

COMMUNITY BENEFIT NARRATIVE REPORT

FISCAL YEAR 2009

Holy Cross Hospital
1500 Forest Glen Rd
Silver Spring, MD 20910

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BACKGROUND

The Health Services Cost Review Commission’s (HSCRC or Commission) 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’s response to the legislation was to establish a reporting system for hospitals to report their community benefits activities. The guidelines and inventory spreadsheet rely in large part on the VHA, CHA, and Lyon software community benefits reporting experience, which was then tailored to fit Maryland’s unique regulated environment. The narrative requirement is intended to strengthen and supplement the qualitative and quantitative information that hospitals have reported in the past. The narrative is focused on (1) how hospitals determined the needs of the communities they serve, (2) initiatives undertaken to address those needs, and (3) evaluations undertaken regarding the effectiveness of the initiatives.

Narrative Report:

1. What is the licensed bed designation and number of inpatient admissions for this fiscal year at your facility?

During fiscal year 2009 there were 454 licensed beds and 32,022 inpatient admissions.

2. Describe the community your organization serves. The narrative should address the following topics: (The items below are based on *IRS Schedule H, Part VI, Question 4*).

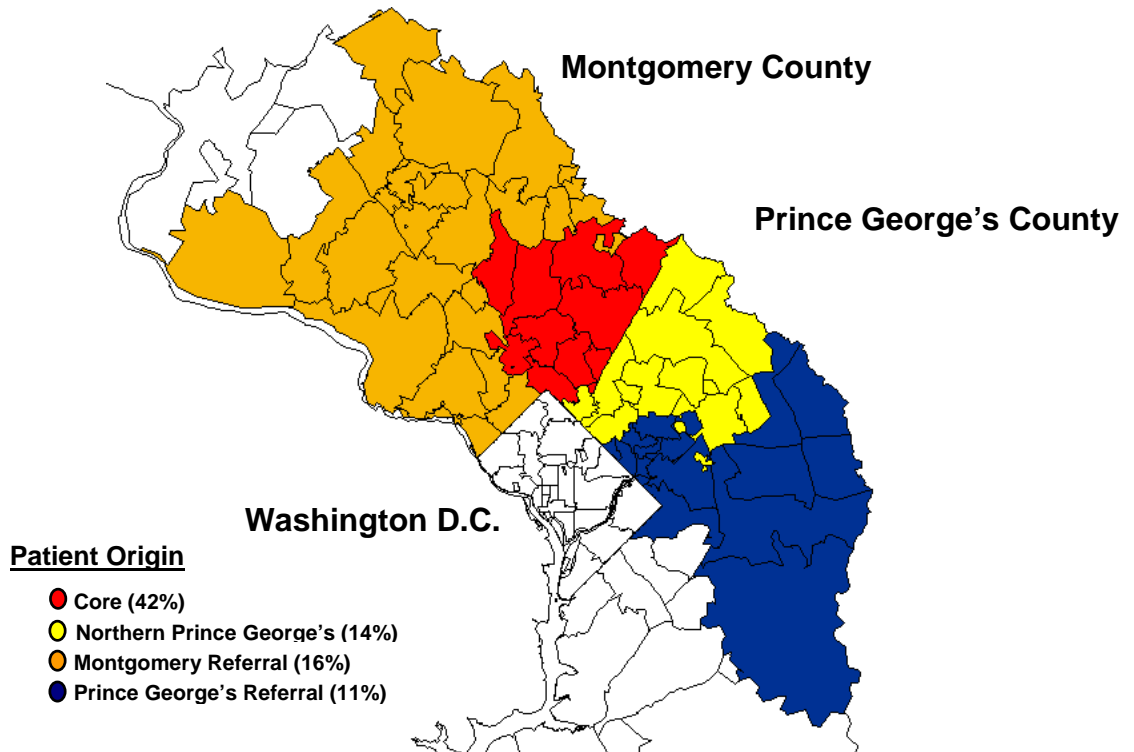
- Describe the geographic community or communities the organization serves;

Holy Cross Hospital primarily serves the residents of two racially and ethnically diverse Maryland counties, Montgomery County and Prince George’s County, for a combined total population of approximately 1.8 million (U.S. Census Bureau, 2008 projections). Holy Cross Hospital identifies specific target populations within these counties based on identified critical need revealed through analysis of the social

<u>Race</u>	<u>Montgomery County</u>	<u>Prince George’s County</u>
White-Non-Hispanic	507,035 (54.8%)	156,852 (18.8%)
Black Non-Hispanic	146,141 (15.8%)	530,193 (63.6%)
Asian	119,886 (13.0%)	32,593 (3.9%)
Hispanic or Latino (any race)	129,812 (14.0%)	94,476 (11.3%)
All Others	22,845 (2.5%)	19,748 (2.4%)
(U.S. Census Bureau, 2005-2007 American Community Survey)		

health determinants of the geographical areas served. Within these counties, in our primary service area, we target populations based on ZIP Codes or on the basis of the needs of specific population groups (e.g., seniors; pregnant women without health insurance; uninsured adults; uninsured women who need mammograms; racial, ethnic and linguistic minorities). Within each ZIP code, we analyze aggregated data to assess the barriers to health care and the contribution to health disparities of indicators for income, education, culture/language, insurance and housing status.

While we draw patients from both Montgomery and Prince George's Counties, we draw 83 percent of our discharges from a defined market area with four sub-areas. Our core market is defined as 11 contiguous ZIP Codes in Montgomery County from which we draw 42 percent of our discharges. An adjacent geographic area in Northern Prince George's Counties adds another 14 percent of our discharges. Together, these comprise our primary service area for 56 percent of our discharges. Our secondary service area is made up of two other areas, in northern and western Montgomery County (referral area) and southern Prince George's county (referral area). We draw the remaining 17 percent of our discharges from outside this four-market area.



Describe significant demographic characteristics that are relevant to the needs that the hospital seeks to meet (e.g., population, average income, percentages of community households with incomes below the federal poverty guidelines, percentage of the hospital's patients who are uninsured or Medicaid recipients, [concentrations of vulnerable populations] and life expectancy or mortality rates);

Holy Cross Hospital serves a large portion of Montgomery and Prince George's residents. An estimated 1.8 million people make up the total population of both counties, of which 62% are minorities. Demographic analysis reveals that areas close to Holy Cross Hospital have a large number of persons who are poor, of childbearing age, elderly, racially and ethnically diverse, and limited English speaking.

The highest population density in our area is concentrated near our hospital, especially on the southern border between Montgomery and Prince George's Counties and in Gaithersburg. Areas to the immediate south and east of Holy Cross Hospital have the lowest median income in the area, and Silver Spring and Gaithersburg are next. Areas in Silver Spring and Gaithersburg have the highest percentages of residents who speak English less than very well.

For many health conditions, minorities, especially non-Hispanic blacks, bear a disproportionate burden of disease, injury, death, and disability when compared to their white counterparts (CDC, 2005) and are more likely to be without health insurance than non-Hispanic whites. Minorities also make up a disproportionate number of persons unable to afford health care when needed (Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities, 2006).

Holy Cross Hospital strives to improve health by stewarding its resources to care for the poor and underserved residents of our communities. To meet the needs of our diverse communities, Holy Cross Hospital provides health screenings, health and wellness education, chronic disease management and prevention programs, fitness classes, and support groups to the broader community with a concentrated focus on eliminating health disparities in Montgomery and Prince George's Counties. The Holy Cross Hospital Community Health department continuously develops, implements and evaluates outreach programs and activities that promote health education, chronic disease management, prevention and wellness to support key health issues based on community need and requests for programming.

Despite its relative affluence, Montgomery and Prince George's Counties are home to an estimated 250,000 uninsured adults (SAHIE, 2006). The Holy Cross Hospital financial assistance policy provides systematic and equitable clinical services to those who have medical need and lack adequate resources to pay for services. In FY09, Holy Cross Hospital provided \$12.4 million in financial assistance. Individuals who are uninsured are

able to obtain primary health care services at two Holy Cross Hospital health centers located in Silver Spring and Gaithersburg, Maryland. The health centers provide a convenient option for uninsured residents in need of high quality, discounted medical care. In FY10, financial assistance and utilization of both health centers is expected to rise due to the current downturn in the economy and its effect on individuals finding themselves uninsured, possibly for the first time. We plan to open a third health center in Wheaton/Aspen Hill in FY10.

As the senior population increases in Montgomery and Prince George's Counties, the need for senior health services also increases. It is estimated that by the year 2030 the 60+ population in Montgomery and Prince George's Counties will increase by 142% (316,495) and 162% (236,973), respectively (Maryland Department of Planning Population Projections, 2008). The two counties also have the second and third highest percentage of senior minorities in the state with 24.4 percent residing in Prince George's County and 15.7 percent in Montgomery County.

The change in population demographics has prompted Holy Cross Hospital to create an environment that will meet the changing needs of the senior population. In November 2009, the Seniors Emergency Center opened its doors and Holy Cross Hospital became the first hospital in the nation to create an emergency room specifically tailored to serve a growing senior population. The six-bay Holy Cross Hospital Seniors Emergency Center is a separate, enclosed area of the main Emergency Center and provides safe, efficient emergency services designed to meet the complex needs of non-acute elderly patients and those who care for them.

Holy Cross Hospital's community benefit plan articulates overarching strategic objectives and annual initiatives to meet identified, unmet community health care needs. The hospital uses needs assessments, external review boards, population demographics and newly emerging health care needs to develop programs and initiatives that promote access and improve the health status of the community. Analysis of available demographic data such as is described here informs our decision-making.

3. Identification of Community Needs:

- a. Describe the process(s) your hospital used for identifying the health needs in your community, including when it was most recently done (*based on IRS Schedule H, Part IV, Question 2*).

