

Frederick Memorial Hospital

Community Benefit Narrative Report

FY 2015



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 acute care hospitals by the HSCRC. (Specialty hospitals should work with the Commission to establish their primary service area for the purpose of this report).

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 | 18,262 | 21701 21701 21703 21771 21788 21797 | 0 | 2% | 19% |

2. For purposes of reporting on your community benefit activities, please provide the following information:
 - a. Describe in detail the community or communities the organization serves. Based on findings from the CHNA, provide a list of the Community Benefit Service Area (CBSA) zip codes. These CBSA zip codes should reflect the geographic areas where the most vulnerable populations reside. Describe how the CBSA was determined, (such as highest proportion of uninsured, Medicaid recipients, and super utilizers, i.e. individuals with > 3 hospitalizations in the past year). This information may be copied directly from the section of the CHNA that refers to the description of the Hospital’s Community Benefit Community.

Community Benefit Service Area includes all of Frederick County.

| | |
|--|--|
| 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% (19,415 people) http://www.countyhealthrankings.org/app/maryland/2013/measure/factors/85/data |
| Percentage of Medicaid recipients by County within the CBSA. | Approximately 10% |
| 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/Home.aspx and county profiles: http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx | Female - 82.4 Male - 78.4 https://www.healthdata.org/sites/default/files/files/county_profiles/US/County_Report_Frederick_County_Maryland.pdf |
| Mortality Rates by County within the CBSA (including by race and ethnicity where data are available). | Heart Disease: Black - 166 deaths per 100,000 White - 199 deaths per 100,000 Cancer: Black - 193 deaths per 100,000 White - 179 deaths per 100,000 http://dhmh.maryland.gov/ship/PDFs/West-Central%20Maryland%20County%20Level%20SHIP%20Disparities%20Data%20Charts%20Final.pdf |
| Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status by County within the CBSA. (to the extent information is available from local or 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 | <ul style="list-style-type: none"> • Population who are low income and do not live close to a grocery store is 1.8% • The percentage of housing described as stressed is 33% • The on time graduation rate is 92% • 20% live within 1/2 mile of a park. |

| | |
|--|--|
| <p>information: http://dhmh.maryland.gov/ship/SitePages/measures.aspx x</p> | <p>http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MD/Frederick/310018</p> |
| <p>Available detail on race, ethnicity, and language within CBSA. See SHIP County profiles for demographic information of Maryland jurisdictions. http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx</p> | <p>See below for US Census Quick Facts</p> |

US Census Quick Facts 2014

| | |
|--|-------|
| White alone, percent, 2014 (a) | 82.8% |
| i Black or African American alone, percent, 2014 (a) | 9.4% |
| i American Indian and Alaska Native alone, percent, 2014 (a) | 0.5% |
| i Asian alone, percent, 2014 (a) | 4.5% |
| i Native Hawaiian and Other Pacific Islander alone, percent, 2014 (a) | 0.1% |
| i Two or More Races, percent, 2014 | 2.7% |
| i Hispanic or Latino, percent, 2014 (b) | 8.4% |
| i White alone, not Hispanic or Latino, percent, 2014 | 75.7% |
| ----- | |
| i Living in same house 1 year & over, percent, 2009-2013 | 88.0% |
| i Foreign born persons, percent, 2009-2013 | 9.6% |
| i Language other than English spoken at home, pct age 5+, 2009-2013 | 12.3% |

b. In Table II, describe the population within the CBSA, including 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.

Table II

| | |
|---|--|
| <p>Community Benefit Service Area(CBSA) Target Population (target population, by sex, race, ethnicity, and average age)</p> | <p>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.</p> <p>The population is 51.5% female and 48.5% male.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>Similarly to Mount Airy, the population is 48.4% male and 51.6% female.</p> |
|---|--|

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/documents/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%).

II. COMMUNITY HEALTH NEEDS ASSESSMENT

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?

Yes

No

Provide date here. 2013

If you answered yes to this question, provide a link to the document here. (Please note: this may be the same document used in the prior year report).

<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?

Yes 2013

The findings of the Frederick County Health Needs Assessment were shared with members of the Frederick community through the nine focus groups convened to provide comments, suggestions and input. The focus groups included:

- Community Case Managers
- FMH Select! (Age 55+)
- Frederick Asian Community
- Frederick Latino Community
- Monocacy Health Partners Physicians
- Nursing Home and Assisted Living Professional Staff
- Frederick Community Pastors
- The Deaf Community
- African-American Community
- FMH Senior Leadership Team

• The findings and operational plans were shared with Directors, Managers, Supervisors and operations personnel from the disciplines directly associated with address the need identified by the Assessment. The committee verified that the findings of the Assessment are those areas in which they anticipated focusing additional attention in the coming year(s), and requested funds for resources, materials and personnel to conduct the enhanced community outreach operations.

• The Assessment was shared with the FMH Strategy Council, a group composed of the FMH President and CEO and Vice Presidents of the Health System's core divisions. The Strategy Council approved the Assessments findings and agreed that the areas identified as critical community needs were indeed priorities for the Health System moving forward.

• The 2013 Frederick Community Health Needs Assessment was then shared with the entire Senior Leadership group. The team endorsed the findings and

agreed with the prioritizations presented in the Summary of Significant Community Benefits Programming in Response to Identified Health Care Needs document.

- The Assessment document was presented and approved by the FMH Board of Directors at their June 25th meeting. All members of the Board agreed with the findings of the Assessment and with the priorities presented as important Community Benefit initiatives.

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? **(Please note: these are no longer check the blank questions only. A narrative portion is now required for each section of question b.)**

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

Yes
 No

We do not have a written strategic plan, but we have a dedicated Community Benefits committee that goes across all service lines and is led by a VP from our senior leadership team. We meet twice per month.

- 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 process and describe the role each plays in the planning process (additional positions may be added as necessary))

- i. Senior Leadership

1. CEO
2. CFO
3. VP of Business Development

The CEO and CFO receive information about the activities and financial investments that are made in our ongoing activities to fulfill the needs identified in the assessment. The VP of Business Development is the senior team sponsor for this group and he attends all meetings and reviews and approves strategies.

- ii. Clinical Leadership

1. Physician
2. Nurse
3. Social Worker
4. Service Line Leaders (mostly RNs)

Describe the role of Clinical Leadership

The clinical leaders are involved in the review of potential community benefits activities and they assist in the planning and implementation of the events. They oversee clinical staffing needs and (when applicable) discuss potential medicines or screenings that can be offered, such as flu shots, glucose readings, etc.

iii. Community Benefit Operations

1. Individual (please specify FTE)
2. Committee (please list members)
3. Department (please list staff)
4. Task Force (please list members)
5. Other (please describe)

Briefly describe the role of each CB Operations member and their function within the hospital's CBactivities planning and reporting process.

