JD Healthcare

Effect of the Affiliation Agreement between Good Samaritan Hospital and PIH Health, Inc. on the Availability and Accessibility of Healthcare Services to the Communities Served by Good Samaritan Hospital

Prepared for the Office of the California Attorney General

November 8, 2019

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Introduction & Purpose

JD Healthcare, Inc. was retained by the Office of the California Attorney General to assess the potential impact of the proposed Affiliation Agreement by and between Good Samaritan Hospital, a California nonprofit public benefit corporation, (Good Sam Corporation) and PIH Health, Inc., a California nonprofit public benefit corporation (PIH Health), on the availability and accessibility of healthcare services to the communities served by Good Samaritan Hospital (the Hospital). Good Sam Corporation owns and operates the Hospital, a general acute care hospital licensed for 408 beds located in the city of Los Angeles, California.

The Hospital provides emergency services and participates in the Medicare and Medi-Cal programs. Good Sam Corporation is the sole member of Good Samaritan Institute for Research and Education, Samaritan Imaging Center, and Orthopedic Institute of the Good Samaritan Hospital, and is affiliated with Good Samaritan Medical Office Building, Inc.

PIH Health, through its affiliates, PIH Health Hospital –Whittier, a California nonprofit public benefit corporation whose sole member is PIH Health, and PIH Health Hospital –Downey, a California nonprofit public benefit corporation whose sole member is PIH Health, owns and operates PIH Health Hospital – Whittier and PIH Health Hospital – Downey as separately licensed general acute care hospitals, as well as numerous outpatient clinics, offices, services and health support systems.

Good Sam Corporation has requested the California Attorney General's consent to affiliate with PIH Health. If consent is approved, at the Closing of the proposed transaction, Good Sam Corporation would file the Amended Articles with the California Secretary of State. The Amended Articles, upon acceptance for filing and at the time specified in the Amended Articles, will provide that PIH Health is the sole member (as defined in the California Nonprofit Corporation Law) of Good Sam Corporation. Good Sam Corporation would also adopt the Amended Bylaws that will provide that PIH Health is the sole member of Good Sam Corporation.

In its preparation of this report, JD Healthcare, Inc. performed the following:

- A review of the written notice submitted to the California Attorney General on September 5, 2019 and supplemental information subsequently provided by Good Sam Corporation;
- A review of press releases and news articles related to the proposed Affiliation Agreement and other hospital transactions;
- Interviews with community representatives, representatives of Good Sam Corporation's Board (the Board), representatives of the Hospital's management, medical staff, and employees, representatives of PIH Health, and others as listed in the Appendix;

- An analysis of financial, utilization, and service information provided by the management of the Hospital, PIH Health, and the Office of Statewide Health Planning and Development (OSHPD); and
- An analysis of publicly available data and reports regarding the Hospital and PIH Health, the service area, including demographic characteristics and trends, payer mix, hospital utilization rates and trends, health status indicators, and hospital market share.

Background & Description of The Transaction

History of Good Samaritan Hospital

The Hospital, located at 1225 Wilshire Boulevard, Los Angeles, CA 90017 has operated as a standalone community hospital for more than 130 years. In 1885, Sister Mary Wood established the Hospital as a nine-bed facility in Los Angeles. A year later, St. Paul's Episcopal Church entered into an agreement with the California Diocese to assume control of the Hospital, renaming it The Los Angeles Hospital and Home for Invalids. In 1911, the Hospital moved to its current location and over the next several decades expanded to offer additional programs and services. In 2018, the Hospital completed its new 193,000-square foot Medical Pavilion featuring the Frank R. Seaver Ambulatory Surgery Center. The new medical pavilion includes radiation oncology, pharmacy, and women's imaging. The second floor includes eight outpatient surgery suites and ancillary services and physician offices are housed on the third floor to the seventh floor.

Good Sam Corporation is also sole member of Good Samaritan Institute for Research and Education, Samaritan Imaging Center, and Orthopedic Institute of the Good Samaritan Hospital and is affiliated with Good Samaritan Medical Office Building, Inc.

- Samaritan Imaging Center: The nonprofit Samaritan Imaging Center was formed as an independent diagnostic testing facility. It ceased providing patient care services on June 27, 2017 and presently leases its imaging equipment to a physician radiology group that operates an outpatient imaging service;
- Good Samaritan Medical Office Building, Inc.: The nonprofit corporation consists of two office buildings adjacent to the Hospital that was formed to provide and lease office space to physicians on staff at the Hospital; and
- Good Samaritan Institute for Research and Education and Orthopedic Institute of the Good Samaritan Hospital: Both institutes conduct clinical research in their specialized areas and provide education to the medical community and general public.

Transaction Process and Timing

The Hospital has experienced significant operating losses in recent years and continues to have significant operating losses in its current fiscal year. As a result of its poor financial condition and concern for its future sustainability, the Board decided to evaluate potential affiliations with other health systems. A summary of the transaction timeline includes:

- Early 2018: The Committee of the Board of Directors explores strategic alternatives for the Good Sam Corporation;
- Early 2019: Good Sam Corporation representatives had numerous discussions with local academic medical centers regarding potential affiliation;

- March 25, 2019: A Letter of Intent is signed with USC Keck Medical Center and the due diligence process begins;
- June 27, 2019: Minutes from Board meeting describe Good Sam Corporation's intent on having a Definitive Agreement with USC Keck Medical Center by mid-July;
- June 30, 2019: The exclusivity period ends with USC Keck Medical Center;
- July 20, 2019: The negotiation committee of the Board of Trustees approves affiliation discussions with PIH Health;
- July 20, 2019: Due diligence initiated with PIH Health including document exchange, interviews and site visits through August 19, 2019;
- August 19, 2019: PIH Board approves an Affiliation Agreement with Good Sam Corporation;
- August 29, 2019: USC Keck Medical Center withdraws its interest in an affiliation with Good Sam Corporation;
- August 29, 2019: PIH Board reviews and approves a change in the Affiliation Agreement regarding the use of Good Sam Corporation's assets;
- September 4, 2019: The Board approves a resolution to affiliate with PIH Health; and
- September 25, 2019: "Notice to California Attorney General under Corporations Code Section 5920" is submitted by Good Sam Corporation to the Office of the California Attorney General.

Summary of the Affiliation Agreement

The major provisions of the Affiliation Agreement, dated September 5, 2019, include the following:

- At Closing¹, the following shall occur:
 - Good Sam Corporation will cause the amendment of its articles of incorporation (Amended Articles) and the amendment of its bylaws (Amended Bylaws) to provide that PIH Health is the sole member, as defined in the California Nonprofit Corporation Law, of Good Sam Corporation.
- PIH Health will ensure that, immediately after the Effective Time², the medical staff
 of the Hospital remain independent and autonomous, all officers of the medical staff
 of the Hospital retain the same medical staff officer positions and all members of the
 medical staff continue to have the same membership status and clinical privileges as
 each of them had immediately prior to the Effective Time;
- PIH Health acknowledges and agrees that, as of the Effective Time, employees of the Hospital will remain employed on the same terms as existed immediately prior to the Effective Time. PIH Health will ensure that each organization of Good Sam Corporation retains a sufficient number of employees (other than those who are terminated for cause) for a sufficient period of time after Closing, to avoid application of the WARN Act;³
- After Closing, PIH Health will take such steps and invest such capital as may be necessary to ensure that:
 - Good Sam Corporation and its assets remain permanently dedicated to the provision of healthcare at its current location in downtown Los Angeles;
 - Good Sam Corporation is fully integrated into the PIH Health system in a manner that will permanently maintain and enhance its status as a leading hospital, dedicated to providing outstanding patient care with renowned physicians; and
 - Any name identifying the current hospital, buildings, or business will always include the words "Good Samaritan." The Hospital may in the future be identified as "PIH Health Good Samaritan Hospital."

¹ Closing is defined as the completion of the transaction when the documents and signature pages are exchanged.

² Effective Time is the time and date of the filing of the Amended Articles with the Secretary of State of the State of California or the time and date specified in the filed Amended Articles.

³ The Worker Adjustment and Retraining Notification Act of 1988 (the "WARN Act") is a US labor law which protects employees, their families, and communities by requiring most employers with 100 or more employees to provide 60 calendar-day advance notification of plant closings and mass layoffs of employees.

- The majority of the directors of Good Sam Corporation will resign from the Board; and
- For six years after the Closing occurs, PIH Health will ensure that the articles of
 incorporation and bylaws of each organization of Good Sam Corporation contain
 provisions no less favorable with respect to the elimination of liability of directors
 and officers and the indemnification of (and advancement of expenses to) directors,
 officers, employees, agents and representatives that are set forth in their respective
 articles of incorporation and bylaws.

Use of Net Sale Proceeds

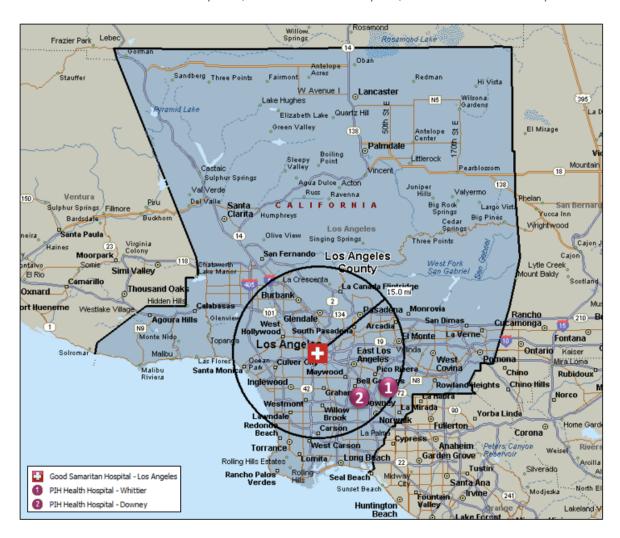
There will be no net proceeds as a result of the proposed transaction.

Profile of Purchaser

PIH Health was founded as Presbyterian Intercommunity Hospital in 1959 through financial support from the Hill-Burton Act and community fundraising. Today, PIH Health is a nonprofit, regional healthcare network with two hospitals, several outpatient medical offices, a medical foundation, home healthcare services, urgent care centers, and hospice care. PIH Health serves an area with more than 2.1 million residents in Los Angeles and Orange Counties and throughout the San Gabriel Valley.

In 2013, the California Attorney General's office approved the Member Substitution Agreement whereby Downey Regional Medical Center resigned as sole member of Downey Regional Medical Center – Hospital, Inc. and PIH Health became the sole member. Downey Regional Medical Center joined the PIH Health regional healthcare delivery network as PIH Health Hospital - Downey.

The locations of PIH Health's hospitals, relative to the Hospital, are shown on the map below.



PIH Health Hospital Profiles

The table below shows financial and utilization data for PIH Health's two hospitals for Fiscal Year (FY^4) 2017 and FY 2018.

	PIH HEALTH HOSP	ITALS		
	PIH V	Vhittier	PIH D	owney
	Genera	al Acute	Genera	al Acute
	FY 2017	FY 2018	FY 2017	FY 2018
City	Wh	ittier		vney
Licensed Beds	557	533	199	199
Patient Days	79,046	83,217	30,461	29,331
Discharges	17,645	19,148	7,717	8,155
Average Length of Stay	4.5	4.3	3.9	3.6
Average Daily Census	217	228	83	80
Occupancy	38.9%	42.8%	41.9%	40.4%
ED Visits	79,294	81,324	57,595	57,380
Inpatient Surgeries	4,047	4,044	1,299	1,316
Outpatient Surgeries	3,353	3,559	1,322	1,143
Births	1,742	1,793	1,000	936
Payer Mix (Based on Discharges):		<u>, </u>		
Traditional Medicare	24.7%	24.5%	25.4%	25.4%
Managed Medicare	30.8%	31.4%	23.8%	26.5%
Traditional Medi-Cal	8.4%	7.4%	9.7%	9.7%
Managed Medi-Cal	9.2%	10.0%	17.0%	18.1%
County Indigent	0.0%	0.0%	0.0%	0.0%
Traditional Third Party	2.7%	2.3%	0.6%	0.4%
Managed Third Party	23.1%	22.2%	20.9%	18.4%
Other Indigent	0.4%	2.0%	1.0%	0.5%
Other	0.8%	0.2%	1.8%	1.0%
Total	100%	100%	100%	100%
Income Statement:				
Net Patient Revenue	\$546,400,637	\$554,125,968	\$147,698,759	\$151,404,647
Other Operating Revenue	\$16,144,603	\$30,020,489	\$3,065,604	\$3,398,830
Total Operating Revenue	\$562,545,240	\$584,146,457	\$150,764,363	\$154,803,477
Total Operating Expense	\$526,655,294	\$538,139,646	\$154,458,393	\$165,537,833
Net From Operations	\$35,889,946	\$46,006,811	(\$3,694,030)	(\$10,734,356)
Non-operating Revenue/Expense	\$46,276,744	\$28,727,338	\$3,676,368	\$46,498
Net Income	\$82,166,690	\$74,734,149	(\$17,662)	(\$10,687,858)
Other Financial:		, , , , ,	(1 /2 /	(1
Charity Care Charges	\$38,472,462	\$29,182,118	\$4,805,137	\$4,415,274
Bad Debt Charges	\$8,350,508	\$10,470,487	\$2,803,408	\$3,752,180
Total Uncompensated Care	\$46,822,970	\$39,652,605	\$7,608,545	\$8,167,454
Cost to Charge Ratio	14.5%	13.9%	15.4%	16.4%
Cost of Charity	\$5,566,965	\$4,053,396	\$739,030	\$722,780
Uncompensated Care as % of Chgs.	1.3%	1.1%	0.8%	0.8%
State of Calif. Uncompensated Care	1.4%	1.4%	1.4%	1.4%
Disproportionate Share Hospital		IO		10
Fiscal Year Ending	9/30/2017	9/30/2018	9/30/2017	9/30/2018
Source: OSHDD Divot Profile EV 2017 & 201		-,,	,,	-,,

Source: OSHPD Pivot Profile, FY 2017 & 2018

⁴ The fiscal year is the one-year period chosen by the organization to report its financial information. PIH hospitals' fiscal year is from October 1 to September 30.

Summary Statistics for PIH – Whittier:

- Net patient revenue increased by 1.4% from \$546.4 million in FY 2017 to \$554.1 million in FY 2018. Over the same period, total expenses increased by 2.2% from \$526.7 million in FY 2017 to \$538.1 million in FY 2018. Excess of revenues over expenses (net income) decreased 9% from \$82.2 million in FY 2017 to \$74.3 million in FY 2018. Some of the drop in net income can be attributed to a \$17.5 million decrease in other operating revenue;
- Patient days increased by 5.3%, from 79,046 to 83,217 days, and discharges increased 8.5%, from 17,645 to 19,148, between FY 2017 and FY 2018;
- In FY 2018, PIH Whittier operated with an average occupancy rate of 42.8% of its 533 licensed beds;
- In FY 2018, PIH Whittier's combined payer mix consisted of predominantly Medicare (55.9%) and Medi-Cal (17.4%) patients. The remaining 26.7% of PIH Whittier's inpatient discharges were comprised of Commercial (24.5%) and Other Indigent (2.0%) and Other Payers (0.2%); and
- In FY 2018, the proportion of uncompensated care charges (bad debt and charity care) provided by PIH Whittier (1.1%) was slightly lower than the statewide average of 1.4%.

Summary Statistics for PIH – Downey:

- Net patient revenue increased by 2.5% to \$151.4 million in FY 2018. Over the same period, total expenses increased by 7.2% to \$165.5 million in FY 2018. Excess of revenues over expenses (net income) have decreased significantly from a loss of \$17,662 in FY 2017 to a loss of \$10.7 million in FY 2018;
- Patient days decreased by 3.7%, from 30,461 to 29,331 days, and discharges increased 5.7%, from 7,717 to 8,155, between FY 2017 and FY 2018. This has resulted in a drop in average length of stay from 3.9 to 3.6 patient days;
- In FY 2018, PIH Downey operated with an average occupancy rate of 40.4% of its 199 licensed beds;
- In FY 2018, PIH Downey's combined payer mix consisted of predominantly Medicare (51.9%) and Medi-Cal (27.8%) patients. The remaining 20.3% of PIH Downey's inpatient discharges were comprised of Commercial (18.8%) and Other Payers (1.5%); and
- In FY 2018, the proportion of uncompensated care charges (bad debt and charity care) provided by PIH Downey (0.8%) was lower than the statewide average of 1.4%.

Hospital Compare

The U.S. Centers for Medicare and Medicaid Services' Hospital Compare is a hospital rating system that summarizes 57 quality measures into a single quality Star Rating in order to rank and provide information about the quality of care at over 4,000 Medicare-certified hospital, across the country. The information assists the public in making decisions about where to get health care services and encourages hospitals to improve the quality of care they provide.

The 57 quality measures are summarized into seven categories. These include:

- **General information:** Name, address, telephone number, type of hospital, and other general information about the hospital;
- **Survey of patients' experiences:** How patients recently discharged from the hospital responded to a survey about their hospital experience. The survey asks questions such as how well a hospital's doctors and nurses communicated with the patient;
- **Timely and effective care:** How often or how quickly hospitals give recommended treatments known to get the best results for people with certain common conditions;
- **Complications and deaths:** How likely it is that patients will have complications while in the hospital or after certain inpatient surgical procedures, and how often patients died within 30 days of being in the hospital for a specific condition;
- **Unplanned hospital visits:** Whether patients return to a hospital after an initial hospital stay or outpatient procedure, and how much time they spend back in the hospital;
- **Use of medical imaging:** How a hospital uses outpatient medical imaging tests (like CT scans and MRIs); and
- Payment and value of care: How payments made by patients treated at individual hospitals compare to hospitals nationally.

U.S. Centers for Medicare and Medicaid Services updated its overall hospital Quality Star Ratings in February 2019, recognizing 293 hospitals country-wide with the highest 5-Star Rating. Below is a breakdown of the Star Ratings:

1-Star: 282 hospitals
2-Stars: 800 hospitals
3-Stars: 1,264 hospitals
4-Stars: 1,086 hospitals
5-Stars: 293 hospitals

PIH Health's hospitals and the Hospital Star Ratings are as follows:

HOSPITAL COMPARE STAR RATINGS BY HOSPITAL						
Hospital	One Star	Two Star	Three Star	Four Star	Five Star	
PIH Health - Whittier				***		
PIH Health - Downey			***			
Good Samaritan Hospital - Los Angeles			***			

Source: U.S. Centers for Medicare & Medicaid Services

- Of PIH Health's two general acute care hospitals, PIH Health Whittier reports a 4-Star Rating, and PIH Health Downey reports a 3-Star Rating; and
- The Hospital achieved a 3-Star Rating.

Profile of Good Samaritan Hospital

Overview of the Hospital

The Hospital, located at 1225 Wilshire Blvd. Los Angeles, California, is a licensed 408-bed general acute care hospital located on the western side of downtown Los Angeles adjacent to the Pico-Union-Westlake district. Operating since 1885, the Hospital's mission is to provide accessible, quality, cost-effective and compassionate healthcare services that meet the needs of patients and families, the community, and physicians. The Hospital provides specialty and tertiary healthcare services and operates the only certified Comprehensive Stroke Center in the service area. The Hospital serves an area of nearly 1.3 million residents mostly located within Los Angeles.

The table below shows the Hospital's licensed beds by type for 2019. A copy of the license can be found in the appendix.

BED DISTRIBUTION 2019					
Bed Type	Number of Beds				
General Acute Care	235				
Intensive Care	58				
Coronary Care	10				
Neonatal Intensive Care	23				
Perinatal	31				
Rehabilitation	23				
Total General Acute Care Beds	380				
Skilled Nursing (D/P)	28				
Total Licensed Beds	408				

Source: Hospital License

The Hospital has a "basic" emergency department⁵ with 12 emergency treatment stations. It also has 17 surgical operating rooms and three cardiac catheterization labs for inpatient and outpatient cardiac catheterization services.

