COMMUNITY BENEFIT NARRATIVE REPORT

FY2013

FREDERICK MEMORIAL

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 its mandate to oversee the legislation was to establish a reporting system for hospitals to report their community benefits activities. 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 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) 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) hospital community benefit programs.

Reporting Requirements

I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS:

1. Please list the following information in Table I below. For the purposes of this section, "primary services area" means the Maryland postal ZIP code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from largest to smallest number of discharges. This information will be provided to all hospitals by the HSCRC.

Table I

Bed Designation:	**Inpatient Admissions:**	**Primary Service Area Zip Codes**	**All Other Maryland Hospitals Sharing Primary Service Area:**	**Percentage of Uninsured Patients, by County:**	**Percentage of Patients who are Medicaid Recipients, by County:**
298	20,100	21701 21702 21703 21771 21788 21792		Approximately 10% (23,000 people)	Approximately 9%

2. For purposes of reporting on your community benefit activities, please provide the following information:

   a. In Table II, describe significant demographic characteristics and social determinants that are relevant to the needs of the community and include the source of the information in each response. For purposes of this section, social determinants are factors that contribute to a person's current state of health. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature. (Examples: gender, age, alcohol use, income, housing, access to quality health care, education and environment, having or not having health insurance.) (Add rows in the table for other characteristics and determinants as necessary). Some statistics may be accessed from:

      - The Maryland State Health Improvement Process. http://dhmh.maryland.gov/ship/
      - The County Health Profiles 2013 http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx
      - The Maryland Vital Statistics Administration. http://vsa.maryland.gov/html/reports.cfm
      - The Maryland Plan to Eliminate Minority Health Disparities (2010-2014). http://www.dhmh.maryland.gov/mhhd/Documents/1stResource_2010.pdf
      - Maryland ChartBook of Minority Health and Minority Health Disparities 2nd Edition http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf

Table II

Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)	Mt. Airy – (21771 and 21792) The Mount Airy area is predominantly white (92.1%) with smaller Hispanic or Latino (4.7%), African American (2.4%) and Asian (2.2%) populations. The median age is 36, with approximately 20% of the population in each of two ranges: 5-14 and 40-49 years of age. About 10% of all residents are age 62 or older. The population is 51.5% female and 48.5% male. 79% of Mount Airy residents live in family households (a householder and one or more other people related by birth, marriage, or adoption). 86.9% of the housing units are owner-occupied. The poverty level in Mount Airy is 5.3%, well below the state-wide rate of 12.0%. Life expectancy is above the state average at 80.1%. Cancer and heart disease (including stroke) rate highest in terms of causes of death and years of potential life lost. About 5.0% of the residents in this area live with chronic heart disease, just 1.3% have had a stroke, 28.5% have been told they have high blood pressure. 6.1% have been diagnosed with skin cancer and another 6.8% have been diagnosed with another form of cancer. Sources: http://www.city-data.com/poverty/poverty-Mount-Airy-Maryland.html#b http://www.frederickcountymd.gov/documents/7/233/234/DemoProfile_MtAiry.PDF http://frederickcountymd.gov/documents/19/291/306/Community%20Health%20Assessment%20Report%20-%20Frederick%20County%202007.pdf Thurmont – (21788) Thurmont's population is fairly evenly distributed in terms of age, with the largest cohort (18%) in the 40-49 age bracket. Residents are 95.8% white (2.4% Hispanic or Latino) and 1% African American. Nearly 16% of Thurmont's population is age 62 or older. Similarly to Mount Airy, the population is 48.4% male and 51.6% female. 72% of Thurmont residents live in family households, with 74.7% of housing units occupied by the property owner. 7.2% of residents in the area earn income below the poverty level. Again, cancer and heart disease (including stroke) rate highest in terms of causes of death and years of potential life lost. About 4.6% of residents in this area suffer from chronic heart disease, 4.1% have had a stroke, 24.7% have been told they have high blood pressure. 6.8% have been diagnosed with skin cancer and another 8.1% have been diagnosed with another form of cancer. Sources: http://www.city-data.com/poverty/poverty-Thurmont-Maryland.html#b http://www.frederickcountymd.gov/documen

	ts/7/233/234/DemoProfile_Thurmont.PDF http://frederickcountymd.gov/documents/19/291/306/Community%20Health%20Assessment%20Report%20-%20Frederick%20County%202007.pdf Frederick City and Suburbs – (21701, 21702, 21703) Frederick City and its immediate suburbs are more racially diverse than either Thurmont or Mt. Airy, with white (63.9%), African American (18.6%), Hispanic or Latino (14.4%) and Asian (5.8%) groups accounting for the largest percentages. Residents are evenly distributed in terms of age, with the largest group (17%) appearing in the 25-34 age bracket. The population is 48.2% male and 51.8% female. Just 60.5% of this area's residents live in family households, with a relatively even split between owner-occupied (57.6%) and renter-occupied (42.4%) housing. 12.1% of residents in this area live below the poverty level, which is just above the state average of 12.0%. As in the other two areas described, cancer and heart disease (including stroke) rate highest in terms of causes of death and years of potential life lost. 6.5% of the residents in this area live with chronic heart disease, 3.1% have suffered a stroke, 30.2% have been told they have high blood pressure. 4.0% report being diagnosed with skin cancer and another 4.5% have been diagnosed with another form of cancer. Sources: http://www.city-data.com/poverty/poverty-Frederick-Maryland.html#b http://www.frederickcountymd.gov/documents/7/233/234/DemoProfile_FrederickCity.PDF http://frederickcountymd.gov/documents/19/291/306/Community%20Health%20Assessment%20Report%20-%20Frederick%20County%202007.pdf • Frederick County's population growth from 2000 to 2009 was driven by an increase in the number of individuals ages 45 to 64 (36%) and 65 and over (21%). • Specifically, the age groups of residents that experienced the greatest increase were individuals ages 60 to 64 (61%), individuals over the age of 85 (60%), individuals ages 55 to 59 (44%), and individuals ages 20 to 24 (37%). • The only age distribution group of Frederick County residents that decreased from 2000 to 2009 was individuals ages 30 to 39 (-12%). • In the City of Frederick, the age distribution group that experienced the greatest increase was individuals ages 50 to 59 (47%). • In northern Frederick County, the age distribution group that experienced the

	greatest increase was individuals ages 55 to 64 (40%) and the age distribution group that experienced the greatest decrease was individuals ages 25 to 39 (-27%). • In southern Frederick County, the age distribution group that experienced the greatest increase was individuals ages 40 to 64 (41%) and the age distribution group that experienced the greatest decrease was individuals ages 30 to 39 (-5%). • Using forecasted population estimates, the total population for Frederick County is expected to increase by 70% from 2000 to 2030. • From 2000 to 2030, the greatest increases in population are expected to be individuals under the age of 19 (64%) and individuals 65 and older (208%).
Median Household Income within the CBSA	$82,600 http://quickfacts.census.gov/qfd/states/24/24021.html
Percentage of households with incomes below the federal poverty guidelines within the CBSA	6% (US Census QuickFacts)
Please estimate the percentage of uninsured people by County within the CBSA This information may be available using the following links:http://www.census.gov/hhes/www/hlthins/data/acs/aff.html; http://planning.maryland.gov/msdc/American_Community_Survey/2009ACS.shtml	Approximately 10% (23,000 people)
Percentage of Medicaid recipients by County within the CBSA.	Approximately 9% (20,900 people)
Life Expectancy by County within the CBSA (including by race and ethnicity where data are available).See SHIP website: http://dhmh.maryland.gov/ship/SitePages/objective1.aspxand county profiles:http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx	80 years
Mortality Rates by County within the CBSA (including by race and ethnicity where data are available).	See attachment #1
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health statusby County within the CBSA. (to the extent information is available from localor county jurisdictions such as the local health officer, local county officials, or other resources) See SHIP website for social and physical environmental data and county profiles for primary service area information:http://dhmh.maryland.gov/ship/SitePages/measures.aspx	Percent of population who are low income and do not live close to a grocery store = 6% http://www.countyhealthrankings.org/app/maryland/2012/measure/factors/83/map Education levels - See attachment #2
Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions.	See attachment #3 Attachment #3 provides a demographic profile of Frederick County including age, gender, ethnicity, income and language. Source information is included in the

	document.
Other	

b. Please use the space provided to complete the description of your CBSA. Provide any detail that is not already stated in Table II (you may copy and paste the information directly from your CHNA).

Frederick Memorial Hospital, Inc. ("FMH") is a private, non-stock, not-for-profit 501 (c)(3) Maryland corporation organized in 1897. As of July 1, 2011, Frederick Regional Health System became the parent corporation under which the entities described below exist and operate. Frederick Regional Health System is governed by a sixteen member Board of Directors. The Board meets monthly, with election of officers and members occurring at the September meeting. Much of the Board's work is accomplished through standing committees, including the Executive, Finance, Governance, Executive Compensation, Joint Conference (with medical staff), Planning, and Hospital Performance Review Committees.

Frederick Memorial Hospital is a 298-bed acute care hospital located in Frederick, Maryland, approximately 50 miles west of Baltimore and 45 miles northwest of Washington D. C. The Hospital opened in 1902 and is currently the only acute care hospital in Frederick County and the only acute care hospital within a 25-mile radius of the city of Frederick.

The main campus of the Hospital is located on an approximately 15.85-acre site in Frederick, Maryland. The total square footage of the Hospital is approximately 596, 000 square feet. FMH's hospital-based and off-site outpatient services account for over 350,000 visits annually. Its continuum of care services includes a 20-bed skilled nursing unit, and home health services, which makes approximately 35,000 visits per year. In addition, hospital-based hospice services handle approximately 15,000 visits per year.

Frederick Regional Health System is the parent corporation for Monocacy Health Partners, a physician led enterprise composed of the following Health System owned practices:

Frederick Regional Health System provides a full range of acute care services including: medicine, surgery, obstetrics, gynecology, pediatrics, intensive care, coronary care, interventional cardiology, primary stroke program, wound care, joint replacement program, CyberKnife radiosurgery center, psychiatric care, medical fitness, wellness program/center and emergency services.

In addition, the Health System provides a comprehensive range of outpatient services, including: emergency medicine, outpatient surgery, home health, radiation therapy, MRI, PET and CT scanning, medical oncology, and comprehensive women's services.

Through the satellite locations and outpatient centers, the Health System provides: Urgent care, laboratory, diagnostic radiology, ambulatory surgery, vascular imaging, rehabilitation services, pain and palliative care.

See attachment 4

II. COMMUNITY HEALTH NEEDS ASSESSMENT

According to the Patient Protection and Affordable Care Act ("ACA"), hospitals must perform a Community Health Needs Assessment (CHNA) either fiscalyear 2011, 2012, or 2013, adopt an implementation strategy to meet the community health needs identified, and perform an assessment at least every three years. The needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public.

For the purposes of this report, the IRS defines a CHNA as a:

> Written document developed for a hospital facility that includes a description of the community served by the hospital facility: the process used to conduct the assessment including how the hospital took into account input from community members and public health experts; identification of any persons with whom the hospital has worked on the assessment; and the health needs identified through the assessment process.