The following are examples of how community health needs might have been identified:

- Used formal needs assessment developed by the state or local health department. If so, indicate the most recent year;
- Formal needs assessment was done by the hospital. If so, indicate the most recent year and the methods used;
- Did formal collaborative needs assessment involving the hospital. If so, indicate the most recent year, the collaborating organizations, and methods used;
- Analyzed utilization patterns in the hospital to identify unmet needs;
- Surveyed community residents, and if so, indicate the date of the survey;
- Used data or statistics compiled by county, state, or federal government;
- Consulted with leaders, community members, nonprofit organizations, local health officers, or local health care providers (indicate who was consulted, when, and how many meetings occurred, etc.);

Holy Cross Hospital identifies unmet community health needs by participating in community coalitions, partnerships, boards, committees, commissions, advisory groups, and panels. On a quarterly basis, the hospital analyzes internal patient surveys and publicly available data on the market including demographics and health services utilization. Local needs assessments and reports, such as the latest Montgomery County Department of Health and Human Services Strategic Plan 2006-2011 and the Community Needs Index developed by Catholic Healthcare West and the Healthcare Business of Thomson Reuters, are used as they became available to determine the types and locations of community benefit programs implemented.

Using the Community Needs Index, Holy Cross Hospital gathers vital socio-economic and demographic factors to support internal decision-making for resource allocation and to determine the geographic location of new programs to meet emerging needs. For each ZIP Code, the Community Needs Index methodology aggregates five socioeconomic indicators/barriers to healthcare access that are known to contribute to health disparity. The indicators are related to income (percentage of households over age 65 below poverty line; percentage of families with children under 18 below poverty line; percentage of single female families with children under 18 below poverty line), education (percentage of population over 25 without a high school diploma), culture (percentage of population that is minority including Hispanic/Latino ethnicity; percentage of population over age 5 that speaks English poorly or not at all), insurance (percentage of population in the labor force, aged 16 or more, without employment; percentage of population without health insurance), and housing (percentage of households renting their home).

For example, during fiscal 2009, we used this Community Needs Index methodology to locate our second primary care health center for uninsured adults in the second most needy ZIP code in Montgomery County. The opening of this second health center was the most significant addition to Holy Cross Hospital's community benefit activities during fiscal 2009, a year of the greatest economic downturn in decades, and the use of the Community Needs Index methodology helped us to meet the most pressing needs.

During FY09, in addition to the continued use of the Montgomery County Department of Health and Human Services Strategic Plan 2006-2011, we also use a range of other available needs assessments to identify and respond to local needs, some of which became available in fiscal 2009 and some of which were used as references, including:

- Blueprint for Latino Health in Montgomery County Maryland, 2008-2012
- Asian American Health Priorities, A Study of Montgomery County, MD, Strengths, Needs, and Opportunities for Action, 2008
- African American Health Program Strategic Plan Toward Health Equity, 2009-2014
- Fetal/Infant Mortality Review & Community Action Team FY2009 Annual Update
- Montgomery County Local Public Health Assessment Performance Assessment, Summary Report of Findings, 2009
- Montgomery County Commission on Aging Annual Report 2008
- Chair's Report, Public Health Services, to the Montgomery County Commission on Health
- Latino Health Initiative Annual Report, Educating, Mobilizing and Empowering our Latino Community, Fiscal Year 2007
- The Children's Agenda 2007 Data Book, Montgomery County Collaboration Council for Children, Youth and Families
- Partnering Toward a Healthier Future 2007 Progress Report, Eliminating Health Disparities in Frederick, Montgomery and Prince George's Counties in Maryland, Center on Health Disparities, Adventist Health Care
- The Maryland Comprehensive Cancer Control Plan, Executive Summary 2004-2008
- Governor's Commission on Hispanic Affairs 2007 Annual Report
- Federal Interagency Forum on Aging-Related Statistics, "Older Americans 2008, Key Indicators of Well-Being"
- Healthy Women, Healthy Babies, An Issue Brief from the Trust for America's Health

- The State of Health Care Quality 2007, National Committee for Quality Assurance, Washington, D.C.
- Montgomery County Government, Department of Health and Human Services FY08 Annual Report, “Building a Healthy, Safe and Strong Community – One Person At A Time”

Holy Cross Hospital participates in needs assessment processes driven by the local health department. In FY09, Holy Cross Hospital provided \$25,000 to the broadly collaborative and community-driven Montgomery County Community Health Improvement Process (CHIP). The purpose of the process is to assure that all County residents have access to needed health care services and to identify and reduce health disparities. CHIP will implement an ongoing process to gather information and inventory current needs assessments and resources, conduct a comprehensive county-wide needs assessment, make better data available, set priorities, and evaluate, develop and implement improvement plans and monitor the achievement of improvements in community health. We have assigned a senior executive to participate on the Steering Committee of that effort.

- b. In seeking information about community health needs, did you consult with the local health department?

For the fifth year in a row during fiscal 2009, Holy Cross Hospital invited an external group of participants to review our annual community benefit plan, which includes representatives from the local health department. In fiscal 2009, both the director of the Montgomery County Department of Health and Human Services (MCDHHS or health department) and the Montgomery County Health Officer attended this review.

Holy Cross Hospital works closely with our local health department and is able to nimbly respond to emerging health care needs. For example, Holy Cross Hospital was informed by the Montgomery County health department that the Montgomery County Women’s Cancer Control Program (WCCP) was to close to new enrollees in July 2008 due to state and county budget cuts. The Montgomery County WCCP serves medically underserved low-income Montgomery County residents in need of breast and cervical cancer screenings and follow-up care. Upon learning this, Holy Cross Hospital immediately partnered with the MCDHHS, the Montgomery County Primary Care Coalition, and other Montgomery Cares clinics to fill this gap in services.

During fiscal year 2009, Holy Cross Hospital provided free screenings for early breast cancer detection and links to treatment as needed to 288 women ineligible for WCCP enrollment. During fiscal year 2009 the aggregate numbers of new patients referred for

gynecology was 709, with 1,188 return visits. A total of 262 gynecological procedures (26 endometrial biopsies, 220 colposcopies and 16 Loop electrical surgical excision procedures) were performed.

These services take place at the hospital and include clinical breast examinations, mammography and other diagnostics and pap tests and other gynecological procedures (as described above). All patients received financial assistance and were linked to treatment as needed. Today, the WCCP remains closed to new applicants and we continue to offer these services.

In addition to clinical screenings, Holy Cross Hospital provides health education and outreach in the form of one-on-one encounters, in small group sessions to patients enrolled in the Montgomery Cares Clinics (the Holy Cross Health Centers at Montgomery College in Silver Spring and in Gaithersburg, People's Community Wellness Center and Projecto Salud) and out in the community. The outreach is provided through the Ethnic Health Promotion Program where participants are educated on the importance of disease prevention and early detection, chronic disease management, healthy lifestyles, and tobacco cessation. Medically underserved and uninsured community members are often referred to Holy Cross Hospital's free breast cancer screening program and to free or low-fee primary care at the Holy Cross Hospital Health Centers or other Montgomery Cares clinics.

In consultation with the MCDHHS, our local health department, about filling this gap in services in fiscal 2009, we also discussed the importance of a rapid referral system for breast cancer screenings. Holy Cross Hospital has a successful rapid referral model already in place and we are working with a local coalition on a process improvement plan for the County that incorporates our rapid referral system.

4. Please list the major needs identified through the process explained in question #3.

Based on the above needs assessments, the major community needs identified for fiscal year 2009 were:

- 1.) The need to increase access to quality health care, especially for children, pregnant women, uninsured adults and seniors.
- 2.) The need to obtain medical care for the underserved by enrolling eligible residents in Medicaid, MHIP and other insurance programs and by building a better system of care for the uninsured.

- 3.) The need to eliminate racial and ethnic health disparities by providing culturally and linguistically competent care and target diseases that are more prevalent in minority populations.
- 4.) To provide health education, disease prevention and chronic disease management (including obesity) programs to improve the health status of the community.

In summary, our activities focus primarily on positively impacting the health of our community with programs that are culturally and linguistically tailored to meet the unmet needs of women, infants, seniors, and racial and ethnic minorities.

5. Who was involved in the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

Holy Cross Hospital's interdepartmental leadership, executive management, and its board of trustees plan, monitor and evaluate the hospital's community benefit efforts. Initiatives are thoughtfully planned to ensure that links exist between the hospital's clinical expertise and unmet community needs. To determine the needs of the community, Holy Cross Hospital has a Chief Executive Officer Review Committee on Community Benefit (an internal, interdepartmental committee) that utilizes available data (e.g., needs assessments, hospital patient data, Community Needs Index) and community input to develop the hospital's Community Benefit Work Plans.

Once a year, an external group of community leaders (including the local health department in Montgomery County) is invited to review the annual community benefit plan and our progress to help us determine our direction for the next year. The work plans describe the goals and objectives the hospital expects to meet during the fiscal year. Once approved by the Holy Cross Hospital board of trustees, the Chief Executive Officer Review Committee on Community Benefit meets on a quarterly basis to review progress toward the expected outcomes. The board of trustee's Mission and Strategy Committee provides quarterly governance oversight.

