Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

The Maryland Health Services Cost Review Commission's (HSCRC's or Commission's) Community Benefit Report, required under §19-303 of the Health General Article, Maryland Annotated Code, is the Commission's method of implementing a law that addresses the growing interest in understanding the types and scope of community benefit activities conducted by Maryland's nonprofit hospitals.

The Commission developed a two-part community benefit reporting system that includes an inventory spreadsheet that collects financial and quantitative information and a narrative report to strengthen and supplement the inventory spreadsheet. The guidelines and inventory spreadsheet were guided, in part, by the VHA, CHA, and others' community benefit reporting experience, and was then tailored to fit Maryland's unique regulatory environment. This reporting tool serves as the narrative report. The instructions and process for completing the inventory spreadsheet remain the same as in prior years. The narrative is focused on (1) the general demographics of the hospital community, (2) how hospitals determined the needs of the communities they serve, (3) hospital community benefit administration, and (4) community benefit external collaboration to develop and implement community benefit initiatives.

The Commission moved to an online reporting format beginning with the FY 2018 reports. In this new template, responses are now mandatory unless marked as optional. If you submit a report without responding to each question, your report may be rejected. You would then be required to fill in the missing answers before resubmitting. Questions that require a narrative response have a limit of 20,000 characters. This report need not be completed in one session and can be opened by multiple users.

For technical assistance, contact HCBHelp@hilltop.umbc.edu.

Q2. ## Section I - General Info Part 1 - Hospital Identification

Q3. Please confirm the information we have on file about your hospital for FY 2018.

| | Is this information correct? | | If no, please provide the correct information here: |
	Yes	No	
The proper name of your hospital is: Carroll Hospital Center	◉	○	
Your hospital's ID is: 210033	◉	○	
Your hospital is part of the hospital system called LifeBridge Health.	◉	○	

Q4. The next two questions ask about the area where your hospital directs its community benefit efforts, called the Community Benefit Service Area. You may find these community health statistics useful in preparing your responses.

Q5. (Optional) Please describe any other community health statistics that your hospital uses in its community benefit efforts.

> Health Disparities Carroll County has several health disparities in a variety of areas, including Access to Health Services, Cancer, Diabetes, Exercise, Nutrition & Weight, Family Planning, Heart Disease & Stroke, Maternal, Fetal & Infant Health, Mental Health & Mental Disorders, Older Adults & Aging, Other Chronic Diseases, Respiratory Diseases, Substance Abuse, Housing Affordability & Supply, and Wellness & Lifestyle. For a complete and updated list with data sources, visit our Disparities Dashboard powered by Healthy Communities Institute at: http://www.healthycarroll.org/assessments-data/our-community-dashboard/?hcn=DisparitiesDashboard Our Community Dashboard: http://www.healthycarroll.org/assessments-data/ourcommunity-dashboard/

Q6. (Optional) Please attach any files containing community health statistics that your hospital uses in its community benefit efforts.

Demographic Characteristic_2019Updates.pdf
189KB
application/pdf

Q7. ## Section I - General Info Part 2 - Community Benefit Service Area

Q8. Please select the county or counties located in your hospital's CBSA.

☐ Allegany County	☐ Charles County	☐ Prince George's County
☐ Anne Arundel County	☐ Dorchester County	☐ Queen Anne's County
☐ Baltimore City	☐ Frederick County	☐ Somerset County
☐ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☐ Talbot County

☐ Caroline County	☐ Howard County	☐ Washington County
☑ Carroll County	☐ Kent County	☐ Wicomico County
☐ Cecil County	☐ Montgomery County	☐ Worcester County

Q9. Please check all Allegany County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q10. Please check all Anne Arundel County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q11. Please check all Baltimore City ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q12. Please check all Baltimore County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q13. Please check all Calvert County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q14. Please check all Caroline County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q15. Please check all Carroll County ZIP codes located in your hospital's CBSA.

☑ 21048	☑ 21757
☑ 21074	☐ 21771
☑ 21102	☑ 21776
☑ 21104	☑ 21784
☑ 21136	☑ 21787
☑ 21155	☑ 21791
☑ 21157	☐ 21797
☑ 21158	

Q16. Please check all Cecil County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q17. Please check all Charles County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q18. Please check all Dorchester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q19. Please check all Frederick County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q20. Please check all Garrett County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q21. Please check all Harford County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q22. Please check all Howard County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q23. Please check all Kent County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q24. Please check all Montgomery County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q25. Please check all Prince George's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q26. Please check all Queen Anne's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q27. Please check all Somerset County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q28. Please check all St. Mary's County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q29. Please check all Talbot County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q30. Please check all Washington County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q31. Please check all Wicomico County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q32. Please check all Worcester County ZIP codes located in your hospital's CBSA.

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

☑ Based on ZIP codes in your Financial Assistance Policy. Please describe.

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Carroll Hospital primarily defines its
community benefit
service area as Carroll County. The
hospital further defines
primary service areas in our Financial
Assistance Policy.
These communities and zip codes
include:
Primary
Finksburg (21048)
Keymar (21757)
Hampstead (21074)
Manchester (21102)
Mount Airy (21771)
New Windsor (21776)
Sykesville (21784)
Taneytown (21787)
Union Bridge (21791)
Upperco (21155)
Westminster (21157 & 21158)
Woodbine (21797)
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☐ Based on ZIP codes in your global budget revenue agreement. Please describe.

☐ Based on patterns of utilization. Please describe.

☐ Other. Please describe.

Q34. (Optional) Is there any other information about your hospital's Community Benefit Service Area that you would like to provide?

Q35. Section I - General Info Part 3 - Other Hospital Info

Q36. Provide a link to your hospital's mission statement.

https://www.carrollhospitalcenter.org/mission-vision

Q37. Is your hospital an academic medical center?

○ Yes
◉ No

Q38. (Optional) Is there any other information about your hospital that you would like to provide?