Dr. Rachel Mandel, AVP, Medical Affairs
Jim Williams, Vice President, Business Development
Melissa Lambdin, Director, Marketing and Communications
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
Michael McLane, Director, Behavioral Health
Katherine Murray, Director, Women's & Children's Services
Judy Williams, Manager, Emergency Services
Martha Gurzick, Clinical Nurse Specialist, Pediatrics
Heather Kirby, AVP Integrated Care Delivery
Rachel Bentley, Radiation Oncology
Sharon Hannaby, Director, Volunteer Services
Chanti Davenport, HR Specialist
Heidi Brown, Director, FMH Home Health Services
Kristen Fletcher, Director of Administrative Services
Linda Gossweller, Off-Site Operations Coordinator

The clinical staff evaluate and oversee the programs we offer. Service line leaders review potential events and outreach activities to meet the needs of the populations they serve. Other members work as volunteers to assist at the event. The entire committee meets to discuss options and review what best meets the needs of the community, as determined by our CHNA.

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

Spreadsheet yes no
Narrative yes no

If yes, describe the details of the audit/review process (who does the review? Who signs off on the review?)

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

Spreadsheet yes no
Narrative yes no

Our current process did not include a review by the Board. We can add that to the process for next year if it is preferred.

IV. COMMUNITY BENEFIT EXTERNAL COLLABORATION

External collaborations are highly structured and effective partnerships with relevant community stakeholders aimed at collectively solving the complex health and social problems that result in health inequities. Maryland hospital organizations should demonstrate that they are engaging partners to move toward specific and rigorous processes aimed at generating improved population health. Collaborations of this nature have specific conditions that together lead to meaningful results, including: a common agenda that addresses shared priorities, a shared defined target population, shared processes and outcomes, measurement, mutually reinforcing evidence based activities, continuous communication and quality improvement, and a backbone organization designated to engage and coordinate partners.

- a. Does the hospital organization engage in external collaboration with the following partners:

Other hospital organizations

Local Health Department - ***Collaborate and support each other's efforts, also working together on the 2016 Community Health Needs Assessment***

Local health improvement coalitions (LHICs) – ***Yes, we have an AVP and two Directors who sit on the LHIC.***

Schools

Behavioral health organizations – ***See information related to Way Station Inc. under section b.***

Faith based community organizations – ***Our Bridges program provides training and support for Lay Health Educators***

Social service organizations – ***We have a variety of senior leaders working with the Rotary, Chamber of Commerce, Asian American Center of Frederick, YMCA, Mission of Mercy and the Frederick Community Action Agency***

b. Use the table below to list the meaningful, core partners with whom the hospital organization collaborated to conduct the CHNA. Provide a brief description of collaborative activities with each partner (please add as many rows to the table as necessary to be complete)

| Organization | Name of Key Collaborator | Title | Collaboration Description |
|------------------|--------------------------|--------------------|--|
| Way Station Inc. | Scott Rose | Executive Director | Focused on targeted community based interventions and coordination across the continuum to reduce unnecessary hospital utilization and improve access to appropriate community based mental health services; Identification of “shared” clients, care plan development, transition management, community support |

c. Is there a member of the hospital organization that is co-chairing the Local Health Improvement Coalition (LHIC) in the jurisdictions where the hospital organization is targeting community benefit dollars?

yes no (three committee members)

d. Is there a member of the hospital organization that attends or is a member of the LHIC in the jurisdictions where the hospital organization is targeting community benefit dollars?

yes no

V. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

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

1. Please use Table III, to provide a clear and concise description of the primary needs identified in the CHNA, the principal objective of each evidence based initiative and how the results will be measured (what are the short-term, mid-term and long-term measures? Are they aligned with measures such as SHIP and all-payer model monitoring measures?), 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. Use at least one page for each initiative (at 10 point type). Please be sure these initiatives occurred in the FY in which you are reporting. Please see attached example of how to report.

For example: for each principal initiative, provide the following:

- a. 1. 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. Include the collaborative process used to identify common priority areas and alignment with other public and private organizations.
2. Please indicate whether the need was identified through the most recent CHNA process.
- b. Name of Hospital Initiative: insert name of hospital initiative. These initiatives should be evidence informed or evidence based. (Evidence based initiatives may be found on the CDC's website using the following link: <http://www.thecommunityguide.org/>) (Evidence based clinical practice guidelines may be found through the AHRQ website using the following link: www.guideline.gov/index.aspx)
- c. Total number of people within the target population (how many people in the target area are affected by the particular disease being addressed by the initiative)?
- d. Total number of people reached by the initiative (how many people in the target population were served by the initiative)?
- e. 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.
- f. Single or Multi-Year Plan: Will the initiative span more than one year? What is the time period for the initiative?
- g. Key Collaborators in Delivery: Name the partners (community members and/or hospitals) involved in the delivery of the initiative.
- h. Impact/Outcome of Hospital Initiative: Initiatives should have measurable health outcomes. The hospital initiative should be in collaboration with community partners, have a shared target population and common priority areas.
 - What were the measurable results of the initiative?

- For example, provide statistics, such as the number of people served, number of visits, and/or quantifiable improvements in health status.
-
- i. Evaluation of Outcome: To what degree did the initiative address the identified community health need, such as a reduction or improvement in the health indicator? Please provide baseline data when available. To what extent do the measurable results indicate that the objectives of the initiative were met? There should be short-term, mid-term, and long-term population health targets for each measurable outcome that are monitored and tracked by the hospital organization in collaboration with community partners with common priority areas. These measures should link to the overall population health priorities such as SHIP measures and the all-payer model monitoring measures. They should be reported regularly to the collaborating partners.
 - j. Continuation of Initiative: What gaps/barriers have been identified and how did the hospital work to address these challenges within the community? Will the initiative be continued based on the outcome? What is the mechanism to scale up successful initiatives for a greater impact in the community?
 - k. Expense:
 - A. 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.
 - B. Of the total costs associated with the initiative, what, if any, amount was provided through a restricted grant or donation?

Initiative 1

| | |
|---|---|
| Identified Need | <p>Chronic disease management: Heart Disease</p> <ul style="list-style-type: none"> • 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 |
| Number of people affected | Approximately 30,000 |
| Number of people reached | 3682 |
| 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 Initiative Time Period | Multi-year initiative |
| Key Partners and/or Hospitals in initiative development and/or implementation | <p>Frederick County Health Department Frederick County Community Action Agency American Heart Association Centro Hispano Asian American Center of Frederick Various Long term/Sub-acute facilities in Frederick EMS</p> |
| 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 |

| | |
|--|--|
| | <p>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.</p> |
| <p>Outcome (Include process and impact measures)</p> | <p>At the conclusion of the workshops, approximately 100 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.</p> |
| <p>Continuation of Initiative</p> | <p>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.</p> |
| <p>A. Cost of Initiative for current fiscal year</p> | <p>\$1,500 (\$500 donated from Genentech)</p> |
| <p>B. Amount of Direct Offsetting Revenue from Restricted Grants</p> | <p>n/a</p> |

