bonds, payable in annual payments ranging from $1,130 to $21,655 beginning November 2009 through 2037. The Series 2008A bonds bear interest at a fixed rate ranging from 4.00% to 6.75% per annum calculated on the basis of a 360 day year comprised of 12 30-day months and are payable on May 1 and November 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 6.63%.

The Series 2008A bonds maturing on or after November 1, 2019, are subject to redemption prior to maturity at the option of the Health System, on or after November 1, 2018.

Series 2012A—Represents Fixed Rate Revenue Bonds payable in annual payments ranging from $23,780 to $26,220, beginning March 2045 through March 2047. The Series 2012A Bonds bear interest at a fixed rate ranging from 4.50% to 5.00% per annum calculated based on a 360 day calendar year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 4.84%.

The Series 2012A bonds are subject to redemption prior to maturity at the option of the Health System, on or after March 1, 2022.

Series 2012B—Represents Variable Rate Direct Purchases with Union Bank, N.A. in a privately placed transaction. The principal of the Series 2012B Bonds is payable in annual installments ranging from $1,700 to $5,160 between March 2013 and March 2032. The interest on the Series 2012B Bonds is currently payable monthly, as the Series 2012B Bonds are currently held in the Index Rate Mode (and the Health System has currently elected to use the one-month LIBOR Index Interest Period in connection with such Index Rate Mode). At the conclusion of the initial Index Rate Mode (i.e. July 30, 2019), and at the option of the Health System, the Series 2012B Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payment dates, interest calculation methods, and terms, if any, upon which each Series 2012B Bond may or must be tendered for purchase in each Mode, are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2015 was 1.34%.

The Series 2012B Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012B Bonds are subject to optional redemption by the Health System on any business day upon payment of all fees required by the Index Rate Agreement.

Series 2012C—Represents Variable Rate Direct Purchases with Wells Fargo, N.A. in a privately placed transaction. The Series 2012C Bonds principal is payable in annual payments ranging from $11,820 to $13,195, beginning November 2038 through November 2043. The Series 2012C Bonds interest is payable monthly, as the Series 2012C Bonds are currently held in the Index Rate Mode (with interest being calculated using the SIFMA Index Rate). At the conclusion of the initial Index Rate Mode (i.e. October 1, 2018), and at the option of the Health System, the Series 2012C Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payments, interest calculations methods, and terms, if any, upon which each Series 2012C Bond may or must be tendered for purchase in each Mode are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2015 was .84%.

The Series 2012C Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012C Bonds are subject to optional redemption on any business day upon payment of the principle amount thereof, accrued interest thereon, and all fees required by the Index Rate Agreement.

Series 2012D—Represents Variable Rate Direct Purchases with Wells Fargo Municipal Capital Strategies, LLC in a privately placed transaction. The Series 2012D Bonds principal is payable in annual payments ranging from $11,810 to $13,220, beginning November 2038 through November 2043. The Series 2012D Bonds interest is payable monthly, as the Series 2012D Bonds are currently held in the Index Rate Mode (with interest being calculated using the LIBOR Index Rate). At the conclusion of the initial Index Rate Mode (i.e. October 24, 2017), and at the option of the Health System, the Series 2012D Bonds may be converted to the Daily Mode, the Weekly Mode, the Adjustable Long Mode, the Commercial Paper Mode, another Index Rate Mode, or the Fixed Mode upon compliance with certain conditions set forth in the bond documents. The interest payments, interest calculations methods, and terms, if any, upon which each Series 2012D Bond may or must be tendered for purchase in each Mode are more fully set forth in the bond documents. The average interest rate (which includes amortization of costs of issuance) during 2015 was .96%.

The Series 2012D Bonds are subject to redemption prior to maturity at the option of the Health System in accordance with the terms set forth in the bond documents. During the initial Index Rate Mode, the Series 2012D Bonds are subject to optional redemption on any business day upon payment of the principle amount thereof, accrued interest thereon, and all fees required by the Index Rate Agreement.

Series 2014A—Represents Fixed Rate Revenue Bonds, payable in annual installments ranging from $170 to $16,080 beginning March 2016 through March 2044. The Series 2014A bonds bear interest at a fixed rate ranging from 2.00% to 5.00% per annum calculated on the basis of a 360 day year comprised of 12 30-day months and are payable on March 1 and September 1 of each year. The average interest rate (which includes amortization of costs of issuance) during 2015 was 4.66%.

The Series 2014A bonds maturing on or after March 1, 2034 are subject to redemption prior to maturity at the option of the Health System.

The Series 2000, Series 2005, Series 2008A, Series 2012A, Series 2012B, Series 2012CD and Series 2014A bonds provide, among other things, restrictions on annual debt additions that the Health System may incur. The agreements also require that sufficient fees and rates be charged so as to provide net income available for debt service, as defined, in an amount not less than 125% of the annual principal and interest due on the Bonds. For the years ended September 30, 2015 and 2014, net income available for debt service, as defined, exceeded the minimum coverage required.

Notes Payable—These notes are secured by medical office buildings and guaranteed by a third party. Principal and interest are payable on a monthly basis. Per the agreements, the notes mature in 2023. Interest is fixed at 4.25%.

Line of Credit—In September 2011, the Health System entered into an unsecured credit agreement with Key Bank, N.A. The agreement allows for borrowings up to $60,000 and has a maturity date of September 15, 2018. In the event that principal amounts are outstanding, interest is incurred at a rate that is variable at the Prime Rate. The line of credit, among other things, contains an annual commitment fee of $30 as well as a non-usage fee on the actual daily unborrowed portion of the principal amount available at the rate of one-fifth of 1% per annum. As of September 30, 2015, there was no outstanding balance on the line of credit.

In January 2010, the Health System entered into an unsecured credit agreement with Wells Fargo Bank, N.A. The agreement allows for borrowings up to $8,000 and has a maturity date of August 1, 2016. The line of credit is to be utilized for working capital payments related to a cash payment program the Health System operates in connection with payments to vendors. Principal amounts are advanced as vendor payments are made, and are required to be repaid on a monthly basis. As principal is paid in full

on a monthly basis, no interest costs have been incurred. In the event that principal is outstanding in excess of 30 days, interest is variable at daily three month LIBOR plus 1.75%. The outstanding balance as of September 30, 2015 and 2014 was $6,176 and $4,818, respectively.

Interest Costs—During the years ended September 30, 2015 and 2014 the Health System incurred total interest costs of $34,717 and $26,350, respectively. During 2015 and 2014, $1,914 and $1,377, respectively, has been capitalized and is reflected as a component of property, plant, and equipment. During the years ended September 30, 2015 and 2014, the Health System made cash payments for interest of $34,928 and $24,746, respectively, and cash payments for bond fees of $379 and $362, respectively.

9. NONCONTROLLING INTEREST

The following table shows the allocation of controlling and noncontrolling interest within net assets as of September 30:

	Total Net Assets	Controlling Interest	Noncontrolling Interest
Net assets—September 30, 2013	$858,005	$854,658	$ 3,347
Unrestricted net assets:			
Revenue in excess of expenses	61,082	60,791	291
Change in noncontrolling interests	(1,280)	-	(1,280)
Change in net unrealized gains on investments	489	489	-
Net assets released from restrictions—capital acquisitions	3,428	3,428	-
Change in funded status of pension plan	6,400	6,400	-
Increase in unrestricted net assets	70,119	71,108	(989)
Temporarily restricted net assets	1,630	1,630	-
Permanently restricted net assets	1,017	1,017	-
Increase in net assets	72,766	73,755	(989)
Net assets—September 30, 2014	930,771	928,413	2,358
Unrestricted net assets:			
Revenue in excess of expenses	65,861	65,458	403
Change in noncontrolling interests	(1,510)		(1,510)
Change in net unrealized gains on investments	(6,079)	(6,079)	-
Net assets released from restrictions—capital acquisitions	807	807	-
Change in funded status of pension plan	(29,610)	(29,610)	-
Increase in unrestricted net assets	29,469	30,576	(1,107)
Temporarily restricted net assets	2,000	2,000	-
Permanently restricted net assets	961	961	-
Increase in net assets	32,430	33,537	(1,107)
Net assets—September 30, 2015	$963,201	$961,950	$ 1,251

10. EMPLOYEE RETIREMENT PLANS

Defined Benefit Plans—The St. Luke's Regional Medical, Ltd. Basic Pension Plan (the "SLRMC Plan") covers substantially all eligible employees employed by the Health System (with the exception of St. Luke's Magic Valley, Ltd. employees) on or before December 31, 1994. The SLRMC Plan was amended and restated effective January 1, 1995, to exclude employees hired on or after that date from participation in the SLRMC Plan; however, the SLRMC Plan remains in effect for those participants

who qualify and were hired prior to January 1, 1995. Employees eligible for the SLRMC Plan with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65), or after obtaining age 62 with 25 years of service, equal to a percentage of their highest five-year average annual compensation, not to exceed a certain maximum. The Health System makes annual contributions to the SLRMC Plan as necessary.

The St. Luke's Magic Valley Regional Medical Center, Ltd. Plan (the "SLMVRMC Plan") covers substantially all eligible St. Luke's Magic Valley Regional Medical Center, Ltd. (SLMVRMC) employees employed by SLMVRMC on or before April 1, 2005. The SLMVRMC Plan was amended and restated effective April 1, 2005, to exclude employees hired on or after that date from participation in the SLMVRMC Plan; however, the SLMVRMC Plan remains in effect for those participants whose sum of their age plus years of credited service exceed 65 or who exceeded 10 years of service as of April 1, 2005. Participants are entitled to annual pension benefits beginning at normal retirement age (65), or after obtaining age 60 with 30 years of service, equal to a calculation based on either average annual compensation or credited service. The Health System makes annual contributions to the SLMVRMC Plan as necessary. Effective October 1, 2014, the mortality tables were updated to the Mercer modified RP-2014 Mortality Tables in order to more accurately reflect the generational projection of mortality improvement. These changes contributed to an increase in the projected benefit obligation in the amount of $11,700 for the SRLMC Plan and $3,100 for the SLMVRMC Plan.

The following table sets forth the SLRMC Plan and the SLMVRMC Plan (collectively the "Plans") funded status, amounts recognized in the Health System's consolidated financial statements and other related financial information:

	SLRMC	SLMVRMC	Total 2015	Total 2014
Projected benefit obligation for service rendered to date	$155,449	$ 49,202	$204,651	$184,249
Plan assets—at fair value	115,678	35,994	151,672	156,258
Funded status	$ (39,771)	$ (13,208)	$ (52,979)	$ (27,991)
Employer contributions	$ 7,000	$ 1,700	$ 8,700	$ 9,950
Accrued pension liability (all noncurrent)	39,771	13,208	52,979	27,991
Change in funded status	(20,886)	(4,102)	(24,988)	10,667
Amortization of prior service cost	13	-	13	13
Amortization of net loss	1,015	389	1,404	2,490
Net periodic benefit cost	2,956	185	3,141	6,424
Benefits paid	12,035	2,680	14,715	12,656
Accumulated benefit obligation	141,908	49,202	191,110	172,425

Amounts recognized in unrestricted net assets related to the Plans at September 30, consist of:

	SLRMC	SLMVRMC	Total 2015	Total 2014
Prior service cost	$ 3	$ -	$ 3	$ (16)
Net actuarial loss	(45,968)	(20,147)	(66,115)	(35,553)

The measurement date used to determine pension benefits is September 30. Contributions to the Plans for the year ending September 30, 2016, are expected to be approximately $10,000.

The overall investment strategy and policy has been developed based on the need to satisfy the long-term liabilities of the Plans. Risk management is accomplished through diversification across asset classes, multiple investment manager portfolios, and both general and portfolio-specific investment guidelines. The asset allocation guidelines for the Plans are as follows:

	Target SLRMC	Target SLMVRMC
Investments:		
Large-cap funds	20 %	20 %
Mid-cap funds	10	10
Small-cap funds	10	10
Non-U.S. funds	20	20
Fixed income	29	39
Other	11	1

Managers are expected to generate a total return consistent with their philosophy and outperform both their respective peer group medians and an appropriate benchmark, net of expenses, over a one-, three-, and five-year period. The investment guidelines contain categorical restrictions such as no commodities, short-sales and margin purchases; and asset class restrictions that address such things as single security or sector concentration, capitalization limits and minimum quality standards.

Expected long-term returns on the Plans' assets are estimated by asset classes, and are generally based on historical returns, volatilities and risk premiums. Based upon the Plans' asset allocation, composite return percentiles are developed upon which the Plans' expected long-term return is determined. As of September 30, 2015, the amounts and percentages of the fair value of Plans' assets are as follows:

	SLRMC		SLMVRMC	
Domestic equity	$ 44,856	39 %	$ 14,544	40 %
International equity	21,619	19	6,992	20
Fixed income	35,594	31	14,088	39
Other	13,609	11	370	1
Total	$ 115,678	100 %	$ 35,994	100 %

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the Plans:

	SLRMC	SLMVRMC	Total
2016	$ 11,313	$ 2,402	$ 13,715
2017	11,494	2,591	14,085
2018	11,724	2,737	14,461
2019	11,753	2,873	14,626
2020	11,752	3,052	14,804
2021–2025	57,115	15,920	73,035
	$ 115,151	$ 29,575	$ 144,726

Assumptions used in determining the actuarial present value of net periodic benefit cost of the Plans were as follows:

	2015	2014
SLRMC		
Weighted average discount rate	4.35 %	4.90 %
Rate of increase in future compensation levels	2.5–4.00	2.5–4.00
Expected long-term rate of return on assets	7.00	7.00
SLMVRMC		
Weighted average discount rate	4.25 %	4.90 %
Rate of increase in future compensation levels	2.5–4.00	2.5–4.00
Expected long-term rate of return on assets	7.00	7.00

Assumptions used in determining the actuarial present value of projected benefit obligation of the Plans were as follows:

	2015	2014
SLRMC		
Weighted average discount rate	4.49 %	4.35 %
Rate of increase in future compensation levels	4.00	4.00
SLMVRMC		
Weighted average discount rate	4.38 %	4.25 %
Rate of increase in future compensation levels	4.00	4.00

The principal cause of the change in the unfunded pension liability is related to the use of new mortality tables at September 30, 2015 and a change in the discount rate at September 30, 2014.

Supplemental Retirement Plan for Executives—The Supplemental Retirement Plan for Executives (SERP) is an unfunded retirement plan for certain executives of the Health System. The following table sets forth the funded status, amounts recognized in the Health System's consolidated financial statements, and other SERP financial information:

	2015	2014
Projected benefit obligation for service rendered to date	$ 19,729	$ 18,806
Plan assets—at fair value	-	-
Funded status	$ (19,729)	$ (18,806)
Employer paid benefits	$ 679	$ 531
Accrued pension liability (noncurrent)	18,909	17,944
Accrued pension liability (current)	820	862
Change in funded status	923	(2,431)
Amortization of prior service cost	-	2
Amortization of net loss	840	669
Net periodic benefit cost	2,529	2,230
Accumulated benefit obligation	18,006	17,084

The measurement dates used to determine pension benefits is September 30. Expected contributions to the Plan for the year ending September 30, 2016, are expected to be approximately $820. Effective October 1, 2014, the mortality tables were updated to the Mercer modified RP-2014 Mortality Tables in order to more accurately reflect the generational projection of mortality improvement. These changes contributed to an increase in the projected benefit obligation in the amount of $1,100 for the SERP Plan.

Amounts recognized in unrestricted net assets related to the SERP at September 30, consist of:

	2015	2014
Prior service cost	$ -	$ -
Net actuarial loss	(6,681)	(7,707)

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid from the SERP:

	Benefit Payments
2016	$ 820
2017	816
2018	812
2019	807
2020	1,187
2021–2025	7,935
	$ 12,377

As of September 30, 2015 and 2014, the accrued pension liability is included in benefit plan liabilities.

Assumptions used in determining the actuarial present value of net periodic benefit cost were as follows:

	2015	2014
Weighted average discount rate	4.25 %	4.90 %
Rate of increase in future compensation levels	4.00	4.00

Assumptions used in determining the actuarial present value of projected benefit obligation were as follows:

	2015	2014
Weighted average discount rate	4.42 %	4.25 %
Rate of increase in future compensation levels	4.00	4.00

Defined Contribution Plan—The Health System sponsors two defined contribution plans (the "contribution plans") that cover substantially all of its employees. The Health System's contributions to these contribution plans are at the discretion of the Health System's Board of Directors. Amounts contributed are allocated to participants based on individual compensation amounts, years of service, and the participant's level of participation in tax deferred annuity programs. During 2015 and 2014, contributions to these plans were $28,695 and $19,387, respectively.

11. FAIR VALUE OF FINANCIAL INSTRUMENTS

The following disclosure of the estimated fair value of financial instruments is made in accordance with the requirements of ASC 825, Financial Instruments. The Health System accounts for certain assets and liabilities at fair value or on a basis that is approximate to fair value. The estimated fair value amounts have been determined by the Health System using available market information and appropriate valuation methodologies. However, considerable judgment is necessarily required in interpreting market data to develop the estimates of fair value. Accordingly, the estimates presented herein are not necessarily indicative of the amounts that the Health System could realize in a current market exchange.

Level 1 inputs are unadjusted quoted prices for identical assets or liabilities in active markets that the Health System has the ability to access. The level 2 inputs of the Health System include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified or contractual term, the Level 2 input must be observable for substantially the full term of the asset or liability. Level 3 inputs are unobservable inputs for the asset or liability. The determination to measure the asset or liability as a level 3 depends on the significance of the input to the fair value measurement.

The asset or liabilities fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There were no transfers of assets between any levels during the fiscal year.

Following is a description of the valuation methodologies used for the Health System's assets or liabilities measured at fair value.

Cash, Receivables, Accounts Payable, Accrued Liabilities, and Estimated Payable to Medicare and Medicaid Programs—The carrying amounts reported in the balance sheet for cash, receivables, accounts payable, accrued liabilities, and estimated payable to Medicare and Medicaid programs are a reasonable estimate of their fair value.

Assets Whose Use is Limited—These assets consist primarily of cash and cash equivalents, mutual funds, debt and equity securities, and pledges receivable. For cash and cash equivalents, pledges receivable and interest receivable, the carrying amount reported in the balance sheet approximates fair value.

For mutual funds the fair value is based on the value of the daily closing price as reported by the fund. Mutual funds held by the System are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the System are deemed to be actively traded.

For equities (common stock), the fair value is based on the value of the closing price reported on the active market on which the individual securities are traded.

For government obligations, the fair value is measured using pricing models maximizing the use of observable inputs for similar securities.

The following tables set forth by level within the fair value hierarchy a summary of the Health System's investments measured at fair value on a recurring basis as of September 30:

	Fair Value Measurements as of September 30, 2015, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments:				
Cash and cash equivalents	$ 15,105	$ -	$ -	$ 15,105
Certificates of deposit and commercial paper	-	45,127	-	45,127
Mutual funds	70,667	14,805	-	85,472
Government and agency securities	76,178	97,761	-	173,939
Corporate bonds, notes, mortgages and asset-backed securities	-	279,069	-	279,069
Total	$ 161,950	$ 436,762	$	$ 598,712

	Fair Value Measurements as of September 30, 2014, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Investments:				
Cash and cash equivalents	$ 145,290	$ -	$ -	$ 145,290
Certificates of deposit and commercial paper	-	31,601	-	31,601
Mutual funds	36,460	-	-	36,460
Government and agency securities	62,583	83,850	-	146,433
Corporate bonds, notes, mortgages and asset-backed securities	-	177,198	-	177,198
Foreign government bonds	-	187	-	187
Total	$ 244,333	$ 292,836	$ -	$ 537,169

Fair Value of Pension Plan Assets—In addition to the types of assets listed above as held by the System, the pension plans also hold assets within limited partnerships, limited liability companies, and common collective trusts.

Limited partnerships and limited liability companies are valued at fair value based on the audited financial statements of the partnerships and the percentage ownership in the partnership. This method is an accepted practical expedient that is considered equivalent to NAV. The assets held were further considered for level of inputs used. When quoted prices are not available for identical or similar assets, real estate assets are valued under a discounted cash flow or lender survey approach that maximizes observable inputs, but includes adjustments for certain risks that may not be observable, such as such as cap & discount rates, maturities and loan to value ratios.

Common collective trusts are valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, based on the hierarchy requirements for fair value guidance outlined previously, a summary of the assets of the Health System's Plans measured at fair value on a recurring basis as of September 30:

	Fair Value Measurements as of September 30, 2015, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pension assets:				
Cash and cash equivalents	$ 2,108	$ -	$ -	$ 2,108
Domestic mutual funds	80,082	-	-	80,082
International mutual funds	25,316	-	-	25,316
Government & agency securities	-	17,737	-	17,737
Common collective trusts	5,808	8,774	-	14,582
Limited partnerships & liability companies	-	4,858	6,989	11,847
Total	$113,314	$31,369	$6,989	$151,672

	Fair Value Measurements as of September 30, 2014, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Pension assets:				
Cash and cash equivalents	$ 1,077	$ -	$ -	$ 1,077
Domestic mutual funds	85,868	-	-	85,868
International mutual funds	24,065	-	-	24,065
Government & agency securities	-	18,060	-	18,060
Common collective trusts	6,160	9,945	-	16,105
Limited partnerships & liability companies	-	4,846	6,237	11,083
Total	$ 117,170	$ 32,851	$ 6,237	$ 156,258

The Health System's use of Level 3 unobservable inputs account for 4.61% and 3.99%, respectively, of the total fair value of Pension Assets as of September 30, 2015 and 2014. The following table summarizes the changes in Level 3 assets measured at fair value as of September 30:

Beginning Balance September 30, 2013	$ 5,689
Sales	(32)
Realized gain on sales	2
Allocation of capital loss	(13)
Miscellaneous fees	(61)
Interest received	276
Change in unrealized gains	376
Ending Balance September 30, 2014	6,237
Allocation of capital gain	99
Miscellaneous fees	(70)
Interest received	294
Change in unrealized gains	429
Ending Balance September 30, 2015	$ 6,989

The unrealized gains and losses on investment accounts at September 30, 2015 were determined to be temporary in nature as the change in market value for these assets was the result of fluctuating interest rates and market activity rather than the deterioration of the credit worthiness of the issuers. In the event that the Health System disposes of these securities before maturity, it is expected that the realized gains or losses, if any, will be immaterial both quantitatively and qualitatively to the statement of operations and financial position as of the Health System's fiscal year end.

The following tables show our investments' fair values and gross unrealized losses for individual securities that have been in a continuous loss position for 12 months or more as of September 30, 2015 and those that have been in a loss position for 12 months or more as of September 30, 2015. These investments are interest-yielding debt securities of varying maturities. We have determined that the unrealized loss position for these securities is primarily due to market volatility. Generally, in a rising interest rate environment, the estimated fair value of fixed income securities would be expected to decrease; conversely, in a decreasing interest rate environment, the estimated fair value of fixed income securities would be expected to increase. These securities may also be negatively impacted by illiquidity in the market.

	In a Continuous Loss Position for Less than 12 Months		
	Estimated Fair Value	Unrealized Losses	Total Number of Positions
Corporate bonds, notes, mortgages and asset-backed securities	$119,522	$ (909)	274
Mutual funds	65,757	(6,468)	42
Government & agency securities	60,887	(713)	45
Total	$246,166	$ (8,090)	361

	In a Continuous Loss Position for more than 12 Months		
	Estimated Fair Value	Unrealized Losses	Total Number of Positions
Corporate bonds, notes, mortgages and asset-backed securities	$45,226	$ (1,007)	74
Mutual funds	19,033	(2,565)	24
Government & agency securities	20,875	(346)	35
Total	$85,134	$ (3,918)	133

Fair Value of Debt—The interest rate on the Health System's Variable Rate Demand Revenue Bonds is reset daily to reflect current market rates. Consequently, the carrying value approximates fair value. The carrying amount reported in the balance sheet for capital leased assets approximates its fair value.

The estimated fair value of the Fixed Rate Revenue Bonds as of September 30, 2015 and 2014 was $585,664 and $595,780, respectively, and are based on Level 2 inputs within the fair value hierarchy. The fair value was estimated by discounting the future cash flows using rates currently available for debt of similar terms and maturity.

The estimated fair value of the notes payable as of September 30, 2015 and 2014, was $41,468 and $40,393, respectively. The fair value is based on Level 2 inputs within the fair value hierarchy and was estimated by discounting the future cash flows using rates currently available for debt of similar terms and maturity.

The fair value estimates presented herein are based on pertinent information available to management as of September 30, 2015. Although management is not aware of any factors that would significantly affect the estimated fair value amounts, such amounts have not been comprehensively revalued for purposes of these financial statements since that date, and current estimates of fair value may differ significantly from the amounts presented herein.

12. COMMITMENTS AND CONTINGENCIES

The Health System leases office space under operating leases, some of which contain renewal options. Rental expense on the operating leases during 2015 and 2014 were $16,056 and $16,324, respectively. The Health System also leases out space in medical office buildings under non-cancelable operating leases. Rental income on these leases during 2015 and 2014 were $1,656 and $2,389, respectively.

As of September 30, 2015, future minimum rental income and payments on operating leases are as follows:

Years Ending September 30	Minimum Rental Revenue	Minimum Rental Payments
2016	$ 1,208	$ 11,057
2017	933	9,792
2018	879	5,974
2019	711	4,252
2020	705	3,245
Thereafter	797	5,917
	$ 5,233	$ 40,237

As of September 30, 2015 and 2014, the Health System had commitments on construction contracts and equipment purchases totaling $15,013 and $4,674, respectively.

The Health System maintains professional liability coverage through a "claims made" insurance policy. The policy provides coverage for claims filed within the period of the policy term. The current policy period ends September 30, 2016, and includes provisions for purchase of tail coverage in the event a new carrier is selected. The Health System also maintains reserves based on actuarial estimates provided by an independent third party for the portion of its professional liability risks, including incurred but not reported claims, for which it does not have insurance coverage. Reserves for losses and related expenses are estimated using expected loss reporting patterns and are discounted to their present value using a discount rate of 3.0%. There can be no assurance that the ultimate liability will not exceed such estimates. Adjustments to the reserves are included in results of operations in the periods when such amounts are determined. As of September 30, 2015 and 2014, the Health System had professional liability recorded in accounts payable and accrued liabilities in the amounts of $10,361 and $8,205, respectively.

The Health System is routinely involved in litigation matters and regulatory investigations arising in the normal course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material effect on the Health System's future financial position, results of operations, or cash flows.

On November 12, 2012, private plaintiffs filed a complaint against the Health System in Idaho Federal District Court (the "Court") asserting that a planned business transaction between the Health System and an independent medical practice violated state and federal antitrust law. The suit sought money damages, attorney fees, and a preliminary and permanent injunction against the transaction. The court denied the request for a preliminary injunction, allowing the transaction to close in December of 2012, but set a trial on plaintiffs' request for an order unwinding the transaction. On March 26, 2013, the Federal Trade Commission and the State of Idaho filed a complaint for a permanent injunction requiring the Health System to unwind the transaction and for attorney fees incurred by the Office of the Idaho Attorney General.

On February 28, 2014, the Court entered a judgment permanently enjoining the transaction and ordering the Health System to unwind the transaction.

On December 10, 2015, the Court entered an order setting out the process to divest the medical practice from the Health System and appointing a monitor and a trustee to oversee the process. The private plaintiffs and the State of Idaho have sought recovery of their attorney fees, and the parties have briefed the issue of the amount of fees to which these plaintiffs may be entitled to and are awaiting a decision regarding the specific dollar amount that will be owed. The Health System has recorded an amount in the financial statements for its estimated exposure to the fees owed—an amount that is not material to the financial statements as a whole.

The Health System has antitrust insurance with coverage for defense costs, costs on appeal, and an award of attorney fees. After receipt of a letter from its insurer invoking an exclusionary clause to deny coverage in the antitrust litigation, the Health System filed a lawsuit on November 4, 2014 in the Court alleging breach of the insurance contract and requesting a declaratory judgment that the insurance policy covers the antitrust litigation. The insurer asserted counterclaims for recoupment of defense costs already reimbursed in the antitrust litigation. On September 4, 2015, the court decided in the Health System's favor and that decision is currently on appeal with the Ninth Circuit Court of Appeals.

13. FUNCTIONAL EXPENSES

The Health System provides medical and healthcare services to residents within its geographic location. Expenses related to providing these services for the years ended September 30 are allocated as follows:

	2015	2014
Professional, nursing, and other patient care services	$1,451,510	$1,289,562
Fiscal and administrative support services	317,316	287,106
	$1,768,826	$1,576,668

14. GOODWILL AND OTHER INTANGIBLES

The Health System considered various events and circumstances when it evaluated whether it's reporting unit fair values were less than their carrying value. Based on the Health System's assessment of relevant events and circumstances, the Health System has concluded that there was no impairment of goodwill for the fiscal years ended September 30, 2015 and 2014.

Other intangible assets of the Health System include covenants not to compete related to the acquisition of medical practices and are amortized over their useful lives, which typically range from five to seven years. Other intangible assets as of September 30 consist of:

	2015	2014
Covenants not to compete	$ 46,849	$ 46,530
Less accumulated amortization	(41,688)	(34,811)
Total other intangible assets	$ 5,161	$ 11,719

The Health System recorded amortization expense of $6,877 and $7,812 for the years ending September 30, 2015 and 2014, respectively. Expected future amortization expense related to intangible assets as of September 30 is as follows:

Years Ending September 30	Amount
2016	$3,157
2017	1,633
2018	370
2019	1
	$5,161

* * * * *

St. Luke's Boise/Meridian

Community Health Needs Assessment

Implementation Plan

For Fiscal Year 2016

Table of Contents

Introduction

The St. Luke's Boise/Meridian* Fiscal Year 2016 Community Health Needs Assessment (CHNA) Implementation Plan describes the programs and resources St. Luke's and other community groups plan to employ to address the most important health needs identified in our 2013 Community Health Needs Assessment. Our Implementation Plan is divided into two main sections. The first section contains a list of the health needs identified in our CHNA. In addition, it provides the prioritization score for each health need, explains how the community could serve the need, and describes St. Luke's involvement in addressing the need. The second section of our implementation plan defines the programs and services St. Luke's plans to implement to address specific needs. For each program, there is a description of its objective, tactics, expected impact, and partnerships.

Stakeholder involvement in determining and addressing community health needs is vital to our process. We thank, and will continue to collaborate with, all the dedicated individuals and organizations working with us to make our community a healthier place to live.

**St. Luke's Boise/Meridian Medical Centers are licensed as St. Luke's Regional Medical Center.*

Executive Summary

The health needs ranked above the median in our 2013 CHNA were defined as being our community's "significant" health needs. We categorized these significant health needs into the following five groups:

Group 1: Weight Management, Nutrition, and Fitness
Group 2: Diabetes Prevention and Management
Group 3: Mental Health
Group 4: Barriers to Access
Group 5: Additional Health Screening and Education Programs Ranked Above the Median

The programs addressing each of these five groups of needs have been summarized below.

Group 1: Weight Management, Nutrition, and Fitness Program Summary

i. Wellness and Prevention Programs

Target Population and Program Names

a. Adult programs: FitOne; Nutrition Chef Cooking
b. Youth programs: CHOICE (Childhood Obesity Initiative Council Education); Breastfeeding Program to Lower Childhood Obesity; Investments in Teen Exercise; HHHU (Healthy Habits, Healthy U)
c. Employee programs: Healthy U

High-level goals:

a. Adult goal: Improve community weight management, nutritional health, and exercise habits by having 10,000 people participate in fitness and nutrition programs (runs, walks, and other exercise events). Health benefits are expected to be achieved through pre-event fitness education and participant's preparation for the event. Participants will be able to measure their progress using various health screening metrics.
b. Youth goal: Have 2,000 mothers attend our breastfeeding support group in FY 14 and 5,500 in FY 15. Further, our goal is to have the mothers participating in the program exceed the breast feeding average in the Health and Welfare PRATS database by at least 10%. Have 5 schools in Boise School District participate in HHHU program in FY 14 and 12 schools participate in FY 15.
c. Employee and spouse goal: 15 % employees and spouses in Healthy U with a BMI > 30 will have a 5% reduction in weight over 12 months starting in April 2016 and going through March 2017. After assessing our results, we will update this goal for the subsequent twelve months. Healthy U is a population health program with over 8,000 participants.

ii. Weight Management and Maintenance Programs

Target Population and Program Names

a. Adult programs: Ideal Protein Weight Loss Center; Nutrition Videos Obesity Logs; $10,000 Treasure Valley Weight Loss Challenge
b. Youth programs: YEAH! (Youth Engaged in Activities for Health)
c. Employee programs: Active U, Healthy U; Health Coaching for Employees

High level goals:

a. Adult goal: Our goal is to have 1,500 participants in the $10,000 Weight Loss Challenge, 30% complete the program and 15% lose a minimum of 5% of their total body weight.
b. Youth goal: More than 150 children and their families participate in the YEAH! clinical and community programs and summer camp; show statistically significant improvements in BMI Z Scores for both male and female participants, Pediatric Quality of Life Indicator for both children and parents, and abdominal circumference for both male and female participants; have at least 95% of participants consent to be part of the POWER (Pediatric Obesity Weight Evaluation Registry) pilot led by Cincinnati Children's; develop a support system for participants following program completion; and develop and implement a 2016 Summer Healthy Living Camp.
c. Employee and spouse goal: Continued reduction in tobacco use, and decreases in pre-hypertension and hypertension, and pre-diabetes as evidenced by healthier fasting glucose levels and diabetes as evidenced by an A1c <8. Fifteen percent (15%) of employees and spouses in Healthy U with a BMI >30 will have a 5% reduction in weight over 12 months.

iii. Clinician-Directed Weight Loss Programs

Target Population and Program Names

a. Adult Programs: Bariatric Surgery Program with Support Groups and Cooking Classes; St. Luke's Heart Health Rehabilitation; Ideal Protein Weight Loss Center; Metabolic Syndrome Program
b. Youth programs: YEAH!

High level goals

a. Adult surgical: Complete approximately 700 procedures in FY 16 and meet or exceed the improvement shown in these metrics compared to the national average data base by bringing the very best weight loss surgery and obesity treatment to our region.
a. Adult and youth non-surgical: 70% of the participants who complete the Heart Health Rehabilitation and YEAH! (Youth Engaged in Activities for Health programs will reduce their weight by 5% (or 2 BMI units for youth) after 6 to 12 months.

iv. Community Awareness/Delivery Channel Programs

Target Population and Program Names

a. Adult programs: FitOne
b. Youth programs: FitOne

High level goal

Adult and youth: Surpass 12,000 participants in the 5K/10K/half-marathon run/walk events in 2016.