6. Do any major Community Benefit program initiatives address the needs listed in #4, and if so, how?

- 1.) The need to increase access to equitable and quality health care, especially for children, pregnant women, uninsured adults and seniors. Our services include:
 - Medical Adult Day Center - Provides social and cognitive stimulation, recreational and rehabilitative services for medically disabled and senior adults

- Discharge assistance program - Provides assistance for entrance fees for recuperative care beds for the homeless and discharge equipment needs for the medically underserved, underinsured and uninsured
 - Transportation assistance – Provides appropriate medical transportation (ambulance and taxi vouchers) for safety-net patients and those who are underinsured/uninsured
 - Homecare services – Provides consultations (medication management, health referrals, follow-up post-partum and newborn care), health screenings (blood pressures) and health information to uninsured, underinsured individuals
 - Holy Cross Hospital OB/GYN Clinic – Provides services for the medically underserved and uninsured, including gestational diabetes education
 - Outpatient Lactation Services – Provides lactation education, support and breast-pump rentals for low-income, uninsured or underinsured mothers
 - Community health education – Provides chronic disease management and prevention programs
- 2.) The need to obtain medical care for the underserved by enrolling eligible residents in Medicaid, MHIP and other insurance programs and by building a better system of care for the uninsured.
- Charity Care – Guided by the hospital’s charitable care policy, provides free or discounted health care services to eligible patients of Holy Cross Hospital, Holy Cross Hospital OB/GYN Clinic, and Holy Cross Health Centers at Montgomery College (Silver Spring) and in Gaithersburg
 - Financial counseling – assists uninsured patients with enrollment into Medicaid in a linguistically and culturally sensitive manner
 - Maryland Health Insurance Program (MHIP) – Provides enrollment assistance
 - School-based health center health fairs –provides education and screenings to five elementary schools in Montgomery County
 - Free health screenings for disease prevention and detection with links to treatment
- 3.) The need to eliminate racial and ethnic health disparities by providing culturally and linguistically competent care and targeting diseases that are more prevalent in minority populations.
- Health fairs and screenings with links to treatment – Provides health education and screening programs targeted at those who are uninsured or underinsured
 - Chronic disease management and prevention classes and programs
 - Cancer program research – Increases racial and ethnic group enrollment in clinical trials
 - Ethnic Health Promoters program – Provides culturally and linguistically competent community and organizational capacity building around disease prevention and early detection, cancer control and tobacco cessation, health

education and clinical (screening, diagnostic and primary care) referrals in the community to eliminate racial and ethnic health disparities

- 4.) To provide health education, disease prevention and chronic disease management (including obesity) to improve the health status of the community.
- Faith Community Nursing – Provides outreach, wellness and chronic disease management and health education
 - Community Health – Provides culturally competent outreach, health and wellness education, chronic disease management and prevention, and physical fitness programs
 - Holy Cross Hospital Senior Source – Provides culturally competent outreach, health and wellness education, chronic disease management and prevention, and mind/body fitness programs targeted at the population aged 55 and over
 - Perinatal Education – Provides outreach and education targeted at pregnant women and those of child-bearing age
 - *Kids Fit* – Provides free children’s multi-component exercise program at Housing Opportunities Commission properties
 - *Senior Fit* – Provides free multi-component evidence-based exercise program at 19 locations
 - *Diabetes Prevention Program* – Provides weight loss, exercise and behavioral change assistance to prevent or delay the onset of diabetes or cardiovascular disease
 - *Diabetes Education and Support Group* – Provides support and education to improve health outcomes of those who have been diagnosed with diabetes
 - Falls Prevention – Assess and educates seniors at risk for falling in an effort to prevent injuries associated with falls
 - Heart Failure Workshop – Provides congestive heart failure prevention and management classes for those at risk or suffering from heart failure
 - Chronic Disease Self-Management – Utilizes the Stanford University evidence-based model that provides those diagnosed with chronic disease(s) support and skills to manage their health and help them keep active in their lives.
 - “Memory Academy” – an evidence based program that helps seniors adapt to changes that normally come with age using various memory techniques and activities

7. Please provide a description of any efforts taken to evaluate or assess the effectiveness of major Community Benefit program initiatives.

For example: for each major initiative where data is available, provide the following:

- a. Name of initiative:
- b. Year of evaluation:

- c. Nature of the evaluation: (i.e., what output or outcome measures were used);
- d. Result of the evaluation (was the program changed, discontinued, etc.); or
- e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

Program One

- a. Name of initiative: Senior Initiative: *Senior Fit*, a free 45-minute multi-component exercise class for adults age 55 and older that focuses on increasing strength, endurance and flexibility. It is offered in partnership with Kaiser Permanente, the Montgomery County Department of Recreation and Maryland National Capital Parks and Planning. A total of 2,707 seniors have participated in Senior Fit from the time it was founded in 1997. In FY09, Senior Fit had an unduplicated enrollment of 1,449 seniors. Each week at 19 sites, 56 classes were held, with a total of 71,105 encounters.
- b. Year of evaluation: 2008 Senior Fit Assessments (Rikli and Jones, 2001)
- c. Nature of the evaluation: The evidence-based Rikli and Jones Senior Fitness assessment Tool (2001) is unique because it measures physiologic parameters using functional movement tasks, such as standing, bending, lifting, reaching and walking. The tool assesses changes in the participants. The biannual Holy Cross Hospital *Senior Fit* assessments include the chair stand (measures lower body strength), arm curl (measures upper body strength), back scratch, (measures flexibility) and the 8-foot up and go test (measures agility and balance).
- d. Result of the evaluation: Fitness Assessment Results

A comparison of two annual fitness assessments (April 2008 and March 2009), with a matched data sample of 296 seniors (236 women and 60 men, ages range from 60-94 years), found the following: an increase in those that performed “above standard” was demonstrated in Arm Curl 90% (198), with an increase from 68% (149).

A separate comparison of two semiannual fitness assessments (September 2008 and March 2009), with a matched data sample of 323 seniors (254 women and 69 men, ages range from 60-94 years) found the following: an increase in those that performed “above standard” was demonstrated in Arm Curl 84% (259), with an increase from 82% (253) and Back Scratch 38% (112), with an increase from 37% (110).

The Senior Fitness Test is conducted on a biannual basis. More than 11 years of data have been collected, including samples of matched data for biannual comparison for participant progress and/or health maintenance. This data is also used to evaluate instructor performance and demonstrate effectiveness to support program growth across Montgomery County. The success of the program has

resulted in a national rollout of Senior Fit programs at seven sites (six sites outside of Maryland) within the Trinity Health network. In October of 2008, Senior Fit received an “Excellence and Innovation Award” from Trinity Health for rapid replication of the program.

Program Two

- a. Name of initiative: Maternal and Child Health Initiative: *Kids Fit*. In partnership with the Housing Opportunities Commission of Montgomery County, Holy Cross Hospital provides *Kids Fit*, a free multi-component exercise class that is specially designed for children ages 6 – 12. A one-hour class that meets twice per week includes tips on healthy lifestyle, an evidence-based and fun exercise program, and a nutritious snack. A total of 125 children are enrolled in the program at five sites.
- b. Year of evaluation: Kids Fit: December 2008 and June 2009
- c. Nature of the evaluation: The biannual fitness assessments take place every fall and spring and utilize the evidence-based President’s Challenge program. The results are scored using norms for age and sex.
- d. Result of the evaluation: Fitness Assessment Results; December 2008 compared with June 2009.
- e. Comparative data was available for a total of 51 participants, 26 girls and 25 boys. The average scores for girls declined by 20% in the push up test, declined by 8% on the curl up test and declined by 5% on the shuttle run. Results on the sit and reach stayed the same. The average scores for boys declined 4% in the push-up test, remained the same for curl-ups, improved by 3% in the shuttle run and improved by 4% in the sit and reach.

Results from the testing showed a need for increased activity in the areas of speed and agility (cardiovascular exercise), abdominal strength (core conditioning) strength training and flexibility (stretching) for the girls. Priorities for the boys include increased cardiovascular training and strength training work.

Program Three

- a. Name of initiative: Chronic Disease Management Initiative: Diabetes Prevention and Self-Management Class

The Diabetes Prevention Program is designed to help the pre-diabetic make lifestyle changes that include weight loss and exercise to prevent or delay the onset of diabetes or cardiovascular disease. This free twelve-week classroom program is followed by six months of telephone support. Blood tests that document pre-

diabetes, or blood pressure or cholesterol elevations that indicate risk for cardiovascular disease are required for inclusion.

- b. Year of evaluation: Outcome measurements: January and July 2008
- c. Nature of the evaluation: Monitoring the following:
 - 1.) Class attendance
 - 2.) Weight control
 - 3.) Exercise regimen
 - 4.) HgbA1c (HgbA1c >6 = pre-diabetic)
 - 5.) Lipid profile
- d. Result of the evaluation: Outcome measurements are as follows
 - 1.) Class attendance
 - 27 individuals began and 23 completed the two classes offered in FY08
 - 86% attended at least 80% of classes
 - 47% attended 100% of classes
 - 2.) Weight Control
 - Weight loss was achieved by 93% of attendees
 - 13% met the 7% weight loss goal
 - 13% met the 5% weight loss goal
 - 3.) Exercise regimen
 - 47% (11) increased their exercise level from pre-program levels
 - 34% (8) met the program exercise goal (at least 150 minutes/week)
 - 4.) HgbA1c
 - HgbA1c levels improved in 100% of participants
 - 5.) Lipid profile
 - Lipid levels improved in 80-100% of participants

Program Four

- a. Name of initiative: Chronic Disease Management - Heart Failure

An interactive workshop that offers practical information about the early signs and symptoms of heart failure, a lecture on heart-healthy nutrition, medication review, blood pressure screening, and exercise techniques for individuals living with heart failure. A heart-healthy cooking demonstration with lunch is also provided.

- b. Year of evaluation: July 2009, completion of five classes for FY08

- c. Nature of the evaluation:

A qualitative and quantitative evaluation included the following information: Demographics (age, income and zip code), reason for attendance (not all participants were diagnosed with heart failure), number of times hospitalized, how they heard about the program, and recommendations for change.

A sample class response: 4 participants

25% of the participants were completely confident that they could control symptoms by modifying food choices and activity level at the start of class, compared to 50% at the end of the workshop.

- d. Result of the evaluation (was the program changed, discontinued, etc.):

A pre-and post- test measures the participant's knowledge/attitudes prior to and upon completion of the class.

- e. If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?

A more comprehensive evaluation that reflects the learning is in progress.