⁵ A "basic" emergency department provides emergency medical care in a specifically designated part of a hospital that is staffed and equipped at all times to provide prompt care for any patient presenting urgent medical problems.

Key Statistics

For FY 2018, the Hospital had a total of 12,856 inpatient discharges, 63,480 patient days, and an average daily census of 174 patients per day (approximately 43% occupancy on 408 total licensed beds).

GOOD SAMARITAN HOSPITAL						
	KEY STATISTICS FY 2016	FY 2018 ¹				
		FY 2016	FY 2017	FY 2018		
Inpatient Discharges		12,186	11,944	12,856		
Licensed Beds		408	408	408		
Patient Days		57,647	56,205	63,480		
Average Daily Census		157.9	154.0	173.9		
Occupancy		38.7%	37.7%	42.6%		
Average Length of Stay		4.7	4.7	4.9		
Cardiac Catheterization Pro	ocedures	4,124	4,275	5,329*		
Emergency Service Visits ²		34,665	35,271	40,155*		
Coronary Artery Bypass Gra	aft (CABG) ²	115	118	N/A		
Total Live Births		3,219	2,671	2,726		

Sources: OSHPD Disclosure Reports, FY 2016 - FY 2018

Note: Good Sam's FY reporting periof for each year starts from September 1 and ends on August 31 of the following year.

N/A: Data unavaliable

- Since FY 2018, inpatient discharges have increased by 5%, from 12,186 discharges in FY 2016 to 12,856 discharges in FY 2018. Over the same period, patient days have increased by 10% to 63,480 patient days in FY 2018;
- Between FY 2016 and FY 2018, emergency department visits increased by 16% to 40,155 visits in FY 2018;
- Between FY 2016 and FY 2018, total live births decreased by 15% from 3,219 to 2,726 in FY 2018; and
- Cardiac catheterization procedures increased by 30% to 5,329 in FY 2018.

¹ FY 2014 to FY 2017 data is from audited OSHPD Disclosure Reports whereas FY 2018 is from unaudited.

²OSHPD Alirts Annual Utilization Reports

 $^{^{\}star}\,201\!8\,Disclosure\,Reports\,shown, Alirts\,Annual\,Utilization\,Reports\,unavaliable.$

Programs and Services

The Hospital offers a comprehensive range of services, including emergency and stroke care, neonatal intensive care, maternity and perinatal services, cardiovascular, oncology, pediatrics, and rehabilitation.

- Cardiac services include: Inpatient and outpatient cardiac services, minimally and noninvasive cardiac services, angiography, cardiac catheterization, echocardiography, electrocardiogram, treadmill testing, angioplasty, atherectomy, pericardiotomy, stenting, transcatheter aortic valve replacement, percutaneous mitral valve repair, defibrillators, radio frequency ablations, tilt studies, transfusion-free surgery. The Hospital is also a designated STEMI (ST Elevation Myocardial Infarction- a severe heart attack caused by clotting in one or more arteries) Receiving Center certified by the Los Angeles County Emergency Medical Services Agency;
- Acute rehabilitation services include: specialty rehabilitation physician services, therapy, psychology services, and inpatient and outpatient rehabilitation services;
- Palliative care services include: comprehensive support for patients and families, wellness services, complex care needs services, multidisciplinary care team services, spiritual and emotional support services, advanced directive and future care planning services, and social community resources;
- Spine services include: Microdiscectomy, laminectomy, lumbar fusion, anterior cervical discectomy and fusion, kyphoplasty, vertebroplasty, laminoplasty and interspinous process decompression;
- Oncology services include: Cancer care education prevention, screening, detection and treatment;
- Ear, Nose, and Throat services include: Hearing and balance testing, endoscopic
 evaluations of the sinuses, nose and larynx, allergy testing, evaluation of voice and
 swallowing disorders, evaluation of sleep disorders, endoscopic surgery, removal of head
 and neck tumors, reconstructive facial surgery, and thyroid surgery;
- Podiatry services include: Foot surgery, arch and nerve problems, tendonitis, plantar fasciitis and ankle sprains;
- Neuroscience services include: Spinal procedures, neuro-oncology and other cranial procedures, brain tumors, arteriovenous malformations; and other neurologic conditions;
- Gastroenterology services include: Endoscopic ultrasound, complex endoscopic retrograde cholangiopancreatography with manometry, capsule endoscopy, electrohydraulic lithotripsy, laser lithotripsy, single balloon deep enteroscopy, spyglass cholangioscopy, pancreatic endotherapy and esophageal manometry;

- Laboratory services include: Hematology, coagulation and urinalysis, microbiology and parasitology, serology, immunohematology, pully automated chemistry and immunochemistry, and anatomic pathology services;
- Ambulatory infusion therapy services include: IV antibiotics, IV hydration, steroid therapy, inotropic therapy, Tysabri and blood transfusions;
- Pulmonary medicine & respiratory care services include: Bronchodilator therapy, invasive
 mechanical ventilation, non-invasive mechanical ventilation, oxygen therapy with
 monitoring, ambulation assistance, troponin analysis in emergency department, arterial
 blood gas/electrolyte analysis and bronchoscopy assist;
- Neonatal services include: Oxygen delivery, non-invasive ventilation, high frequency oscillator ventilation, high frequency jet ventilation, inhaled nitric oxide delivery, and infant CPR;
- Therapy services include: Cardiac rehabilitation, occupational therapy, speech therapy, and vestibular rehabilitation services.
- Sleep center services include: Physician support services, comprehensive follow-up care services, and adult sleep study services;
- Imaging services include: Multi-slice spiral computerized tomography (CT) scanning services, magnetic resonance imaging services (MRI), ultrasound services, noninvasive peripheral vascular ultrasound services, mammography services, stereotactic breast biopsy services, angiography and interventional radiology services, and full-service general diagnostic radiology services;
- Emergency services include: An emergency department with 12 treatment stations, and heliport. The Hospital's emergency department treats over 30,000 emergency visits in Los Angeles County and has the following designation and/or certification:
 - STEMI Receiving Center; and
 - Comprehensive Stroke Center,
- Women's services include: The Davajan Cabal Center, located inside the Hospital, provides labor and delivery services, high risk pregnancy, and reproductive system cancer services;
- A physician residency training program; and
- A child care center for families of employees and community members.

Unionized Employees

The Hospital has collective bargaining agreements with the Service Employees International Union – United Healthcare Workers West, and the California Nurses Association. Approximately 70% of the Hospital's employees are covered under these agreements. Neither PIH – Whitter or PIH – Downey have agreements with these two or any other labor unions.

GOOD SAMARITAN HOSPITAL UNION PARTICIPATION, Year-To-Date	
Union	Members
California Nurses Association	609
Service Employees International Union - United	481
Healthcare Workers West	401
Total Represented by Unions	1,090
Total Non-Union Employees	510
Total Employees (approximately)	1,600
Total Percentage of Employees Represented by Unions	68%

Source: The Hospital

Accreditation

The Hospital is accredited for three years by The Joint Commission, effective March 2018. Over the years, the Hospital has received awards and accolades that include the following:

- In 2019, the Hospital received the American Heart Association/American Stroke
 Association's Get with The Guidelines®-Stroke Silver Plus Quality Achievement Award. The
 award recognizes the Hospital's commitment to ensuring stroke patients receive the most
 appropriate treatment according to nationally recognized, research-based guidelines
 based on the latest scientific evidence;
- In 2018, the Hospital was designated an Aetna Institute of Quality® for Cardiac Medical Intervention, Cardiac Rhythm & Cardiac Surgery;
- In 2017, UniHealth Foundation awarded the Hospital a \$300,000 grant to establish an inpatient Palliative Care Program in its intensive care unit and cardiovascular intensive care unit;
- In 2017, the Hospital received certification as a Comprehensive Stroke Center; and
- In 2016, Blue Shield of California and Anthem Blue Cross of California designated the Hospital a Blue Distinction® Center in the Blue Distinction Centers for Cardiac Care program, part of the Blue Distinction Specialty Care program.

Quality Measures

The Value-Based Purchasing Program, established by the 2010 Federal Patient Protection and Affordable Care Act, encourages hospitals to improve the quality and safety of care. The U.S. Centers for Medicare and Medicaid Services rewards and penalizes hospitals through payments and payment reductions by determining hospital performance on four domains that reflect hospital quality: the clinical process of care and outcomes domain, the patient and caregiver centered experience of care/care coordination domain, the safety domain, and the efficiency and cost reduction domain. In FY 2018, the Centers for Medicare and Medicaid Services decreased Medicare payments to the Hospital by 0.02%. For FY 2019, the Centers for Medicare and Medicaid Services increased payments to the Hospital by 0.29%.

The following table reports the Hospital's performance compared to all hospitals across the nation for the seven categories that comprise Hospital Compare's overall quality rating:

QUALITY MEASURES					
Condition/Procedure	National Average				
Mortality	Above the national average				
Safety of Care	Below the national average				
Readmission	Below the national average				
Patient Experience	Below the national average				
Effectiveness of Care	Same as the national average				
Timeliness of Care	Below the national average				
Efficient Use of Medical Imaging	Not Available				

Source: Data.medicare.gov Hospital Compare, September 2019

The Federal Hospital Readmissions Reduction Program⁶, implemented in 2012, penalizes hospitals for excess patient readmissions within 30 days of discharge for the following three applicable conditions: heart attack, heart failure, and pneumonia. The penalty is administered by reducing all of a hospital's reimbursement payments under the Medicare program by a certain percentage for the entire year.

In FY 2018, the Hospital was penalized with a 0.54% reduction in reimbursement. For FY 2019, the Hospital was penalized with a 0.18% reduction in reimbursement. The following table shows the Hospital's 30-day readmission rates for chronic obstructive pulmonary disease, heart failure, pneumonia, stroke, hip/knee replacement, and all causes hospital-wide. The Hospital's 30-day readmission rates for chronic obstructive pulmonary disease, heart attack and heart failure are higher than the national average.

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⁶ The formula for determining hospital reimbursement payments under the Hospital Readmissions Reduction Program varies by hospital and geographic location and may not correspond directly to state and national hospital averages.

30-DAY READMISSION RATES						
Condition/Procedure	Good Samaritian	National				
Condition/Procedure	Hospital	Average				
Chronic Obstructive Pulmonary Disease	20.6%	19.5%				
Heart Attack	19.4%	15.7%				
Heart Failure	24.0%	21.6%				
Pneumonia	16.5%	16.6%				
Coronary Artery Bypass Graft Surgery	n/a	12.8%				
Hip/ Knee Replacement	n/a	4.0%				

Source: Data.medicare.gov Hospital Compare, September 2019

Seismic Issues

Using the HAZUS seismic criteria⁷, the Hospital's structures subject to seismic compliance have been classified according to the California Senate Bill 1953 Seismic Safety Act for the Structural Performance Category (SPC) and the Non-Structural Performance Category (NPC), as shown in the table below. According to the Hospital's FY 2018 consolidated financial statements, as prepared by Deloitte & Touche, LLP, the Hospital has received an extension for its seismic compliance to Senate Bill 90 via OSHPD through third quarter 2019. The Hospital presented its project plans to OSHPD at the end of calendar year (CY) 2014. Regarding nonstructural performance criteria, the date of compliance has been moved to 2030.

GOOD SAMARITAN HOSPITAL					
	SPC	NPC			
	Compliance	Compliance			
Building Name	Status	Status			
Main Hospital	4	2			
ICU / CCU Addition	3	2			
Mechanical Plant	4 s	2			
MRI Addition	4	2			
1927 Building	1	2			
1953 Building	1	2			
Linear Accelerator Addition - Structurally connected to 1953 Building	N/A	N/A			
Radiation Oncology Building	N/A	NYA			

Source: OSHPD

• The Hospital has three buildings rated SPC-4 or higher. These buildings are in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act (SBC 1953). Buildings in this category will have been constructed, or reconstructed, under a

⁷ OSHPD uses HAZARDS U.S. (HAZUS), a methodology used to assess the seismic risk of hospital buildings.

building permit obtained through OSHPD and may be used for inpatient services through to January 1, 2030, and beyond;

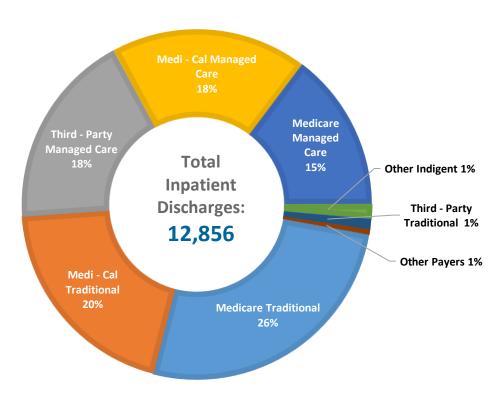
- The Hospital has one building rated as SPC-3. This building may experience structural
 damage that does not significantly jeopardize life but may not be repairable or functional
 following strong ground motion. Buildings in this category will have been constructed or
 reconstructed under a building permit obtained through OSHPD. These buildings may be
 used to January 1, 2030, and beyond;
- Two of the Hospital's buildings are rated as SPC -1. These structures pose a risk of collapse
 and danger to the public. The structures require seismically compliant upgrades if they
 were to be made operational for patient services. Services in these buildings include a
 morgue, kitchen, and the supply, processing and distribution department. There are plans
 to move these departments and the buildings will not be seismically retrofitted; and
- The Hospital has five buildings rated as NPC-2. The following systems including: communication systems, emergency power supply, bulk medical gas systems, fire alarm systems and emergency lighting equipment for the building are either anchored in accordance with the Part 2, Title 24 of the California Building Code or approved by the Department of General Services, Office of Architecture and Construction, Structural Safety Section.

On August 9, 2019, the Federal Emergency Management Agency and the City of Los Angeles awarded Hazard Mitigation Grant Program funds to the Hospital to assist in the Hospital's seismic retrofit. The Hospital was awarded \$406,686.70 for the federal share of a seismic retrofitting project that will be administered by the City of Los Angeles.

Payer Mix

The Hospital's payer mix for FY 2018 consisted of a large proportion of government payers comprising 79.0% of all inpatient hospital discharges. Medicare patients accounted for over 40% of inpatient discharges, with Medicare Traditional at 26% and Medicare Managed Care at 15%. Medi-Cal patients accounted for 38% of inpatient discharges, with Medi-Cal Traditional at 20% and Medi-Cal Managed Care at 18%. Third-Party Managed Care (18%) and Third-Party Traditional (1%) accounted for 19% of inpatient hospital discharges. The remaining 2% of inpatient discharges comprised of Other Indigent (1%) and Other Payers (1%).

GOOD SAMARITAN HOSPITAL - PAYER MIX, FY 2018



^{*&}quot;Other" includes self-pay, workers' compensation, other government, and other payers

Source: OSHPD Financial Disclosure Report (unaudited), FY 2017 (based on inpatient discharges)

The following table provides the Hospital's FY 2018 inpatient discharge payer mix compared to Los Angeles County and California for FY 2017. The comparison shows that the Hospital has lower percentages of Medi-Cal Managed Care patients (18.2%) and higher percentages of Medi-Cal Traditional Patients (19.9%) and Medicare Managed Care patients (14.7%) relative to Los Angeles County and California overall. The table also shows that the Hospital has slightly lower percentage of Third Party Traditional and Managed Care patients (19.2%) relative to Los Angeles County (20.8%) and California overall (23.4%). For Other Indigent, ⁸ Los Angeles County had 0.4%, and the State of California had 0.5% whereas the Hospital had 1.3%.

PAYER MIX COMPARISON							
	Hospital (FY 2018)			Los Angeles County (FY 2017)		California (FY 2017)	
	Discharges	% of Total	Discharges	% of Total	Discharges	% of Total	
Medi - Cal Traditional	2,558	19.9%	150,497	17.3%	379,332	13.2%	
Medi - Cal Managed Care	2,335	18.2%	179,688	20.7%	611,389	21.3%	
Medi-Cal Total	4,893	38.1%	330,185	38.0%	990,721	34.6%	
Medicare Traditional	3,371	26.2%	233,708	26.9%	821,181	28.7%	
Medicare Managed Care	1,887	14.7%	102,859	11.8%	321,579	11.2%	
Medicare Total	5 <i>,</i> 258	40.9%	336,567	38.7%	1,142,760	39.9%	
Third - Party Traditional	126	1.0%	26,517	3.0%	95,981	3.3%	
Third - Party Managed Care	2,343	18.2%	154,335	17.7%	574,058	20.0%	
Third-Party Total	2,469	19.2%	180,852	20.8%	670,039	23.4%	
Other Payers	65	0.5%	14,922	1.7%	40,046	1.4%	
Other Indigent	171	1.3%	3,068	0.4%	14,881	0.5%	
CountyIndigent	-	0.0%	4,033	0.5%	6,746	0.2%	
Other Total	236	1.8%	22,023	2.5%	61,673	2.2%	
Total	12,856	100%	869,627	100%	2,865,193	100%	

Source: OSHPD Disclosure Reports, FY 2017 - FY 2018

Medi-Cal Managed Care

The Medi-Cal Managed Care Program contracts for healthcare services through established networks of organized systems of care in California. Over 12 million Medi-Cal beneficiaries in all 58 counties in California receive their healthcare through six models of managed care, including: County Organized Health Systems, the Two-Plan Model, Geographic Managed Care, the Regional Model, the Imperial Model, and the San Benito Model.

Los Angeles County has a Two-Plan Model that offers a local initiative plan and a commercial plan that contract with the Medi-Cal Managed Care Program. The Two-Plan Model is provided by L.A. Care Health Plan, the local initiative plan, and Health Net Community Solutions, Inc., the commercial plan. The Hospital currently contracts with L.A Care Health Plan but does not contract with Health Net Community Solutions, Inc. The percentage of Los Angeles County residents with Medi-Cal Managed Care coverage has increased significantly as a result of the 2010 Federal

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⁸ The Other Indigent category includes indigent patients who are being provided charity care by the Hospital

Patient Protection and Affordable Care Act (ACA) and California's initiatives to expand managed care. Since 2014, the number of Medi-Cal eligibles in Los Angeles County has increased by 8% from 3,622,367 in 2014 to 3,895,310 in 2018.

Medical Staff

The Hospital has 767 physicians on its medical staff with statuses including: active, honorary/emeritus, provisionals, and affiliates. The five largest specialties, comprising 30% of the medical staff, include: emergency medicine, internal medicine, interventional cardiology, ophthalmology and teleradiology. Of the 767 members of the medical staff, 236 are considered "active" users of the Hospital. Due to the difficulty in accessing specialty care services in the service area, the Hospital utilizes telemedicine coverage agreements to fill deficiencies in specialty services, including tele-neurology, and tele-radiology.