Group 2: Diabetes Program Summary

Target Population and Program Names

a. Adult programs: Behavioral Health Services (at Humphreys Diabetes Center); Diabetes Education and Management (DEaM); Diabetes Education Services; Diabetes Prevention Classes; Diabetes Specialty Clinic; Gestational Diabetes Education Program Metabolic Syndrome; Nutrition for Diabetes Prevention
b. Youth programs: Don Scott Diabetes Camp; Pediatric Diabetes Mellitus Awareness and Promotion Programs
c. Employee programs: SLHS Healthy U

High-level goals

a. Adult diabetes: *Diabetes Prevention* – Of patients who complete a Diabetes Prevention Program through Humphreys Diabetes Center, 75% will rate their confidence a 4 or 5 on the confidence scale. *Diabetes Management* – Decrease hemoglobin A1c by 1% in patients who 1) have a starting hemoglobin A1c of 8% or above and 2) complete an education program through Humphreys Diabetes Center. *Behavioral Health* – 90% or more of patients will report moderate to significant improvement in two or more of these areas: medical plan, healthy eating, physical activity, mood, and stress.

a. Youth/pediatric diabetes: Observe continued decrease in the prevalence of DKA for pediatric patients with new onset type 1 diabetes mellitus and define the 2015-2016 goal for prevalence of DKA at diagnosis with new onset type 1 diabetes mellitus as less than 50%.

Group 3: Mental Health Program Summary

Target Population and Program Names

a. Adult programs: Psychiatric Wellness Services; Social Work
b. Youth programs: St. Luke's Children's Center for Neurobehavioral Medicine
c. Employee programs: Conquering Stress

High-level goals

- Adult access: Develop "open access or walk in clinic hours" 1 hour per therapist, 5 days a week; improve adult access to master's level therapist within 14 days and within 4 weeks to see a psychiatrist.

a. Pediatric
    - Pediatric access: In FY 16, maintain improvement in access achieved in FY15

- Pediatric capacity: In FY 16, increase number of children co-managed (based on actual consultation) by a psychiatrist and primary care physician from 230 to 300 patients in the first year.

Group 4: Barriers to Access Program Summary

Program Names

a. Programs addressing integrated, coordinated care are:
Care Transition Program; Case Management Program; Emergency Department Pharmacy Technician Program; Epic; Follow-up Appointments Program; Inter-facility RN-to-RN Report; Population Health Management Initiative
b. Programs addressing Affordable Care; More Providers Accept Public Insurance; Affordable Health Insurance; Affordable Dental Care; Primary Care Availability; and Family Services needs are as follows: Financial Care Program; Medical Students Support Services; Financial Support for Affordable Care, FMRI, and the University of Washington
c. Programs addressing Transportation To and From Appointments: Transportation Patient Assistance Fund

High-level goals

a. Integrated, coordinated care goals:
   - The Follow-up Appointments pilot program will be expanded to roll out to all adult inpatient units in Boise and Meridian, followed by all pediatric inpatient units in Boise and Meridian. A report will be provided when transferring patient to a rehab or skilled nursing facility.
b. Affordable care; more providers accept public insurance; affordable health insurance; primary care availability; and family services goals:
   - To address these needs, St. Luke's will continue to provide care to all patients with emergent conditions regardless of their ability to pay. Measure: St. Luke's Financial Care programs will contribute an estimated $150 million in unreimbursed patient care in FY 15 allowing thousands patients with low incomes or those using Medicaid and Medicare to have improved access to health care.
   - St. Luke's plans to donate approximately $1.4 million to Family Medicine Residency of Idaho and approximately $734,000 to the University of Washington (including the UW/ID Advanced Clinician program) in support of the education of primary care physicians and psychiatrists for the state of Idaho.
c. Transportation to appointments goal:
   - We will improve patient access to health care by decreasing transportation barriers to access. Our measure for this program is to assist low income patients to make 1,600 trips to and from medical appointments in FY 16 – 700 with gasoline assistance and 900 with taxi vouchers.

Group 5: Additional Health Screening/Education/Prevention Needs Ranked Above Median Program Summary

Program Names

a. Asthma programs: St. Luke's Asthma Day Camp
b. Substance abuse programs: Prescription Drugs: Let's Talk About It
c. Skin cancer programs: Skin Cancer Prevention Programs
d. Cholesterol programs: Heart Health Rehabilitation Programs; Cardiac Weight Loss Program; Risk Factor Screening Programs

High level goals

a. Asthma: Have 35 families participate in our Asthma programs in FY15.
b. Substance abuse: By partnering with Drug Free Idaho and activating a $300,000 grant received in July 2015 from the Office of Drug Policy, realize a decrease in the number of teens who answer yes to the BRFSS survey question on taking prescription drugs inappropriately (baseline 20.1%) based on the survey taken after FY 14.
c. Skin cancer: Have 3,000 students and adults complete our educational programs with 500 taking part in the skin screenings.
d. Cholesterol: Have 400 patients participate in our Heart Health Rehabilitation Nutrition and Fitness Programs. Our goal is to lower their LDL cholesterol levels and be in the top 25% for programs like this as measured by the American Association of Cardiovascular and Pulmonary Rehabilitation.

Methodology

We designed the St. Luke's Boise/Meridian 2013 CHNA to help us better understand the most significant health challenges facing the individuals and families in our service area. To accomplish this goal, we collaborated with representatives from our community to help us identify and prioritize our most important health needs. Each identified health need was included in one of these four categories: 1) health behavior needs; 2) clinical care needs; 3) social and economic needs; and 4) physical environment needs.

Our health needs were then ranked using a numerical prioritization system. Points were allocated to each need based on scores provided by our community leaders as well as scores for related health factors. The more points the health need and factor received, the higher the priority and the higher the potential to positively impact community health. Health needs and factors scoring above the median were highlighted in light orange in the tables below. Health needs and factors with scores in the top 20th percentile were highlighted in dark orange and are considered to be high priorities.

Next, to complete our CHNA Implementation Plan, we consulted and collaborated with community representatives to address the most significant health needs. To determine the health needs St. Luke's will address directly, we utilized the following decision criteria:

1. Health needs ranked in the top 20th percentile in our CHNA were considered first. Other health needs that scored above the median were also given priority. In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs that were ranked below the median were not the focus of this implementation plan.

2. Next we examined whether it would be most effective for St. Luke's to address each high priority health need directly or whether another community organization was better positioned to address the need. To make this determination, we focused on whether the health need was in alignment with St. Luke's mission and strengths. Where a high priority need was substantially in alignment with both our mission and strengths, St. Luke's provided at least one program to address that need. Where a high priority need was not in alignment with our mission and strengths, St. Luke's tried to identify or partner with a community group or organization better able to serve the high priority need.

3. A single health improvement program can often support the success of multiple related health needs. For example, fitness and nutrition programs also support and strengthen weight management programs. Therefore, to better understand the total impact our programs are having on a health need, we arranged programs that reinforce one another into groups as defined later in this implementation plan.

List of Health Needs and Recommended Actions

Health Behavior Category

Our community's high priority needs in the health behavior category are wellness and prevention programs for diabetes, obesity, and mental illness. Diabetes and obesity rank as high priority needs because both are trending higher and are contributing factors to a number of other health concerns. Mental illness ranks high, because Idaho has one of the highest percentages (22.5%) of any mental illness (AMI) in the nation.

Table Color Key
Dark Orange = High priority (total score in the top 20th percentile)
Light Orange = Total score above the median
White = Total score below the median

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Weight management	Obese/Over-weight Adults	20	Mission: High Strength: Medium	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program; CDC online weight management information; Idaho Medicaid has a Preventive Health Assistance Benefit weight management program. There are	St. Luke's will directly support adult weight management programs because this need is aligned with our mission and strengths and although there are other programs available in our community the need is still ranked in our CHNA's top 20th percentile. The programs St. Luke's directly provides are described in the following section of this Implementation Plan.

				also a number of fee based weight management programs available in our community.	
	Obese/Over-weight Teens	19	Mission: High Strength: Medium	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program, the CDC online weight management information, and Idaho Medicaid has a Preventive Health Assistance Benefit weight management program.	St. Luke's will directly support a teen weight management program because this need is aligned with our mission and strengths, there are not many teen weight management programs available in our community, and the need is ranked in our CHNA's top 20th percentile. The programs St. Luke's directly provides are described in the following section of this Implementation Plan.
Wellness/ prevention	Diabetes	19.9	Mission: High Strength: High	Saint Alphonsus Hospital	St. Luke's will directly support diabetes prevention and wellness programs because this need is highly aligned with our mission and strengths and the need is ranked in our CHNA's top 20th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Mental illness	19.9	Mission: High Strength: Low	There are a large number of independent behavioral health providers able to treat mild to	St. Luke's will directly support mental health wellness programs because this need is aligned with our mission and is ranked in our CHNA's top 20th percentile. However, due to resource constraints and because this need is not currently a great strength of St. Luke's, we

				moderate outpatient behavioral health issues. There are also several organizations that provide inpatient psychiatric services.	will depend on our community to continue to address this need as well. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Nutrition education	Adult nutrition	15.3	Mission: Medium Strength: Medium	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program. There is also a large amount of free online information and resources available from credible sources such as the CDC, the American Academy of Nutrition and Dietetics, and the Mayo Clinic.	St. Luke's will directly support adult nutrition through our weight management programs because this need is aligned with our mission and, although there are other nutrition available in our community, the need is still ranked above the median. However, due to resource constraints and because this need is not a great strength of St. Luke's, we will continue to depend on our community to address this need as well. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Teen nutrition	17.3	Mission: Medium Strength: Medium	Department of Health and Welfare Idaho Physical Activity and Nutrition (IPAN) Program. There is also a large	St. Luke's will directly support teen nutrition through our weight management programs because this need is aligned with our mission and, although there are other nutrition programs available in our community, the need is still ranked above the median. However, due to resource constraints and

				amount of free online information and resources available from credible sources such as the CDC, the American Academy of Nutrition and Dietetics, and the Mayo Clinic.	because this need is not a great strength of St. Luke's, we will continue to depend on our community to address this need as well. St. Luke's MSTI does provide a youth-based educational program in the Boise School District that is focused on nutrition and physical activity. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Substance abuse services and programs	Illicit drug use	16.9	Mission: Medium Strength: Low	Drug Free Idaho, State Liquor Dispensary, Allumbaugh House, Drug Enforcement Administration	Drug use is not a top 20th percentile need and is a low strength of St. Luke's. Therefore, due to limited resources, we will partner with Allumbaugh House and rely on other organizations in our community to continue to address this need. The program St. Luke's directly supports is described in the following section of this Implementation Plan.
	Alcohol	15.9	Mission: Medium Strength: Low	Drug Free Idaho, State Liquor Dispensary, Allumbaugh House	Alcohol use is not a top 20th percentile need and is a low strength of St. Luke's. Therefore, due to limited resources, we will partner with Allumbaugh House and rely on other organizations in our community to continue to address this need. The program St. Luke's directly supports is described in the following section of this Implementation Plan.
Wellness/ prevention	Asthma	15.9	Mission: Medium Strength: Medium	Idaho Health and Welfare (Idaho Asthma Prevention and Control Program)	St. Luke's will provide a program to support asthma prevention and management because this need has a medium alignment with our mission, is ranked above the median, and there are no longer many community based asthma management programs available for

					those with lower incomes. However, due to resource constraints, the number of St. Luke's programs will be limited. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	High cholesterol	16.9	Mission: Medium Strength: Medium	Central District Health provides a walk-in wellness screening with comprehensive lab work including lipid panel as well as providing education on risk factor modification and reduction of blood lipids. Saint Alphonsus also has a program.	St. Luke's will directly support high cholesterol prevention programs because this need has a medium alignment with our mission and strengths and the need is ranked above the median. However, there are a number of high cholesterol awareness and prevention programs available in our community. Therefore, due to resource constraints, this will not be a focus of our efforts in FY 14. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Skin cancer	15.9	Mission: High Strength: High	Some dermatologists conduct presentations and skin screening. Saint Alphonsus does skin cancer screening.	St. Luke's will directly support skin cancer prevention education programs and skin screenings because this need is aligned with our mission and strengths, there are not many other community-based programs available, and skin cancer is ranked above the median. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Suicide	16.9	Mission: Medium Strength: Low	Suicide prevention hotline; independent behavioral health	St. Luke's will provide programs that support suicide prevention, outreach, and intervention because this need has a medium alignment with our mission. However, because this is not

				providers provide suicide counseling; State of Idaho provides evaluation and suicide intervention services.	a top 20th percentile need, is a low strength of St. Luke's, and due to resource constraints, we will also rely on community based resources to continue to help meet this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Exercise programs/ education	Adult physical activity	12.6	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
	Teen exercise	14.6			
Safe-sex education programs	Sexually transmitted infections	14.9			
	Teen birth rate	12.9			
Substance abuse services and programs	Vehicle crash death rate	13.9			
Tobacco cessation programs	Smoking	12.4			
Wellness and prevention (scores below the median)	Accidents	12.9			
	AIDS	13.9			
	Alzheimer's	13.9			
	Arthritis	11.9			

	Breast cancer	13.9	
Wellness and prevention (scores below the median)	Cerebro-vascular diseases	11.9	
	Colorectal cancer	12.9	
	Flu/pneumonia	10.9	
	Heart disease	11.9	
	High blood pressure	14.9	
	Leukemia	10.9	
	Lung cancer	12.9	
	Leukemia	10.9	
	Nephritis	14.9	
	Non-Hodgkin's lymphoma	7.9	
	Pancreatic cancer	9.9	
	Prostate cancer	10.9	
	Respiratory disease	13.9	

Clinical Care Category

High priority clinical care needs include: Affordable health insurance; affordable care for low income individuals; increased availability of behavioral health services; and chronic disease management for diabetes. Affordable care ranks as a high priority need due to its high community leader score and because an increasing number of people in our community are living in poverty (especially children). Affordable health insurance ranks as a top priority need in part because our service area has a high percentage of people who are uninsured and the trend is getting worse. Availability of behavioral health services ranked as a top priority due to our health leader scores and because Idaho has a shortage of behavioral health professionals. Diabetes chronic disease management ranks high because the number of people with diabetes is trending higher, and it is a contributing factor to a number of other health concerns.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Affordable Health Insurance	Uninsured adults	18.7	Mission: High Strength: Medium	The Affordable Care Act, Medicaid, Medicare, Idaho State Department of Health and Welfare	St. Luke's will directly support programs designed to help provide affordable health insurance because this need is aligned with our mission and although there are other programs available in our community the need is still ranked in our CHNA's top 20th percentile. Affordable health insurance is a national priority that St. Luke's cannot address on its own. St. Luke's will continue to rely on community and national programs and resources to help us address this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Affordable care	Children in poverty	18.6	Mission: High Strength: High	The Affordable Care Act; Medicaid; Idaho State	St. Luke's will directly support programs designed to provide affordable care especially to those with low incomes because this need is

				Department of Health and Welfare; Idaho Districts 3 and 4 Health Departments; many not-for-profit health care organizations	aligned with our mission and strengths and although there are other programs available in our community the need is still ranked in our CHNA's top 20th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan. Affordable care is a national priority that St. Luke's cannot address on its own. St. Luke's will continue to rely on community and national programs and resources to help us address this need.
Availability of behavioral health services	Mental health service providers	18.8	Mission: High Strength: Low	There are a large number of independent behavioral health providers able to treat mild to moderate outpatient behavioral health issues. There is a shortage of psychiatrists in our community.	St. Luke's will directly support increasing psychiatric services, programs, and the number of psychiatrists in our community because this need is aligned with our mission and although there are other programs available in our community the need is still ranked in our CHNA's top 20th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Chronic disease management	Diabetes	19.8	Mission: High Strength: High	Mountain States Friends In Action Group runs a program called "Living well in Idaho" that supports persons with all chronic	St. Luke's will directly support diabetes chronic disease management programs because this need is highly aligned with our mission and strengths and the need is ranked in our CHNA's top 20th percentile. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.

				diseases that St. Luke's supports with meeting space; Saint Alphonsus Hospital	
Affordable dental care	Dental visits, preventive	15.7	Mission: Low Strength: Low	Boise Schools Dental Clinic; Canyon County Community Clinic; Garden City Community Clinic; Miles of Smiles Children's Free Dental Clinic; Terry Reilly Dental Clinic Boise; Terry Reilly Dental Clinic Canyon; Give Kids a Smile Program; Idaho State University Dental Care Program	St. Luke's will not directly provide an affordable dental care program because this need is not aligned with our mission or strengths. However, this need is ranked above the median and St. Luke's will allocate funds to donate to organizations in our community that have quality programs to address dental health needs already. A program description has been completed in the next section of our implementation plan describing the availability of funds for organizations providing care for low income individuals (including dental care).
Availability of primary care providers	Primary care providers	15.4	Mission: High Strength: High	Family Medicine Residency of Idaho; WWAMI Program; Saint Alphonsus Hospital	St. Luke's will provide or support programs that maintain an appropriate level of primary care providers in our community because this need is highly aligned with our mission and strengths and this need is ranked above the median. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Chronic disease management	Asthma	15.8	Mission: Medium Strength: Medium	Idaho Health and Welfare (Idaho	St. Luke's will provide a program that supports asthma management because this need has a

				Asthma Prevention and Control Program)	medium alignment with our mission, is ranked above the median, and there are no longer many community based asthma management programs available for those with lower incomes. However, due to resource constraints, the number of St. Luke's programs will be limited. The program St. Luke's directly supports is described in the following section of this Implementation Plan.
Integrated, coordinated care (less fragmented)	Preventable hospital stays	15.3	Mission: High Strength: High	Most health care related organizations are interested in participating in programs enhancing integrated, coordinated care.	St. Luke's will provide programs that increase the level of integrated, coordinated care in our community because this need is highly aligned with our mission and strengths and this need is ranked above the median. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
More providers accept public health insurance	Children in poverty	17.4	Mission: High Strength: High	Many health care providers in our community accept public health insurance.	St. Luke's accepts public and commercial health insurance including Medicare and Medicaid because this need is highly aligned with our mission and strengths and this need is ranked above the median. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Screening programs	Cholesterol	15.2	Mission: Medium Strength: High	Central District Health provides a walk-in wellness screening with comprehensive lab work including lipid panel as well as	St. Luke's will directly support a cholesterol screening program because this need has a medium alignment with our mission and is a strength of St. Luke's and the need is ranked above the median. However, there are a number of cholesterol screening programs available in our community. Therefore, due to

				providing education on risk factor modification and reduction of blood lipids. Saint Alphonsus also has a program.	resource constraints, this will not be a focus of our efforts in FY 16. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Chronic disease management	Arthritis	12.8	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
	High blood pressure	14.8			
Immunization programs	Children immunized	12.9			
	Flu/pneumonia	7.9			
Improved health care quality	Preventable hospital stays	11.7			
Prenatal care programs	Low birth weight	10.8			
	Prenatal care 1st trimester	12.8			
Screening programs	Colorectal screening	12.2			
	Diabetic screening	14.2			
	Mammography screening	14.2			

Social and Economic Category Summary

Children and family services for low-income populations is the only social and economic health need scoring above the median. The increasing number of children living in poverty in our service area drives this need.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Children and family services	Children in poverty	17.4	Mission: Low Strengths: Low	There are a number of organizations in our community that provide help to low-income children and families in need.	St. Luke's will not develop its own children and family support services because this need has a low alignment with our mission and strengths; however, we will provide financial support to organizations in our community serving this need because the need is ranked above the median. The program for financial support of family services is described in the following section of this Implementation Plan.
Children and family services	Inadequate social support	14.4	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
Disabled services		13.1			
Education support and assistance programs	Education	14.5			
Homeless services	Unemployment rate	12.8			
Job training services	Unemployment rate	14.1			
Senior services	Inadequate	12.9			

	social support		
Veterans' services	Inadequate social support	12.6	
Violence and abuse services	Safety - homicide rate	11.6	

Physical Environment Category Summary

In the physical environment category, transportation to and from appointments ranked above the CHNA median health need score. This need was identified during our affected population focus groups and was reinforced during our community leader interview process. Low income, senior, and rural populations are most affected by the need for transportation to and from appointments.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Transportation to and from appointments		17.6	Mission: Medium Strength: Low	There are a variety of public transportation companies in our community providing taxi, van and bus transportation.	St. Luke's will directly support a program to help low income individuals afford transportation to and from appointments because this need has a medium alignment with our mission and the need is ranked above the median. However, public transportation is not a strength of St. Luke's, and we will rely on organizations with missions to provide low-cost, public transportation to help us meet this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Availability of recreation and exercise facilities	Recreational facilities	11.2	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
Availability or access to healthy foods	Limited access to healthy foods	15			
Healthier air quality, water quality, etc.	Air pollution	12.9			

St. Luke's CHNA Implementation Programs

This section of our implementation plan provides a list and description of the health improvement programs St. Luke's is executing to address the community health needs ranked above the median. Sometimes a single health improvement program supports the success of multiple related health needs. For example, fitness and nutrition programs also support and strengthen weight management programs. Therefore, to better understand the total impact our programs are having on a health need, we arranged programs that reinforce one another into the groups defined below.

High-Priority Program Groups

Program Group 1: Weight Management, Nutrition, and Fitness

- Adult and teen weight management
- Adult and teen nutrition
- Adult and teen exercise

Program Group 2: Diabetes

- Wellness and prevention for diabetes
- Chronic condition management for diabetes
- Diabetes screening

Program Group 3: Mental Health

- Mental illness wellness and management
- Suicide prevention
- Availability of mental health service providers

Program Group 4: Barriers to Access

- Affordable care
- Affordable health insurance; More providers accept public health insurance
- Affordable dental care
- Children and family services (low income)
- Transportation to and from appointments
- Primary care providers (availability)
- Integrated, coordinated care
- Affordable dental care

Program Group 5: Additional Health Screening and Education Programs Ranked Above the Median

- Excessive drinking; and Illicit drug use prevention and wellness programs
- Skin cancer prevention
- High cholesterol screening and wellness
- Asthma chronic care and wellness

The following pages describe the programs contained in our five high priority program groups. Each program description includes information on its target population, tactics, approved resources, and goals.

Program Group 1: Weight Management, Nutrition, and Fitness Programs

Adult and teen weight management programs were ranked as high priority health needs. According to the CDC, the key to achieving and maintaining a healthy weight is a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses.[1] Therefore, we grouped the weight management programs together with the programs for adult and teen nutrition. Nutrition programs are also ranked above the median and are key components to weight management. In addition, some of our weight management programs include physical activity components. In fact, physical activity is such an integral component of weight management we included fitness programs in this program group even though exercise was not ranked above the median. There is great diversity in patient needs when it comes to weight management and nutrition. No single program can address the entire range of patient medical needs, schedules, or preferences. Therefore, St. Luke's has chosen to offer a number of weight loss, nutrition, and fitness programs designed to meet a wide variety of patient circumstances.

[1] http://www.cdc.gov/healthyweight/index.html

1. Program Name: Bariatric Support Group with Cooking Classes

Community Needs Addressed:
Adult weight management

Target Population:
The classes target individuals who have had or are preparing for weight loss surgery.

Description and Tactics (How):
Classes are free and provide specific guidelines for individuals who have had or are preparing for weight loss surgery. Classes include cooking demonstration of food recipes and sampling of final products. Class discussion about a relevant topic and other weight loss surgery concerns are addressed in an open and informal question/answer format. Classes also include guidelines for healthy grocery store food choices, appropriate vitamin/mineral supplementation following weight loss surgery and for healthy relationships with food.

Resources (budget):
Classes are taught by a registered dietitian as part of their job responsibilities. Additional resources include costs of food for food demonstrations and costs of handout reproduction. Site maintenance is provided by St. Luke's.

(.1 FTE for dietician; Food costs are estimated at $500 per year; Copy costs are estimated at $288 per year)

Expected Program Impact on Health Need:
For FY 14 our goal is to have over 700 individuals attend the classes. The actual attendance to the class in 2014 was approximately 209 from October 2013 through April 2014. The lower attendance can be explained by increased electronic communication, with 320 patients receiving the recipes through an electronic newsletter through April 2014. The recipes are also posted on a patient's Facebook with 240 current followers. The bariatric recipes are also on a food blog with more than 102 views. By communicating electronically the program is on track to exceed a goal of 700 patients served by the end of September 2014. These electronic communications serve not only the Treasure Valley's patients but also those from surrounding areas.

FY 2015 Update and FY 2016 Goals
The FY 15 goal is to serve 700 patients when combining in-class and electronic communication, and we are on target to meet this goal by September 30, 2015.

The FY 16 goal remains the same.

Partnerships/Collaboration:

There are currently no other partnerships associated with these classes.

Comments:
Individuals preparing for surgery or who have had surgery are looking for ways to improve their healthy lifestyle and to seek out advice from those going through the same procedures. The classes have proven to be a very successful forum for support and education for the Bariatric population.

2. Program Name: Bariatric Surgery Program

Community Needs Addressed:
Weight management for obese adults

Target Population:
This program serves the obese community with Medicare, Medicaid, commercial insurance or who are self-pay. Persons must meet the criteria of the National Institute of Health to qualify for bariatric surgery. The guidelines require a BMI (body mass index) of 35 with one or more obesity related diseases, such as; type II diabetes, hypertension, obstructive sleep apnea or a person must have a BMI of 40 with or without co-morbidities.

Description and Tactics (How):
The St Luke's Bariatric Surgery Program offered four different types of bariatric surgery in FY 15 and will offer three types of surgery in FY 16.

1. A gastric bypass creates a small stomach pouch; the intestines are rearranged and attached to the pouch. This procedure restricts the amount of food intake and nutrient absorption.
2. Sleeve gastrectomy removes much of the stomach creating a small tubular stomach. This procedure restricts the amount of food intake.
3. Adjustable gastric band is a silicone device with an inflatable inner cuff that is placed around the top of the stomach creating a small pouch that restricts the amount of food intake.

Persons may enter the program with a physician referral or self-referral. People first attend an educational seminar that is presented by the physicians where the various procedures are explained, risks versus benefits, and weight loss expectations are discussed. If persons desire to proceed and they meet criteria, a consultation is scheduled with the surgeon who will then decide if the patient is an appropriate candidate for surgery. Further medical clearances and evaluations may be necessary.
All patients meet with a registered dietitian for education prior to surgery and a minimum of 3 visits after surgery. Nutrition and cooking classes are offered twice per month presented by a registered dietitian.
Prior to surgery patients attend a multidiscipline pre-operative class.
Four support groups a month are available for pre and post-operative patients.
A psychologist facilitates four classes every other month focusing on healthy behaviors for the bariatric patients. St. Luke's has contracted with Dr. Michael Dennis, psychologist, who facilitates these classes.

Dietitian education, pre-operative class, support groups, and the psychologist's classes are all offered to patients free of charge.

Resources (budget):
Four general/bariatric surgeons in FY 15 and in FY 16
One PA
One NP
One RN
Three Medical Assistants

Office staff (Managers, insurance experts, receptionists)
Bariatric Program Coordinator
Bariatric Advocate
Two Bariatric Surgery Clinical Reviewer (data entry personnel)
Dietitians 2.3 FTEs (services fee to patient)
Psychologist contracted for classes (services fee to patient)

Expected Program Impact on Health Need:

Bariatric surgery has proven to resolve or improve multiple medical conditions associated with severe obesity. We want to meet resolution comparable to the national average for the following co-morbidities:
Type II diabetes resolved
Obstructive sleep apnea resolved
Hypertension improved or resolved
Hyperlipidemia resolved
GERD resolved

We collect pre- and post-surgery data on 100% of cases and track outcomes for the lifetime of the patient. This data is entered into a national registry of the MBSAQIP (Metabolic and Bariatric Surgery Accreditation Quality Improvement Program).

Metrics collected and compared to the national database are:

Height/weight loss/BMI
Perioperative complications, reoperations and readmissions
Co morbidities include:

- Pulmonary
  - Oxygen dependent
  - Obstructive sleep apnea
- Gastrointestinal
  - Gastric esophageal reflux disease requiring medication
  - Gallstone disease
- Musculoskeletal
  - Activity limited
  - Use of mobility devices
  - Assistance with activities of daily living
- Renal
  - Insufficiency or failure requiring dialysis
- Cardiac
  - Hyperlipidimia requiring medication
  - Hypertension requiring medication
- Vascular
  - Venous stasis
- Diabetes requiring medication
- Chronic steroids
- Anticoagulation therapy

FY 2015 Update and FY 2016 Goal:

We anticipate completing approximately 650 procedures in FY 15 and approximately 700 in FY 16.

Our goal is to meet or exceed the improvement shown in these metrics compared to the national average data base. Our goal is to bring the very best weight loss surgery and obesity treatment to our region. We are committed to the quality care, safety, and comfort of our patients. St Luke's Bariatric Surgery Program was designated in 2006 as, and has since remained, a Bariatric Surgery Center of Excellence by the ASMBS (American Society for Metabolic and Bariatric Surgery.) This designation is awarded to programs with proven favorable outcomes that meet strict criteria.

The Bariatric COE designation is reviewed on an ongoing basis and is being transformed into the Metabolic and Bariatric Accreditation Quality Improvement Program. The MBSAQIP is a joint effort of the ASMBS and the American College of Surgeons. In 2013, St. Luke's was designated as an MBSAQIP Accredited Bariatric Center, and are being re-evaluated in December 2015 to continue our designation as a MBSAQIP Accredited Bariatric Center.

Partnerships/Collaboration:

We have informally partnered with the YMCA, which offers our bariatric patients a one-month free membership in their "Wellness for Life" program. In FY 16 we are anticipating a membership with Axiom as well.

3. Program Name: BEST U Employee Weight Management Program

Community Needs Addressed:
Adult Obesity
Adult Exercise

Target Population:
St Luke's employees and their spouses

Description and Tactics (How):
12-week holistic weight management program includes individual health coach appointments, weekly nutrition discussions, interactive exercise sessions and relaxation techniques taught by St Luke's wellness experts. This program addresses the adult obesity need by helping employees and their spouses gain the knowledge, skills and confidence to change behaviors.

2015-16 program description: A comprehensive lifestyle series designed to provide tools for behavior change and empower you to achieve healthy weight and lifestyle goals. The program is offered over 6 months, is 100% covered by the Benefits plan if requirements are met and includes:

- 2, one-on-one consultations with a Registered Dietitian
- 13 educational classes—4 Core "required" and 9 Elective classes
- Optional weekly activity classes
- 5 of 7 days per week nutrition and activity tracking

Resources (budget):
Resources needed include two to three health coaches, dietitian, exercise physiologist, 3 hours from a behavioral psychologist, 1 hour from physician in sleep medicine, program coordinator, books, notebooks, food supplies, fitness equipment (pedometer and exercise tube).

2015-16 resources: *Staff:* 1 Wellness Coordinator/Exercise Physiologist as the program lead (~30 hours/week) and 1 Wellness Coordinator/Exercise Physiologist per campus (2 – 4 hours/week); 1 Registered Dietitian (4 hours/week); 1 Behavioral Psychologist (4 hours/week); 2 Health Coaches (sleep specialty is covered here). *Supplies:* Notebooks with printed handouts, food samples, exercise tubes.

Expected Program Impact on Health Need:
Expected impact is to change behaviors and reduce adult obesity. Measurable goals are reduction in weight, blood pressure and waist circumference. Average weight loss over 1-2 weeks is 8 pounds, blood pressure lowered by 9 points and waist circumference lowered by 1 inch. 80-120 employees and spouses are served by this program. FY 14 goal met goals.

For 2015, revising program goals to match ACA and ACO guidelines. > = 100 participants with BMI >30; 2.5-5% average weight loss, 90% satisfaction with program, 5% improvement in biometric measures or reduction in health risk factors by one level.

FY 2015 Update and FY 2016 Goals:

From April 1, 2015 to August 25, 2015 the program has served 23 TV participants with a BMI >=33; average weight loss per participant is 6.59 pounds or 2.56%, Overall satisfaction with classes is 98% and improvement in biometric measures or reduction in health risk factors is unknown at this time.

FY 2016 goals are unchanged from revised FY 15 goals.

Risk Factor	Treasure Valley 2012-2013 N=6057	Treasure Valley 2013-2014 N=6272	Treasure Valley 2014-2015 N=6990
Pre-diabetes (Target 2013 = <110) (Target 2014 = <106) (Target 2015 = <100)	31	103	93
In Compliance	24	79	60
% Change	77%	77%	63%
Diabetes	56	33	40
In Compliance	21	13	18
% Change	38%	39%	45%
Pre-hypertension	821	896	1083
In Compliance	555	578	703
% Change	67%	65%	65%
Hypertension	117	219	230
In Compliance	90	173	177
% Change	77%	79%	77%
Tobacco Use	172	159	338
In Compliance	51	33	95
% Change	30%	21%	28%
Obese BMI>33 (Target 2013 = <35) (Target 2014 = <33) (Target 2015 = <30)	N/A	728	1600
In Compliance	N/A	118	268
% Change	N/A	16%	17%
Increased Waist Circumference	1817	1958	1946
In Compliance	336	415	535
% Change	19%	21%	38%

Partnerships/Collaboration:

Partnerships are within St Luke's Health System, the communities where St. Luke's has a presence and with regional partners such as the YMCA.

Comments:

Introduction of BMI as part of the Healthy U premium reduction occurred in 2013. Between 2013 and 2014, there was a 15.5% reduction in employees with BMI > 33 who experienced a >5% weight loss. Between 2014 and 2015, we have seen double digit improvement in all risk factors. In addition, there were 268 individuals with a BMI > 33 who experienced a >5% weight loss - a 17% reduction. Goal was achieved.

4. Program Name: Breastfeeding and Childhood Obesity

Community Needs Addressed:
Childhood obesity

Target Population:
Women with newborns and infants

Description and Tactics (How):
A free weekly support group, breastfeeding classes prenatally, and one on one visits on the post-partum floor all run by lactation consultants and educators for new mothers; encouraging support for breast feeding until their child is six to twelve months of age. Statistics show that children that are breastfed until they are one year old have a reduced incidence of childhood obesity.

Resources (budget):
Inpatient lactation consultant (L.C.). Boise and Meridian inpatient and education outpatient: 6.1 FTE St. Luke's lactation consultant

Expected Program Impact on Health Need:
Our goal is to reach 2,000 women in FY 14 and 5,500 in FY 15 thru classes prenatally, inpatient visits, outpatient visits and support groups. For those who attend, our goal is to have 50% continue breastfeeding for more than six months. Our goal is to have the mothers participating in the program exceed the breastfeeding average in the Health and Welfare PRATS data base by at least 10%.

FY 2015 Update and FY 2016 Goals:
We are on track to exceed the FY 15 goal by the end of September 2015:

- St. Luke's Meridian = 621 individual patients reached
- St. Luke's Boise = 6,490 patient visits
- St. Luke's Breastfeeding Bunch = 265 participants
- Rock & Relax Booth at the Western Idaho Fair = 313 sign-ins

Our goal for FY 16 remains the same as FY 15.