The written document (CHNA) must include the following:

A description of the community served by the hospital and how it was determined;

A description of the process and methods used to conduct the assessment, including a description of the sources and dates of the data and other information used in the assessment and the analytical methods applied to identify community health needs. It should also describe information gaps that impact the hospital organization's ability to assess the health needs of the community served by the hospital facility. If a hospital collaborates with other organizations in conducting a CHNA the report should identify all of the organizations with which the hospital organization collaborated. If a hospital organization contracts with one or more third parties to assist in conducting the CHNA, the report should also disclose the identity and qualifications of such third parties;

A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility, including a description of when and how the hospital consulted with these persons

(whether through meetings, focus groups, interviews, surveys, written correspondence, etc.). If the hospital organization takes into account input from an organization, the written report should identify the organization and provide the name and title of at least one individual in such organizations with whom the hospital organization consulted. In addition, the report must identify any individual providing input who has special knowledge of or expertise in public health by name, title, and affiliation and provide a brief description of the individual's special knowledge or expertise. The report must identify any individual providing input who is a "leader" or "representative" of certain populations (i.e., healthcare consumer advocates, nonprofit organizations, academic experts, local government officials, community-based organizations, health care providers, community health centers, low-income persons, minority groups, or those with chronic disease needs, private businesses, and health insurance and managed care organizations);

A prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs; and

A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Examples of sources of data available to develop a CHNAinclude, but are not limited to:

(1) Maryland Department of Health and Mental Hygiene's State Health Improvement Process (SHIP) (http://dhmh.maryland.gov/ship/);
(2) SHIP's CountyHealth Profiles 2012 (http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx);
(3) The Maryland ChartBook of Minority Health and Minority Health Disparities (http://dhmh.maryland.gov/mhhd/Documents/2ndResource_2009.pdf);
(4) Consultation with leaders, community members, nonprofit organizations, local health officers, or local health care providers;
(5) Local Health Departments;
(6) Local Health Departments (http://www.countyhealthrankings.org);
(7) Healthy Communities Network (http://www.healthycommunitiesinstitute.com/index.html);
(8) Health Plan ratings from MHCC (http://mhcc.maryland.gov/hmo);
(9) Healthy People 2020 (http://www.cdc.gov/nchs/healthy_people/hp2010.htm);

(10) Behavioral Risk Factor Surveillance System (http://www.cdc.gov/BRFSS);

(11) Focused consultations with community groups or leaders such as superintendent of schools, county commissioners, non-profit organizations, local health providers, and members of the business community;

(12) For baseline information, a CHNA developed by the state or local health department, or a collaborative CHNAinvolving the hospital; Analysis of utilization patterns in the hospital to identify unmet needs;

(13) Survey of community residents; and

(14) Use of data or statistics compiled by county, state, or federal governments.

In order to meet the requirement of the CHNA for any taxable year, the hospital facility must make the CHNA widely available to the Public and adopt an implementation strategy to meet the health needs identified by the CHNA by the end of the same taxable year.

The IMPLEMENTATION STRATEGY must:

a. Be approved by an authorized governing body of the hospital organization;
b. Describe how the hospital facility plans to meet the health need; or
c. Identify the health need as one the hospital facility does not intend to meet and explain why it does not intend to meet the health need.

1. Has your hospital conducted a Community Health Needs Assessment that conforms to the IRS definition detailed on pages 4-5 within the past three fiscal years?

X Yes
_ No

Provide date here. __/__/__ (mm/dd/yy)

If no, please provide an explanation

If you answered yes to this question, provide a link to the document here.

http://www.fmh.org/workfiles/Community%20Health%20Assessment%20PDF.pdf

2. Has your hospital adopted an implementation strategy that conforms to the definition detailed on page 5?

   X Yes
   _ No

   If no, please provide an explanation

   If you answered yes to this question, provide a link to the document here.

   http://www.fmh.org/workfiles/Community%20Health%20Assessment%20PDF.pdf (See Page 99 of CHNA)

III. COMMUNITY BENEFIT ADMINISTRATION

1. Please answer the following questions below regarding the decision making process of determining which needs in the community would be addressed through community benefits activities of your hospital?

   a. Is Community Benefits planning part of your hospital's strategic plan?

      X Yes
      _ No

      If no, please provide an explanation

   b. What stakeholders in the hospital are involved in your hospital community benefit process/structure to implement and deliver community benefit activities? (Please place a check next to any individual/group involved in the structure of the CB processand provide additional information if necessary):

      i. Senior Leadership

         1.X CEO
         2.X CFO
         3.X Other (Please Specify)
         Vice President for Business Development; AVP, Patient Care Services; Director, Cultural Awareness and Inclusion

      ii. Clinical Leadership

1.X Physician
2.X Nurse
3.X Social Worker
4._ Other (Please Specify)

iii.Community Benefit Department/Team

1._ Individual (please specify FTE)
2.X Committee (please list members)
Jim Williams, Vice President, Business Development; Harry Grandinett, Director, Marketing and Communications; Dr. Rachel Mandel, AVP, Physician Relations; Cookie Verdi, Community Outreach Coordinator; Phil Giuliano, Manager, Safety & Security; Lanette Battles, Director, Respiratory Services; Tom Schupp, Manager, Stroke Program; Janet Harding, Director, Diversity & Inclusion; Carol Mastalerz, Director, Oncology Services; Dominique Rubert, Director, Behavioral Health; Katherine Murray, Director, Women's & Children's Services; Laura Jackson, Manager, Emergency Services
3._ Other (Please Specify)

c. Is there an internal audit (i.e., an internal review conducted at the hospital) of the Community Benefit report?

Spreadsheet X Yes _ No
If you answered no to this question, please explain why?

Narrative X Yes _ No
If you answered no to this question, please explain why?

d. Does the hospital's Board review and approve the FY Community Benefit report
that is submitted to the HSCRC?

Spreadsheet X Yes _ No
If you answered no to this question, please explain why?

Narrative X Yes _ No
If you answered no to this question, please explain why?

IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

This information should come from the implementation strategy developed through the CHNA process.

1. Please use Table III (see attachment) to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each initiative and how the results will be measured, time allocated to each initiative, key partners in the planning and implementation of each initiative, measured outcomes of each initiative, whether each initiative will be continued based on the measured outcomes, and the current FY costs associated with each initiative. Please be sure these initiatives occurred in the FY in which you are reporting.

   For example for each principal initiative, provide the following:

   a Identified need: This includes the community needs identified by the CHNA. Include any measurable disparities and poor health status of racial and ethnic minority groups.
   b. Name of Initiative: insert name of initiative.
   c. Primary Objective of the Initiative: This is a detailed description of the initiative, how it is intended to address the identified need, and the metrics that will be used to evaluate the results (Use several pages if necessary)
   d. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
   e. Key Partners in Development/Implementation: Name the partners(community members and/or hospitals) involved in the development/implementation of the initiative. Be sure to include hospitals with which your hospital is collaborating on this initiative.
   f. How were the outcomes of the initiative evaluated?
   g. Outcome: What were the results of the initiative in addressing the identified community health need, such as a reduction or improvement in rate? (Use data to support the outcomes reported). How are these outcomes tied to the objectives identified in item C?

h. Continuation of Initiative: Will the initiative be continued based on the outcome?

i Expense: What were the hospital's costs associated with this initiative? The amount reported should include the dollars, in-kind-donations, or grants associated with the fiscal year being reported.

Initiative 1

Identified Need	Chronic disease management: Lung Disease • FMH data shows that the preponderance of lung disease strikes white women, 65 + years of age. That cohort accounts for 53% (1,089) of the 2,071 respiratory patients admitted to FMH in FY2012. • The African American community is impacted by a greater degree as measured by percentage of that race's population in Frederick. • In FY 2012, the total number of cases (inpatient and outpatient) with the diagnosis of asthma or a disease of the respiratory system equaled 19,490. • Fourteen percent of adults and eleven percent of children in Frederick County have asthma.
Hospital Initiative	Camp YesUCan - Asthma camp for children
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Camp YesUCan is a day-long event for children with asthma. The goal of the camp is to remind children with asthma that they can safely enjoy sports and many other outdoor activities without fearing the onset of an asthma attack. Thirteen (13) children participated in this year's event. Under the watchful supervision of highly skilled nurses, respiratory therapists and certified asthma educators – the campers learned how asthma attacks start and how they can be avoided. They were taught how to take their medications appropriately and what to do to manage the onset of an attack.
Single or Multi-Year InitiativeTime Period	Multi-year event.
Key Partners and/or Hospitals in initiative development and/or implementation	Frederick County Health Department Frederick County Public Schools Mid-Maryland Chapter of the American Lung Association
How were the outcomes evaluated?	In addition to the primary objective of increasing awareness about the dangers of untreated and uncontrolled asthma in children, ages 6 to 16; a secondary objective of the camp is to decrease the number of emergency department patients presenting with a primary diagnosis of asthma attack. The participants in this year's Camp YesUCan were all well known to the Respiratory Therapy staff and to the nurses and physicians in the FMH Emergency Department. Each of the children had logged numerous repeat visits to the ED due an exacerbation of their asthma symptoms. In FY13, the emergency department staff in conjunction with Respiratory Therapy recorded the incidence of these patients requiring emergency intervention due to an asthma attack or an exacerbation of symptoms.

Outcome (Include process and impact measures)	Of the 13 participants in this year's Camp YesUCan, only 2 required emergency department intervention for asthma attack symptoms. In FY 12, July 1, 2011 – June 30, 2012, the cost of caring for the 12 children who attended Camp YesUCan was $13,586.00. So far, in FY 13, July 1, 2012 through November 8, 2012, the children who attended the camp have logged only $478.00 in care expense. This puts the camp experience on track for decreasing cost for caring for participants by more than $12,000.
Continuation of Initiative	The FMH Pulmonary Community Outreach Program will continue with Camp YesUCan and the other programs, events and educational opportunities to inform the community about practicing good lung health and controlling environmental triggers.
Cost of initiative for current FY?	$907

Initiative 2

Identified Need	Chronic disease management: Heart Disease • FMH data shows that the preponderance of heart disease strikes white men, 65 + years of age . The cohort accounts for 49% (1,628) of the 3,206 heart patients admitted to FMH in FY 2012. • The African American community is impacted by a greater degree as measured by percentage of that race's population in Frederick. • In FY 2012, the total number of cases (inpatient and outpatient) with the diagnosis of heart disease or a disease of the circulatory system equaled 28, 467. • Six percent of the Frederick County population suffers from chronic heart disease.
Hospital Initiative	Stroke Workshops
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Stroke Workshops were provided to those communities in our service area where the incidence of heart and vascular disease are more prevalent with the goal of increasing awareness about the signs and symptoms of stroke. The Director of the FMH Stroke Program attended a number of community meetings and event to educated attendees about the risk factors associated with cardiovascular disease. Attendees are given information on risk factors and steps they can take right away to change their own risk for stroke.
Single or Multi-Year InitiativeTime Period	Multi-year initiative
Key Partners and/or Hospitals in initiative development and/or implementation	Frederick County Health Department Frederick County Community Action Agency American Heart Association
How were the outcomes evaluated?	Because the onset of coronary artery disease, vascular disease and the predilection to atherosclerosis all have a genetic component,

	it is difficult to ascertain what impact, if any, a focused awareness campaign about the signs and symptoms of stroke may have on a given population. An immediate evaluation tool was used to assess whether the attendees learned and retained some of the pertinent information presented in the workshops.
Outcome (Include process and impact measures)	At the conclusion of the workshops, approximately ninety-eight (98%) percent of the attendees are able to name and identify stroke signs and symptoms and know what to do in case they, or someone they know, are having a stroke.
Continuation of Initiative	FMH will continue to offer free Stroke Workshops to the citizens of Frederick County to increase awareness and provide details on stroke care and prevention. Efforts will focus even more specifically in those underserved communities in which the incidence of cardiovascular disease is highest in Frederick County.
Cost of initiative for current FY?	$621