MEDICAL STAFF PROFILE 2019							
Specialty	Count	% of Total	Specialty	Count	% of Total		
Acute Nurse Practitioner	1	0.1%	Neonatal Perinatal Medicine	18	2.3%		
Adult Cardiothoracic Anesthesiology	3	0.4%	Nephrology	18	2.3%		
Allergy & Immunology	4	0.5%	Neurological Surgery	12	1.6%		
Anesthesiology	24	3.1%	Neurology	15	2.0%		
Breast and Women's Imaging	6	0.8%	Nuclear Medicine	5	0.7%		
Cardiothoracic Surgery	9	1.2%	Nurse Practitioner	7	0.9%		
Cardiovascular Disease	25	3.3%	Obstetrics and Gynecology	28	3.7%		
Cataract and Refractive Surgery	1	0.1%	Ophthalmology	45	5.9%		
Clinical Cardiac Electrophysiology	9	1.2%	Oral and Maxillofacial Surgery	1	0.1%		
Colon and Rectal Surgery	7	0.9%	Orthopedic Oncology	1	0.1%		
Craniofacial Surgery	1	0.1%	Orthopedic Surgery	21	2.7%		
Critical Care Medicine	7	0.9%	Otolaryngology	16	2.1%		
CRNA- Certified Registered Nurse Anesthetist	4	0.5%	Pain Medicine	2	0.3%		
Dentistry	3	0.4%	Pathology	14	1.8%		
Dermatology	6	0.8%	Pediatric Cardiology	10	1.3%		
Diagnostic Radiology	22	2.9%	Pediatrics	13	1.7%		
Emergency Medicine	52	6.8%	Physical Medicine & Rehabilitation	3	0.4%		
Endocrinology	3	0.4%	Plastic and Reconstructive Surgery	8	1.0%		
Family Medicine	14	1.8%	Podiatry	6	0.8%		
Gastroenterology	15	2.0%	Psychiatry	3	0.4%		
General Practice	2	0.3%	Pulmonary Disease	10	1.3%		
Geriatric Medicine	4	0.5%	Radiation Oncology	10	1.3%		
Gynecologic Oncology	9	1.2%	Reproductive Endocrinology & Infertility	3	0.4%		
Gynecology	4	0.5%	Rheumatology	4	0.5%		
Hand Surgery	2	0.3%	Sleep Medicine	1	0.1%		
Hematology	2	0.3%	Spine Surgery	3	0.4%		
Hematology/Medical Oncology	19	2.5%	Surgical Oncology	1	0.1%		
Hepatobiliary and Pancreatic Surgery	2	0.3%	Tele-Neurology	9	1.2%		
Hospitalist	21	2.7%	Tele-Radiology	41	5.3%		
Infectious Disease	10	1.3%	Thoracic Surgery	2	0.3%		
Internal Medicine	58	7.6%	Urogynecology	1	0.1%		
Interventional Cardiology	35	4.6%	Urology	14	1.8%		
Maternal-Fetal Medicine	14	1.8%	Vascular and Interventional Radiology	17	2.2%		
Medical Oncology	2	0.3%	Vascular Surgery	5	0.7%		
			Total Physicians	767	100%		

Source: Good Samaritan Hospital

Patient Utilization Trends

The table below shows volume trends at the Hospital from FY 2014 through FY 2018:

	GOOD SAMARITA	N HOSPITA			
	SERVICE VOLUMES F				
PATIENT DAYS	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Medical/Surgical ¹	32,111	33,573	34,531	35,301	40,439
Neonatal Intensive Care	5,603	5,973	5,084	4,429	5,088
Intensive Care	8,162	9,131	8,883	8,814	9,906
Obstetrics	10,749	9,611	9,149	7,661	8,047
Total	56,625	58,288	57,647	56,205	63,480
DISCHARGES					
Medical/Surgical ¹	7,874	8,078	7,802	8,130	8,966
Neonatal Intensive Care	504	520	461	403	415
Intensive Care	651	627	626	657	675
Obstetrics	3,974	3,503	3,297	2,754	2,800
Total	13,003	12,728	12,186	11,944	12,856
AVERAGE LENGTH OF STAY					
Medical/Surgical ¹	4.1	4.2	4.4	4.3	4.5
Neonatal Intensive Care	11.1	11.5	11.0	11.0	12.3
Intensive Care	12.5	14.6	14.2	13.4	14.7
Obstetrics	2.7	2.7	2.8	2.8	2.9
Total	4.4	4.6	4.7	4.7	4.9
AVERAGE DAILY CENSUS					
Medical/Surgical ¹	88.0	92.0	94.6	96.7	110.8
Neonatal Intensive Care	15.4	16.4	13.9	12.1	13.9
Intensive Care	22.4	25.0	24.3	24.1	27.1
Obstetrics	29.4	26.3	25.1	21.0	22.0
Total	155.1	159.7	157.9	154.0	173.9
OTHER SERVICES					
Inpatient Surgeries	2,618	2,430	2,388	2,119	2,149
Outpatient Surgeries	4,421	4,233	3,965	3,798	3,886
Emergency Service Visits ²	34,291	34,954	34,665	35,271	40,155*
Total Live Births	3,863	3,464	3,219	2,671	2,726

Sources: OSHPD Disclosure Reports, FY 2014 - FY 2018

 $^{^{\}ast}$ FY 2014 to FY 2017 data is from audited OSHPD Disclosure Reports whereas FY 2018 is from unaudited.

^{** 2018} Disclosure Reports shown, Alirts Annual Utilization Reports unavailable.

¹ Includes Definitive Observation Beds

² OSHPD Alirts Annual Utilization Reports

A review of the Hospital's historical utilization trends, between FY 2014 and FY 2018, supports the following conclusions:

- Total patient days have increased 12% while discharges have decreased by over 1%;
- Medical/surgical patient days have increased 26%, to 40,439 days, resulting in an average daily census of 110.8 patients and average length of stay of 4.5 days;
- Obstetrics discharges have decreased by approximately 30%;
- Neonatal intensive care days have decreased 9% resulting in an average daily census of 13.9 patients in FY 2018;
- Inpatient and outpatient surgeries have decreased by 18% and 12%, respectively; and
- Total live births have decreased by 29% to 2,726 births in FY 2018.

Financial Profile

Over the last five fiscal years, the Hospital has consistently lost revenue on operations, with annual losses ranging from \$4.6 million in FY 2015 to \$44.8 million in FY 2017. Operating losses have mostly been offset by non-operating revenues. The Hospital's net income has fluctuated from a high of \$46.2 million in FY 2015 to a loss of \$13.8 million in FY 2017. Net patient revenue decreased considerably between FY 2015 and FY 2017 before rebounding to \$345.0 million in FY 2018. Between FY 2014 and FY 2018, net patient revenue increased by 42% from \$242.7 million to \$345 million.

A significant portion of the net patient revenue is funded by the Quality Assurance Fee Program⁹ that provides supplemental payments to California hospitals that serve a high percentage of Medi-Cal and uninsured patients. Between FY 2017 and FY 2018, the Hospital's operating expenses increased by 12% to \$355.5 million in FY 2018. Other operating revenue, although down nearly \$1.8 million from the FY 2015 high of \$4.4 million, helped partially offset operating expenses that have outpaced net patient revenue. Other operating revenue represents investment income and amounts received for services that are central to the provision of healthcare services but are not directly related to patient care¹⁰.

GOOD SAMARITAN HOSPITAL							
,	INANCIAL AND			2018 ¹			
	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018		
Patient Days	56,625	58,288	57,647	56,205	63,480		
Discharges	13,003	12,728	12,186	11,944	12,856		
ALOS	4.4	4.6	4.7	4.7	4.9		
Net Patient Revenue	\$242,728,470	\$309,501,622	\$285,885,816	\$270,404,918	\$344,996,169		
Other Operating Revenue	\$3,928,108	\$4,420,036	\$2,683,705	\$2,534,767	\$2,630,554		
Total Operating Revenue	\$246,656,578	\$313,921,658	\$288,569,521	\$272,939,685	\$347,626,723		
Operating Expenses	\$278,839,713	\$318,551,379	\$309,820,405	\$317,708,893	\$355,491,091		
Net from Operations	(\$32,183,135)	(\$4,629,721)	(\$21,250,884)	(\$44,769,208)	(\$7,864,368)		
Net Non-Operating Revenues/Expenses	\$31,196,273	\$50,811,063	\$38,349,804	\$30,946,550	\$30,242,124		
Net Income	(\$986,862)	\$46,181,342	\$17,098,920	(\$13,822,658)	\$22,377,756		
						2017 California	
						Data	
Current Ratio	1.04	1.20	0.91	2.11	2.78	1.56	
Days in A/R	59.7	48.7	53.9	59.4	56.6	54.6	
Bad Debt Rate	0.8%	0.5%	0.6%	0.6%	0.5%	0.80%	
Operating Margin	-13.05%	-1.47%	-7.36%	-16.40%	-2.26%	3.13%	

Source: OSHPD Disclosure Reports, FY 2014 - FY 2018

 $^{\rm 1}$ FY 2014 to FY 2017 data is from audited OSHPD Disclosure Reports whereas FY 2018 is from unaudited.

⁹ The amount of supplemental Medi-Cal payments received by those hospitals that serve a high percentage of Medi-Cal and other low-income patients, as provided by SB 855 (Statutes of 1991). These payments are funded by intergovernmental transfers from public agencies (counties, districts, and the University of California system) to the State and by federal matching funds.

² FY 2018 California data was not available when the data was collected to prepare this report.

¹⁰ Revenue received or recognized for services that are not directly related to the provision of health care services. Examples of non-operating revenue include unrestricted contributions, income and gains from investments, and various government assessments, taxes, and appropriations.

The Hospital's current ratio 11 has increased over the last three-years from 0.91 in FY 2019 to 2.78 in FY 2017 (the California average in 2017 was 1.56). The Hospital's percentage of bad debt is approximately 0.5% and is lower than the California average of 0.8%.

Cost of Hospital Services

The Hospital's cost of services includes both inpatient and outpatient care. In FY 2018, 46% of total costs were associated with Medicare, followed by 31% with Medi-Cal, and 20% with Third – Party patients.

GOOD SAMARITAN HOSPITAL							
OPER	ATING EXPENS	ES BY PAYER CA	ATEGORY FY 20	14 - FY 2018 ¹			
	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018		
Operating Expenses	\$278,839,713	\$318,551,379	\$309,820,405	\$317,708,893	\$355,491,091		
Cost of Services By Pa	yer:						
Medicare	\$124,406,424	\$139,591,203	\$137,926,009	\$147,108,962	\$162,310,706		
Medi-Cal	\$77,155,865	\$93,703,272	\$91,879,463	\$93,107,104	\$111,313,413		
County Indigent	\$0	\$0	\$0	\$0	\$0		
Third-Party	\$62,787,277	\$70,842,419	\$69,411,401	\$67,211,150	\$72,379,285		
Other Indigent	\$14,235,935	\$14,149,919	\$10,181,630	\$8,890,526	\$8,096,959		
All Other Payers	\$254,212	\$264,566	\$421,902	\$1,391,150	\$1,390,728		

Source: OSHPD Disclosure Reports, FY 2014 - FY 2018

¹ FY 2014 to FY 2017 data is from audited OSHPD Disclosure Reports whereas FY 2018 is from unaudited.

¹¹ The current ratio compares a company's total assets to its current liabilities to measure its ability to pay short-term and long-term debt obligations. A low current ratio of less than 1.0 could indicate that a company may have difficulty meeting its current obligations. The higher the current ratio, the more capable the company is of paying its obligations, as it has a larger proportion of assets relative to its liabilities.

Charity Care

The following table shows a comparison of charity care and bad debt for the Hospital compared to all general acute care hospitals in the State of California. The five-year (FY 2014 – FY 2018) average of charity care and bad debt, as a percentage of gross patient revenue, is 3.6% and considerably higher than the four-year statewide average of 1.9%. According to OSHPD, "...the determination of what is classified as charity care can be made by establishing whether or not the patient has the ability to pay. The patient's accounts receivable must be written off as bad debt if the patient has the ability but is unwilling to pay off the account."

			GOOD SAN	ARITAN HOSPITA	AL					
		CHARITY CAR	E COMPARISO	N FY 2014 FY 20	18 ¹ (In Thousa	nds)				
	FY 2	014	FY:	2015	FY 2	016	FY 2	2017	FY 2018	
	Hospital	CA	Hospital	CA	Hospital	CA	Hospital	CA	Hospital	CA ²
Gross Patient Revenue	\$1,314,553	\$338,322,364	\$1,432,697	\$365,501,463	\$1,467,029	\$396,427,743	\$1,489,369	\$408,188,146	\$1,666,481	
Charity	\$54,263	\$5,113,965	\$58,248	\$3,441,227	\$46,562	\$3,457,868	\$35,575	\$2,864,615	\$29,476	
Bad Debt	\$11,019	\$4,365,936	\$7,790	\$3,262,642	\$9,536	\$3,108,971	\$8,410	\$2,762,692	\$8,052	
Total Charity & Bad Debt	\$65,282	\$9,479,902	\$66,037	\$6,703,869	\$56,098	\$6,566,839	\$43,985	\$5,627	\$37,528	
Charity Care as a % of Gross Patient Revenue	4.1%	1.5%	4.1%	0.9%	3.2%	0.9%	2.4%	0.7%	1.8%	
Bad Debt as a % of Gross Patient Revenue	0.8%	1.3%	0.5%	0.9%	0.6%	0.8%	0.6%	0.7%	0.5%	
Total as a % of Gross Patient Revenue	5.0%	2.8%	4.6%	1.8%	3.8%	1.7%	3.0%	1.4%	2.3%	
Uncompensated Care										
Cost to Charge Ratio	20.9%	23.6%	21.9%	24.1%	20.9%	23.8%	21.2%	23.00%	21.2%	
Charity	\$11,348	\$1,207,919	\$12,771	\$828,647	\$9,748	\$822,627	\$7,528	\$658,891	\$6,241	
Bad Debt	\$2,304	\$1,031,234	\$1,708	\$785,644	\$1,996	\$739,624	\$1,780	\$635,448	\$1,705	
Total	\$13,652	\$2,239,153	\$14,479	\$1,614,292	\$11,745	\$1,562,251	\$9,308	\$1,294,339	\$7,946	

Source: OSHPD Disclosure Reports FY 2014 - FY 2018

The table below shows the Hospital's historical costs for charity care as reported to OSHPD. Charity care costs have decreased from \$11,347,888 in FY 2014 to \$6,241,237 in FY 2018. The average cost of charity care for the last five-year period was \$9,527,376 while the three-year average cost of charity care was \$7,839,237.

GOOD SAMARITAN HOSPITAL								
	COST OF CHARITY CARE FY 2014 FY 2018 ¹							
			Cost of Charity					
	Charity Care	Cost to Charge	Care to the					
Year	Charges	Ratio	Hospital					
FY 2018	\$29,475,963	21.2%	\$6,241,237					
FY 2017	\$35,574,676	21.2%	\$7,528,168					
FY 2016	\$46,562,483	20.9%	\$9,748,305					
FY 2015	\$58,247,557	21.9%	\$12,771,283					
FY 2014	\$54,262,523	20.9%	\$11,347,888					
FY 2016 - F	FY 2016 - FY 2018 Average \$7,839,237							
FY 2014 - F	Y 2018 Average		\$9,527,376					

Source: OSHPD Disclosure Reports FY 2014 - FY 2018

In the written notice submitted to the California Attorney General, the Hospital reported the following combined distribution of charity care costs by inpatient, outpatient, and emergency room visits. These totals are different than what the Hospital reported to OSHPD. The Hospital's

¹ FY 2014 to FY 2017 data is from audited OSHPD Disclosure Reports whereas FY 2018 is from unaudited

² California data unavaliable

 $^{^{1}}$ FY 2014 to FY 2017 data is from audited OSHPD Disclosure Reports whereas FY 2018 is from unaudited.

Charity Care and Discount Policy states that Self-Pay Patients whose family incomes are at or below 350% of the federal poverty level will be eligible for full or partial charity care discounts, depending upon family income. Self-Pay Patients whose family income is less than 200% of the FPL will be eligible for a full, 100% charity care discount on services rendered. Self-Pay Patients whose family income is between 200% and 350% of the FPL will be eligible for a partial charity care discount on services rendered equal to 60% of applicable cash price.

GOOD SAMARITAN HOSPTIAL								
COST OF CHARITY CARE BY SERVICE FY 2014 - FY 2018								
	Inpatient	Emergency	Outpatient	Total Costs				
FY 2018:								
Cost of Charity	\$10,188,981	\$18,578,569	\$654,798	\$29,422,348				
Visits/Discharges	259	4,750	101	5,110				
FY 2017:								
Cost of Charity	\$9,214,430	\$25,125,050	\$1,202,793	\$35,542,273				
Visits/Discharges	293	5,881	261	6,435				
FY 2016:								
Cost of Charity	\$12,842,225	\$31,614,833	\$2,065,743	\$46,522,801				
Visits/Discharges	584	7,824	1,747	10,155				
FY 2015:								
Cost of Charity	\$16,812,105	\$40,199,683	\$1,185,169	\$58,196,957				
Visits/Discharges	521	6,205	413	7,139				
FY 2014:								
Cost of Charity	\$18,792,425	\$33,296,354	\$2,110,423	\$54,199,202				
Visits/Discharges	592	6,006	642	7,240				

Source: Good Samaritan Hospital-Los Angeles

Community Benefit Services

Over the last five fiscal years, the Hospital has provided several community benefit services. As shown in the table below, the average annual cost of community benefit services over the five years less grant dollars was \$693,618.

COMMUNITY BENEFIT SERVICES FY 2014 2018									
						5-Year			
Community Benefit Programs	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	Average	Total		
Benefits for Persons Living in Poverty	\$32,581	\$9,589	\$7,639	\$6,387	\$4,501	\$12,139	\$60,697		
Benefits for the Broader Community	\$1,357,684	\$398,520	\$519,214	\$529,888	\$602,086	\$681,478	\$3,407,392		
Total	\$1,390,265	\$408,109	\$526,853	\$536,275	\$606,587	\$693,618	\$3,468,089		

Source: Good Samaritan Hospital - Los Angeles

The following table lists the Hospital's community benefit services over the past five years that cost over \$10,000.

COST OF COMMUNITY BENEFIT SERVICES FY 2014-2018								
Services over \$10,000 in cost:	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018			
Health Fairs	\$12,614	-	-	-	-			
Research (Cardiac and Orthopedic Research)	\$543,116	\$264,294	\$348,883	\$364,159	\$433,116			
Laboratory Intern Stipend (Cal. State Dominguez Hills)	-	\$12,000	\$12,000	\$12,000	\$18,000			
Hospital Volunteer Program Job Training	\$145,813	\$140,226	\$158,331	\$153,729	\$150,970			

Source: The Hospital

The Hospital is an important provider of community benefit services to the residents of Los Angeles County. As a result of the numerous health and social issues affecting the local community, the Hospital has received grants from numerous organizations. The Hospital has been able to address many health and social issues identified in the community health needs assessment without expending significant internal resources.