Initiative 2

| | |
|---|---|
| Identified Need | <p>Chronic disease management: Breast Cancer</p> <ul style="list-style-type: none"> • 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. <p>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.</p> |
| Hospital Initiative | The 10 th Annual Breast Cancer Symposium |
| Number of people affected | Approximately 15,000 |
| Number of people reached | 102 women attended the event. |
| Primary Objective of the Initiative/Metrics that will be used to evaluate the results | <p>The theme for this free and open to the public event was "Celebrating Life and Embracing Challenges: Moving Forward in Frederick."</p> <p>Dr. Susan Bahl, Medical Director of the Center for Breast Care discussed the advantages of the FMH Multidisciplinary Breast Cancer Clinic and the FMH Survivorship Clinic; Dr. Mark Goldstein provided education about fitness and nutrition for survivors. Dr. Lawrence Wickerham discussed the high risk clinic.</p> |
| Single or Multi-Year Initiative Time Period | Multi-year |

| | |
|---|--|
| Key Partners and/or Hospitals in initiative development and/or implementation | Monocacy Health Partners Allegheny General Hospital |
| 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. |
| 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. |
| 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. |
| A. Cost of Initiative for current fiscal year | \$3262 Donations provided by: AstraZeneca - \$1,000 Myriad - \$500 Genetech - \$500 |
| B. Amount of Direct Offsetting Revenue from Restricted Grants | n/a |

Initiative 3

| | |
|---|--|
| Identified Need | Access to care: Prenatal care |
| Hospital Initiative | The FMH Prenatal Center |
| Number of people affected | According to the U.S. Census Bureau, 4.8 percent of Frederick County's roughly 233,000 residents were living below the poverty level between 2006 and 2010. The exact number needing prenatal care is not known. |
| Number of people reached | 475 |
| Primary Objective of the Initiative/Metrics that will be used to evaluate the results | <p>The FMH Prenatal Center provides prenatal care for Frederick County residents who are underinsured or uninsured and who may be unable to obtain prenatal care from private obstetricians. Many of the women in the Prenatal Center's programs are high-risk maternity patients, who present with medical conditions that may pose significant maternal and infant risk.</p> <p>FMH Prenatal Center practitioners are Certified nurse midwives, under the supervision of Dr. Edwin Chen, Medical Director for the Prenatal Center, and Dr. Wayne Kramer, a Maternal Fetal Medicine specialist with Mid Maryland Perinatology Associates, who are able to diagnose and treat normal pregnancies as well as high risk pregnancies. PNC medical assistants, and an Certified Spanish interpreter complete the staff members in the Prenatal Center which is under the umbrella of Women's and Children's Services supervised by a masters prepared nursing director. Access to the FMH Prenatal Center is primarily from self-referrals, as well as referrals from Frederick County Health Department (FCHD), and Mission of Mercy.</p> |
| Single or Multi-Year Initiative Time Period | Multi-year (no ending date) |
| Key Partners and/or Hospitals in initiative development and/or implementation | This initiative was implemented after the first FCHD health needs assessment demonstrated that there were significant unmet needs for prenatal care. The FMH Auxiliary contributed significant funds for the first four years of the PNC. FMH Leadership is committed to the continuation of the PNC due to the significant improvement in access to prenatal care and improvements in infant |

| | |
|---|--|
| | mortality statistics for Frederick County. |
| How were the outcomes evaluated? | The goal of The Prenatal Center is to have healthy mothers and healthy newborns. Our success is assessed by the number and percentage of women who have had eight or more prenatal visits and delivered a newborn who weighs at least 2500 grams. |
| Outcome (Include process and impact measures) | <p>There were 475 total (of which 272 were new) maternity patients who had 2748 outpatient prenatal visits in 2015. The PNC also measures patient satisfaction and regularly achieves average scores between 91-98%.</p> <p>There were 176 maternity patients who received at least 8 prenatal care visits and who delivered babies of healthy birth weight (2500 grams or above). Of those women who had at least 8 prenatal care visits 9.5 7% delivered babies of healthy birth weight.</p> <p>In Maryland, Frederick County had the 5th lowest percentage of babies born weighing less than 2,500 grams in 2012 and the 4th lowest infant mortality rate per 1,000 live births in 2012 (DHMH most recent state wide statistics are from 2012).</p> |
| Continuation of Initiative | The Frederick Regional Health System will continue to fund operations of the FMH Prenatal Center through our commitment to serving our community and our Population Health initiatives. |
| A. Cost of Initiative for current fiscal year | Total direct operating expenses for PNC staff, supplies, providers and high risk consultants exceed \$335,000 annually. |
| B. Amount of Direct Offsetting Revenue from Restricted Grants | n/a |

Initiative 4

| | |
|--|---|
| <p>Identified Need</p> | <p>To provide intensive care management services to individuals with chronic conditions, no/limited access to care, and or those challenged to meet social determinates of health in order to reduce unnecessary hospital utilization and improve population health.</p> <p>Intensive community based care management provides infrastructure to support some of the most chronically ill, fragile and social complex patient populations.</p> <p>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, housing, employment and other medical/social support in the community, including but not limited to state and federal entitlement programs..</p> |
| <p>Hospital Initiative</p> | <p>Care Transitions</p> |
| <p>Number of people affected</p> | <p>Seek to identify those with chronic conditions and overutilization of ED</p> |
| <p>Number of people reached</p> | <p>2994</p> |
| <p>Primary Objective of the Initiative/Metrics that will be used to evaluate the results</p> | <p>In 2015, 2994 patients received home/community passed interventions from our Care Transitions team, which includes RNs, social workers, pharmacist, an NP and a coordinator. 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</p> |

| | |
|---|--|
| | <p>medications follow up physician appointments, transportation and various other medical and social support services in the community.</p> <p>As the team 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.</p> <p>Over the past 12 months the work of this team has expanded to include referrals from community based providers before hospitalization is necessary.</p> <p>Collaborative partnerships have established with the community to ensure services are provided and appropriate charges covered by the Care Transitions Program.</p> |
| Single or Multi-Year Initiative Time Period | Multi-year |
| Key Partners and/or Hospitals in initiative development and/or implementation | Walgreens, Whitsell's pharmacy, Department of Aging, Frederick County Health Department, assisted living facilities, local skilled nursing facilities, community primary care and specialty practices, FMH Immediate Care, Hospice of Frederick County, homecare, Right at Home, Davita Dialysis Centers, Way Station Inc., Mental Health Association |
| How were the outcomes evaluated? | <p>The effectiveness of the interventions is evaluated thru our readmission and ED recidivism rates, which year over year continue to improve,</p> <p>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 88th and has not dropped since.</p> |
| Outcome (Include process and impact measures) | FMH's HSCRC measured readmission rate stays relatively consistent between 11.3 and 11.6%, which is among the lowest in the state. |
| Continuation of Initiative | The Care Transitions initiative is ongoing with |

| | |
|---|--|
| | no end date. |
| A. Cost of Initiative for current fiscal year | The entire cost of the program, including salaries is: \$1,108,426 \$143,608 was spent providing post-acute services to meet individual patient needs |
| B. Amount of Direct Offsetting Revenue from Restricted Grants | n/a |