Program Five

- a. Name of initiative: Maternal and Child Health Initiative: Managing Gestational Diabetes in Latino Patients

This program was developed due to the prevalence of gestational diabetes in Latinos at a rate of two to three times higher than the general population. Approximately 83% of the obstetrical and gynecological clinic patients at Holy Cross Hospital OB/GYN Clinic are Latina. Many of these patients become at-risk during their pregnancy due to inadequate glycemic control.

b. Year of evaluation: November 12, 2007 – February 18, 2008

c. Nature of the evaluation: To monitor dietary intake and glucose levels

Patients recorded diary entry four times per day to document their glucose levels and the number of times they exercised per week.

Nurses entered the glucose levels into a software program that provided graphs of:

- The patient's glycemic averages
- Pre- and post-intervention glucose levels
- Individual exercise patterns

Data was summarized on a pre- and post-implementation line graph comparing the average aggregate of weekly glucose levels. Exercise levels were summarized as percentage of patients who exercised one-to-two times per week, three-to-four times per week, or greater than four-times per week.

d. Results of the evaluation:

During the period of November 12, 2007 through February 18, 2008, the clinic patients showed a three percent decrease in the aggregate average weekly glucose levels as compared to the 14 weeks prior to the data collection period.

During this same period, 59% of the patients reported participating in moderate exercise three or more times a week.

8. Provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.

There is reluctance by non-hospital based medical staff to care for the uninsured, especially by "on call" specialty physicians in the emergency center, despite the fact that the "on call" specialists have agreed to care for the uninsured as part of their hospital privileges. Many of the physicians feel the liability and financial burden of caring for these patients is too great.

Inpatient specialty care is provided by hospital employed, specialty care physicians, hospitalists, and other professional staff that provide care in the following specialties: Neurology, cardiology, pulmonary, orthopedics, dermatology, infectious disease, oncology, hematology, medical imaging, laboratory, infusion center, wound center, anesthesiology, pre surgical testing, surgery, obstetrics, gynecology, physical therapy, home care, hospice, patient education, pharmacy, sleep lab, electrocardiogram, and pain

management. Gaps will occur when the ratio of uninsured patients to insured patients threatens sustainability.

Uninsured outpatients have access to hospital services but are in need of outside resources for most of their specialty care. Both of the Holy Cross Hospital Health Centers are fortunate to have experienced, full-time physicians that are able to treat and manage many of the patients requiring specialty care. The Holy Cross Hospital Health Centers are able to provide specialty care in neurology, orthopedics, and otorhinolaryngology on-site, on a limited basis. These specialists can accommodate the immediate needs of the health centers. Nurses report having a difficult time referring patients for gastroenterology and urology. Nurses are also concerned that the ophthalmology co-pay and travel distance present financial and geographical barriers to access. Physicians are also concerned that there is limited referral access to gastroenterology and hematology.

9. If you list physician subsidies in your data, please provide detail.

In order to meet the needs of the uninsured/underinsured population, Holy Cross Hospital has approximately 100 physician contracts for the provision of on-call clinical services as needed. These services are provided on a 24-hour/7-day a week basis, operate on a negative margin and are frequently used by the uninsured/underinsured population. If subsidies were discontinued, the following services would not be available and patients would need to be transported to other facilities or have unmet needs:

- Emergency Department
 - Includes General Surgery, Orthopedic Surgery, Neurology/Stroke Care, Neurosurgery, ENT, Oral Surgery, Interventional Cardiology, Plastic Surgery, Urology, Ophthalmology, Vascular Surgery, Thoracic Surgery, and Psychiatry
- Anesthesiology
- Internal Medicine House Officers, Critical Care physicians and Hospitalists
- Pediatric Hospitalists

References

- Center for Disease Control and Prevention, Office of Minority Health and Health Disparities (2005). Health disparities experienced by Black or African Americans-United States [Electronic version]. *Morbidity and Mortality Weekly Report*, 54, 1-3.
- Center for Disease Control and Prevention, National Center for Health Statistics, (2008). Data on Racial and Ethnic Disparities. Retrieved from http://www.cdc.gov/nchs/data/infosheets/infosheet_race_ethnicity.pdf.
- Maryland Department of Health and Mental Hygiene, Office of Minority Health and Health Disparities (2006). Asian Americans & Pacific Islanders in Maryland Population and Health Data, 2006. Retrieved from <http://dhmh.state.md.us/hd/pdf/AsianData.pdf>.
- Maryland-National Capital Park and Planning Commission (2006). Strategic Plan Fiscal Years 2007-2009 Montgomery and Prince George's Counties; U.S Census Bureau and M-NCPPC.
- Small Area Health Insurance Estimates (2006). SAHIE//State and County by Demographic and Income Characteristics/2006 [Data file]. Retrieved from <http://www.census.gov/did/www/sahie/data/2006/tables.html>
- U.S. Census Bureau. Population of Montgomery and Prince George's Counties [Data file]. Retrieved from <http://factfinder.census.gov>.
- U.S. Census Bureau. 2008 Population Estimates, Census 2000, 1990 Census [Data file]. Retrieved from <http://factfinder.census.gov>.
- U. S. Census (2008). MD Department of Planning Population Projections, Revised December, 2008. [Data file]. Retrieved from <http://factfinder.census.gov>.
- U.S. Census Bureau. 2005-2007 American Community Survey [Data file]. Retrieved from <http://factfinder.census.gov>.

To Be Attached as Appendices:

Describe your Charity Care policy (taken from IRS Schedule H, Part VI, Question 3):

Appendix 1

- a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's charity care policy (label appendix 1).

For **example**, state whether the hospital:

- Posts its charity care policy, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
- Provides a copy of the policy, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
- Provides a copy of the policy, or summary thereof, and financial assistance contact information to patients with discharge materials;
- Includes the policy, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
- Discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.

Appendix 1

Charity Care Policy Description

All Holy Cross Hospital registration, financial counseling and customer service staff members are trained to be familiar with the availability of financial assistance and the criteria for such assistance.

In addition:

- The financial assistance application and information about the program are prominently displayed in all registration areas, the emergency center and each cashier's office. The information available is offered in both English and Spanish, the predominant languages in our patient population at Holy Cross Hospital.
- Material describing the financial assistance program and an application are to be given or sent to all patients who request this information.
- Staff is responsible for being particularly alert to those who are registered as self-pay patients and provide them with information on how to contact a financial counselor or provide them financial assistance information. All self-pay inpatients are screened for eligibility for federal, state or other local programs before financial assistance is offered.
- All financial counselors are bilingual (English/Spanish).
- The financial assistance application is accessible through the hospital's external website
- Notice of financial assistance availability is indicated on all hospital billing statements
- Holy Cross Hospital uses Ethnic Health Promoters that inform community members about our financial assistance policy on a one-on-one basis or in group settings where people gather in the community (e.g., hair salons, churches, community centers).
- A written notice is published annually in local newspapers in English and Spanish typically during national Cover the Uninsured Week to advise the public of our financial assistance policy.

b. Include a copy of your hospital's charity care policy (label appendix 2).

Appendix 2

Title: **Patient Financial Assistance for indigent patients**

Purpose: It is part of the Holy Cross Hospital mission to make necessary medical care available to those in our community who are in need regardless of their ability to pay. The Hospital maintains a formal financial assistance program to equitably and efficiently provide access for those who cannot pay. Since all care has associated cost, any "free" or "discounted" service provided through this program results in that cost being passed on to other patients and their payers. Holy Cross Hospital therefore has a dual responsibility to cover those in need while ensuring that the cost of care is not unfairly transferred to individuals, third party payers and the community in general.

It is the purpose of this policy to:

- Ensure a consistent efficient and equitable process to provide free or discounted medical services to patients who reside in the state of Maryland or who present with an urgent, emergent or life-threatening condition and do not have the ability to pay.
- Ensure regulatory agencies and the community at large that the hospital documents the financial assistance provided to these patients so that their eligibility for the assistance is appropriately demonstrated.
- Protect a minimal level of each patient's assets from hospital collection.

Applies to: All Financial Counselors and Revenue Cycle Personnel

Policy Overview: Patient Financial Assistance at Holy Cross: In those cases where patients have fully cooperated with and availed themselves of all programs for medical coverage (including Medicare, Medicaid, commercial insurances, workers compensation, and other state and

local programs) and do not have sufficient income or assets to pay for their care, the financial assistance policy of the Hospital applies in two ways - each of which has its own application and documentation requirements.

- **Holy Cross provides assistance for patients who have a current or anticipated need for significant inpatient or outpatient medical care. Significant services are defined as services whose total is expected to exceed \$5,000.** This assistance requires completion of a full application and provision of documentation. Once approved, such financial assistance remains in effect for a period of six months after the determination unless the patient's financial circumstances change or they become eligible for coverage through insurance or available public programs during this time.
- **Holy Cross also makes available *presumptive financial assistance* for routine outpatient services. Routine outpatient services are defined as services that are not expected to aggregate to \$5,000 of charges.** This assistance is based on the same financial assistance eligibility schedule, but normally requires a less extensive documentation process. This program is focused on services provided within Holy Cross Health Centers and the Maternity Clinic as well as Outpatient services provided at the Hospital, Hospice and Home Care services, and the Hospital's Emergency Center. In some cases both the eligibility and documentation requirements will reflect the processes and policies of county or other public programs for financial assistance. ***Should a patient who is granted presumptive status for routine outpatient care have a need for more substantial services or inpatient services, more extensive documentation will be required, and a redetermination of eligibility will be made. The documentation requirements and processes used for each routine area are listed in the billing, financial assistance and collection procedures maintained by the Revenue Cycle Management division.***

Within two business days of the receipt of a completed application for financial assistance, medical assistance or both, a determination

of probable eligibility will be made.