Q39. (Optional) Please upload any supplemental information that you would like to provide.

Q40. Section II - CHNA Part 1 - Timing & Format

Q41.
Within the past three fiscal years, has your hospital conducted a CHNA that conforms to IRS requirements?

◉ Yes
○ No

Q42. Please explain why your hospital has not conducted a CHNA that conforms to IRS requirements, as well as your hospital's plan and timeframe for completing a CHNA.

This question was not displayed to the respondent.

Q43. When was your hospital's most recent CHNA completed? (MM/DD/YYYY)

05/09/2018

Q44. Please provide a link to your hospital's most recently completed CHNA.

http://www.healthycarroll.org/assessments-data/community-health-needs-assessment/

Q45. Did you make your CHNA available in other formats, languages, or media?

- ◉ Yes
- ○ No

Q46. Please describe the other formats in which you made your CHNA available.

Created printed copies and posted online at the link above. Also, developed an executive summary for key stakeholders.

Q47. Section II - CHNA Part 2 - Participants

Q48. Please use the table below to tell us about the internal participants involved in your most recent CHNA.

	CHNA Activities										Other - If you selected "Other (explain)," please type your explanation below:
	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	
CB/ Community Health/Population Health Director (facility level)	☐	☐	✔	✔	✔	✔	✔	✔	✔	☐	
CB/ Community Health/ Population Health Director (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	✔	✔	☐	✔	☐	☐	✔	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	☐	✔	✔	☐	✔	✔	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	☐	☐	☐	☐	✔	✔	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	☐	☐	☐	☐	✔	✔	☐	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (facility level)			✔	✔	✔	✔		✔	✔		
Clinical Leadership (system level)	✔										
Population Health Staff (facility level)			✔	✔	✔	✔	✔	✔	✔		
Population Health Staff (system level)			✔								
Community Benefit staff (facility level)			✔	✔	✔	✔	✔				
Community Benefit staff (system level)	✔										
Physician(s)						✔	✔	✔			
Nurse(s)						✔	✔	✔			
Social Workers						✔	✔				
Community Benefit Task Force						✔	✔	✔	✔		

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Member of CHNA Committee	Participated in development of CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Hospital Advisory Board	☐	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Q49. Section II - CHNA Part 2 - Participants (continued)

Q50. Please use the table below to tell us about the external participants involved in your most recent CHNA.

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)		Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: LifeBridge Health Hospitals (Sinai, Northwest, Levindale)	☐	✔	☐	☐	☐	☐	☐	☐	☐		
Local Health Department -- Please list the Local Health Departments here: Carroll County Health Department	☐	✔	✔	✔	✔	✔	✔	✔	☐		
Local Health Improvement Coalition -- Please list the LHICs here: LHIC - Carroll County	☐	✔	✔	✔	✔	✔	✔	✔	☐		
Maryland Department of Health	☐	✔	✔	✔	✔	✔	✔	✔	☐		
Maryland Department of Human Resources	✔	☐	☐	☐	☐	☐	☐	☐	☐		

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	✔									
Maryland Department of the Environment	✔									
Maryland Department of Transportation	✔									
Maryland Department of Education	✔									
Area Agency on Aging -- Please list the agencies here: Carroll County Bureau of Aging and Disabilities						✔	✔			
Local Govt. Organizations -- Please list the organizations here: Carroll County Commissioners; City of Taneytown						✔				
Faith-Based Organizations						✔	✔			
School - K-12 -- Please list the schools here: Carroll County Public Schools; Gerstell Academy						✔	✔			
School - Colleges and/or Universities -- Please list the schools here: McDaniel College; Carroll Community College		✔	✔	✔	✔	✔	✔	✔		
School of Public Health -- Please list the schools here:	✔									

Organization	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here: Behavioral Health Advisory Board	☐	☑	☐	☐	☑	☑	☑	☐	☐	
Social Service Organizations -- Please list the organizations here: Community Services Council, includes community nonprofits	☐	☐	☐	☐	☑	☑	☑	☐	☐	
Post-Acute Care Facilities -- please list the facilities here: Carroll Lutheran Village, Long View Healthcare Center; Right at Home	☐	☐	☐	☐	☑	☑	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here: PFLAG - Carroll County; NAACP - Carroll County	☐	☐	☐	☐	☑	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here: Department of Citizen Services	☐	☐	☐	☐	☑	☐	☐	☐	☐	

	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other -- If any other people or organizations were involved, please list them here: Access Carroll; Public Safety (EMS, fire, police)	☐	☐	☐	☐	☑	☑	☐	☐	☐	
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Q51. Section II - CHNA Part 3 - Follow-up

Q52. Has your hospital adopted an implementation strategy following its most recent CHNA, as required by the IRS?

◉ Yes
◯ No

Q53. Please enter the date on which the implementation strategy was approved by your hospital's governing body.

04/03/2018

Q54. Please provide a link to your hospital's CHNA implementation strategy.

http://www.healthycarroll.org/assessments-data/cb-hip/

Q55. Please explain why your hospital has not adopted an implementation strategy. Please include whether the hospital has a plan and/or a timeframe for an implementation strategy.

This question was not displayed to the respondent.

Q56. Please select the health needs identified in your most recent CHNA. Select all that apply even if a need was not addressed by a reported initiative.

