



Encino Hospital Medical Center

Member of Prime Healthcare



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ENCINO HOSPITAL MEDICAL CENTER COMMUNITY HEALTH NEEDS IMPLEMENTATION PLAN 2026-2028

INTRODUCTION AND BACKGROUND

Background – Encino Hospital Medical Center

Care begins with a safe place.

At Encino Hospital Medical Center, (**EHMC, or the Hospital**), located in Encino, our legacy of excellence in healthcare is recognized nationwide. We take pride in our accolades from respected institutions such as the Lown Institute, Healthgrades and the Leapfrog Group.

Every year, we touch the lives of over 300,000 patients from San Fernando Valley area and Los Angeles County, providing a wide spectrum of medical and surgical services. We are deeply committed to our role as a cornerstone of the community, dedicated to improving health outcomes and enhancing the well-being of those we serve. At Encino Hospital Medical Center, your health is our highest priority.

Not-for-Profit Encino Hospital Medical Center, part of the Prime Healthcare Services Foundation, is a 150-bed state-of-the-art Hospital located in Encino, California. Its multi-disciplinary staff consists of 330 physicians and 520 professional support staff. Encino Hospital Medical Center serves a diverse population and incorporates elements of urban and suburban medicine in a smaller caring environment. It offers a wide array of inpatient and outpatient services. The Hospital is consistently at the forefront in providing innovative and integrated healthcare.

Servicing the greater San Fernando Valley, EHMC provides 24/7 emergency services in addition to a wide range of highly specialized medical, surgical, and diagnostic services. The state-of-the-art geriatric services include a Geriatric Senior Emergency Room, Comprehensive Senior Care Program, Geriatric Inpatient Wing, and Psychiatric Inpatient Services. Attracting many world-class physicians, their professional clinical teams use an interdisciplinary approach to ensure comprehensive care for each patient. Encino Hospital Medical Center is nationally recognized as a “100 Top Hospital” by IBM Watson Health.

IMPLEMENTATION ISSUES AND PLANS

Background – Primary Service Area

The 2026-2028 Encino Hospital (EHMC) Community Health Needs Implementation Plan (PLAN) addresses issues outlined in the Hospital’s 2025 Community Health Needs Assessment (CHNA), and proposes actions to be taken to address those issues. The CHNA can be found on EHMC’s community benefits page. The most recent discharge data available at the publication data for the CHNA was for 2024. Data for 2025 was available as this report was being prepared and it is being presented here.

The most pertinent area for service analysis and planning is typically the area from which over 50% of EHMC’s patients are drawn. This standard assumes that a small number of zip codes are the dominant suppliers of patients. Review of data from EHMC’s 2025 discharge logs shows a different distribution, in that a small number of zip codes are the sources of much of EHMCS client population, with only five zip codes responsible for 35% of total discharges. These five areas, designated as the Primary Service Area (PSA), each contributed at least 4% of total discharges but none was responsible for more than 10%. To reach a 50% penetration rate, a larger number of zip codes were required, each of which provided no more than 3% of discharges and as little as 1%. These twelve zip codes,

designated a Secondary Service Area (SSA), added another 21% of total discharges, bringing the total penetration to 56%. These zip codes were listed in the Community Health Needs Assessment,