Covered Services: The financial assistance policy applies only to hospital charges for medically necessary patient services that are rendered at facilities operated solely by Holy Cross Hospital; i.e., inpatient, emergency service, clinic, home care, hospice, Health Center. It does not apply to services that are operated by a “joint venture” or “affiliate” of the hospital. Hospital contracted physicians (Emergency Center, Anesthesia, Pathology, Radiology, Hospitalists, Intensivists and Neonatologists are contracted) also honor scheduled financial assistance determinations made by the hospital. Financial assistance is only applicable when a patient takes advantage of the most appropriate cost effective setting to obtain their care.

Provision of services specifically for the uninsured: In the event that Holy Cross provides a more cost effective setting for needed services (such as the obstetrics and gynecology clinic or the Health Centers for uninsured patients), in cooperation with community groups or contracted physicians, specific financial assistance and payment terms apply that may differ from the general Holy Cross Hospital financial assistance program. In these heavily discounted programs, patients are expected to make the minimum co-payments that are required regardless of the level of charity care for which the patient would otherwise be eligible. Those minimum obligations are not then eligible to be further reduced via the scheduled financial assistance policy. However, if the total obligation of a patient reaches \$5,000 even under these circumstances, a request for an exception may be made.

Services not covered by the financial assistance policy:

1. Private physician services or charges from facilities in which Holy Cross Hospital has less than full ownership.
2. Cosmetic, convenience, and/or other Hospital services, which are not medically necessary. Medical necessity will be determined by the SVP of Medical Affairs after consultation with the patient’s physician and must be determined prior to the provision of any non-emergent service.
3. Services for patients who do not cooperate fully to obtain coverage for their services from County, State, Federal, or

other assistance programs for which Holy Cross believes they are eligible.

Eligibility: Holy Cross provides assistance for Maryland residents whose income is less than 300% of the federal poverty level and whose assets (excluding up to \$50,000 in equity in their primary residence, personal tools used in their trade or business, and deferred retirement plan assets) do not exceed \$10,000 as an individual or \$25,000 within a family.

In addition, any individual who currently owes \$5,000 or more in Holy Cross balances may request an individualized determination of the need for financial assistance from the financial counseling manager. In such cases the total financial circumstances including debt and medical requirements will be considered in addition to the individual's income and assets. The financial counseling manager will assemble the patient's documentation and request and present it to the financial assistance exception committee (comprised of the Vice President, Mission Services, the Chief Financial Officer, and the Senior Vice President, Corporate Development) for consideration.

In any case where the patient's statements to obtain financial assistance are determined to be materially false, all financial assistance that was based on the false statements or documents will be rescinded, and any balances due will be processed through the normal collection processes.

The scheduled financial assistance program provides free care to those most in need – patients who have income less than 200% of the federal poverty level. It also provide for a 60% reduction in charges for those whose income is between 201% and 250% of the poverty level, and 30% assistance from 251% to 300% of the federal poverty level.

Continuing financial obligation of the patient: Patients who receive partial financial assistance have been determined to be capable of making some payment for their care. Unless a specific patient financial assistance exception request is made and approved, or hospital management formally adopts a procedure that exempts collection processes for particular services, patients are expected to pay the amount of the reduced balance. In cases other than the above, any patient who fails to pay their reduced share of the

account in question will have that account processed through our normal collection procedures, including the use of outside agencies and credit reporting. However, the hospital will not pursue a judgment against anyone who has legitimately qualified for any scheduled level of Holy Cross Hospital financial assistance.

Notice of Financial Assistance: The financial assistance program is to be actively publicized to patients of Holy Cross Hospital to whom it may apply. The information will be made available via the following methodologies:

1. Notice of the availability of financial assistance will be posted in the inpatient registration areas (admitting office), all outpatient registration areas (emergency center, ambulatory testing and surgical areas, health centers, and maternity clinic) and the cashier's area (business office).
2. All registration forms, admitting forms, and "self-pay" bills and patient statements will include a notice of the availability of financial assistance with a reference to the web site and a phone number where inquiries can be made.
3. When pre-registrations are completed by phone or Internet, patients will be advised of the existence of the financial assistance program.
4. Information regarding eligibility and an application for financial assistance will be mailed to any patient who requests it at any time – including after referral to collection agencies.
5. A notice will be published each year in a newspaper of wide circulation in the primary service area of the hospital.

This attachment (while referred to in the policy) is not a part of the policy itself and the table will be updated annually within the existing structure as new federal poverty levels are publicized.

Family Size	Federal Poverty Level	Multiple of the Federal Poverty Guideline		
		150%	250%	300%
		100%	60%	30%
1	\$10,830	\$16,245	\$27,075	\$32,490
2	\$14,570	\$21,855	\$36,425	\$43,710
3	\$18,310	\$27,465	\$45,775	\$54,930
4	\$22,050	\$33,075	\$55,125	\$66,150
5	\$25,790	\$38,685	\$64,475	\$75,000
6	\$29,530	\$44,295	\$75,000	\$75,000
7	\$33,270	\$49,905	\$75,000	\$75,000
8	\$37,010	\$55,515	\$75,000	\$75,000
9	\$40,750	\$61,125	\$75,000	\$75,000
10	\$44,490	\$66,735	\$75,000	\$75,000

Revised: 02/23/09

\$ 10,830 is the 2009 Poverty level for 1 person

\$ 3,740 is the additional amount per person

\$ 75,000 is the limit of scheduled financial assistance

2. Describe the hospital's mission, vision, and value statement(s) (label appendix 3).

Appendix 3

Description of Holy Cross Hospital Mission, Vision and Value Statement

When Holy Cross Hospital opened its doors in 1963, it began a tradition of opening doors to health care for our community.

At our founding, the Congregation of the Sisters of the Holy Cross established a commitment to meeting community need and to improving the health of all those we serve, with particular emphasis on accessibility of services to our most poor and vulnerable populations. This commitment is brought to life through our community benefit ministry. Our community benefit efforts include all of the services we provide to community members at no cost or subsidize as part of our mission to be the most trusted provider of health care services in our area.

In meeting this commitment, we focus our efforts on improving health care access. Our proven approach is to systematically identify significant health care needs in our evolving community that are not adequately met because of financial, geographic, racial or cultural barriers. Then we propose and develop innovative solutions to address these needs in ways that can be sustained in the future.

One of our strengths is our ability to collaborate with other organizations to maximize our collective positive impact. We continuously bring together resources toward shared goals by partnering with local, state and federal government agencies; associations; community-based social service organizations; faith communities; charities and others.

a. Attach a copy of the statement (label appendix 4).

Appendix 4

Holy Cross Hospital Mission, Vision and Value Statement

Our Mission

We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us.

Our Core Values

- Respect
- Social justice
- Compassion
- Care of the poor and underserved
- Excellence

Our Role

Holy Cross Hospital in Silver Spring, Maryland, exists to support the health ministry of Trinity Health and to be the most trusted provider of health care services in our area.

Our health care team will achieve this trust through:

- High-quality, efficient and safe health care services for all in partnership with our physicians and others
- Accessibility of services to our most vulnerable and underserved populations
- Community outreach that improves health status
- Ongoing learning and sharing of new knowledge
- Our friendly, caring spirit



Fiscal

Reflecting on the Past, Envisioning the Future

A Five-Year Report of Holy Cross Hospital's Commitment to Improving Access to Health Care



HOLY CROSS HOSPITAL

A MEMBER OF  TRINITY HEALTH



Holy Cross Hospital's proposal to partner with Montgomery College-Germantown to build a not-for-profit teaching hospital upcounty will improve access to health care for everyone and help train the next generation of nurses and health care workers.

December 2009

We live in a time when our community's medical needs have become increasingly complex and a record number of people do not have health insurance. We live in a place where our neighborhoods have become more diverse and our aging community members require a growing amount of health care services. Now is the time to reflect on how Holy Cross Hospital has met – and will continue to meet – the complex health care needs of our evolving community.



At Holy Cross Hospital, we have a history of identifying health care needs that, because of financial, geographic, racial or cultural barriers, are not adequately met. And as a not-for-profit hospital we have a track record of reinvesting our profits into innovative and sustainable programs to improve the health of all those we serve, with particular emphasis on the poor and vulnerable.

We have demonstrated our commitment to meeting our community's health care needs with consistent dedication and ever-increasing investments since we first opened our doors almost 50 years ago. In fact, in the past five fiscal years alone, we provided more than \$115 million in community benefit including more than \$48 million in financial assistance, according to reporting guidelines of the Maryland Health Services Cost Review Commission.

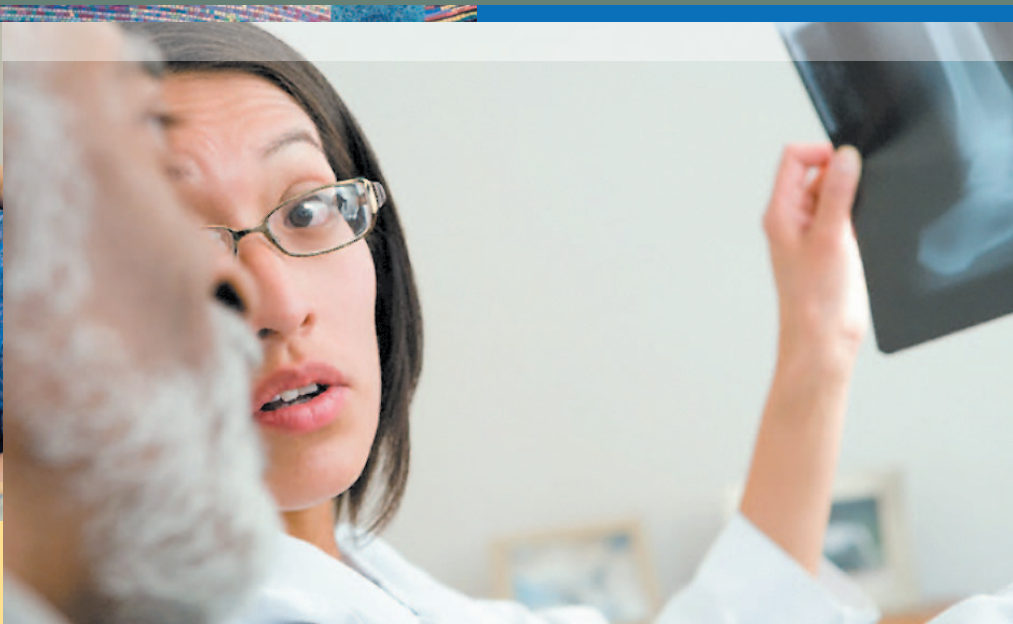
As a result, the services we provide to the community extend far beyond what is traditionally expected of a hospital. With efforts focused on improving access to health care, we have built a network of primary care health centers for uninsured adults, developed programs to empower minority communities, provided more maternity and oncology care to uninsured women than any other provider in the area, and pioneered innovative wellness programs that otherwise would not be offered.