In FY 2019, the Hospital received nearly \$3 million in grant support. A list of grants and their intended purposes is provided below:

GOOD SAMARITAN HOSPITAL, GRANTS B	Y ORGANIZATION, FY 2019	
		Amount
Grant Organization	Purpose	Received
UniHealth Foundation	Complex Care Program	\$158,502
California Community Foundation	Stroke Program	\$250,000
Los Angeles County Metropolitan Transportation Authority	Transportation Services	\$30,458
QueensCare	Emergency Medical Services	\$446,273
QueensCare	Indigent Patient Care	\$998,090
I.N and Susanna H. Van Nuys Foundation	Unrestricted	\$510,161
I.N and Susanna H. Van Nuys Foundation	Clinical Pastoral Education	\$20,000
Grace Helen Spearman Foundation	Mother & Baby Care	\$10,000
The John Jewett & Helen Chandler Garland Foundation	Mother & Baby Care	\$50,000
Boston Scientific Foundation	Patient Navigator	\$15,000
Ahmanson Foundation	Mother & Baby Care	\$50,000
The Ralph M. Parsons Foundation	Mother & Baby Care	\$150,000
Carrie Estelle Doheny Foundation	Chaplaincy	\$10,000
Anthem Foundation	Stroke Program	\$10,000
MUFG Union Bank	Stroke Program	\$1,000
Allen Foundation	Lactation Education	\$10,925
County of Los Angeles, EMS Agency	Bioterrorism	\$35,660
Fairchild-Martindale Foundation	Mother & Baby Care	\$10,000
John Stauffer Charitable Trust	Heart & Vascular Center	\$100,000
LLWW Foundation	Heart & Vascular Center	\$100,000
	Total Grants Received	\$2,956,069

Source: Good Samaritan Hospital

Through a combination of community benefit services and grant support, the Hospital has been able to support many important community programs as described below:

- Korean Health Fair: The Korean Health Fair provides screening to nearly 1,000 participants in conjunction with various partners including the Korean American Medical Group, Los Angeles Department of Aging, Wilshire State Bank, Hanmi Bank, and the Korean American Medical Association;
- Breastfeeding and Healthy Habits for Mothers and Infants: The program educates new
 mothers on the benefits of breastfeeding. The program is largely grant supported and is
 run in conjunction with partners that include local clinics, MCH Access, Choose Health LA
 Moms, Baby Friendly USA, WIC, and the California Community Foundation;
- Diabetes Prevention and Management: The Hospital provides ongoing diabetes education to individuals suffering from diabetes related conditions including hypoglycemia. Patients who have uncontrolled diabetes are at increased risk of infections, delayed healing and complications. Uncontrolled diabetes is a leading cause of blindness, amputations, kidney failure, heart attacks, stokes, seizures, and emergency room visits. Participants in the program are taught healthy eating habits including the appropriate amount of carbohydrates based on body and activity type. The program is supported by local partners including local senior centers, recreation centers, local schools and businesses, and community organizations;
- Heart and Stroke Healthy Eating and Lifestyle Program (HELP): The HELP program
 provides ongoing education to thousands of participants on the importance of healthy
 eating and lifestyle choices. This grant supported community benefit program would not
 be possible without the generous support and partnership of the American Heart
 Association, American Stroke Association local churches, local schools, community
 organizations, California Community Foundation, Angeles Plaza Housing Complex, Korean
 Resource Center, the John Stauffer Charitable Trust, and the LLWW Foundation;
- Volunteer Management Program: The program provides management training to at least 300 students per year. The program is run in conjunction with local partners that include the Los Angeles Unified School District, Regional Occupational Program, Joseph Pomeroy Widney Career Preparatory and Transition Center, local charter schools, community colleges, California State Universities, University of California Universities, private colleges, technical schools, Archdiocesan Youth Employment Services, Los Angeles Chamber of Commerce, Youth Policy Institute, and Community WorkSource Agencies;
- Psychosocial Distress Screening of Radiation Therapy Cancer Patients: The program screens patients seen in the radiology department in conjunction with the American Psychosocial Oncology Society and Yale School of Nursing;

- **Korean Breast Cancer Support Group:** The program supports a minimum of 120 participants with partners that include the American Cancer Society, Shine Korea, and local physicians;
- Women's Cancer Support Group: The program ongoing support to patients who lack referrals from physician offices and general transportation. The program operates with support from the American Cancer Society, Sisters Breast cancer Network, and the Cancer Support Community;
- Look Good Feel Better: The program helps provide cancer services to patients who lack access. The program is supported by the American Cancer Society and local physician offices;
- Patient Education: The Hospital provides patient education to promote health, prevent
 and manage illness and disease as well as treat the consequences associated with poor
 health. The Hospital also provides culturally appropriate perinatal services including
 childbirth and breastfeeding classes in English, Spanish, and Korean. The Hospital has
 expanded breastfeeding education by implementing the Breastfeeding Baby-Friendly
 Initiative.
- Helen's Room: The nonprofit organization provides free, private, and confidential
 consultations with specially trained volunteers to help improve appearance, and lift
 spirits. Helen's Room offers cancer support services and products for low-income,
 uninsured women. Items provided free of charge include hats, scarves, turbans, wigs,
 breast prostheses, mastectomy bras, educational books and videos, community resources,
 and support groups. Services provided by Helen's Room are supported by charitable
 contributions in cooperation with the American Cancer Society; and
- Transportation Program: The Good Samaritan Transportation Program provides nonemergency transportation for patients who are uninsured, underinsured, disabled, seniors, or any combination thereof, to and from the Hospital within 46 ZIP Codes in Metro Los Angeles County.

Reproductive Health

For CY 2018, the Hospital reported 97 inpatient discharges related to reproductive health services. The table below lists reproductive services by diagnostic related group discharges for CY 2016 through CY 2018.

GOOD SAMARITAN HOSPITAL CY 2016-2018 REPRODUCTIVE SERVICE BY DIAGNOSTIC RELATED GROUP							
CT 2010-2018 REF RODOCTIVE SERVICE BY DIAGNOSTIC	CY 2016	CY 2017	CY 2018				
767-Vaginal Delivery w/ Sterilization and/or D&C1	101	68	43				
768-Vaginal Delivery w/ O.R. Proc Except Sterilization &/Or D&C1	2	0	5				
769-Postpartum and Post Abortion Diagnoses w/ O.R. Procedure	4	5	4				
770-Abortion w/ D&C, Aspiration Curettage or Hysterotomy ¹	1	9	9				
776-Postpartum and Post Abortion Diagnoses w/o O.R. Procedure	8	9	11				
777-Ectopic Pregnancy	10	14	7				
778-Threatened Abortion	8	6	4				
779-Abortion without D&C ¹	5	4	14				
Total Discharges	139	115	97				

Source: OSHPD Inpatient Discharge Database, CY 2016-2018

• In CY 2018, out of the eight diagnostic related groups, 767-Vaginal Delivery with Sterilization and/or Dilation and Curettage represents the highest number of inpatient reproductive health discharges at the Hospital.

¹D&C is an abbreviation for Dilation and Curettage

Analysis of the Hospital's Service Area

Service Area Definition

Based upon CY 2018 inpatient discharges, the Hospital's service area is comprised of 28 ZIP Codes from which 67% of the Hospital's inpatient discharges originate. Approximately 50% of the Hospital's discharges originated from the top 12 ZIP Codes, all located in the City of Los Angeles. In CY 2018, the Hospital's market share in the service area was nearly 7% based on total area discharges.

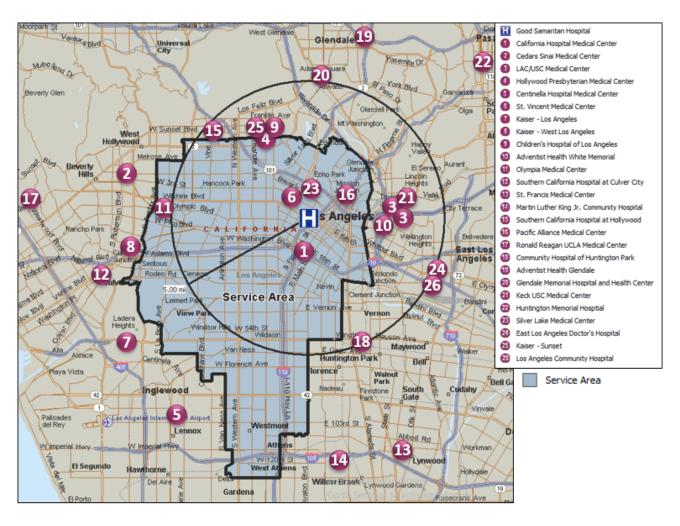
	GOOD SAMARITAN HOSPITAL							
		PATIEN	IT ORIGIN, CY	2018				
			% of		Area	Market		
Community		Discharges	Discharges		Discharges	Share		
Los Angeles	90017	1,185	9.5%	9.5%	2,698	43.9%		
Los Angeles	90057	1,145	9.2%	18.6%	6,142	18.6%		
Los Angeles	90006	724	5.8%	24.4%	5,095	14.2%		
Los Angeles	90026	516	4.1%	28.5%	5,680	9.1%		
Los Angeles	90011	432	3.5%	32.0%	9,592	4.5%		
Los Angeles	90005	424	3.4%	35.4%	2,721	15.6%		
Los Angeles	90037	402	3.2%	38.6%	6,968	5.8%		
Los Angeles	90018	338	2.7%	41.3%	5,683	5.9%		
Los Angeles	90012	310	2.5%	43.8%	4,004	7.7%		
Los Angeles	90019	291	2.3%	46.1%	5,912	4.9%		
Los Angeles	90004	269	2.2%	48.3%	4,425	6.1%		
Los Angeles	90015	266	2.1%	50.4%	2,887	9.2%		
Los Angeles	90044	253	2.0%	52.4%	11,819	2.1%		
Los Angeles	90007	230	1.8%	54.2%	2,847	8.1%		
Los Angeles	90003	229	1.8%	56.1%	7,625	3.0%		
Los Angeles	90020	206	1.6%	57.7%	2,365	8.7%		
Los Angeles	90013	204	1.6%	59.4%	2,394	8.5%		
Los Angeles	90062	149	1.2%	60.5%	3,871	3.8%		
Los Angeles	90043	128	1.0%	61.6%	6,176	2.1%		
Los Angeles	90014	126	1.0%	62.6%	1,163	10.8%		
Los Angeles	90047	121	1.0%	63.5%	7,132	1.7%		
Los Angeles	90016	120	1.0%	64.5%	5,315	2.3%		
Los Angeles	90029	93	0.7%	65.2%	3,927	2.4%		
Los Angeles	90008	75	0.6%	65.8%	4,142	1.8%		
Los Angeles	90038	47	0.4%	66.2%	2,141	2.2%		
Los Angeles	90010	43	0.3%	66.6%	298	14.4%		
Los Angeles	90036	33	0.3%	66.8%	3,277	1.0%		
Los Angeles	90021	31	0.2%	67.1%	472	6.6%		
Sub-Total		8,390	67.1%	67.1%	126,771	6.6%		
All Other		4,118	32.9%	100%				
Total		12,508	100%					
C OCLUBB F		- l CV 20						

Source: OSHPD Discharge Database, CY 2018

Note: Excludes normal newborns

Service Area Map

The Hospital's service area is comprised of a population of nearly 1.3 million residents. There are five¹² other hospitals located within the Hospital's service area, including California Hospital Medical Center, St. Vincent Medical Center, Silver Lake Medical Center, Hollywood Presbyterian Medical Center, and Olympia Medical Center. Children's Hospital Los Angeles, Kaiser Foundation Hospital – Sunset, Kaiser Foundation Hospital, West Los Angeles, Southern California Hospital at Hollywood, Adventist Health White Memorial, LAC/USC Medical Center, and Community Hospital of Huntington Park are located just outside of the service area and also provide healthcare services to service area residents. The Hospital ranks fourth in inpatient market share leader in the Hospital's service area.

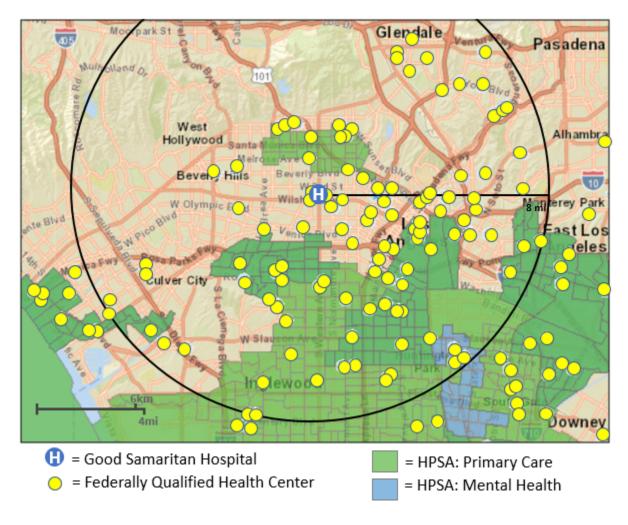


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¹² Although represented on the map, Pacific Alliance Medical Center officially closed on November 30, 2017.

Health Professional Shortage Areas (HPSA)

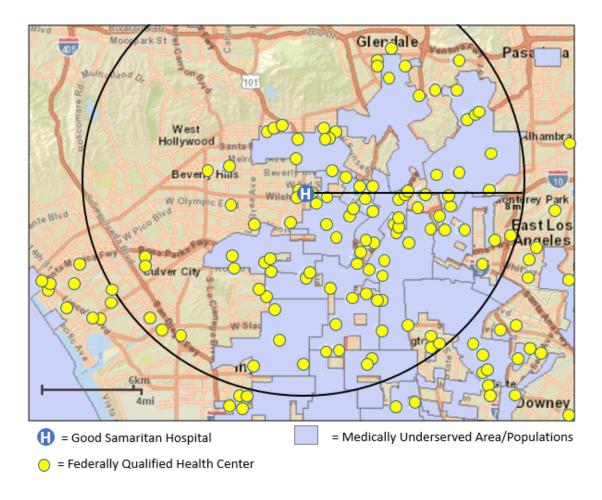
The Federal Health Resources and Services Administration designates Health Professional Shortage Areas as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Although the Hospital itself is not located in a designated Health Professional Shortage Area, parts of the service area to the north, south, southwest, and southeast are designated Health Professional Shortage Areas. The map below depicts these shortage areas relative to the Hospital's location.



Source: Health Resource & Services Administration & The California Department of Health and Human Services

Medically Underserved Areas & Medically Underserved Populations

Medically Underserved Areas and Medically Underserved Populations are defined by the Federal Government to include areas or population groups that demonstrate a shortage of healthcare services. This designation process was originally established to assist the government in allocating community health center grant funds to the areas of greatest need. Medically Underserved Areas are identified by calculating a composite index of need indicators compiled and compared with national averages to determine an area's level of medical "under service." Medically Underserved Populations are identified based on documentation of unusual local conditions that result in access barriers to medical services. Medically Underserved Areas and Medically Underserved Populations are permanently set and no renewal process is necessary. The map below depicts the Medically Underserved Areas /Medically Underserved Populations relative to the Hospital's location.



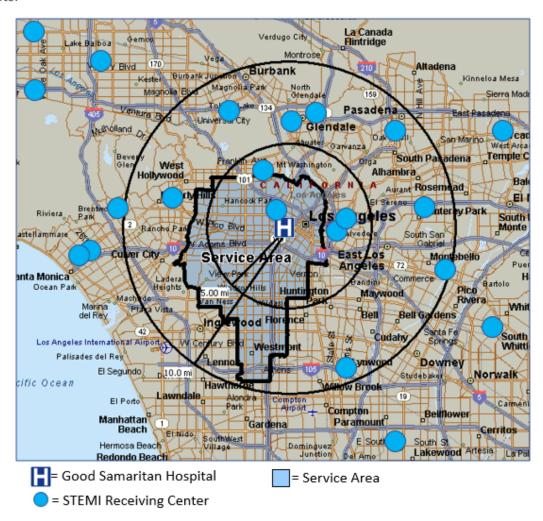
The census tract in which the Hospital is located is not within a designated Medically Underserved Areas/Medically Underserved Populations area.

There are over 100 Federally Qualified Health Centers within an 8-mile radius of the Hospital. These centers are health clinics that qualify for enhanced reimbursement from Medicare and

Medicaid. They must provide primary care services to an underserved area or population, offer a sliding fee scale, have an ongoing quality assurance program, and have a governing board of directors. The ACA included provisions that increased federal funding to Federally Qualified Heath Centers to help meet the anticipated demand for healthcare services by those individuals who gained healthcare coverage through the various health exchanges. Many of the area Federally Qualified Health Centers' patients utilize the services of the Hospital.

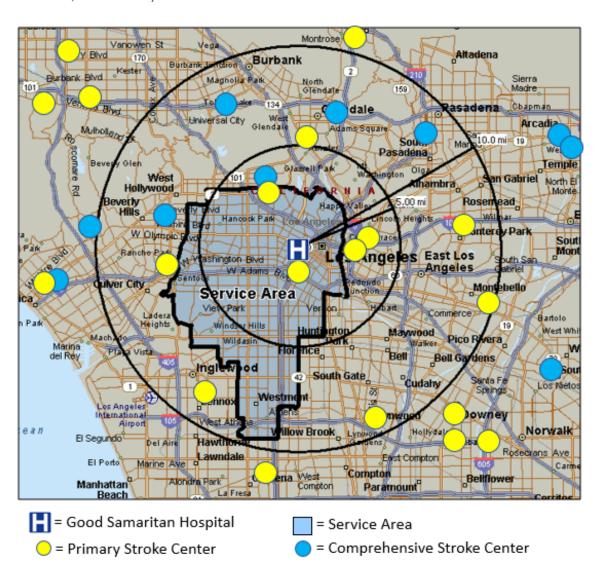
STEMI Receiving Centers in Los Angeles County

Within Los Angeles County, there are 36 STEMI Receiving Centers that administer percutaneous coronary intervention for patients experiencing an acute heart attack. The Hospital is one of three STEMI Receiving Center within the service area (the others being St. Vincent Medical Center, located 1.2 miles from the Hospital, and Hollywood Presbyterian Medical Center, located 4.4 miles from the Hospital). There are two additional STEMI Receiving Centers within 5 miles of the Hospital (White Memorial Medical Center, and LAC USC Medical Center). The Hospital is an important provider of percutaneous coronary intervention treatment services for service area residents.



Certified Stroke Centers in Los Angeles County

As of May 2019, there were 49 stroke centers certified through the Joint Commission within Los Angeles County. This includes 15 Comprehensive Stroke Centers and 34 Primary Stroke Centers. The Hospital is the only certified Comprehensive Stroke Center in the service area. California Hospital Medical Center and Hollywood Presbyterian Medical Center, both certified as a Primary Stroke Center, are the only other Stroke Centers in the service area.



Demographic Profile

The Hospital's service area population is projected to grow 3.5% over the next five years. This is faster than the expected growth rate for Los Angeles County (2.1%) and faster than the State of California (3.4%).

SERVICE AREA POPULATION STATISTICS										
	2019 Estimate	2024 Projection	%Change							
Total Population	1,275,294	1,319,586	3.5%							
Total Households	427,083	444,416	4.1%							
Percentage Female	49.6%	49.6%	-							

Source: Esri

The ethnicity with the largest population in the Hospital's service area is Some Other Race Alone (31.1 %) followed by White (30.4%) and Asian Alone (13.3%). Approximately 56.8% of the service area population is of Hispanic origin. This is higher than Los Angeles County (48.8%) and California Hispanic population (41%).

SERVICE AREA P	OPULATION RACE/	THNICITY
	2019 Estimate	2024 Projection
White	30.4%	30.5%
Black	19.7%	18.7%
Asian Indian Alone	0.8%	0.8%
Asian Alone	13.3%	14.2%
Pacific Islander Alone	0.1%	0.1%
Some Other Race Alone	31.1%	30.9%
Two or More Races	4.6%	4.7%
Total	100%	100%
Hispanic Origin	56.8%	57.2%
Non-Hispanic or Latino	43.2%	42.8%
Total	100%	100%

Source: Esri

The median age of the population in the Hospital's service area is 34.3 years and is younger than the statewide median age of 36.3 years. The percentage of adults over the age of 65 is the fastest growing age cohort, increasing by approximately 14% between 2019 and 2024.

SERVICE AREA POPULATION AGE DISTRIBUTION										
	2019 Est	imate	2024 Pro	ojection						
	Population	% of Total	Population	% of Total						
Age 0-14	245,735	19.3%	244,274	18.5%						
Age 15-44	606,789	47.6%	618,995	46.9%						
Age 45-64	285,312	22.4%	294,391	22.3%						
Age 65+	137,458	10.8%	161,926	12.3%						
Total	1,275,294	100.0%	1,319,586	100.0%						
Female 15-44	290,444	22.8%	296,577	22.5%						
Median Age	34.3		35.5							

Source: Esri

The Hospital's service area households have an average median household income of \$40,643. This is 64% lower than the Los Angeles County average of \$66,575 and 83% lower than the State of California average of \$74,520. The percentage of higher-income households (\$150,000+) in the Hospital's service area is projected to grow at a faster rate (9%) than the Los Angeles County rate of (6%) and the State of California rate of approximately (5%).