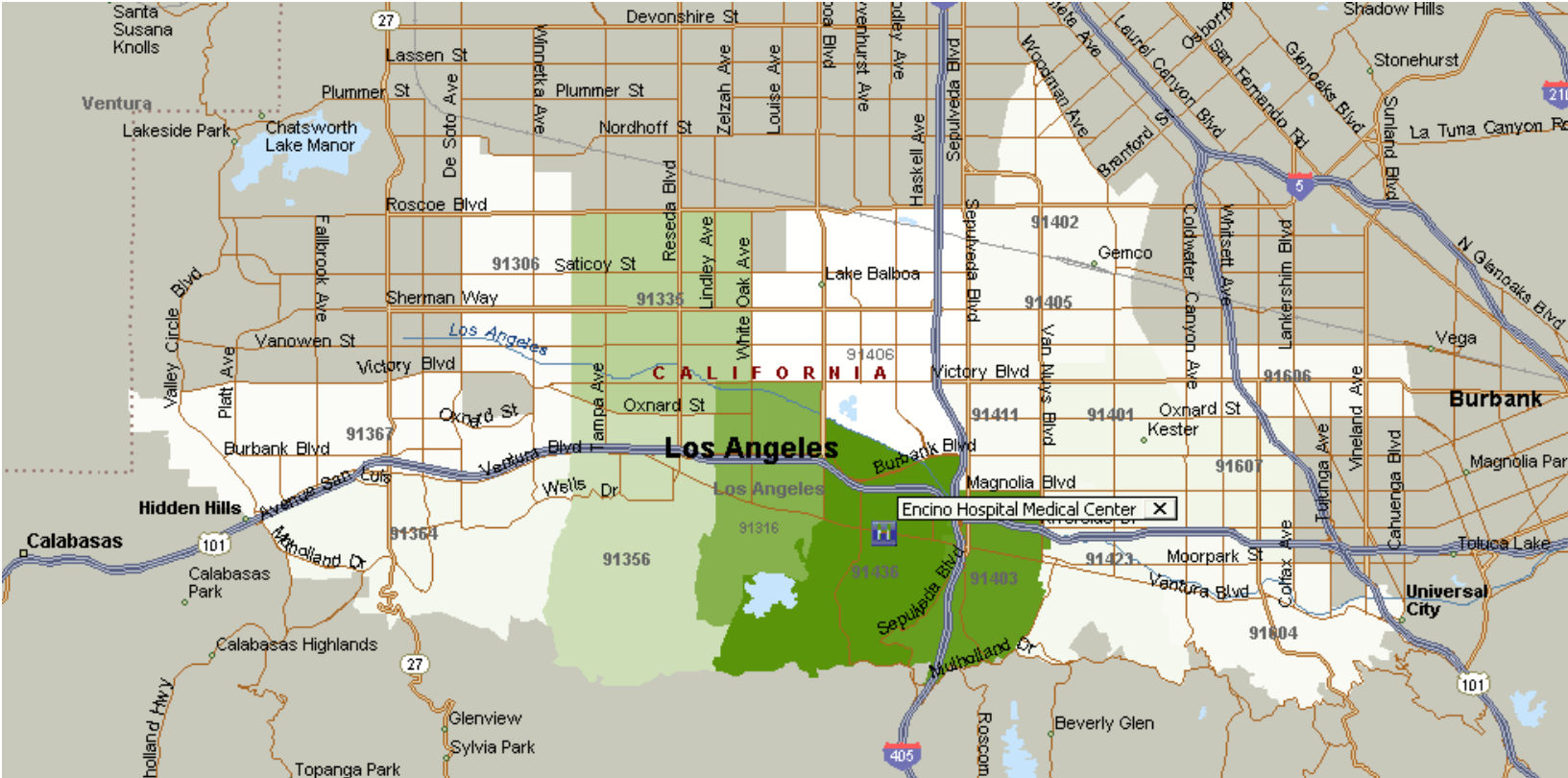
The PSA zip codes include the following:

- 91316 Encino
- 91335 Reseda
- 91356 Tarzana
- 91403 Sherman Oaks
- 91436 Encino

The Secondary Service Area is highlighted in white on the following map. The SSA zip codes include the following:

- 91306 Winnetka
- 91364 Woodland Hills
- 91367 Woodland Hills
- 91401 Van Nuys
- 91402 Panorama City
- 91405 Van Nuys
- 91406 Van Nuys
- 91411 Van Nuys
- 91423 Sherman Oaks
- 91604 Studio City
- 91606 North Hollywood
- 91607 North Hollywood

A map of EPMC’s primary service area is shown below. The green areas represent the PSA with color intensity showing the relative number of discharges from each zip code. The white areas are the zip codes in the SSA.