- ☐ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health
- ☐ Arthritis, Osteoporosis, and Chronic Back Conditions
- ☑ Behavioral Health, including Mental Health and/or Substance Abuse
- ☑ Cancer
- ☐ Children's Health
- ☐ Chronic Kidney Disease
- ☐ Community Unity
- ☑ Dementias, Including Alzheimer's Disease
- ☑ Diabetes
- ☐ Disability and Health
- ☐ Educational and Community-Based Programs

- ☐ Environmental Health
- ☐ Family Planning
- ☐ Food Safety
- ☐ Global Health
- ☐ Health Communication and Health Information Technology
- ☐ Health Literacy
- ☑ Health-Related Quality of Life & Well-Being
- ☑ Heart Disease and Stroke
- ☐ HIV
- ☑ Immunization and Infectious Diseases
- ☑ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal & Infant Health
- ☑ Nutrition and Weight Status
- ☑ Older Adults

- ☑ Oral Health
- ☑ Physical Activity
- ☑ Respiratory Diseases
- ☑ Sexually Transmitted Diseases
- ☐ Sleep Health
- ☐ Telehealth
- ☑ Tobacco Use
- ☐ Violence Prevention
- ☐ Vision
- ☐ Wound Care
- ☐ Housing & Homelessness
- ☐ Transportation
- ☐ Unemployment & Poverty
- ☑ Other Social Determinants of Health
- ☐ Other (specify) [   ]

Q57. Please describe how the needs and priorities identified in your most recent CHNA compare with those identified in your previous CHNA.

The needs identified in the previous CHNA overlap considerably and are nearly identical with the exception of more specific needs identified in the 2018 CHNA around prescription drug abuse and the addition of sexually transmitted diseases. There are obvious cross-relationships among several of the priority needs identified. Behavioral health, diabetes, cancer, and heart health all emerged as prominent health problems and share many risk factors and contributing behaviors. We intend to integrate fitness, nutrition, blood pressure awareness, and cholesterol and glucose screenings into programming whenever possible.

Q58. (Optional) Please use the box below to provide any other information about your CHNA that you wish to share.

Q59. (Optional) Please attach any files containing information regarding your CHNA that you wish to share.

community-health-needs-assessment-for-carroll-county-executive-summary.pdf
228.5KB
application/pdf

Q60. Section III - CB Administration Part 1 - Participants

Q61. Please use the table below to tell us about how internal staff members were involved in your hospital's community benefit activities during the fiscal year.

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
CB/ Community Health/Population Health Director (facility level)	☐	☐	✔	✔	✔	☐	✔	✔	✔	☐	
CB/ Community Health/ Population Health Director (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (facility level)	☐	☐	☐	☐	✔	☐	☐	☐	☐	☐	
Senior Executives (CEO, CFO, VP, etc.) (system level)	☐	☐	✔	✔	✔	✔	✔	☐	☐	☐	
Board of Directors or Board Committee (facility level)	☐	☐	✔	☐	✔	☐	☐	☐	☐	☐	
Board of Directors or Board Committee (system level)	☐	☐	✔	☐	☐	☐	☐	☐	☐	☐	
Clinical Leadership (facility level)	☐	☐	✔	✔	✔	☐	✔	✔	✔	☐	

	N/A - Person or Organization was not Involved	N/A - Position or Department does not exist	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiativves	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Clinical Leadership (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Population Health Staff (facility level)	☐	☐	✔	✔	✔	☐	☐	✔	✔	☐	
Population Health Staff (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (facility level)	☐	☐	✔	✔	✔	☐	✔	✔	✔	☐	
Community Benefit staff (system level)	✔	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Physician(s)	☐	☐	✔	✔	✔	☐	✔	✔	✔	☐	
Nurse(s)	☐	☐	✔	✔	✔	☐	☐	✔	✔	☐	
Social Workers	☐	☐	✔	✔	✔	☐	☐	✔	✔	☐	
Community Benefit Task Force	☐	☐	✔	✔	✔	☐	☐	☐	✔	☐	
Hospital Advisory Board	☐	✔	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

| N/A - Person or Organization was not Involved | N/A - Position or Department does not exist | Selecting health needs that will be targeted | Selecting the initiatives that will be supported | Determining how to evaluate the impact of initiatives | Providing funding for CB activities | Allocating budgets for individual initiativves | Delivering CB initiatives | Evaluating the outcome of CB initiatives | Other (explain) | Other - If you selected "Other (explain)," please type your explanation below: |

Q62. Section III - CB Administration Part 1 - Participants (continued)

Q63. Please use the table below to tell us about the external participants involved in your hospital's community benefit activities during the fiscal year.

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here: LifeBridge Health Hospitals (Sinai, Northwest, Levindale)	☐	☐	☐	☐	☐	☐	☐	☐	☑	Discuss best practices and process improvement
Local Health Department -- Please list the Local Health Departments here: Carroll County Health Department	☐	☑	☑	☑	☑	☑	☑	☑	☐	
Local Health Improvement Coalition -- Please list the LHICs here: LHIC - Carroll County	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Maryland Department of Health	☐	☑	☑	☑	☐	☐	☑	☑	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Area Agency on Aging -- Please list the agencies here: Carroll County Bureau of Aging and Disabilities							✔	✔	✔	Collaborate on community benefit programs
Local Govt. Organizations -- Please list the organizations here: Carroll County Government					✔		✔			
Faith-Based Organizations									✔	Collaborate on community benefit programs
School - K-12 -- Please list the schools here: Carroll County Public Schools									✔	Collaborate on community benefit programs; education for CCPS staff
School - Colleges and/or Universities -- Please list the schools here: Carroll Community College; McDaniel College							✔		✔	Collaborate on community benefit programs
School of Public Health -- Please list the schools here:	✔									
School - Medical School -- Please list the schools here:	✔									
School - Nursing School -- Please list the schools here:	✔									
School - Dental School -- Please list the schools here:	✔									
School - Pharmacy School -- Please list the schools here:	✔									
Behavioral Health Organizations -- Please list the organizations here: Access Carroll; Behavioral Health Advisory Board		✔	✔	✔			✔	✔		

	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Social Service Organizations -- Please list the organizations here: Department of Citizen Services	☐	☐	☑	☐	☐	☐	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here: Carroll Lutheran Village; Right at Home; Long View Healthcare Center	☐	☐	☐	☐	☐	☐	☑	☐	☑	Collaborate on community benefit programs
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here:	☐	☐	☐	☐	☐	☐	☐	☐	☐	

_{Q64.} Section III - CB Administration Part 2 - Process & Governance

Q65. Does your hospital conduct an internal audit of the annual community benefit financial spreadsheet? Select all that apply.