SERVICI	E AREA POPL	JLATION HOUSE	HOLD INCOM	E DISTRIBUT	ION	
		2019 Estimate			2024 Projection	
	Service	Los Angeles		Service	Los Angeles	
	Area	County	California	Area	County	California
\$0 - \$15,000	19.1%	10.4%	9.0%	16.2%	8.5%	7.3%
\$15 - \$24,999	13.6%	8.5%	7.6%	11.4%	6.8%	6.0%
\$25 - \$34,999	11.1%	7.8%	7.3%	9.9%	6.6%	6.2%
\$35 - \$49,999	13.9%	11.2%	10.6%	13.0%	9.9%	9.2%
\$50 - \$74,999	16.0%	16.5%	15.8%	16.5%	15.6%	14.8%
\$75 - \$99,999	9.2%	12.2%	12.4%	10.5%	12.6%	12.6%
\$100 - \$149,999	9.5%	15.8%	16.9%	11.8%	17.8%	18.7%
\$150,000 -\$199,999	3.7%	7.8%	8.8%	5.1%	10.0%	11.0%
\$200,000+	4.1%	9.8%	11.8%	5.6%	12.3%	14.3%
Total	100%	100%	100%	100%	100%	100%
Median Household Income	\$40,643	\$66,575	\$74,520	\$49,258	\$86,333	\$81,023

Source: Esri

Medi-Cal Eligibility

With the implementation of the ACA and the statewide expansion of Medi-Cal, 13.2 million people in the State of California are eligible for Medi-Cal (33% of California's population). In Los Angeles County, the California Department of Health Care Services estimated 3,895,310 people were eligible for Medi-Cal in September 2018 (37% of Los Angeles County's population). Out of the total estimated population in Los Angeles County, 29% of the population was enrolled in Medi-Cal Managed Care. Since the population in the Hospital's service area is poorer than Los Angeles County, it is expected that the percent eligible for Medi-Cal would exceed 29%. Medi-Cal eligibility could be significantly affected in the coming years by potential changes to the ACA.

Selected Health Indicators

A review of health indicators for Los Angeles County (deaths, diseases, and births) is shown below.

NATALITY STATISTICS: 2019										
Health Status Indicator	Los Angeles County	California	National Goal							
Low Birth Weight Infants	7.2%	6.8%	7.8%							
First Trimester Prenatal Care	84.8%	83.6%	77.9%							
Adequate/Adequate Plus Care	80.7%	79.2%	77.6%							

Source: California Department of Public Health

Los Angeles County had higher morbidity rates for six of the eight health status indicators than the State of California;

MORBIDITY STAT	ISTICS: 2019		
RATE PER 100,000	POPULATION		
	Los Angeles		
Health Status Indicator	County	California	National Goal
HIV/AIDS Incidence (Age 13 and Over) ¹	595.9	397.7	а
Chlamydia Incidence	589.4	514.6	С
Gonorrhea Incidence Female Age 15-44	277.3	252.4	251.9
Gonorrhea Incidence Male Age 15-44	616.7	444.8	194.8
Tuberculosis Incidence	5.8	5.3	1
Congenital Syphilis	29.4	44.4	9.6
Primary Secondary Syphilis Female	2.4	3.5	1.3
Primary Secondary Syphilis Male	33.4	26.2	6.7

Source: California Department of Public Health. Note: Crude death rates, crude case rates, and age-adjusted death rates are per 100,000 population.

¹ California Department of Public Health, Office of AIDS, Surveillance Section reporting periods are: Current Period 2014-2016, Previous Period 2011-2013.

a: Healthy People 2020 (HP 2020) National Objective has not been established.

c: Prevalence data are not available in all California counties to evaluate the Healthy People 2020 National Objective.

The overall age-adjusted mortality rate for Los Angeles County is lower than that of the State of California. However, Los Angeles County reported higher age-adjusted mortality rates in six of 18 causes.

	MORTALITY STATISTIC	CS: 2019				
	RATE PER 100,000 POI	PULATION				
	Los Angele	s County	(Age Adjusted)			
		Age Adjusted		National		
Selected Cause	Crude Death Rate	Death Rate	California	Goal		
All Causes	615.7	574.1	641.1	N/A		
- All Cancers	142.2	132.8	151.0	161.4		
- Colorectal Cancer	14.0	13.1	13.9	14.5		
- Lung Cancer	26.4	24.8	33.6	45.5		
- Female Breast Cancer	21.7	18.5	20.7	20.7		
- Prostate Cancer	16.8	19.2	20.2	21.8		
- Diabetes	24.6	22.9	20.8	N/A		
- Alzheimer's Disease	39.1	35.6	30.8	N/A		
- Coronary Heart Disease	110.7	101.7	103.8	103.4		
- Cerebrovascular Disease (Stroke)	36.3	34.0	35.9	34.8		
- Influenza/Pneumonia	20.1	18.7	16.3	N/A		
- Chronic Lower Respiratory Disease	29.9	28.2	35.9	N/A		
- Chronic Liver Disease And Cirrhosis	14.4	13.2	11.7	8.2		
- Accidents (Unintentional Injuries)	24.7	23.7	27.9	36.4		
- Motor Vehicle Traffic Crashes	8.2	7.9	7.6	12.4		
- Suicide	8.3	8.0	10.2	10.2		
- Homicide	6.1	6.1	5.1	5.5		
- Firearm-Related Deaths	7.6	7.4	7.8	9.3		
- Drug-Induced Deaths	8.8	8.5	11.1	11.3		

Source: California Department of Public Helath

2019 Community Health Needs Assessment

In an effort to understand the communities served by the Hospital, their most critical healthcare needs, and the resources available to meet those needs, the Hospital conducts a mandated Community Health Needs Assessment every three years. The Hospital's most recent 2019 assessment incorporated primary data collected through interviews, focus groups and surveys. Secondary data was gathered from a variety of studies and reports compiled by numerous organizations at the local, state, and national levels.

The Hospital defined its service area for purposes of the assessment to include the communities that correspond portions of Service Planning Areas 4 and 6.

- The communities of Service Planning Area 4 include: ARCO Towers, Country Club Park/Mid City, Downtown Los Angeles, Echo Park/Silverlake, Hancock Park, Koreatown, Pico Heights, Westlake, and Wilshire; and
- The communities of Service Planning Area 6 include: Los Angeles, South Los Angeles, Baldwin Hills/Crenshaw, West Adam, Jefferson Park and View Park-Windsor Hills.

Based on findings from the 2019 Community Health Needs Assessment, the following priorities were identified as the most important health and socioeconomic needs in the community health needs assessment service area (in order of priority):

- **Housing and homelessness:** Data from the annual Greater Los Angeles Homeless Count show a large increase in homelessness from 2015 to 2018. Approximately 57% of owner and renter-occupied households spend 30% or more of their income on housing. This percent is higher than the county rate of 48%. Stakeholders noted that many families, who spend a high percent of their income on housing, often live in crowded housing conditions and poor housing and that contributes to adverse health outcomes;
- Access to health care: Health insurance coverage is a key component to accessing health care. Over 93% of children and 73% of adults, in the community health needs assessment service area, have a regular source of health care;
- Mental health: Over 9% of SPA 4 adults and 7.2% of adults in SPA 6 had experienced serious psychological distress in the past year. Stakeholders noted that for many ethnic communities, there is stigma around seeking mental health services. Those with mental health suffer broadly disproportionate adverse health outcomes. They live shorter lives, suffer higher rates of heart disease, diabetes, cancer, and stroke, and experience higher levels of violence and substance use;
- Chronic diseases: A chronic disease/illness is a condition that lasts for a long time and usually cannot be completely cured. Although some chronic conditions can be controlled or managed through lifestyle (diet and exercise) and medications. Heart disease, cancer,

and stroke are the top three causes of death in the community health needs assessment service area. Pneumonia/influenza is the fourth leading cause of death and diabetes is the fifth leading cause of death in the community health needs assessment service area;

- **Economic insecurity**: Approximately 30% live in households with incomes less than 100% of the Federal Poverty Level. A high poverty rate is both a cause and a consequence of poor economic conditions. Stakeholders noted there are not enough jobs, which results in increased numbers of low-income people;
- Substance use and misuse: Prescription drug misuse and its related problems are among society's most pervasive health and social concerns. In SPA 4, 20% of the population had misused prescription drugs, and in SPA 6, 18% residents had misused prescription drugs. Stakeholders commented that substance misuse is not confined to people who are low-income or less advantaged. People with middle and upper-class incomes overuse and abuse prescription opiates as well;
- **Food insecurity**: 34% of households, with incomes equal to or less than 300% of the Federal Poverty Level, are food insecure. This percent is higher than the county rate of 29%;
- **Education:** The high school graduation rate for the Los Angeles Unified School District (76.1%) is lower than the Healthy People 2020 objective of 87% high school graduation rate. Community stakeholders noted that not everyone needs to go to college, but everyone needs skills and knowledge for which others are willing to pay a living wage;
- **Preventive practices**: Nearly 50% of children, 6 months to 17 years, and 39% of adults have been vaccinated for influenza. The Healthy People 2020 objective is to have 70% of the population receive a flu shot. The Healthy People 2020 objective is that 81% of women, aged 50-74 years of age, have a mammogram in the past two years (79% of resident women had a mammogram in the past two years);
- **Birth indicators**: Babies born at a low birth weight are at higher risk for disease, disability and possible death. The area rate of low birth weight babies is 7.3% (72.9 per 1,000 live births). This is higher than the county (7.1%) and state (6.8%) rates and therefore does not meet the Healthy People 2020 objective of 7.8% of low birth weight births. Breastfeeding rates at the Hospital indicate 96.7% of new mothers breastfeed and 66% breastfeed exclusively;
- Overweight and obesity: 22% of area adults are obese. The Healthy People 2020 objective for adult obesity is 30.5%. The Healthy People 2020 objective for teen obesity is 16.1%. 14.4% of teens in SPA 4 and 17.6% of teens in SPA 6 are obese;

- **Dental care:** Oral health is essential to a person's overall health and well-being. Over 45% of adults and 22% of children did not obtain dental care in the past year because they could not afford it. Community stakeholders commented that even with insurance, dental care is very expensive. As a result, people don't continue to take care of dental hygiene;
- **Sexually transmitted infections**: The rate of area sexually transmitted infections was higher than in Los Angeles County. The rate of new cases of chlamydia was 744.1 per 100,000 persons. The rate of new cases of gonorrhea was 413.7 per 100,000 persons and the rate of new cases of syphilis was 37.8 per 100,000 persons;
- Violence and injury: Crime negatively impacts communities through economic loss, reduced productivity, and disruption of social services. Over 60% of adults in the area perceived their neighborhoods to be safe from crime. This is lower than the 84% of Los Angeles County residents who perceived their neighborhoods to be safe from crime. The age-adjusted death rate from homicides was 6.1 per 100,000 persons. This rate was higher than Los Angeles County or statewide rates for homicides. The Healthy People 2020 objective for homicides is 5.5 per 100,000 persons;
- Unintentional injury: Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The age-adjusted death rate from unintentional injuries in the area was 25.0 per 100,000 persons. The death rate from unintentional injuries was lower than the Healthy People 2020 objective of 36.4 deaths from unintentional injuries per 100,000 persons; and
- Pneumonia and influenza: Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. Pneumonia/influenza is the fourth leading cause of death in the area. The area pneumonia and influenza death rate was 31.4 per 100,000 persons, which was higher than Los Angeles County and statewide rates.

Hospital Supply, Demand & Market Share

There are five other general acute care hospitals within the Hospital's service area that, together with the Hospital, have a combined total of 1,964 licensed beds and an aggregate occupancy rate of approximately 50%. Hospitals in the service area run at occupancy rates that range between 32% at Olympia Medical Center to approximately 64% at Silver Lake Medical Center.

An analysis of the services offered by the Hospital in comparison to services offered by other providers is shown on the following pages. The hospitals listed in the table below were analyzed to determine area hospital available bed capacity by service.

	SERVICE A	AREA HOSPITA	L DATA FY 2	018			
	Miles from	Within	Licensed	Inpatient	Patient	Average Daily	Percent
Hospital	Hospital	Service Area	Beds	Discharges	Days	Census	Occupied
Good Samaritan Hospital - Los Angeles	-	х	408	12,856	63,480	174	42.6%
St. Vincent Medical Center	1.2	Х	366	11,289	65,289	179	48.9%
Silver Lake Medical Center*	1.4	Х	234	6,615	54,580	150	63.9%
California Hospital Medical Center	1.9	Х	318	18,544	73,621	202	63.4%
Hollywood Presbyterian Medical Center*	4.4	Х	434	12,778	81,051	222	51.2%
Olympia Medical Center*	5.9	X	204	4,692	23,619	65	31.7%
PSA SUB-TOTAL			1,964	66,774	361,640	991	50.4%
Adventist Health White Memorial	3.9		353	19,171	85,045	233	66.0%
LAC+USC Medical Center*	4.2		670	30,206	190,860	523	78.0%
Children's Hospital of Los Angeles*	4.5		495	17,202	115,105	315	63.7%
Keck Hospital of USC*	4.7		401	12,322	85,564	234	58.5%
Kaiser Foundation Hospitals - Sunset*	6		528	27,468	138,036	378	71.6%
Southern California Hospital at Hollywood*	6		612	19,133	116,287	319	52.1%
Glendale Memorial Hospital and Health Center*	6.3		334	9,869	45,095	124	37.0%
Los Angeles Community Hospital*	6.9		212	11,031	64,359	176	83.2%
Kaiser Permanente Hospitals - West Los Angeles*	7.6		265	8,715	28,196	77	29.2%
Community Hospital of Huntington Park	7.7		81	3,385	13,865	38	46.9%
East Los Angeles Doctor's Hospital	8		127	2,901	20,982	57	45.3%
Adventist Health Glendale*	8.4		515	19,879	100,611	276	53.5%
Southern California Hospital at Culver City*	9.9		453	11,965	76,060	208	46.0%
Cedars - Sinai Medical Center*	10.1		886	50,136	263,201	721	81.4%
Huntington Memorial Hospital*	10.1		578	28,635	121,897	334	57.8%
Martin Luther King Jr. Community Hospital*	11.7		131	8,170	33,646	92	70.4%
Ronald Reagan UCLA Medical Center*	13.8		445	23,197	165,610	454	102.0%
St. Francis Medical Center	14.5		384	22,687	105,438	289	75.2%
Centinela Hospital Medical Center	14.7		362	16,135	64,734	177	49.0%
TOTAL			9,796	408,981	2,196,231	6,017	61.4%

Source: OSHPD Disclosure reports

- The Hospital's 408 licensed beds represent approximately 21% of the service area beds, and inpatient volume accounts for approximately 19% of discharges and 18% of patient days; and
- The Hospital's occupancy rate of 43% results in an average daily census of 174 patients.

^{*} Unaudited

An analysis of the services and capacity of the Hospital in comparison to other hospitals is shown on the following pages.

Hospital Market Share

The table below shows inpatient service area market share by hospital from CY 2013 to CY 2018.

SERVICE AREA MARKET S	HARE BY H	OSPITAL, (CY 2013-2	018			
Hospital	2013	2014	2015	2016	2017	2018	Trend
California Hospital Medical Center - Los Angeles	9.8%	9.8%	10.1%	10.1%	10.1%	10.7%	7
Cedars Sinai Medical Center	7.8%	7.4%	7.8%	8.1%	8.2%	8.1%	\rightarrow
LAC+USC Medical Center	7.7%	8.0%	7.3%	7.9%	7.6%	7.8%	\rightarrow
Good Samaritan Hospital-Los Angeles	6.9%	6.9%	6.3%	5.8%	6.3%	6.6%	\rightarrow
Hollywood Presbyterian Medical Center	6.6%	6.4%	6.2%	6.1%	6.2%	5.6%	7
Centinela Hospital Medical Center	6.3%	6.8%	6.1%	5.9%	5.5%	5.7%	7
St. Vincent Medical Center	3.8%	3.7%	4.5%	5.1%	5.3%	5.2%	7
Kaiser Foundation Hospital - Los Angeles	4.0%	3.9%	3.8%	3.9%	4.0%	4.0%	\rightarrow
Kaiser Foundation Hospital - West LA	4.2%	4.2%	4.1%	2.9%	2.9%	3.0%	7
Children's Hospital of Los Angeles	2.6%	2.8%	2.8%	2.8%	2.9%	2.8%	\rightarrow
Adventist Health White Memorial	2.9%	2.9%	2.8%	2.8%	2.7%	2.7%	\rightarrow
Olympia Medical Center	2.1%	1.9%	2.9%	2.8%	2.5%	2.9%	\rightarrow
Southern California Hospital at Culver City	2.8%	3.0%	2.9%	2.6%	2.5%	2.4%	\rightarrow
LAC/Harbor-UCLA Medical Center	2.7%	2.6%	2.3%	2.4%	2.3%	2.3%	7
St. Francis Medical Center	1.7%	1.8%	1.8%	1.7%	1.9%	2.0%	\rightarrow
Martin Luther King, Jr. Community Hospital	-	-	0.3%	1.5%	1.9%	1.7%	\rightarrow
Southern California Hospital at Hollywood	1.4%	1.6%	1.7%	1.6%	1.6%	1.8%	7
Silver Lake Medical Center - Downtown Campus	0.7%	0.7%	1.0%	1.6%	1.4%	1.9%	7
Ronald Reagan UCLA Medical Center	1.2%	1.3%	1.4%	1.3%	1.4%	1.3%	\rightarrow
Pacific Alliance Medical Center	2.5%	2.5%	2.4%	2.1%	1.2%	-	7
Providence Little Company of Mary Med. Ctr. Torrance	0.9%	1.0%	1.3%	1.1%	1.1%	1.3%	\rightarrow
Los Angeles Community Hospital	1.2%	1.3%	1.2%	1.0%	1.1%	1.1%	\rightarrow
Memorial Hospital of Gardena	0.8%	0.9%	0.9%	1.0%	1.0%	1.2%	7
Santa Monica - UCLA Med. Ctr. & Orthopaedic Hosp.	0.9%	1.1%	1.0%	1.0%	1.0%	0.9%	\rightarrow
Glendale Memorial Hospital and Health Center	0.8%	0.9%	1.0%	0.8%	0.8%	0.8%	\rightarrow
Adventist Health Glendale	0.8%	0.7%	0.6%	0.7%	0.7%	0.7%	\rightarrow
Keck Hospital of USC	0.5%	0.6%	0.6%	0.6%	0.6%	0.7%	\rightarrow
All Other	16.3%	15.3%	14.9%	14.9%	15.1%	14.9%	Z
Total Percentage	100%	100%	100%	100%	100%	100%	
Total Discharges	125,102	124,851	127,999	129,799	129,674	126,771	7

Source: OSHPD Discharge Database, CY 2013-2018

- From CY 2013 to CY 2018, the Hospital ranked fourth in overall service area market share based on discharges;
- California Hospital Medical Center, located 1.9 miles away from the Hospital, is the market share leader in the service area with 10.7% market share;
- Cedars Sinai Medical Center, located over 10 miles from the Hospital, ranks second in market share, with 8.1% market share, despite being located outside of the service area; and
- No PIH Health hospitals have any significant inpatient market share in the Hospital's service area.

Market Share by Payer Type

The following table shows service area inpatient market share by payer type for CY 2018.