Partnerships/Collaboration:
Idaho Chapter of the American Academy of Pediatrics

5. Program Name: CHOICE

Community Needs Addressed:
Childhood Obesity

Target population:
Children and their families in the Health system region

Description and Tactics (How):
1. Annual obesity conference targeting health care providers, educators, school nurses, community members to gain the most current and accurate information regarding the prevention and treatment of obesity in children. –April 2014, anticipated audience 150. Anticipated Audience 200 for FY 2015
2. 2014 Child Wellness Festival: A free community festival with booths and interactive games for children and their parents focusing on health life style choices including: health eating with fruits and veggies, exercise, decreased screen time etc. - anticipated audience 2,000 April 2014.
3. In 2015, we will have information that focuses on exercise and good eating at the BSU Spring Game and any other community opportunities that might arise; i.e., Capital City Public Market one Saturday in 2015 where we have a booth in collaboration with Saint Alphonsus.

Resources (budget):
The conference will have a budget and a charge for participants to cover expenses. In addition, Blue Cross of Idaho Foundation is putting forth $10,000 to pay for speakers. The CHOICE advisory board comprised of St. Luke's, Elks, and community members all donate time to produce this conference. St. Luke's contributes four employee resources to serve on the CHOICE board of director.

The Wellness Festival is in partnership with BSU who offers the faculty at no charge. The event is free to children and their families and vendors pay a small amount to cover the items needed for the wellness festival.

Expected Program Impact on Health Need:
1. In FY 2014 over 150 people will attend the conference and we anticipate 200 will attend in 2015.
2. In 2014, we anticipate over 2,000 children will attend the wellness festival and learn about healthy life style choices.
3. For 2015, 2,500 is the anticipated audience at the BSU Spring Game and any other community opportunities that might arise.

FY 2015 Update and FY 2016 Goals:
In FY 15, this committee developed a "Framework for Proposal for Project/Program Development." This framework allowed internal and external partners to submit a plan to have their project evaluated in order to utilize the funds in this account to combat childhood obesity. Projects this committee reviewed and approved include:

- Nampa Tracks – Building of seven (7) tracks within the Nampa School District to be constructed or brought up to standards. Key performance indicators will be measured: One-mile run/walk time at the beginning of the year and timed again at the end of the year.
- Boise Hawks
- YEAH! Explore Camp
- Healthy Nampa
- Miracle League Field
- Mayor's Walking Challenge with Blue Cross of Idaho Foundation and the Idaho Dairy Council.

In FY 16, we will be looking at outcomes from projects funded in FY 15, the number of children reached, and evaluating programs submitted for funding consideration during FY 16.

Partnerships/Collaboration:
St. Luke's Rehabilitation Hospital
YEAH! program
Boise State University
City of Boise
Central District Health Dept.
State Dept. of Education
State Dept. of Health
Blue Cross Foundation
Idaho Chapter, American Academy of Pediatrics

6. Program Name: FitOne

Community Needs Addressed:

Weight Management

Wellness/Nutrition Education

Wellness/Prevention

Skin Cancer

Exercise Programs/Education

Adult Physical Activity

Teen Exercise

Wellness/Prevention

Heart disease

High Blood Pressure

Target Population:

- Persons of all genders, ages and abilities – the surrounding communities.
- Special $15 entry pricing offered during promotional period each year.
- Children 12 years and younger may participate for FREE with a paid adult.
- Each adult may register up to three (3) children 12 years and younger at no charge. Each additional child above and beyond is $10.
- Price per entry averages $25 each pending the event participating in.

Participants in the St. Luke's $10,000 Weight Loss Challenge who meet all required monthly weigh-ins receive a FREE entry to the FitOne 5K (valued at $25 each).

The provision of the entry to the 5K run/walk as an incentive more than doubled the retention on Weight Loss Challenge participants meeting their monthly weigh-ins. An estimated 220 individuals from the Weight Loss Challenge are registered through this incentive to participate in the FitOne 5K in September 2015.

Description and Tactics:

FitOne is a year-round community health and fitness initiative including the production of a health and fitness-focused event in September of each year including the following:

- A publicity-driven participatory event in early June each year to engage members of our community to kick off their healthy summer through incentives to exercise and to take a pledge to be healthy through the adoption of improved eating and activity habits.
- (St. Luke's Fit For The Road Reunion): A special participatory walking event produced in collaboration with St. Luke's Heart Cardiac Rehab, Mountain States Tumor Institute (MSTI), St. Luke's Bariatric Clinics and St. Luke's Orthopedics Joint Replacement Program to engage, encourage and emphasize the importance of activity, movement and healthy habits for patients who have undergone and/or who are undergoing continued treatment through these programs.
    - This program saw greater than 100% growth in participation in 2015.
    - There is no cost to the patients nor their companions to participate.
    - The intention is to expand the St. Luke's Fit For The Road Reunion (FFRR) event to one or two additional St. Luke's communities in 2016, and to develop a "FFRR toolkit" for local communities to facilitate through their community relations personnel and volunteer structure.
- (FitOne Corporate Challenge): A dedicated program with its own marketing and communications campaign, to engage companies to create teams and participate in the FitOne run/walk events in September as part of a corporate wellness outreach initiative to encourage health, fitness and camaraderie.
    - An estimated 35 teams representing six different company size categories will participate in 2015.
    - Our goal will be to see a minimum 25% growth in team numbers for 2016.
- (FitOne Kids): Educational messaging outreach to families and children 12 and younger based on the nationally recognized, countywide 5-2-1-0 initiative promoting healthy lifestyle choices for children, youth and families through evidenced-based behavior change.
    - In partnership with High Five Children's Health Collaborative (highfiveidaho.org)
- A 5-kilometer run/walk open to persons of all genders, ages and abilities.
    - A 1.2-mile course option open to those with special needs, toddlers, or those who may be taking their first step towards a commitment to exercise.
- A 10-kilometer run/walk open to persons of all genders, ages and abilities.
- A Half Marathon (13.1-mile) run/walk open to women, men and children 13 years and older.
- A two-day healthy living expo providing a series of health screenings at no charge to all registered run/walk participants and also free to the general public. In addition, cancer screening information, health coaching and stress reduction information are offered.
- *Communications*: The event will execute an extensive marketing and communications campaign, providing tips, tools and resources for our participants and followers relevant to healthy living, fitness and preventive care.
- *Website*: The FitOne website provides relevant content and links to resources in support of participation in FitOne and topics in support of healthy living.
- *Social Media*: FitOne supports Facebook, Twitter and Instagram profiles as a means of communicating messaging around healthy living and engaging participants and followers in activities relevant to healthy living, nutrition, fitness and FitOne activities.

Resources:
Estimated net cost to St. Luke's for FY15 is $450,000.

Budget Includes:

- Four (4) salaried employees
    - One (1) 1.0 FTE Full Time Non-Exempt PILB (Assistant)
    - One (1) 1.0 FTE Full Time Exempt (Sr. Coordinator)
    - One (1) 1.0 FTE Full Time Exempt PILB (Sr. Coordinator)
    - One (1) 1.0 FTE Full Time Exempt (Director)
- Plus one (1) PT Temporary Non-Exempt employee (Volunteer Coordinator) in July-September annually.
- Additional Labor/Pension Match/FICA Taxes/Temp Services/Related Expenses
- Advertising/Marketing/Design/Printing
- Contract Services/Equipment Rentals/Event Venue Rental Fees
- Committee Acknowledgment/Sponsor Appreciation
- Event Supplies/Promotional Merchandise
- Food Service/Catering
- Travel/Meetings/Mileage Reimbursement
- Dues/Subscriptions/Permits
- Neighborhood Notifications/Postage
- Bank Related Fees
- St. Luke's medical and clinical staff to implement health screenings program during 2-day expo in September.

*Proceeds above and beyond net event operational hard costs are donated to St. Luke's Children's to support healthy living program initiatives both within hospital walls and in our underserved communities. In 2014, the donation equated to $90,000. The donation for 2015 will be confirmed in late October 2015.

Expected Program Impact on Health Need:
Participation: In 2014, FitOne had 10,000 participants in the 5K/10K/Half Marathon run/walk events, and over 10,000 people attended the two-day healthy living expo. An estimated 75% of the participants were women, 25% men and over 2,200 children ages 12 and younger.

Our goal is to have between 10,000 and 12,000 participants in the 5K/10K/Half Marathon run/walk events in 2015, and to surpass 12,000 participants in 2016.

*As of this report date (8.28.15), we are on track to surpass our 2015 goal.

The FitOne program is expected to directly impact health via participation. Our goal is to increase participation from year to year. Health benefits are expected to be achieved through pre-event fitness education and participant's preparation for the event. Participants will be able to measure their progress from year to year using health screening metrics and level of fitness.

Over 1,200 health screenings were delivered in 2014. Our goal is to deliver over 2,000 individual health screenings in 2015 and over 2,500 individual health screenings in 2016. Primary health screenings administered in the healthy living expo setting include blood pressure and BMI. Additional screenings include fasting blood glucose and functional movement/squat. Participants have the opportunity to meet with a health coach and to take away skin cancer prevention information, as well as a wallet card to record progress against their benchmarks from these screenings in 2015.

Communication: In 2015, FitOne (in partnership with St. Luke's Healthy U) continued to maintain a healthy living blog delivering year-round content and resources in support of healthy eating, active living, goal setting and life balance; and communicated on an ongoing basis to an email database of over 8,000 unique addresses about opportunities to participate with and at FitOne events.

The FitOne website had 54,161 unique visitors and 327,556 page views in calendar year 2014. Visitors spent an average of just over ten minutes on the site and viewed an average of 3.67 pages. Nearly 60% of visitors to the site were new visitors.

*As of this report date (8.28.15), the FitOne website has had 42,709 unique visitors and 319,318 page views in calendar year 2015. Visitors spent an average of 22 minutes on the site and viewed an average of 4.85 pages. Over 62% of visitors to the site were new visitors.

7. Program Name: Health Coaching for Employees

Community Needs Addressed:
Adult Obesity/overweight
Adult Exercise
Adult Nutrition

Target Population:
St Luke's employees and their spouses

Description and Tactics (How):
The Health coaching program involves building a relationship with a certified health coach and employee to achieve a health-related behavior change. The program is an individual face-to-face or telephone-based series of meetings. The health coach works with individual employees to provide support, guidance and accountability to accomplish individual health goals.

Resources (budget):
Resources needed include a wellness coordinator and multiple health coaches from various disciplines such as nursing, dietitians, exercise physiologists and behavioral health specialists.

Expected Program Impact on Health Need:
Expected impact is to change health behaviors. There are no measurable outcomes as goals are individual. 100-200 employees and spouses are served by this program. Met FY 14 goals. FY15, goal is 5% engagement of high risk/rising risk employees/spouses, 90% satisfaction, 10% improvement in biometric measures.

FY 2015 Update and FY 2016 Goals
The FY 15 goal was not met, as a total of 63 employees and spouses participated in health coaching from November 2014 – August 2015, which is less than 5% of the high risk/rising population. Forty percent (40%) of coached employees achieved 5% reduction in weight. At this point, there is not enough data to determine percent change of other biometric measures, and satisfaction surveys have not been implemented.

FY 16 goals: The program expects to serve > = 100 employees and spouses with documented improvements in biometric measures (weight, BP, A1c, Patient Activation Measure [PAM] score). In addition, the Healthy U department will certify 3-4 new health coaches.

Partnerships/Collaboration:
Partnerships are within St Luke's various departments.

8. Program Name: SLHS Healthy U

Community Needs Addressed:
Adult weight management
Adult nutrition
Adult exercise
Adult smoking cessation
Adult prenatal care
Adult diabetes
Adult weight, blood pressure, diabetes and cholesterol screening and prevention

Target Population:
St. Luke's employees and their spouses. St. Luke's Treasure Valley is one of the largest private employers in the area; therefore, this program will have a large impact on community health by addressing St. Luke's employees and their families' health measures/risk factors.

Description and Tactics (How):
HU = e3: Healthy U is a wellness initiative that **E**ngages, **E**ducates and **E**mpowers consumers to achieve optimal health!
St. Luke's Healthy U is an incentive-based program that engages benefit eligible employees and spouses through value-based insurance design to achieve or maintain identified health outcomes. Healthy behavior is rewarded through reduced premiums contributions toward the health insurance plan. Tobacco Free U combines certified health coaching with an evidence-based tobacco cessation program and free medications for nicotine dependence to help users quit. The Healthy Pregnancy Program helps pregnant employees or spouses' minimize work-related stress and provides education to reduce pre-term labor and early delivery. Other tactics include changes in organizational culture and policies, wellness and health promotion programs, online resources/tools, and health coaching to encourage consumers to adopt lifelong healthy habits. Scalable strategies around population health management are also being developed.

Resources (budget):
Resources include: Director, Wellness Manager, Administrative Assistant, Wellness Coordinators, Nurse and Dietitian Health Coaches, Certified Diabetic Educators, Behavioral Health Specialists, Massage Therapists, Acupuncturist, Fitness and Yoga Instructors as well as office space, technology, educational materials, etc. Most of these resources are present throughout the St. Luke's region.

Expected Program Impact on Health Need:
Expected impact is to improve health behaviors such as nutrition, fitness, tobacco use and achievement/maintenance of a healthy weight, blood pressure and blood glucose/A1c. Measurable, objective goals: reduction in tobacco use, decrease in pre-hypertension and hypertension, decrease in pre-diabetes as evidenced by healthier fasting glucose levels and diabetes as evidenced by an A1C <8, and reduction in consumers with a BMI>33 or waist circumference >35 inches for women and >40 inches for men.

After assessing our results, we will update this goal for the subsequent twelve months. Healthy U is a population health program with over 8,000 participants.

Specific Healthy U targets are set annually and evaluated through an online health assessment and Know Your Numbers biometric screening. The annual screenings typically identify several uncontrolled, or new, cases of hypertension and pre-diabetes or diabetes. These employees or spouses are either referred to their primary care provider for follow-up, or in some cases they receive help finding a primary care provider. There are recheck clinics offered monthly to monitor changes in weight, blood pressure and blood glucose. The recheck clinics also provide cholesterol screening and reinforce age and gender appropriate preventive health screenings and immunizations.

FY 2015 Update and FY 2016 Goal:

- **Reach:** engagement is high; 96% benefits eligible employees (compared to 92% in 2014) and 83% of spouses (compared to 76% in 2014) enrolled in the health plan

- **Impact:** results for employees who were NOT "on target" at the beginning of the program and were in compliance at the end of the plan year.

Risk Factor	Treasure Valley 2012-2013 N=6057	Treasure Valley 2013-2014 N=6272	Treasure Valley 2014-2015 N=6990
Pre-diabetes (Target 2013 = <110) (Target 2014 = <106) (Target 2015 = <100)	31	103	93
In Compliance	24	79	60
% Change	77%	77%	63%
Diabetes	56	33	40
In Compliance	21	13	18
% Change	38%	39%	45%
Pre-hypertension	821	896	1083
In Compliance	555	578	703
% Change	67%	65%	65%
Hypertension	117	219	230
In Compliance	90	173	177
% Change	77%	79%	77%
Tobacco Use	172	159	338
In Compliance	51	33	95
% Change	30%	21%	28%

Obese BMI>33 (Target 2013 = <35) (Target 2014 = <33) (Target 2015 = <30)	N/A	728	1600
In Compliance	N/A	118	268
% Change	N/A	16%	17%
Increased Waist Circumference	1817	1958	1946
In Compliance	336	415	535
% Change	19%	21%	38%

Partnerships/Collaboration:

Partnerships are within St Luke's Health System, the communities where St. Luke's has a presence and with regional partners such as the YMCA.

Comments:

Introduction of BMI as part of the Healthy U premium reduction occurred in 2013. Between 2013 and 2014, there was a 15.5% reduction in employees with BMI > 33 who experienced a >5% weight loss. Between 2014 and 2015, we have seen double-digit improvement in all risk factors. In addition, there were 268 individuals with a BMI > 33 who experienced a >5% weight loss - a 17% reduction. The FY 15 goal was achieved.

The FY 16 goals are the same as FY 15 (with a BMI >30): Continued reduction in tobacco use, and decreases in pre-hypertension and hypertension, and pre-diabetes as evidenced by healthier fasting glucose levels and diabetes as evidenced by an A1C <8. 15% of employees and spouses in Healthy U with a BMI > 30 will have a 5% reduction in weight over 12 months.

9. Program Name: St Luke's Heart Health Rehabilitation (Fitness Component)

Community Needs Addressed:
Adult Physical Inactivity
Smoking Adult
Obese Adults
Adult nutrition
Heart disease
Diabetes
High Cholesterol
High blood pressure

Target Population:
Patients who have recently had cardiac or pulmonary event: MI, PCI, CABG, Valve replacement, new onset angina, COPD exacerbation. St. Luke's accepts Medicare, Medicaid, and sliding few schedule for low income patients.

Description and Tactics (How):
12-week program with 3 visits per week of supervised exercise and risk factor modification. Participants meet with appropriate team members from multi-disciplinary team initially and as directed by Medical Director for the remainder of the program. Team members include: MD, RN, RD, OT, RT, LCSW, and exercise physiologist.

Resources (budget):
Current staff include:
1.0 FTE MD
1.0 FTE LCSW
1.0 FTE OT
1.0 FTE RT
3.0 FTE RN
3.0 FTE EP
2.0 FTE PBA
1.0 FTE Director

Expected Program Impact on Health Need:
Our goal is to have more than 400 patients take this class in FY 2014 and FY 2015. The metrics shown in the following tables will be tracked for efficacy and our goal is to be in the top 25% for programs like this as measured by the American Association of Cardiovascular and Pulmonary Rehabilitation.

	Pre	Post	P value	N
Weight			.0001	

Waist Circumference			<0.0001	
BMI			<0.0001	
Total Cholesterol			<0.0001	
HDL Cholesterol			NS	
LDL Cholesterol			<0.0001	
Triglycerides			<0.001	
Hemoglobin A1c			<.01	
Systolic BP			<0.0001	
Diastolic BP			<0.0001	
MET's (metabolic equivalent=exercise capacity)			<0.0001	

SF-36	**Pre**	**Post**	**P value**	**N**
Physical Functioning			**<.00001**	
Role- Physical			**<.00001**	
Bodily Pain			**<.00001**	
General Health			**<.00001**	
Vitality			**<.00001**	
Social Functioning			**<.00001**	
Role-Emotional			**<.00001**	
Mental Health			**<.00001**	

PHQ-9 (depression screen)			**<0.0001**	
Dietary Fat Screen			**<0.0001**	

FY 2015 Update and FY 2016 Goals:

The Heart Health Rehabilitation Fitness Component program has exceeded its FY 2015 goals. The program has seen significant growth (approximately 35%) and will be extending its reach. The FY 2016 goal is to increase the number of people touched by the program by 20%.

Partnerships/Collaboration:

10. Program Name: St Luke's Heart Health Rehabilitation (Nutrition)

Community Needs Addressed:
Obesity, weight management
Adult nutrition
Heart disease
Diabetes
High Cholesterol
High blood pressure

Target Population:
Cardiac patients. St. Luke's accepts Medicare, Medicaid, and sliding few schedule for low income patients.

Description and Tactics (How):
One-on-One Registered Dietitian Visit for each Cardiac client
10 Week Nutrition Education Classes. This is a series of classes offered during the cardiac rehab cool down period.

- Heart Healthy Eating
- Eating Check-up/Watching Sodium
- Controlling Carbohydrates
- Lowering Fat Intake
- Limiting Saturated Fat
- Fitting Fiber into Your Diet
- Healthy Snacking
- Blood Values Related to Eating
- Healthy Shopping/Label Reading
- Dining Out

Resources (budget):
.5 FTE Registered dietician

Expected Program Impact on Health Need:
Our goal is to have more than 400 patients take this class in FY 2014 and FY 2015. The metrics shown in the following tables will be tracked for efficacy and our goal is to be in the top 25% for programs like this as measured by the American Association of Cardiovascular and Pulmonary Rehabilitation.

	Pre	Post	P value	N
Weight			.0001	
Waist Circumference			<0.0001	

BMI			<0.0001	
Total Cholesterol			<0.0001	
HDL Cholesterol			NS	
LDL Cholesterol			<0.0001	
Triglycerides			<0.001	
Hemoglobin A1c			<.01	
Systolic BP			<0.0001	
Diastolic BP			<0.0001	
MET's (metabolic equivalent=exercise capacity)			<0.0001	

SF-36	**Pre**	**Post**	**P value**	**N**
Physical Functioning			**<.00001**	
Role- Physical			**<.00001**	
Bodily Pain			**<.00001**	
General Health			**<.00001**	
Vitality			**<.00001**	
Social Functioning			**<.00001**	
Role-Emotional			**<.00001**	
Mental Health			**<.00001**	
PHQ-9 (depression screen)			**<0.0001**	

Dietary Fat Screen			**<0.0001**	

FY 2015 Update and FY 2016 Goals:

The Heart Health Rehabilitation Nutrition program is on target to meet its FY 2015 goals by September 30, 2015. The FY 2016 goals are the same as FY 2015.

Partnerships/Collaboration:

11. Group Name: Ideal Protein Weight Loss Center

Community Needs Addressed:
Adult weight management

Target Population:
Obese adults
Diabetes prevention and wellness
High blood pressure
High cholesterol

Description and Tactics (How):
The Ideal Protein Diet Weight Center program is a physician-led meal replacement program for adults. It is a medically-designed protocol that results in rapid fat loss while sparing lean body mass. The program involves physician appointments, lab draw, weekly health coach sessions and purchase of meal replacement, snack foods and supplements. Program length ranges 6 months – 12 months depending on weight loss goal of client. This program is not eligible for commercial insurance, Medicaid, Medicare, or reduced fees from St. Luke's.

Resources (budget):
There are physician, physician assistant, administrator and program coordinator resources used and budgeted for as part of this program.

Expected Program Impact on Health Need:
The impact on the community is reduced rates of obesity. Outcome measures are weight, BMI, follow-up lab values, blood pressure, blood glucose, joint pain reduced, overall better health, and medication reduction.

Our goal is to have 150 people participate in the program in FY 14 and FY 15. Further, our goal is to have 70% of adult participants who complete the Ideal Weight Loss program reduce their weight by 5% after 6 to 12 months in FY 14 and reduce their weight by 10% after 6 months for participants in FY 15.

2015 Update:
Ideal Protein is no longer a St. Luke's CHNA program, due to court-ordered divestiture of St. Luke's and Saltzer.

Partnerships/Collaboration:
Idealprotein.com – District Coordinator

12. Program Name: Investments in Teen & Youth Exercise Programs

Community Need Addressed:
Teen exercise programs
Diabetes

Target Population:
Teens

Description and Tactics (How):
Through St. Luke's Community Health Improvement Fund, St Luke's provides financial and in-kind support to community based non-profits facilitating recreation and nutrition programs. St. Luke's provides funding to nonprofit organizations through a competitive grant process. The organizations must demonstrate their focus on youth and teen physical activities and wellness programs. All of the organizations awarded support are required to submit a Project Performance Report at the end of the program year, documenting the success of their program by number of participants and/or outcomes.

Resources (budget):
Funds for the teen exercise programs are provided through the St. Luke's Community Health Improvement Fund (CHIF). The exact amount of funding for these programs in FY14 will be determined based on the merit of the requests submitted to St. Luke's. FY 13 CHIF expenditures for these types of programs totaled approximately $50,000.

Expected Program Impact on Health Need:
All of the organizations awarded support are required to submit a Project Performance Report at the end of the program year, documenting the success of their program by number of participants and/or outcomes. FY 13 Project Performance Reports demonstrated approximately 44,790 children and youth were served by these programs.

FY14, St. Luke's provided approximately $36,000 to approximately ten organizations including Big Brothers Big Sisters; – sports physicals (700 students); $2,500 Kids Cycling race; Camp Hodia; Meridian Schools; Life Time Movers; Boise Schools; Girl Scouts; the Killebrew Miracle League; and Ride Idaho.

FY15 goal is anticipated to be similar with additional efforts across the Treasure Valley.

FY 2015 Update and FY 2016 Goals:
The FY 2015 goal was surpassed, as $67,000 was provided to 15 organizations: Boise Parks & Recreation, Boise Urban Garden School, Boys & Girls Club, Boys & Girls Club of Nampa, Boys & Girls Club of Ontario, Boise Public Schools, Create Common Good, Downtown Boise Association, Fruitland Schools, Girl Scouts, Girls on the Run, Meridian Schools, Muscular Dystrophy Association, Ride for Joy, and Tar Wars.

FY 2016 goal is to increase the grant funds from the FY 15 actuals and continue the valued FY 15 partnerships.

Partnerships/Collaboration:

St. Luke's has partnerships with Camp Hodia, with additional in-kind support provided by St. Luke's physicians and employees; and the Treasure Valley YMCA. Our St. Luke's YEAH! program is offered through the Treasure Valley YMCAs.

13. Program Name: Nutrition Videos Obesity Jlogs

Community Needs Addressed:
Adult weight management and nutrition

Target Audience
Patients with a BMI > 40.

Description and Tactics:
Short educational videos are emailed to patients and their families who are seen in the hospital who are identified as being high nutritional risk due to their weight (BMI > 40). Patients receive a series of videos that can be watched at home following discharge. These videos focus on improving healthy eating habits and weight and include information on making more nutritious choices while grocery shopping, dining out, and cooking at home. The videos had already been created as part of other programs at St. Luke's and were seen as a resource that could be expanded to others.

Resources:
The videos are owned by St. Luke's and have been used for other programs. Dietitians at St. Luke's Meridian have been trained on video content and will collect patient contact information for video distribution. .15 FTE is needed to determine the appropriate videos and disperse them.

Expected Program Impact on Health Need:
The program is expected to improve nutrition and weight management education provided to obese patients. Our goal for FY 15 is to share the videos with BMI>40 patients seen at both the St. Luke's Meridian and St. Luke's Boise hospitals. We will also post the videos on our public web site so anyone with an interest in healthy eating and weight management will have viewing access. Goal is that 300+ people will view the videos after a hospital encounter or via public website.

2015 Update and 2016 Goals:
Due to non-renewal of the Unity contract, the Jlogs needed to be transferred to a Vimeo platform and posted to St. Luke's public website. This caused significant delay in access to the videos. Due to this delay, the videos have not been shared with patients since 2013. An additional barrier to success is that there is no dedicated staff nor method to monitor patients' video usage. As such, the nutrition videos component of the Bariatric Program has been discontinued.

Partnerships/Collaborations:
St. Luke's dietitians partnered with Unity Media Group in developing the videos. FY 15 St. Luke's Marketing will assist in creating a unique access URL for BMI>40 patients that receive the videos following a clinical interaction. Marketing will also aid in posting the videos to the public St. Luke's website for broader community access.

14. Program Name: Metabolic Syndrome

Community Needs Addressed:
Weight management
Diabetes prevention
Physical inactivity
Heart disease
High cholesterol

Metabolic Syndrome afflicts 20-30% of American Adults. Metabolic syndrome is associated with a 5-fold increase in the development of diabetes, a 2-fold increase in development of coronary artery disease and all-cause mortality, as well as gallstones, asthma, sleep disordered breathing and some forms of cancer.

Target Population:
In FY 14 this will be a new service offering to the general community. This program is a prevention program that is paid for by the patient, and/or employer and participating insurers (not Medicaid eligible). A person must possess at least three of the following per NCEP/ATP3 (Grundy, SM, Cleeman JI, Daniels SR, et al. Diagnosis and management of the metabolic syndrome: an American Heart Association/National Heart, Lung, and Blood Institute Scientific Statement. Circulation 2005:112:2735)

1. Central obesity with waist measured at the top of the right iliac crest with a tape measure parallel to the floor: men ≥ 40 in, women ≥ 35 in, Asian Americans men ≥ 35 in, women ≥31in
2. Fasting triglycerides ≥150 mg/dl; (patients on drug treatment with fibrates or nicotinic acid should be presumed to have triglycerides ≥150 mg/dl and low high density lipoprotein-cholesterol)
3. Low high density lipoprotein-cholesterol; men <40 mg/dl, women <50 mg/dl
4. Blood pressure ≥130mm Hg systolic or diastolic ≥85 mm Hg, or any drug treatment for hypertension
5. Fasting glucose ≥100mg/dl or diabetes

Description and Tactics (How):
The proposed St Luke's Metabolic syndrome clinic is a physician directed 12-week program using a multi-disciplinary team including; Physician, Registered Dietitian, Social Worker and Exercise Physiologist.
The program is evidence based and will include supervised exercise, extensive education, medical management of metabolic syndrome risk factors, psychosocial education and support, nutritional counseling. The focus will be on weight loss and risk factor reduction through diet, exercise, and medications. Additionally patients will sign a behavioral contract with a patient accountability tool to enhance compliance. The goal is sustainable behavior change to prevent progression to frank diabetes or CAD.

Depending on our pilot program outcomes, there may be an at risk payment of $200 paid by patient at beginning of program. Three goals identified at beginning of program, $50 is refunded to employee for each target met. The full $200 is refunded if all targets met.

a. Goal of 80% attendance at twice weekly exercise session
b. Goal of 80% completion of daily exercise and food logs
c. Goal of 80% attendance of twice weekly education/support group sessions

Resources (budget):

Expenses to run one group of 30 patients for 12 weeks:

Detail of time required for each group of 30 participants:

Exercise Physiologist

3 hours per week for the 12 week class x two classes per week, plus an additional 4 hours per week health coaching and log review plus 30 hours for initial intakes, 60 hours for GXT pre/post

Registered Dietitian

3 hours per week for the 12 week class x two classes per week, plus an additional 4 hours per week health coaching and log review plus 30 hours for initial intakes

LCSW

30 hours for initial intakes plus 45 hours for education and counseling

Physician

30 hours for initial intakes plus 20 hours for follow up appointments and medication adjustments, plus 10 hours for GXT reading

We plan to hold a total of eight or nine classes in the pilot program and see over 250 patients. In total, we plan for .5 registered dietitian, 1.0 exercise physiologist, .2 physician, .2 licensed clinical social worker, .2 medical assistance.

Expected Program Impact on Health Need:

Our goal would be to replicate previously published results indicating that at the end of this program we could expect the following:

b. 20% of the participants would no longer meet criteria for Metabolic Syndrome defined as having 3 or more of the 5 criteria
c. 42% of the participants should lose at least one criteria

Based on published data there are hundreds of thousands of persons in the Idaho who would be appropriate for this program. There is tremendous potential to have a positive impact on the overall health of the general population if this program could be implemented on a wide-spread basis. Based on the budget described above we are targeting 100 people to complete the program by the end of FY 15. We will evaluate the program goals again at the end of FY 15.

We are collecting pre- and post-data on these metrics:

• Age • Sex	*Medications:* • Statin Y/N

• Weight • Height • Body Mass Index • Waist circumference • Systolic BP • Diastolic BP • Body Fat % • Total Cholesterol • Fasting Glucose • HGB A1c • LDL-C • HDL-C • Triglycerides • PHQ-9 Score (Depression Screening) • SF-36 (Quality of Life Tool) score in each of the 8 domains o Phys Func o Role—Phys o Bodily Pain o Gen. Health o Vitality o Soc. Func. o Role– Emo o Mental Health	• Other lipid lowering agent Y/N • Beta-blocker Y/N • ACE or ARB Y/N • Antiplatelet Y/N • Diuretic Y/N • Oral Diabetic Medication Y/N • Insulin Y/N • Anti-depressant Y/N • Anxiolytic Y/N • Thyroid Y/N *Interventions to be measured:* • Number of physician visits • Number of educational classes attended • Number of 1:1 with Dietitian • Number of 1:1 with Exercise Specialist • Number of exercise sessions • Number of support groups attended • Compliance with Food/Activity Log • Number of sessions with Social Worker

FY 2015 Update:

The two clinic pilots were successful. Participants lost weight, reduced their waist circumference, and improved their body mass index, blood sugar, blood pressure, triglycerides, anxiety, depression, and quality of life, all in statistically significant measure.

The first group had lost 7 percent of their initial body weight at 12 weeks. They continued to lose weight as a group and had lost 9 percent of their initial body weight five months after the program formally concluded. The second cohort had lost 6 percent of their initial body weight at the conclusion of the second pilot.

The clinicians, patients, payers, and St. Luke's must figure out how to pay for this very intensive approach to a serious and difficult health condition. Until a sustainable funding model can be identified, the program is on hold as of June 2015.

Partnerships/Collaboration:
The possible list of partners should include all the major employers, health plans, physician providers, health clubs, universities and regional health care providers.

Comments:
A pilot program will begin in the summer of 2013, and the full program is scheduled to start in the 4th quarter of 2013. The Metabolic Syndrome program is on hold, effective June 2015, until a sustainable funding model can be identified.

15. Program Name: Nutrition Chef Cooking Demonstrations

Community Needs Addressed:
Adult Nutrition

Target Population:
The target population is any community member and employees.

Description and Tactics (How):
St Luke's offers free monthly cooking classes led by St Luke's chefs and dietitian. The classes involve basic cooking instruction, live cooking demonstrations, nutrition education and food sampling.

Resources (budget):
The program includes 1-3 chefs, dietitian, support staff, food ingredients and other supplies. St Luke's supplies all of the staff. I Resources are approved for FY 14 budget.

Expected Program Impact on Health Need:
Program expects to reach 240 people over the 3 year implementation planning period and the impact is to empower community members to cook at home using nutritious foods, to educate on how to shop on a budget, and help participants to make good food choices. In FY 14 we held 3 classes and reached 105 people. For 2015, we will hold 3 classes to reach 120 people to empower community members to cook at home using whole foods and help teach participants how to prepare healthy food choices and to educate them on the nutritional benefits. Goal is to have 90% satisfaction rates in program evaluation.

FY 2015 Update and FY 2016 Goals:
The FY 15 goal of 120 participants was reached, and we had a total of 8 people on the waiting list for two classes. The team recorded testimonials from all classes, which included participants' increased use of whole foods at home and improved cooking skills. Class satisfaction goal of 90% was met.

For FY 16, we will continue to offer Treasure Valley classes quarterly, with a reach of 120 participants. We will add classes in McCall in October 2015 and potentially in Elmore in spring 2016.

Partnerships/Collaboration:

16. Program Name: $10,000 Treasure Valley Weight Loss Challenge

Community Need Addressed:
Adult Weight management
Adult Nutrition
Diabetes

Target Population:
Obese and overweight adults in general population. There is a low $50 fee for the entire five month program.