- ☑ Yes, by the hospital's staff
- ☑ Yes, by the hospital system's staff
- ☐ Yes, by a third-party auditor
- ☐ No

Q66. Does your hospital conduct an internal audit of the community benefit narrative?

- ◉ Yes
- ○ No

Q67. Please describe the community benefit narrative audit process.

The Community Benefit Committee reviews the community benefit narrative

Q68. Does the hospital's board review and approve the annual community benefit financial spreadsheet?

- ◉ Yes
- ○ No

Q69. Please explain:

This question was not displayed to the respondent.

Q70. Does the hospital's board review and approve the annual community benefit narrative report?

- ● Yes
- ○ No

Q71. Please explain:

This question was not displayed to the respondent.

Q72. Does your hospital include community benefit planning and investments in its internal strategic plan?

- ● Yes
- ○ No

Q73. Please describe how community benefit planning and investments are included in your hospital's internal strategic plan.

> The Carroll Hospital Board of Directors and senior leadership used results from the 2012 CHNA to inform the hospital's strategic plan, Vision 2020. With each subsequent CHNA, the hospital revises the strategic plan to ensure that the top identified needs —diabetes, heart health, cancer and behavioral health — were considered when determining strategies for service lines, facility planning and medical staff development. An example is the continued growth of our community health navigation services, free programs to help individuals better manage their chronic health conditions, including outpatient palliative care services and medication management. For more details on the hospital's strategic plan visit: http://www.carrollhospitalcenter.org/vision2020

Q74. (Optional) If available, please provide a link to your hospital's strategic plan.

> http://www.carrollhospitalcenter.org/vision2020

Q75. (Optional) Is there any other information about your hospital's community benefit administration and external collaboration that you would like to provide?

> The hospital has enjoyed a longstanding close relationship with the Carroll County Health Department, which resulted in the establishment of The Partnership for a Healthier Carroll County nearly 20 years ago, and the development of Access Carroll in 2005. Our Community Benefit Committee has representatives from the Carroll County Health Department, Access Carroll and The Partnership to ensure coordination of efforts and alignment with the LHIP and SHIP efforts.

Q76. (Optional) Please attach any files containing information regarding your hospital's community benefit administration and external collaboration.

Q77. Based on the implementation strategy developed through the CHNA process, please describe *three* ongoing, multi-year programs and initiatives undertaken by your hospital to address community health needs during the fiscal year.

Q78. Section IV - CB Initiatives Part 1 - Initiative 1

Q79. Name of initiative.

> Behavioral Health

Q80. Does this initiative address a community health need that was identified in your most recently completed CHNA?

- ● Yes
- ○ No

Q81. In your most recently completed CHNA, the following community health needs were identified:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke,

Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☑ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☐ Disability and Health	☑ Tobacco Use
☐ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☐ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q82. When did this initiative begin?

2005 for Primary Care Services and 2015 for Behavioral Health Services

Q83. Does this initiative have an anticipated end date?

○ No, the initiative has no anticipated end date.

○ The initiative will end on a specific end date. Please specify the date. [_____]

◉ The initiative will end when a community or population health measure reaches a target value. Please describe.

> The initiative will end if there is no longer a need for medical care for low income, at-risk population.

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○

The initiative will end when a contract or agreement with a partner expires. Please explain.

○ Other. Please explain.

Q84. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Low-income residents of Carroll County who need primary care, dental care, behavioral health services

Q85. Enter the estimated number of people this initiative targets.

8,421

Q86. How many people did this initiative reach during the fiscal year?

9,796

Q87. What category(ies) of intervention best fits this initiative? Select all that apply.

☑ Chronic condition-based intervention: treatment intervention

☑ Chronic condition-based intervention: prevention intervention

☑ Acute condition-based intervention: treatment intervention

☑ Acute condition-based intervention: prevention intervention

☐ Condition-agnostic treatment intervention

☑ Social determinants of health intervention

☐ Community engagement intervention

☐ Other. Please specify.

Q88. Did you work with other individuals, groups, or organizations to deliver this initiative?

◉ Yes. Please describe who was involved in this initiative.

Access Carroll
Carroll County Health Department

○ No.

Q89. Please describe the primary objective of the initiative.

To provide primary care, dental and behavioral health services to low-income residents of Carroll County. To reduce number of emergency department visits related to mental health and addictions-related conditions.

Q90. Please describe how the initiative is delivered.

Access Carroll – A Patient-Centered and Integrated Health Care Home for Low-Income Residents of Carroll County, Maryland Primary medical care, dental and behavioral health services are provided by volunteer physicians, nurses and other medical professionals. By removing traditional barriers to quality health care, Access Carroll strives to help patients maintain good health and learn to manage any acute or chronic illnesses.

Q91. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☑ Count of participants/encounters 9,796 individuals served
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☐ Surveys of participants
- ☐ Biophysical health indicators
- ☐ Assessment of environmental change
- ☐ Impact on policy change
- ☑ Effects on healthcare utilization or cost
- ☐ Assessment of workforce development
- ☐ Other

Q92. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

FISCAL YEAR 2019 Medical Encounters = 6,594 (New Patients: 420) Behavioral Health Encounters = 6,991 (New patients: 354) Dental Encounters = 3,614 (New Patients: 532) Individuals Served: 9,796 Care Coordination/ Navigation individuals served = 1,123 Care Coordination Services include: * Specialty Care Referrals (Specialists, High End Diagnostics, Surgeries) * SSI/SSDI Applications * Homelessness Services (SOAR) * Individualized Case Management Sessions - "Bills and Pills" Case Management * Public Assistance Applications - including MA, SNAP, SAIL, Housing, Food * Transportation Services TOTAL Encounters = 17,119 Carroll Hospital referred 1,113 "self-pay" patients to Access Carroll for primary care follow-up after an emergency department visit to connect them with insurance and follow-up care.