This report celebrates milestones of these and other community benefit programs that we offer at no or low cost as part of our mission to be the most trusted provider of health care services in our area.

As our community's population continues to grow and age, we remain committed to improving access to high-quality, convenient health care services. We continue to advance our plans to expand hospital capacity and clinician training opportunities through our proposals to build a hospital on the Germantown Campus of Montgomery College and to enhance our existing hospital in Silver Spring. We also plan to continue to move forward with improving access to care for people without insurance by opening a third primary care health center and a second OB/GYN clinic.

With our significant past experience, and our sound vision for the future, we stand ready to continue to meet our community's health care needs – today and tomorrow.

Kevin J. Sexton
President and CEO
Holy Cross Hospital



Building a Network of Primary Care Health Centers for Low-Income, Uninsured Adults

A Five-Year Reflection

Approximately 100,000 to 120,000 adults who live in Montgomery County do not have health insurance. People who lack financial resources often postpone seeing a health care provider until their medical problems reach critical levels. As a result, they may require emergency services or more complex and expensive care.

“Holy Cross Hospital saw that the health care needs of uninsured adults were not being adequately met,” said Elise C. Riley, MD, interim medical director, Holy Cross Hospital Community Care Delivery. *“Helping people who are underserved is at the heart of Holy Cross Hospital’s mission, so we looked for ways to ease access to quality, affordable medical care for people who face financial barriers.”*

● Fundraising Efforts Support the Health Centers

The 2009 Holy Cross Hospital Gala was hosted on September 26, 2009, by the Holy Cross Hospital Foundation. More than \$580,000 was raised to support the health centers in Silver Spring and Gaithersburg.

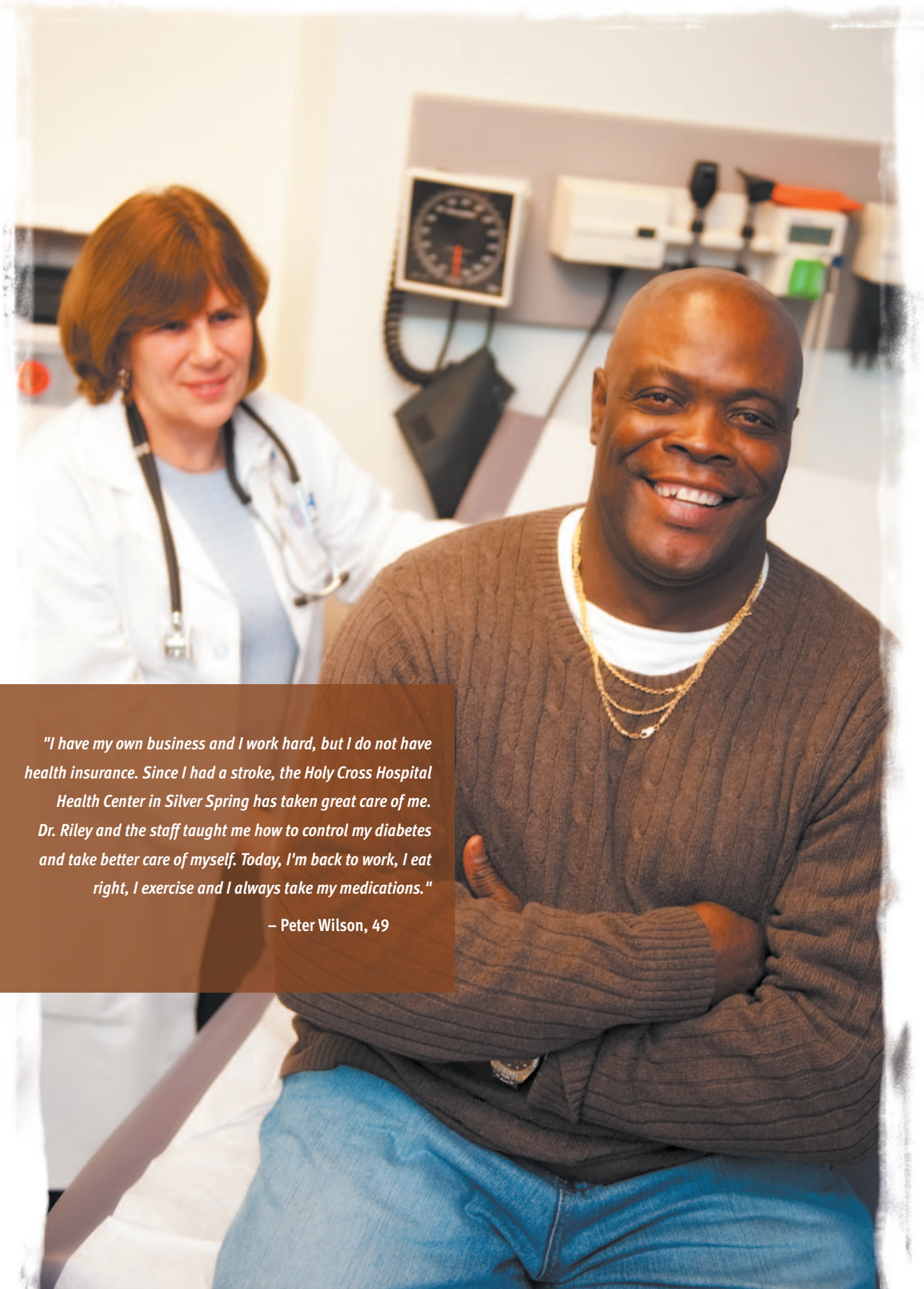
In the past five years, Holy Cross Hospital opened two health centers that provide affordably priced care to low-income, uninsured Montgomery County adult residents. Plans are in place to open a third center in fiscal 2011.

“With the development of our network of health centers, we serve as one of the leading safety net providers in Montgomery County,” said Calvin Robinson, executive director, Holy Cross Hospital Community Care Delivery. The health centers participate in Montgomery Cares, a public/private partnership that provides care to low-income, uninsured county residents through a network of clinics.

The Holy Cross Hospital health centers provide primary medical care, annual screenings, chronic disease management, behavioral health, preventive care, health education, and follow-up care for emergency room and hospital visits. Skilled medical professionals staff the centers, including physicians, nurse practitioners, physician assistants and registered nurses. Most of the staff at both locations are bilingual in English and Spanish, and interpretation and translation services are available for other languages.

(Continued on page 4)





"I have my own business and I work hard, but I do not have health insurance. Since I had a stroke, the Holy Cross Hospital Health Center in Silver Spring has taken great care of me. Dr. Riley and the staff taught me how to control my diabetes and take better care of myself. Today, I'm back to work, I eat right, I exercise and I always take my medications."

– Peter Wilson, 49

“Our health centers redirect uninsured patients who need primary care away from very high-priced emergency care to a lower-cost outpatient alternative, which eases crowding in area emergency rooms and also helps control overall health care costs,” said Robinson. *“But most importantly, the centers improve the quality, efficiency, continuity and equity of care that uninsured people receive.”*

A Visionary Primary Care and Education Center in Silver Spring

In 2004, Holy Cross Hospital opened its first health center for uninsured adults in the Health Sciences Center on Montgomery College’s Takoma Park/Silver Spring Campus. Since it opened more than five years ago, the center has provided 32,308 patient visits, including 7,656 patient visits in fiscal 2009.

“Holy Cross Hospital and Montgomery College’s unique arrangement creates a special learning opportunity for students of nursing and other allied health programs,” said Dr. Riley. *“Students can participate in rotations at this primary care center.”*

Making Care More Convenient in Gaithersburg

More than 15 percent of the patients who used the Holy Cross Hospital Health Center in Silver Spring were traveling from Gaithersburg, Germantown, Rockville or Montgomery Village. To better serve these communities, Holy Cross Hospital opened a second health center in Gaithersburg in February 2009.

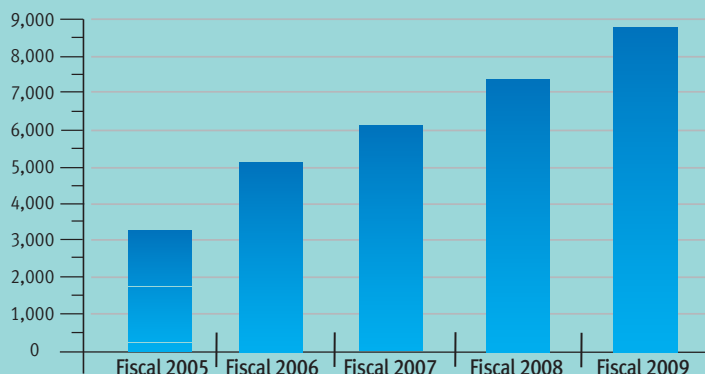
“We placed this second health center where there was the greatest need,” said Robinson. *“The center is located in a Montgomery County ZIP code with more socioeconomic and medical needs than any other except one.”*

The Holy Cross Hospital Health Center in Gaithersburg is capable of handling more than 10,000 patient visits a year with at least 5,000 encounters expected in the first year.