Description and Tactics (How):
A 5-month weight loss program that encourages participants to lose a minimum of 5-10% of their body weight to reduce their risk for type 2 diabetes. The individuals who lose the highest percent of body weight have the chance to compete for prize money ($3,000 to 1st place man & woman, $1,500 to 2nd place man & woman, $500 to 3rd place man & woman). Participants receive weekly health tips via email, and have the opportunity to attend over 30 classes and support groups. Fee is $50 which is below cost of program. We estimate the value of this program to be at least $10 per class times 30 classes or $300.

Resources (budget):
In FY 14 we have an estimated budget of $57,000 in expenses including materials and staff time.

Expected Program Impact on Health Need:
Participants who lose 5-10% of their body weight will reduce their risk for type 2 diabetes by over 50%. Our goal is to have 700 people participate and 20% complete the entire program with an average weight loss of 7% for those who complete the program.

In FY 14, we had 1,365 individuals who joined the 2014 Weight Loss Challenge. This is nearly twice as many as our goal for participation. Out of those, 200 (14%) made every monthly weigh-in to officially 'complete' the program. Out of those completing the program, 75 lost 5% or more of their total body weight (5% of the total participants). This percentage is much lower than the 20% we had set, despite many different incentives the program had in place to encourage participants to weigh-in.

2015 goals are to have 1,700 participants; 17% complete the program; 7% lose a minimum of 5% of their total body weight.

FY 2015 Update and FY 2016 Goals:
There were 1,473 participants, of which 32% completed the program! Of the total participants, 13% lost a minimum of 5% of their total body weight.

For FY 2016, we have a goal of 1,500 participants, of which 30% will complete the program and of those 15% will lose a minimum of 5% of their total body weight.

Partnerships/Collaboration:

We have many sponsors who support this program, including Ladd Family Pharmacy, KIVI Channel 6, Take Shape for Life, Shu's Idaho Running Company, My Fit Foods, Anytime Fitness, Therapeutic Associates Physical Therapy and the Idaho Lions Sight & Hearing Foundation.

17. Program Name: YEAH! (Youth Engaged in Activities for Health)

Community Needs Addressed:
Childhood obesity
Teen exercise
Teen nutrition

Target Population:
There are two levels of YEAH programs:

1. **Multi-disciplinary 12 Week Clinical Program:**
   Physician referral required. Children and adolescents between the ages of 6-16 years with BMI >95th percentile. $100 charge for fitness and nutrition portion which can be covered by Medicaid Preventive Health Vouchers accepted from Medicaid recipients. For the clinical visit, commercial insurance or Medicaid is billed, or self-pay is an option as well. We do have some scholarship availability for those most vulnerable financially. *Parental participation and engagement is a program requirement.
2. **Multi-disciplinary 8-Week Community Program:** Physician referral required. Children and adolescents between the ages of 6-16 years with BMI >85th%. $100 charge for fitness and nutrition portion which can be covered by Medicaid Preventive Health Vouchers accepted from Medicaid recipients. We do have some scholarship availability for those most vulnerable financially. *Parental participation and engagement is a program requirement.

Description and Tactics (How):
Multi-disciplinary Clinical Program: 12-week program involving 3 medical clinic visits, weekly fitness and nutrition class partnership with YMCA (Medicaid Preventive Health Vouchers accepted).

Community Program: 8-week fitness and nutrition class partnership with Nampa Parks and Recreation (Medicaid Preventive Health Vouchers accepted).

FY 2015 New YEAH program: YEAH Explore Camp. A 5-day camp for 25-30 campers.

Resources (budget):
Staffing includes partial FTEs from these types of positions:

- Dietitian
- Physician
- Program manager
- Social worker

Plus supplies, equipment, facility fees, scholarships, and mileage

Expected Program Impact on Health Need:
A total of 195 children and their families were expected to participate in the YEAH! programs in FY 15. Outcome data was collected on weight, height, BMI, waist circumference, blood pressure, fitness improvements and quality of life. Our goal was to have 70% of YEAH clinical program

participants reduce BMI by 2 units at 6 months program participation, and 90% of participants showing quality of life improvements for parent and child as measured by a statistically significant increase in the Peds QL score at the 3 month mark. It was also expected that 20% of participants would also show statistically significant differences from baseline as a result of participation in YEAH! for waist size, blood pressure and fitness tests of distance run and sprint. **Due to programmatic changes, data was collected on participants at baseline, eight weeks and twelve weeks.*

FY 2015 Update:

YEAH! had 126 participants in FY 15:

BMI reduction: BMI, on average, decreased .4 at eight and twelve weeks' participation in the program, which proved to be statistically significant.

- Both the clinical and community programs result in BMI reduction similarly among *both* younger children (<12 years of age) and older children (12+ years of age)

Pediatric Quality of Life Indicator: The Pediatric Quality of Life Indicator assesses participants' and parents' perceptions of physical, emotional, social and school-related issues which combine to generate an overall score. For the participant (child), goal is for all parameters to be improved at eight (community) and 12 weeks (clinical), attesting to the lasting effect on a child's self-image. Our goal is for parents' perceptions to also be statistically significantly positive at eight and twelve weeks.

Pediatric Quality of Life Improvement:

A statistically significant improvement was seen in both the clinical and community program interventions. The community program resulted in an average increase of seven points per assessed child. The clinical program resulted in nearly a 10 point gain for the boys, but the girls showed a slightly lower improvement of four points. Of note, boys enter the clinical program with much-lower perceived quality of life. For boys, PQL improves significantly over time, but remains lower than among girls at end-of-program.

Waist Circumference:

Statistically significant decreases were found in both the clinical and community programs for both male and female participants.

Clinical participants:

- Baseline assessment: 94.0
- Twelve week assessment: 90.6

Community participants:

- Baseline assessment: 93.1
- Eight week assessment: 90.5

(Note: Estimates and significance tests from multivariate longitudinal regression analyses, controlling for cohort, child age, and child gender).

Cincinnati Children's POWER (Pediatric Obesity Weight Evaluation Registry) Consent:
Of 108 participants, 106 (98%) consented to participate in the POWER registry. This is a prospective registry designed to address the gap in evidence on characteristics and success of multi-disciplinary pediatric weight management programs. This registry contributes to the understanding of the severity of pediatric obesity, factors associated with engagement and outcomes related with multi-disciplinary weight management programs.

Explore Camp:
Explore Camp was a healthy lifestyle and self-esteem building project that helped participants explore what was possible when they believed in themselves. The week-long camp impacted 18 kids who engaged in improving healthy lifestyle behaviors through a collaborative effort of partners across the Treasure Valley.

**It was determined that there were too many variables that impacted blood pressure, fitness test outcomes and 5-2-1-0 logging, thus those indicators were not measured for statistical improvement.*

For FY 2015, the total of youth and family member participants was 126, bringing the total participation to 724.

FY 2016 Goals:

Multi-disciplinary Clinical Program and Community Program:

1. More than 150 children and their families participate (estimated total of 800, participants and family members) in the YEAH! clinical and community programs and summer camp.
2. Our goal is to show statistically significant improvements in the following:
    a. BMI Z Scores for both male and female participants
    b. Pediatric Quality of Life Indicator for both children and parents
    c. Abdominal Circumference for both male and female participants
3. At least 95% of participants consenting to be part of the POWER (Pediatric Obesity Weight Evaluation Registry) pilot led by Cincinnati Children's.
4. Development of a support system for participants following program completion. This would include capturing longitudinal data.
5. Develop and implement a 2016 Summer Healthy Living Camp.

Partnerships/Collaboration:

YMCA
Nampa Parks and Recreation
Cincinnati Children's Hospital

18. Program Name: HHHU (Healthy Habits, Healthy U)

Community Needs Addressed:
Childhood obesity
Teen exercise and nutrition

Target Population:
3. 4th and 8th grade students in the Boise School District.

Description and Tactics (How):
HHHU's goal is to increase awareness of the link between obesity and cancer through an active-learning outreach program. Students learn how healthy eating and physical activity can reduce their risks of developing cancer. The lessons incorporate hands-on activities with real organs, cancerous and non-cancerous, that integrate with the school curriculum.

FY 2015:
Resources (budget):
Staffing includes a community cancer education manager, a Boise State University (BSU) Health Promotions program coordinator, and BSU interns. Printed materials and classroom supplies for teachers and students, and mileage/gas cards for interns.

Expected Program Impact on Health Need:
Participating students successfully differentiated between the healthy and cancerous organs. Fourth graders identified healthy eating and physical activity behaviors they planned to complete over the next five days. The eighth graders summarized key facts from the presentation; connected concepts to health practices that can reduce cancer, and brainstormed health behavior changes they could make to increase their overall health. Teachers reported HHHU lessons integrated well with their health curriculum, they would partner with HHHU again, and they would recommend the program to other teachers.

FY 2015 Update:
In its 2nd year of implementation, the HHHU program expanded to include all 8 junior high schools and 4 elementary schools in the Boise School District. Compared to FY14, the number of 4th and 8th grade students participating in HHHU grew by over 400%, with over 2,030 participants in FY15.

FY 2016 Goals:
FY 16 Goals are to expand the program to at least 3 additional elementary schools in the Boise School District.

Partnerships/Collaboration:
St. Luke's Pathology
St. Luke's YEAH!
Boise State University
Boise School District

Program Group 2: Diabetes Programs

Wellness, prevention, and chronic condition management for diabetes were identified as high priority needs, and screening for diabetes was ranked was ranked above the median. We grouped these programs together because we believe coordination of these programs will produce the best results. When it comes to serving patients with diabetes, no single program can address the entire range of patient medical needs, schedules, or preferences. Therefore, St. Luke's has chosen to offer a number of diabetes programs designed to meet a wide variety of patient conditions.

19. Program Name: Behavioral Health Services at Humphreys Diabetes Center

Community Need Addressed:
Wellness & Prevention for Diabetes

Target Population:
Adults, teens and children with both type 1 and type 2 diabetes who all are experiencing emotional, behavioral or mental health issues that impede diabetes care. General community population. We accept Medicare, private insurance, and have a sliding fee scale for low income patients.

Description and Tactics (How):
St. Luke's Humphreys Diabetes Center will offer the following behavioral health services related to weight loss and diabetes in FY 14:

- Individual and family therapy; patients may be self-referred or referred by a physician or diabetes educator; services are billed to private insurance and Medicare;
- Consultations with medical providers, school staff and diabetes educators to problem solve emotional and behavioral barriers to diabetes care.
- Presentations for various community groups and professional organizations on topics of chronic illness, behavior change, emotional eating, stress management, behavioral interviewing, etc.
- Walk N Talk support group to provide education and support on emotional and behavioral factors in regards to weight loss.
- Provide psychosocial support for community diabetes camps.

Resources (budget):
FY 15, one .9 full-time employee (licensed psychologist) is required to fill the need.

Expected Program Impact on Health Need:
Improved diabetes management, weight-loss, decrease in A1c, fewer complications, reduction in mental health issues. In FY 14 our goal is to have at least 500 patient appointments, provide services to over 150 people at diabetes camps, to present with over 1,000 other community members, and consult with over 75 professional people. In FY14, we actually had 450 individual patient appointments and served 214 individuals through diabetes camps. Based upon a progress monitoring tool assessing improvement in the following areas: following their medical plan, healthy eating, physical activity, mood and stress, 94% reported moderate to significant improvement in 2 or more areas and 56% reported moderate to significant improvement in all areas.

FY 15 Goal: 500 patient encounters; 80% or more of patients report moderate to significant improvement in 2 or more of the following areas; medical plan, healthy eating, physical activity, mood and stress.

FY 2015 Update and FY 2016 Goals:

The FY goal was exceeded, with 542 patient encounters; 99% reported improvement in 2 areas with 92% of patients reporting moderate to significant improvement in 2 or more of these areas: medical plan, healthy eating, physical activity, mood, and stress.

Served more than 185 people through camps (120 Hodia Kids, 40 Hodia DTreat, 25 Family).

Provided multiple community presentations, reaching 325 individuals.

The FY 2016 goals have been increased to 550 patient encounters; 90% or more of patients reporting moderate to significant improvement in 2 or more of these areas: medical plan, healthy eating, physical activity, mood, and stress.

Partnerships/Collaboration:

Comments:
Working with St. Luke's Wellness, YMCA, Diabetes Alliance, Idaho Social Work Association, Idaho Dietetic Association, Local school districts, St. Luke's Children's Hospital, Idaho Diabetes Youth Programs.

20. Program Name: Diabetes Education and Management (DEaM) Initiative

Community Needs Addressed:
Chronic Disease Management for Diabetes

Target Population:
This initiative sets guidelines for St. Luke's clinics treating adults ages 18 and over who have been diagnosed with Type 1 or Type 2 diabetes. At this point, the cost of the program will be determined by the needs of each clinic and will be included in the clinic budget. The cost to the patient is the usual and customary fees as it relates to clinic follow-up care provided by the patient's PCP.

Description and Tactics (How):
Literature is clear that chronic disease self-management will improve the outcomes for those who have diabetes. To improve self-management skills for a chronic disease like diabetes, the healthcare system (Healthcare team) must empower the individual with the appropriate tools and confidence to self-manage. The patient attains the motivation for gaining these tools and building confidence through interacting with various providers in the healthcare system. Currently these providers (primary care providers, endocrinologists, diabetes educators, dieticians and mental health providers) - all interact with the patient separately and may or may not be "collaborating" with the individual patient or one another to develop an individual's care plan. This approach may cause mixed messaging and confusion rather than mastering self-management. The purpose of this initiative is to develop care processes and education that is complementary and directed by the individual for whom the care is provided.

Diabetes Education and Management (DEaM) is a system-wide initiative to transform and integrate the delivery of health care encouraging our diabetes patients to partner with their health care team driving quality, and improving health outcomes of our community – one patient at a time. The initiative will identify current gaps in care delivery including standardization of the documentation and follow up process; patient education materials; opportunities to interact with diabetes educators and behavioral health specialists; clinic staff training; and population management of diabetic patients. DEaM will focus on these areas utilizing the following workgroup structures: Diabetes Education, Care Management, Behavioral Health, and Community/Public Health.

Although the initiative is diabetes centric, the insights gained from this program will be adopted/adapted to other chronic disease states such as Heart Failure, COPD, and/or Asthma.

2015 Update and 2016 Goals:
The DEaM Initiative has been discontinued. The Steering Committee held its last official meeting in January 2015. The initiative was discontinued because it had no authority with which to implement team-based process changes; this authority resides within St. Luke's Physician Services. While little action was taken on the FY 2015 goal, as a recommendation by the committee to disband had been made earlier in the fall of 2014, DEaM did have a number of key accomplishments, including:

- Developed an agreed-upon list of education materials to be used across St. Luke's Health System for diabetes mellitus (DM) education with annual review
- Updated St. Luke's Clinical Resources intranet page with current education tools and identified staff to keep DM education tools current on intranet site
- Identified need for clinic staff training
- Recommended Air Force Behavioral Health Integration model (Primary Care Behavioral Health–PCBH)
- Developed a business case for sustaining the integrated model
- Developed a work plan for integration including, but not limited to, integrated Behavioral Health protocols, compliance plan, policies and procedures, job descriptions
- Created PCBH Manual for standardization and replication across multiple sites
- Implemented electronic health record tools:
    - Epic Registry
    - Epic Synopsis (development and implementation)
    - Epic Best Practice Advisory BPA
    - Hyperlinks to Best Practice (IDC)
- Recommended that clinics follow AADE Competencies for roles/responsibilities
- Developed recommendations for Team-Based Care
- Liaisons with interested independent primary care clinics/providers
- Liaisons with State Health and Welfare contacts for Behavioral Health
- Developed co-management relationships with Mental Health Agencies in Oregon
- Developed monthly reporting with WhiteCloud Analytics data for pilot providers
- Was developing a dashboard reflecting monthly data feedback for quality improvement activities

21. Program Name: Diabetes Education Services

Community Need Addressed:
Wellness & Prevention for Diabetes
Chronic Disease Management for Diabetes

Target Population:
Adults and Children with type 1 and type 2 diabetes. St. Luke's accepts Medicare and Medicaid, and has a sliding fee scale for low income individuals.

Description and Tactics (How):
Diabetes is a chronic disease and requires self-management by the patient on a daily basis. Good diabetes education is critical to preventing long-term complications and maintaining good health. St. Luke's Humphreys Diabetes Center (HDC) offers a full range of diabetes education services including: a comprehensive diabetes management class; individual consults with Certified Diabetes Educators; insulin starts and medical management per HDC protocol; insulin pump starts and instruction; continuous glucose sensor starts and instruction; and medical nutrition therapy.

Resources (budget):
In FY 15 we plan to have 7.5 nurses and 4 dietitians dedicated to this program.

Expected Program Impact on Health Need:
Research has demonstrated that diabetes education can reduce complications by 50% and hospitalizations by 72%, and every dollar that is invested in diabetes education can cut health care costs by up to $8.78. Our goal is to have hemoglobin A1c's drop by an average of 1.0% after completion of this program.

To date, we have had 1842 individual patient visits, and 317 group visits. A1c has dropped an average of 1.7% after completion of the diabetes education program

FY 2015 Update and 2016 Goal:
The FY 2015 goal was to decrease Hemoglobin A1c by 1% in patients who complete a program, and this goal was exceeded with an average decrease in Hemoglobin A1c value of 1.7%. There were 3,127 individual patient visits and 464 group visits.

The FY 2016 goal remains the same: Decrease Hemoglobin A1c by 1% in patients who complete a program.

Partnerships/Collaboration:
Insulin pump companies, glucose sensor companies, and glucose meter companies.

22. Program Name: Diabetes Prevention Classes

Community Need Addressed:
Wellness/Prevention for Diabetes
Adult Weight Management
Adult Nutrition Education

Target Population:
Adults identified with glucose intolerance, pre-diabetes, insulin resistance, metabolic syndrome, etc. Patient cost is $162 and it is paid for privately.

Description and Tactics (How):
Currently the diabetes prevention class is a two-part series, 1.5 hours each, in a group setting. Upon completion of the class, patients are emailed 12 weeks of follow-up emails with additional health information. Patients are referred to St. Luke's Humphreys Diabetes Center by physicians for this service. Sometimes patients self-refer. Offered once a month at the Boise office.

Resources (budget):
.15 dietician FTE

Expected Program Impact on Health Need:
In FY 14 we expect 80 people to go through the program. Our goal is for a 1.4% average reduction in BMI for those who complete the course.
In FY 14 had 47 patients move through our diabetes prevention program. The A1c data must be pulled from our electronic medical record (*my*StLuke's). The build for the report is under way, but is not available at this date.

FY15 goal: 100 individuals to attend class, reach HDC healthy eating goal benchmark (72%) and 50% or more reach HDC physical activity goal benchmark.

2015 Update and 2016 Goals:
The attendance goal was not met, with 70 individuals attending class.

In January 2015, the Diabetes Prevention Class format was changed to a no-referral program and a fee of only $50 to attend. This was done as a pilot program to see if we could increase attendance. With the new format, benchmarks were not followed as described in our 2014 report.

Thirty-five (35) patients filled out a confidence survey:
5 = I can successfully live with pre-diabetes – 17 people (48%)
4= I feel I am in good control of my pre-diabetes – 6 people (17%)
3 = I feel my pre-diabetes is controllable – 12 people (34%)
2 = I feel I could control my pre-diabetes if I had more knowledge and discipline – 0
1 = I do not feel in control of my pre-diabetes – 0

FY 2016 goals are 100 patients to attend class; 75% of patients to list a 4 or 5 on all items on the confidence scale.

Partnerships/Collaboration:
Not at this time; potential to coordinate with the YMCA, St. Luke's Wellness, and St. Luke's Heart Health and Rehabilitation.

23. Program Name: Diabetes Specialty Clinic

Community Need Addressed:
Chronic Disease Management for Diabetes

Target Population:
Adults and Children with type 1 and type 2 diabetes. St. Luke's accepts Medicare and Medicaid, and has a sliding fee scale for low income individuals.

Description and Tactics (How):
Diabetes is a chronic disease and requires self-management by the patient on a day-to-day basis. Humphreys Diabetes Center will transition to include a clinical specialty clinic, with physicians, physician assistants, and/or nurse practitioners on-site to provide clinical management of the diabetes patients in the same location as they receive diabetes education. The goal is to improve access and coordination of care for diabetes patients.

Resources (budget):
In FY 14 will plan to have a 1.0 FTE Advanced Practitioner and a 1.0 Medical Assistant.

Expected Program Impact on Health Need:
By combining clinical diabetes management and diabetes education in one location, our goal is to have lower patient A1c values. We will evaluate the decrease in A1c across our patient to make sure this program is effective.

To date we have seen 100 patients in the in-clinic setting; A1c values are not available at this time.

FY 2015 Update and 2016 Goals:
The FY 15 goal of 357 patient encounters was surpassed, with 531 patient encounters. (This team-based care model is fairly new, so the goal reflects increasing access to care.)

The FY 16 goal is to have 3 providers and 3 MAs on board by January 2016. We estimate we will be able to increase our patient encounters goal to 1,100.

24. Program Name: Don Scott Diabetes Family Camp

Community Need Addressed:
Wellness and prevention for diabetes

Target Population:
Families with children who have type 1 diabetes. The camp is $100 per family, with scholarships available for families who cannot afford the fee.

Description and Tactics (How):
A one-day camp offered to families at Bogus Basin Mountain Resort. The camp offers outdoor activities for the entire family. It includes group sessions for the parents and caregivers with our diabetes educators and psychologist, peer-to-peer opportunities for the kids and an evening campfire. The goals of the camp are:
1) Encourage families to participate in outdoor activities while managing a child with a chronic disease;
2) Develop teamwork within the family structure; and
3) Encourage healthy lifestyle habits for all family members.

Resources (budget):
Hard costs plus staff time to develop and run the camp will run between $10,000 and $15,000.

Expected Program Impact on Health Need:
In FY 14 our goal is to have over 90 family members attend the camp. The goal is to improve family dynamics; ability for low-income families to access diabetes education and camps; opportunity for parents/caregivers and children to develop a social network. All these of these improve the psycho-social component in families, allowing them to better manage the stress associated with chronic disease and leading to better outcomes.

In FY 14, a total of 42 family members attended the Camp. We are surveying families to discover if there is a better time of year to hold the camp so we can increase the number of participants. Our 2015 goal is to reach 75 family members. The goals of Camp continue to be improving family dynamics; providing low-income families access to diabetes education and camps; opportunities for parents/caregivers and children to develop a social network. All of these improve the psycho-social component in families, allowing them to better manage the stress associated with chronic disease and leading to better outcomes.

FY 2015 Update and FY 2016 Goal:
With 53 participants, Family Camp did not meet its FY 15 goal.

Our FY 16 goal remains the same as FY 15: Reach 75 family members.

Partnerships/Collaboration:

Bogus Basin, diabetes diagnostic and pharmaceutical companies, Idaho Diabetes Youth Programs. Bogus Basin was a huge part of the success last year, offering the use of their staff, facilities and food preparation at drastically reduced prices.

25. Program Name: Gestational Diabetes Education Program

Community Need Addressed:
Wellness & Prevention for Diabetes
Pre-natal Care Programs

Target Population:
Pregnant women with Gestational Diabetes. Most private insurance plans, and Medicare and Medicaid, reimburse for diabetes education during pregnancy. Low income individuals are eligible for St. Luke's sliding fee schedule.

Description and Tactics (How):
This population is highly motivated group of patients. Humphreys Diabetes Center offers a program that consists of an initial visit with a Certified Diabetes Educator and at least one follow-up. Additional visits are required if insulin is initiated. The goal of the program is to achieve optimal blood sugar control for a healthy pregnancy outcome.

Resources (budget):
.25 dietician/nurse FTE

Expected Program Impact on Health Need:
Our FY 14 goal is to see 250 women helping to ensure healthy pregnancies with reduced complications; healthy infants; reduced risk for the mother developing type 2 diabetes if lifestyle changes made during the pregnancy are maintained after delivery.
This is a referral driven program. OBGYN clinics refer the most complicated cases but they have adopted their own training for less complicated cases.

FY 2015 Update and FY 2016 Goal:
FY 15 goals are focused on impact and measured results. This reporting matches the American Diabetes Association 75% or more reach HDC healthy eating goal benchmark; 75% or more reach HDC blood glucose monitoring goal benchmark; and 50% or more reach HDC physical activity goal benchmark. The FY 2015 goal to reach 250 woman was surpassed, with 296 women reached.

The FY 16 goal has been increased to reach 325 women.

Partnerships/Collaboration:
Insulin pump companies and glucose meter companies

26. Program Name: St. Luke's Health System Healthy U

Community Needs Addressed:
Adult weight management
Adult nutrition
Adult exercise
Adult smoking cessation
Adult prenatal care
Adult diabetes
Adult weight, blood pressure, diabetes and cholesterol screening and prevention

This program was described in Group 1 as part of weight management. Please refer to that section for a full description.

27. Program Name: Metabolic Syndrome

Community Needs Addressed:

Weight management
Diabetes prevention
Physical inactivity
Heart disease

This program was described in Group 1 as part of weight management. Please refer to that section for a full description.

28. Program Name: Nutrition Program for Diabetes Prevention

Community Need Addressed:
Wellness and Prevention for Diabetes

Target Population:
Children and adults at risk for developing type 2 diabetes. There is no charge for this community resource.

Description and Tactics (How):
We have developed a 30-minute community presentation that covers the basics of good nutrition and the necessity of activity on a daily basis to help decrease the risk for developing type 2 diabetes. The plate method is explained to encourage children and adults to eat meals that have the correct portion sizes and that are high in nutrients and fiber, low in fat and calories. The presentation also covers how to start a basic exercise regimen, usually in the form of walking.
The presentation is delivered to employees at a variety of businesses, civic groups and schools. We also attend local health fairs to disseminate information on good nutrition and healthy meal planning to help prevent type 2 diabetes.

Resources (budget):
Humphreys has a .85 FTE community outreach coordinator who delivers these programs.

Expected Program Impact on Health Need:
In FY14 we plan to reach over 4,000 community members with this program providing basic nutrition information to help demystify how and what individuals should be eating for best health.
We reached 2,165 community members with information. Declining requests for this type of service from the community are reflected in our lower numbers.

FY 2015 Update and FY 2016 Goal:
The FY 15 goal to reach 2,300 community members with nutrition and diabetes prevention information was surpassed, as we reached 2,602 community members.

The FY 2016 goal has been increased: Reach 2,800 community members with nutrition and diabetes prevention information.

Partnerships/Collaboration:
Local businesses, schools, and civic groups who invite us to present.

29. Program Name: Pediatric Diabetes Mellitus – Awareness Sponsorship

Community Needs Addressed:
Diabetes: Pediatric Diabetes Outcomes

Target Population:
Children and Adolescents of elementary, middle-school, and high-school ages, which would typically be less than 19 years.

Implementation and Background:
The incidence of type 1 diabetes mellitus and type 2 diabetes are noted to be increasing in the pediatric population throughout the United States. If the diagnosis is not made early in the course of disease process, pediatric patients with new onset and uncontrolled diabetes mellitus can present with diabetic ketoacidosis (DKA). DKA is a potentially fatal condition that is associated with poorer long term prognosis. Additionally, the treatment of all but the mildest class of DKA necessitates initial therapy with intravenous insulin in the intensive care setting. Thus, early diagnosis of new onset diabetes mellitus can spare patients from a higher risk of the long term and largely preventable microvascular and macrovascular sequelae associated with diabetes mellitus. Additionally, early diagnosis can prevent or ameliorate the substantially increased costs associated with intensive care treatment.

Prior research has shown that diabetes awareness campaigns succeed in effecting a lower prevalence of DKA at diagnosis of new onset diabetes mellitus. Successful campaigns in other parts of the country have included: 1) small and economically-feasible handouts to schools so as to notify parents of the classical symptoms associated with diabetes mellitus; and 2) public awareness measures such as advertisements in or on local hardcopy publications, billboards, and radio programs.

Given the success of easily arranged campaigns in other parts of the United States, it is not only appropriate but necessary to inform parents, school personnel, and are healthcare providers about the classical presentations of diabetes mellitus. The St. Luke's Children's Endocrinology Clinic recommends distribution of NIDDK-approved awareness literature to schools willing to distribute information to parents of school-aged children. Additionally, school nursing staff would be an ideal audience given their role in overseeing the health of the children encountered in the course of their on-site health supervision. Additionally, local pediatric healthcare providers, family care providers, emergency department providers and providers in urgent care settings can be provided with concise but professional literature concerning the prevalence of diabetes mellitus in the pediatric population.

Resources:
We have budgeted for the printing and mailing costs of the handouts as well as for the time to administer the program.

Expected Program Impact on Health Need:

The intervention program expects to reach 40 school nursing staff and 25 regional multi-provider pediatric and family practice provider groups. We expect to immediately reduce the frequency of DKA at diagnosis of new onset diabetes mellitus in the local pediatric population.

The intervention begins in June 2014 when we address the School Nurse Organization of Idaho (SNOI). Literature and handouts will be provided to the various school nurses so as to allow for distribution to parents when such is deemed acceptable.

Once the school awareness campaign is set into motion, comparison data will be collected from the 2015 calendar year in order to determine if children with new onset diabetes are presenting in a less severe state at diagnosis.

We anticipate reducing the frequency of diabetic ketoacidosis (DKA) at diagnosis of new onset diabetes mellitus to less than 35% in FY 14 and FY 15 (baseline is above 40%).

FY 2015 Update and FY 2016 Goals:

Over the past two years, diabetes education has been provided for attendees of the SNOI (School Nurses of Idaho) annual conference. This education has consisted of lectures. There has been modernization of diabetes management strategies utilized by the schools. Additionally, the clinical staff of St. Luke's Children's Endocrinology Clinic has been available for telephone and email correspondence with school nurses across the state. In addition to these educational opportunities, other educational activities purposed to develop increased public and school awareness have been conducted. Diabetes awareness has been promoted via social media, formal lectures targeting healthcare providers, and didactic educational sessions with physicians in residency training. The most significant challenge thwarting optimal awareness of the symptoms or warning signs of new onset type 1 diabetes may be the large geographical expanse that serves as the referral footprint for St. Luke's Children's Hospital.

For the calendar year starting June 1, 2013, there were 57 patients under 18 years of age admitted with new onset diabetes mellitus: 54 had type 1 diabetes, two had type 2 diabetes, and one had secondary diabetes. Of the 54 patients with type 1 diabetes, diabetic ketoacidosis (DKA) (HCO<18) was noted in 38, or 70.4%.

For the calendar year starting June 1, 2014, there were 63 patients under 18 years of age admitted with new onset diabetes mellitus: 59 had type 1 diabetes, three had type 2 diabetes, and one had secondary diabetes. Of the 59 patients with type 1 diabetes, DKA (HCO<18) was noted in 35, or 59.3%.

There has been a decrease in the percentage of patients that present with diabetic ketoacidosis (DKA) at diagnosis with new onset type 1 diabetes mellitus. However, using a Z-test calculation, statistical significance is not achieved for a P value of 0.05. This is likely due to the small sample size. Ongoing analysis is need to demonstrate a statistically significant trend.

That the prevalence of DKA at diagnosis remains greater than 35% suggests a need for further educational activities targeting those who may observe symptoms or signs of previously

undiagnosed diabetes mellitus in children. Such groups include teachers, school administrators, coaches, and Idaho's adults and children.

Goals for FY 2016 year are to:

1. Observe continued decrease in the prevalence of DKA for pediatric patients with new onset type 1 diabetes mellitus.
2. Define the 2015-2016 goal for prevalence of DKA at diagnosis with new onset type 1 diabetes mellitus as less than 50%. Such would represent ongoing progress and a two-year reduction from greater than 70% to less than half.
3. Provide ongoing diabetes awareness education for school personnel.
4. Provide diabetes-awareness information for schools to distribute to parents, in order to increase the likelihood of recognizing type 1 diabetes mellitus in pediatric patients prior to the onset of DKA.
5. Continue to promote diabetes awareness information through social media avenues such as JDRF Idaho's Facebook page.

30. Program Name: Pediatric Diabetes Mellitus - Promote Standards of Care

Community Need Assessed:
Diabetes: Pediatric Diabetes Mellitus

Target Population:
Local healthcare providers, school personnel, and public

Description and Implementation:
Type 1 diabetes mellitus and Type 2 diabetes mellitus are increasingly common in the pediatric age group. As such, healthcare providers and local school staff will continue to frequently be in a position to provide healthcare advice for children with diabetes mellitus. There are varied approaches to the management of scenarios that children with diabetes commonly face. To an extent, management strategies can differ and prove equally efficacious. However, it is important that there is awareness amongst providers of the current standards of care provided by the established expert bodies. Such groups include the American Diabetes Association (ADA), International Society for Pediatric and Adolescent Diabetes (ISPAD), Pediatric Endocrine Society (PES), and Endocrine Society. There are consensus guidelines and individually asserted standards of care that are regularly provided by these groups. Given that such guidelines are evidence-based in terms of improved health outcomes and the provision of cost-effective medical care, it is of great import that there is awareness concerning the standards of care for the treatment of diabetes mellitus in children.

The St. Luke's Children's Endocrinology clinic providers and staff endeavor to provide the relevant standards of care to local healthcare providers in their unabridged form. Documents summarizing and citing the various standards of care pertaining to the management of pediatric diabetes mellitus will be provided so as to allow for expedited review. This will help to avoid unnecessary and cost-ineffective treatments as well as reduce the risk of avoidable adverse outcomes in pediatric patients with diabetes mellitus. Additionally, it would be recommended that lectures concerning standards of care be provided at regional centers on an annual basis and whenever new evidence-based guidelines are established. Furthermore, it would be beneficial to continue to promote educational opportunities for the public via supplying individuals with literacy and numeracy appropriate information in health fair settings.

Resources (budget):
Funding is available for the distribution of summarization of the current standards of care and consensus guidelines provided by ADA, ISPAD, PES, and the Endocrine Society. Additionally, we have allotted funds for mailing and printing costs for distribution of the materials to local school personnel.

Expected Program Impact on Health Need:
It is anticipated that the cost-effective measures outlined above will accomplish the following:

1. Reduction in unnecessary visits to emergency departments and urgent care settings for scenarios that can effectively be managed without such intervention.

2. Reduction or avoidance of the adverse outcomes pertaining to the treatment of diabetic ketoacidosis (DKA), including cerebral edema.
3. Improvement of hemoglobin A1c values, which is a surrogate marker of overall glycemic control over the past 2-4 weeks and is associated with long term prognosis in patients with pediatric diabetes mellitus.
4. Reduction in the frequency of DKA at diagnosis of new onset diabetes.

This program is intended to promote standard of care for providers interacting with children with diabetes. In the latter part of July of 2014, prior to the "back to school physical" time, electronic versions of ADA and ISPAD diabetes guidelines will be distributed. We plan to demonstrate results for the above measures during the 2015 calendar year. The baseline data for the prevalence of DKA at diagnosis during 2012 will be used as a comparison for the data collected during the 2015 calendar year.