Q93. Please describe how the outcome(s) of the initiative addresses community health needs.

Access Carroll's patient encounters have continued to grow each year for medical, behavioral and dental services. It is a vital community resource and continues to help many individuals receive high quality health care, as well as care coordination.

Q94. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

Access Carroll staff, 24/7 behavioral health services, medical and dental care, hospital resources, etc.:$1,256,101 Free Diagnostic & Lab Services for Access Carroll Patients: $100,682 Total: $1,356,783

Q95. (Optional) Supplemental information for this initiative.

Q96. Section IV - CB Initiatives Part 2 - Initiative 2

Q97. Name of initiative.

Diabetes

Q98. Does this initiative address a need identified in your most recently completed CHNA?

- ◉ Yes
- ○ No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

☐ Access to Health Services: Health Insurance	☐ Heart Disease and Stroke
☐ Access to Health Services: Practicing PCPs	☐ HIV
☐ Access to Health Services: Regular PCP Visits	☐ Immunization and Infectious Diseases
☐ Access to Health Services: ED Wait Times	☐ Injury Prevention
☐ Access to Health Services: Outpatient Services	☐ Lesbian, Gay, Bisexual, and Transgender Health
☐ Adolescent Health	☐ Maternal and Infant Health
☐ Arthritis, Osteoporosis, and Chronic Back Conditions	☐ Nutrition and Weight Status
☐ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☐ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☐ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☑ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☐ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q100. When did this initiative begin?

> Ongoing - we have provided diabetes education for many years. The glucose screening for community began in FY 18

Q101. Does this initiative have an anticipated end date?

○ No, the initiative does not have an anticipated end date.

○ The initiative will end on a specific end date. Please specify the date. [_____]

◉ The initiative will end when a community or population health measure reaches a target value. Please describe.

> When there is no longer a need for
> pre-diabetes and diabetes education.
> When diabetes is not an issue for our
> community members.

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

> [_____]

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

> [_____]

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

> [_____]

○

Other. Please explain.

Q102. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

People with a diagnosis of diabetes, people who are unaware they have diabetes, people at risk for developing diabetes.

Q103. Enter the estimated number of people this initiative targets.

16,169

Q104. How many people did this initiative reach during the fiscal year?

155

Q105. What category(ies) of intervention best fits this initiative? Select all that apply.

- ☐ Chronic condition-based intervention: treatment intervention
- ☑ Chronic condition-based intervention: prevention intervention
- ☐ Acute condition-based intervention: treatment intervention
- ☐ Acute condition-based intervention: prevention intervention
- ☐ Condition-agnostic treatment intervention
- ☐ Social determinants of health intervention
- ☑ Community engagement intervention
- ☐ Other. Please specify.

Q106. Did you work with other individuals, groups, or organizations to deliver this initiative?

- ⦿ Yes. Please describe who was involved in this initiative.

  Carroll County Bureau of Aging and Disabilities

- ○ No.

Q107. Please describe the primary objective of the initiative.

To promote awareness of prediabetes and diabetes prevalence.

Q108. Please describe how the initiative is delivered.

The Diabetes Program started a Health Awareness Testing program licensed through DHMH. In FY18, we offered 8 screenings and tested glucose levels of 155 community members.

Q109. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- ☑ Count of participants/encounters `155`
- ☐ Other process/implementation measures (e.g. number of items distributed) [____]
- ☐ Surveys of participants [____]
- ☐ Biophysical health indicators [____]
- ☐ Assessment of environmental change [____]
- ☐ Impact on policy change [____]
- ☐ Effects on healthcare utilization or cost [____]
- ☐ Assessment of workforce development [____]
- ☐ Other [____]

Q110. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

> Increased awareness of risk factors for diabetes and understanding of pre-diabetes for individuals participating in glucose screening

Q111. Please describe how the outcome(s) of the initiative addresses community health needs.

> 10.5% of adults have diabetes (2017) MD BRFSS 17.8 per 100,000 age-adjusted diabetes mortality rate (2017) Maryland Vital Statistics 129.4 emergency department visit rate due to diabetes (2014) MHCRC

Q112. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> $6,500

Q113. (Optional) Supplemental information for this initiative.

Q114. ## Section IV - CB Initiatives Part 3 - Initiative 3

Q115. Name of initiative.

> Heart Health

Q116. Does this initiative address a need identified in your most recently completed CHNA?

- ◉ Yes
- ○ No

Q117. In your most recently completed CHNA, the following community health needs were identified:
Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Other Social Determinants of Health
Other:

Using the checkboxes below, select the needs that appear in the list above that were addressed by this initiative.

- ☐ Access to Health Services: Health Insurance
- ☐ Access to Health Services: Practicing PCPs
- ☐ Access to Health Services: Regular PCP Visits
- ☐ Access to Health Services: ED Wait Times
- ☐ Access to Health Services: Outpatient Services
- ☐ Adolescent Health

- ☑ Heart Disease and Stroke
- ☐ HIV
- ☐ Immunization and Infectious Diseases
- ☐ Injury Prevention
- ☐ Lesbian, Gay, Bisexual, and Transgender Health
- ☐ Maternal and Infant Health

☐ Arthritis, Osteoporosis, and Chronic Back Conditions   ☐ Nutrition and Weight Status

☐ Behavioral Health, including Mental Health and/or Substance Abuse   ☐ Older Adults

☐ Cancer   ☐ Oral Health

☐ Children's Health   ☐ Physical Activity

☐ Chronic Kidney Disease   ☐ Respiratory Diseases

☐ Community Unity   ☐ Sexually Transmitted Diseases

☐ Dementias, including Alzheimer's Disease   ☐ Sleep Health

☐ Diabetes   ☐ Telehealth

☐ Disability and Health   ☐ Tobacco Use

☐ Educational and Community-Based Programs   ☐ Violence Prevention

☐ Environmental Health   ☐ Vision

☐ Family Planning   ☐ Wound Care

☐ Food Safety   ☐ Housing & Homelessness

☐ Global Health   ☐ Transportation

☐ Health Communication and Health Information Technology   ☐ Unemployment & Poverty

☐ Health Literacy   ☐ Other Social Determinants of Health

☐ Health-Related Quality of Life & Well-Being   ☐ Other (specify) [_____]

Q118. When did this initiative begin?