PRIMARY ISSUES FROM ENCINO HOSPITAL MEDICAL CENTER FOCUS GROUP SESSIONS

The EHMC focus group process involved inviting over 50 potential participants considered “stakeholders” in the healthcare realm surrounding EHMC. Of the invitees, 19 were able to attend focus group sessions and participate in a structured but free-wheeling process. The meeting started with introductions, after which the process was outlined. It included:

- A brainstorming session in which all participants were asked to propose health needs and problems which existed in their communities. The group provided 38 possible issues. These issues are listed in Appendix C.
- These ideas were posted to flip charts, and the sheets were arrayed along a wall.
- After all ideas were proposed, participants were asked to rank those which were considered the most salient in terms of how they affected community health. The participants were given adhesive dots with relative values and asked to select three issues which they considered most important, with the dots providing rankings (a value of 3 as most important, down to 1 as least important).
- From the list of the seven most cited items that resulted, participants were asked to rank the ones that were most important for the Hospital to concentrate on, using a second set of ranked dots. The three issues that garnered the most votes are listed below. An additional two issues were extracted from conversations with Hospital staff and other offsite interviews. They are presented after the three Focus Group issues.

The five issues selected for action under the Implementation Plan are

- Homelessness,
- Continuation of Care,
- Primary and Urgent Care,
- Chronic Disease Management, and
- Mental Health.

Homelessness – This topic has remained at the top of health issues lists for several years and continues to present challenges to healthcare professionals of all types. Funding for homeless services has been expanded, and some concrete results are evolving, but there is still a substantial homeless population in the area.

- **EHMC’s Plan** - As innovative programs are developed, and new providers enter the field of homeless services, the Hospital will explore opportunities to direct patients with no discharge addresses to agencies that can provide suitable accommodation. Management will also partner with homeless services providers to connect patients accessing the Hospital’s services. As the universe of available housing options changes, Hospital staff will track and adjust operations to take advantage of new opportunities.
- **EHMC’s Results** – The past three years have seen massive funding growth to address the needs of the unhoused population, although little of that funding has reached healthcare providers. EHMC has been active with shelter providers and referral sources in arranging for referrals to housing providers and support services to care for clients transitioning away from non-traditional housing options. And for the unhoused population suffering from healthcare crises, EHMC’s Emergency Department continues to be a provider of first resort. The overall trend in discharges from 2022 to 2025 for persons listed as homeless has been a decrease, due at least in part to the Hospital’s active participation in referral programs that accepted unhoused clients and found placements for them.

Coordination of Care – This issue was expressed in several of the “brainstorm” ideas, with complaints that HMO or Managed Care clients are proving difficult to deal with in terms of obtaining authorization for treatment. As an example of the “silo” conditions found throughout the healthcare universe, it is considered an indicator. Better coordination protocols are needed both in terms of transferring patient care issues and coordinating payment for services. The issue arises at the nexus of the Hospital’s relations with other community providers who are the follow-on providers of care for clients discharged from EHMC. Specific problems involve transfer of medical records and coordination of benefits to assure appropriate payment for services. These problems affect community members to the extent they impede the care continuum both in the Hospital and throughout course of treatment. The problem will be exacerbated by changes in healthcare coverage mandated by the One Big Beautiful Bill Act (**OBBBA**) which changed the rules under which health insurance can be accessed by many residents of the area.

- **EHMC’s Plan** – EHMC’s management will participate with other hospitals in the Prime Healthcare System to support continuing review of the law and enabling regulation. The law contains many potential problems. Although it does not mandate any specific care-coordination programs, it contains incentives that can be obtained by better collaborating with step-down care providers to assure better discharge planning and post-acute services in both institutional and home-based settings. EHMC will be meeting with representatives of other care providers to share the results of Prime’s review and planning process. Where applicable, these findings will be built into patient flow protocols and help to improve the care provided to clients throughout the care process.
- **EHMC’s Results** – Over the past three years, EHMC has worked with Nursing Facilities, Home Health Agencies, Social Services organizations, police, and emergency service agencies to coordinate services to clients and facilitate the movement of users among the diverse options. These programs will continue, and will evolve as the requirements under laws and regulations change.

Primary and Urgent Care – This issue was also expressed in multiple ideas presented, and several of these ideas were consolidated to emphasize the importance of this problem. It involves the perception that despite the proliferation of insurance coverage, and the attempts to guide insureds to their primary care providers, many area residents still consider the emergency room at a hospital to be their primary care provider. This is particularly true of low-income, transient, and unemployed patients, who often don't know how to access their delegated healthcare provider, or are unable to obtain appointments to see appropriate providers. This results in expensive treatments, long ER waits, and difficulties in obtaining reimbursement for the services rendered. Hospital staff have been diligent in connecting with payors and other providers where information could be obtained subject to HIPAA provisions. Where client information about coverage and primary providers was available, those sources were contacted and care coordinated to streamline the client's course of care.