We anticipate reducing the frequency of diabetic ketoacidosis (DKA) at diagnosis of new onset diabetes mellitus to less than 35% in FY 14 and FY 15 (baseline is above 40%)

FY 2015 Update and FY 2016 Goals:

Over the past two years, diabetes education has been provided for attendees of the SNOI (School Nurses of Idaho) annual conference. This education has consisted of lectures. There has been modernization of diabetes management strategies utilized by the schools. Additionally, the clinical staff of St. Luke's Children's Endocrinology Clinic has been available for telephone and email correspondence with school nurses across the state. In addition to these educational opportunities, other educational activities purposed to develop increased public and school awareness have been conducted. Diabetes awareness has been promoted via social media, formal lectures targeting healthcare providers, and didactic educational sessions with physicians in residency training. The most significant challenge thwarting optimal awareness of the symptoms or warning signs of new onset type 1 diabetes may be the large geographical expanse that serves as the referral footprint for St. Luke's Children's Hospital.

For the calendar year starting June 1, 2013, there were 57 patients under 18 years of age admitted with new onset diabetes mellitus: 54 had type 1 diabetes, two had type 2 diabetes, and one had secondary diabetes. Of the 54 patients with type 1 diabetes, diabetic ketoacidosis (DKA) (HCO<18) was noted in 38, or 70.4%.

For the calendar year starting June 1, 2014, there were 63 patients under 18 years of age admitted with new onset diabetes mellitus: 59 had type 1 diabetes, three had type 2 diabetes, and one had secondary diabetes. Of the 59 patients with type 1 diabetes, DKA (HCO<18) was noted in 35, or 59.3%.

There has been a decrease in the percentage of patients that present with diabetic ketoacidosis (DKA) at diagnosis with new onset type 1 diabetes mellitus. However, using a Z-test calculation, statistical significance is not achieved for a P value of 0.05. This is likely due to the small sample size. Ongoing analysis is need to demonstrate a statistically significant trend.

That the prevalence of DKA at diagnosis remains greater than 35% suggests a need for further educational activities targeting those who may observe symptoms or signs of previously undiagnosed diabetes mellitus in children. Such groups include teachers, school administrators, coaches, and Idaho's adults and children.

Goals for FY 2016 year are to:

6. Observe continued decrease in the prevalence of DKA for pediatric patients with new onset type 1 diabetes mellitus.
7. Define the 2015-2016 goal for prevalence of DKA at diagnosis with new onset type 1 diabetes mellitus as less than 50%. Such would represent ongoing progress and a two-year reduction from greater than 70% to less than half.
8. Provide ongoing diabetes awareness education for school personnel.
9. Provide diabetes-awareness information for schools to distribute to parents, in order to increase the likelihood of recognizing type 1 diabetes mellitus in pediatric patients prior to the onset of DKA.
10. Continue to promote diabetes awareness information through social media avenues such as JDRF Idaho's Facebook page.

Comments:

The Children's Endocrinology Clinic has already contributed to the development of evidence-based protocols for inpatient diabetes management at multiple St. Luke's locations. However, there are still occasionally adverse outcomes stemming from a lack of awareness concerning the relevant standards of care. This initiative can and should lead to a reduction in overall health costs attributed to the treatment of diabetes mellitus.

31. Program Name: TrialNet Diabetes Research Program.

Community Need Addressed:
Diabetes Education

Target Population:
First and second degree relatives (both children and adults) of individuals with Type 1 diabetes.

Description and Tactics (How):
The TrialNet Pathway to Prevention Program is divided into two parts: Screening and Monitoring. This program is always free to patients.

Screening involves drawing blood and shipping the specimen to a core laboratory for assessments of autoantibodies that are predictive of the development of type 1 diabetes (T1D).

Those who test positive are eligible to enter the **monitoring** phase which includes a baseline monitoring visit at a TrialNet site to estimate the level of risk of developing T1D. Participants are followed-up either annually or semi-annually depending on their risk level.

All participants will have repeat testing for autoantibodies and HbA1c; those in the higher risk will be closely monitored with Oral Glucose Tolerance Tests (OGTT). Participants who initially receive annual monitoring will be followed with semi-annual monitoring if their risk level for developing T1D increases. Participants who develop diabetes may be invited to enroll in an early treatment study aimed at preservation of islet cell function.

The St. Luke's Humphreys Diabetes Center here in Boise has ranked number one and number two in the world for the number of individuals screened.

Resources (budget):
1.0 FTE Clinical Coordinator

Expected Program Impact on Health Need:
Screen 300+ individuals to determine if they have the autoantibodies that put at high risk for developing Type 1 diabetes. Individuals identified as high risk can qualify for early treatment studies aimed at preserving islet cell function, with the ultimate goal for preventing the onset of Type 1 diabetes. Our goal is to be consistently ranked in the top five participating clinics as measured by the number of people screened.
197 were screened for October 13- Sept 14. 102 participants are new to this program.

FY 15 our goal is to screen 150 individuals (The reason 2015 goals are lower than 2014 actuals is participants are ineligible per protocol to be screened after they reach the age of 18 and adults 45 and under can be screened only once the number of possible screens diminish over time if patients aren't willing to take part in the study).

FY 2015 Update and FY 2016 Goal:

In FY 2015 (July 31, 2014-July 31, 2015), 232 individuals were screened, surpassing the goal of 150 screenings.

The FY 16 goal has been increased: Screen 175 individuals.

Partnerships/Collaboration:

TrialNet is funded by:

- The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
- The National Institute of Allergy and Infectious Diseases (NIAID)
- The National Institute of Child Health and Human Development (NICHD)
- The National Center for Research Resources at the NIH, which provides support through its General Clinical Research Centers (GCRC) Program.
- Juvenile Diabetes Research Foundation International (JDRF).
- American Diabetes Association (ADA)

Program Group 3: Mental Health Programs

Programs for mental illness, suicide prevention, and availability of mental health service providers were identified as high priority community mental health related needs and are grouped together in this section.

32. Program Name: Financial Support of Allumbaugh House

Community Need Addressed:
Affordable Care
Mental Illness
Illicit Drug Use

Target Population:
Low income

Description and Tactics (How):
Allumbaugh House is a regional facility that offers sobering, detoxification, and crisis mental health services to all qualified residents. Clients must be 18 years or older. They must reside within Region IV (Ada, Boise, Elmore, and Valley Counties) and show potential for benefit from short-term stabilization. Priority will be given to clients with low income and/or lack of health insurance coverage.

Resources (budget):
St. Luke's plans to donate approximately $164,000 to the Allumbaugh House to support its operations in FY 14 and FY 15.

Expected Program Impact on Health Need:

FY 2015 Update and FY 2016 Goal:
St. Luke's will contribute a total of $166,206.00 in FY 15, surpassing the goal of contributing $164,000.

We will continue to develop positive working relationships with the Emergency Department at St Luke's Meridian. There has been an increase in the volume of referrals from the Meridian location and we will strive to support an effective and streamlined process consistent with St Luke's Boise ED.

Increased emphasis will be given to outcome measurement by using SOCRATES (a screening tool that measures motivation to change). Data collection measures will be reviewed to provide more outcome based information as well as the demographic information provided.

Allumbaugh House data for calendar year 2014:

- Inquiries: 1,602; Assessments: 940; Admissions: 741(Detox = 547 or 74%; MH = 194 or 26%)
- Average Daily Census: 13.9
- Average Length of Stay: Detox = 5.6 days; MH = 6.2 days

Admissions from St. Luke's – 153:

- Boise ED – 83

- Meridian ED – 36
- Hospital inpatient – 28
- McCall – 6

The FY 16 goals are to continue to improve access to substance abuse treatment by offering scheduled SUD assessments twice daily for voluntary, self-referred members of the community. This availability reduces the number of ED visits or potential legal intervention by encouraging patients to self-refer. In addition, our multi-disciplinary assessment team focuses on treatment engagement with both the patient and their families.

The FY 16 financial support goal is $164,000**.**

33. Program Name: Conquering Stress/Cultivating Balance Employee Mental Wellness

Community Needs Addressed:
Mental health

Target Population:
St Luke's employees and their spouses.

Description and Tactics (How):
The Conquering Stress and Cultivating Balance program is a series of 1 hour classes taught over a four-week period. This program addresses mental health needs by helping employees and their spouses gain the knowledge, skills and confidence to manage stress and adopt effective relaxation techniques.

Resources (budget):
Resources include a wellness coordinator, psychologist or certified counselor, or nurse/yoga instructor.

Expected Program Impact on Health Need:
A total of 100-150 participants are expected to be served by this program. Expected impact is to help employees manage stress, develop effective relaxation techniques and improve mental health. There are no measurable outcomes. Met FY 14 goals. For FY15: >=120 participants, 90% satisfaction, and 10% improvement in pre/post assessment (well-being assessment).

FY 2015 Update and FY 2016 Goal:
The FY 15 goal of 100-150 participants was not met, as the class was offered only once this year, with 20 participants. One person completed the class evaluation and was satisfied with the program. The pre/post well-being assessment was not utilized this year.

The FY 16 goals have been decreased, with 50 participants expected to be served by this program, which will be offered twice during the year. The classes will achieve 90% satisfaction ratings on the program evaluation.

Partnerships/Collaboration:
Partnerships are within St Luke's and potential contracted psychologist or counselor.

34. Program Name: St. Luke's Children's Center for Neurobehavioral Medicine (Pediatric Mental Health)

In the United States, one in five children, birth to 19, has a diagnosable mental disorder. One in 10 youth have serious mental health problems that are severe enough to impair how they function at home, in school, or in the community.

Community Needs Addressed:

- Mental Illness
- Suicide Prevention
- Availability of Mental Health Providers

Target Population:

Program will serve patients from birth through age 18 and their families.

This program accepts most insurance plans, including Medicare, in-state Medicaid, Tricare, Blue Cross/Blue Shield, and others. As well as sliding fee scale for client who have no insurance.

Description and Tactics (How):

In order to improve the health of people in our region, St. Luke's will create an outpatient program to assist and treat the developmental, behavioral, and mental health needs of children and adolescents. We know that children and adolescents with developmental and psychiatric disorders are currently underserved and cannot get access to appropriate specialty care. Therefore, our program is being developed to address the needs of this underserved population.

The model will be a "**collaborative care model**" and population management model that increases access to child and adolescent developmental pediatricians and psychiatrists. This will be accomplished through **consultations and co-management** of patients with primary care doctors and pediatricians that are currently seeing most of these children.

The St Luke's Children's Center for Neurobehavioral Medicine will serve two primary functions:

1. Providers in the community will be able to reach a psychiatrist by phone or email to staff cases and/or refer the patient when clinically indicated for **comprehensive psychiatric assessments** by board certified child and adolescent psychiatrists that will work alongside PHD psychologists and LCSW's to provide fiscally responsible, and high quality state of the art treatment.
    - Scope services would include:
        - We treat a variety of conditions, including:
        - Evaluations, assessments and treatment of children and adolescents
        - Group therapies
        - Preventive care, support, education, and care coordination for families
        - Intensive Outpatient clinic and/or partial hospital program
        - Telephone and email consultations for physicians
        - Research and advocacy services

- Tools for medical professionals to use in the screening and diagnosis of mental health issues
- Training for primary care providers in all aspects of mental health services

2. Through the Mental Health Assessment to Children (MATCH) program they will provide a regional education on all aspects of children's MH for physicians, community mental health professionals, and families.

FY 2015 Update and FY 2016 Goals:

Resources (budget):

Our treatment and service delivery is based on a Medical Home or "Team Based" model where primary care physicians are a crucial part of the team. Currently we our staffing:

- .1 FTE Medical Director,
- 3 FTE Receptionists,
- 2 FTE Child Psychiatrist
- 1 Psychiatric Mental Health Nurse Practitioner
- 2 FTE Psychologist
- CNM:
  - 1 LCPCs
  - 3.9 LCSWs
  - .5 Care Coordinator
  - 1.0 RN
  - 1.0 MA
- October 2014 incorporated the Children's Mental Health Rehab. Clinic:
  - 1.725 LCPCs
  - 1.2 LCSWs
- Developed in April 2015 co-located integrated model with LCPC from CNM at Eagle Treasure Valley Pediatric Clinic.

Expected Program Impact on Health Need:

- How we measure our success will be utilizing a statistically validated tool that tracks outcomes over the course of treatment (CAFAS, PECFAS, or DISC). Currently utilizing CAFAS and PECFAS at intake and 90 day treatment reviews.

- *Improvement on One or More Outcome Indicators:*
  - The number and percentage of cases who improved on at least one of 3 indicators between Initial and Most Recent CAFAS Assessments. The outcome Indicators include: Meaningful and Reliable Improvement, Number of Severe Impairments, and Pervasive Behavioral Impairment.
    - Improved 87 (60%)
    - Not Improved 58 (40%)
    - Excluded 4

- *Meaningful and Reliable Improvement:*
    - The number and percentage of cases with an improvement in CAFAS Total Score of 20 points or greater:
        - Improved 78 (54%)
        - Not Improved 67 (46%)
        - Excluded (Total score at Initial Assessment < 20) 4

- *Severe Impairments:*
    - The number and percentage of youth who did not have any severe impairments at Most Recent CAFAS Assessment ("Improved") and those who still had at least 1 severe impairment at Most Recent Assessment ("Not Improved"):
        - Improved 35 (61%)
        - Not Improved 22 (39%)
        - Excluded (No severe impairments at intake) 92

- *Pervasive Behavioral Impairment (PBI):*
    - The number and percentage of youth who were identified as being Pervasively Behaviorally Impaired at Initial Assessment and no longer meet PBI criteria at Most Recent Assessment ("Improved") and those who still met PBI criteria at Most Recent Assessment ("Not Improved"). PBI criteria is defined as severely or moderately impaired on three CAFAS subscales: School, Home, and Behavior Toward Others.
        - Improved 22 (71%)
        - Not Improved 9 (29%)
        - Excluded (Not pervasively impaired at intake) 118

- Primary goal for pediatric access: Improve access by 50% (baseline 2-3 months to see psychiatrist to below 4 weeks):
    - New Patient MDs: Scheduled out 11 weeks
    - Follow up MD: Scheduled out for 6 weeks
    - New Patient PMHNP: Scheduled out 2.5 weeks
    - Follow up PMHNP: Scheduled immediately
    - If urgent need for appointment, MD and PMHNP can accommodate patient within reason.

- Primary goals for pediatric capacity: Increase number of children co-managed by a psychiatrist and primary care physician from 100 to 500 patients in the first year:
    - Total co-managed patients is 230 after the first year
    - Patient discharged from PCP 173 after the first year

2016 Goals:

- Recruit 1 FTE Masters Level Therapist

- Development of Partial Hospitalization, with potential collaboration among St. Luke's Children's Neurobehavioral Medicine, Saint Alphonsus Health System, and St. Michael's Episcopal Church.
- Develop a new Children's Neurobehavioral Health Clinic in Nampa, Idaho, with possible 4 FTE masters level therapist and eventually a medication provider.
- Continued development of co-located integrated behavioral health model in the Eagle Primary Care Clinic.
- Develop additional co-located integrated behavioral health model in the Caldwell, Idaho.
- Explore the feasibility of embedded integrated primary care behavioral health model.
- Continued goal for pediatric capacity: Increase number of children co-managed (based actual consultation) by a psychiatrist and primary care physician from 230 to 300 patients in the first year.
- Continued development and implementation of System-wide Suicide Prevention Program.

Partnerships/Collaboration:

Our program collaborates with St Luke's inpatient hospitals, specialty clinics, family practice, and pediatric primary care physicians to develop a coordinate care plan and to ensure continuity of care. In addition, we partner and provide referrals with independent psychiatrists, psychologists, Idaho Department of Health and Welfare, independent behavioral health programs, and other specialty clinics or services. We partner with SPAN of Idaho for suicide prevention.

35. Program Name: Psychiatric Wellness Services

Community Needs Addressed:

- Mental Illness
- Suicide Prevention
- Availability of Mental Health Providers

Target Population:

Patients are either referred to Psych Wellness or self-referred. Psychiatric Wellness providers are trained to care for patients from the age of 16 through the end of life.

This program accepts most insurance plans, including Medicare, in-state Medicaid, Tricare, Blue Cross/Blue Shield, and others. As well as sliding fee scale for clients who have no insurance.

Description and Tactics (How):

Our providers (physicians, physician assistants (PAs), advanced registered nurse practitioners (ARNPs), and therapists (LCSW & LCPC) at St. Luke's Clinic) specialize in the treatment of mental illness with a focus on wellness. We provide compassionate expertise during times of psychiatric instability, allowing patient to work closely with a personalized care team that also includes medication providers and their local primary care doctor.

St. Luke's Clinic – Psychiatric Wellness Services is a full-service psychiatric clinic prepared to treat mental illness with understanding, compassion, and skill. We treat a variety of conditions, including:

- Mood disorders, including bipolar disorder and major depression
- Anxiety disorder
- Obsessive-compulsive Disorder (OCD)
- Panic disorder
- Post-traumatic Stress Disorder (PTSD)
- Psychosis

FY 2015 Update and FY 2016 Goals:

Resources (budget):

Currently we have 2 FTE Psychiatrists and will have 1 additional FTE starting August 31, 2015; 2 FTE Psychiatric Mental Health Nurse Practitioners; 4 FTE Licensed Clinical Social Workers; and 3 FTE Licensed Clinical Professional Counselors.

Expected Program Impact on Health Need:

The overall goal is to increase access and capacity for cost effective mental health services within St. Luke's Health System.

We provide both treatment for acute patients that can be returned to the primary care setting and long-term management of chronically mentally ill patients. This change has greatly improved the utilization of our program and we are serving a high number of patients in the valley with mental health needs. We still have the goal of reducing or minimizing admission or readmission to emergency departments and/or inpatient hospitalization.

- We are measuring all patients for depression using PHQ9 at intake and every 3 months.
- We also measure some patients with anxiety using GAD-7 at intake and at upon completion of treatment at the Wellness center. This may also be included in the objective measurement of patient progress if deemed appropriate by the provider or clinician.
- We are measuring all patients with the World Health Organization Disability Assessment Scale (WHODAS 2.0) at intake and every 3 months as a functional assessment scale.
- We have met all the requirements to hire 1 additional psychiatrist and 1 additional Psychiatric Mental Health Nurse Practitioner. Have hired 2 therapists (one LCSW and one LCPC credential) to work with each of the medication providers.
- We have expanded our service 4 days a week for medication provider and five days a week of mental health therapist coverage at the Diamond Health Primary care clinic in Nampa.
- Primary goal for adult access: Allow patients to access masters level therapist within 30 days and within 6 weeks to see psychiatrist in fiscal year 2015. LCPCs are limited to Medicaid and some commercial payers which limits our patient population.
- Primary goal of increasing the number of adults co-managed by a psychiatrist and primary care physician from 480 to 900 in fiscal year 2015 were difficult to determine. However PWS medication providers served 1149 total patient population and of those patients 1117 were identified with a PCPs.

FY 16 goals:

- Continue measuring all patients for depression using PHQ9 at intake and every 3 months. Develop report for patient outcomes based on PHQ9 score improvement.
- Continue measuring patients with anxiety using GAD-7 at intake and at upon completion of treatment.
- Continue measuring all patients with the World Health Organization Disability Assessment Scale (WHODAS 2.0) at intake and every 3 months as a functional assessment scale.
- Training and implement the Columbia Suicide Screening with all master's level therapist and medication providers.
- Improve number of adults co-managed (consultation-coordination) by a psychiatrist and primary care physician from 480 to 900.
- Develop "open access or walk in clinic hours" 1 hours per therapist for 5 days a week.
- Improve adult access to master's level therapist within 14 days and within 4 weeks to see psychiatrist.

Partnerships/Collaboration:

Our program collaborates with St Luke's inpatient hospitals, specialty clinics, family practice and primary care physicians to develop a coordinated care plan and ensure continuity of care.

In addition, we partner and provide referrals with independent psychiatrists, Idaho Health and Welfare, independent behavioral health programs, and other specialty clinics or services.

36. Program Name: Social Work Inpatient & Outpatient

Community Needs Addressed:

- Mental Illness
- Suicide Prevention
- Availability of Mental Health Providers

Target Population:

Program serves patients of all ages.

St. Luke's facilities accept most insurance plans, including Medicare, in-state Medicaid, Tricare, Blue Cross/Blue Shield, and others. As well as sliding fee scale for client who have no insurance.

Description and Tactics (How):

The purpose of Social Work at St Luke's is to enhance the quality of patient care as part of the interdisciplinary team through comprehensive psychosocial assessments, exploration and resolution of social, emotional and psychological factors affecting the patient's treatment or impeding recovery; clinically sound interventions including complex discharge planning, and providing linkage and referrals to appropriate resources to ensure quality care.

The Social Work Department hours are Monday through Friday 8:00a.m. to 5:00p.m., with extended hours as in the Emergency Department. Due to the increase in patient needs and acuity, an on-call system provides 24/7 coverage for emergency mental health and abuse needs.

Resources (budget):

Current Social Work staffing is a mix of inpatient and outpatient sites: (Combination of Treasure Valley, Magic Valley, & Wood River)

- Administrative staff: 5 FTE
- CARES: 5 FTE
- CSC: 1 FTE
- Cardiac Rehab: 1 FTE
- Palliative Care: 2 FTE
- Boise Adult Inpatient: 6 FTE
- NICU Boise: 2 FTE
- Peds/PICU/Peds Trauma Boise 2 FTE
- Women's Boise: 1.5 FTE
- Inpatient MMC: 3 FTE
- Emergency Boise: 2.8 FTE
- Emergency MMC: 2.8 FTE
- Flex/Float Boise & MMC: 14 PRN staff
- MSTI: 10 FTE
- Hospice: 9 FTE
- Home Care: 4 FTE
- Transitions of Care: .5 FTE

Expected Program Impact on Health Need:

Social Work is a clinical support department providing professional social work services to inpatient and outpatient areas within the St Luke's system. Services provided include:

- Assessment of psychosocial, emotional factors which impact the patient's care, response to treatment or have an impact on recovery
- High risk patient case finding and screening
- Comprehensive focused assessments revolving around mental health issues, suicide, drug and alcohol abuse, family violence, child or elder abuse or other issues which impact the patient and/or family
- End of life care including: Individual and group grief and bereavement counseling, assistance with advanced directives and end of life decision-making
- Financial counseling, referrals to entitlements, pharmaceutical assistance programs, and community resources
- Brief counseling and psycho-education as needed to assist patient/ family with adjustment to illness, disease or disability.
- Mediation with patients and families related to patient illness, discharge needs and decision making
- Facilitating support groups
- Consultation to medical staff, interdisciplinary team members, patients and families related to understanding the emotional impact of illness, disease and disability
- Care management of disproportionately high users of the Emergency Department to assist patients in accessing primary care and other services
- Crisis intervention
- Oversight of the Patient Assistance Fund.

FY 2015 Update and FY 2016 Goals:

The Social Work, Inpatient and Outpatient Program is on target to meet its FY 15 goals by September 30, 2015. FY 16 goals are the same as FY 15.

Partnerships/Collaboration:

Our department heavily relies on community and partner agency referrals, resources, and collaborates for successful discharge of patients. We partner with St Luke's inpatient hospitals, specialty clinics, and family practice and primary care physicians. In addition, coordinate with skilled nursing facilities, assisted living, and other out of home treatment facilities. In addition, we partner and provide referrals with independent psychiatrists, Idaho Health and Welfare, independent behavioral health programs, other specialty clinics or services, and psychiatric inpatient hospitals.

Program Group 4: Barriers to Access Programs

The following needs represent barriers to access that were ranked as high priority or above the median. We believe that looking at this set of needs as a group will provide a more comprehensive picture of the programs required to address barriers to access in our community.

- Affordable care
- Affordable dental care
- Affordable health insurance
- Children and family services (low income)
- Integrated, coordinated care
- More providers accept public health insurance
- Primary care providers (availability)
- Transportation to and from appointments

The following programs are designed to address these barriers-to-access needs.

37. Program Name: Donations to FMRI, the ID/UW Advanced Clinician Psychiatry Program and the University of Washington

Community Need Addressed:
Primary care providers
Mental health provider shortage

Target Population:
General community, people with mental illness, substance abuse problems, and comorbid psychiatric and medical illnesses

Description and Tactics (How):

1. St. Luke's donates to FMRI to help them provide the following services to our community:
   - Train outstanding family medicine physicians in a federally designated Teaching Health Center;
   - Prepare broadly trained family medicine physicians and encourage them to work in Idaho's underserved and rural areas; and
   - Serve the low income, uninsured, disabled, and other vulnerable populations of Ada County in a Patient Centered Medical Home.

2. St. Luke's also donates funds to the University of Washington/Boise VA Internal Medicine and Psychiatry & Behavioral Sciences residencies to support the education and retention of internal medicine and psychiatry residents for the state of Idaho.

3. In addition, St. Luke's donates to support the administrative functions of the Idaho/University of Washington Advanced Clinician Psychiatry Program, which provides residency training and practical experience in a variety of clinical settings. The Idaho track of the University of Washington Psychiatry Residency was formed in 2007, with financial support from Idaho hospitals, the Boise VA and the state of Idaho. Residents in the program spend their first two years in Seattle, then move to Idaho to complete training. The mission of the program is to:
   - Train psychiatry residents to provide expert care and consultation for other physicians and healthcare providers
   - Treat underserved mentally ill populations of Idaho
   - Retain graduated residents in Idaho to help address the extreme shortage of psychiatrists in Idaho

Expected Program Impact on Health Need:

- FMRI's core program in Boise is expected to graduate 10 family practice residents each year and the rural training tracks in Caldwell and Magic Valley are each expected to graduate 2 family practice residents each year.
- Through the Idaho/University of Washington Internal Medicine residency and Psychiatry and Behavioral Science residency (a.k.a., the Advanced Clinician Psychiatry Program) we expect approximately 8 internal medicine residents and 2 psychiatry residents to complete their residencies in Idaho in 2016 and 2017.

FY 2015 Update and FY 2016 Goals:

Resources (budget):

- St. Luke's Regional Medical Center, Ltd., (SLRMC; i.e., Boise and Meridian medical centers) plans to donate approximately $1.4M to FMRI in fiscal years 2016 and 2017.
- St. Luke's Health System plans to donate approximately $600,000 to University of Washington/Boise VA Internal Medicine and Psychiatry & Behavioral Sciences residencies in fiscal years 2016 and 2017 to support adequate numbers of internal medicine and psychiatry doctors in Idaho. This donation would be allocated to each of our hospitals using these approximate percentages: SLRMC 75%, St. Luke's Wood River 4%, St. Luke's Magic Valley 19%, St. Luke's McCall .5%, St. Luke's Jerome .5%, and St. Luke's Elmore .5%.
- In addition, SLRMC plans to provide approximately $134,000 to the Idaho/University of Washington Advanced Clinician Psychiatry Program in fiscal years 2016 and 2017 to support administrative functions.

38. Program Name: Financial Care

Community Needs Addressed:

- Barriers to access
- Affordable Care
- Affordable Insurance
- More Providers accept public health insurance

Target Population:

- Uninsured or underinsured adults
- Hispanic or other non-English speaking residents
- Low education; no college
- Low income adults and children in poverty
- Adults over the age of 65

Description and Tactics (How):

Our Community Needs Assessment identified uninsured patients, affordable care, affordable insurance, and providers accepting public health insurance as high priority needs. To address these needs, St. Luke's provides care to all patients with emergent conditions regardless of their ability to pay.

Insurance/Payer Inclusion

All St. Luke's providers and facilities accept all insurances, including Medicare and Medicaid. It is the patient's responsibility to provide the hospital with accurate information regarding health insurance, address, and applicable financial resources to determine whether the patient is eligible for coverage through existing private insurance or through available public assistance programs.

Financial Screening and Assistance

St. Luke's works with patients at financial risk to assist them in making financial arrangements though payment plans or by screening patients for enrollment into available government or privately sponsored programs that they are eligible for. These programs include, but are not limited to, various Medicaid programs, COBRA and County Assistance. St. Luke's does not only screen for these programs, they help the patient navigate through the application process until a determination is made.

Financial Care and Charity

St. Luke's is committed to caring for the health and well-being of all patients, regardless of their ability to pay for all or part of the care provided. Therefore, St. Luke's offers financial care to patients who are uninsured and underinsured to help cover the cost of non-elective treatment. Charity Care services are provided on a sliding scale adjustment based on income (based on the Federal Poverty Guideline), expenses and eligibility for private or public health coverage.

Resources (budget):

The resources required to generate and support the Financial Care Process are primarily drawn from the organization's Patient Access and Financial Services departments. Administration of these programs includes over 300 registration roles (partially dedicated) in the clinic and hospital settings as well as Financial Advocates, Customer Care Specialists and County Care Coordinators. Overall, St. Luke's has over 40 FTEs dedicated to administering these programs. The budget for unreimbursed care for FY 2015 is estimated to be over $240 million.

Expected Program Impact on Health Need:

The impact from the program in helping patients using Medicare or Medicaid or who have low incomes in FY 2015 amounted to over $240 million as shown below.

	FY 2015 Est
Charity	$ 19,929,390
Bad Debt	$ 24,742,193
Medicaid	$ 40,391,798
Medicare	$ 155,099,555
Total	$ 240,162,936

St. Luke's will continue to promote financially accessible healthcare and individualized support for our patients in FY 2016, allowing thousands patients with low incomes or those using Medicaid and Medicare to have improved access to healthcare. The changes in the final 501(r) regulations will impact the total Charity and Bad Debt as charges for the uninsured will be discounted to the Amounts Generally Billed (AGB) and classified as a contractual instead of charity/bad debt.

Partnerships/Collaboration:

St. Luke's works with commercial insurance companies, Health and Welfare (Medicaid), CMS, county commissioners, and Idaho Department of Insurance.

39. Program Name: Financial Support of Affordable Care

Community Need Addressed:
Affordable Care
Affordable Dental Care

Target Population:
Low income

Description and Tactics (How):
Through, in part, St. Luke's Community Health Improvement Fund, St Luke's provides financial support to community based non-profits providing affordable care to low income clients.

Resources (budget):
Funds for affordable care are provided through St. Luke's Community Health Improvement Fund (CHIF). The exact amount of funding for these organizations in FY14 will be determined based on the merit of the requests submitted to St. Luke's. FY 13 funding was approximately $13,000

FY 14 St. Luke's awarded approximately $93,000 to organizations providing affordable care. Services include mental health and medical care. Ada County Medical Services $2,000; Stampede for a Cure $10,000, Shoot for a Cure $2,000; Terry Reilly: $1,000; Boise Rescue Mission mental health program: $4,000; Canyon Community Clinic: $1,000; Children's Home Society: $5,000; Mental Health- Genesis (Garden City Clinic): $5,000; Women & Children's Alliance: $10,000 (300 children rec'd counseling); Komen Breast Cancer Cure $28,000; and $25,000 Meridian School Clinic startup costs.

FY 15 Goal is to invest $70,000

Expected Program Impact on Health Need:
All of the organizations awarded support are required to submit a Project Performance Report at the end of the program year, documenting the success of their program by number of participants and/or outcomes.

FY 2015 Update and FY 2016 Goals:
In FY 2015, St. Luke's provided a total of $82, 250 in financial support of these nine affordable care organizations: Canyon Community Clinic, Family Residency Medicine of Idaho, Genesis World Mission, Terry Reilly Health Services, Friends in Action, Women's and Children's Alliance, Susan G. Komen, Stampede for the Cure, and the Children's Home Society.

The FY 2016 goal is $82,000.

40. Program Name: Integrated Care, Care Transition Program

Community Needs Addressed:
Integrated, coordinated care
Nutrition Education

Target Population:
This program is free to all the following patients:
Primary and secondary congestive heart failure (CHF) patients
Acute myocardial infarction (AMI) Patients
Expansion to pulmonary population planned as program grows

Description and Tactics (How):
The goal of the Care Transition Nurse (CTN) Program is to bridge the gap between hospital and home thereby improving the health of the patient by increasing the patient's ability maintain their health outside of the hospital. This intervention reduces the risk of complications during a very vulnerable timeframe for the patient. The program provides significant support to the patient, while engaging and empowering the patient to take control of their health care needs prior to discharge from the program. Ultimately, the goal is to improve the health of these patients after discharge and decrease costs to the patient and the healthcare system by preventing unnecessary readmissions. The program is designed to work as described below. For patients who are not home bound or referred to home care, the Care Transition Nurse:

- Meets the patient while in the hospital
- Schedules a home visit within 72 hours of discharge
- Ensures that *follow up MD appointments are scheduled* and patient attends follow up
- *Conduct in-home assessment* (physical, environmental, and psychological) and *provides education to the patient and caregiver*
- *Provides in home medication reconciliation*
- Calls the patient at least weekly to check on status for a minimum of 30 days, which can be expanded at the discretion of the care transition team
- *Communicates* in a timely manner with the primary provider and specialist if any barriers are identified that may contribute to readmission
- Provides informed hand-off to the patient's provider

Resources (budget):

The total resources for this program in FY 2014 and 2015 are budgeted at $203,600 as shown in the table below.

St. Luke's Boise/Meridian Medical Center

Financial Projection Summary

Care Transition Program	2013
Volume	
Average # of Readmissions per Month	125
Total number of patients seen	480
Average # of High Risk Patients per Month/Navigator	20
Average # of CHF Readmissions Prevented/Month per NN	1.25
Total number of readmissions prevented	30
Non-Capital Set - Up Expense	
Office Supplies	$2,900
Medical Supplies	$700
Training - CTI or Johns Hopkins Guided Care	$6,000
Total Expenses	$9,600
Operational Expenses:	
2.5 Navigator FTE	$190,000
Mileage (300-600 mi/mo)	$4,000
Total Operational Expenses	$194,000
Total Expenses	$203,600

Expected Program Impact on Health Need:

The patient navigation pilot directly addresses the Triple Aim:

- Better healthcare for patients. The care transition nurse visits the patient in their home within 72 hours of discharge and ensures a follow-up appointment with a provider is made, provides a physical exam, in home medication reconciliation and patient education. The readmission rate for patients in the pilot is lower (Refer to table)

- Better health for population. Improves population health by improving the patient's ability to care for themselves outside of the hospital through education and communication.
- Reduced costs. Patients in the Navigation program experience lower readmission rates (Refer to Table)

Care Transition Nurse Pilot Outcomes

Success Measures	Unit of Measure	Current Performance (control group)	Results (Pilot Group Patients)
20% Improvement of Primary Heart Failure Readmission Rate compared to baseline	Proportion of readmitted patients per total primary heart failure discharges identified by the disease coordinators	21.0%	17.0%
Patient satisfaction with the pilot program	4 = Very Satisfied 1 = Very dissatisfied	n/a (new)	3.7

CTNs will see about 300 patients in FY 2014 and at least 480 patients per year in the subsequent years. Our goal is to achieve a 20% Improvement of the readmission rate for the targeted patients compared to the baseline in FY 14 and then to maintain a 40% improvement in the readmission rate compared to the baseline for subsequent years.