Initiative 3

Identified Need	Chronic disease management: Breast Cancer • FMH data shows that cancer strikes white women, 65 + years of age. That cohort accounts for 55% (329) of the 596 patients admitted to FMH in FY2012 with a cancer diagnosis. • Caucasians are impacted by a greater degree as measured by percentage of that race's population in Frederick. • In FY 2012, the total number of cases (inpatient and outpatient) with the diagnosis of neoplasm equaled 14,761. • Eight percent of the Frederick County population is currently listed in the FMH Cancer Registry. Breast Cancer Breast cancer is the most prevalent site of cancer diagnosed and treated at FMH. In 2012, the total number of breast cancer patients at FMH was 211, or 25.5% of the total number of cancer patients diagnosed and treated at FMH. This represents an 18% increase in volumes from the total seen in 2011. The increase in volume is evidence that the hospital's awareness and educational programs are working well, especially given the fact that analysis of Stage at Diagnosis shows the largest proportion - 41% - are diagnosed at Stage I.
Hospital Initiative	The 8th Annual Breast Cancer Symposium
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	The purpose of these outreach efforts is to influence a woman's decision to practice monthly breast self examinations, be

	examined yearly by a health care provider, have a yearly mammogram as indicated by screening protocols. The overarching goal is to decrease the incidence of late-stage breast cancer diagnosis in Frederick County. The theme for this free and open to the public event was "Celebrating Life & Embracing Changes." Fellowship breasts surgeon, Dr. Susan Bahl spoke about life after breast cancer. Medical Oncologist, Dr. Mark Goldstein spoke about the importance of creating a survivorship plan after a diagnosis of breast cancer; and Dr. Sadaf Taimur spoke about healthy living strategies. (See attachment 14)
Single or Multi-Year InitiativeTime Period	Mulit-year
Key Partners and/or Hospitals in initiative development and/or implementation	Frederick County Health Department Monocacy Health Partners
How were the outcomes evaluated?	The purpose of these outreach efforts is to influence a woman's decision to practice monthly breast self examinations, be examined yearly by a health care provider, have a yearly mammogram as indicated by screening protocols. The overarching goal is to decrease the incidence of late-stage breast cancer diagnosis in Frederick County. The theme for this free and open to the public event was "Celebrating Life & Embracing Changes." Fellowship breasts surgeon, Dr. Susan Bahl spoke about life after breast cancer. Medical Oncologist, Dr. Mark Goldstein spoke about the importance of creating a survivorship plan after a diagnosis of breast cancer; and Dr. Sadaf Taimur spoke about healthy living strategies. (See attachment 14)
Outcome (Include process and impact measures)	Over the past 5 years, the FMH cancer registry has recorded an increase in the number of breast cancers diagnosed in Stage I and Stage II. See attachment 9.
Continuation of Initiative	Given the favorable outcomes as measured by the number of breast cancer patients presenting in the early stages of the disease, FMH plans to continue hosting the Breast Cancer Symposium for many years to come.
Cost of initiative for current FY?	$510

Initiative 4

Identified Need	Access to Care: Dental/Oral Health Care Dental care provision is a large and growing concern in Frederick County. While a number of "safety-net" providers have been referenced in this report, nothing takes the place of a conscientiously applied program of regular dental care. There is an inadequate supply of dentists, the cost of dental insurance is too high, and the number of dentists accepting Medicaid is dwindling every year. The data-driven evidence that such a clinic is greatly need is clear when the outpatient – and inpatient – number of dental cases is analyzed over time. (See attachments 10, 11, 12)
Hospital Initiative	Partnership to establish a free dental clinic in Frederick County
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	Frederick Memorial Hospital has been working to lay the groundwork to establish a dental clinic in Frederick County. The progress that we have made is illustrative of a dynamic working relationship between government, academia, the private sector, non-profits and Frederick Memorial Hospital. The hospital has played a pivotal role in initiating talks between local officials and the University of Maryland Dental School.
Single or Multi-Year InitiativeTime Period	2013 - 2016
Key Partners and/or Hospitals in initiative development and/or implementation	Frederick County Health Department, Frederick County Dental Society, University of Maryland Dental School, Carroll Creek Rotary Club, The LHIP Access to Dental Care Work Group, Mission of Mercy, and The Religious Coalition
How were the outcomes evaluated?	The establishment of a dental clinic in Frederick County is a work in progress. The ultimate outcome will not be known until the 2014-2015 time frame.
Outcome (Include process and impact measures)	In late December of 2012, Christian S. Stohler, DMD, Dean of University of Maryland Dental School and Marcelena Holmes, Assistant Dean of Institutional Advancement, confirmed their plans to work with the hospital to start a dental clinic in Frederick.
Continuation of Initiative	FMH will work with the University to help identify a location for the clinic and will engage with the Frederick Dental Society to recruit area Dentists to participate in the development of the facility, the curriculum and provide oversight as necessary.
Cost of initiative for current FY?	$11,209

Initiative 5

Identified Need	Access to care: Prenatal Care

Hospital Initiative	The FMH Auxiliary Prenatal Center
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	The FMH Auxiliary Prenatal Center provides prenatal care for women with no insurance - or with Medicaid programs who are unable to obtain care from other providers. Many of the women in the Prenatal Center's programs are high-risk pregnancy patients, and many of the women present with medical conditions of which they are unaware, that may pose significant risk to full-term fetal development. The staff of the FMH Auxiliary Prenatal Center – 2 nurse midwives, a medical assistant, a department assistant, and an interpreter – under the direction of Dr. Edwin Chen, Medical Director for the Prenatal Center, and Dr. Wayne Kramer, perinatology consultant with the practice of Mid Maryland Perinatology Associates, are able to diagnose and treat these underlying conditions before they adversely affect the course of the pregnancy. Access to the FMH Auxiliary Prenatal Center is mainly through referrals from the Frederick County Health Department (FCHD), and the Frederick County Mission of Mercy. Before the FMH Prenatal Center opened, there was a backlog of 80 patients waiting to be seen at the Mission of Mercy. The opening of the Prenatal Center has completely eliminated that backlog of patients. There is no waiting time at all at the Mission of Mercy.
Single or Multi-Year InitiativeTime Period	This is a well established FMH service and will continue in perpetuity
Key Partners and/or Hospitals in initiative development and/or implementation	Frederick County Health Department Frederick County Department of Social Services The FMH Auxiliary Mission of Mercy
How were the outcomes evaluated?	The efficacy of Prenatal Center care is measured against the number of Prenatal Center births that required admission to the FMH Neonatal Intensive Care Unit.
Outcome (Include process and impact measures)	In FY13, 264 newborn deliveries were from women who sought prenatal care through the FMH Auxiliary Prenatal Center. Of those births, 18 (7%) newborns required admission to the FMH Neonatal Intensive Care Unit. In FY06, 372 newborn deliveries were from women who had no neonatal care. Of those births, 57 (15%) required admission to the FMH Neonatal Intensive Care Unit.
Continuation of Initiative	The Frederick Regional Health System will continue to fund operations of the FMH Prenatal Center through the generosity of the FMH Auxiliary.
Cost of initiative for current FY?	$146,062

Initiative 6

Identified Need	Access to care: Care Management One of the main reasons for hospital re-admission is the fact that discharged patients have historically received little or no guidance relative to follow-up visits with physicians, filling and taking their prescribed medications, making appointments for rehabilitation, etc. Patients identified as high ED utilizers, and/or patients returning to the hospital within 30 days of discharge, meet with either an RN or Social Work case management in an effort to understand why a patient has returned after discharge and or has frequent visits to the emergency room. The results overwhelmingly supported the need to establish a plan for access to; medications, follow up physician appointments, transportation, and other medical/social support in the community.
Hospital Initiative	Care Transitions
Primary Objective of the Initiative/Metrics that will be used to evaluate the results	The Care Transitions Program rolled out in July of 2012 with 1,038 patients receiving interventions from our Care Transitions RN and 470 patients receiving some intervention from a Care Transition Pharmacist. Through the work of our Care Transitions team patients receive more focused disease management education, and intensive transition planning, which often includes financial support for medications, follow up physician appointments, transportation and various other medical and social support services in the community. As the team of Care Transitions nurses, social workers and pharmacist works closely with patients who have been identified as high risk for readmission a great deal of time and energy is spent working with patients and caregivers to establish a post discharge plan. This includes discussing affordability and access to the necessary services. If the Care Transition team, or case manager, identifies the need for financial assistance arrangements are made directly with the post acute provider to ensure the patient will have the necessary access to service without concern for cost. Collaborative partnerships have established with the community to ensure services are provided and appropriate charges covered by the Care Transitions Program.
Single or Multi-Year InitiativeTime Period	On-going
Key Partners and/or Hospitals in initiative development and/or implementation	Walgreens, Whitsell's, local skilled nursing facilities, community primary care and specialty practices, FMH Immediate Care, Hospice of Frederick County, home care, Right at Home, Davita Dialysis Centers.
How were the outcomes evaluated?	The effectiveness of the interventions is evaluated on a daily basis by tracking the residivism rates of patients returning to the

	ED and or the hospital for acute care. Additionally, success is measured thru our patient satisfaction with the discharge process, which almost simultaneously with the program patient satisfaction moved from the “78th” percentile to the 85th and has not dropped since.
Outcome (Include process and impact measures)	Of the 1508 patients served by the Care Transition Team, approximately 20% (302) receive some amount of financial support to ensure access to the necessary care after discharge. Without the financial assistance the most vulnerable and at risk patients would continue to require care within the hospital or ED setting.
Continuation of Initiative	The Care Transitions initiative is on-going
Cost of initiative for current FY?	$76,042

2. Were there any primary community health needs that were identified through the CHNA that were not addressed by the hospital? If so, why not? (Examples include other social issues related to health status, such as unemployment, illiteracy, the fact that another nearby hospital is focusing on an identified community need, or lack of resources related to prioritization and planning.) This information may be copied directly from the CHNA that refers to community health needs identified but unmet.