- **EHMC's Plan** – Throughout the coming three years, efforts to connect clients with their existing providers where applicable will continue, with additional emphasis on educating Emergency Department patients on their available resources. Clients presenting at EHMC's Emergency Department will continue to receive appropriate care, but will be encouraged to make connections with any primary care provider they may have. If no PCP has been designated, patients will be interviewed to determine their eligibility for options that will provide them with applicable coverage.
- **EHMC's Results** - One important change occurring over the past three years has been an expansion of insurance coverage to groups not previously covered. While this is considered helpful, it resulted in multiple cases of walk-in patients accessing care and unaware of their eligibility for coverage. It has been the Hospital's job to coordinate the process of determining eligibility and guiding the clients through the application process, and later to provide referrals to Primary Care Providers who could be the points of contact for future medical needs. Much of this progress is expected to be reversed under provisions of the OBBBA. Resources devoted to explaining coverage expansion may need to be reoriented to collaborating with clients who discover they are losing coverage under changes taking place in 2026 and later.

The preceding three issues were raised most often by EHMC’s focus groups, and variations of them are present in the other issues raised by the participants. Several other concerns were also raised but got fewer votes. Since they represent issues that EHMC has an ability to address in numerous ways, they are included here, and EHMC’s responses are presented in this document.

Chronic Disease Management – The Affordable Care Act and succeeding federal and California legislation have been successful in increasing the number of California residents who are classified as having health insurance coverage. More than one-third of the state’s residents are now covered by MediCal and fewer than 7% of the state’s total residents are without insurance, down from over 12% three years ago. Many of these residents suffer from chronic ailments. The illnesses most seen at EHMC are:

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

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

- **EHMC's Plan** includes a range of education programs that advocate condition-specific preventive practices for each of the illnesses outlined above, as well as to others. Examples include:
 - Training sessions to teach diet, exercise, and insulin management techniques to Type 2 Diabetes patients, as well as education as to insulin management options for Type 1 clients, where support programs exist.
 - Education and training in management of specific issues triggering respiratory episodes for Chronic Respiratory Disease patients, and techniques to combat trigger situations.
 - Education for clients with hypertension and setup of management protocols to maintain healthy blood pressure levels in day-to-day situations.
 - With the advent of GLP-1 based drugs, persons wishing to lose weight have new options, and will need assistance in getting started with the changed regimens. While much of this process can be accomplished without inpatient services, EHMC staff will still encounter patients whose weight has sent them to the Hospital for associated problems. Staff will have opportunities to discuss options with these clients and assist them in getting started on a weight-loss regimen. New protocols will be developed to formalize the process.

- **EHMC's Results** - It is important to note that EHMC has provided educational programs addressing each of these issues over the past three years, and intends to continue with outreach in the future. The programs are made available to community organizations, schools, and senior centers, in addition to on-site education sessions for inpatient and outpatient clients in the recovery process. EHMC also participates in numerous health fairs and other public assembly occasions by providing onsite education and screening services. A list of community outreach programs provided in the past year is found in Appendix C, along with plans for 2026 offerings. The Hospital has actively worked with clients to ensure that potential adjustments to their lifestyles following discharge are suggested to minimize the risk of re-admission.

Many people coming to EHMC may experience complications related to health insurance coverage in addition to their chronic conditions. Changes to insurance regulations throughout the 2022-2025 period resulted in many previously ineligible residents becoming eligible under time-limited laws that sunset January 1, 2026, under OBBBA. Throughout the 2022-2025 period, EHMC was active in assisting clients in searching for coverage under those increased options while they were available. Many clients successfully moved to coverage they would not have otherwise had. Now that the coverage options are changing, patients with any of these conditions will need to have their coverage reviewed and a new set of options provided. Thus EHMC staff will be diligent in working with patients to determine eligibility for insurance coverage, and hopefully assist them to link with a care provider, who can advocate for them in working through the healthcare system.