Initiative 5

| | |
|---|---|
| Identified Need | There is an underserved population in Frederick County that is lacking in health care coverage. Up to 44% of this population do not have health care coverage and 25% are Spanish speaking. |
| Hospital Initiative | Partner in Frederick Community Health Fair with Asian American Center of Frederick (AACF) |
| Number of people affected | Unknown |
| Number of people reached | Approximately 1600 |
| Primary Objective of the Initiative/Metrics that will be used to evaluate the results | <p>We partnered with AACF to provide physicians from our urgent care centers, women's health services and we provided education for infection control, stroke, congestive heart failure, dietary, pediatrics, sleep disorders and diabetes, among others.</p> <p>Our pharmacists provided a review of medications. We provided flu vaccines, glucose and cholesterol screenings and audiology screenings.</p> |
| Single or Multi-Year Initiative Time Period | Ongoing |
| Key Partners and/or Hospitals in initiative development and/or implementation | <p>Asian American Center of Frederick</p> <p>Monocacy Health Partners Immediate Care Corp OHS</p> |
| How were the outcomes evaluated? | <p>We calculated numbers of screenings and referrals.</p> <p>All patients who had elevated results were given nutrition and diabetes education in one-on-one counseling at the event and received educational material to take home.</p> |
| Outcome (Include process and impact measures) | <ul style="list-style-type: none"> • Adult flu vaccinations provided: 470 • Adult patient screened for diabetes and cholesterol: 232 <ul style="list-style-type: none"> • Number of patients with cholesterol >200: 74 (32%) |

| | |
|---|--|
| | <ul style="list-style-type: none"> • Number of patients with glucose >140: 22 (9.5%) • Number of patients referred back to own PCP: 19 • Number of patients referred to PCP at fair: 41 • Number of patients referred for insurance: 38 • Number of patients seeking endocrinology: 6 • Audiology Screening: 250 screened. 60% failed, the majority of which were children with significant hearing deficits. They were referred to the audiologist or their PCP provider. • Some of these screens were confirmations of screenings in school. |
| Continuation of Initiative | Ongoing |
| A. Cost of Initiative for current fiscal year | \$39,866 |
| B. Amount of Direct Offsetting Revenue from Restricted Grants | n/a |

See Section V Attachment for additional programs.

2. Were there any primary community health needs 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.

3. How do the hospital's CB operations/activities work toward the State's initiatives for improvement in population health? (see links below for more information on the State's various initiatives)

Our work with the Frederick County Health Care Coalition includes the following initiatives:

- Dental Health Home – Ensuring every adult resident of the county as an affordable dental home.
- Healthy Workplace – Recognize work places committed to improving employee health and well being based upon evidence-based worksite wellness guidelines derived from the CDC Worksite Health Scorecard.
- Health Disparities Education and Awareness – Identify tools and resources to help address disparities and set objective outcome indicators within the other Coalition workgroups.
- Low income Elderly advocacy – No elderly person in Frederick County will have an unmet health need due to lack of funding including access to: health care, transportation, housing, assisted living and nursing home care.
- Reduction of Deaths due to overdose and suicide – Reduce overdose death rates by 20% by 2016. Provide a seamless system of prevention, intervention, treatment and recovery services regardless of ability to pay. Decrease County suicide rates by 9.1% by 2016.

**Our work with the Frederick County Local Health Disparities Committee (LHDC)
(Frederick County Local Health Improvement Plan (LHIP) 2014-2016 Work Group):**

Promotes awareness about Health Disparities in Frederick County and mobilize partnerships for disparity reduction.

Health disparities adversely affect groups of people who have experienced greater obstacles to health based on:

- racial or ethnic group
- religion
- socioeconomic status
- gender
- age
- mental health
- geographic location
- cognitive, sensory, or physical disability
- sexual orientation or gender identity
- or other characteristics historically linked to discrimination or exclusion.

There are significant health disparities in some health outcomes in Frederick County

- Some affect men, some affect Blacks more
- Health Disparities impact us and people we love

Health disparities are complicated

- It takes us all to reduce and eliminate Health Disparities!

VI. 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 Section VI Attachment.

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

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, with more than 80,000 annual patient visits in FY15. 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.

VII. APPENDICES

To Be Attached as Appendices:

1. Describe your Financial Assistance Policy (FAP):
 - a. Describe how the hospital informs patients and persons who would otherwise be billed for services about their eligibility for assistance under federal, state, or local government programs or under the hospital's FAP. (label appendix I)

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

- Prepares its FAP, or a summary thereof (i.e., according to National CLAS Standards):
 - in a culturally sensitive manner,
 - at a reading comprehension level appropriate to the CBSA's population, and
 - in non-English languages that are prevalent in the CBSA.
 - posts its FAP, or a summary thereof, and financial assistance contact information in admissions areas, emergency rooms, and other areas of facilities in which eligible patients are likely to present;
 - provides a copy of the FAP, or a summary thereof, and financial assistance contact information to patients or their families as part of the intake process;
 - provides a copy of the FAP, or summary thereof, and financial assistance contact information to patients with discharge materials;
 - includes the FAP, or a summary thereof, along with financial assistance contact information, in patient bills; and/or
 - discusses with patients or their families the availability of various government benefits, such as Medicaid or state programs, and assists patients with qualification for such programs, where applicable.
- b. Provide a brief description of how your hospital's FAP has changed since the ACA's Health Care Coverage Expansion Option became effective on January 1, 2014 (label appendix II).
 - c. Include a copy of your hospital's FAP (label appendix III).
 - d. Include a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e) Please be sure it conforms to the instructions provided in accordance with Health-General §19-214.1(e).
Link to instructions:
http://www.hscrc.state.md.us/documents/Hospitals/DataReporting/FormsReportingModules/MD_HospPatientInfo/PatientInfoSheetGuidelines.doc(label appendix IV).

2. Attach the hospital's mission, vision, and value statement(s) (label appendix V).
Attachment A

MARYLAND STATE HEALTH IMPROVEMENT PROCESS (SHIP) SELECTED
POPULATION HEALTH MEASURES FOR TRACKING AND MONITORING
POPULATION HEALTH

- Increase life expectancy
- Prevention Quality Indicator (PQI) Composite Measure of Preventable Hospitalization
 - **Community based care management programs (Care Transitions, partnership with The Coordinating Center and the ACO Care Managers embedded in PCP practices) are focused on identifying individuals with chronic conditions and ensuring coordination of community based care to avoid hospitalization**
 - **Collaborative programs developed with SNF and home care agencies to ensure the transition of patients with Heart Failure and COPD are smooth and consistent with evidenced based protocols and patient centered goals – shared resources, education, partnerships (care transition pharmacist, RNs and social work follow into these environments.**
 - **Implementation of risk assessments to identify individuals in the community setting**
- Reduce the % of adults who are current smokers – **smoking cessation program (Respiratory)**

- Reduce the % of youth using any kind of tobacco product – **Smoking cessation community education via health fairs..(Respiratory)**
- Increase the % vaccinated annually for seasonal influenza – **flu vaccinations offered to patients who come to the hospital, flu vaccination at Frederick Health Fair**
- Increase the % of children with recommended vaccinations
- Reduce new HIV infections among adults and adolescents
- Reduce diabetes-related emergency department visits
 - **Diabetes program**
- Reduce hypertension related emergency department visits
 - **Stroke program**
- Reduce the % of children who are considered obese
- Increase the % of adults who are at a healthy weight
 - **ProMotion Fitness, Weight management program**
- Reduce hospital ED visits from asthma
- **The Pediatric Department at FMH has received The Joint Commission Center of Excellence designation for Pediatric Asthma. We review and manage many Performance Measures to decrease Peds ED recidivism and assist the patient and family to achieve individualized goals. The asthma performance measures we track and achieve are below for the percentage of asthma patients who:**
 - **received asthma education packet and individualized asthma education on environmental control and control of other triggers**
 - **had a documented individualized goal prior to discharge**
 - **received an individualized Home Management Plan of Care**
 - **received follow-up calls to ensure long term adherence to self-management plan post discharge**
 - **did not have an asthma related visit to the Emergency department in the 3 months after the initial admission**