Mental Health
Today an estimated 22.1% of adults in America - about one in five - suffer from a diagnosable mental disorder in any given year. In addition, four of the ten leading causes of disability are mental disorders. While Frederick County's rate of emergency department visits related to behavioral health per 100,000 population is less than the Maryland Healthy Communities target of 5,028, it remains a significant – and growing - problem in the county. The Frederick County figure for 2010 was 3,725 per 100,000 population. In 2011 the figure grew to 4,422. That is an increase of 84% per 100,000 population.
Frederick Memorial Hospital provides behavioral health care to patients who come to the hospital for help. Because we are hospital-based, we offer a full continuum of services. Our highly specialized team consists of board certified psychiatrists, clinical nurses, mental health associates, clinical nurse specialists, physical therapists, occupational therapists and clinical social workers.
Addressing the community's behavioral health needs is an important and urgently needed facet of care that is missing in Frederick County. While FMH recognizes this issue must be addressed moving forward, the organization will not be able to respond in the near term because of facility constraints and the lack of the infrastructure necessary to sustain the kinds of programs that would make an impact in this area. Until we are given permission by the HSCRC to expand inpatient bed capacity, and the economic environment is such that funds will be available for the necessary construction, FMH will continue to participate in the County's ongoing needs assessment process, and support with in-kind services and dollars those agencies better positioned to immediately manage the near crisis conditions our community is currently experiencing.
Frederick County Health Department
Mental Health Association
Way Station of Frederick County: Frederick Memorial Hospital is exploring an

opportunity to partner with Way Station to open a primary care and mental health clinic in Frederick County. The goal of the Patient Health Home Program will be to reduce healthcare costs associated with the clients served while improving the overall health status of the community.
(See attachment 15)

V. PHYSICIANS

1. As required under HG§19-303, 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.

FMH has developed a strategic physician manpower plan that provides for the recruitment of primary care physicians, and those physicians practicing in specialty and subspecialty care for which there will be increased need moving forward.

Adult Primary Care:

The physician manpower plan calls for the incremental increase of 5 to 6 adult primary care practitioners plus 4 extenders (Physician Assistants, Nurse Practitioners) within a 2 year time frame. The placement of the physicians has been researched and analyzed to ensure the equitable geographic distribution of primary care within Frederick County

Medical Specialty Care:

As the capabilities of Frederick Regional Health System expand in response to demand and more educated consumer needs/wants, Frederick County will require an influx of specialty and sub-specialty practices to provide advanced modality care. The physician manpower plan has mapped out supply and demand to the year 2016, and provided a recruitment road map for specialty physician practices.

See attachment 5

2. If you list Physician Subsidies in your data in category C of the CB Inventory Sheet, please indicate the categoryof subsidy, and explain why the services would not otherwise be available to meet patient demand. The categories include: Hospital-based physicians with whom the hospital has an exclusive contract; Non-Resident house staff and hospitalists; Coverage of Emergency Department Call; Physician provision of financial assistance to encourage alignment with the hospital financial assistance policies; and Physician recruitment to meet community need.

In order to fulfill our mission, The Health System has entered into a number of

exclusive contracts and/or subsidy arrangements with hospital based physicians/physician groups. These arrangements provided for timely patient care in a cost effective manner, and allow for efficient allocation of physician time and resources.

The following specialty practice physicians are subsidized to be on-call, 24/7 at FMH:

FMH Hospitalists are specialists trained in the care of hospitalized patients. They provide care to the patients of those physicians with whom they have established a relationship, and assume the medical management of the patient throughout the duration of their hospital stay. The hospitalists also provide care to those patients who do not have a primary care physician and/or are uninsured.

FMH expanded its Hospitalist program by including two new in house programs: Surgicalists and Pediatric Hospitalists.

Surgicalists are surgeons who are in-house 24/7 and ensure that Frederick County residents receive around-the-clock quality surgical care. Surgicalists not only provide better access to the highest quality surgical care, but are available to answer patients' questions about their surgical procedure.

FMH has expanded its service provision relative to our pediatric populations. A subset of our Hospitalist program is Pediatric Hospitalists, physicians who specialize in the medical management of the hospitalized pediatric patient. In addition, some of our Pediatric Hospitalists have advanced training in pediatric emergency services and provide care in our Pediatric Emergency Department that is co-located with our inpatient pediatric unit on the second floor of the hospital.

The FMH Intensivist program was initiated as an adjunct service for the expansion of the FMH Heart Service line. With the advent of the Interventional Cardiology Program, it was necessary to have 24/7 specialty care in the Intensive Care unit. Intensivists are physicians who have special training in critical care medicine. The specialty requires additional fellowship training for physicians who complete their primary residency training in internal medicine, anesthesiology, or surgery. Research has demonstrated that ICU care provided by intensivists produces better outcomes and more cost effective care.

FMH's recent designation as a Neonatal Intensive Care center has increased the number of high-risk pregnancies choosing to delivery in our BirthPlace. An

increase in our demographic profile of those individuals less likely to have adequate – or any – prenatal care has also increased the probability that immediate/emergent obstetrical care be available. Our obstetric on-call schedule permits for that need 24/7.

FMH's Emergency Department is the third busiest ED in Maryland, registering over 83,000 annual patient visits in FY13. Because of the nature of our growing community, and the severity of the emergencies encountered, it is increasing necessary to provide around-the-clock physician specialty care. A variety of specialty and sub-specialty physicians are on call to provide the emergent care 24/7.

In addition to the on-site, 24/7, OB anesthesiology coverage, FMH has a "first-call" anesthesiologist available to cover emergency cases should the in house anesthesiologist be occupied with another patient. The availability of an on-call anesthesiologist has decreased the time interval between diagnoses and surgical intervention, resulting in significantly better patient outcomes.

FMH contracted a group of Interventional Cardiologist to provide 24-hour service for emergency angioplasty services. The Interventionalists are available 7-days a week and serve as the Code Heart Team leaders when responding to an emergency situation.

Appendix I - Describe FAP

APPENDIX 1

Charity Care Policy Information to Patients

Frederick Regional Health System posts its charity care policy and financial assistance contact information in admission areas, the FMH Emergency Department, and in all of our satellite facilities in areas where eligible patients are likely to present. The verbiage is clean, clear and concise.

FMH provides a summary of the Charity Care Policy and financial assistance contact information to all patients at the time of admission to the hospital.

FMH admissions personnel discuss the availability of various government benefits such as Medicaid or state programs with patients and/or their family members, and they assist patients with qualification for the programs.

For Patients
Financial Assistance

The Frederick Memorial Hospital Financial Assistance Program

Frederick Memorial Hospital is committed to being the most trusted health care provider in our community. That involves a commitment to provide accessible services to individuals who do not have the resources to pay for necessary care.

Frederick Memorial Hospital has a financial assistance program that offers free or discounted services to patients who qualify. Applications and information are available through the financial counselors, cashiers and in patient registration areas. Your hospital bill will not include fees charged by non-hospital-employed physicians. These fees will appear on separate bills, sent to your home, from the physicians who perform the services.

For more information, visit one of our patient registration areas, or call Financial Counseling at 240-566-3311.

Para Nuestros Pacientes
Ayuda Financiera

El Programa de Ayuda Financiera del Hospital Memorial de Frederick

El Hospital Memorial de Frederick se compromete a ser el mejor proveedor de cuidados de salud en nuestra comunidad. Esto significa el cumplir con nuestro compromiso a proveer servicios accesibles a aquellas personas que no tienen los recursos para pagar por el cuidado necesario.

El Hospital Memorial de Frederick tiene un programa de ayuda financiera que ofrece a los pacientes que califican cuidado gratis o a un descuento. La aplicación y la información acerca de este programa se pueden obtener a través de nuestros Consejeros Financieros, las Cajeras, y en las áreas de inscripción del hospital. Recuerde que el cobro del hospital no incluirá cobros de los doctores que lo atendieron en el hospital. Éstos enviarán por separados sus cobros.

Para obtener más información favor visitar una de nuestras áreas de inscripción, o llame a la oficina de los Consejeros Financieros marcando el 240-566-3311.

Appendix II - Hospital FAP

APPENDIX 2

Financial Assistance Policy

Frederick Memorial Healthcare System
POLICIES AND PROCEDURES Policy #: FN 100

TITLE: Financial Assistance Policy

Chapter: Finance **Effective Date:** 1/1/11
Responsible Person: Vice-President of Finance **Reviewed Date:**
Revised Date:

This policy is intended as a guideline to assist in the delivery of patient care or management of hospital services. It is not intended to replace professional judgment in patient care or administrative matters.

PURPOSE:
It is the policy of Frederick Memorial Hospital to provide Financial Assistance based on indigence or high medical expenses for patients who meet specified financial criteria.

POLICY:

FMH will publish the availability of Financial Assistance on a yearly basis in the local newspaper and will post notices of availability at appropriate intake locations. Notice of availability will also be included as part of the admission packet and will be included with patient bills. A summary of the Financial Assistance policy will be posted in Admitting, the Emergency department, key registration areas and Patient Financial Services.

PROCEDURE:

1.0 Patients shall receive financial assistance if the meet any one of following three guidelines: Financial Assistance Guidelines, Financial Hardship Guidelines, and the Social Service Program Guidelines. If a patient qualifies for more than one of the guidelines, the guideline that is most favorable to the patient will be used.

2.0 Financial Assistance Guidelines - Financial eligibility criteria will be based on gross family income of the patient and/or responsible guarantor, the family size, and the monetary assets.

2.1 Gross income refers to money wages and salaries from all sources before deductions. Income also refers to social security payments, veteran's benefits, pension plans, unemployment and worker's compensation, trust payments, alimony, public assistance, union funds, income from rent, interest and dividends or other regular support from any person living the in the home or outside of the home.

2.2 Family size is determined by each person living on the gross family income.

2.3 Monetary assets are liquid and near liquid assets such as cash, savings accounts, certificates of deposit, money market accounts, stocks, bonds, mutual funds, etc. Monetary assets exclude primary residences and retirement accounts. At a minimum, the first $20,000 of monetary assets may not be considered when determining eligibility for free or reduced cost care for Financial Assistance.

2.4 Patients will receive 100% financial assistance for incomes at 200% or less of Federal Poverty Guidelines if their monetary assets are below $20,000. If the patient/guarantor's monetary assets are above $20,000, less than 100% financial assistance may be provided.

Page 1 of 5

Frederick Memorial Healthcare System
POLICIES AND PROCEDURES Policy #: FN 100

TITLE: Financial Assistance Policy

Chapter: Finance **Effective Date:** 1/1/11
Responsible Person: Vice-President of Finance **Reviewed Date:**
Revised Date:

2.5 Patients will receive partial financial assistance for incomes over 200%, but less than 300% of Federal Poverty Guidelines if their monetary assets are below $20,000. The amount of partial financial assistance a patient is to receive is outlined in Attachment A – Frederick Memorial Hospital Financial Assistance Program. If the patient/guarantor's monetary assets are above $20,000, the financial assistance provided may be less than outlined in Attachment A.

2.6 All other resources will first be applied including Medicaid Medical Assistance before the Financial Assistance adjustment will be given.