Ongoing for many years

Q119. Does this initiative have an anticipated end date?

○ No, the initiative does not have an anticipated end date.

○ The initiative will end on a specific end date. Please specify the date. [_____]

◉ The initiative will end when a community or population health measure reaches a target value. Please describe.

```
When we no longer have an issue of
heart disease in our
community
```

○ The initiative will end when a clinical measure in the hospital reaches a target value. Please describe.

○ The initiative will end when external grant money to support the initiative runs out. Please explain.

○ The initiative will end when a contract or agreement with a partner expires. Please explain.

○ Other. Please explain.

Q120. Please describe the population this initiative targets (e.g. diagnosis, age, insurance status, etc.).

Individuals with high blood pressure that may or may not be controlled with medication.

Q121. Enter the estimated number of people this initiative targets.

63,834

Q122. How many people did this initiative reach during the fiscal year?

1,692

Q123. What category(ies) of intervention best fits this initiative? Select all that apply.

- [ ] Chronic condition-based intervention: treatment intervention
- [x] Chronic condition-based intervention: prevention intervention
- [ ] Acute condition-based intervention: treatment intervention
- [ ] Acute condition-based intervention: prevention intervention
- [ ] Condition-agnostic treatment intervention
- [ ] Social determinants of health intervention
- [x] Community engagement intervention
- [ ] Other. Please specify.

Q124. Did you work with other individuals, groups, or organizations to deliver this initiative?

- (•) Yes. Please describe who was involved in this initiative.

  Community physicians
  Carroll County Bureau of Aging and
  Disabilities
  The Partnership for a Healthier
  Carroll County
  Y in Central MD Hill Family Center
  Independent and Assisted Living
  Communities

- ( ) No.

Q125. Please describe the primary objective of the initiative.

To reduce the percentage of adults with high blood pressure To reduce the age adjusted death rate due to heart disease

Q126. Please describe how the initiative is delivered.

Heart Health Community Education & Screenings: Carroll Hospital has been focused for many years on educating the community about heart health, including hypertension, risk factors for heart disease, signs of a heart attack and more. This was accomplished through presentations, community education, blood pressure screenings, articles, newspaper ads and social media posts.

Q127. Based on what kind of evidence is the success or effectiveness of this initiative evaluated? Explain all that apply.

- [x] Count of participants/encounters | 1,692 blood pressure screening encounters; 3,000 reached by heart health education advertising and social media promotion
- [ ] Other process/implementation measures (e.g. number of items distributed)
- [ ] Surveys of participants
- [ ] Biophysical health indicators
- [ ] Assessment of environmental change
- [ ] Impact on policy change
- [ ] Effects on healthcare utilization or cost

☐ Assessment of workforce development [_____]

☐ Other [_____]

Q128. Please describe any observed outcome(s) of the initiative (i.e., not *intended* outcomes).

> In 2018, Heart disease death rate per 100,000 population is 172.9 (2018 MD Vital Statistics) and has been declining slightly each year from 2015 when it was 184.2 (2015 MD Vital Statistics). % of adults with high blood pressure is 39.7% (2017 MD BRFSS) This data point does not tell us if their high blood pressure is managed with medication.

Q129. Please describe how the outcome(s) of the initiative addresses community health needs.

> Individuals are educated on the importance of controlling high blood pressure, risk factors and prevention of heart disease and signs of a heart attack.

Q130. What was the total cost to the hospital of this initiative in FY 2018? Please list hospital funds and grant funds separately.

> FY 19 Approx. $30,000

Q131. (Optional) Supplemental information for this initiative.

Q132. Section IV - CB Initiatives Part 4 - Other Initiative Info

Q133. Additional information about initiatives.

Q134. (Optional) If you wish, you may upload a document describing your community benefit initiatives in more detail, or provide descriptions of additional initiatives your hospital undertook during the fiscal year. These need not be multi-year, ongoing initiatives.

community-benefit-plan-2019-2021.pdf
2.5MB
application/pdf

Q135. Were all the needs identified in your most recently completed CHNA addressed by an initiative of your hospital?

○ Yes
◉ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
**Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Dementias, Including Alzheimer's Disease, Diabetes, Health-Related Quality of Life & Well-Being, Heart Disease and Stroke, Immunization and Infectious Diseases, Injury Prevention, Nutrition and Weight Status, Older Adults, Oral Health, Physical Activity, Respiratory Diseases, Sexually Transmitted Diseases, Tobacco Use, Other Social Determinants of Health
Other:**

Using the checkboxes below, select the needs that appear in the list above that were NOT addressed by your community benefit initiatives.