		HOSPITA	AL MARK	ET SHARI	BY PAY	ER TYPE,	2018				
Payer Class	Discharges	California Hospital Medical Center	Kaiser Foundation Hospitals	Cedars Sinai Medical Center	LAC+USC Medical Center	Good Samaritan Hospital	Hollywood Presbyterian Medical Center	Centinela Hospital Medical Center	St. Vincent Medical Center	All Other	Total
Private Coverage	22,381	2.1%	21.2%	15.4%	1.2%	10.0%	2.3%	1.5%	13.9%	32.5%	100%
Self Pay	1,899	12.5%	11.7%	5.5%	7.3%	3.3%	6.4%	8.8%	4.7%	39.7%	100%
Medicare	39,878	6.1%	10.5%	11.9%	3.4%	6.2%	5.0%	8.5%	6.9%	41.4%	100%
Medi-Cal	59,180	17.3%	2.3%	3.2%	12.2%	5.9%	7.4%	5.8%	0.9%	45.1%	100%
All Other	3,433	3.6%	0.2%	1.5%	26.5%	4.1%	1.5%	0.0%	1.8%	60.8%	100%
Total Percentage Total Discharges	126,771	10.7% 13,523	8.3% 10,519	8.1% 10,214	7.8% 9,872	6.6% 8,390	5.6% 7,098	5.7% 7,279	5.2% 6,598	42.0% 53,278	100%

Source: OSHPD Discharge Database, CY 2018

- The largest service area payer category of inpatient discharges is Medi-Cal with 59,180 inpatient discharges (47%), followed by Medicare with 39,878 inpatient discharges (31%), and Private Coverage with 22,381 inpatient discharges (18%);
- Despite the Hospital not being a market share leader in any payer categories, the Hospital has meaningful market share in Private Coverage (10%);
- California Hospital Medical Center is the inpatient market share leader in Self-Pay (13%) and Medi-Cal (17%); and
- Cedars Sinai Medical Center is the inpatient leader for Medicare (12%) and all Kaiser Foundation Hospitals'¹³ is the inpatient leader in Private Pay (21%).

¹³ Includes all Kaiser Foundation Hospitals drawing volume from the Hospital's service area.

Market Share by Service Line

The following table shows service area inpatient market share by service line for CY 2018.

		HOSE	PITAL MAR	KET SHARE	BY SERVIC	E LINE, CY	2018				
Service Line	Discharges	California Hospital Medical Center	Kaiser Foundation Hospitals	Cedars Sinai Medical Center	LAC+USC Medical Center	Good Samaritan Hospital	Centinela Hospital Medical Center	Hollywood Presbyterian Medical Center	St. Vincent Medical Center	All Other	Total
General Medicine	44,491	10.7%	6.8%	7.0%	8.3%	6.6%	8.7%	4.9%	6.5%	40.5%	100%
Cardiac Services	15,359	12.4%	8.2%	9.3%	7.6%	7.3%	8.6%	5.1%	7.9%	33.4%	100%
Obstetrics	11,796	17.5%	12.5%	9.8%	3.2%	12.7%	1.6%	16.4%	0.0%	26.4%	100%
Behavioral Health	11,783	1.8%	3.2%	0.7%	3.7%	0.6%	0.2%	0.4%	0.4%	89.0%	100%
General Surgery	8,756	9.7%	10.7%	9.1%	12.1%	5.7%	3.1%	4.1%	5.5%	40.0%	100%
Neurology	6,884	9.4%	8.0%	7.2%	6.7%	8.2%	11.6%	4.4%	5.4%	39.1%	100%
Orthopedics	6,105	8.9%	10.1%	11.2%	8.2%	5.7%	2.8%	4.5%	9.2%	39.4%	100%
Neonatology	5,497	19.0%	16.8%	13.2%	6.1%	9.0%	1.1%	10.6%	0.0%	24.0%	100%
Oncology/Hematology	4,119	7.6%	8.7%	9.9%	12.1%	4.6%	3.4%	4.2%	8.3%	41.2%	100%
Other	3,849	10.6%	10.2%	13.3%	11.4%	5.9%	2.8%	2.2%	4.8%	38.8%	100%
ENT	1,754	11.7%	5.1%	7.2%	17.3%	4.6%	2.3%	2.6%	4.1%	45.0%	100%
Vascular Services	1,606	8.7%	8.0%	10.4%	5.0%	7.2%	7.4%	5.5%	11.0%	36.7%	100%
Gynecology	1,465	11.3%	7.7%	7.9%	13.0%	4.4%	2.7%	8.3%	1.5%	43.1%	100%
Urology	1,423	7.8%	11.7%	8.2%	12.8%	4.7%	2.5%	5.2%	9.1%	38.0%	100%
Spine	1,366	8.3%	6.5%	15.2%	3.0%	6.4%	5.8%	4.1%	6.9%	43.9%	100%
Ophthalmology	327	10.1%	3.4%	10.1%	30.6%	2.4%	4.9%	2.4%	0.6%	35.5%	100%
Rehabilitation	114	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.8%	91.2%	100%
Neurosurgery	77	11.7%	14.3%	14.3%	15.6%	1.3%	0.0%	0.0%	1.3%	41.6%	100%
Total Percentage		10.7%	8.3%	8.1%	7.8%	6.6%	5.7%	5.6%	5.2%	42.0%	100%
Total Discharges	126,771	13,523	10,519	10,214	9,872	8,390	7,279	7,098	6,598		

Source: OSHPD Discharge Database, CY 2018

- The Hospital is not a service line leader in any service line, but has the third leading market share in obstetrics (12.7%);
- California Hospital Medical Center is the market share leader in 4 of the 18 service lines including: general medicine (10.7%), cardiac services (12.4%), obstetrics (17.5%), and neonatology (19%); and
- LAC + USC Medical Center is the service line leader 8 of the 18 service lines including: behavioral health (3.7%), general surgery (12.1%), oncology (12.1%), ENT (17.3%), gynecology (13%), urology (12.8%), ophthalmology (30.6%), and neurosurgery (15.6%).

Market Share by ZIP Code

The following table shows service area inpatient market share by ZIP Code for CY 2018.

			HOSPI	TAL MAI	RKET SH	ARE BY Z	IP CODE,	, 2018				
ZIP Code	Community	Discharges	California Hospital Medical Center	Kaiser Foundation Hospitals	Cedars Sinai Medical Center	LAC+USC Medical Center	Good Samaritan Hospital	Hollywood Presbyterian Medical Center	Centinela Hospital Medical Center	St. Vincent Medical Center	All Other	Total
90044	Los Angeles	11,819	9.2%	8.6%	3.0%	2.1%	3.8%	1.9%	18.3%	1.3%	37.6%	100%
90011	Los Angeles	9,592	21.3%	6.0%	1.8%	4.5%	16.5%	2.1%	0.7%	2.0%	27.0%	100%
90003	Los Angeles	7,625	12.4%	6.4%	1.9%	3.0%	5.7%	2.0%	6.5%	1.3%	43.2%	100%
90037	Los Angeles	7,132	5.3%	14.3%	5.3%	1.7%	2.1%	1.6%	26.3%	1.0%	29.1%	100%
90047	Los Angeles	6,968	26.4%	7.4%	3.2%	5.8%	8.5%	3.4%	3.0%	3.0%	25.9%	100%
90043	Los Angeles	6,176	6.6%	11.9%	9.3%	2.1%	2.5%	1.7%	21.4%	1.4%	27.4%	100%
90057	Los Angeles	6,142	3.6%	3.4%	2.5%	18.6%	7.2%	6.4%	0.1%	19.4%	26.7%	100%
90019	Los Angeles	5,912	6.1%	9.0%	18.5%	4.9%	4.2%	5.0%	1.0%	5.2%	35.0%	100%
90026	Los Angeles	5,683	14.1%	9.7%	11.2%	5.9%	5.6%	3.5%	2.0%	5.1%	33.1%	100%
90018	Los Angeles	5,680	2.4%	10.8%	4.6%	9.1%	6.3%	7.4%	0.1%	11.0%	33.0%	100%
90016	Los Angeles	5,315	6.5%	11.0%	17.9%	2.3%	3.4%	2.6%	2.1%	2.3%	39.0%	100%
90006	Los Angeles	5,095	11.4%	5.7%	4.9%	14.2%	7.9%	8.5%	0.4%	13.0%	23.9%	100%
90004	Los Angeles	4,425	3.5%	10.6%	14.2%	6.1%	6.1%	19.8%	0.3%	10.6%	16.8%	100%
90008	Los Angeles	4,142	8.3%	13.6%	16.2%	1.8%	3.5%	2.0%	6.2%	2.7%	33.3%	100%
90029	Los Angeles	4,004	1.4%	3.4%	2.6%	7.7%	46.5%	2.0%	0.2%	3.5%	13.8%	100%
90062	Los Angeles	3,927	1.7%	10.5%	6.7%	2.4%	5.5%	32.9%	0.1%	6.0%	23.7%	100%
90012	Los Angeles	3,871	17.6%	11.2%	7.9%	3.8%	4.9%	3.3%	10.8%	2.4%	25.2%	100%
90036	Los Angeles	3,277	0.9%	6.6%	48.5%	1.0%	0.9%	1.6%	0.1%	1.3%	25.6%	100%
90007	Los Angeles	2,887	52.4%	3.0%	3.4%	9.2%	5.4%	2.0%	0.2%	4.1%	12.0%	100%
90005	Los Angeles	2,847	23.1%	7.9%	4.7%	8.1%	9.1%	4.0%	1.4%	4.7%	23.4%	100%
90013	Los Angeles	2,721	4.4%	6.5%	9.9%	15.6%	6.7%	14.2%	0.4%	15.4%	16.9%	100%
90020	Los Angeles	2,698	5.1%	2.9%	3.0%	43.9%	7.4%	3.7%	0.4%	8.5%	15.5%	100%
90017	Los Angeles	2,394	10.4%	1.7%	2.8%	8.5%	18.3%	1.7%	1.1%	5.3%	26.6%	100%
90015	Los Angeles	2,365	3.7%	10.2%	12.9%	8.7%	6.8%	16.1%	0.4%	11.5%	17.8%	100%
90038	Los Angeles	2,141	1.9%	11.1%	17.0%	2.2%	6.4%	23.3%	0.6%	3.4%	20.7%	100%
90014	Los Angeles	1,163	14.6%	4.0%	4.0%	10.8%	17.4%	4.4%	0.4%	7.7%	21.9%	100%
90021	Los Angeles	472	12.1%	1.9%	5.1%	6.6%	20.8%	3.0%	0.6%	2.8%	25.4%	100%
90010	Los Angeles	298	3.7%	6.7%	21.8%	14.4%	1.7%	11.4%	0.7%	8.7%	15.4%	100%
Total Percent	•		10.7%	8.3%	8.1%	6.6%	7.8%	5.6%	5.7%	5.2%	28.3%	100%
Total Discharg	ges	126,771	13,523	10,519	10,214	8,390	9,872	7,098	7,279	6,598	35,893	

Source: OSHPD Discharge Database, CY 2018

- The Hospital is the inpatient market share leader in four of the service area ZIP Codes all within the City of Los Angeles; and
- California Hospital Medical Center is the inpatient market share leader in seven ZIP Codes ranging in market share between 14% and 52%.

Good Samaritan Hospital Analysis by Bed Type

The tables on the following pages show existing hospital bed capacity, occupancy, and bed availability for medical/surgical, intensive/coronary care, obstetrics, neonatal intensive care, and emergency services using FY 2018 data.

Medical/Surgical Capacity Analysis

The Hospital has 235 medical/surgical beds. Within the service area, there are 954 additional medical/surgical beds that are available to provide care to patients from the service area. Combined, the service area hospitals operated with an occupancy rate of nearly 47%.

SERVICE A	REA HOSPITA	AL DATA : MEDICA	L/SURGICAL	. ¹ , FY 2018			
	Miles from	Within Service	Licensed	Inpatient	Patient	Average Daily	Percent
Hospital	Hospital	Area	Beds	Discharges	Days	Census	Occupied
Good Samaritan Hospital - Los Angeles	-	X	235	8,966	40,439	111	47.1%
St. Vincent Medical Center	1.2	X	253	9,236	47,032	129	50.9%
Silver Lake Medical Center*	1.4	X	75	2,222	14,098	39	51.5%
California Hospital Medical Center	1.9	X	207	10,830	49,992	137	66.2%
Hollywood Presbyterian Medical Center*	4.4	X	221	7,613	29,960	82	37.1%
Olympia Medical Center*	5.9	Χ	198	4,575	21,658	59	30.0%
SUB-TOTAL			1,189	43,442	203,179	557	46.8%
Adventist Health White Memorial	3.9		158	11,019	47,136	129	81.7%
LAC+USC Medical Center*	4.2		298	22,614	117,404	322	107.9%
Children's Hospital of Los Angeles*	4.5		-	-	-	-	-
Keck Hospital of USC*	4.7		285	11,186	55,218	151	53.1%
Kaiser Foundation Hospitals - Sunset*	6		256	15,581	72,681	199	77.8%
Southern California Hospital at Hollywood*	6		337	10,253	52,785	145	42.9%
Glendale Memorial Hospital and Health Center*	6.3		229	7,329	29,847	82	35.7%
Los Angeles Community Hospital*	6.9		122	8,906	38,590	106	86.7%
Kaiser Permanente Hospitals - West Los Angeles*	7.6		194	6,375	20,757	57	29.3%
Community Hospital of Huntington Park	7.7		77	3,288	12,043	33	42.9%
East Los Angeles Doctor's Hospital	8		79	2,233	9,426	26	32.7%
Adventist Health Glendale*	8.4		291	14,669	61,329	168	57.7%
Southern California Hospital at Culver City*	9.9		245	6,369	31,525	86	35.3%
Cedars - Sinai Medical Center*	10.1		599	37,173	200,239	549	91.6%
Huntington Memorial Hospital*	10.1		331	21,189	79,471	218	65.8%
Martin Luther King Jr. Community Hospital*	11.7		53	4,157	17,728	49	91.6%
Ronald Reagan UCLA Medical Center*	13.8		234	14,038	87,103	239	102.0%
St. Francis Medical Center	14.5		185	13,157	57,220	157	84.7%
Centinela Hospital Medical Center	14.7		237	14,679	50,675	139	58.6%
TOTAL	•	•	5,399	267,657	1,244,356	3,409	63.1%

Source: OSHPD Disclosure Reports, 2018

- In FY 2018, the Hospital's medical/surgical beds represented nearly 20% of beds in the service area;
- In FY 2018, St. Vincent Medical Center, the closest general acute care facility to the Hospital, had occupancy rate of nearly 51% for medical/surgical beds; and
- The Hospital reported 8,966 inpatient hospital discharges for its medical/surgical beds with 40,439 patient days resulting in an occupancy rate of 47% and an average daily census of 111 patients.

^{*} Unaudited

¹ Includes Definitive Observation Beds

Intensive Care Capacity Analysis

The Hospital has 68 intensive care beds. Within the service area, there are 157 additional intensive care beds that are available to provide care to patients from the service area. Combined they operated at an occupancy rate of about 40%.

SERVICE AREA	HOSPITAL DA	ATA : INT	ENSIVE CA	RE, FY 2018			
		Within				Average	
	Miles from	Service	Licensed	Inpatient	Patient	Daily	Percent
Hospital	Hospital	Area	Beds	Discharges	Days	Census	Occupied
Good Samaritan Hospital - Los Angeles	-	Х	68	675	9,906	27	39.9%
St. Vincent Medical Center	1.2	Χ	67	1,142	6,066	17	24.8%
Silver Lake Medical Center*	1.4	Χ	12	121	1,352	4	30.9%
California Hospital Medical Center	1.9	Χ	36	1,005	7,015	19	53.4%
Hollywood Presbyterian Medical Center*	4.4	Χ	36	399	6,755	19	51.4%
Olympia Medical Center*	5.9	Χ	6	117	1,961	5	89.5%
SUB-TOTAL			225	3,459	33,055	91	40.2%
Adventist Health White Memorial	3.9		34	243	4,455	12	35.9%
LAC+USC Medical Center*	4.2		110	1,665	27,037	74	67.3%
Children's Hospital of Los Angeles*	4.5		-	-	-	-	-
Keck Hospital of USC*	4.7		46	412	13,002	36	77.4%
Kaiser Foundation Hospitals - Sunset*	6		96	2,690	25,609	70	73.1%
Southern California Hospital at Hollywood*	6		18	358	4,711	13	71.7%
Glendale Memorial Hospital and Health Center*	6.3		24	237	4,143	11	47.3%
Los Angeles Community Hospital*	6.9		12	237	3,727	10	85.1%
Kaiser Permanente Hospitals - West Los Angeles*	7.6		31	143	2,539	7	22.4%
Community Hospital of Huntington Park	7.7		4	97	1,822	5	124.8%
East Los Angeles Doctor's Hospital	8		10	110	1,615	4	44.2%
Adventist Health Glendale*	8.4		12	66	1,358	4	31.0%
Southern California Hospital at Culver City*	9.9		20	358	5,107	14	70.0%
Cedars - Sinai Medical Center*	10.1		72	1,057	19,586	54	74.5%
Huntington Memorial Hospital*	10.1		30	398	7,207	20	65.8%
Martin Luther King Jr. Community Hospital*	11.7		26	770	3,464	9	36.5%
Ronald Reagan UCLA Medical Center*	13.8		99	3,417	33,363	91	92.3%
St. Francis Medical Center	14.5		36	853	10,923	30	83.1%
Centinela Hospital Medical Center	14.7		19	400	4,604	13	66.4%
TOTAL			924	16,970	207,327	568	61.5%

Source: OSHPD Disclosure Reports, FY 2018

- In FY 2018, the Hospital's intensive care beds had an occupancy rate of 40% and an average daily census of 27 patients; and
- Olympia Medical Center, located within the service area, is operating at a high occupancy rate of 90% on its six intensive care beds.

^{*} Unaudited

Obstetrics Capacity Analysis

In FY 2018, there were 102 obstetrics beds located in the service area with an aggregate occupancy rate of 73%. The Hospital reported 31 licensed obstetric beds with an occupancy rate of 71%.

SERVICE A	REA HOSPITAI	L DATA : O	BSTETRICS,	FY 2018			
		Within				Average	
	Miles from	Service	Licensed	Inpatient	Patient	Daily	Percent
Hospital	Hospital	Area	Beds	Discharges	Days	Census	Occupied
Good Samaritan Hospital - Los Angeles	-	Χ	31	2,800	8,047	22	71.1%
St. Vincent Medical Center	1.2	Χ	-	-	-	-	-
Silver Lake Medical Center*	1.4	Χ	-	-	-	-	-
California Hospital Medical Center	1.9	Χ	37	3,914	9,132	25	67.6%
Hollywood Presbyterian Medical Center*	4.4	Χ	34	3,640	9,929	27	80.0%
Olympia Medical Center*	5.9	Χ	-	-	-	-	-
SUB-TOTAL			102	10,354	27,108	74	72.8%
Adventist Health White Memorial	3.9		24	3,445	7,132	20	81.4%
LAC+USC Medical Center*	4.2		11	760	2,954	8	73.6%
Children's Hospital of Los Angeles*	4.5		-	-	-	-	-
Keck Hospital of USC*	4.7		-	-	-	-	-
Kaiser Foundation Hospitals - Sunset*	6		-	-	-	-	-
Southern California Hospital at Hollywood*	6		14	-	-	-	-
Glendale Memorial Hospital and Health Center*	6.3		24	1,706	4,862	13	55.5%
Los Angeles Community Hospital*	6.9		-	-	-	-	-
Kaiser Permanente Hospitals - West Los Angeles*	7.6		-	-	-	-	-
Community Hospital of Huntington Park	7.7		-	-	-	-	-
East Los Angeles Doctor's Hospital	8		13	522	1,486	4	31.3%
Adventist Health Glendale*	8.4		30	1,842	5,026	14	45.9%
Southern California Hospital at Culver City*	9.9		14	-	-	-	-
Cedars - Sinai Medical Center*	10.1		82	9,043	18,783	51	62.8%
Huntington Memorial Hospital*	10.1		56	3,790	11,500	32	56.3%
Martin Luther King Jr. Community Hospital*	11.7		17	677	1,603	4	25.8%
Ronald Reagan UCLA Medical Center*	13.8		13	1,958	5,835	16	123.0%
St. Francis Medical Center	14.5		50	5,066	10,990	30	60.2%
Centinela Hospital Medical Center	14.7		29	442	1,197	3	11.3%
TOTAL			479	39,605	98,476	270	56.3%

Source: OSHPD Disclosure Reports

- In FY 2018, the Hospital provided 30% of licensed obstetrics beds within its service area and reported approximately 27% of the service area's 10,354 discharges;
- The hospitals within the service area all reported an occupancy rate of over 65%; and
- Hollywood Presbyterian Medical Center had 34 licensed obstetric beds with 9,929 patient days and an average daily census of 27 patients.