2.8 FMH may use publicly available tools to estimate patients' financial status and provide presumptive charity based on established guidelines. Presumptive charity will be provided only after all other payment avenues are exhausted.

2.9 Some persons may exceed established income levels but still qualify for Financial Assistance when additional factors are considered. These will be reviewed on a case by case basis.

2.10 Patients shall remain eligible for financial assistance when seeking subsequent care at FMH during the 12-month period beginning on the date on which financial assistance was initially received.

3.0 Financial Hardship Guidelines - Financial hardship guidelines apply when medical debt incurred by a family over a 12-month period exceeds 25% of family income, and their income is less than 500% of Federal Poverty Guidelines, and monetary assets do not

3.1 Medical debt is defined as out-of-pocket expenses, excluding copayments, coinsurance, and deductibles, for medical costs billed by the hospital. Patients meeting the financial hardship guidelines are eligible for reduced cost care.

3.2 Patients shall remain eligible for financial hardship when seeking subsequent care at FMH during the 12-month period beginning on the date on which the reduced-cost necessary care was initially received.

3.3 At a minimum, the first $20,000 of monetary assets may not be considered when determining eligibility for free or reduced cost care for Financial Hardship.

4.0 Social Service Program Guidelines - Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the following means-tested social services programs are deemed eligible for free care, provided that the patient submits proof of enrollment:

a. Households with children in the free or reduced lunch program
b. Supplemental Nutritional Assistance Program (SNAP)
c. Low-income-household energy assistance program

Page 2 of 5

d. Primary Adult Care Program (PAC) (until such time as inpatient benefits are added to the PAC benefit package; or
e. Women, Infants and Children (WIC)

4.1 Patients shall remain eligible for Social Service financial assistance when seeking subsequent care at FMH during the 12-month period beginning on the date on which financial assistance was initially received.

4.2 A monetary asset test will not be applied to patients who meet Social Service program guidelines.

5.0 PROCEDURES AND RESPONSIBILITIES:

5.1 During the registration/intake process, patients will be provided an information sheet that describes the hospital's financial assistance policy, patients rights and obligations with regard to hospital billing and collection under the law, how to apply for free and reduced-cost care, how to apply for Medical Assistance, and information that hospital and physician billing is separate. FMH staff will be available to work with the patient, the patient's family, and the patient's authorized representative in order to explain this information.

If the patient was unable to receive the information sheet at registration, the information sheet will be provided before discharge. The information sheet will also be provided with the hospital bill and upon request.

5.3 If a patient inquires about financial assistance or we determine the patient may qualify for financial assistance, a Maryland State Uniform Financial Assistance Application will be provided to the patient (either in person or via mail if patient is not in person).

5.4 During the application process, one or more of the following specific documents must be submitted to gain sufficient information to verify income for each employed family member:

a. Copy of payroll stub to include year to date wages.
b. Letter from federal or state agency indicating the amount of assistance received.
c. Copy of most recently filed federal income tax return.
d. List and value of monetary assets

5.5 Completed applications will be forwarded to the Customer Services Unit of the Patient Financial Services Department for review. Applications are to be retained for at least two (2) years.

5.6 An approval or denial letter will be sent directly to the patient or responsible guarantor to inform of the final disposition of the request for Financial Assistance.

5.7 Probable determination for Financial Assistance will be completed within two (2) business days.

5.8 The approval process for financial assistance is as follows:

a. Financial Assistance:
Approval levels for patients who qualify for Financial Assistance:
- < $10,000: Patient Financial Services Manager or his/her designee.
- $10,000 - $50,000: Patient Financial Services Director or his/her designee
- > $50,000: VP of Finance or his/her designee.

b. Financial Hardship:
A Financial Assistance Committee will be established to review/approve patients who qualify under the Financial Hardship guidelines. The committee will include, but is not limited to, the following members: VP of Finance, Patient Access Director, PFS Director, and Director of Care Management. The committee will review each case on its merits and determine the level of financial assistance.

b. Social Service Program
The Patient Financial Services Manager or his/her designee can approve all patients who qualify for assistance under the Social Service Programs Guidelines, regardless of balance.

5.9 If a financial assistance request is denied, the patient or responsible guarantor may appeal the decision. Appeals will be reviewed for final determination as follows:
- < $10,000: Patient Financial Services Director.
- $10,000 - $50,000: VP of Finance
- > $50,000: Financial Assistance Committee.

5.10 Hospital contracted vendors will be required to follow this FMH policy.

5.11 Write offs of accounts meeting the criteria will be noted as financial assistance.

5.12 Refunds will be provided for amounts collected from a cooperative patient or guarantor of a patient who was found eligible for free care within two (2) years of the date of service. Patients or guarantors deemed to be uncooperative in providing required information may have their eligible timeframe reduced to 30 days after date of hospital service.

6.0 The FMH Board of Directors shall review and approve this policy every two (2) years.

7.0 QUALITY ASSESSMENT:

1.1 The Poverty Guidelines are issued each year in the Federal Register by the department of Health and Human Services (HHS). The guidelines are a simplification of the Poverty thresholds for use for administrative purposes.

1.2 The Poverty Guidelines are available on line at: *hltp:Ifaspe.hhs.gov/povertyIindex.shtml*

1.3 Poverty guidelines are updated each year by the Census Bureau whereby thresholds are used mainly for statistical purposes and weighted for the average poverty thresholds determination.

1.4 Eligible care covered under this program is all necessary medical care provided.

Appendix III - Patient Information Sheet

FREDERICK MEMORIAL HOSPITAL

400 West 7th Street
Frederick, MD 21701

240-566-3300

PAYMENT SERVICES FOR FMH PATIENTS

Frederick Memorial Hospital (FMH) is dedicated to providing patients with the highest quality of care and service. To assist our patients, and to comply with Maryland state law, FMH offers the following information.

HOSPITAL FINANCIAL ASSISTANCE

FMH provides emergency or urgent care to all patients regardless of their ability to pay. Under the FMH financial assistance policy, you may be entitled to receive financial assistance for the cost of medically necessary hospital services if you have a low income, do not have insurance, or your insurance does not cover your medically-necessary hospital care and you are low-income.

FMH financial assistance eligibility is based on gross family income and family size of the patient and/or responsible person. Annual income criteria used will be 200% of the most current poverty guidelines published yearly in the Federal Register. Assets and liabilities will also be considered. Financial assistance is given in increments of 20%, 40%, 60%, 80% and 100%.

If you wish to get more information about or apply for FMH Financial Assistance, please call 240-566-4214 or download the uniform financial assistance application at:
http://www.hscrc.state.md.us/consumers uniform.cfm
Financial Assistance applications are also available at all FMH registration areas.

PATIENT RIGHTS

Those patients that meet the financial assistance policy criteria described above may receive assistance from the hospital in paying their bill. If you believe you have been wrongly referred to a collection agency, you have the right to contact the FMH business office at 240-566-3950 or 1-855-360-5443.

You may be eligible for Maryland Medical Assistance. Medical Assistance is a program funded jointly by the state and federal governments and it pays the full cost of health coverage for low-income individuals who meet certain criteria. In some cases, you may have to apply and be denied for this coverage prior to being eligible for FMH financial assistance.

For more information regarding the application process for Maryland Medical Assistance, please call your local Department of Social Services by phone 1-800-332-6347; TTY:1-800-925-4434; or internet www.dhr.state.md.us. We can also help you at FMH by calling 240-566-3862.

PATIENT OBLIGATIONS

For those patients with the ability to pay, it is their obligation to pay the hospital in a timely manner. FMH makes every effort to see that patient accounts are properly billed, and patients may expect to receive a uniform summary statement within 30 days of discharge. It is the patient's responsibility to provide correct insurance information.

If you do not have health coverage, we expect you to pay the bill in a timely manner. If you believe that you may be eligible under the hospital's financial assistance policy, or if you cannot afford to pay the bill in full, you should contact the business office at 240-566-3950 or 1-855-360-5443.

If you fail to meet the financial obligations of this bill, you may be referred to a collection agency. It is the obligation of the patient to assure the hospital obtains accurate and complete information. If your financial position changes, you have an obligation to contact the FMH business office to provide updated information.

PHYSICIAN SERVICES

Physicians who care for patients at FMH during an inpatient stay bill separately and their charges are not included on your hospital billing statement.

Appendix VI - Mission, Vision, Value Statement

APPENDIX 4

Mission/Vision/Value Statements

FMH Mission Statement

The Mission Statement is quite ambitious, and describes in a single sentence the purpose to which the employees and staff have dedicated their professional lives. In addition to purpose, our Mission Statement characterizes the parameters within which our operations are delivered, and details the programs through which services are rendered. But more than that, the FMH Mission Statement anchors the Frederick Community by solidifying a commitment to care that has never faltered. There is a stability to the words that suggests competency, compassion and confidence. They are comforting words to the citizens of our community, and remain steadfast and true regardless of world condition or personal circumstance.

FMH Statement of Values

Our Value Statement reflects those qualities of comportment and service delivery in which we believe as an organization. These attributes dovetail with our Mission Statement in that they describe the philosophy that directs our business operations and governs our provision of care. Each statement is powerful as a stand-alone expression of purpose and belief; but together they provide the foundation upon which the Frederick Memorial Healthcare System has been built.

FMH Vision

As powerful as our Mission and Values Statements are, it is our Vision Statement that most directly governs day-to-day operations, provision of care, and the personal comportment of employees and staff. **Superb Quality. Superb Service. All the Time.**

These seven words are the ideals to which we aspire every single day. They guide our business practices, our interactions with our customers and visitors, the care delivered to every patient, and the degree of respect with which we treat one another.

VISION

SUPERB QUALITY. SUPERB SERVICE.

All the time.

MISSION

The mission of Frederick Memorial Healthcare System is to contribute to the health and well-being of area residents by providing quality healthcare in a caring, cost efficient, safe and convenient manner through a coordinated program of prevention, diagnosis and treatment, rehabilitation, and support.

VALUES

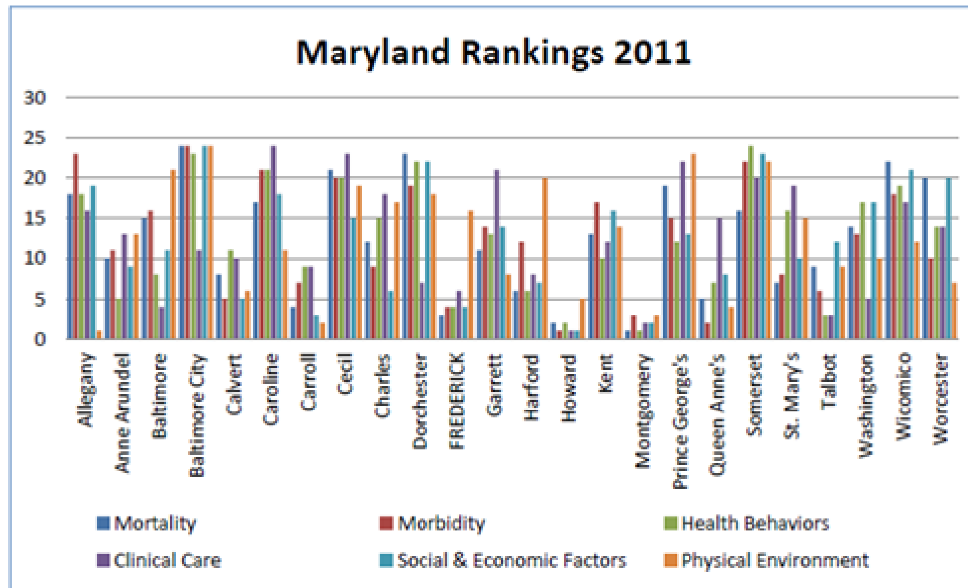
We believe in.