Mental Health – Several of the brainstorm responses alluded to various aspects of the need for better mental and behavioral health options as a major issue in the Encino Hospital Medical Center service area. This condition is often a co-morbidity with other physical ailments, and mental issues existing beside actual physical disabilities complicate treatment for the physical manifestations. While mental health conditions are formally considered equivalent to physical ailments for payment purposes, diagnosis and treatment protocols for them are less well-defined, and most insurers tend to encourage outpatient care for all but the most dangerous behavioral conditions. Additional problems related to mental health include a high incidence of homelessness and substance abuse, which are not amenable to inpatient treatment and are typically not considered reimbursable services by payors. Since hospitals have no control over patients' mental illness treatment courses after they are discharged, and compliance with treatment regimens is difficult, patients with mental issues in addition to their physical ills are some of the most often re-admitted clients at any hospital.

- **EHMC's Plan** – The Hospital is a leader in addressing the most traumatic episodes of mental breakdown, and provides dedicated inpatient beds to serve those in danger of hurting themselves or others. This service will continue to offer options to all sorts of mental health providers and emergency personnel dealing with mental health crises, both on an emergency basis and as a center for inpatient care to facilitate return to more controlled behavior. Treatment protocols are evolving rapidly in this specialty, and EHMC staff will continue to stay abreast of innovations in mental health care.
- **EHMC's Results** - The specialized 13-bed inpatient unit is designed specifically to focus on senior behavioral health, addressing the unique emotional, behavioral, and mental health needs of adults ages 50 and older. EHMC's program is designed to improve day-to-day functioning, leading to improved health and a higher quality of life. Our team is comprised of experienced and compassionate healthcare professionals who are devoted to providing the care and emotional support these patients and families need. The service has stood as a primary provider for behavioral health services over the past three years. Because the program is Hospital based, we have been accepting patients suffering from behavioral issues and chronic medical conditions both from EHMC's Emergency Department, and as referrals from other providers. At the close of 2025, increases in mental health encounters were continuing to occur, with growth in both Emergency Department admissions and direct referrals to the Mental Health Unit. The Hospital has expanded its services to address the influx. Changes in programs for homeless, and updates to coverage options have been ongoing challenges. The Hospital has adjusted its programs to compensate for issues raised by these changes.

The issues above are the consensus issues from many sources that merit the most consideration by hospitals in the area. Each hospital has differing abilities to address each issue. Encino Hospital Medical Center's Implementation Plan will focus on issues related to Homelessness, Coordination of Care, Primary and Urgent Care, Chronic Disease Management, and Mental Health.

APPENDIX A – LEADERSHIP

Encino Hospital Medical Center is overseen by a governing board composed of physicians and medical professionals, and community members who are users and/or service collaborators with the Hospital. They are listed below.

Governing Board & Leadership

They include:

- Sunny Bhatia, M.D. – Chairman & Chief Medical Officer
- EM V. Garcia - Vice Chair & SOH & EPMC Chief Executive Officer
- Kenn Phillips - Community Member
- David Thorson - Community Member
- J. Nathan Rubin, M.D. - Chief of Staff
- Jason Greenspan, M.D. - Member-at-Large
- Samuel Kashani, M.D. - Member-at-Large
- Andrew Renner, M.D. - Member-at-Large
- Rick Mahalingam - Regional Chief Financial Officer
- Roland L. Santos – Chief Nursing Officer

APPENDIX B - SERVICES

Encino Hospital Medical Center serves a diverse population and incorporates elements of urban, suburban, and rural medicine, offering a wide array of patient services. These include:

- Acute Rehabilitation Unit (ARU)
- Clinical Laboratory Services
- Comprehensive Care for Joint Replacement
- Comprehensive Senior Care Program
- Critical Care Unit
- 24-Hour Emergency Services (ER)
- Food and Nutrition Services
- Gastrointestinal Services
- Imaging Services
- Nursing Services
- Pharmacy Services
- Primary Stroke Center
- Rehabilitation Services
- Respiratory Care
- Senior Behavioral Health Services
- Senior ER
- Sub-acute Nursing Care Center
- Surgical Services
- Transfusion-Free Medicine Surgery

- Other Services
 - Case Management
 - Physician Referral Services
 - Social Services
 - Home Health
 - Meal Preparation Services
 - Equipment Rental
 - Social/Emotional Support Services

APPENDIX C - COMMUNITY ACTIVITIES 2025 AND PLANNED COMMUNITY ACTIVITIES FOR 2026

2025 Events

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

2026 Events

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

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