^{*}Unaudited

Neonatal Service Capacity Analysis

The Hospital operates a Level III neonatal intensive care unit that cares for newborn infants with extreme prematurity, are critically ill, or require surgical intervention. As shown below, the neonatal intensive care occupancy rate, among service area hospitals, is approximately 63% based on 64 licensed beds.

SERVICE AREA HOSP	ITAL DATA : I	NEONAT	AL INTENS	IVE CARE, FY	2018		
		Within				Average	
	Miles from	Service	Licensed	Inpatient	Patient	Daily	Percent
Hospital	Hospital	Area	Beds	Discharges	Days	Census	Occupied
Good Samaritan Hospital - Los Angeles	-	Х	23	415	5,088	14	60.6%
St. Vincent Medical Center	1.2	Χ	-	-	-	-	-
Silver Lake Medical Center*	1.4	Χ	-	-	-	-	-
California Hospital Medical Center	1.9	Χ	26	633	5,640	15	59.4%
Hollywood Presbyterian Medical Center*	4.4	Χ	15	371	3,940	11	72.0%
Olympia Medical Center*	5.9	Χ	-	-	-	-	-
SUB-TOTAL			64	1,419	14,668	40	62.8%
Adventist Health White Memorial	3.9		28	479	6,617	18	64.7%
LAC+USC Medical Center*	4.2		40	403	5,756	16	39.4%
Children's Hospital of Los Angeles*	4.5		73	408	19,860	54	74.5%
Keck Hospital of USC*	4.7		=	-	-	-	-
Kaiser Foundation Hospitals - Sunset*	6		33	400	7,588	21	63.0%
Southern California Hospital at Hollywood*	6		-	-	-	-	-
Glendale Memorial Hospital and Health Center*	6.3		13	275	2,252	6	47.5%
Los Angeles Community Hospital*	6.9		-	-	-	-	-
Kaiser Permanente Hospitals - West Los Angeles*	7.6		12	216	2,100	6	47.9%
Community Hospital of Huntington Park	7.7		-	-	-	-	-
East Los Angeles Doctor's Hospital	8		-	-	-	-	-
Adventist Health Glendale*	8.4		14	153	2,989	8	58.5%
Southern California Hospital at Culver City*	9.9		-	-	-	-	-
Cedars - Sinai Medical Center*	10.1		45	585	8,613	24	52.4%
Huntington Memorial Hospital*	10.1		51	476	8,143	22	43.7%
Martin Luther King Jr. Community Hospital*	11.7		-	-	-	-	-
Ronald Reagan UCLA Medical Center*	13.8		22	233	6,914	19	86.1%
St. Francis Medical Center	14.5		29	524	6,082	17	57.5%
Centinela Hospital Medical Center	14.7		9	71	1,514	4	46.1%
TOTAL			433	5,642	93,096	255	58.9%

Source: OSHPD Disclosure Reports, FY 2018

- The Hospital has 23 licensed neonatal intensive care beds, making up approximately 36% of the service area's neonatal intensive care beds, and recorded an occupancy rate of approximately 61%;
- The Hospital reported 415 discharges and 5,088 patient days in FY 2018, resulting in an average daily census of 14 patients; and
- The Hospital is only one of three service area hospitals operating a neonatal intensive care unit.

 $^{^{}st}$ Unaudited

Physical Rehabilitation Capacity Analysis

Rehabilitation units care for patients with severe stroke, brain, orthopedic and multiple trauma injuries. From 2012 to August 2018, the Hospital's rehabilitation unit was in suspense. The Hospital reopened its 23-bed rehabilitation unit in September 2018 with management services provided by Kindred Hospital Rehabilitation Services. Since reopening, from September 2018 through September 2019, the Hospital reported 380 inpatient discharges, 4,190 patient days, an average daily census of 11 patients with an overall occupancy rate of 50%.

SERVICE AREA HOS	SPITAL DATA :	PHYSICAI	L REHABILIT	ATION, FY 20	18		
		Within				Average	
	Miles from	Service	Licensed	Inpatient	Patient	Daily	Percent
Hospital	Hospital	Area	Beds	Discharges	Days	Census	Occupied
Good Samaritan Hospital - Los Angeles	-	Х	**	-	-	-	-
St. Vincent Medical Center	1.2	Х	19	439	5,309	15	76.6%
Silver Lake Medical Center*	1.4	Х	-	-	-	-	-
California Hospital Medical Center	1.9	Χ	-	-	-	-	-
Hollywood Presbyterian Medical Center*	4.4	Χ	28	386	4,711	13	46.1%
Olympia Medical Center*	5.9	Χ	-	-	-	-	-
SUB-TOTAL ¹			47	825	10,020	27	58.4%
Adventist Health White Memorial	3.9		16	233	2,973	8	50.9%
LAC+USC Medical Center*	4.2		-	-	-	-	-
Children's Hospital of Los Angeles*	4.5		32	450	5,739	16	49.1%
Keck Hospital of USC*	4.7		-	-	-	-	-
Kaiser Foundation Hospitals - Sunset*	6		-	-	-	-	-
Southern California Hospital at Hollywood*	6		32	275	3,685	10	31.5%
Glendale Memorial Hospital and Health Center*	6.3		14	316	3,714	10	72.7%
Los Angeles Community Hospital*	6.9		-	-	-	-	-
Kaiser Permanente Hospitals - West Los Angeles*	7.6		-	-	-	-	-
Community Hospital of Huntington Park	7.7		-	-	-	-	-
East Los Angeles Doctor's Hospital	8		-	-	-	-	-
Adventist Health Glendale*	8.4		28	601	7,166	20	70.1%
Southern California Hospital at Culver City*	9.9		32	321	4,217	12	36.1%
Cedars - Sinai Medical Center*	10.1		-	-	-	-	-
Huntington Memorial Hospital*	10.1		24	357	4,797	13	54.8%
Martin Luther King Jr. Community Hospital*	11.7		-	-	-	-	-
Ronald Reagan UCLA Medical Center*	13.8		-	-	-	-	-
St. Francis Medical Center	14.5		-	-	-	-	-
Centinela Hospital Medical Center	14.7		32	288	3,259	9	27.9%
TOTAL ¹			257	3,666	45,570	125	48.6%

Source: OSHPD Disclosure Reports, FY 2018 and Good Samaritan Hospital

- In FY 2019, the Hospital provided 33% of licensed physical rehabilitation beds within its service area;
- The Hospital is the second largest provider of physical rehabilitation services in the service area; and
- Within the service area, St Vincent Medical Center reported the highest number of discharges in the service area.

^{*} Unaudited

^{**}The 23 beds were in suspense and no volume was reported in FY 2018.

¹ Excludes Good Samaritan Hospital-Los Angeles

Emergency Services Analysis

In CY 2017, the Hospital reported 12 emergency treatment stations and nearly 36,000 total emergency department visits. The table below shows the visits by severity category for area emergency departments as reported by OSHPD's Automated Licensing Information and Report Tracking System.

		EMER	GENCY DEPARTMI	ENT VISITS	BY CATEGOR	Y CY 2017						
	Miles	Within							Severe	Severe		
	from	Service					Low/		w/o	w/	Percentage	Hours of
Hospital	Hospital	Area	ER Level	Stations	Total Visits	Minor	Moderate	Moderate	Threat	Threat	Admitted	Diversion
Good Samaritan Hospital - Los Angeles	-	х	Basic	12	35,271	312	2,251	8,245	11,679	12,784	14.5%	1,475
St. Vincent Medical Center	1.2	Х	Basic	8	30,468	374	2,447	8,269	6,941	12,437	24.6%	143
Silver Lake Medical Center - Downtown	1.4	Х	-	-	-	-	-	-	-	-	-	-
California Hospital Medical Center	1.9	Х	Basic	35	81,590	7,230	11,194	30,523	20,812	11,831	14.0%	876
Hollywood Presbyterian Medical Center	4.4	Х	Basic	20	35,139	1,889	8,736	14,028	6,940	3,546	15.5%	44
Olympia Medical Center	5.9	Х	Basic	16	25,437	337	1,458	6,392	12,753	4,497	14.5%	73
SUB-TOTAL				91	207,905	10,142	26,086	67,457	59,125	45,095	15.9%	2,611
White Memorial Medical Center	3.9		Basic	28	70,548	8,223	10,647	19,007	18,760	13,911	14.1%	28
LAC+USC Medical Center	4.2		Comprehensive	106	151,091	6,660	32,854	82,585	26,897	2,095	13.9%	0
Children's Hospital of Los Angeles	4.5		Basic	39	91,666	26,281	27,859	25,563	11,586	377	8.3%	30
Keck Hospital of USC	4.7		-	-	-	-	-	-	-	-	-	-
Kaiser Foundation Hospitals - Sunset	6.0		Basic	57	75,731	1,910	10,574	55,275	6,421	1,551	11.7%	2,597
Southern California Hospital at Hollywood	6		-	-	-	-	-	-	-	-	-	-
Glendale Memorial Hospital and Health Center	6.3		Basic	15	37,919	2,227	8,004	15,428	8,120	4,140	14.0%	248
Los Angeles Community Hospital	6.9		Standby	3	8,375	583	2,762	1,893	754	2,383	24.3%	0
Kaiser - West Los Angeles	7.6		Basic	53	78,985	1,248	3,616	59,080	11,806	3,235	4.0%	706
Community Hospital of Huntington Park	7.7		Basic	14	38,237	661	8,667	11,002	12,588	5,319	7.1%	262
East Los Angeles Doctors Hospital	8.0		Basic	8	12,619	79	3,002	3,497	4,113	1,928	13.1%	1
Glendale Adventist Medical Center	8.4		Basic	39	58,877	261	4,747	13,937	18,712	21,220	23.9%	470
Southern California Hospital at Culver City	9.9		Basic	17	19,980	323	5,368	6,317	2,376	5,296	28.2%	345
Cedars-Sinai Medical Center	10.1		Basic	51	86,639	3,280	6,929	22,522	22,462	31,446	26.8%	2,531
Huntington Memorial Hospital	10.1		Basic	50	75,338	4,386	7,637	20,857	18,598	23,860	26.4%	1,761
Martin Luther King Jr. Community Hospital	11.7		Basic	29	63,329	414	342	21,914	19,389	21,270	10.7%	1,051
Ronald Reagan UCLA Medical Center	13.8		Comprehensive	41	46,595	5670+4	5,464	10,643	12,742	17,746	22.7%	2,820
St. Francis Medical Center	14.5		Basic	46	81,643	3,293	7,373	25,462	28,151	17,364	18.1%	1,122
Centinela Hospital Medical Center	14.7		Basic	44	64,950	13,232	1,685	10,328	12,350	27,355	16.1%	14
TOTAL				731	1,270,427	83,203	173,616	472,767	294,950	245,591	15.8%	16,597

- The Hospital admitted 14.5% of the patients seen at the emergency room. This is lower than the average for all the service area hospitals of 15.9% of emergency department visits resulting in an admission;
- Service area hospitals experienced a high number of hours on diversion. When a hospital goes on diversion, incoming ambulances are diverted to other hospital emergency department departments as a response to high emergency department congestion. The Hospital reported the largest number with nearly 1,500 hours of diversion in CY 2017. California Hospital Medical Center, located 1.9 miles away from the Hospital, reported 876 hours of diversion and St. Vincent Medical Center, located 1.2 miles away from the Hospital, reported 143 hours of diversion. Collectively, service area hospitals reported over 2,600 hours of diversion in CY 2017; and
- The Hospital provides a greater proportion of emergency department visits classified as "severe with/without threat" when compared to all hospitals in the service area (69% versus 50%).

Emergency Services Capacity

Industry sources, including the American College of Emergency Physicians, have used a benchmark of 2,000 visits per emergency station/bed to estimate the capacity of an emergency department. Based upon this benchmark, in CY 2017, the Hospital's emergency department was operating at 147% of its 12–station capacity.

EM	ERGENCY DEPARTME	NT VISITS	BY CATEGORY CY	2017			
		Within					
	Miles from	Service					Remaining
Hospital	Hospital	Area	ER Level	Stations	Total Visits	Capacity	Capacity
Good Samaritan Hospital - Los Angeles	-	Х	Basic	12	35,271	24,000	(11,271)
St. Vincent Medical Center	1.2	Χ	Basic	8	30,468	16,000	(14,468)
Silver Lake Medical Center - Downtown	1.4	Х	-	-	-	-	-
California Hospital Medical Center	1.9	Χ	Basic	35	81,590	70,000	(11,590)
Hollywood Presbyterian Medical Center	4.4	Χ	Basic	20	35,139	40,000	4,861
Olympia Medical Center	5.9	Х	Basic	16	25,437	32,000	6,563
SUB-TOTAL				91	207,905	182,000	(25,905)
White Memorial Medical Center	3.9		Basic	28	70,548	56,000	(14,548)
LAC+USC Medical Center	4.2		Comprehensive	106	151,091	212,000	60,909
Children's Hospital of Los Angeles	4.5		Basic	39	91,666	78,000	(13,666)
Keck Hospital of USC	4.7		-	-	-	-	-
Kaiser Foundation Hospitals - Sunset	6.0		Basic	57	75,731	114,000	38,269
Southern California Hospital at Hollywood	6		-	-	-	-	-
Glendale Memorial Hospital and Health Center	6.3		Basic	15	37,919	30,000	(7,919)
Los Angeles Community Hospital	6.9		Standby	3	8,375	6,000	(2,375)
Kaiser - West Los Angeles	7.6		Basic	53	78,985	106,000	27,015
Community Hospital of Huntington Park	7.7		Basic	14	38,237	28,000	(10,237)
East Los Angeles Doctors Hospital	8.0		Basic	8	12,619	16,000	3,381
Glendale Adventist Medical Center	8.4		Basic	39	58,877	78,000	19,123
Southern California Hospital at Culver City	9.9		Basic	17	19,980	34,000	14,020
Cedars-Sinai Medical Center	10.1		Basic	51	86,639	102,000	15,361
Huntington Memorial Hospital	10.1		Basic	50	75,338	100,000	24,662
Martin Luther King Jr. Community Hospital	11.7		Basic	29	63,329	58,000	(5,329)
Ronald Reagan UCLA Medical Center	13.8		Comprehensive	41	46,595	82,000	35,405
St. Francis Medical Center	14.5		Basic	46	81,643	92,000	10,357
Centinela Hospital Medical Center	14.7		Basic	44	64,950	88,000	23,050
TOTAL				731	1,270,427	1,462,000	191,573

Source: OSHPD Alirts Annual Utilization Reports

- Emergency departments in the Hospital's service area operated at over 114% capacity;
 and
- St. Vincent Medical Center, the closest hospital to Good Samaritan Hospital- Los Angeles, operated at nearly 190% of capacity. Almost half of the hospitals in the service area operated over capacity including St. Vincent Medical Center (190% of capacity), and California Hospital Medical Center (117% of capacity).

Summary of Interviews

In October 2019, both in-person and telephone interviews were conducted with representatives of Good Sam Corporation, the Hospital, PIH Health, physicians, Los Angeles County representatives, the Hospital's employees, union representatives, and other community representatives. The purpose of the interviews was to gather information from area healthcare professionals and community members regarding potential impacts on healthcare availability and accessibility as a result of the proposed transaction. The list of individuals who were interviewed is located in the Appendix of this report. The major findings from the interviews are summarized below.

Reasons for the Proposed Transaction

Board members of Good Sam Corporation and the Hospital's management team, medical staff, and employees cited a number of reasons why a transaction was necessary, including the following:

- The Hospital has had significant operating losses in recent years, including its current fiscal year. It is unable to fund necessary capital improvements including the expansion of the emergency department. Its Board of Trustees determined that the future viability of the Hospital and its related operations depends on becoming part of a strong health system. Without the transaction the Hospital does not have enough money to meet its obligations and may default on its bonds. Without additional financial assistance, the Hospital would not be able to support its current operations and could be forced to sell some its assets or file for bankruptcy. As a result, the Hospital's mission of serving the community would be severely compromised and services could be curtailed or closed;
- Many of those interviewed that were familiar with the alternatives believe that the transaction with PIH Health provides the best opportunity to continue to operate the Hospital and serve the interests of patients, the community, physicians, and employees;
- Given the Hospital's important role in providing healthcare for the poor, without the transaction, the community could be at risk of losing key services that are essential for the uninsured and under-insured patient population;
- Almost all of those interviewed believed that the transaction is necessary to keep the Hospital from eliminating services or closing entirely; and
- It is difficult for stand-alone hospitals to afford information technology, new equipment, seismic retrofit requirements, service expansions, and other capital and operational expenses. Additionally, stand-alone hospitals have limited negotiating strength with vendors and payers. As a result, hospitals are finding it necessary to join larger health care systems. As the healthcare market in Los Angeles has become increasingly consolidated,

the Board of Trustees, in its evaluation of potential transaction partners, believed that there were very few healthcare systems that were a suitable choice based on mission, culture, values, and vision.

Importance of the Hospital to the Community

According to all those who were interviewed, the Hospital is an important provider of primary, specialty, and tertiary healthcare services to residents of the local community and surrounding communities, including the elderly and Korean populations. The Hospital is known for providing essential services to the uninsured and under-served populations. Interviewees believed that the Hospital is also very important to the local community for its emergency services. Some of the programs and services that were frequently mentioned as important include the following:

- Emergency services including designation as a STEMI receiving center and certification as a Comprehensive Stroke Center;
- Women's services including obstetrics;
- Level III neonatal intensive care services;
- Cardiac services including three cardiac catheterization labs, a dedicated electrophysiology lab, two dedicated operating rooms for cardiac surgeries, and an Acute Myocardial Intervention Transport Program for safe transportation of the critically ill;
- Cancer services including radiation oncology;
- Rehabilitation services;
- Outpatient surgery services;
- Neurosurgery services; and
- Community education and preventative services.

The majority of those interviewed believed that all or most of the hospital programs and services were important. Additionally, St. Vincent Medical Center, about one mile away, is in bankruptcy and some or all of its services may be closed over the next couple of years. St. Vincent Medical Center has recently operated with an average daily census of about 180 patients and has an emergency department visit volume of about 30,000 patients. If St. Vincent Medical Center reduces or eliminates services, the Hospital's importance to the local community for healthcare services would significantly increase.

Selection of PIH Health for the Proposed Transaction

While the Board considered and negotiated with other organizations, the Trustee Committee of the Board, responsible for presenting proposals to the Board, recommended PIH Health based on a number of factors including the following:

- A similar mission, vision, culture and values;
- PIH Health's financial strength including an "A" credit rating and willingness to provide cash and investment support;
- Assurances that the Hospital's assets will remain permanently dedicated to the provision of healthcare at its current location;
- Assurances that the Hospital will be fully integrated into the PIH Health integrated delivery system in a manner that will permanently maintain and enhance its status as a leading hospital;
- Assurances that the Hospital will continue to be community based and serve the population that it was founded to serve;
- PIH Health's leadership and operational skills to help improve the performance of the Hospital;
- PIH Health's successful experience in acquiring, operating, and turning around another distressed hospital (now PIH-Downey);
- PIH Health's experience in establishing satellite urgent cares and other outpatient services; and
- PIH Health's experience in population health management including establishing and growing a Medical Foundation, a Management Services Organization, and other physician alignment vehicles.