Quality • Responsibility • Stewardship • Respect & Dignity
Empowerment • Honesty & Integrity • Collaboration & Teamwork

Section I Attachments

Maryland RankingsMortality, Morbidity, etc.

Frederick County improved in 2011 to the fourth best in health behaviors, up from sixth. Clinical care improved from seventh to sixth while social & economic factors resulted in the rank dropping from third best to fourth. The physical environment ranking remained steady at the sixteenth best out of the 24 jurisdictions in Maryland.



Local Health Improvement Plan:
Priority Setting Summit

Health Status of Frederick County

Frederick County's population increased 19.5% from 2000 to 2010 according to the U.S. Census QuickFacts. The 2010 age distribution of the population of Frederick County is similar to that of the state as a whole for persons under age 5 years (6%), but there are slightly more persons under age 18 years (25%) and slightly fewer over age 65 years (11%). The estimated percent of persons living below the poverty level in Frederick is significantly less at 5.7% compared to the state average of 9.2%. Personal income levels contribute significantly to various health and wellness indicators.

US Census QuickFacts

	Frederick County	Maryland
Population, 2010	233,385	5,773,552
Population, percent change, 2000 to 2010	19.50%	9.00%
Persons under 5 years, percent, 2010	6.40%	6.30%
Persons under 18 years, percent, 2010	25.30%	23.40%
Persons 65 years and over, percent, 2010	11.10%	12.30%
Female persons, percent, 2010	50.80%	51.60%
White persons, percent, 2010 (a)	81.50%	58.20%
Black persons, percent, 2010 (a)	8.60%	29.40%
American Indian and Alaska Native persons, percent, 2010 (a)	0.30%	0.40%
Asian persons, percent, 2010 (a)	3.80%	5.50%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	0.10%
Persons reporting two or more races, percent, 2010	2.80%	2.90%
Persons of Hispanic or Latino origin, percent, 2010 (b)	7.30%	8.20%
White persons not Hispanic, percent, 2010	77.80%	54.70%
Language other than English spoken at home, pct age 5+, 2005-2009	10.70%	14.90%
High school graduates, percent of persons age 25+, 2005-2009	91.10%	87.50%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	34.90%	35.20%
Veterans, 2005-2009	18,345	461,622
Mean travel time to work (minutes), workers age 16+, 2005-2009	33.6	31.1
Households, 2005-2009	81,274	2,092,538
Persons per household, 2005-2009	2.69	2.63
Per capita money income in past 12 months (2009 dollars) 2005-2009	$34,746	$34,236
Median household income, 2009	$82,598	$69,193
Persons below poverty level, percent, 2009	5.70%	9.20%

*Accessed December 29, 2011 from http://quickfacts.census.gov/qfd/states/24/24021.html .

Health Status of Frederick County

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Persons under 18 years, percent, 2010	25.30%	23.40%
Persons 65 years and over, percent, 2010	11.10%	12.30%
Female persons, percent, 2010	50.80%	51.60%
White persons, percent, 2010 (a)	81.50%	58.20%
Black persons, percent, 2010 (a)	8.60%	29.40%
American Indian and Alaska Native persons, percent, 2010 (a)	0.30%	0.40%
Asian persons, percent, 2010 (a)	3.80%	5.50%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	0.10%
Persons reporting two or more races, percent, 2010	2.80%	2.90%
Persons of Hispanic or Latino origin, percent, 2010 (b)	7.30%	8.20%
White persons not Hispanic, percent, 2010	77.80%	54.70%
Language other than English spoken at home, pct age 5+, 2005-2009	10.70%	14.90%
High school graduates, percent of persons age 25+, 2005-2009	91.10%	87.50%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	34.90%	35.20%
Veterans, 2005-2009	18,345	461,622
Mean travel time to work (minutes), workers age 16+, 2005-2009	33.6	31.1
Households, 2005-2009	81,274	2,092,538
Persons per household, 2005-2009	2.69	2.63
Per capita money income in past 12 months (2009 dollars) 2005-2009	$34,746	$34,236
Median household income, 2009	$82,598	$69,193
Persons below poverty level, percent, 2009	5.70%	9.20%

*Accessed December 29, 2011 from http://quickfacts.census.gov/qfd/states/24/24021.html .

Hispanic Population

Selected Maryland Jurisdiction Change in Hispanic Population, 2000 to 2005-2009

	2000	2005-2009	Number Change	Percent Change
Maryland	227,916	371,306	143,390	62.9%
Frederick	**4,664**	**12,566**	**7,902**	**169.4%**
Washington	1,570	3,657	2,087	132.9%
Carroll	1,489	3,095	1,606	107.9%
Howard	7,490	13,339	5,849	78.1%
Baltimore County	13,774	23,676	9,902	71.9%
Baltimore City	11,061	17,342	6,281	56.8%
Montgomery	100,604	142,509	41,905	41.7%

Source: U.S. Census Bureau

Age

Frederick County Age Distribution Projections

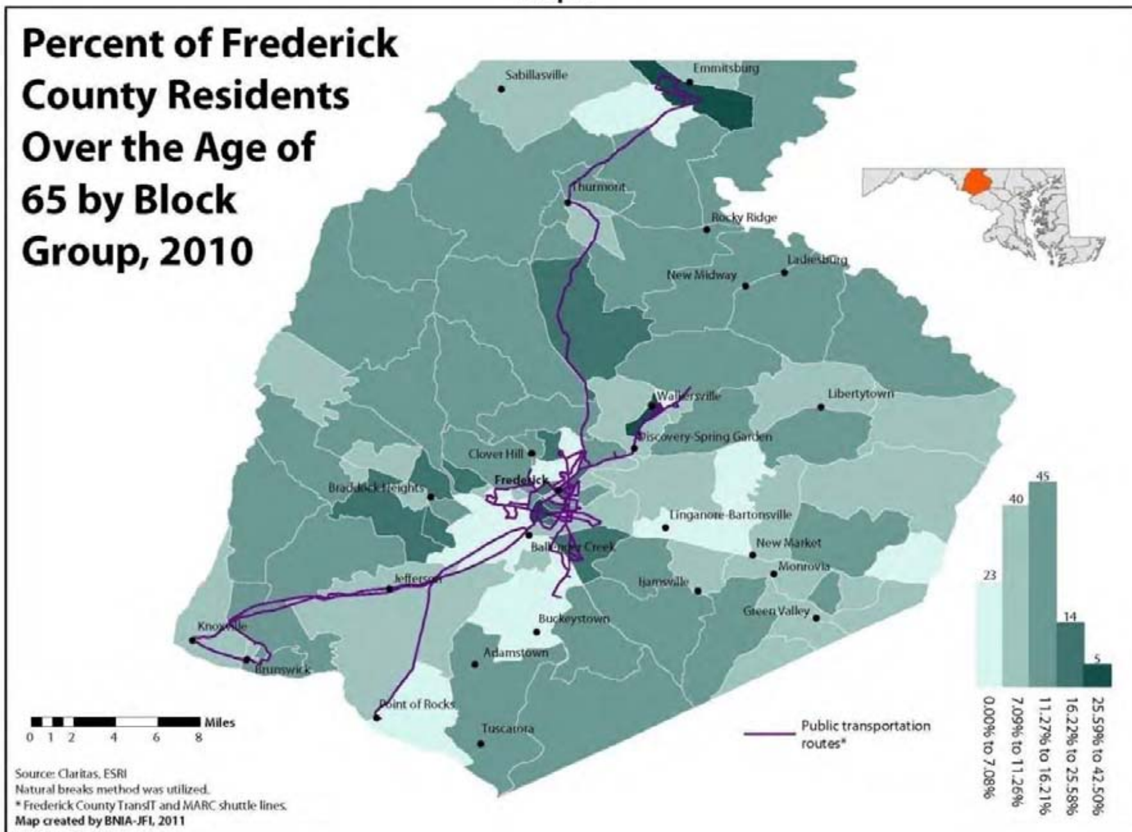
Age Range	2000	% of Total Population	2010	% of Total Population	2030	% of Total Population	% Change 2000-2030
Under 5 years old	14,056	7.2%	15,576	6.9%	23,150	7.0%	64.7%
5 to 19 years old	44,629	22.9%	48,261	21.4%	73,310	22.1%	64.3%
20 to 44 years old	73,545	37.7%	78,791	34.9%	110,940	33.4%	50.8%
45 to 64 years old	44,211	22.6%	59,869	26.5%	66,280	20.0%	49.9%
65 and over	18,836	9.6%	23,224	10.3%	58,030	17.5%	208.1%
Total	195,277		225,721		331,710		69.9%

Source: Maryland Department of Planning

- Frederick County's population growth from 2000 to 2009 was driven by an increase in the number of individuals ages 45 to 64 (36%) and 65 and over (21%).
- Specifically, the age groups of residents that experienced the greatest increase were individuals ages 60 to 64 (61%), individuals over the age of 85 (60%), individuals ages 55 to 59 (44%), and individuals ages 20 to 24 (37%).
- The only age distribution group of Frederick County residents that decreased from 2000 to 2009 was individuals ages 30 to 39 (-12%).
- In the City of Frederick, the age distribution group that experienced the greatest increase was individuals ages 50 to 59 (47%).