- Reduce hospital ED visits related to behavioral health
 - **We have partnered with various community organizations to ensure successful discharges through multi-disciplinary care plans that have resulted in a sustained reduced readmission rate. Our program utilizes various tactics such as medication payment subsidies and coordinated care transitions to help keep patients functioning in our community. Also, our Partial Hospitalization Program provides a vital transition for our patients that helps them readjust and acclimate back to the community and stay in the community.**

- Reduce Fall-related death rate

Section V – Attachment

12/10/2015
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2014 through 6/30/2015

| Description / User / | Date | Date Created | Time Inputs | | Monetary Inputs | | | Outputs | |
|--|-----------|--------------|--------------|-------------|-----------------|----------|----------|----------|------------|
| | | | Staff | Volunteer | Expenses | Offsets | Benefit | Persons | |
| Program: Advance Care Planning | | | | | | | | | |
| Department: Unknown (0) | | | | | | | | | |
| Advance Care Planning cverdi | 3/14/2015 | 4/7/2015 | 5.00 | 0.00 | 0 | 0 | 0 | 0 | 75 |
| Notes: Provided Advance Directives education and offered to assist with completion of Advance Directives. | | | | | | | | | |
| Totals (Program): Advance Care Planning | | | 5.00 | 0.00 | 0 | 0 | 0 | 0 | 75 |
| Program: Center for Advanced Sleep Studies | | | | | | | | | |
| Department: Sleep Center (7034) | | | | | | | | | |
| FCPS Counselors Presentation cverdi | 9/26/2014 | 2/24/2015 | 3.00 | 0.00 | 0 | 0 | 0 | 0 | 50 |
| Notes: Presentation to all FCPS counselors that covered basic anatomy and physiology of sleep disorders in children, as well as sleep hygiene importance and its relationship to school start times. | | | | | | | | | |
| Waynesboro High School Health Class Presentation cverdi | | | | | | | | | |
| | 9/2/2014 | 2/24/2015 | 7.00 | 0.00 | 0 | 0 | 0 | 0 | 80 |
| Notes: Taught an entire class period to two 11th grade health classes. Topics included sleep physiology, sleep stages, sleep hygiene, and sleep disorders. | | | | | | | | | |
| Totals (Program): Center for Advanced Sleep Studies | | | 10.00 | 0.00 | 0 | 0 | 0 | 0 | 130 |
| Program: Center for Diabetes and Nutrition Services | | | | | | | | | |
| Department: FMH Wellness/Out Patient Diabetes Education (8622) | | | | | | | | | |
| Asbury Methodist Event cverdi | 6/20/2015 | 7/8/2015 | 5.50 | 0.00 | 0 | 0 | 0 | 0 | 30 |
| Notes: Provided Diabetes information to 30 persons at an African American Church | | | | | | | | | |
| Senior Expo "Ask The Expert" cverdi | 5/19/2015 | 7/8/2015 | 2.00 | 0.00 | 0 | 0 | 0 | 0 | 10 |
| Notes: A Certified Diabetes Educator provided information on Diabetes to attendees. | | | | | | | | | |

12/10/2015
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2014 through 6/30/2015

| Description / User / | Date | Date Created | Time Inputs | | Monetary Inputs | | | Outputs | |
|---|-----------|--------------|--------------|-------------|-----------------|----------|----------|----------|------------|
| | | | Staff | Volunteer | Expenses | Offsets | Benefit | Persons | |
| Strike Out Stroke Night cverdi | 5/5/2015 | 6/29/2015 | 4.00 | 0.00 | 0 | 0 | 0 | 0 | 25 |
| Notes: Provided Diabetes & Nutrition Information during a Stroke Awareness Event at Frederick Keys Stadium. | | | | | | | | | |
| Promoting Health For All/First Missionary Baptist Church cverdi | 4/11/2015 | 6/29/2015 | 7.50 | 0.00 | 0 | 0 | 0 | 0 | 150 |
| Notes: Provided Diabetes and Nutrition Information for 150 People for Minority Health Month | | | | | | | | | |
| Diabetes In-service/Center for Diabetes and Nutrition Services cverdi | 3/17/2015 | 3/20/2015 | 1.00 | 0.00 | 0 | 0 | 0 | 0 | 35 |
| Notes: Provided overview on Diabetes to Frederick City Police Dept. recruits. | | | | | | | | | |
| Totals (Program): Center for Diabetes and Nutrition Services | | | 20.00 | 0.00 | 0 | 0 | 0 | 0 | 250 |
| Program: COPD Seminar | | | | | | | | | |
| Department: Preventative Cardiology and Rehab (8617) | | | | | | | | | |
| Know COPD (Parkview) cverdi | 11/4/2014 | 12/31/2014 | 1.50 | 0.00 | 0 | 0 | 0 | 0 | 6 |
| Notes: Educational program for COPD patients/families. Provided exercise information and demonstration. | | | | | | | | | |
| FMH Congestive Heart Failure Seminar 2014 cverdi | 10/1/2014 | 12/31/2014 | 3.00 | 0.00 | 0 | 0 | 0 | 0 | 93 |
| Notes: Frederick community/educational program providing information about CHF | | | | | | | | | |
| Totals (Program): COPD Seminar | | | 4.50 | 0.00 | 0 | 0 | 0 | 0 | 99 |
| Program: Cultural Awareness & Inclusion | | | | | | | | | |
| Department: Unknown (0) | | | | | | | | | |

12/10/2015
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2014 through 6/30/2015