The development of the 5,600 square foot facility was supported by the Montgomery County government. Partial operational funding is provided by Montgomery County through Montgomery Cares and by Suburban Hospital.

Holy Cross Hospital Health Center Patient Visits

In the past five fiscal years, the Holy Cross Hospital health centers have provided 30,847 patient visits.



Vision for the Future: A Third Health Center in Wheaton

“We expect that the need for financial assistance and the utilization of both of our existing health centers will rise due to the downturn in the economy,” said Robinson. *“More people may find themselves uninsured, possibly for the first time.”*

To meet this need, Holy Cross Hospital plans to open a third health center in Wheaton in fiscal 2011. The center will be the same size and scope of the center in Gaithersburg, greatly increasing Montgomery County’s capacity to serve uninsured residents.



A Healthy Start for Expectant Mothers and Newborns

A Five-Year Reflection

Expert care during pregnancy helps to ensure a healthy mother and baby. But for women without health insurance, maternal care can bring huge financial burdens.

“Women who don’t receive care during their pregnancies because they can’t afford it are less likely to have healthy babies,” said Nancy Nagel, RN, senior director, Women and Children’s Services, Holy Cross Hospital. *“Our goal is to ensure that all women have access to the care they need for their health and the health of their babies.”*

With this commitment in mind, Holy Cross Hospital has provided prenatal, obstetric and gynecologic care to women regardless of their ability to pay since 1963. The hospital delivers more babies than any other in Maryland or the District of Columbia, making it uniquely equipped to provide this specialized care. Today, through its OB/GYN Clinic, Holy Cross Hospital remains Montgomery County’s leading provider of these services for uninsured women.

2004 Renovation to Provide a Single Standard of Care

Between 1999 and 2004, the community’s need for prenatal and obstetric services grew dramatically. The number of uninsured women who delivered babies at Holy Cross Hospital grew 50 percent during that period.

“We decided to redesign our maternity areas to meet the growing demand for OB/GYN services,” said Nagel. *“Our redesign combined our expertise in maternity care with our commitment to community benefit to ensure that our resulting facilities would meet the community’s need.”*

The 2004 renovation created nine new delivery rooms for a total of 24 private, homelike labor, delivery and recovery rooms. The renovation also created 68 private postpartum maternity suites – more than any other area hospital. Each spacious delivery room and postpartum suite offers a private bathroom, sleeper sofa and other amenities for all patients regardless of their ability to pay.

The renovation also relocated the hospital’s OB/GYN Clinic for uninsured women to the second

floor of the hospital. The spacious and sophisticated center was conveniently placed near the hospital’s other maternity services.

“As a result of the renovation, Holy Cross Hospital has been able to provide OB/GYN care to more women over the past five years, and to ensure a single standard of care for all women,” said Nagel.

Prenatal Care for Those in Need

Uninsured women may enter the hospital’s OB/GYN Clinic for prenatal care at any point during pregnancy, though most have nine visits leading up to their deliveries. Women with complications such as HIV, diabetes, premature labor and hypertension are followed closely during their pregnancies and deliveries.

Many clinic patients are not native English speakers, therefore staff members are bilingual to provide culturally competent quality care. An extensive perinatal community education program includes classes in Spanish, and follow-up care also is provided in the home.

The Holy Cross Hospital OB/GYN Clinic expanded 10 years ago through the Maternity Partnership with the Montgomery County Department of Health and Human Services, a program that provides every uninsured woman in the county with the opportunity to receive prenatal care. Since 1999, Holy Cross Hospital has provided care to nearly 15,000 women in the Maternity Partnership Program.

During the past five fiscal years, the clinic has provided 89,993 patient visits, including 14,987 patient visits in fiscal 2009 alone.

“If not for Holy Cross Hospital,” said Nagel, *“many women might not receive the care that they need.”*

Vision for the Future: A Second Clinic

To better serve uninsured women throughout the county, Holy Cross Hospital plans to build a second OB/GYN clinic in the full-service hospital planned for Germantown.





Improving Access to Breast Health Services for Low-Income Racial and Ethnic Minorities

A Five-Year Reflection

Women of any income, race or ethnicity can develop breast cancer – one of the most common cancers.

“But women who are racially and ethnically diverse face documented disparities in care,” said Shelly Grant, manager, Community and Minority Health, Holy Cross Hospital.

“Women who are uninsured and have low incomes are more likely to be diagnosed with advanced breast cancer and are less likely to survive.”

Seeing the need to improve access to breast health care including education, screening, treatment and support services for low-income, medically underserved, uninsured or underinsured racial and ethnic minorities, Holy Cross Hospital developed the Komen Foundation Community Collaboration to Battle Breast Cancer (KFCC-BBC), also known as Mammogram Assistance Program Services (MAPS), in 2004.

This community collaboration is a partnership among Susan G. Komen for the Cure, Holy Cross Hospital, Holy Cross Hospital Foundation and other community organizations, including the Montgomery County Department of Health and Human Services’ African American Health Program and Asian American Health Initiative.

Success Through Culturally Sensitive Outreach

“For years we have worked to decrease the risk of breast cancer disease and death,” said Grant. *“We target vulnerable community members where they live and work, providing culturally sensitive and linguistically appropriate breast health information with links to free breast care services.”*

KFCC-BBC provides women and men in need with breast cancer education, screening, links to treatment, navigation services, follow-up care, and support services such as medical case management, support group referrals, dependent care and transportation. Emotional support, interpretation and translation also are provided during educational sessions, clinical examinations and treatment.

Each year, outreach has expanded through the commitment of Holy Cross Hospital’s ethnic health promoters, who are specially trained to provide target populations with effective breast health education and links to appropriate resources.

“We are meeting an essential and previously unmet need for people who face cultural and linguistic barriers to breast health services and are ineligible for local or state government cancer control programs,” said Grant.

Since its inception, KFCC-BBC has taught more than 30,000 underserved community members the importance of breast health and the early detection of breast cancer – including how to perform a breast self-examination. The program has provided 1,500 free breast screenings.

Vision for the Future

Building on \$522,500 of grant support since 2002, in 2009, Susan G. Komen for the Cure granted Holy Cross Hospital \$823,750 for a three-year continuation and expansion of the program.

“This generous grant recognizes our success and will allow us to expand the initiative,” said Grant. *“We plan to establish a ‘medical home’ for women so that we can address additional health needs.”*



"I never expected to be diagnosed with breast cancer at my age. And since I don't have health insurance, I don't know what I would have done without Holy Cross Hospital. Everyone at the hospital who helped me get treatment and all of my doctors have been wonderful and supportive. I feel blessed and have learned that you have to put your health first for your family."

– Normaly Cabrera, 31



Seniors Staying Independent Through Exercise

A Five-Year Reflection

As people age, their risk for illness and injury naturally increases. Exercise can slow the aging process and help people become stronger and more resilient. Although older adults are often familiar with the benefits of exercise, starting a fitness regimen can be overwhelming.

“Many seniors are intimidated by traditional fitness facilities that can be expensive and often offer activities that are targeted toward younger audiences,” said Sarah McKechnie, manager, Community Fitness, Holy Cross Hospital. *“Senior Fit removes these barriers by offering a financially and geographically accessible program specifically designed for older adults.”*

Breaking Down Barriers to Fitness

Senior Fit is a free 45-minute multi-component exercise program for adults ages 55 and older. Based on American College of Sports Medicine guidelines, the innovative program promotes health and flexibility, prevents disease and helps maintain independence.

Holy Cross Hospital created *Senior Fit* in 1995, and the program has grown steadily over the years. In fiscal 2009, more than 1,800 seniors actively participated more than 71,000 times.

Classes are offered at 19 locations throughout Montgomery and Prince George’s counties and the District of Columbia, through a partnership among Holy Cross Hospital, Kaiser Permanente, Maryland National Capital Parks and Planning Commission, Montgomery County Department of Recreation and local churches.

Recognized Results

In recent years, *Senior Fit* has received multiple awards of excellence. In 2003, the National Council on Aging identified

Senior Fit as one of the top 10 physical activity programs for older adults in the country.

A year later, it was selected by the National Council on Aging as one of three sites for an impact study on exercise effectiveness in older adults.

“The study demonstrated that community exercise classes for seniors help to improve upper body strength, lower body strength and that seniors are highly motivated to exercise,” said McKechnie.

Replicating Senior Fit Across the Nation

Holy Cross Hospital is a member of Trinity Health, a health care system that operates 44 acute-care hospitals in seven states.

“In 2007, Senior Fit became the first community health initiative to be rolled out through Trinity Health,” said McKechnie. *“To date, our Senior Fit model has been replicated by five hospitals across the country.”*

Trinity Health awarded Holy Cross Hospital’s *Senior Fit* program an Excellence and Innovation Award for Outstanding Achievement in Support of Rapid Replication in 2008.

Vision for the Future

“We look forward to assisting with the replication of Senior Fit in other communities and expanding our program at home to meet the steady demand for new classes,” said McKechnie. *“When it comes to preventing and managing chronic illnesses, exercise makes a world of difference.”*





"Before Senior Fit, I couldn't turn my head comfortably, which interfered with my ability to drive. Now, I can turn my head easily and my upper body strength is improving – I can even do pushups! My instructor challenges me to do more than I think I can, and as a result I feel better than I did when I began the class two years ago."

– Claudia Baker, 67



Educating and Empowering Minority Communities

A Five-Year Reflection

As communities throughout Montgomery County grow more diverse, certain populations continue to experience poorer health and disproportionate rates of illness and death. Holy Cross Hospital has pioneered innovative efforts to better meet the needs of vulnerable and underserved populations, including racial, ethnic and linguistic minorities.