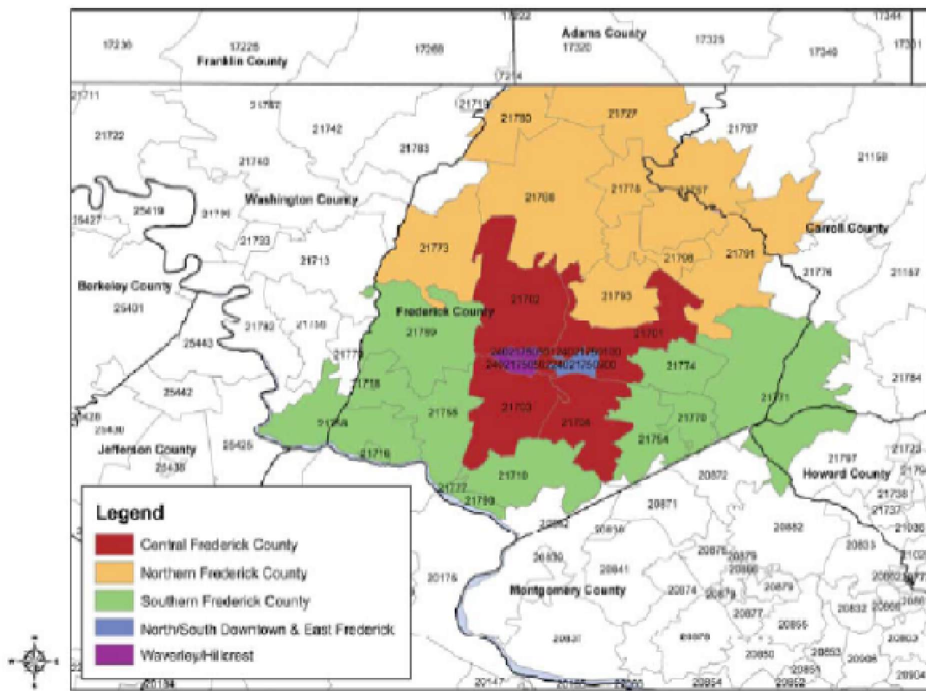
• In northern Frederick County, the age distribution group that experienced the greatest increase was individuals ages 55 to 64 (40%) and the age distribution group that experienced the greatest decrease was individuals ages 25 to 39 (-27%).
• In southern Frederick County, the age distribution group that experienced the greatest increase was individuals ages 40 to 64 (41%) and the age distribution group that experienced the greatest decrease was individuals ages 30 to 39 (-5%).
• Using forecasted population estimates, the total population for Frederick County is expected to increase by 70% from 2000 to 2030.
• **From 2000 to 2030, the greatest increases in population are expected to be individuals under the age of 19 (64%) and individuals 65 and older (208%).**

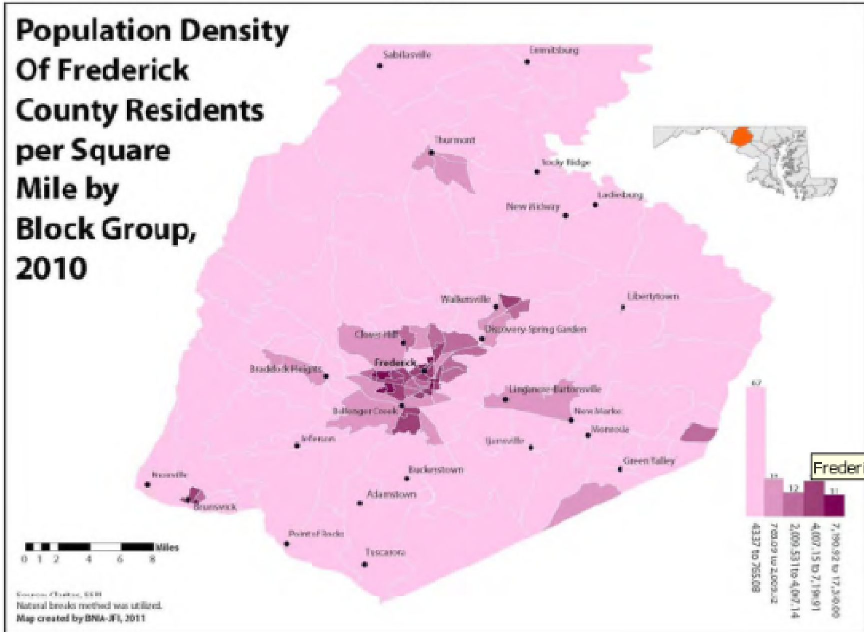
Map 2



d for this Assessment

his effort is defined as Frederick County, Maryland.

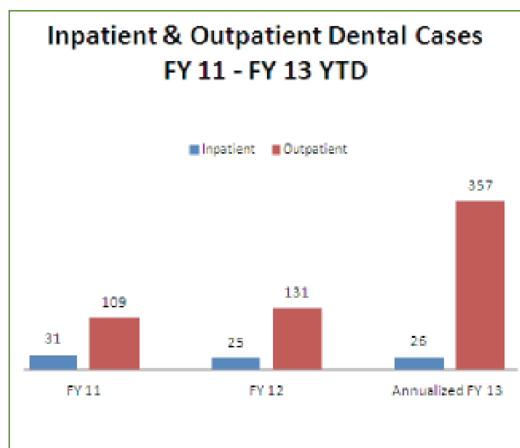




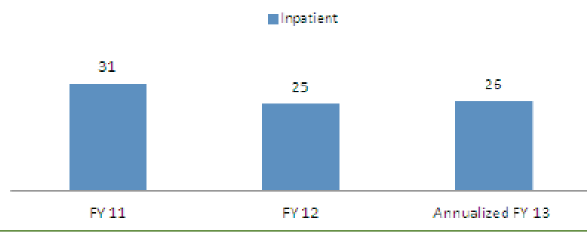
Section IV Attachments

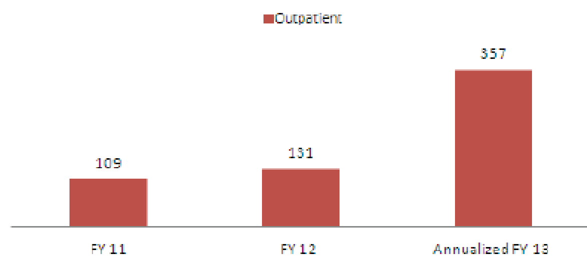
The data-driven evidence that such a clinic is greatly need is clear when the outpatient – and inpatient – number of dental cases is analyzed over time.

FY 11 Dental Cases	
FY 11 Outpatient	109
FY 11 Inpatient	31
Total	**140**
FY 12 Dental Cases	
FY 12 Outpatient	131
FY 12 Inpatient	25
Total	**156**
FY 13 YTD Dental Cases (through January 2013)	
FY 13 YTD Outpatient	208
FY 13 YTD Inpatient	15
Total	**223**

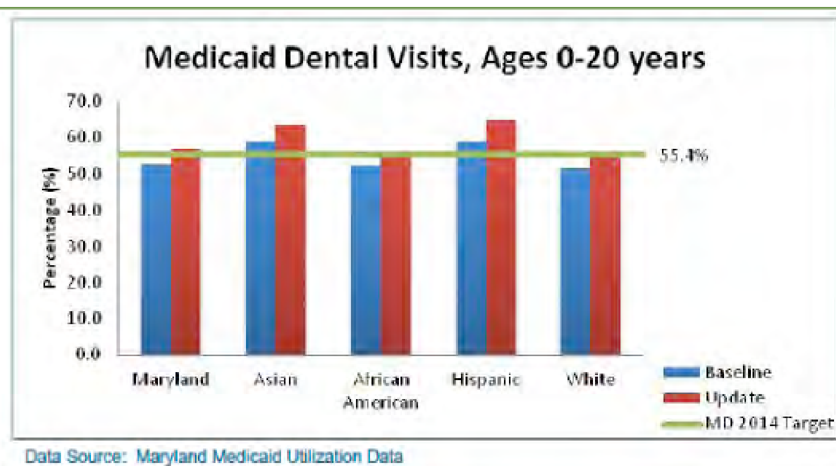


Annualized FY 13 Dental Cases	
Outpatient	357
Inpatient	26
Total	**382**

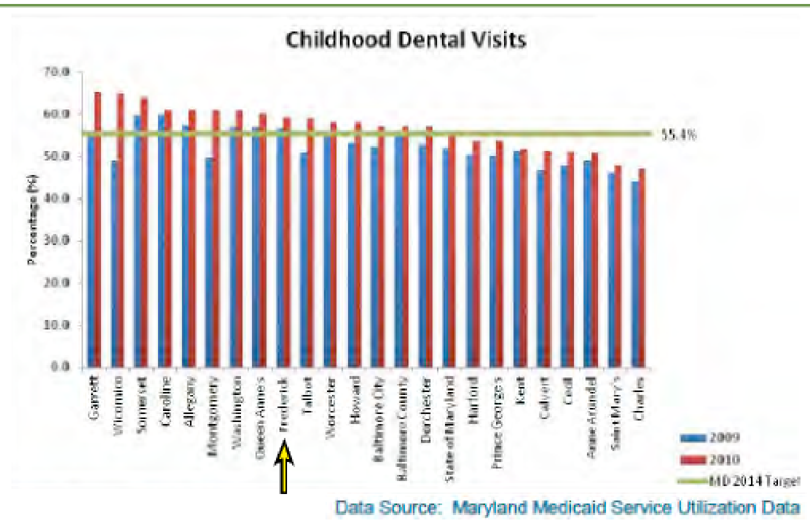

Inpatient Dental Cases
FY 11 - Annualized FY 13
Inpatient
31
25
26
FY 11
FY 12
Annualized FY 13


Outpatient Dental Cases
FY 11 - Annualized FY 13
Outpatient
109
131
357
FY 11
FY 12
Annualized FY 13

e following provides a metric snap shot of dental care in Frederick County.

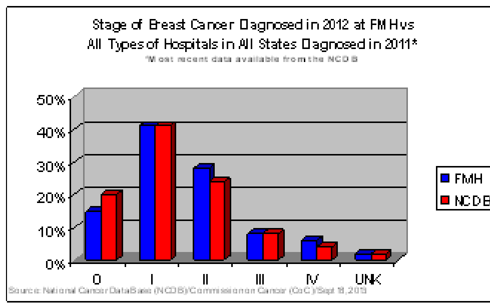


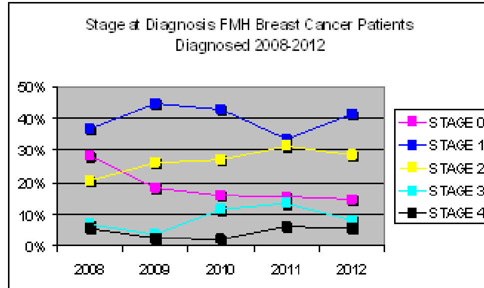
Data Source: Maryland Medicaid Utilization Data



Data Source: Maryland Medicaid Service Utilization Data

Stage at Diagnosis





Over the past five years, an increase in diagnoses at Stages I and II is seen along with a decrease in diagnoses at Stage 0. The sudden decrease in Stage 0 cases corresponds with the cancer registry's cessation of the collection of lobular neoplasia cases.

8th Annual
Breast Cancer Symposium
October 3, 2012 • 5-8 P.M.

The Women's Center at Crestwood
7211 Bank Court
Frederick, MD

Free and Open to the Public!
RSVP: 240-566-4692

celebrating life and embracing challenges

breast cancer SURVIVORSHIP

Susan Bahl, MD
CENTER FOR BREAST CARE
The Women's Center at Crestwood
7211 Bank Court
Frederick, MD 21703
301-418-6611

Mark Goldstein, MD
ONCOLOGY CARE CLINIC
Frederick Regional Cancer Treatment Center
501 West 7th Street
Frederick, MD 21701
301-662-8477

Sadaf Taimur, MD
FREDERICK ONCOLOGY & HEMATOLOGY ASSOCIATES
Cancer Care Center of Frederick and Mt. Airy
46B Thomas Johnson Drive
Frederick, MD 21702
301-695-6777

Our speakers will discuss embracing life after breast cancer, including expected challenges, recommended life style changes and healthy living strategies.

Attendees will also hear a testimonial from a Breast Cancer Survivor.