☐ Access to Health Services: Health Insurance   ☐ Heart Disease and Stroke

☐ Access to Health Services: Practicing PCPs   ☐ HIV

☐ Access to Health Services: Regular PCP Visits   ☑ Immunization and Infectious Diseases

☐ Access to Health Services: ED Wait Times   ☐ Injury Prevention

☐ Access to Health Services: Outpatient Services   ☐ Lesbian, Gay, Bisexual, and Transgender Health

☐ Adolescent Health   ☐ Maternal and Infant Health

☐ Arthritis, Osteoporosis, and Chronic Back Conditions   ☐ Nutrition and Weight Status

☐ Behavioral Health, including Mental Health and/or Substance Abuse	☐ Older Adults
☐ Cancer	☑ Oral Health
☐ Children's Health	☐ Physical Activity
☐ Chronic Kidney Disease	☐ Respiratory Diseases
☐ Community Unity	☑ Sexually Transmitted Diseases
☐ Dementias, including Alzheimer's Disease	☐ Sleep Health
☐ Diabetes	☐ Telehealth
☐ Disability and Health	☐ Tobacco Use
☐ Educational and Community-Based Programs	☐ Violence Prevention
☐ Environmental Health	☐ Vision
☐ Family Planning	☐ Wound Care
☐ Food Safety	☐ Housing & Homelessness
☐ Global Health	☐ Transportation
☐ Health Communication and Health Information Technology	☐ Unemployment & Poverty
☐ Health Literacy	☐ Other Social Determinants of Health
☐ Health-Related Quality of Life & Well-Being	☐ Other (specify) [_____]

Q137. Why were these needs unaddressed?

> These are needs that are being addressed by community partners like the Carroll County Health Department, for example.

Q138. Do any of the hospital's community benefit operations/activities align with the State Health Improvement Process (SHIP)? Specifically, do any activities or initiatives correspond to a SHIP measure within the following categories?

See the SHIP website for more information and a list of the measures:
https://pophealth.health.maryland.gov/Pages/SHIP-Lite-Home.aspx

	Select Yes or No	
	Yes	No
Healthy Beginnings - includes measures such as babies with low birth weight, early prenatal care, and teen birth rate	○	○
Healthy Living - includes measures such as adolescents who use tobacco products and life expectancy	○	○
Healthy Communities - includes measures such as domestic violence and suicide rate	○	○
Access to Health Care - includes measures such as adolescents who received a wellness checkup in the last year and persons with a usual primary care provider	◉	○
Quality Preventive Care - includes measures such as annual season influenza vaccinations and emergency department visit rate due to asthma	◉	○

Q139. (Optional) Did your hospital's initiatives in FY 2018 address other, non-SHIP, state health goals? If so, tell us about them below.

Q140. ## Section V - Physician Gaps & Subsidies

Q141. As required under HG §19-303, please select all of the gaps in physician availability in your hospital's CBSA. Select all that apply.

- ☐ No gaps
- ☐ Primary care
- ☑ Mental health
- ☐ Substance abuse/detoxification
- ☐ Internal medicine
- ☐ Dermatology
- ☐ Dental
- ☑ Neurosurgery/neurology

☐ General surgery

☐ Orthopedic specialties

☐ Obstetrics

☐ Otolaryngology

☐ Other. Please specify. [_____]

Q142. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the category of subsidy, and explain why the services would not otherwise be available to meet patient demand.

Hospital-Based Physicians	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs. In FY19, more than $9.5 million was spent to ensure care for all patients and recruiting and retaining physicians.
Non-Resident House Staff and Hospitalists	Physician subsidies have become necessary to ensure that all patients requiring anesthesia, pediatric, obstetric, psychiatric, critical care and general medical care have the access they need once admitted to the hospital, including 24/7 coverage. Carroll Hospital has hospitalist programs in each of these areas and allocates a significant amount of resources to sustain the programs. In FY19, more than $9.5 million was spent to ensure care for all patients and recruiting and retaining physicians.
Coverage of Emergency Department Call	To help ease the effects of uncompensated care on physicians and address the gap in care for our patients, Carroll Hospital has continued two major costly initiatives to address the gap proactively. First, the hospital contracts with 10 medical specialties to ensure 24/7 coverage in the ED. Implemented in 2006, those specialties include neurosurgery; general, plastic, vascular and oral surgery; orthopaedics; urology; podiatry; ophthalmology and ENT. While payment for ED call may help with the gaps in coverage for the uninsured, it bears a significant financial toll on the hospital. The expense to pay physicians for ED call totaled $1,449,549 in FY 19.
Physician Provision of Financial Assistance	Hospital-employed physicians are required to see medically underserved, uninsured, Medicare and Medicaid patients.
Physician Recruitment to Meet Community Need	To ensure our community has access to quality physicians, Carroll Hospital continually monitors statistically calculated need in our medical service area by developing a comprehensive medical staff development plan. The report includes both an analysis of the hospital's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties. The physician needs assessment methodology used is based on a qualitative standard established by the Internal Revenue Service (IRS). The report guides the hospital's recruiting strategy, helps us to prioritize recruiting efforts and allows the hospital to place contingencies on recruited physicians to ensure they see medically underserved, uninsured, Medicare and Medicaid patients. Recruitment priorities for FY 19 included primary care, cardiology, psychiatry, surgery and neurology.
Other (provide detail of any subsidy not listed above)	Another ongoing significant undertaking in the hospital's mission to continue to provide for at-risk and low income residents of Carroll County. Carroll Hospital contributed $1,256,101to Access Carroll in FY 19 to fund staff and operations of Access Carroll's primary, dental and behavioral health services. The hospital also provides laboratory and diagnostic imaging services to Access Carroll, captured under Charity Care, which totaled $100,682 in FY 19. This practice hopefully will continue to ease the use of the ED as a source of primary care for the uninsured and ensure they have access to health and dental care when they need it, so that health conditions do not worsen due to their inability to pay for services.
Other (provide detail of any subsidy not listed above)	[_____]
Other (provide detail of any subsidy not listed above)	[_____]

Q143. (Optional) Is there any other information about physician gaps that you would like to provide?

[   ]

Q144. (Optional) Please attach any files containing further information regarding physician gaps at your hospital.

*Q145.* Section VI - Financial Assistance Policy (FAP)

Q146. Upload a copy of your hospital's financial assistance policy.