FY 2015 Update and 2016 Goals:

The Integrated Care, Care Transition program is growing and will meets its FY 2015 targets. In FY 2016, the goal is to reach approximately 20% more patients than in FY 2015.

Partnerships/Collaboration:

Collaboration occurs extensively between Home Health, Social Work, and Community Paramedics as we work to provide resources to the patient to meet their unique individual needs.

41. Program Name: Integrated Care, Case Management

Community Needs Addressed:
Integrated, coordinated care

Target Population:
This is a free service to improve care coordination to two target populations:

1. All patients who occupy a bed in a hospital nursing unit and who require care coordination for post hospital services.

2. ED patients with anticipated discharge planning needs; and/or who require assessment for continuum of care post ED visit; and/or who require intervention to facilitate transition to the next level of care

Description and Tactics (How):
For target population 1 (patients who occupy a bed in a hospital nursing unit), this program assesses patient post discharge needs and facilitate arrangements for the medical services the patient will require post hospitalization for a successful recovery outcome and to help prevent unnecessary readmissions. The program uses the following methods:

1. Case managers use "High Risk Discharge Planning Criteria" to assess individual patient's needs for intervention and care at discharge.
2. Case managers will interview patients who meet high-risk criteria to identify and assess needs and identify options for meeting post-hospital care needs. Family care giver or responsible party may be included in this assessment interview process. In May 2015, the Case Management Department began the initiation of a new case management model that involves the hiring and training of additional staff (licensed practical nurses) to perform utilization management activities. The new model enables case managers to spend more time with patients who are at high risk for discharge planning and readmission, doing more in-depth patient interviews especially in regard to readmissions, transportation to medical appointments/pharmacy, and affordability of medications. The model will be completely implemented by the end of the 2015 calendar year. Case managers are providing taxi vouchers to patients who do not have a ride to their post-discharge follow-up appointments. Case managers are working more closely with the outpatient pharmacy staff to ensure high-risk patients are able to get new prescriptions filled prior to discharge.
3. Based on needs identified by the patient, case manager, physician, and other members of the health care team, and with the patient's agreement to plan, referrals are made to community providers based on patient's provider preferences.
4. Case managers coordinate discharge plan with patient's health insurance/payer, as applicable.
5. Case managers coordinate and confirm services needed with community resource entities such as skilled nursing facility, home health agency, equipment, infusion company, dialysis center, long term acute facilities, etc.

6. Case managers provide patients and/or their families with information / education regarding community resources for current and/or future/anticipated level of care needs.
7. Case managers make referrals to other St. Luke's health care team members such as the Post-Acute Care team (PAC), social workers, dietitians, CHF coordinators as appropriate based on identified individual patient needs.
8. Case Management RNs and Utilization Management LPNs perform utilization review for appropriateness of hospitalization and coordination with patient's payer (as applicable) to obtain authorization for services provided.

For target population 2 (ED patients), this program assesses ED patient post discharge needs and facilitates arrangements for the medical services the patient will require post hospitalization for a successful recovery outcome and to help prevent unnecessary readmissions. The program uses the following methods:

1. Case managers use "High Risk Discharge Planning Criteria" to identify patients who may need post ED visit follow-up care.
2. Case managers interview patients who meet high risk criteria to assess needs and identify options to meet post-ED care needs. Family caregiver or responsible party may be included in this assessment interview process.
3. Based on needs identified by the patient, case manager, physician, and other members of the health care team, and with the patient's agreement to plan, referrals are made to community providers based on patient's provider preferences.
4. Case managers coordinate discharge plan with patient's health insurance/payer as applicable.
5. Case managers coordinate and confirm services needed with community resource entities such as skilled nursing facility, home health agency, equipment, infusion company, dialysis center, long term acute facilities, etc.
6. Case managers provide patients and/or their families with information/education regarding community resources for current and/or future/anticipated level of care needs.
7. Case managers make referrals to other St. Luke's health care team members such as the Post-Acute Care team (PAC), social workers, dieticians, CHF coordinators as appropriate based on identified individual patient needs.
8. Case managers make referrals to other St. Luke's health care team members such as the Post-Acute Care team (PAC), social work, dietician, CHF coordinator as appropriate based on identified individual patient needs. In addition to providing discharge planning services, the ED case managers may also perform utilization review functions for patients with admission orders or those anticipated to be admitted to determine admission appropriateness and/or other appropriate level of care.

Resources (budget):

All Case Management staff work activities are focused on the discharge planning or utilization review activities, of which the discharge planning encompasses the majority of staff work time. The Case Management Department labor budget for FY 2016 is $4.2 million.

Expected Program Impact on Health Need:

- Decrease hospital readmissions.
- Increase patient activation in the management of their own health care.
- Increase patient post-discharge medication regimen compliance.
- Increase patient compliance with post-discharge follow-up appointments.

FY 2015 GOAL Update, FY 2016 Goals:

The Integrated Care, Case Management program is on track to meet FY 15 goals.

FY 2016 Goals

- Support the implementation of a fully-integrated electronic health record across St. Luke's Health System, which will enhance patient safety, patient experience, staff engagement, and create efficient work processes.
- Create an invigorated, energized case management workforce that finds enrichment/growth in their professional work.
- Create safe and seamless transitions for patients across all care settings.
- Maintain department budget/operating expenses.

Partnerships/Collaboration:

Case managers partner, coordinate, and collaborate with a variety of entities, including:

1. With facilities which provide various services to meet the varying levels of care patients may require based on their medical condition. These include but are not limited to varying level of care facilities such as other short term acute hospitals, long term acute hospitals, rehabilitation hospitals, skilled nursing facilities, assisted living and certified family homes.
2. With agencies which provide various services to meet the varying levels of care patients may require based on their medical condition including but not limited to: services such as home health, hospice, home infusion, durable medical equipment, dialysis, wound care and Coumadin clinics.
3. With payers/insurance company case managers – these collaborations usually involve coordination for transition of care needs to the next level, discussions regarding complicated or catastrophic care transitions, and /or related to availability of and/or coordination of health insurance benefits.
4. In 2015, the Case Management director became involved in the Treasure Valley Care Coordination Coalition and Valley Ride Transit's pilot program to provide transportation for patients in the Treasure Valley who do not have transportation to medical appointments and/or the pharmacy.

42. Program Name: Integrated Care, Epic Integrated Health Record

Community Needs Addressed:
Integrated and coordinated care
Improved health care quality

Target Population:
General Community

Description and Tactics (How):
St. Luke's Health System (SLHS) is leveraging an industry leading platform (Epic) to provide an environment that facilitates a single, integrated Health record, branded as *my*St. Luke's. This environment will utilize best practices from across the Healthcare industry as a starting point that will then be adapted to SLHS based on the way the facilities practice to deliver care. This platform will allow providers from the outpatient (ambulatory) and inpatient environments (inpatient/hospital based) to collaboratively treat patients across the continuum. It will enable providers improved visibility to the treatments provided by their colleagues when patients have encounters or episodes of care that leave their immediate locations.

Additionally, the implementation of the *my*St. Luke's (Epic) will introduce standardization on several fronts. First, physicians will utilize standardized order sets, reducing the variation in care across multiple facilities and specialties where 'like' interventions exist. These order sets will call on evidence, where available, making the care more consistent and less subjective, which will lead to demonstrated and measureable outcomes. Second, standardized workflows will be built requiring specific data be entered as part of the episodes of care enabling better data capture and facilitating better reporting on outcomes of patient populations in support of accountable care.

Standardization will also be carried into nursing and ancillary care with the introduction of evidence based care plans and protocols. This will enable nursing to be more consistent and measurable with consistent documentation and content across the multiple specialties. Medications and supplies are being standardized as inputs to the process to reduce variability in treatments and enhance patient outcomes and control costs.

Beyond bedside standardization, SLHS will be standardizing the application mix used in the delivery of patient care. SLHS will remediate the best-of-breed application environment by implementing a single environment (Epic) interfaced to key applications where Epic does not reach. This will reduce variability in applications for specialties and enable SLHS to more consistently deliver care and access for patients. Our outpatient implementation is live and has been successful. We are now beginning our inpatient implementation.

Community Connect extends further having both the SLHS outpatient and inpatient areas live. By having affiliate providers live on MSL we increase the benefit of having an integrated record, and being able to treat patients across the continuum of care. As our ACO risk base grows and we look at increasing our managed patient population, Community Connect will extend the EMR

toolset to farther reaches in the community. This facilitates SLHS providing a single integrated health record for providers and patients to view the records in a more holistic, accurate, collaborative and measurable method. (Standardized, evidence-based, data driven)

Resources (budget):

Multi-millions of dollars have been budgeted to fulfill the implementation across the organization. A dedicated build team of approximately 100 FTEs is being assembled focusing on the build and configuration of the Epic application (MSL Team) that will live in IS and partner with the respective business and operational departments. Beyond the immediate IS team, clinical and operational members are being identified to provide subject matter expertise to the build team and facilitate adoptions. These will come from all specialties across SLHS, including nursing/ancillaries and physicians. This will be a program that clinicians will need to engage in to be successful.

Expected Program Impact on Health Need:

The implementation of Epic is critical to accomplishing organizational goals regarding all of the following:

- Reduction in avoidable errors
- Reduction in average length of stay
- Reduction in duplicate testing
- Remediation in medication conflicts and reduction in adverse drug events
- Reduction in sentinel events
- Increased efficiency in patient flow
- Increase of discreet data for enhanced reporting
- Platform provides additional access points to patients delivering clinical data closer to real time.
- Through use of Epic, patient records are available for import into SLHS system from other Epic sites
- Procedures, orders and documentation are evidence based and consistent
- Medical record is shared and accessible to many providers when treating a patient without the need to go to multiple systems.
- Data provides ability to manage patient populations

FY 2015 Update and FY 2016 Goals:

Our goal for FY 15 was to deliver Community Connect to St. Luke's Health Partners by selecting, implementing, and bringing live one (1) affiliate clinic. We have completed this goal with the implementation of *my*StLuke's at the Boise Kidney clinic. This affiliate went live in July 2015 and is utilizing our Electronic Health Record effectively.

Our goal for FY 16 is to complete the implementation of our *my*StLuke's Electronic Health Record in all St. Luke's facilities. The go-live date is selected as October 1, 2016, which will be the first day of FY17.

In addition to the implementation of our EHR in all sites and locations, we will continue to roll out Community Connect to additional affiliate clinics.

Comments:

The modules that will go live on 10/1/16 include:

- Anesthesia
- ASAP (Emergency Department)
- Beacon Oncology
- Beaker Clinical and Anatomic Path Lab
- Cupid Cardiology
- EpicCare Inpatient Clinical Documentation
- EpicCare Inpatient Orders
- EpicCare Home Health and Hospice
- HIM (Deficiency and Chart Tracking)
- Long-Term Care
- Optime OR
- Radiant Radiology
- Stork Obstetrics
- Willow Pharmacy
- Case Management
- Blood Administration
- Rover (mobile medication administration)

These modules will go live in these St. Luke's locations:

- Boise Medical Center
- Meridian Medical Center
- Magic Valley Medical Center
- Wood River
- McCall
- Elmore
- Jerome
- Boise Rehabilitation Hospital (inpatient)
- Multiple ambulatory clinics in the East Region

Partnerships/Collaboration:

The implementation of *my*StLuke's will require collaboration across many aspects of the organization and beyond. Below is a sample list:

- Employed physicians
- Independent physicians admitting and providing care in St. Luke's inpatient facilities.
- Partner organizations provided continuing care and step down treatment
- Rehabilitation facilities treating patients seen in a St. Luke's facility
- Other "Epic-enabled" facilities seeing St. Luke's patients that may seek services outside Idaho for referrals, services encountered while on vacation, etc.

- Patients seeking service while in Idaho from an Epic enabled health system.
- Referring providers
- Idaho Health Data Exchange
- Partner clinicians via community connect
- Patients via MyChart

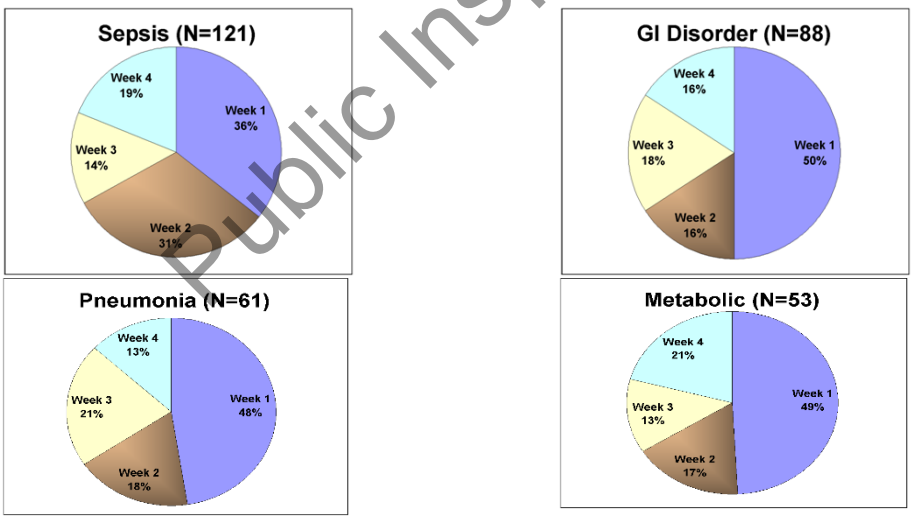
43. Program Name: Integrated Care, Follow-up Appointments Prior to Discharge

Community Needs Addressed:
Integrated, coordinated and timely discharge follow-up to avoid potential hospital readmissions.

Program Goal & Target Population:
This program was initially targeted in FY14 for all inpatient units at St. Luke's Treasure Valley hospitals in Boise and Meridian. We adjusted the target to identify a pilot scope in FY14 instead, inclusive of four inpatient units (Boise 3 Tele and 7 East, and Meridian 4 Tele and 6). In FY15, the pilot will be expanded to roll out to all adult inpatient units in Boise and Meridian, followed by all pediatric inpatient units in Boise and Meridian. The program is provided to inpatient populations at no charge. Services include initiation of referral transcription, coordination and appointment scheduling within 24-48 hours of discharge for all ordered follow-up provider visits to primary care providers, specialists, and Congestive Heart Failure clinic visits, either to St. Luke's Clinic providers or non-St. Luke's Clinic providers, with the end goal of the scheduling statuses of these appointments being confirmed within less than 7 days post discharge. The program excludes those patients discharged to skilled nursing facilities.

Description and Tactics (How):
Our data demonstrates that patients in the Treasure Valley are most vulnerable and at risk for readmission within the first week after discharge (refer to table). As published by Jencks and colleagues (2009)[1] a study of Medicare fee for-service claims data found that 50% of non-surgical patients who were re-hospitalized failed to follow-up with a primary physician post discharge.[1]

High-Risk Timeframe for Readmission



Process:

- 48 hours prior to discharge the primary RN will communicate with the patient and obtain the best primary contact number to reach the patient to coordinate discharge follow-up appointment scheduling.

- At time of discharge, in Epic, the unit clerk will discharge patient and transcribe from the discharge orders any clinic follow-up appointments required, and include discharge diagnosis, follow-up primary care or specialists required, and follow-up time period required for each provider.
- St. Luke's Connect contact center staff have immediate access to the discharged patients work queue in Epic. Within 24-48 hours of discharge, this work queue is sorted/worked in order of urgency, discharge date, and follow-up time period ordered. St. Luke's Connect staff create discharge follow-up referrals in Epic, perform/obtain any insurance authorizations required for St. Luke's Clinic follow-up providers, and make an attempt to contact the patient or caregiver at home to coordinate scheduling of any follow-up appointments that the contact center can direct schedule for within St. Luke's Clinic primary care providers (internal medicine and family practice).
- At any time, if inpatient nursing staff, unit clerks or providers desire to request referral coordination and/or follow-up appointments ***prior*** to the unit clerk discharging the patient in Epic, inpatient pilot units are able to contact the St. Luke's Connect discharge scheduling line to fulfill on this request. This is performed either with the inpatient unit holding on line with contact center staff or in an immediate outbound coordinated call with the follow-up clinic to request/confirm appointment scheduling prior to discharge.
- For any St. Luke's Clinic specialists or non-St. Luke's Clinic providers, in which St. Luke's Connect cannot direct schedule appointments for, staff create and route discharge follow-up referrals via Epic within 24-48 hours of discharge. St. Luke's Connect staff also perform a follow-up call within 5-7 business days to all non-St. Luke's clinics to confirm receipt of referral and scheduling status of the discharge follow-up referral received. This confirmation call is also performed for any St. Luke's Clinics in Epic that don't appear to have worked/scheduled this referral. In either situation, contact center staff offer assistance to clinics in contacting the patient to confirm scheduling in a timely outcome.
- Follow-up appointment orders are reiterated in discharge instructions, and at the time of the transition of care discharge phone call performed by the St. Luke's Connect RN staff within 48 hours of discharge (of eligible patients able to contact/reach post discharge).

Staffing resources:

FY15 – St. Luke's Connect budgeted resource projections include:

- 2.0 – Non-clinical
- 5.6 – Clinical

Expected Program Impact on Health Need:

The discharge follow-up appointment process directly addresses the Triple Aim:

- Better healthcare for patients. The provision of referral and appointment coordination for patients at time of discharge ensures timely patient follow-up appointment needs are met
- Better health for population. Improves population health by ensuring that patients are seen in a timely manner after discharge. This process allows for early intervention in case of decline in the first 1-2 weeks after discharge.
- Reduced costs. We expect this process will reduce the likelihood of hospital readmissions.

In 2012, over 40% of patients readmitted to St. Luke's were readmitted within 1 week of discharge. Interviews with readmitted patients showed that over 25% of them had not been able to see their primary care providers (PCPs) prior to readmission. **Our goal for 2014 was to provide follow-up appointments for 100% of patients discharged to St. Luke's Clinic internal medicine and family medicine providers.** We adjusted the targeted goal to identify a pilot scope in FY14, inclusive of four inpatient units (Boise 3 Tele and 7 East, and Meridian 4 Tele and 6). In FY15, the pilot will be expanded to roll out to all adult inpatient units in Boise and Meridian, followed by all pediatric inpatient units in Boise and Meridian. **This will result in early intervention and the reduction of potentially preventable readmissions.** *The Medicare Payment Advisory Commission* estimated Medicare costs of approximately $15 billion due to readmissions, $12 billion of which is for cases considered preventable.

Discharge process outcome metrics from the FY14 pilot inpatient units include the following:

- On average, 1,000 discharge follow-up referrals are transcribed/scheduled per month
- In FY14, we have seen a steady decline in overall readmission rates for Treasure Valley hospitals. While there are potentially several programs that impact this measure, the importance of follow-up appointments after discharge cannot be understated.

FY 2015 Update and FY 2016 Goals:

The FY 2015 goal to expand to all adult inpatient units in Boise and Meridian, followed by all pediatric inpatient units in Boise and Meridian, was not met. In order to accommodate additional volume from all inpatient units, more staff is needed and the request for additional FTEs has not received approval.

Assuming the addition of adequate staff to expand the program, the FY 2016 goals will remain the same as FY 2015.

Partnerships/Collaboration:

Collaboration occurs extensively between the patient's RN, the patient, the patient's caregiver, and St. Luke's Connect on behalf of the patient's PCP.

1. Jencks, S. F., Williams, M., & Coleman, E. (2009). Rehospitalizations among Patients in the Medicare fee for service program. New England Journal of Medicine, 360(14), 1418-1428.

44. Program Name: Integrated Care, Inter-facility RN-to-RN Report

Community Needs Addressed:

Integrated, coordinated care

Target Population:
This program is provided at no charge to all St. Luke's Treasure Valley patients transferring to a skilled nursing facility.

Description and Tactics (How):
A process for *inter-facility RN-to-RN hand-off* has been initiated across the Treasure Valley with all rehabilitation and skilled nursing facilities. This process provides a standardized framework for communication with our community partners about the patient's condition prior to transfer.

Resources (budget):

St. Luke's Boise/Meridian	
Integrated Coordinated Care – Inter-facility RN-to-RN hand-off	
Financial Projection Summary	
Inter-facility RN-to-RN hand-off	2015
Operational Expenses:	
Staff Salary:	$1,200.00
Total Operational Expenses	
Total Expenses	$1,200.00

Expected Program Impact on Health Need:
The program directly addresses the Triple Aim:

- Better healthcare for patients. Better care is provided by ensuring that key information is not missed in the transfer process.
- Better health for population. Improves population health by ensuring that when the patient leaves the hospital the staff at the receiving hospital will better understand the needs of the

patient.

- Reduced costs. This program ensures a smooth transition, eliminating gaps in care. This process reduces the likelihood of readmission due poor communication between facilities.

2015 Update/2016 Goals

Metrics:
For 2015, our results reflected that nurse-to-nurse report was provided 77% of the time (an improvement of 2% from 2014) when transferring a patient to a rehabilitation facility, as compared to a previous initial estimate of 20%. Although our goal of 100% compliance was not attained related to multiple documentation sources for this information, implementation of our Health System electronic health record in fall of 2016 will standardize the documentation and data source for this initiative. Specific education will be provided to all bedside RN staff in 2016 regarding this documentation standard.

Partnerships/Collaboration:
Collaboration occurs extensively between St. Luke's nursing staff and nursing staff at all receiving facilities when patients transfer from one level of care to another.

45. Program Name: Integrated Care, Population Health Management

Community Needs Addressed:
Integrate, care management

Target Population:
All St. Luke's patients where we have "at risk" contracts: Blue Cross Medicare Advantage, SelectHealth Medicare Advantage, St Luke's Employees, Commercial and Medicare Shared Savings

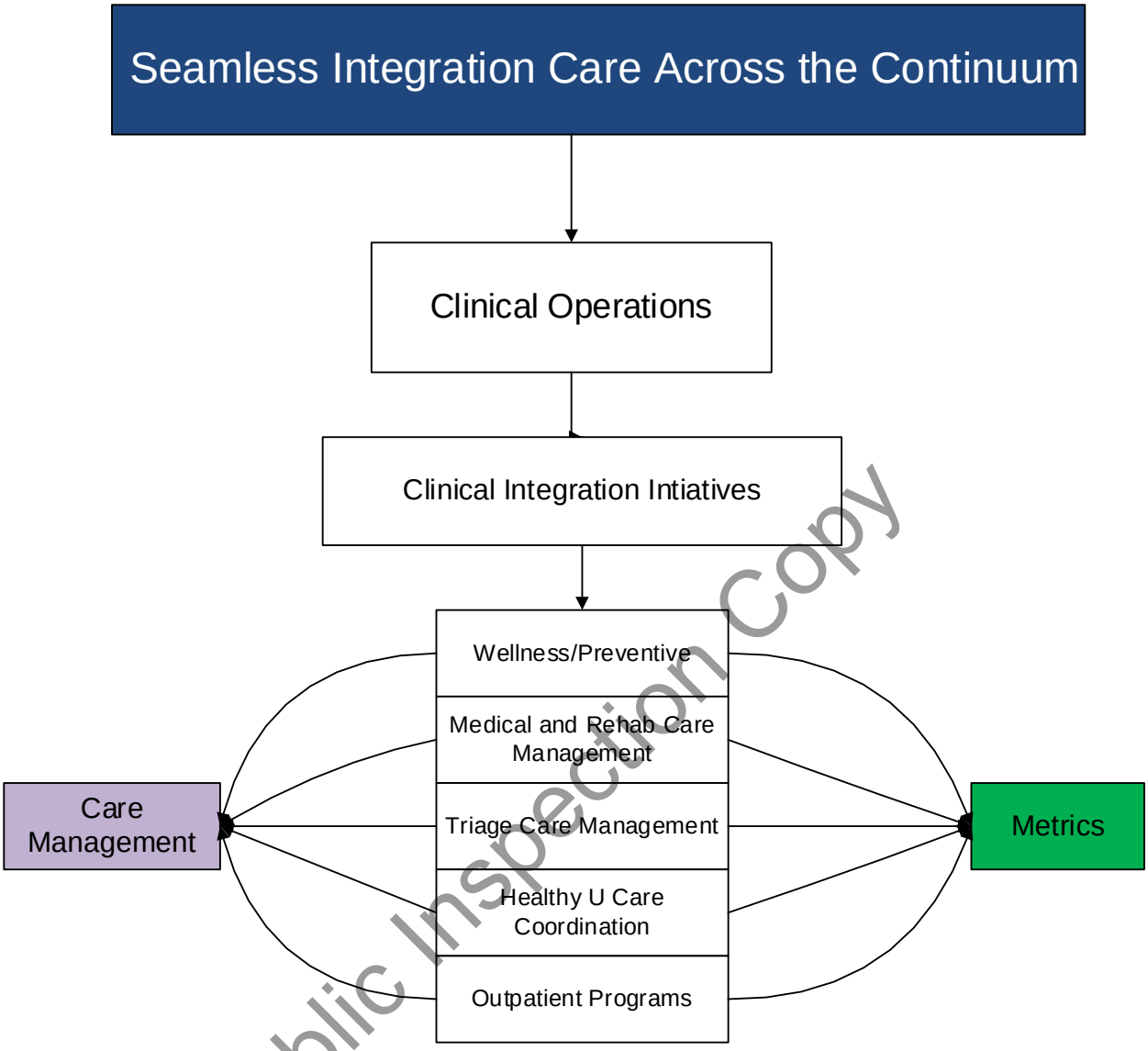
Description and Tactics (How):
Introduction:
This program represents a centralized effort St. Luke's is undertaking to achieve improvements in integrated, care management.

On October 1, 1983 Center for Medicare Medicaid Services (CMS) launched the DRG payment system. This payment system related to how healthcare and providers would be paid for services. A provider submitted a claim with a code and they were reimbursed for the service. This payment system was a major cornerstone on how healthcare would be financed and delivered for the next 29 years. Whether inpatient or outpatient services there was an adage "more is better."

The healthcare industry focused on taking care of sick people and having on the sidelines care for a population. Up until now healthcare systems were incentivized to care for sick with no financial incentive in keeping people healthy and well.

Fast forward to October 1, 2012 CMS determined it was time to make changes which affect outcomes, care and quality and is tied to reimbursement. Under the Affordable Care Act CMS began to look at outcomes and quality in providing care to individuals. With changes occurring in reimbursement and a focus on the Triple Aim of Better Health, Better Care and Lower Cost, hospital systems recognized the need to change.

As healthcare evolves from an inpatient hospital centric fee for service provider to an inclusive provider across the continuum, St Luke's Health Partners in conjunction with St Luke's Health System has recognized the need to change in providing programs that are longitudinal, and demonstrate comprehensive population health management focus through wellness, prevention, care management, and care coordination of chronic and complex patients. The model is based from a clinical perspective. (See flow chart below.)



St Luke's Health Partners, in conjunction with St. Luke's Health System, is considering the clinical integration initiatives shown in the above diagram. We have provided a brief description of each initiative below.

Wellness/Prevention:

St. Luke's Healthy U is a wellness initiative that engages, educates and empowers individuals and families to achieve optimal health. Because good health depends largely on the choices we make, *St. Luke's Healthy U* provides support to adopt and maintain healthy lifestyles. Through the Know Your Numbers and Health Assessments individuals are invited to enroll into programs and supported by Health Coaches. Implement employer-located programs based on health assessment of top priorities.

Medical and Rehabilitation Care Manager:
Medical and Rehabilitation Care Management is the proactive, intentional coordination of care and services of select complex patient population through the inpatient or outpatient care episode across the continuum. The medical and rehabilitation care management team works collaboratively with interdisciplinary teams, both internal and external to the organization to:

- Transition patients from acute facilities to the next level of care which includes rehabilitation, sub-acute, long term acute care hospitals (LTACH) and skilled nursing facilities
- Improve patient care through effective utilization and monitoring of healthcare resources.
- Achieve desired clinical, financial and resource outcomes

Healthy U CoPartner Care Coordination:
Healthy U CoPartner is part of St Luke's physician services in the Treasure Valley. Care coordination is the clinic-based management of a panel of high-risk panel of high-risk patients or patients with complex and unique medical needs. Care Coordinators working within a team-based Patient Centered Medical Home concept, and are usually embedded as an integral part of the care team.

The care coordinator acts to deliberately organize patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.

Outpatient Programs:
There are various outpatient care programs which provide specific services to meet a patient's individual needs. These programs may be offered through St. Luke's Health System or the community. Outpatient programs may be individual or part of other coordinating care across the continuum. The following are examples of outpatient programs:

- Home Health
- Palliative Care
- Hospice
- Social Work
- Behavioral Health
- Spine Wellness
- Care Transition Program
- Transition of Care (Health Coach)
- Diabetes Clinic
- Humphreys Diabetes Center
- Integrative Therapies

<u>Resources (budget):</u>
Under development

Expected Program Impact on Health Need:

St. Luke's Health Partners have begun establishing metrics which are measured. 2014 is a baseline year for Post-Acute Care Program (PAC); Complex Care Management (CCM). The metrics which have been established look at outcomes within the network and health system. It also holds our partners accountable for the continued care they provide our patients. These metrics include:

Better Health	Readmissions	% patients readmitted within 30 days
Better Health	ER visit	% of ED visits while on PAC on Complex Care
Better Health	Functional improvement	% change in FIM functional score during PAC stay
Better Health	UTI diagnosis	% referred patients who developed a UTI in a SNF
Better Health	Triaged	% of patients who were triaged to PAC and CCM
Better Health	Falls	% referred patients with a fall with major injury during stay
Better Health	Influenza vaccination	% referred patients with up to date influenza vaccination
Better Health	Pneumonia vaccination	% referred patients with up to date pneumococcal vaccination
Better Health	Discharges to community	% patients discharged from PAC facilities to community
Better Health	Change in self-care ability	% change in self-care during stay at a community SNF
Better Health	Change in mobility	% change in mobility during stay at a community SNF
Better Health	Change in communication/cognition	% change in communication/cognition during stay
Better Care	Patient satisfaction	% Patients who responded to a satisfaction survey and believed their needs were met

FY 2015 Update and FY 2016 Goals:

The Post-Acute Care program launched in January 2014 and rolled out in stages through October 2014 within the hospital and sub-acute nursing facilities. Currently there are 12 sub-acute facilities and inpatient acute rehabilitation facilities participating in the Post-Acute Care Program.

The program was launched with a goal to provide quality care; improving the health and decreasing the cost. When a patient is discharged to a sub-acute nursing facility participating in the Post-Acute Care Program, a post-acute care manager follows the progress of the patient throughout their stay. They act as a resource, guiding the facility to ensure patients' meet their goals prior to transition to the next level of care. The patient's primary care provider is sent a letter at the end of the stay, addressing the patient's progress and any areas of concern.

The Complex Care Management program is still in the development stages and we are confident it will be able to report on it next year.

Of the 13 associated metrics (see Table 1, below), four were not captured and one of these was removed entirely. Three of the metrics were statistically invalid, due to not enough patients being cared for in the facility.

Table 1: Integrated Care, Population Health Management

Areas in red are metrics that were not captured. Three of the metrics are statistically invalid, due to not enough patients in the facility, and one metric was removed. The information in this table is from January-September 2014.

Better Health	Readmissions 9.1%	% patients readmitted within 30 days
Better Health	ER visit	% of ED visits while on PAC on Complex Care
Better Health	Functional improvement	% change in FIM functional score during PAC stay Statistically invalid since facilities did not have enough patients in their facility
Better Health	UTI diagnosis	% referred patients who developed a UTI in a SNF 0%-25% dependent on facility
Better Health	Triaged	% of patients who were triaged to PAC and CCM
Better Health	Falls	% referred patients with a fall with major injury during stay 0%
Better Health	Influenza vaccination	% referred patients with up to date influenza vaccination 25%-100% Dependent on facility
Better Health	Pneumonia vaccination	% referred patients with up to date pneumococcal vaccination This is dependent on the sub-acute facility for 60%-100%
Better Health	Discharges to community	% patients discharged from PAC facilities to community unknown
Better Health	Change in self-care ability	% change in self-care during stay at a community SNF Statistically invalid since facilities did not have enough patients in their facility
Better Health	Change in mobility	% change in mobility during stay at a community SNF Statistically invalid since facilities did not have enough patients in their facility
Better Health	Change in communication/cognition	% change in communication/cognition during stay *(Removed from metrics)*
Better Care	Patient satisfaction	% Patients who responded to a satisfaction survey and believed their needs were met

Partnerships/Collaboration:

In 2014 St Luke's Health Providers established a relationship with a group of Acute Rehab and Sub-acute/Skilled Nursing Facilities who work with us in providing high quality care. Each of these facilities has agreed to provide metrics that St Luke's Health Partners have established. Many of the metrics listed above are part of what is being reported on by the facilities.

46. Program Name: Investments in Children and Family Services

Community Need Addressed:
Children and Family Services (low income)

Target Population:
Low income

Description and Tactics (How):
Through St. Luke's Community Health Improvement Fund, St Luke's provides financial and in-kind support to community based non-profits providing programs for low-income children and their families. Programs provide mental, emotional, physical and behavioral support; food and nutrition; and health related awareness efforts.
Some of the FY 14 and FY15 investments in Children and Family Services St. Luke's provides are in organizations delivering affordable care (Program #46).

Resources (budget):
Funds for children and family services organizations are provided through the St. Luke's Community Health Improvement Fund (CHIF). The exact amount of funding for these organizations in FY14 will be determined based on the merit of the requests submitted to St. Luke's. FY 13 expenditures for these types of programs totaled approximately $65,000.

Expected Program Impact on Health Need:
All of the organizations awarded support are required to submit a Project Performance Report at the end of the program year, documenting the success of their program by number of participants and/or outcomes.

FY 14 St. Luke's provided approximately $118,000 to 17 nonprofits serving children and family. Organizations include: $7,000 American Cancer Society (Relays for Life); $14,500 American Heart Association (3) events; $5,000 Idaho Foodbank backpack program (#); $1,000 Idaho Voices for Children; $3,000 Jayden DeLuca Foundation – childhood cancer; $5,000 Learning Lab (health literacy curriculum); $2,000 Mercy Housing (health and nutrition programs -3); $30,000 March of Dimes; $1,000 Pancreatic Cancer awareness; $4,000 Ronald McDonald House Charities; $1,000 Terry Reilly Services (cycling event); $30,000 YMCA (Healthy Living); ; $1,000 Northwest Nazarene U Health Fair; $5,000 Leukemia & Lymphoma Light the Night (#); $1,000 Friends in Action (training for 400 family caregivers); $3,000 Family Advocates (training of 25 new home visit volunteers, $5,000 Nampa Health Fest). FY15 Goals are to provide a similar level of support while looking at additional partners.