| Description / User / | Date | Date Created | Time Inputs | | Monetary Inputs | | | Outputs | |
|--|------------|--------------|-------------|-------------|-----------------|----------|----------|----------|------------|
| | | | Staff | Volunteer | Expenses | Offsets | Benefit | Persons | |
| Frederick Community College Latino Festival cverdi | 9/28/2014 | 2/24/2015 | 4.00 | 0.00 | 0 | 0 | 0 | 0 | 500 |
| Notes: Hispanic & Latino Community. Fair attracted about 500 primarily Hispanic origins. Entire festival was conducted in Spanish & FMH routinely recognized as a sponsor throughout the day. Bilingual staff member for Peds ER staffed the table with Janet Harding, Dir. of Cultural Awareness. Health information on Diabetes, women's Health, and contact numbers. Many women and families asked about the prenatal center and other services. Four referrals were given with a specific clinic or doctor, in the areas of prenatal care, oncology. | | | | | | | | | |
| Totals (Program): Cultural Awareness & Inclusion | | | 4.00 | 0.00 | 0 | 0 | 0 | 0 | 500 |
| Program: Elder Expo | | | | | | | | | |
| Department: Preventative Cardiology and Rehab (8617) | | | | | | | | | |
| Elder Expo cverdi | 10/1/2014 | 12/31/2014 | 5.00 | 0.00 | 0 | 0 | 0 | 0 | 628 |
| Notes: Older adults/Blood pressure screening, cardiovascular risk factor identification and education, education about Cardiac/Pulmonary Rehab and ProMotion Fitness+ program. | | | | | | | | | |
| Totals (Program): Elder Expo | | | 5.00 | 0.00 | 0 | 0 | 0 | 0 | 628 |
| Program: FAST Celebration | | | | | | | | | |
| Department: Women's & Children Services (10) | | | | | | | | | |
| FAST Celebration cverdi | 8/14/2014 | 12/31/2014 | 1.50 | 0.00 | 0 | 0 | 0 | 0 | 80 |
| Notes: Provided information booth about Peds Dept. and Pt. safety, handouts included: Burn Safety, Water Safety, Kids & Bones, Safe Kids Bags, Car Seat Info., Healthy Teeth as well as "Mr. Yuk", poison info., Ped. Dept. Info in English as well as Spanish. | | | | | | | | | |
| Totals (Program): FAST Celebration | | | 1.50 | 0.00 | 0 | 0 | 0 | 0 | 80 |
| Program: Frederick Health Fair | | | | | | | | | |
| Department: Unknown (0) | | | | | | | | | |
| Frederick Health Fair cverdi | 10/18/2014 | 6/16/2015 | 356.00 | 0.00 | 0 | 0 | 0 | 0 | 1,575 |
| Notes: The Frederick Health Fair is organized by the Asian American Center of Frederick. FMH was the signature sponsor. The fair offers free health screenings, access to divers, and underserved population of Frederick County. 470 Flu vaccines, 232 glucose/chol, plus educational and staff fits in kind. Marketing not included in this report | | | | | | | | | |

12/10/2015

Frederick Memorial Hospital

Occurrences - Selected Programs

For period from 7/1/2014 through 6/30/2015

| Description / User / | Date | Date Created | Time Inputs | | Monetary Inputs | | | Outputs | |
|--|------------|--------------|-------------|-----------|-----------------|---------|---------|---------|-------|
| | | | Staff | Volunteer | Expenses | Offsets | Benefit | Persons | |
| Totals (Program): Frederick Health Fair | | | 356.00 | 0.00 | 0 | 0 | 0 | 0 | 1,575 |
| Program: ICU (Team C.O.P.E.) | | | | | | | | | |
| Department: Unknown (0) | | | | | | | | | |
| "Raising Drug Free Kids"-Substance Abuse Community Forum cverdi | 6/9/2015 | 7/15/2015 | 4.00 | 0.00 | 0 | 0 | 0 | 0 | 100 |
| Notes: Program to raise awareness of impact of substance abuse in Frederick County, supporting faith-based community as leaders in substance abuse prevention and resource navigation. | | | | | | | | | |
| Totals (Program): ICU (Team C.O.P.E.) | | | 4.00 | 0.00 | 0 | 0 | 0 | 0 | 100 |
| Program: International Office/ELL Dept., FCPS | | | | | | | | | |
| Department: Women's & Children Services (10) | | | | | | | | | |
| International Office/ELL Dept. ,FCPS cverdi | 12/18/2014 | 12/19/2014 | 2.50 | 0.00 | 0 | 0 | 0 | 0 | 60 |
| Notes: 50 brochures distributed-West Frederick Middle School-English Language Learners, their families and other community members. | | | | | | | | | |
| Totals (Program): International Office/ELL Dept., FCPS | | | 2.50 | 0.00 | 0 | 0 | 0 | 0 | 60 |
| Program: Preventive Cardiology and Rehab. | | | | | | | | | |
| Department: Preventative Cardiology and Rehab (8617) | | | | | | | | | |
| Cancer Survivors Day cverdi | 6/7/2015 | 7/21/2015 | 3.50 | 0.00 | 0 | 0 | 0 | 0 | 200 |
| Notes: Celebration for cancer survivors; provided information about the FANS program (Fitness and Nutrition for Survivors). | | | | | | | | | |
| "The Good Life" cverdi | 3/14/2015 | 3/20/2015 | 4.50 | 0.00 | 0 | 0 | 0 | 0 | 50 |
| Notes: Elder Services Provider Council/FNP a day to provide information to Baby Boomers. Health screenings, volunteer opportunities, presentations-organizations and services available in Frederick County upon retirement. | | | | | | | | | |
| New Friends of Frederick cverdi | 1/13/2015 | 2/24/2015 | 1.50 | 0.00 | 0 | 0 | 0 | 0 | 50 |

12/10/2015
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2014 through 6/30/2015

| Description / User / | Date | Date Created | Time Inputs | | Monetary Inputs | | | Outputs | |
|---|------------|--------------|--------------|-------------|-----------------|----------|----------|----------|------------|
| | | | Staff | Volunteer | Expenses | Offsets | Benefit | Persons | |
| Notes: Educational talk for group, New Friends of Frederick, about the benefits of exercise (Exercise is Medicine). | | | | | | | | | |
| better Breather's Club cverdi | 11/1/2014 | 2/24/2015 | 2.00 | 0.00 | 0 | 0 | 0 | 0 | 6 |
| Notes: Support group for people with COPD/lung disease and their caregivers; we provided education about the benefits of exercise and provided an exercise demonstration. | | | | | | | | | |
| Breast Cancer symposium cverdi | 10/22/2014 | 2/24/2015 | 4.00 | 0.00 | 0 | 0 | 0 | 0 | 124 |
| Notes: Provide breast cancer education to the general population (speakers, educational tables, educational material) | | | | | | | | | |
| Totals (Program): Preventive Cardiology and Rehab. | | | 15.50 | 0.00 | 0 | 0 | 0 | 0 | 430 |
| Program: Stroke and Chest Pain Program | | | | | | | | | |
| Department: Preventative Cardiology and Rehab (8617) | | | | | | | | | |
| Stroke Support Group cverdi | 6/9/2015 | 6/16/2015 | 1.00 | 0.00 | 0 | 0 | 0 | 0 | 15 |
| Notes: Stroke patients and caregivers. Support group for patients. | | | | | | | | | |
| Ermitsburg Blood Draw Health Fair cverdi | 6/6/2015 | 6/16/2015 | 4.00 | 0.00 | 0 | 0 | 0 | 0 | 50 |
| Notes: Underserved. Information provided on signs/symptoms of stroke and heart attack. | | | | | | | | | |
| Ask the Expert cverdi | 5/19/2015 | 6/16/2015 | 4.00 | 0.00 | 0 | 0 | 0 | 0 | 50 |
| Notes: Monocacy Health Partners patients. Information and discussed on stroke and chest pain signs/symptoms. | | | | | | | | | |
| Stroke Support Group cverdi | 5/12/2015 | 6/16/2015 | 1.50 | 0.00 | 0 | 0 | 0 | 0 | 14 |
| Notes: Stroke patients. Support group targeted at recover and emotional issues. | | | | | | | | | |