Almost all of those interviewed from Good Sam Corporation, the Hospital's management, medical staff, and employees, and the community were supportive of the proposed transaction and the selection of PIH Health. Additionally, most people also conveyed an overall understanding and knowledge of the pressing financial issues and the necessity for a transaction to occur in order for the Hospital to become financially sustainable, and to ensure continued operation of its services. While the majority of those interviewed expressed support for the transaction with PIH-Health, some individuals also expressed concerns regarding the uncertainty around PIH Health's intentions. Some of the concerns included the following:

- PIH Health may reduce staffing and other types of infrastructure, which in turn, could have a negative impact on the quality and delivery of patient care;
- The financial ability and willingness of PIH Health to raise sufficient capital to finance the seismic and other capital needs and support operational deficits;
- PIH Health may reduce or eliminate unprofitable services, and in doing so, negatively
 impact the accessibility and availability of healthcare services for the communities served
 by the Hospital; and
- PIH Health may not honor union collective bargaining agreements or seek to eliminate the unions at the Hospital.

Most of the Hospital employees interviewed, many of whom were also members of unions, understood the reasons for the transaction and expressed cautious optimism towards PIH Health as a buyer. The Hospital employees want PIH Health to treat employees well, negotiate with unions fairly, honor the union contracts, and continue all of the services currently offered at the Hospital.

Impact on the Availability and Accessibility of Healthcare Services

Most believed that PIH Health would expand hospital services and recruit additional physicians thereby improving the availability and accessibility of healthcare services. Based on PIH Health's experience, it is believed that outpatient services, including urgent care and primary care, will also be expanded.

Alternatives

Almost all of those interviewed believed that a transaction was necessary in order to avoid the elimination of services, the sale of assets, or potential bankruptcy. Some also expressed that if this transaction was not finalized, the Hospital could likely be acquired by another organization, but one that would not be as compatible of a match.

While many interviewed were not familiar with PIH Health, most were cautiously optimistic that PIH Health's control and ownership would ensure the future financial and operational sustainability of the Hospital.

Assessment of Potential Issues Associated with the Availability or Accessibility of Healthcare Services

Importance of the Hospital to the Community

The Hospital is a critically important provider of healthcare services to the residents of the surrounding communities. The Hospital is essential for its provision of healthcare services especially including: emergency, obstetrics, neonatal intensive care and cardiac services to residents within the service area, as well as for the broader community. Other key services offered at the Hospital include cancer services, spine services, palliative care services, women's health services, designation as a STEMI Center, certification as a Comprehensive Stroke Center, rehabilitation services, surgical services, wound care services, as well as other programs and services. In addition to the provision of key medical services, the Hospital also provides significant charity care and community benefit services for low-income, uninsured, and under-insured populations residing in the surrounding communities.

Emergency Services

The Hospital is an important provider of emergency services to the residents of its surrounding communities. In FY 2017, the Hospital had 12 emergency treatment stations and reported 35,271 emergency service visits, operating at 147% of capacity, making it one of the busiest emergency departments in the service area.

Most of the emergency departments within the service area are operating close to or over 100% capacity. Area emergency departments are overburdened and functioning beyond desirable capacity, including St. Vincent Medical Center (190%) and California Hospital Medical Center (117%). Collectively, service area emergency departments are operating at over 114% of capacity. In addition, the Hospital's emergency department sees a greater percentage of high severity patients (69% of all emergency department visits are classified "Severe with/without Threat") when compared to service area hospitals overall.

As a result of the uncertainties of the future of the ACA and healthcare reform, aging demographics, and a shortage of primary care physicians, the Hospital had been planning to add 12 emergency treatment beds. It is important that these emergency treatment beds be added as utilization of the emergency department is expected to increase. Additionally, St. Vincent Medical Center, just over one mile away from the Hospital and with an emergency department operating at over capacity with more than 30,400 visits annually, is currently in bankruptcy and has an uncertain future. If the emergency department at St. Vincent Medical Center closed, the Hospital would be challenged with even higher emergency department volume.

Keeping the Hospital's Emergency Department open is critical to providing emergency services within the Hospital's service area.

Medical/Surgical Services

The Hospital reported an occupancy rate of 47%, on its 235 licensed medical/surgical beds in 2018 with an average daily census of 111 patients. The next closest hospital, St. Vincent Medical Center, is operating at 51% capacity. Within the service area, the Hospital is the second largest provider of medical/surgical services. Despite the relatively low census, given the uncertain future of St. Vincent Medical Center, it is especially important to keep the Hospital's medical/surgical beds available.

Intensive Care Services

The Hospital's 68 intensive care beds had an occupancy rate of 40% in FY 2018 with an average daily census of 27 patients. Intensive care services are important in supporting the emergency department, trauma center, and other surgical and medical services at the Hospital. Service area hospitals are running at a combined occupancy rate of nearly 40% on 234 total intensive care beds. Maintaining intensive care services at the Hospital is important to ensure the accessibility and availability of intensive care and coronary care beds in the service area.

Obstetrics/Perinatal Services

In FY 2018, the Hospital had an occupancy rate of 71% on its 31 obstetrics beds based on an average daily census of 22 patients. Within the service area, only four out of the eight hospitals provide obstetric services. With 2,700 reported deliveries in FY 2018, the Hospital is an important provider of obstetrics services. The Hospital is also a very important provider of obstetrics services to low-income patients, as a high percentage of obstetrics patients are Medi-Cal beneficiaries.

Neonatal Intensive Care Services

In FY 2018, the Hospital operated 23 neonatal intensive care unit beds, had 415 discharges, and an average daily census of 14 patients. The Hospital maintains a Level III neonatal intensive care unit with an occupancy rate of approximately 60%. In the service area, the Hospital is the only hospital that operates a Level III unit. On average, 10% of all babies delivered require neonatal intensive care services. Because the Hospital has nearly 2,700 deliveries, and its ability to treat more complicated neonatal cases (e.g., micro premature and neonatal ventilation cases) it is important to continue operating the unit at the current level.

Physical Rehabilitation Services

In September 2018, the Hospital reopened its 23-bed physical rehabilitation unit. Since its opening, the Hospital reported an average daily census of 11 patients and had an average occupancy of 50%. Out of the five hospitals in the service area, the Hospital is one of three facilities that offer these services. The next closest hospital, offering these services is St. Vincent Medical Center and is operating at 77% capacity. Given the uncertain future of St. Vincent

Medical Center, it is important to keep these services available for access within the service area and broader community.

Reproductive Health Services

The Hospital is an important provider of a range of healthcare services for women. Neither the Hospital nor PIH Health have restrictive policies on the provision of reproductive healthcare services. No changes on the availability or accessibility of these services is expected as a result of the transaction. It is therefore expected that the Hospital will continue to provide elective reproductive services, including tubal ligations and sterilizations, if the transaction is approved.

Effects on Services to Medi-Cal & Other Classes of Patients

Approximately 79% of the Hospital's inpatients are reimbursed through Medicare (40.9%) and Medi-Cal (38.1%). The Hospital currently participates in the Medi-Cal program, and contracts with Los Angeles County managed Medi-Cal health plans. If the Hospital did not participate in the Medicare and Medi-Cal programs, eligible patients could be denied access to certain non-emergency healthcare services, thus creating a negative impact on the availability or accessibility for these patient populations

Effects on the Level & Type of Charity Care Historically Provided

Many uninsured and under-insured individuals in the community rely on the Hospital for healthcare services. Between FY 2014 and FY 2018, the Hospital provided an average of \$9,527,376 in charity care costs per year over the five-year period. Medicaid expansion and the ACA increased access to healthcare insurance coverage and therefore decreased the amount of charity care provided to uninsured patients at the Hospital. The amount of charity care costs at the Hospital has decreased from \$11.3 million in FY 2014 to \$6.2 million in FY 2018.

Effects on Community Benefit Programs

The Hospital has historically provided a significant amount of community benefit services, averaging approximately \$693,618 per year over the last five years. In addition, community benefit services at the Hospital have been supplemented by large grants from various organizations totaling nearly \$3 million additional funds for community benefit services in FY 2019. These grants are targeted to address health and social issues in the local community such as transportation, complex care management, maternal and child health and prevention services, etc.

Effects on Staffing & Employee Rights

PIH Health states that employees of the Hospital will remain employed by the Hospital on the same terms as existed immediately prior to the Effective Time. PIH Health has stated they will honor union collective bargaining agreements with the Hospital.

Effects on Medical Staff

The Affiliation Agreement states PIH Health has committed to retaining all current members of the Hospital's medical staff in good standing as of the Effective Date. As a result, no changes are expected.

Alternatives

If the proposed Affiliation Agreement was not approved, the Hospital would either continue to struggle to operate, and possibly reduce programs and services, or seek affiliation with another health system.

Conclusions

Based on the Affiliation Agreement, the proposed transaction is likely to continue the availability and accessibility of healthcare services in the communities served. PIH Health has stated that it intends to recruit physicians and expand the services provided at the Hospital. As a result, it is anticipated that access for Medi-Cal, Medicare, uninsured and other classes of patients will remain unchanged or improve.

Potential Conditions for Transaction Approval by the California Attorney General

If the California Attorney General approves the proposed transaction, JD Healthcare, Inc. recommends that the following conditions be required in order to minimize any potential negative healthcare impact that might result from the transaction:

- 1. For at least ten years from the Closing Date, the Hospital shall continue to operate as a general acute care hospital;
- 2. For at least ten years from the Closing Date, the Hospital shall maintain 24-hour emergency medical services with current types and/or levels of services. At a minimum, the Hospital shall maintain 12 emergency treatment stations and complete the new ED expansion, that adds 12 additional emergency treatment stations, by 2022. Once completed, the Hospital will be required to maintain 24 emergency treatment stations. The Hospital will also maintain the following for at least ten years from the Closing Date:
 - a. Designation as a STEMI Receiving Center; and
 - b. Certification as a Comprehensive Stroke Center.
- 3. For at least five years from the Closing Date, the Hospital shall maintain the following services at current licensure, types, and/or levels of services:
 - a. Critical care services, including a minimum of 68 intensive care/coronary care beds;
 - b. A Level III Neonatal intensive care unit, including a minimum of 23 intensive care newborn nursery beds;
 - c. Women's health services, including reproductive health services;
 - d. Cardiovascular services, including a minimum of three cardiac catherization labs;
 - e. Rehabilitation services, including a minimum of 23 rehabilitation beds; and
 - f. Perinatal services, including a minimum of 31 perinatal beds.

- 4. For at least five years from the Closing Date, the Hospital shall maintain the outpatient healthcare services provided at the locations below or a similar location with equivalent services:
 - a. Multi-Specialty Clinic at 637 S. Lucas Ave, Suite 101, Los Angeles, California;
 - b. Radiation/Oncology at 1245 Wilshire Blvd, Suite 101, Los Angeles, California; and
 - c. Outpatient surgical services at 1245 Wilshire Blvd, Suite 200, Los Angeles, California.
- 5. For at least five years from the Closing Date, the Hospital shall maintain a charity care policy that is no less favorable than its current charity care policy and in compliance with California and Federal law and shall provide an annual amount of charity care equal to or greater than \$9,527,376 (the "Minimum Charity Care Amount"). Alternatively, because of the impact of Medi-Cal expansion and the ACA, the California Attorney General could consider adjusting the required commitment to charity care based on available data from time periods after implementation of the ACA. An example would be to require a commitment based on a three-year rolling average of the most recent available data. For FY 2019, the Hospital's required Minimum Charity Care amount using the three-year rolling average from FY 2016 to FY 2018 would be \$7,839,237. For purposes herein, the term "Charity Care" shall mean the amount of charity care costs (not charges) incurred by the Hospital in connection with the operations and provision of services at the Hospital. The definition and methodology for calculating "Charity Care" and the methodology for calculating "cost" shall be the same as that used by OSHPD for annual hospital reporting purposes. The Minimum Charity Care Amount will be increased on an annual basis by the rate of inflation as measured by the Consumer Price Index for Los Angeles-Long Beach-Anaheim Average Base Period: 1982-84=100 (as published by the U.S. Bureau of Labor Statistics);
- 6. For at least five years from the Closing Date, the Hospital shall continue to expend no less than \$693,618 annually in community benefit services (Minimum Community Benefits Amount). If the Hospital receives any grant funds for community benefit services, those grant funds may not be applied to the Minimum Community Benefits Amount. The Minimum Community Benefits Amount will be increased on an annual basis by the rate of inflation as measured by the Consumer Price Index for Los Angeles-Long Beach-Anaheim Average Base Period: 1982-84=100 (as published by the U.S. Bureau of Labor Statistics);
- 7. For at least ten years from the Closing Date, the Hospital shall maintain its participation in the Medicare program, providing the same types and/or levels of emergency and non-emergency services to Medicare beneficiaries, on the same terms and conditions as other similarly situated hospitals, by maintaining a Medicare Provider Number;

- 8. For at least ten years from the Closing Date, the Hospital shall be certified to participate in the Medi-Cal program, providing the same type, and/or levels of emergency and non-emergency services to Medi-Cal beneficiaries;
- 9. For at least five years from the Closing Date, the Hospital shall maintain its participation in the Medi-Cal Managed Care program, providing the same types and/or levels of emergency and non-emergency services to Medi-Cal beneficiaries, on the same terms and conditions as other similarly situated hospitals offering substantially the same services, without any loss, interruption of service, or decrease of quality, or gap in contracted hospital coverage, including the continuation of L.A. Care Health Plan, or its successor.
- 10. For at least five years from the Closing Date, the Hospital shall maintain its current city/county contracts for the programs listed below subject to the request of the appropriate city/county:
 - a. Participation in the Hospital Preparedness Program between the Hospital and Los Angeles County;
 - Funding Agreement for Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program between the Hospital and Los Angeles County Metropolitan Transportation Authority;
 - Comprehensive Stroke System between the Hospital and Los Angeles County;
 and
 - d. Affiliation agreement between Los Angeles County and the Hospital regarding rotations of residents and fellows from the Los Angeles County physician graduate training program to provide residency and fellowship training for physicians in Los Angeles County training programs.
- 11. The Hospital Center shall maintain written policies that prohibit discrimination against lesbian, gay, bisexual, or transgender individuals.

Appendix

List of Interviewees

Last Name	First Name	Position	Affiliation
Ali	Aichi	Registered Nurse	Good Samaritan Hospital
Balangue	Bianca	Registered Nurse	Good Samaritan Hospital
Bhandari, MD	Anil	Cardiologist	Good Samaritan Hospital
Bragaaza	Mailiena	Registered Nurse	Good Samaritan Hospital
Capell	Jason	Assistant Director	SEIU, UHW
Carias	Melany	Registered Nurse	Good Samaritan Hospital
Chudnofsky, MD	Carl	Chair and Professor of Clinical Emergency Medicine	Keck Medicine of USC
D'Alessio	Marylu	Emergency Department Director	Good Samaritan Hospital
Denham	Robert	Hospital Board Member	Good Samaritan Hospital
Feuerlicht	Sammy	Chief Strategy Officer	Good Samaritan Hospital
Frank	John	Hospital Board Member	Good Samaritan Hospital
Gamino	Margarita	Union Representative	California Nurse Association
Gonzales-Huitron	Alejandra	Registered Nurse	Good Samaritan Hospital
Goodall	Todd	Vice President of Business Development	Good Samaritan Hospital
Grant	Mimi	Hospital Board Member	Good Samaritan Hospital
Herbold	Lily	Registered Nurse	Good Samaritan Hospital
Hill, MD	Allison	Chief of Staff	Good Samaritan Hospital
Ino	Alan	Chief Financial Officer	Good Samaritan Hospital
Lawrence	Naimeh	Registered Nurse	Good Samaritan Hospital
Leeka	Andrew B.	Chief Executive Officer	Good Samaritan Hospital
Maloney, MD	Robert	Hospital Board Member	Good Samaritan Hospital
Meiselman	Ira	Director of Managed Care and Contracts	Good Samaritan Hospital
Simien-Robnett	L'Tanya	Director of Perinatal Services	Good Samaritan Hospital
Taylor	John	Hospital Board Member	Good Samaritan Hospital
Thorne	Brian	Vice President of Fund Development	Good Samaritan Hospital
VanHall	Suzanne	General Counsel	Good Samaritan Hospital
Vasquez, MD	Veronica	Emergency Medicine Physician	Good Samaritan Hospital
Walker	Antoinette H	Registered Nurse	Good Samaritan Hospital
West	Jim	Chief Executive Officer	PIH
Whitcomb	Jamie	Director of Finance	Good Samaritan Hospital
Wolfe	Phillip	Vice President of Professional Operations	Good Samaritan Hospital
Wright, MD	Florence	Medical Director of Radiation Oncology	Good Samaritan Hospital
Yamaguchi, MD	Sarah	Obstetrician	Good Samaritan Hospital
Zuanic	Irena	Chief Nursing Officer	Good Samaritan Hospital

License: Effective: 11/01/2019

Expires: 10/31/2020 Licensed Capacity:

State of California Department of Public Health

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Public Health hereby issues

this License to

Hospital Of The Good Samaritan

to operate and maintain the following General Acute Care Hospital

GOOD SAMARITAN HOSPITAL

1225 Wilshire Blvd Los Angeles, CA 90017-1901

Bed Classifications/Services

380 General Acute Care

58 Intensive Care

31 Perinatal

23 Intensive Care Newborn Nursery

23 Rehabilitation

10 Coronary Care

235 Unspecified General Acute Care

28 Skilled Nursing (D/P)

Other Approved Services

Audiology

Basic Emergency Medical

Cardiac Catheterization Laboratory Services

Cardiovascular Surgery

Nuclear Medicine

Occupational Therapy

Outpatient Services - Imaging/Multi-Specialty

Clinic at Ground Floor, Station 2, 637 S.

Lucas Ave., Los Angeles

Outpatient Services - Multi-Specialty Clinic at

637 S. Lucas Ave., Suite 101, Los Angeles

Outpatient Services - Oncology -

Radiology/Oncology at 1245 Wilshire Blvd.

Suite 101, Los Angeles

Outpatient Services - Peripheral Vascular Lab Outpatient Services - Physical Therapy at 225

S. Hill Street, Suite 207, Los Angeles

Outpatient Services - Radiology or Imaging

CT Scanner at 1225 Wilshire Blvd, Los

Angeles

Outpatient Services - Sleep Lab

Outpatient Services - Surgery - Surgery

Department at 1245 Wilshire Blvd, Suite

200, Los Angeles

Outpatient Services - Surgical

Physical Therapy

Radiation Therapy

Respiratory Care Services

Social Services

(Additional Information Listed on License Addendum)

Refer Complaints regarding these facilities to: The California Department of Public Health, Licensing and Certification, L.A. Acute/Ancillary Unit, 3400 Aerojet Ave., Suite 323, El Monte, CA 91731, (626)312-1104

POST IN A PROMINENT PLACE

State of California Department of Public Health License Addendum

License: 930000071 Effective: 11/01/2019 Expires: 10/31/2020

Licensed Capacity:

GOOD SAMARITAN HOSPITAL (Continued) 1225 Wilshire Blvd Los Angeles, CA 90017-1901

Other Approved Services (cont'd)

Speech Pathology

Approved Other Certifiable Parts

Prospective Payment System - Rehabilitation Unit GOOD SAMARITAN HOSPITAL 1225 Wilshire Blvd



This LICENSE is not transferable and is granted solely upon the following conditions, lin

Susan Fanelli		
Acting Director	Stephanie Devlin, Staff Service Manager I	

Refer Complaints regarding these facilities to: The California Department of Public Health, Licensing and Certification, L.A.

Acute/Ancillary Unit, 3400 Aerojet Ave., Suite 323, El Monte, CA 91731, (626)312-1104

POST IN A PROMINENT PLACE