FY 2015 Update and FY 2016 Goals:
The FY 2015 goal was surpassed, with $238,044 provided to these 33 programs: American Cancer Society, American Heart Association, Assistance League of Boise, Camp Rainbow Gold, Cancer Connection, Casting for Recovery, Children's Home Society, City of Meridian Kids' Book Club, FACES, Friends in Action, Idaho 2 Fly, Camp Hodia, Idaho Foodbank, ISU Complex Care

Registry, International Rescue Committee, Jayden DeLuca Foundation, Learning Lab, Leukemia & Lymphoma Society, March of Dimes, Mercy Housing, Mountain Home Parks, Healthy Nampa, National Hemophilia Foundation, Pancreatic Cancer Action Network, Reel Recovery, River Discovery, Ronald McDonald House, Salvation Army, Connect-U McCall, Snake River Stampede for the Cure, Susan G. Komen Foundation, YMCA, WCA.

The FY 2016 goal is to partner with approximately 30 key programs and invest $200,000.

47. Program Name: Medical Student Support Services

Community Needs Addressed:
Primary care providers – adequate numbers

Target Population:
General community

Description and Tactics (How):
St. Luke's provides Medical Students from partnered schools with required hands on training to fulfill their graduation requirements. Annually St. Luke's has approximately 108 Medical Students complete their clinical clerkship rotations. Through this program, St. Luke's hopes the Medical Students will apply and match to one of the local residency programs in our service area. Academic and Career Planning is working directly with providers, SLHS staff, and recruitment to identify Advance Practice students who display strong clinical skills and meet SLHS values, thereby stabilizing and increasing the number of primary care providers serving our community.

We implemented a system to compare the 3Y and 4Y medical student who participated in clinical rotations in SLHS with local residency programs SLHS supports for clinical rotations: Family Residency of Idaho and VA Internal Medicine. Our goal is to retain the resident physicians from the local programs.

We will also track the retention of Physician Assistants and Nurse Practitioners through our collaborative relationships with recruitment and HR.

Resources (budget):
St. Luke's physicians donate time and equipment to this training. Academic and Career Planning (ACP) has 2 full time positions responsible for scheduling, tracking, and coordinating the Resident Physician, Medical Student and Advanced Practice clinical rotations throughout the St. Luke's Health System.

Expected Program Impact on Health Need:
We measure the number of Medical Students who transition to the regional medical education Residency program WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho), which stay in our area and we identify potential Advance Practice new grad hires. Our goal is to maintain and/or increase the number of primary care providers in our communities.

Partnerships/Collaboration:
ACP is partnered with St. Luke's preceptors giving them support and educational tools to provide the Residents, Medical and Advance Practice students with a positive clinical experience. We will continue to cultivate our partnered relationships with WWAMI, University of Washington, Family Medicine Residency of Idaho, VA Internal Medicine Residency, ISU PA, and current employee's educational programs to ensure St. Luke's is providing these students with the necessary education and training.

Collaboration will include St. Luke's CVO, Medical Staffing, for accurate numbers of Medical Students who transition to a local Residency program as well as SLHS Recruitment and HR for the hiring numbers of Resident Physicians, Physician Assistants, and Nurse Practitioners.

FY 2015 Update and FY 2016 Goals:

For the 2015-2016 Residency rotation schedule, VA Internal Medicine accepted five, and FMRI accepted two, medical students who participated in one or multiple clinical rotations with St. Luke's. These students are currently participating in clinical rotations throughout the Health System as R1 physicians.

VA Internal Medicine has 12 R1 and R2 physicians that returned. FMRI has 16 R1 and R2 physicians that returned to participate in rotations at St. Luke's, providing opportunities to identify potential new hires.

St. Luke's has hired 11 new graduate advance practice clinicians to date. This number has increased over the past year and, as per recruitment, the number of advanced practice new graduate hires is expected to continue to increase.

2016 Goals: Maintain or increase our number of clinical providers by supporting our partnered medical schools, advance practice schools, and local residency programs with positive educational experiences focusing on excellent patient care and furthering St. Luke's mission to improve the health of people in our region.

48. Program Name: Transportation Patient Assistance Fund

Community Needs Addressed:
Transportation to and from appointments

Target Population:
Low-income patients and families

Description and Tactics (How):
Patient Assistance Funds are utilized to assist patients with transportation to and from outpatient clinic visits and hospital.

Resources (budget):
FY14 budget:

Gas cards	$18,000
Taxi vouchers	$17,000
Bus passes	$2,000

Expected Program Impact on Health Need:
We will improve patient access to healthcare by decreasing transportation barriers to access. Our goal for this program is to assist low income patients to make 1,600 trips to and from medical appointments in FY 14 and FY 15 – 700 with gasoline assistance and 900 with taxi vouchers. We will evaluate whether our program is sufficient by recording the total number of qualified transportation requests and identifying the number we are unable to fulfill. We are on track for meeting our goals.

FY 2015 Update and FY 2016 Goals:
The Transportation Patient Assistance Fund program is on track to meet its FY 2015 goals. The FY 16 goal remains the same as FY 15.

Partnerships/Collaboration:

Comments:
All funds are donor-directed via St. Luke's Health Foundation.

Program Group 5: Additional Health Screening/Education/Prevention Needs Ranked Above Median

The programs in this section address the remaining health needs that rank above the median:

- Asthma chronic care and wellness
- Excessive drinking; Illicit drug use prevention and wellness programs
- High cholesterol screening and wellness
- Skin cancer wellness and prevention

49. Program Name: St. Luke's Asthma Day Camp

Community Need Addressed:
Asthma education and chronic disease management

Target Population:
Children 5-12 years of age diagnosed with asthma. Program support is available for no fee to those with lower incomes.

Description and Tactics (How):
This is a one day camp offered in June in a park setting. Activities are designed around varying themes with the intent of helping children with asthma to better understand their condition and be able to recognize warning signs and improve their self-management of the disease. Campers interact in a fun environment doing crafts and playing while also learning about medications, equipment and other important aspects of asthma management. Lunch with a guest lecture is provided for parents to attend to provide them with a learning environment and an opportunity to ask questions of a physician.

Resources (budget):
The camp has been directed by an individual in an exempt role dedicating 100-150 hours over the course of the year to advertising and soliciting participants, arranging sponsors for food and supplies for the campers, planning the program, purchasing supplies, coordinating volunteers and directing the camp. A committee of 4 or 5 respiratory therapists volunteer additional hours during the year to help with accomplishing the above activities.

The camp is staffed by 20 or so respiratory therapy and nursing volunteers giving about 10 hours each on the day of the camp.

The St. Luke's Respiratory Therapy Department has contributed $1000-$1500 annually for equipment and supplies augmented by donations from local and national service and equipment vendors.

At noon on the day of the camp participant's parents are provided with lunch while our Pediatric Pulmonologist gives a presentation on asthma and answers parent questions about asthma control.

Participants pay a fee of $30 to participate, although most attendees are given scholarships allowing them to attend at no cost.

Expected Program Impact on Health Need:
Patients will better understand what causes asthma, learn how to avoid things that trigger asthma, recognize warning signs, know what to do when their asthma flares and understand the importance of using controller medications. The goal is to have over 35 children attend the camp (with 2/3 attending at no cost) and to help them have an active, symptom free lifestyle and avoid visits to the emergency department and admission to the hospital.

FY 2015 Update and FY 2016 Goal:

In FY 15, Asthma Day Camp took place on June 23. Twenty-eight (28) children participated, about 2/3 of whom attended on scholarship. The program was advertised by sending letters to Boise and West Ada school district nurses, and by contacting asthma patients and former camp attendees. Free scholarships to the camp are automatically granted upon request. For FY 16, the program goal is unchanged.

Partnerships/Collaboration:

Formerly associated with the American Lung Association; however, they have ceased any funding for this activity. Solely funded and operated by St. Luke's beginning in 2013.

We received a donation of $350 from the Eight & Forty, a non-profit patriotic women's organization dedicated to the welfare of children afflicted with respiratory diseases, supporting The American Legion Child Welfare Foundation.

Outside companies providing goods and services include: Tri-Anim, Norco, Lincare, and Costco.

50. Program Name: High Cholesterol Wellness and Prevention

Community Needs Addressed:
High cholesterol

Target Population:
Adults/parents and preteens/teens

Description, Tactics, Resources, and Impact:
While some factors that contribute to high cholesterol are outside of our control, such as family history, there are many things a person can do to keep cholesterol in check, such as following a healthy diet, maintaining a healthy weight, and being physically active. Therefore, High Priority Program Group 1 (which focuses on weight management, nutrition, and exercise), contains a number of programs that address wellness and prevention for high cholesterol. Programs addressing high cholesterol include St. Luke's Heart Health Rehabilitation, Fitness and Nutrition components. In addition, the Risk Factor Screening Program in High Priority Program Group 5 addresses High Cholesterol Screening. Please refer to these programs for detailed information on what St. Luke's is doing to support screening and prevention for high cholesterol.

51. Program Name: Prescription Drugs: Let's Talk About It

Community Needs Addressed:
Drug use/abuse

Target Population:

Adults/parents and preteens/teens

Description and Tactics (How):
Prescription Drugs: Let's Talk About It is a project that is free to the community involving four primary activities:

Activity 1: Parent Toolkit Development - Drug Free Idaho (DFI) and St. Luke's Boise/Meridian staff worked together to create a community-specific "Parent Toolkit" published in both hard-copy and CD format The toolkit provides information, ideas and examples of how to address prescription drug misuse/abuse by teens. Prescription Drug identification guides and Home Inventory Sheets are also included.

Activity 2: Community Outreach - DFI and St. Luke's, and Idaho State University School of Pharmacy student volunteers will staff interactive, information/education booths during Back-to-School registration days at Boise's 9 Junior High Schools in August. Volunteers will engage parents, answer questions, and track attendance

Activity 3: Community "Twitter Party" - an on-line town-hall event involving a panel of experts including: an ED Doctor; ED Nurse; Law Enforcement Officers; Pharmacist; Adolescent Psychiatrist; & Recovery/Treatment

Activity 4: St. Luke's serves as drop-off point for the community to leave old, outdated and no longer needed prescriptions to get them out of the home and away from teens.

Resources (budget):
Drug Free Idaho received a grant from the AMA Foundation for $4,845. St. Luke's pays for salary time to participate in the program = .1 FTE.

Expected Program Impact on Health Need:
Raise awareness among parents/teen influencers of the increase of prescription drug abuse in preteens and teens. Give the families talking points and resources to get help. The Idaho Youth Risk Behavior Survey asked students in the schools statewide if they have taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life.

Our baseline was Youth Risk Behavior Survey (YRBS) in Idaho in 2011 had 20% of students who had used a prescription drug not prescribed to them. In 2013 the YRBS was repeated and the number dropped to 16.3% in the state of Idaho. Our goal was to collect 101 lbs. of prescriptions

drugs in a Take Back Drug event to help remove Rx drugs from our community, we collected 403 lbs.

In 2015, the YRBS will be repeated, so a 10% drop in the number of kids taking a prescription drug would be the goal and maintain the goal of removing 400 lbs. of drugs from our community.

FY 2015 Update and FY 2016 Goals:

The FY 2015 goal has not been met, because the DEA cancelled its prescription drug take-back days in 2015. On September 17, we learned that the DEA had scheduled a take-back day for September 26, 2015, after which time we will know the amount of prescription drugs removed from the community. In response to community feedback across the nation, the DEA will also hold two take-back days in 2016. St. Luke's will participate in these three events, trebling our efforts to remove unused and expired drugs from homes.

From January – September 2015, in partnership with the Meridian Police Department we removed 2,100 lbs. of drugs from the Meridian community.

FY 2016 goals have changed. This spring, we applied for an Office of Drug Policy grant, to look at prescription drug/alcohol abuse in youth in the Fruitland/Payette/Weiser area. Notification was received July 1, 2015 that we have been awarded a grant of nearly $100,000 each year for 3 years. The goals for this grant in FY 2016 are to hire a coordinator, establish a community coalition, and identify educational programs for youth and their parents in these communities. These grant goals will become the measures for this needs assessment.

Partnerships/Collaboration:

Drug Free Idaho

Comments:

St. Luke's provided information and volunteers for these events, and experts for material development and education.

52. Program Name: Risk Factor Screening

Community Needs Addressed:
High Cholesterol
Heart Disease
High Blood Pressure
Diabetes

Target Population:
The target population is the general population of adult age persons who may not have had a recent cholesterol, blood glucose, or blood pressure measurement or who may not have a primary care provider. St. Luke's charges a small fee of $20 for each visit which covers only the lab costs.

Description and Tactics (How):
Quarterly cholesterol, blood pressure, and blood glucose screenings at both the Boise and Meridian Campuses that provide a lipid profile, blood pressure measurement and waist circumference and education on Cardiac Risk Factors and strategies to help in the reduction of those risk factors.

Resources (budget):
Cardiac rehabilitation staff provides this service as part of their normal duties. Estimated cost of staff time without benefits is approximately $900 annually. Materials are estimated at an additional $250. The lab costs are $20 which is paid for by the patient.

Expected Program Impact on Health Need:
Estimated number of persons participating is 100 for FY 14 and FY 15. The screening typically finds 10 or 12 people who did not know they had elevated blood sugar indicating pre-diabetes or diabetes annually. Those persons are either referred to their primary care provider for follow up or in some cases they are aided in obtaining a primary care provider through "Call St Luke's." Additionally many people use this screening as a tool to help manage their lipids. These people take the results to their providers for on-going management of their elevated lipids.

FY 2015 Update and FY 2016 Goals:
The Risk Factor Screening program is on track to meet its FY 2015 goals by September 30, 2015. The FY 16 goals are unchanged from FY 15.

Partnerships/Collaboration:

53. Program Name: Skin Cancer Prevention

Community Needs Addressed:
Skin cancer prevention

Target Population:
School-age students (primarily junior high and high school students, and 3-10-year-old children enrolled in swim lessons) as well as adults of all income levels. Additional targets are middle-age Caucasian males due to their high risk profile.

Description and Tactics (How):
Free educational programs and skin screening clinics are available to the community to raise awareness and educate individuals on ways to prevent skin cancer. For school-age populations, we provide classroom education on sun safety and skin cancer prevention (junior high and high school). The classroom curriculum includes a PowerPoint presentation, an entertaining mole check video and an opportunity for students to check their face for sun damage using a skin analyzer. Students also receive informational materials, including a mole-map to track their moles, a skin cancer prevention brochure and how to choose sunscreen card. In addition, they receive a sample lip balm and sun screen packet to reinforce the sun safety message. Another educational program provided is a research-based program that targets 3-10-year-old children and includes sun safety training for swimming pool life guards and instructors. The staff, in turn, includes the sun safety messages as part of their swim lesson instruction to the students.

For adult populations, a skin cancer prevention PowerPoint presentation is provided that covers the types of skin cancers in more detail than the one for school-age children and includes the opportunity to use the skin analyzer. The same sun safety samples and collateral materials are distributed. These classes are provided through employers or community requests.

All groups are provided with a brief evaluation to assess their knowledge of the information taught or to provide feedback on the presentation.

For all populations, a free skin screening clinic is coordinated by St Luke's MSTI and staffed by area dermatologists who check individuals for suspicious growths, pre-cancer or cancer conditions that would require follow-up.

Resources (budget):
To date for FY 15, over 50 educational presentations (school-based, swimming lesson students/instructors, and adult populations) were shared across the MSTI service area. These activities, which reached over 5,000 people, were presented by staff who are based at MSTI sites (Meridian, Fruitland and Twin Falls). It is estimated that the educational presentations cost approximately $8,665, which includes the cost of supplies (sunscreen, lip balm, lanyards, and collapsible water bottle), printed materials (mole map, brochure, and evaluation), signage, and skin analyzer device.

The public skin screening clinic requires volunteers, staff and providers to conduct the skin screening. This fiscal year, approximately 20 volunteers/staff and 14 providers were utilized at three MSTI locations (Boise, Nampa and Twin Falls). It is estimated that the supply costs to implement the three skin screenings was $1,500, which includes the cost of supplies (sunscreen, lip balm, gowns, gloves) and printed materials (mole map, brochure, evaluation).

Expected Program Impact on Health Need:

The educational program for both students and adults is designed to help raise awareness, reduce the amount of skin cancer and/or improve early detection.

The skin screening clinic is designed to detect suspicious, pre-cancerous or cancerous growths on the skin that may require follow-up.

The activities are measured by tracking the number of students and adults who participate in presentations, events and screenings. For the skin screenings, the number of referrals for additional follow-up is also captured. An evaluation may also be provided after the presentations to determine if knowledge transferred occurred and/or if program improvement is recommended.

FY 2015 Update and FY 2016 Goals:

In fiscal year 2015, St. Luke's hosted skin screenings in Boise, Nampa and Twin Falls. A total of 437 people were screened, just under the goal of 500 participants. Approximately 30 volunteers and 15 area providers staffed the screenings. In Boise, 87 or 39% of those screened for skin cancer were referred for follow-up; in Twin Falls, 48 or 40% were referred, while in Nampa, which was a screening specifically for St. Luke's employees, 97 were screened and 19 or 20% were referred. In addition, our target of reaching 3,000 students and adults with our sun safety education presentations was far surpassed, with 5,010 taking part in skin cancer prevention education.

Since the Boise-based public skin screenings will be hosted by Saint Alphonsus in 2016, the number of FY 16 skin screening participants is expected to be less than FY15. However, at least two public skin screenings outside of the Boise market should be held during this timeframe. In addition, the Pool Cool program is expected to increase by 3 additional pool sites across the MSTI service area, while the overall number of other sun-safety educational presentations should remain the same.

Partnerships/Collaboration:

For the skin screenings, the dermatologists volunteer their time to conduct the skin check and provide follow-up recommendations to the screening participants. St. Luke's provides staff who volunteer their time to help provide logistical support and the providers often bring staff for additional support. Other community partners, such as health agencies, employers and non-profit organizations, partner with St. Luke's to communicate information about the skin screenings to their employees and community contacts. In Boise, the skin screenings are conducted by local dermatologists who have requested that St. Luke's and Saint Alphonsus (another Idaho health system) alternate hosting the public event. As a result, St. Luke's

schedules its public skin screenings at the MSTI Boise site in the odd calendar year. In Magic Valley, this arrangement is not required, so the screening conducted in Twin Falls is an annual event. This year, St. Luke's hosted a skin screening for its employees in the Nampa area for the first time, which also involved area providers.

The educational presentations include partnerships with school, district, and State Department of Education representatives. For community events, there is ongoing collaboration with district/state health agencies, medical providers, employers, non-profit organizations, patient advisory councils, and community leaders.

Comments:

St. Luke's MSTI's school-based sun safety educational program is a unique program that combines traditional learning and interactive demonstrations to enhance the learning experience. It is one of three modules within St. Luke's MSTI's youth-based cancer prevention educational program. The program is designed to cover cancer prevention with students, specifically sun safety, tobacco-free lifestyle, nutrition, and exercise. Over the last three years, St. Luke's MSTI has provided sun safety training at local pools through the Pool Cool program. Both the youth-based prevention programs and the Pool Cool program presented by St. Luke's MSTI have received national and local visibility. In FY 15, the programs were featured at the Association of Community Cancer Centers (ACCC) national conference and the Idaho Public School Nurses Organization statewide meeting. In addition, programs were highlighted in the ACCC *Oncology Issues* magazine; the CDC/Surgeon General's "Call to Action to Prevent Skin Cancer" campaign materials; and in the Idaho Statesman's *Living Healthy* Magazine. Interest in the employer and community presentations is also growing and the ongoing review and updating of the presentation materials, along with the use of tools such as the skin analyzer, support the MSTI cancer education program as an important community resource.

54. Program Name: Employer Health Risk Assessments:

Community Needs Addressed:
Additional health screening:

- High Cholesterol
- Heart Disease
- High Blood Pressure
- Diabetes Prevention
- Smoking

Target Population:
The target population is employees of participating employers. Employers request a biometric screening of, blood pressure, height, weight, waist circumference, Lipid profile and fasting blood glucose, in conjunction with a health risk questionnaire for their participating employees.

Description and Tactics:
Participating employers contract for Health Risk Assessment services. The biometric data is collected at the employers' work locations.

Resources (budget):
St. Luke's staff

Expected Program Impact:
In FY 14, 4,000 employees representing 10 employers will participate; reduction in # of smokers, improvement in levels of hypertension and pre-hypertension, and a reduction in the number of cumulative risk factors for each population.

FY15 Goal: >= 12,000 employees/spouses representing various employers will participate; employees identified at risk will be referred to appropriate level of intervention. Met FY15 goal.

FY 2015 Update and FY 2016 Goals:
Between April 1, 2014 and March 31, 2015, we screened 12,614 employees and their spouses, representing 12 different employer groups. Individuals identified as being at risk were referred to healthcare providers, community clinics, or appropriate programs for follow-up.

In FY 2016, we expect to screen more than 14,000 employees/spouses representing various employers. Those identified as being at risk will be referred to the appropriate level of intervention.

55. Program Name: Mexican/Latino Health Screening:

Community Needs Addressed:
Additional health screening.

Target Population:
Latino community members in southern Idaho.

Description and Tactics:
Approximately 1,000 screenings will be conducted through the Health Window program at the Mexican Consulate in Boise or through the mobile consulate. Individuals identified as being at risk will be referred to community clinics and programs.

Resources:
Health Window program coordinator, Healthy U staff, Mexican Consulate ($30,000).

Expected Impact:
Improve access to health care through education and screenings.

FY 2015 Update and FY 2016 Goals:
Between April 1, 2014 and March 31, 2015, we screened 1,380 individuals for blood pressure, fasting blood glucose, cholesterol, body mass index (BMI), HIV, and/or vision. Of these individuals, 603 were identified with borderline or abnormal results and referred for follow-up.

Our goals for FY 16 have increased to 1,400 screenings to be conducted through the Health Window program at the Mexican Consulate in Boise or through the mobile consulate; those identified as being at risk will be referred to community clinics and programs.

Partnerships/Collaboration:
Collaborations supporting this initiative include: Covering Idaho Kids, Northwest Nazarene University, Idaho State University, Family Medicine Health Center, St. Luke's Humphreys Diabetes Center, Walgreens, OSHA, and the Idaho Children's Trust Fund.

St. Luke's Elmore

2013 Community Health Needs Assessment

Implementation Plan

Table of Contents

Introduction

The St. Luke's Elmore 2013 Community Health Needs Assessment Implementation Plan describes the programs and resources St. Luke's and other community groups plan to employ to address the most important health needs identified in our 2013 Community Health Needs Assessment (CHNA). The Implementation Plan is divided into two main sections. The first section contains a list of the health needs identified in our CHNA. In addition, it provides the prioritization score for each health need, explains how the community could serve the need, and describes St. Luke's Elmore involvement in addressing the need. The second section of the implementation plan defines the programs and services St. Luke's Elmore plans to implement to address specific needs. For each program, there is a description of its objective, tactics, expected impact, and partnerships.

Stakeholder involvement in determining and addressing community health needs is vital to this process. We thank, and will continue to collaborate with, all the dedicated individuals and organizations working with us to make our community a healthier place to live.

St. Luke's Elmore contact:
Doreen Krabbenhoft 208-580-2673

Methodology

The St. Luke's Elmore (SLE) 2013 CHNA was designed to better understand the most significant health challenges facing the individuals and families in St. Luke's Elmore's service area. To accomplish this goal, SLE collaborated with representatives from our community to help identify and prioritize our most important health needs. Each identified health need was included in one of these four categories: 1) health behavior needs; 2) clinical care needs; 3) social and economic needs; and 4) physical environment needs.

These health needs were ranked using a numerical prioritization system. Points were allocated to each need based on scores provided by our community leaders as well as scores for related health factors. The more points the health need and factor received, the higher the priority and the higher the potential to positively impact community health. Health needs and factors scoring above the median were highlighted in light orange in the tables that follow. Health needs and factors with scores in the top 20th percentile were highlighted in dark orange and are considered to be high priorities.

To complete the CHNA Implementation Plan, SLE consulted and collaborated with community representatives, addressing the most significant health needs using the following decision criteria:

1. Health needs ranked in the top 20th percentile in the CHNA were considered first. Other health needs that scored above the median were also given priority. In order to focus limited resources on the health needs having the greatest potential to improve community health (the most significant needs), implementation plans were not developed for health needs scoring below the median.

2. Next SLE examined whether it was more effective for them to directly address a higher priority health need or whether another community organization was better positioned to address the need. To make this determination, SLE focused on whether the health need was in alignment with St. Luke's mission and strengths. Where a high priority need was substantially in alignment with both our mission and strengths, St. Luke's Elmore provided at least one program to address that need. Where a high priority need was not in alignment with our mission and strengths, St. Luke's Elmore tried to identify or partner with a community group or organization better able to serve the high priority need.

3. A single health improvement program can often support the success of multiple related health needs. For example, fitness and nutrition programs also support and strengthen weight management programs. Therefore, to better understand the total impact our programs are having on a health need, SLE arranged programs that reinforce one another into groups as defined later in this implementation plan.

List of Needs and Recommended Actions

Health Behavior Category

Our community's high priority needs in the health behavior category are wellness and prevention programs for diabetes, obesity, and mental illness. Diabetes and obesity rank as high priority needs because both are trending higher and are contributing factors to a number of other health concerns. Mental illness ranks high because Idaho has one of the highest percentages (22.5%) of any mental illness (AMI) in the nation.

Table Color Key
Dark Orange = High priority (total score in the top 20th percentile)
Light Orange = Total score above the median
White = Total score below the median

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Weight management	Obese/Over-weight Adults	20.9	Mission: High Strength: Low	There are a number of fee based weight management programs available in our community. In addition, the CDC has free online weight management information, and Idaho Medicaid has a Preventive Health Assistance Benefit weight management program.	St. Luke's Elmore will directly support adult weight management programs because this need is aligned with our mission and although there are other programs available in our community the need is still ranked in our CHNA's top 20th percentile. St. Luke's Elmore does not currently have a multi-disciplinary, medically managed weight loss program for patients. Due to limited resources and because weight management is not a strength of St. Luke's Elmore we will continue to depend on the community to help address this need. The programs St. Luke's Elmore directly supports are described in the

				Mountain Home Parks & Recreation, Anytime Fitness and Fitness First are also local resources.	following section of this Implementation Plan.
	Obese/Over-weight Teens	18.9	Mission: High Strength: Low	The CDC has free online weight management information, and Idaho Medicaid has a Preventive Health Assistance Benefit weight management program. Mountain Home Parks & Recreation, Western Elmore County Recreation District and Eastern Elmore County Recreation District are local resources for youth.	Teen weight loss management is not a strength of St. Luke's Elmore and due to resources constraints SLE will provide limited support for weight loss management programs specifically for teens. St. Luke's Elmore will continue to depend on the community to help address this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Wellness/ prevention	Diabetes	18.1	Mission: High Strength: Medium	St. Luke's Regional Medical Center	St. Luke's will directly support diabetes chronic disease management programs because this need is highly aligned with our mission, ranked in our CHNA's top percentile and a medium strength. The programs St. Luke's Elmore directly supports are described in the following section of this Implementation Plan.
	Mental illness	19.1	Mission: High	There is a shortage	Although mental health programs are aligned

			Strength: Low	of behavioral health providers in our community. Resources include S.T.A.R.R. Behavioral Health, All Seasons Mental Health, Idaho Behavioral Health, Creating Options, Desert Sage Clinic and Ascent Behavioral Health Services	with our mission and are ranked in the CHNAs top 20th percentile, due to resource constraints and because this need is not a strength, SLE will continue to depend on community resources to address this need.
Exercise programs/ education	Adult physical activity	16.1	Mission: Low Strength: Low	Mountain Home Parks & Recreation, Western Elmore County Recreation District, Eastern Elmore County Recreation District, Anytime Fitness and Fitness First are local resources.	Adult physical activity programs are not aligned with our mission or strengths and there are programs available in the community. Therefore, due to resource constraints, SLE will depend on the community to address this need.
	Teen exercise	15.1	Mission: Low Strength: Low	Mountain Home School District Sports programs, Mountain Home Parks & Recreation, Eastern Elmore County Rec District and Western Elmore County Recreation	Teen exercise programs are not aligned with our mission or strengths and there are programs available in the community. Therefore, due to resource constraints, SLE will depend on the community to address this need.

				District are local resources for teens	
Nutrition education	Adult nutrition	15.5	Mission: Medium Strength: Low	There is a large amount of free online information and resources available from credible sources such as the CDC, the American Academy of Nutrition and Dietetics, and the Mayo Clinic.	Adult nutrition programs are a low strength for St. Luke's Elmore and there are programs available in the community. However, nutrition has a medium alignment with our mission and SLE will provide limited support for adult nutrition. As a critical access hospital with limited resources, SLE will continue to depend on the community to help us address this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Teen nutrition	16.5	Mission: Medium Strength: Low	There is a large amount of free online information and resources available from credible sources such as the CDC, the American Academy of Nutrition and Dietetics, and the Mayo Clinic.	Teen nutrition programs are a low strength for St. Luke's Elmore and there are programs available in the community. However, nutrition as a medium alignment with our mission and SLE will provide limited support for teen nutrition. As a critical access hospital with limited resources, SLE will continue to depend on the community to help us address this need. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
Safe-sex education programs	Sexually transmitted infections	17.3	Mission: Low Strength: Low	Central District Health	St. Luke's will not directly provide a sexually transmitted infections program because this is a low mission, low strength alignment and due to resource constraints but will instead focus on higher priority needs. St. Luke's will rely on Central District Health and other community

					resources to help us address this need.
	Teen birth rate	17.3	Mission: Low Strength: Low	Central District Health	St. Luke's Elmore will not directly provide a teen birth rate program because this has a low mission, low strength alignment. Due to resource constraints, SLE will instead focus on higher priority needs. St. Luke's Elmore will rely on Central District Health and other community resources to help address this need.
Substance abuse services and programs	Alcohol	15.1	Mission: Low Strength: Low	D.A.R.E. Drug Free Idaho, State Liquor Dispensary	Alcohol use is not a top 20th percentile need and is a low strength of St. Luke's. Therefore, due to limited resources, SLE will partner with community resources and rely on other organizations in the community to continue to address this need. The program St. Luke's Elmore directly supports is described in the following section of this Implementation Plan.
	Illicit drug use	16.1	Mission: Low Strength: Low	D.A.R.E. Drug Free Idaho, State Liquor Dispensary, Drug Enforcement Administration	Illicit drug use is not a top 20th percentile need and is a low strength of St. Luke's Elmore. Therefore, due to limited resources, SLE will partner with community resources and rely on other organizations in the community to continue to address this need. The program St. Luke's Elmore directly supports is described in the following section of this Implementation Plan.
	Vehicle crash death rate	17.1	Mission: Low Strength: Low	D.A.R.E. Drug Free Idaho, State Liquor Dispensary	Vehicle crash death rate is not a top 20th percentile need and is a low strength of St. Luke's Elmore. Therefore, due to limited resources, SLE will partner with community

					resources and rely on other organizations in the community to continue to address this need. The program St. Luke's Elmore directly supports is described in the following section of this Implementation Plan.
Wellness/ prevention	High cholesterol	16.9	Mission: Medium Strength: Low	St. Luke's Regional Medical Center	High cholesterol prevention has a medium alignment with the mission and is a low strength. The programs St. Luke's directly supports are described in the following section of this Implementation Plan.
	Respiratory disease	15.1	Mission: Low Strength: Low	St. Luke's Regional Medical Center	St. Luke's Elmore will rely on St. Luke's Regional Medical Center to provide the necessary respiratory services for our community for three primary reasons: (1) resources constraints inherent with being a Critical Access Hospital, (2) the need is not a top 20th percentile and (3)this need is a low strength for St. Luke's Elmore. As a Critical Access Hospital, SLE has chosen to focus our limited resources on higher priority needs.
	Suicide	16.9	Mission: Low Strength: Low	Suicide Prevention Hotline, Independent Behavioral Health Providers, State of Idaho provides evaluation and suicide intervention services.	Because this is not a top 20th percentile need and has a low strength and mission alignment, SLE will rely on community based resources to help meet this need. As a Critical Access Hospital, SLE has chosen to focus our limited resources on higher priority needs.