12/10/2015
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2014 through 6/30/2015

| Description / User / | Date | Date Created | Time Inputs | | Monetary Inputs | | | Outputs | |
|--|-----------------|--------------|-------------|-----------|-----------------|---------|---------|---------|----|
| | | | Staff | Volunteer | Expenses | Offsets | Benefit | Persons | |
| Centro Hispano/Blood Pressure Screening cverdi | 4/15/201 E | 6/16/2015 | 2.00 | 0.00 | 0 | 0 | 0 | 0 | 12 |
| Notes: Hispanic and underserved blood pressure screening | | | | | | | | | |
| Stroke Support Group cverdi | 4/14/201 E | 6/16/2015 | 1.50 | 0.00 | 0 | 0 | 0 | 0 | 15 |
| Notes: Stroke survivors and caregivers. | | | | | | | | | |
| Blood Pressure Screening cverdi | 2/18/201 E | 3/9/2015 | 2.00 | 0.00 | 0 | 0 | 0 | 0 | 15 |
| Notes: Hispanic/Blood pressure screening and educational info provided on hypertension | | | | | | | | | |
| Women's Heart Health Event cverdi | 2/17/201 E | 3/9/2015 | 3.50 | 0.00 | 0 | 0 | 0 | 0 | 70 |
| Notes: Women/Annual educational/speaker event that targets the awareness of women and heart disease. | | | | | | | | | |
| stroke Support Group cverdi | 2/10/201 E | 3/9/2015 | 1.50 | 0.00 | 0 | 0 | 0 | 0 | 12 |
| Notes: Stroke survivors and their caregivers | | | | | | | | | |
| Blood Pressure Screening cverdi | 12/17/20 1,1 | 3/9/2015 | 2.00 | 0.00 | 0 | 0 | 0 | 0 | 20 |
| Notes: Hispanic/Blood Pressure screening and educational material on hypertension | | | | | | | | | |
| Stroke Support Group cverdi | 12/16/20 1,1 | 3/9/2015 | 1.50 | 0.00 | 0 | 0 | 0 | 0 | 15 |
| Notes: Support group for patients and caregivers of stroke survivors | | | | | | | | | |

12/10/2015
 Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2014 through 6/30/2015

| Description / User / | Date | Date Created | Time Inputs | | Monetary Inputs | | | Outputs | |
|---|-------------------------|--------------|--------------|-------------|-----------------|----------|----------|----------|------------|
| | | | Staff | Volunteer | Expenses | Offsets | Benefit | Persons | |
| CHF Seminar cverdi | 10/15/20 ^{1,4} | 12/31/2014 | 3.00 | 0.00 | 0 | 0 | 0 | 0 | 93 |
| Notes: Patients with a history of CHF/heart disease. This was a multiple speaker and educational table presentation. | | | | | | | | | |
| Stroke and Heart Attack Prevention cverdi | 8/9/2014 | 12/31/2014 | 2.00 | 0.00 | 0 | 0 | 0 | 0 | 80 |
| Notes: Children and adults. Risk factor information provided on the signs and symptoms of both stroke and heart attack. Monocacy Elementary School | | | | | | | | | |
| Stroke and Heart Attack Prevention cverdi | 7/25/201 ⁴ | 9/19/2014 | 1.00 | 0.00 | 0 | 0 | 0 | 0 | 75 |
| Notes: First Missionary Baptist church-Frederick; African American men/women and the underserved community. Brochures, education material provided. | | | | | | | | | |
| Totals (Program): Stroke and Chest Pain Program | | | 30.50 | 0.00 | 0 | 0 | 0 | 0 | 536 |
| Program: Wellness Center | | | | | | | | | |
| Department: FMH Wellness Center/Screenings (8612) | | | | | | | | | |
| National Cancer Survivors Day cverdi | 6/7/2015 | 7/8/2015 | 1.50 | 0.00 | 0 | 0 | 0 | 0 | 5 |
| Notes: Massage therapist provided 5 massages to attendees at National Cancer Survivors Day. | | | | | | | | | |
| Healthy Eating during the Holidays cverdi | 12/10/20 ^{1,4} | 12/30/2014 | 1.00 | 0.00 | 0 | 0 | 0 | 0 | 15 |
| Notes: Registered Dietitian provided information to the senior community on eating healthy during the holidays at the Frederick Senior Center. | | | | | | | | | |
| Health Fair cverdi | 12/4/201 ¹ | 12/30/2014 | 2.00 | 0.00 | 0 | 0 | 0 | 0 | 50 |
| Notes: Bechtel health fair for employees-provided information on Diabetes, nutrition and stress to employees. | | | | | | | | | |
| Community Health & Safety Event cverdi | 10/26/20 ^{1,4} | 12/30/2014 | 3.00 | 0.00 | 0 | 0 | 0 | 0 | 20 |

12/10/2015

Frederick Memorial Hospital

Occurrences - Selected Programs

For period from 7/1/2014 through 6/30/2015

| Description / User / | Date | Date Created | Time Inputs | | Monetary Inputs | | | Outputs | |
|--|-----------|--------------|-------------|-----------|-----------------|---------|---------|---------|-----|
| | | | Staff | Volunteer | Expenses | Offsets | Benefit | Persons | |
| Notes: Provided general health & nutrition information to residents of the Spring Ridge Community at Spring Ridge Fire Dept. | | | | | | | | | |
| Totals (Program): Wellness Center | | | 7.50 | 0.00 | 0 | 0 | 0 | 0 | 90 |
| Program: Women's and Children's Services/Women's Services | | | | | | | | | |
| Department: Unknown (0) | | | | | | | | | |
| Teddy Bear Clinic cverdi | 11/8/2014 | 12/31/2014 | 4.00 | 0.00 | 0 | 0 | 0 | 0 | 40 |
| Notes: Teddy Bear Clinic at C. Burr Artz Public Library, Frederick. Purpose of clinic is for children to bring their teddy bear in for a checkup at the "hospital". They would go to a variety of stations to learn about what might happen when they are hospitalized (assessments, vaccines, importance of hand hygiene, radiology tests). | | | | | | | | | |
| Back to School Rally & Fair cverdi | 8/9/2014 | 3/11/2015 | 4.00 | 0.00 | 0 | 0 | 0 | 0 | 200 |
| Notes: Children Pre-K thru high school, parents and guardians-Jackson Chapel United Methodist Church, 5609 Ballenger Creek Pike, Frederick, Maryland. | | | | | | | | | |
| Totals (Program): Women's and Children's Services/Women's Services | | | 8.00 | 0.00 | 0 | 0 | 0 | 0 | 240 |
| Program: Women's Health Services | | | | | | | | | |
| Department: Woman's Health Services at FMH Crestwood (6986) | | | | | | | | | |
| Emmitsburg Osteopathic Center/Multiphasic Blood Draw cverdi | 6/6/2015 | 7/16/2015 | 4.00 | 0.00 | 0 | 0 | 0 | 0 | 61 |
| Notes: Partner with Dr. Bonita Portier in Emmitsburg, Md. to provide at cost bloodwork opportunity to community (underserved & underinsured) for a panel of typical tests. FMH lab provided this service; Dr. Portier was provided all of the results as well as letters going out to individuals with results. Dr. Portier will follow up on abnormalities. | | | | | | | | | |
| Bad to the Bone Osteoporosis Seminar cverdi | 3/24/2015 | 7/8/2015 | 18.00 | 0.00 | 0 | 0 | 0 | 0 | 67 |
| Notes: Women & Men of all ages but particularly 40's-70's. Seminar on risk factors, prevention, and treatment in partnership with the US Bone & Joint Initiative. | | | | | | | | | |
| Blood Clots: A Pain in the Leg cverdi | 3/21/2015 | 7/8/2015 | 18.00 | 0.00 | 0 | 0 | 0 | 0 | 74 |
| Notes: Women of all ages, especially those at high risk with varicose veins. | | | | | | | | | |