FinancialAssistance_16550_2.pdf
228.6KB
application/pdf

Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

Financial Assistance Policy Plain Language Summary.pdf
111.5KB
application/pdf

Q148. Maryland hospitals are required under COMAR 10.37.10.26 (A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.

	100	150	200	250	300	350	400	450	500	
Percentage of Federal Poverty Level										300
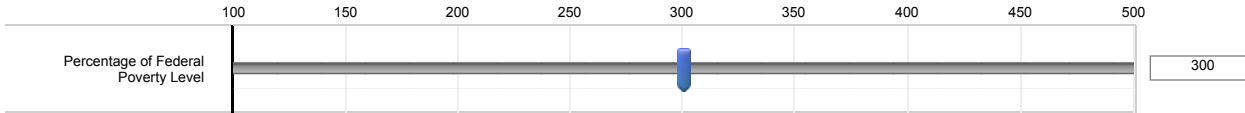
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care.

	200	250	300	350	400	450	500	
Lowest FPL								300
Highest FPL								375
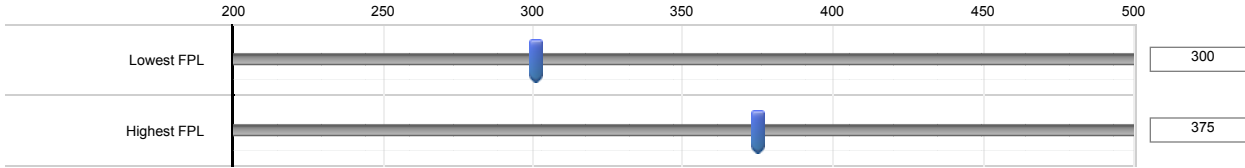
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	100	200	300	400	500	600	700	
Lowest FPL								300
Highest FPL								500

Q151. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	0	10	20	30	40	50	60	70	80	90	100	
Debt as Percentage of Income												25
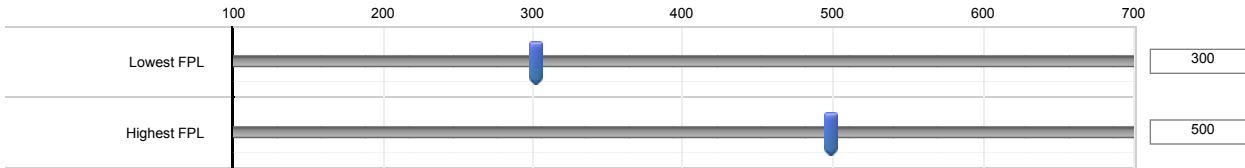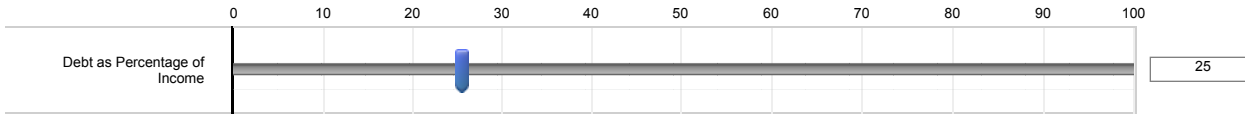
Q152. Has your FAP changed within the last year? If so, please describe the change.

⦿ No, the FAP has not changed.

◯ Yes, the FAP has changed. Please describe: [   ]

Q153. (Optional) Is there any other information about your hospital's FAP that you would like to provide?

[   ]

Q154. (Optional) Please attach any files containing further information about your hospital's FAP.

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

You have reached the end of the questions, but you are not quite finished. Your narrative has not yet been fully submitted. Once you proceed to the next screen using the right arrow button below, you cannot go backward. You cannot change any of your answers if you proceed beyond this screen.

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

Once you are fully confident that your answers are final, return to this screen then click the right arrow button below to officially submit your narrative.

Location Data

Location: (39.569305419922, -76.98690032959)

Source: GeoIP Estimation
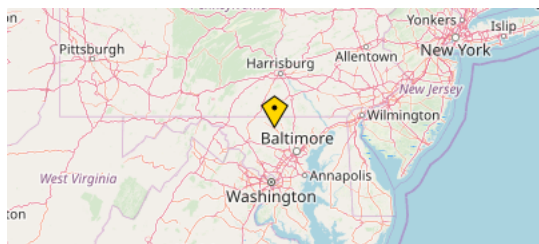
Hello:

Thank you for following up. Please see my responses below.

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Sent: Monday, March 2, 2020 9:47 AM
To: Selena Mowery <SBrewer@lifebridgehealth.org>
Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>
Subject: Clarification Required - UM Capitol Region FY 19 CB Narrative

LBH SECURITY ALERT: This email is from an external source. Do not click on any links or open attachments unless you recognize the sender and know the content is safe. Never provide your username or password.

Thank you for submitting Carroll Hospital Center's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In response to Question 53 on page 10 of the attached, you indicate that the CHNA implementation strategy was approved on 4/3/2018. In response to Question 43 on page 4, you indicate that the most recent CHNA was completed on 5/9/2018. Please clarify whether these dates are correct and that the implementation strategy applies to the most recent CHNA. Both dates are correct and are the most recent CHNA. The 4/3 date is when it was approved by the board. The 5/9 date is when it was posted publicly.
- In response to Question 91 on page 18, you indicate that "effects on healthcare utilization or cost" was a type of evidence used to determine effectiveness of the initiative. However, you did not provide further explanation. Please provide an example of a measure that was used to determine success. An example would be decrease in visits to emergency room by at risk patients who use Access Carroll services.
- In response to Question 138 on page 26, three categories are left blank. Did you intend to select "No" for "Healthy Beginnings," "Healthy Living," and "Healthy Communities?" I intended to select no for the three that are blank.

Please provide your clarifying answers as a response to this message. Thank you for your attention to this matter.