Tobacco cessation programs	Smoking	12.6	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of this implementation plan.
Wellness and prevention programs below the median	Accidents	14.1	
	AIDS	13.1	
	Alzheimer's	12.1	
	Arthritis	11.1	
	Asthma	10.1	
	Breast cancer	12.1	
	Cerebrovascu-lar diseases	14.1	
	Colorectal cancer	12.1	
	Flu/pneumonia	14.1	
	Heart disease	13.1	
	High blood pressure	14.1	
	Leukemia	10.1	
	Lung cancer	14.1	
	Nephritis	14.2	

	Non-Hodgkin's lymphoma	9.1	
	Pancreatic cancer	11.1	
	Prostate cancer	12.1	
	Skin cancer	11.1	

Clinical Care Category

High priority clinical care needs include: Affordable care; affordable health insurance; and increased availability of behavioral health services. Affordable care ranks as a high priority need due to its high community leader score and because an increasing number of people in the community are living in poverty (especially children). Affordable health insurance ranks as a top priority need in part because our service area has a high percentage of people who are uninsured and the trend is not improving. Availability of behavioral health services ranked as a top priority due to our health leader scores and because Idaho has a shortage of behavioral health professionals.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Affordable care	Children in poverty	17.6	Mission: High Strength: High	The Affordable Care Act; Medicaid; Idaho State Department of Health and Welfare; Idaho District 4 Health Department; many	St. Luke's Elmore will directly support programs designed to provide affordable care especially to those with low incomes because this need is aligned with our mission and strengths and although there are other programs available in our community the need is still ranked in our CHNA's top 20th percentile. The program St. Luke's Elmore directly supports is described in

				not-for-profit health care organizations	the following section of this Implementation Plan. Affordable care is a national priority that St. Luke's Elmore cannot address on its own. SLE will continue to rely on community and national programs and resources to help address this need.
Affordable Health Insurance	Uninsured adults	20.3	Mission: High Strength: Medium	The Affordable Care Act, Medicaid, Medicare, Idaho State Department of Health and Welfare	St. Luke's Elmore will directly support programs designed to help provide affordable health insurance because this need is aligned with our mission and although there are other programs available in the community the need is still ranked in the CHNA's top 20th percentile. Affordable health insurance is a national priority that SLE cannot address on its own. SLE will continue to rely on community and national programs and resources to help us address this need. The programs SLE directly supports are described in the following section of this Implementation Plan.
Availability of behavioral health services	Mental health service providers	18.5	Mission: High Strength: Low	There is a shortage of behavioral health experts in our community. Resources include S.T.A.R.R. Behavioral Health, All Seasons Mental Health, Idaho Behavioral Health, Creating Options	The availability of behavioral health services is limited in the community. This is not strength of St. Luke's Elmore. SLE doesn't have the expert resources needed to address this need in an effective and meaningful manner. Due to resource constraints SLE will be unable to provide any programs at this time. SLE will continue to rely on community and Boise area programs and resources to help us address this need.

				and Ascent Behavioral Health Services.	
Chronic disease management	Diabetes	15.8	Mission: High Strength: Low	St. Luke's Humphrey's Diabetes Center	St. Luke's Elmore will partner with St. Luke's Humphrey's Diabetes Center to address diabetes chronic disease management because this need is highly aligned with our mission. However as a Critical Access Hospital it is not a strength. The programs St. Luke's Elmore directly supports are described in the following section of this Implementation Plan.
More providers accept public health insurance	Children in poverty	15.6	Mission: High Strength: High	Many health care providers in our community accept public health insurance.	St. Luke's Elmore accepts public and commercial health insurance including Medicare and Medicaid because this need is highly aligned with our mission and strengths and this need is ranked above the median. The program St. Luke's Elmore directly supports is described in the following section of this Implementation Plan.
Integrated, coordinated care (less fragmented)	Preventable hospital stays	14.9	Mission: High Strength: High	Most health care related organizations are interested in participating in programs enhancing integrated, coordinated care.	St. Luke's Elmore will provide programs that increase the level of integrated, coordinated care in the community because this need is highly aligned with our mission and strengths and this need is ranked above the median. The programs SLE directly supports are described in the following section of this Implementation Plan.
Affordable dental care	Dental visits, preventive	14.4	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
Availability of primary care	Primary care providers	14.4			

providers		
Chronic disease management	Arthritis	10.8
	Asthma	9.8
	High blood pressure	13.8
Immunization programs	Children immunized	13
	Flu/pneumonia	12
Improved health care quality	Preventable hospital stays	13.3
Prenatal care programs	Low birth weight	12.1
	Prenatal care 1st trimester	13.1
Screening programs	Cholesterol	13.2
	Colorectal screening	12.2
	Diabetic screening	14.2
	Mammography screening	14.2

Social and Economic Category Summary

Children and family services and educational support are the only social and economic health needs scoring above the median. The increasing number of children living in poverty in the St. Luke's Elmore service area drives the need for more children and family services and our low high school graduation rate accounts for the need for more educational support.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Children and family services	Children in poverty	17.4	Mission: Low Strengths: Low	There are a number of organizations in our community that provide help to low income children and families in need.	Although this need is ranked in the CHNA's top percentile due to resource constraints St. Luke's Elmore will not develop its own children and family support program because this need has a low alignment with our mission and strengths. St. Luke's Elmore will support the programs and services available through other organizations that have this as their primary mission.
Education support and assistance programs	Education	16.1	Mission: Low Strengths: Low	There are a number of higher education institutions with services offered in cooperation with Mountain Home Air Force Base with community access.	Although this need is ranked above the median, St. Luke's Elmore will not develop its own education and support assistance programs because this need has a low alignment with our mission and strengths. However, SLE provides support for training and education as described in the following section of this document.
Children and family services	Inadequate social support	13.4	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
Disabled services		9.7			
Homeless services	Unemployment rate	13.4			
Job training services	Unemployment rate	13.9			
Senior services	Inadequate	12.5			

	social support		
Veterans' services	Inadequate social support	11.7	
Violence and abuse services	Safety - homicide rate	11.7	

Physical Environment Category Summary

In the physical environment category, there were no needs that ranked above the median health need score.

Identified Community Need	Related Health Outcome or Factor	Total CHNA Score	Alignment with Mission and Strengths: High, Med, low	Non-St. Luke's Community Resources Available to Address Need	Recommended Action and Justification
Availability of recreation and exercise facilities	Recreational facilities	13.1	In order to focus limited resources on the health needs possessing the greatest potential to improve community health (the most significant needs), health needs scoring below the median were not directly addressed as part of our implementation plan.		
Availability or access to healthy foods	Limited access to healthy foods	13.3			
Healthier air quality, water quality, etc.	Air pollution	9.1			
Transportation to and from appointments		10.5			

St. Luke's Elmore CHNA Implementation Programs

This section of the implementation plan provides a list and description of the health improvement programs St. Luke's Elmore is executing to address the community health needs ranked above the median. Sometimes a single health improvement program supports the success of multiple related health needs. For example, fitness and nutrition programs also support and strengthen weight management programs. Therefore, to better understand the total impact our programs are having on a health need, SLE arranged programs that reinforce one another into the groups defined below.

High Priority Program Groups

Program Group 1: Weight Management, Nutrition, and Fitness

- Adult and teen weight management
- Adult and teen nutrition
- Adult and teen exercise

Program Group 2: Diabetes

- Wellness and prevention for diabetes
- Chronic condition management for diabetes

Program Group 3: Mental Health

- Mental illness wellness and management
- Suicide prevention
- Availability of mental health service providers

Program Group 4: Barriers to Access

- Affordable care
- Affordable health insurance
- More providers accept public health insurance
- Children and family services (low income)
- Integrated, coordinated care

Program Group 5: Additional Health Screening and Education Programs Ranked Above the Median

- Alcohol and Illicit drug use prevention and wellness programs
- Education support and assistance programs
- High cholesterol prevention
- Respiratory disease prevention and wellness
- Safe-sex education programs

The following pages describe the programs contained in our five high priority program groups. Each

program description includes information on its target population, tactics, approved resources, and goals.

Program Group 1: Weight Management, Nutrition, and Fitness Programs

Adult and teen weight management programs were ranked as high priority health needs. According to the CDC, the key to achieving and maintaining a healthy weight is a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses.[1] Therefore, SLE grouped the weight management programs together with the programs for adult and teen nutrition and exercise. Nutrition and exercise programs are also ranked above the median.

[1] http://www.cdc.gov/healthyweight/index.html

1. Program Name: Nutritional Assessment & Education for Inpatients

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition

Target Population:
Inpatients at St. Luke's Elmore

Description and Tactics (How):
Patients admitted to the hospital will be provided with an assessment that includes questions that address their nutritional needs and habits. Patients are also weighed and their Body Mass Index (BMI) will be assessed. Patients with a BMI of 30 or greater will be provided with nutrition and weight management education at no additional charge.

Resources (budget):
Physicians
Non-physician providers
SLE Nursing Staff

Expected Program Impact on Health Need:
Many poor health outcomes can be averted by achieving and maintaining a healthy weight. It is our goal in FY 2014 to screen 100% of our inpatients for BMI. Every person with an unhealthy BMI (30 or greater) will receive nutrition and weight management education and be provided with St. Luke's Elmore and community resources that focus on nutrition, exercise, and health weight management.

Partnerships/Collaboration:
Primary care physicians
St. Luke's Elmore

Comments:
Data for this project will be tracked using the Electronic Medical Record (EMR) discharge records. Trends in population healthy weights may be identified based on age and patient education can be adjusted to address these demographic groups.

2. Program Name: Health and Wellness Day (Health Fair)

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition
Adult and teen exercise
Wellness & prevention for Diabetes
High Cholesterol prevention
Respiratory disease prevention & wellness

Target Population:
General community

Description and Tactics (How):
Obesity and obesity related illnesses are a major concern in Elmore County. St. Luke's Elmore is addressing this, in part, through the Health and Wellness Day. This event promotes healthy lifestyles, regular exercise, tobacco & smoking cessation education, improved eating habits and healthcare education. Community residents and local vendors are invited to take part in this fun and informative event, which takes place annually in Mountain Home. Health and Wellness Day provides access to discounted laboratory tests that provide screenings for cholesterol and A1C levels, health and nutrition demonstrations, healthcare information, introduction to exercise options and exposure to community resources. Free health topic presentations and fitness demonstrations take place throughout the event.

Resources (budget):
The Health & Wellness Day budget for 2014 is $2,255 for facility rental, supplies and food. Staffing expenses are estimated to be $600 for a total budget of $2,855.

Expected Program Impact on Health Need:
Many poor health outcomes can be averted by achieving and maintaining a healthy weight.
It is our goal in FY 2014 to begin offering BMI screenings at Health and Wellness Day. Every person with an unhealthy BMI will receive weight management information and be provided with St. Luke's Elmore and community resources that focus on nutrition, exercise, and health weight management. By educating community members regarding BMI and providing them with their screening they will be encouraged to discuss issues with their providers. In return, the providers will be able to provide additional appropriate guidance for weight management. Data collected at the event will provide more specific information that can be used to identify high risk populations that may need additional interventions.
Low cost laboratory tests will provide community members with their cholesterol and A1C levels for screening purposes and to assist in the management of chronic conditions.
The attendance for 2012 was 300. The goal for FY 2014 is to raise attendance by 10% and provide BMI screenings to at least 50% of the participants.

Partnerships/Collaboration:

Primary care physicians
St. Luke's Elmore
Community Health & Wellness service providers

Comments:
Initial tracking for program will be manual tracking. Trends in population BMI may be identified based on age or other demographic indicators to allow for patient education to be adjusted addressing these high risk groups.

3. Program Name: St. Luke's Elmore Children's Health Fair

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition
Adult and teen exercise

Target Population:
General community

Description and Tactics (How):
St. Luke's Elmore Center for Community Health holds the Children's Health Fair annually in June to build resident awareness of health and human services that are available within the community. This interactive event provides fun, health related activities and education for children and families. This outdoor event is held on the hospital grounds.
St. Luke's Elmore partners with Western Elmore County Recreation District to promote a family fun walk the morning of the Children's Health Fair to encourage walking as a safe and healthy form of exercise.
St. Luke's Elmore also partners with St. Luke's Magic Valley MSTI to provide educational experiences for children and families on the services available.

Resources (budget):
The Children's Health Fair budget for 2014 is $1,525 for equipment rental, supplies and food. Staffing expenses are estimated to be $600 for a total budget of $2,125.

Expected Program Impact on Health Need:
St. Luke's Elmore is committed to increasing community awareness of the health and human services and providers available to the communities served. The last Children's Health Fair had in excess of 400 participants at the event. The goal for FY 2014 is to increase attendance by 10%.

Partnerships/Collaboration:
St. Luke's Magic Valley MSTI
Western Elmore County Recreation District

Comments:

4. Program Name: Sports Physicals

Community Needs Addressed:
Teen weight management
Teen nutrition
Teen exercise

Target Population:
Middle school and high school aged children involved in school sports

Description and Tactics (How):
The Sports Physical day is held annually in the summer at St Luke's Clinic Trinity Mountain. Free sports physicals are provided to middle and high school students to screen for health concerns and to ensure they are healthy enough to participate in sports programs.
Immunization records reviews and low cost immunizations are provided by Central District Health Department.

Resources (budget):
St. Luke's Physicians and mid-level providers are paid to work collaboratively on this project. Staff from Central District Health Department participates by offering low cost immunizations.

Expected Program Impact on Health Need:
The Sports Physical Day provides multiple benefits to students in the St. Luke's Elmore service area middle and high schools. Students are screened for health issues and staff will discuss any health issues found with students and their parents to ensure students receive the necessary follow up care prior to competing in sports. In the summer of 2013, Sports Physicals Day provided 29 students with free physicals. Our goals for 2014 is to provide free screenings for all students as needed and continue to work collaboratively with Central District Health Department to provide reduced cost or free immunizations.

Partnerships/Collaboration:
Primary care physicians
St. Luke's Elmore
Central District Health Department

Comments:

5. Program Name: SLHS Healthy U

Community Needs Addressed:
Adult weight management
Adult nutrition
Adult exercise

Target Population:
St. Luke's Elmore employees and their spouses. This is the first year that St. Luke's Elmore has participated in Healthy U and the attached data will serve as the baseline for future data tracking. Data collected in 2013.

Healthy U Target	Elmore (N=140)
Pre-diabetes (BG>109)	11 (8%)
Diabetes (A1c>7.9)	0 (0%)
Pre-hypertension (BP>135 or 85)	49 (35%)
Hypertension (BP>139 or 89	17 (12%)
Tobacco Use (current user)	22 (16%)
Obese (BMI 35+)	30 (21%)
Waist Girth (>35 women, >40 men)	90 (64%)

Description and Tactics (How):

HU = e3: Healthy U is a wellness initiative that **E**ngages, **E**ducates and **E**mpowers consumers to achieve optimal health!
St. Luke's Healthy U is an incentive-based program that engages benefit eligible employees and spouses through value-based insurance design to achieve or maintain identified health outcomes. Healthy behavior is rewarded through reduced premiums contributions toward the health insurance plan. Tactics include changes in organizational culture and policies, wellness and health promotion programs, online resources/tools, and health coaching to encourage consumers to adopt lifelong healthy habits.

Resources (budget):
Resources include: Wellness Managers, Wellness Coordinators, Nurse and Dietitian Health Coaches as well as office space, technology, educational materials, etc. These resources are present throughout the St. Luke's region.

Expected Program Impact on Health Need:
Expected impact is to improve health behaviors such as nutrition, fitness, tobacco use, stress management and achievement/maintenance of a healthy weight. In addition for pregnant employees or spouses, expected impact is a reduction in pre-term labor and early delivery. Measurable, objective goals: reduction in tobacco use, decrease in pre-hypertension and

hypertension, decrease in pre-diabetes as evidenced by healthier fasting glucose levels and diabetes as evidenced by an A1C <8, and reduction in consumers with a BMI>35 or waist circumference >35 for women and >40 for men. Specific Healthy U targets are set annually and evaluated through an online health assessment and Know Your Numbers biometric screening. Scalable strategies around population health management are also being developed.

Partnerships/Collaboration:
Partnerships are within St Luke's Health System and the communities where St. Luke's has a presence.

Comments:
St. Luke's Elmore joined the St. Luke's system in April 2013 and baseline data for employees participating in Healthy U will be used to monitor employee and spouse health improvements.

Program Group 2: Diabetes Programs

Wellness, prevention, and chronic condition management for diabetes were identified as high priority needs. SLE grouped these programs together because we believe coordination of these programs will produce the best results. When it comes to serving patients with diabetes, no single program can address the entire range of patient medical needs, schedules, or preferences. Therefore, SLE has chosen to offer a number of diabetes programs designed to meet a wide variety patient conditions.

6. Program Name: Foot Clinic

Community Needs Addressed:
Wellness and prevention for diabetes
Chronic condition management for diabetes

Target Population:
General Community
Senior population >55 years

Description and Tactics (How):
St. Luke's Elmore provides a community Foot Clinic service for a reduced fee of $15 per person. The Foot Clinic team reaches out to Senior Citizen Centers in the region. The foot clinic is staffed with a Licensed Practical Nurse (LPN) and two Certified Assistive Personnel (CAP) employees. Foot Clinic appointments are offered once a week at Mountain Home Senior Center and bi-weekly at Glenns Ferry Senior Center and Grand View Senior Center.
Participants receive a foot bath, toe nail clipping, foot lotion and basic foot inspection for signs of possible complications. All issues identified with a participant are forwarded to their primary care physician for appropriate follow up care.

Resources (budget):
Foot clinic budget includes staff time for an LPN and two part time CAP staff, travel expenses and supplies. Participants pay a nominal fee for the foot clinic services. Estimated annual program expenses are $10,800 with estimated revenues of $7,320.

Expected Program Impact on Health Need:
Foot clinic participants generally have a variety of health concerns. Complications caused by Diabetes and other chronic illnesses can be identified early by Foot Clinic staff allowing patients to receive appropriate intervention care. The program impact will be measured by the number of participants using the program. 2014 will be the first year of tracking participant information and will set a baseline for future growth in the program and provide data to assess participant needs in the future.

Partnerships/Collaboration:
Mountain Home Senior Center
Glenns Ferry Senior Center
Grand View Senior Center
SL Elmore Long Term Care

Comments:

7. Program Name: Diabetes Education Services

Community Need Addressed:
Wellness & Prevention for Diabetes
Chronic Disease Management for Diabetes

Target Population:
Adults and Children with type 1 and type 2 diabetes. St. Luke's accepts Medicare and Medicaid, and has a sliding fee scale for low income individuals.

Description and Tactics (How):
Diabetes is a chronic disease and requires self-management by the patient on a day-to-day basis. Good diabetes education is critical to preventing long-term complications and maintaining good health. Humphreys Diabetes Center (HDC) offers a full range of diabetes education services including: a comprehensive diabetes management class; individual consults with Certified Diabetes Educators; insulin starts and medical management per HDC protocol; insulin pump starts and instruction; continuous glucose sensor starts and instruction; and medical nutrition therapy. St. Luke's Elmore works with Humphreys Diabetes Center to provide services in Mountain Home or will refer patients to other sites as appropriate.

Resources (budget):
In FY 14 St. Luke's Regional Medical Center will have 7.5 nurses and 4 dieticians dedicated to this program. Staff needed to provide services at St. Luke's Elmore will be deployed from these resources. St. Luke's Elmore coordinates with Humphreys Diabetes Center to schedule classes, provides physical space and audio/video equipment for program use.

Expected Program Impact on Health Need:
Research has demonstrated that diabetes education can reduce complications by 50% and hospitalizations by 72%, and every dollar that is invested in diabetes education can cut health care costs by up to $8.78. Our goal is to have Hemoglobin A1c's for program participant's drop by an average of 1.5% after completion of this program.

Partnerships/Collaboration:
Humphreys Diabetes Center
Insulin pump companies; Continue glucose sensor companies; Glucose meter companies

Comments:

8. Program Name: Employer Health Risk Assessments (HRA)

Community Needs Addressed:

Wellness and Prevention Programs:
High Cholesterol
Diabetes prevention and wellness
High Blood Pressure
Heart Disease
Safety
Tobacco cessation

Target Population:

The target population is employees of participating employers. Employers request a biometric screening of, blood pressure, height, weight, waist circumference, Lipid profile and fasting blood glucose, in conjunction with a health risk questionnaire for their participating employees.

Description and Tactics (How):
St. Luke's Elmore offers Occupational Health Department services on site. These services will be expanded to include providing Health Risk Assessment services. Participating employers contract for Health Risk Assessment services. The biometric data, including blood draw is collected at scheduled health fairs at the employers work locations. The employee is then given a report detailing their individual results and health risks. The employee is also given the opportunity to consult with a Registered Nurse regarding their report and health recommendations. The employer is given a summary report of cumulative data from the entire population, including a stratification of risks for their population. Interventions to improve health for the population can then be determined based on the risk stratification. The fee for the HRA is $40 per participant, and is paid by the employer.

Resources (budget):
The Employer Health Risk Assessment services are provided by employees of the St. Luke's Occupational Health Department based in Boise, and phlebotomist from the St. Luke's Elmore Lab. St. Luke's costs for the screenings fees, the questionnaire, and the labor costs are in the St. Luke's Regional Medical Center (SLRMC) budget for FY 14. Each biometric screening event is staffed by at least 1 Registered Nurse (RN), 1 Medical Assistant (MA), and additional administrative staff as needed depending on the size of the event.

Expected Program Impact on Health Need:

In fiscal year 2014 this program will be new for St. Luke's Elmore. Each company will have different health goals. 2014 data will be collected to provide a baseline. Aggregate data for each employer is compared to prior year's data to measure the impact of the program. Goals

include a reduction in the number of smoker's, improvement in levels of hypertension and pre-hypertension, and a reduction in the number of cumulative risk factors for the each population.

Partnerships/Collaboration:

Comments:

9. Program Name: Health and Wellness Day (Health Fair)

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition
Adult and teen exercise
Wellness & prevention for Diabetes
High Cholesterol prevention
Respiratory disease prevention & wellness

Target Population:
General community

Description and Tactics (How):
See Description and Tactics listed in Program 2

Resources (budget):
The Health & Wellness Day budget for 2014 is $2,255 for facility rental, supplies and food. Staffing expenses are estimated to be $600 for a total budget of $2,855.

Expected Program Impact on Health Need:
See expected program impact on health need in Program 2

Partnerships/Collaboration:
Primary care physicians
St. Luke's Elmore

Comments:
Health and Wellness Day provides education and program benefits for multiple CHNA needs categories.

Program Group 3: Mental Health Programs

Programs for mental illness, suicide prevention, and availability of mental health service providers were identified as high priority community mental health related needs and grouped together.

Although this need ranked in our CHNA's top 20th percentile St. Luke's Elmore currently lacks the necessary resources and expertise to properly address this need directly.

There is a shortage of behavioral health providers in our community. Limited resources are available those that are available include S.T.A.R.R. Behavioral Health, All Seasons Mental Health, Idaho Behavioral Health, Desert Sage Clinic, Creating Options and Ascent Behavioral Health Services.

St. Luke's Elmore will partner with St. Luke's Regional Medical Center to support these existing mental health services and programs and refer patients to additional service providers outside of the community as necessary to address care needs.

Program Group 4: Barriers to Access Programs

The following needs represent barriers to access that were ranked as high priority or above the median. We believe that looking at this set of needs as a group will provide a more comprehensive picture of the programs required to address barriers to access in our community.

- Affordable care
- Affordable health insurance
- More providers accept public health insurance
- Children and family services (low income)
- Integrated, coordinated care

10. Program Name: Financial Care

Community Needs Addressed:
Affordable care
Affordable health insurance
Accepts public health insurance
Children and family services (low income)

Target Population:
Uninsured or underinsured adults
Hispanic or other non-English speaking residents
Low education; no college
Low income adults and children in poverty
Adults over the age of 65

Description and Tactics (How):
The Community Needs Assessment identified uninsured patients, affordable care, affordable insurance, and providers accepting public health insurance as high priority needs. To address these needs, St. Luke's Elmore provides care to all patients with emergent conditions regardless of their ability to pay.

Insurance/Payer Inclusion
All St. Luke's Elmore providers and facilities accept all insurances, including Medicare and Medicaid. It is the patient's responsibility to provide the hospital with accurate information regarding health insurance, address, and applicable financial resources to determine whether the patient is eligible for coverage through existing private insurance or through available public assistance programs.

Financial Screening and Assistance
St. Luke's Elmore works with patients at financial risk to assist in making financial arrangements though payment plans or by screening patients for enrollment in available government or privately sponsored programs. These programs include, but are not limited to, various Medicaid programs, COBRA and County Assistance. St. Luke's Elmore provides screening for these programs as well as helping patient navigate through the application process to a final determination. By using this thorough interview and screening process, and assisting until a determination is made, St. Luke's Elmore is able to effectively assist patients in finding the most appropriate program.

Financial Care and Charity
St. Luke's Elmore is committed to caring for the health and well-being of all patients, regardless of their ability to pay for all or part of the care provided. Therefore, SLE offers Charity Care to patients who are uninsured or underinsured, to help cover the cost of non-elective treatments.

Charity Care services are provided on a sliding fee scale, based on income (Federal Poverty Guidelines), expenses and eligibility for private or public health coverage.

Resources (budget):

The resources required to generate and support the Financial Care Processes are primarily drawn from the organization's Patient Accounts department and Business Office. Administration of these programs occurs at registration, partially dedicated, in the clinic and hospital settings, as well as by Patient Accounts staff and Cardon OutReach Services who assist with third party options, including county assistance, Medicaid and disability. The budget for unreimbursed care for FY 14 is estimated to be over $12.5 million.

Expected Program Impact on Health Need:

St. Luke's Elmore will continue to promote accessible healthcare and individualized financial support for patients. St. Luke's estimates these programs will contribute over $12.5 million in unreimbursed patient care in fiscal year 2014, allowing many patients with low incomes or those enrolled in the Medicaid and Medicare programs to have improved access to healthcare. SLE is also positioned to assist patients in applying health insurance through the Idaho Health Insurance Exchange.

SLE charity program currently uses a sliding fees scale based on 200% of the Federal poverty guidelines. This percentage is anticipated to increase to 400% in fiscal year 2014, and could increase charity assistance by 100% or more

Partnerships/Collaboration:

St. Luke's Elmore works with commercial insurance companies, Health and Welfare (Medicaid), Centers for Medicare and Medicaid Services (CMS), county commissioners, and Idaho Department of Insurance.

Comments:

11. Program Name: SLE Electronic Medical Records

Community Needs Addressed:

Integrated and coordinated care

Target Population:

General Community

Description and Tactics (How):

St. Luke's Elmore is installing Electronic Medical Records (EMR) system to improve patient care communication and a sharing of vital patient information with care providers. St. Luke's Elmore has installed the HMS EMR for inpatients and is in the process of installing a MedHost EMR for Emergency Department. Clinical EMR installation will be included in the final stage of implementation

The implementation of EMRs will introduce standardization on a number of fronts. First, physicians will utilize standardized order sets that will reduce the variations in care and increase access to vital information between specialties. These order sets will call on evidence, where available, to drive consistent and objective care, which will lead to demonstrated and measureable outcomes. Second, standardized workflows will be designed that require the entry of specific episodes of care data enabling better data capture and facilitating better reporting of patient population outcomes in support of accountable care initiatives.

Standardization will also be incorporated into nursing and ancillary care with the introduction of "evidence based' care plans and protocols. This will enable nursing to be more consistent and measurable with documentation and content across multiple specialties. Medications and supplies are being standardized as inputs to the process to reduce variability in treatments and enhance patient outcomes and control costs.

Resources (budget):

- Information technology software licenses & programs: HMS and MedHost
- Interfaces between software solutions
- Information technology computers & other hardware
- Network infrastructure
- IT support staff / team
- Physician champions & user development teams
- Space, furnishings, equipment for IT staff

Expected Program Impact on Health Need:

- Reduction in avoidable errors
- Reduction in duplicate testing
- Remediation in medication conflicts and reduction in adverse drug events
- Reduction in sentinel events
- Increased efficiency in patient flow
- Increase of discreet data for enhanced reporting
- IT platform provides additional access points to patients delivering clinical data closer to real time.
- Procedures, orders and documentation are evidence based and consistent
- Data provides ability to manage patient populations

Partnerships/Collaboration:

The implementation will require collaboration across many aspects of the organization and beyond. Below is a sample list:

- Employed physicians
- Independent physicians admitting and providing care in St. Luke's Elmore inpatient unit.
- Partner organizations provided continuing care and step down treatment
- Rehabilitation facilities treating patients seen at St. Luke's Elmore
- Referring providers
- Idaho Health Data Exchange

Comments:

12. Program Name: Medication Review & Reconciliation

Community Needs Addressed:
Integrated and coordinated care

Target Population:
General Community

Description and Tactics (How):
St. Luke's Elmore provides medication review & reconciliation for all patients in all clinical settings: inpatient; outpatient; Emergency Department; and primary care clinic. Patients entering a clinical setting will be asked for a list of all medications they are taking and staff will review the list, with the patient, to ensure patient understanding of what each medication is for and how to properly take the medication. Medication lists will be included in the patient's medical record and made available, as needed, to all care providers.

Resources (budget):
Resources for this program include clinical staff involved in the patient care.

Expected Program Impact on Health Need:
Medication review and reconciliation will increase patient understanding of the medications they are taking, ensuring they know what the medication is treating, how the medication should be taken, and confirm they are complying with the medication's instructions.
Medication review and reconciliation will assist care providers by having a complete record of all medications for each patient, reducing potential medication conflicts.

Partnerships/Collaboration:
St. Luke's Elmore
Primary Care Providers

Comments:

13. Program Name: Integrated Care, Care Management

Community Needs Addressed:
Integrated, coordinated care

Target Population:
This is a free service to improve care coordination to two target populations:

1. All patients who occupy a bed in a hospital nursing unit and who require care coordination for post hospital services.

2. ED patients with anticipated discharge planning needs; and/or who require assessment for continuum of care post ED visit; and/or who require intervention to facilitate transition to the next level of care

Description and Tactics (How):

For target population 1 (patients who occupy a bed in a hospital nursing unit), this program assesses patient post discharge needs and facilitate arrangements for the medical services the patient will require post hospitalization for a successful recovery outcome and to help prevent unnecessary readmissions. The program uses the following methods:

1. Care manager uses "High Risk Discharge Planning Criteria" to assess individual patient's needs for intervention and care at discharge.
2. Care manager will interview patients who meet high risk criteria to identify and assess needs and identify options for meeting post-hospital care needs. Family care giver or responsible party may be included in this assessment interview process.
3. Based on needs identified by the patient, care manager, physician, and other members of the health care team, and with the patient's agreement to plan, referrals are made to community providers based on patient's provider preferences.
4. Care manager coordinates discharge plan with patient's health insurance/payer, as applicable.
5. Care manager coordinates and confirms services needed with community resource entities such as skilled nursing facility, home health agency, equipment, Infusion Company, dialysis center, long term acute facilities, etc.
6. Care manager provide patients and/or their families with information / education regarding community resources for current and/or future/anticipated level of care needs.
7. Care manager makes referrals to other St. Luke's health care team members such as social workers, quality improvement utilization nurse, and dietician.
8. In addition to providing discharge planning services, Care Management also works with quality improvement utilization nurse for appropriateness of hospitalization and coordination with patient's payer (as applicable) to obtain authorization for services provided.

For target population 2 (ED patients), this program assesses ED patient post discharge needs and facilitates arrangements for the medical services the patient will require post hospitalization for a successful recovery outcome and to help prevent unnecessary readmissions. The program uses the following methods:

1. Care manager uses "High Risk Discharge Planning Criteria" to identify patients who may need post ED visit follow-up care.
2. Care manager interviews patients who meet high risk criteria to assess needs and identify options to meet post-ED care needs. Family caregiver or responsible party may be included in this assessment interview process.
3. Based on needs identified by the patient, Care manager, physician, and other members of the health care team, and with the patient's agreement to plan, referrals are made to community providers based on patient's provider preferences.
4. Care manager coordinates discharge plan with patient's health insurance/payer as applicable.
5. Care manager coordinates and confirms services needed with community resource entities such as skilled nursing facility, home health agency, equipment, infusion company, dialysis center, long term acute facilities, etc.
6. Care manager provides patients and/or their families with information/education regarding community resources for current and/or future/anticipated level of care needs.
7. Care manager make referrals to other St. Luke's health care team members such as social work, quality improvement utilization nurse and dietician.
8. In addition to providing discharge planning services, Care Management also works with quality improvement utilization nurse for appropriateness of hospitalization and coordination with patient's payer (as applicable) to obtain authorization for services provided.

Resources (budget):

All Care Management staff work activities are focused on the discharge planning or utilization review activities, of which the discharge planning encompasses the majority of staff work time. St. Luke's Elmore has one FT care manager and one FT quality improvement utilization nurse focused on these duties.

Expected Program Impact on Health Need:

Improve patient experience to meet St. Luke's Elmore goal of HCAHPS in top 10% with particular focus on discharge information composite goal of 70%

Partnerships/Collaboration:

Care Manager partners with, coordinates and collaborates with a variety of entities including:

1. With facilities which provide various services to meet the varying levels of care patients may require based on their medical condition. These include but are not limited to varying level of care facilities such as other short term acute hospitals, long term acute hospitals, rehabilitation hospitals, skilled nursing facilities, assisted living and certified family homes.

2. With agencies which provide various services to meet the varying levels of care patients may require based on their medical condition including but not limited to: services such as home health, hospice, home infusion, durable medical equipment, dialysis, wound care and Coumadin clinics.
3. With payers/insurance company Care managers – these collaborations usually involve coordination for transition of care needs to the next level, discussions regarding complicated or catastrophic care transitions, and /or related to availability of and/or coordination of health insurance benefits.

Comments:

Program Group 5: Additional Health Screening/Education Programs Ranked Above Medians

The programs in this section address the remaining health needs that rank above the median:

- Alcohol and Illicit drug use prevention and wellness programs
- Education support and assistance programs
- High cholesterol prevention
- Respiratory disease prevention and wellness
- Safe-sex education programs

14. Program Name: Extreme Challenge

Community Needs Addressed:
Alcohol and illicit drug use prevention and wellness programs
High cholesterol prevention

Target Population:
Mountain Home School District 5th grade students – approximately 280-300 students

Description and Tactics (How):
An Extreme Challenge Program is designed to create an interactive learning opportunities that teach children how to make smart choices regarding their lifestyle and wellness. Breakout sessions are devoted to educate specifically on the dangers of drug, alcohol and tobacco usage. Additional sessions include topics that deal with healthy eating, exercise, dealing with stress and developing healthy relationships. All sessions are presented by community members with expertise in the topic.

Resources (budget):
$2,360.00 includes event supplies, equipment, mileage reimbursement, and staffing.

Expected Program Impact on Health Need:
Improved health & wellness behaviors relating to alcohol and illicit drug use; Improved behaviors relating to high cholesterol, such as healthier eating habits and increased exercise.

Students will indicate improved behaviors by completing an exit survey after the presentations. The goal is set at 60% of students indicating they have improved their understanding of healthy behaviors relating to the two identified community needs, alcohol and illicit drug use prevention and wellness and high cholesterol prevention.

Partnerships/Collaboration:
Hacker Middle School, MHAFB Family Advocacy, Mountain Home Parks & Recreation, Fitness First, St. Luke's Mountain States Tumor Institute, Mountain Home High School 'Teens Against Tobacco Use'

Comments:

15. Program Name: Orientation to Healthcare Careers

Community Needs Addressed:
Education support and assistance programs

Target Population:
Mountain Home School District 7th grade students

Description and Tactics (How):
Orientation to Healthcare Careers educates students on the opportunities within the field of healthcare. The program achieves this with a two day program. Day one features an interactive presentation informing students of basic terminology relating to higher education and utilizes a game presentation to introduce students to various healthcare careers. Day two features a lunchtime period where students talk with community healthcare professionals.

This program is focused on healthcare careers however it stresses the importance of a student's successful engagement in their education process, and how selecting appropriate classes in their high school years will help them achieve their career goals.

Resources (budget):
$200.00

Expected Program Impact on Health Need:
Greater familiarity with requirements of entering a health care career and an increased interest in healthcare careers in area youth ages 12 to 13. Fiscal year 2014 will be the first year to gather data for this program. Post event surveys will be used to set a baseline to determine future outcomes.

Partnerships/Collaboration:
Mountain Home Junior High School

Comments:

16. Program Name: Health and Wellness Day (Health Fair)

Community Needs Addressed:
Adult and teen weight management
Adult and teen nutrition
Adult and teen exercise
Wellness & prevention for Diabetes
High Cholesterol prevention
Respiratory disease prevention & wellness

Target Population:
General community

Description and Tactics (How):
See Description and Tactics listed in Program 2

Resources (budget):
The Health & Wellness Day budget for 2014 is $2,255 and includes facility rental, supplies and food. Staffing expenses are estimated to be $600 for a total budget of $2,855.

Expected Program Impact on Health Need:
See expected program impact on health need in Program 2

Partnerships/Collaboration:
Primary care physicians
St. Luke's Elmore

Comments:
Health and Wellness Day provides education and program benefits for multiple CHNA needs categories.