Frederick Memorial Hospital
 Occurrences - Selected Programs
 For period from 7/1/2014 through 6/30/2015

| Description / User / | Date | Date Created | Time Inputs | | Monetary Inputs | | | Outputs | |
|--|------------|--------------|---------------|-------------|-----------------|----------|----------|----------|------------|
| | | | Staff | Volunteer | Expenses | Offsets | Benefit | Persons | |
| Listen to the Rhythm of Your Heart cverdi | 2/17/2015 | 2/24/2015 | 60.00 | 0.00 | 0 | 0 | 0 | 0 | 50 |
| Notes: \$700.00 monetary contributions from St. Jude Medical, Eli Lilly & Co., Medtronics. Education to women about their heart health to include presentations on women and heart disease, impact of exercise on heart health, patient centered care/medical home and a heart healthy food demonstration. | | | | | | | | | |
| Headaches in women: A Call to Action cverdi | 1/28/2015 | 2/24/2015 | 12.00 | 0.00 | 0 | 0 | 0 | 0 | 49 |
| Notes: A seminar style presentation for women in the Frederick community to raise awareness and educate on primary and secondary headaches, diagnosis, latest treatment modalities and where to seek treatment. | | | | | | | | | |
| Hope & Healing Gathering cverdi | 12/6/2014 | 12/30/2014 | 6.00 | 0.00 | 0 | 0 | 0 | 0 | 4 |
| Notes: For those who have experienced a pregnancy loss or infant loss, it is a time to create a healing flag and receive grief support, education, resources, and networking. | | | | | | | | | |
| How Sweet It Is: Preventing & Managing Diabetes cverdi | 11/18/2014 | 12/30/2014 | 40.00 | 0.00 | 0 | 0 | 0 | 0 | 65 |
| Notes: Presentations by medical experts on the basics of diabetes, medication management, healthy eating tips and patient navigation using the collaborative care model. | | | | | | | | | |
| I Only Leak When I Laugh-A Seminar on Female Pelvic Health Concern cverdi | 9/23/2014 | 12/31/2014 | 32.00 | 0.00 | 0 | 0 | 0 | 0 | 55 |
| Notes: Women of all ages in the Frederick Community. Presentations by medical experts on Women's Pelvic Health, Medical Management of Urinary Incontinence, Pelvic floor PT, and Surgical Management of Urinary Incontinence. | | | | | | | | | |
| Osteoporosis: Boning Up for a Healthy Life cverdi | 8/14/2014 | 9/19/2014 | 2.00 | 0.00 | 0 | 0 | 0 | 0 | 30 |
| Notes: Johnsville United Methodist Church, Senior Citizen Organization monthly meeting. | | | | | | | | | |
| Totals (Program): Women's Health Services | | | 192.00 | 0.00 | 0 | 0 | 0 | 0 | 455 |

Program: YMCA Healthy Kids Day
 Department: Unknown (0)

| Description / User / | Date | Date Created | Time Inputs | | Monetary Inputs | | | Outputs | |
|--|-----------|--------------|--------------|-------------|-----------------|----------|----------|----------|------------|
| | | | Staff | Volunteer | Expenses | Offsets | Benefit | Persons | |
| YMCA Healthy Kids Day 2015 cverdi | 5/16/2015 | 6/29/2015 | 36.00 | 0.00 | 0 | 0 | 0 | 0 | 950 |
| Notes: \$5000.00 as a co-sponsor of the event. 21701 zip code with focus on pediatric asthma, nutrition, sun safety, pediatric and women's health. | | | | | | | | | |
| Totals (Program): YMCA Healthy Kids Day | | | 36.00 | 0.00 | 0 | 0 | 0 | 0 | 950 |
| Number of Programs | 16 | Totals: | 702.00 | 0.00 | 0 | 0 | 0 | 0 | 6,198 |
| Number of Occurrences | 51 | | | | | | | | |

Section VI – Attachment

| 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 |

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 fee 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 – ACA Health Care Coverage

Financial Assistance Program

FMH is an Application Certified Sponsoring Entity. We provide onsite Certified Application Counselors who assist our Inpatient population with applying for Maryland Medicaid and the Qualified Health Plans sold on the insurance exchange.

Frederick Regional Health System has a financial assistance program available for patients who find that they are unable to pay all or part of their medical bills. This program is based on the Federal Income Guidelines of the household, assets owned by the household, and household size.

Patients will receive a reply within two business days of the submission of their financial assistance request. If additional information and/or documentation is required, FMH will contact the patient by phone or mail within two business days. Notification regarding the financial assistance application will be made in writing within 30 days of the submission of your application

Payment plans are available depending upon the balance due. To arrange for a payment plan, contact our billing office at 855-360-5443.

Appendix III – Hospital FAP

Frederick Memorial Healthcare System
POLICIES AND PROCEDURES

Policy #: FN 100

TITLE: Financial Assistance Policy

Chapter: Finance
Responsible Person: Vice-President of Finance

Effective Date: 1/1/11
Reviewed Date: 1/1/13
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 they meet any one of the 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 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. The Financial Assistance Committee will review these cases and determine the financial assistance amount.

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: 1/1/13

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. The Financial Assistance Committee will review these cases and determine the financial assistance amount.
- 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 by the Financial Assistance Committee.
- 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.
- 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.
- 3.4 The Financial Assistance Committee will review these cases and determine the financial assistance amount.

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: 1/1/13

Revised Date:

4.0 Social Service Program Guidelines - Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of means-tested social services programs are deemed eligible for free care, provided proof of enrollment can be verified. These programs include, but are not limited to:

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

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

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: 1/1/13

Revised Date:

e. If the patient does not have a payroll stub, receives no federal or state assistance, and has not filed a tax return, then the patient must provide written documentation as to their financial circumstances.

5.5 Completed applications will be forwarded to the Patient Financial Services Department for review. Applications are to be scanned into the patient's account for retention. .

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: Senior VP & CFO 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: Senior VP & CFO
- > \$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.

Frederick Memorial Healthcare System
POLICIES AND PROCEDURES

Policy #: FN 100

TITLE: Financial Assistance Policy

Chapter: Finance
Responsible Person: Vice-President of Finance

Effective Date: 1/1/11
Reviewed Date: 1/1/13
Revised Date:

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: <http://aspe.hhs.gov/poverty/index.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.

DEFINITIONS:

Appendix IV – 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.hscro.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.

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 V – Attachment A

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