5:00 - 5:45 **Registration, Food, Vendor Tables**

5:45 - 5:55 **Welcome**
Lucy Shamash, RN MS
VP Service Line, Development & Operations
Frederick Memorial Hospital

5:55 - 6:00 **Invocation**
Chaplain Kay Myers, PhD
Director of Pastoral Care
Frederick Memorial Hospital

6:00 - 6:20 **Life After Breast Cancer**
Susan Bahl, MD

6:20 - 6:40 **Healthy Living Strategies**
Sadaf Taimur, MD

6:40 - 7:00 **Break / Desserts**

7:00 - 7:20 **Your Survivorship Plan**
Mark Goldstein, MD

7:20 - 7:40 **Personal Testimony**
from a Breast Cancer Survivor

7:40 - 8:00 **Questions / Answers**

8:00 **Thank You for Attending**

With generous support from our sponsors:

Genentech
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HOLOGIC®
The Women's Health Company

A special thank you...

Susan Bahl, MD
Medical Director
FMH Women's Center for Breast Care

Mark Goldstein, MD
Oncology Care Clinic
Frederick Regional Cancer Treatment Center

Carol Mastalerz, MSN RN AOCN
Director of Oncology Services
Frederick Regional Cancer Treatment Center

Lucy Shamash, RN MS
VP, Service Line, Development and Operations
Frederick Memorial Hospital

Sadaf Taimur, MD
Frederick Oncology & Hematology Associates
Cancer Care Center of Frederick and Mt. Airy

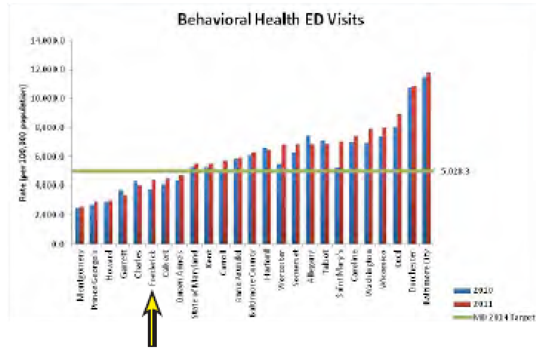
The planning committee for FMH's 8th Annual **Breast Cancer Symposium** would like to thank the following people and organizations for their generous and outstanding contributions to this event.

EVENT PLANNING COMMITTEE

Mickey Cooper
Connie DeRosa
Shelley Francella
Gwen Frey
Laurie Frey
Linda Gossweiler
LIbby Holter
Carol Mastalerz
Beth Mowrey
Patricia Rice
Janet Russo
Bonnie Shrader
Stacey Stubenrauch

Mental Health

While the data indicates that the incidence of Emergency Department visits for mental health related issues is below the Maryland State 2014 target, the real number of patients remains a challenge as the number of patients seeking help far outweighs the County's capacity to provide care. There are times when Frederick Memorial Hospitals "purple zone" is filled to capacity with patients requiring admission to the hospital's behavioral health unit, but unable to be admitted to the floor because the unit is filled to capacity. Patients are housed in the ED – sometimes for days – waiting to be admitted for inpatient treatment.



FMH Wellness Center

Services/Programs
The following services were designed and implemented by the Frederick Regional Health System Wellness Center.

Family Focus Program: (24)
The Wellness Center's Family Focus Program provides education and support to the core of our community – the family. The program provides expectant parents with a preview tour of the birth facility. The Family Focus Program also helps parents prepare for the birth of their child by providing quality Childbirth and Parenting Education classes to thousands of parents every year. Siblings to-be participate in the ever-popular "Small Wonder" program to help them welcome a new baby brother or sister.
400 participants

AHA CPR Training: (1)
FMH Wellness Center is an American Heart Association Basic Life Support Training Site under the Frederick Community College Training Center.
30 participants

Blood Pressure Screenings: (17)

Safety and Injury Prevention Programs: (31)
FMH continues to support Safe Kids Frederick County, a local coalition affiliated with Safe Kids Worldwide – the only grassroots, long-term effort dedicated solely to preventing unintentional injury – the number one killer of children age 0-14 years. FMH Wellness Center and Frederick County Health Department are the co-lead agencies.
3500 participants

Nutrition and Weight Management: (52)
Nutrition and Weight Management hosted weekly educational programs for clients offering information and counseling in all areas of cardiovascular disease and stroke prevention. Healthy lifestyle changes including regular exercise programs, nutrition enhancements and stress management were emphasized in the program.
475 participants

Emergency Services

Alcohol Awareness Day at Frederick Community College: (1)
The activities of Alcohol Awareness Day service focused on increasing awareness for local community college students on the dangers of drinking and driving. The activity included a simulation car for students to understand the effects of drinking on their driving ability. The simulation also included "an accident" in which the student was transported by EMS and received treatment by an ED nurse.
250 participants

SAFE Program

Since 1997, Frederick Memorial Hospital has provided medical forensic examinations performed by a Forensic Nurse Examiner, to any patient who presents to the Emergency Department with a chief complaint of rape or sexual assault. Our program follows the Department of Justice mandate that patients have a right to evidence collection and treatment provided whether law enforcement is initially involved or not.

FMH employs 10 forensic nurses who, as part of the FMH SAFE Team, provide 24/7 coverage.

An essential component of the SAFE team's charge is to educate members of the Sexual Assault Response Team (SART). We have presented in-services on rape trauma to:

- All Officers of the Frederick County Sheriff's department,
- Frederick City Police Academy, and
- Mount Saint Mary's University resident advisors

The SAFE Program team members provided Unit Victim Advocates (UVA) continuing education training at Fort Detrick.

Lethality Assessment Program

Frederick Regional Health System (FMH) was one of two hospitals in the state of Maryland to launch a Lethality Assessment Program (LAP) piloted by first responders. This lethality assessment tool was implemented by the Maryland Network against Domestic Violence (MNADV) after being researched and developed by Dr. Jackie Campbell from Johns Hopkins University.

Since our implementation we have provided four other hospitals with our program model. These include Meritus, Peninsula Regional Medical Center (PGHC), Prince George's Hospital Center and Carroll Hospital Center.

Training & Organizational Development Department

FMH has signed student affiliation agreements with colleges whose programs include amongst others: nursing, imaging and rehabilitation. These collaborative efforts allow students the opportunity to complete a clinical rotation at FMH.

Clinical placements at FMH provide a real-world environment in which the students may observe, learn, and practice their skills under the direct supervision of a licensed practitioner. Structuring a positive student clinical experience has led to many students applying for open positions at FMH. In addition, FMH provides direct financial support to Frederick Community College enabling it to offer associate degree programs in nursing, respiratory therapy and nuclear medicine.

Additional Community Benefit Activities

Heritage Festivals: (3)
Asian Health Fair Event: (1)
Latino Festival: (1)
Indian Festival: (1)
FMH is invited to participate in a number of heritage festivals in the area. These festivals are aimed at increasing the community's awareness of the diverse cultures living in Frederick County. The festivals include native food, dance and other cultural novelties that attract a wide audience. FMH provides information and offers health screenings including blood pressure, blood sugar and percent body fat.
2500 participants

Atrial Fibrillation Seminar: (1)
The Atrial Fibrillation Seminar was held at Ceresville Mansion. Physician speakers presented information about advances in diagnosis, medical management, catheter ablation and surgical options for treating AFib.
57 participants

Car Seat Safety Checks: (17)
A half hour is schedule per child restraint system (CRS)-parent/caregiver fills out an information/release of liability form-the CRS is checked for recalls and making sure it is not expired and has all parts present and making sure it is the proper seat selection for the child's age, weight, height and behavioral development. If the CRS is already installed, it is checked for proper installation, direction and location. The harness system is also checked to make sure it is threaded through the CRS shell properly and for proper fit on the child. The parent/caregiver is taught proper use of the CRS and they assist with installation.
497 participants

Car Seat Training: (26)
This is a scheduled 1 hour class where parent/caregivers watch a video on CRS usage through the years, then learn how to use the CRS they are receiving from Safe Kids FC. Then they participate in proper installation of the CRS in their vehicle including instruction on all the above at a CSSC.
293 participants

Convoy of Hope: (1)
The Convoy of Hope is a community event that has been provided in conjunction with local churches, businesses and community organizations. FMH participated by providing a wide variety of health screenings and information in the medical tent. As the majority of the citizens participating in the event belonged to the demographic most in need of health care services, the outreach was extremely successful in informing them about the resources available to them.

COPD Seminar: (6)
This seminar raised awareness about the serious chronic respiratory illness COPD. Free spirometry screenings were offered and COPD risk factor surveys were administered. Participants are educated on the causes, risk factors, medications, and disease support during these seminars.
150 participants

Department of Aging Health Fair: (1)
This community event attracted more than 200 seniors to the Frederick County Department of Aging. Forty two vendors provided information about topics ranging from vehicle safety to insurance. FMH provided physician speakers who presented topic about healthy aging and important lifestyle choices.

Stay Alive! Don't Text & Drive: (6)
The Stay Alive! Don't Text and Drive program was presented to students in Frederick County Public Schools in conjunction with Meritus Health in Washington County, Maryland. Representatives from both organizations manned tables set up in school cafeterias where students were encouraged to sign a pledge not to text message while driving.
2500 participants

Frederick Children's Festival: (1)
This is a free event that occurs annually during April, Month of the Young Child. It is sponsored by the IECC (Interagency Early Childhood Committee). Multiple agencies and organizations have exhibits with hands on activities for young children. The FMH Wellness Center presented the Safe Kids Program and provided information about injury prevention.
300 participants

Poison Safety Presentations: (12)
Unintentional poisoning is the second highest injury risk for Frederick County children only second to falls. Partnering with Frederick County Public Schools & MD Poison Center, Safe Kids Frederick County has recruited and trained local volunteer pharmacists to take a poison safety program into first grade classrooms. This is the third year we have offered this program. Pre and post surveys are sent home to the parents. First graders usually go home and talk to their parents/caregivers about what they have learned in school and then the parents learn and make changes in their home environment. These changes have been document in the post-program surveys returned to FMH.
1200 participants (surveys returned)

Women's Health Day at FMH Crestwood: (4)
Woman of all ages attended attend this full day of health related activities and programs. Physicians and other experts presented mini-seminars about heart disease, heart failure, electrophysiology, cardiopulmonary rehabilitation and stress management.
180 participants

Section V Attachments

Medical Specialties	Total County Need- 2016	Current FMH Supply
Cardiology (I)	14.4	13.6
Hematology/ Oncology	8.9	7.5
Gastroenterology	8.7	12.5
Pulmonology	5.7	8.9
Radiation Therapy	2.4	2.0
Nephrology	7.3	6.1
Neurology	7.1	4.4
Psychiatry (I)	16.4	2.0
Physical Medicine	3.7	1.8
Endocrinology (I)	3.4	3.8
Infectious Disease	2.1	1.0
Allergy/Immunology	5.9	2.0
Dermatology (I)	8.1	3.0
Occupational Medicine	1.0	1.5
Rheumatology (I)	2.2	1.3
Totals	**97.3**	**71.3**