“We are committed to understanding the cultures in our community and tailoring care to be sensitive to the beliefs, customs and behaviors of the people we serve,” said Wendy Friar, RN, vice president, Community Health, Holy Cross Hospital. *“That is the only way we can eliminate the health disparities that exist in our area.”*

“We are committed to understanding the cultures in our community and tailoring care to be sensitive to beliefs, customs and behaviors of the people we serve.”

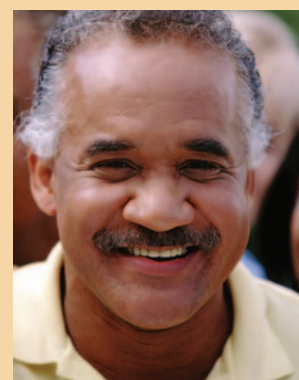
The Minority Communities Empowerment Project

Holy Cross Hospital increased its role in addressing the unmet needs of racial and ethnic minority populations when the hospital became the lead agency of the Minority Communities Empowerment Project in 2004. This multi-organizational collaborative effort aims to reduce tobacco use among minorities and reduce health disparities in cancer mortality and morbidity through community and organizational capacity building.

“In addition to raising awareness about tobacco-related illnesses and linking community members with local cancer screening opportunities, we also have been recruiting and training minorities to actively participate in and advocate for the health service needs of their communities,” said Friar. *“Empowering people to speak out about their needs and to ask for help is a crucial element of the effort to resolve disparities in care.”*

Participating organizations include the Montgomery County Asian American Health Initiative and African American Health Program, CASA of Maryland, Inc., Community

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"As an ethnic health promoter, I take health and wellness information to people where they gather in my community, like beauty salons, churches and community centers. At the Gwendolyn E. Coffield Community Center, I educate children on the importance of exercise, nutrition and tobacco avoidance. It's inspiring to educate people in a way that empowers them to become more health conscious for themselves and their families."

– Ayana Wylie, 28

Ministries of Rockville, and the Maryland Commission on Indian Affairs. The project is supported by Minority Outreach and Technical Assistance (MOTA), which the Maryland General Assembly established as a part of the Statewide Public Health Component of the Cigarette Restitution Fund Program. The Cigarette Restitution Fund Program aims to decrease the incidence of cancer and deaths caused by cancer, and prevent and control tobacco use in minority communities throughout the state.

Since fiscal 2005, participating organizations in the Minority Communities Empowerment Project have facilitated approximately 75,000 health educational encounters, including 21,576 health educational encounters at 692 outreach sessions in fiscal 2009 alone. Holy Cross Hospital's ethnic health promoters facilitated 6,937 of those fiscal 2009 education encounters at 161 outreach sessions.

A Cultural Connection

"Our ability to serve as the lead agency for the Minority Communities Empowerment Project is based on our commitment and expertise in health promotion among racial and ethnic minority populations," said Friar. "For the past eight years our ethnic health promoters have targeted racial and ethnic minority populations that may have reduced access to care because of financial or geographical constraints, varying cultural practices, or lack of knowledge of the U.S. health care system."

Holy Cross Hospital established its Ethnic Health Promoter program in 2001 in collaboration with the Montgomery County Cancer Crusade.

"Our ethnic health promoters are African American, Asian American, Latino American and Russian American," said Friar. "They are culturally and linguistically competent and they live in the communities where they provide outreach. This makes them uniquely qualified to provide effective, understandable and respectful care that is compatible with cultural beliefs and practices."

The health promoters provide information about health maintenance and wellness, disease prevention and the importance of early disease detection. They also create links to and offer support during disease screening, diagnosis and treatment. Their outreach takes them to community centers, faith-based institutions, barbershops, beauty salons, Metro stations, ethnic grocery stores, health fairs and community gatherings.

"Our success is a direct result of the ability of our ethnic health promoters to earn the trust of the communities where they work," said Friar. "They successfully develop and sustain trusting relationships with communities members and provide information and services that otherwise wouldn't be accessible."

Holy Cross Hospital provides the Ethnic Health Promoter program with support from the Holy Cross Hospital Foundation, the Maryland Department of Health and Mental Hygiene and Susan G. Koman for the Cure.

Since fiscal 2005, Holy Cross Hospital's ethnic health promoters have had approximately 89,000 encounters with the community, including 19,280 encounters in fiscal 2009 alone.

Vision for the Future

"Cultural, ethnic and racial minorities in our community are no longer hard-to-reach populations," says Friar. "Our efforts cannot be just about how we reach our diverse community members, but how well we establish relationships in a culturally and linguistically sensitive manner as we strive to provide equity in care in the most respectful way we can."



Unique and Innovative Programs

Holy Cross Hospital offers a wide range of services that are a direct result of our commitment to our mission. Many of these programs are unique in the community and would not otherwise be available. These programs meet important community needs and are not expected to generate a positive financial return.

- **Senior Source** – Health and wellness classes, health screenings and intellectually stimulating programs for people age 55 and older. *12,748 encounters**
- **Perinatal Education** – English and Spanish classes to help expectant parents prepare for birth and the care of a newborn. *10,205 encounters**
- **Medical Adult Day Center** – Social, recreational and rehabilitative services for medically disabled or older adults. *5,865 encounters**
- **Caregiver Resource Center** – Free classes, support groups and a resource library for those who care for medically challenged or aging individuals. *4,387 encounters**
- **Kids Fit** – Free children’s multi-component exercise program at Housing Opportunities Commission properties. *4,117 encounters**
- **Nicotine Dependence Center** – Inpatient bedside quitting support, outpatient group counseling program and a support group to help people stop smoking. *2,467 encounters**
- **Pharmacy Programs** – Discounted prescriptions for low-income inpatients and outpatients of the OB/GYN Clinic. *1,383 encounters**
- **Diabetes Programs** – Diabetes prevention programs, self-management education and support groups. *1,232 encounters**
- **Home Care Nurses** – Postnatal home visits to uninsured mothers to create a bridge from birthing care to pediatric care. *1,120 encounters**

**Fiscal 2009*



• Faith Community Nursing Program: Caring for Body, Mind and Spirit

“Health is created in communities as well as medical settings,” said Carmella Jones, RN, FCN, manager, Faith Community Nurse Program, Holy Cross Hospital. *“Building on that belief, faith community nursing has a broad vision of ‘whole health’ that focuses on the connection between spirituality and health.”*

Since 1993, the Holy Cross Hospital Faith Community Nurse Program has assisted faith community nurses and health ministry teams in educating, empowering and equipping members of their faith communities in the pursuit of health, healing and wholeness. Today, more than 60 faith communities that are diverse in denomination, size, race and ethnicity partner with the Faith Community Nurse Program.

As a local, regional and national model, the program offers health education programs, preventive screenings, chronic disease management education, wellness counseling, patient advocacy, resource referral, support group development, services and prayers for healing, and home and hospital visitation programs. In fiscal 2009, the program had 6,370 encounters with community members.

Access to Financial Assistance

An estimated 250,000 adults in Montgomery and Prince George’s counties have no health insurance. Many cannot get the care they need for urgent or chronic health problems because they cannot afford it.

Holy Cross Hospital is committed to reducing financial barriers to health care services for people who are poor or underinsured. Our financial assistance policy provides a systematic and equitable way to provide necessary services free of charge or at reduced charges to individuals who meet certain financial criteria and are unable to pay.

In fiscal 2009, Holy Cross Hospital provided more than \$12.4 million in financial assistance to 6,113 patients. In the past five fiscal years, the hospital provided more than \$48 million in financial assistance.



About Holy Cross Hospital

Holy Cross Hospital is one of the largest hospitals in Maryland. Founded in 1963 by the Congregation of the Sisters of the Holy Cross, today Holy Cross Hospital is a 450-bed, not-for-profit teaching hospital. Holy Cross Hospital is a member of Trinity Health, a national health system.

Community Benefit Planning and Oversight

Holy Cross Hospital's community benefit plan is driven by identified unmet community needs. Our activities focus on positively impacting the health of our community with a continuum of care that is tailored to meet the unique needs of women, infants, seniors, and racial, ethnic and linguistic minorities.

In fiscal 2009, Holy Cross Hospital identified unmet community health needs by participating in community coalitions, commissions, committees, boards, partnerships, advisory groups and panels. Holy Cross Hospital also works closely with the Montgomery County Department of Health and Human Services and supports Montgomery County's Community Health Improvement Process (CHIP), a collaborative program that addresses access to care and health disparities.

In each of the last five years, Holy Cross Hospital has invited representatives of these groups to review its community benefit plan and provide recommendations for the hospital's community benefit focus. The hospital also analyzed needs assessments and data about the market, demographics, socio-economic factors and health service utilization.

Holy Cross Hospital's interdepartmental leadership, CEO review committee on community benefit, and board of trustees plan, monitor and evaluate the hospital's community benefit efforts. Each year the board of trustees approves the plan and the board's mission and strategy committee provides quarterly governance oversight. Initiatives are thoughtfully planned to ensure links between areas in which the hospital has a demonstrated clinical competence and unmet community needs. The hospital also participates with other organizations in the community to leverage community resources toward mutual goals.

For additional information about Holy Cross Hospital Community Benefit, contact Kimberley McBride, coordinator, Community Health, at 301-754-7149 or mcbrik@holycrosshealth.org.

Trinity Health's Mission

We serve together in Trinity Health, in the spirit of the Gospel, to heal body, mind and spirit, to improve the health of our communities and to steward the resources entrusted to us. Our core values are respect, social justice, compassion, care of the poor and underserved, and excellence.

Holy Cross Hospital's Role

Holy Cross Hospital exists to support the health ministry of Trinity Health and to be the most trusted provider of health care services in our area. Our health care team will achieve this trust through:

- High-quality, efficient and safe health care services for all in partnership with our physicians and others
- Accessibility of services to our most vulnerable and underserved populations
- Community outreach that improves health status
- Ongoing learning and sharing of new knowledge
- Our friendly, caring spirit



A MEMBER OF  TRINITY HEALTH

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