

Q1.

Introduction:

COMMUNITY BENEFIT NARRATIVE REPORTING INSTRUCTIONS

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

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

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

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

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

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

	Is this information correct?		If no, please provide the correct information here:
	Yes	No	
The proper name of your hospital is: UM Charles Regional Medical Center	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital's ID is: 210035	<input checked="" type="radio"/>	<input type="radio"/>	
Your hospital is part of the hospital system called University of Maryland Medical System.	<input checked="" type="radio"/>	<input type="radio"/>	

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

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

The 2017 Maryland Vital Statistics Report is used for birth and death data by race, along with life expectancy data, infant mortality data by race. The Maryland Department of Planning is also a source of population data for Charles County. The Maryland State Health Improvement Process data measures provide information on health disparities and hospitalization/ED visit rates by health condition such as diabetes and heart disease prevalence and mental health and substance use ED visit rates. Additionally, cancer incidence and mortality are available through the 2017 Cigarette Restitution Fund Program's Cancer in Maryland Report. The Maryland Behavioral Risk Factor Surveillance System is used to determine estimates for adult obesity and overweight. The Youth Risk Behavior Survey provides an obesity estimate for youth aged 13-18 years. The Maryland Sexually Transmitted Infections Program at the Maryland Department of Health provides Chlamydia and gonorrhea rates for the county. The Maryland Physician Workforce Study provides information on physician shortages in Southern Maryland. Health Professional Shortage Areas are viewed on the HRSA website. Medicaid data is accessed through the e-health Medicaid database for Maryland.

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

[University of Maryland Charles Regional Medical Center FY19 Community Statistics Report.doc](#)

68.5KB
application/msword

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

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Allegany County | <input checked="" type="checkbox"/> Charles County | <input type="checkbox"/> Prince George's County |
| <input type="checkbox"/> Anne Arundel County | <input type="checkbox"/> Dorchester County | <input type="checkbox"/> Queen Anne's County |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Baltimore County | <input type="checkbox"/> Garrett County | <input type="checkbox"/> St. Mary's County |
| <input type="checkbox"/> Calvert County | <input type="checkbox"/> Harford County | <input type="checkbox"/> Talbot County |

Caroline County

Howard County

Washington County

Carroll County

Kent County

Wicomico County

Cecil County

Montgomery County

Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

20601

20617

20658

20602

20622

20659

20603

20625

20661

20604

20632

20662

20607

20637

20664

20611

20640

20675

20612

20643

20677

20613

20645

20693

20616

20646

20695

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

Q33. How did your hospital identify its CBSA?

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

Based on ZIP codes in your global budget revenue agreement. Please describe.

Based on patterns of utilization. Please describe.

Other. Please describe.

The Community Benefit Service Area for the University Of Maryland Charles Regional Medical Center is all 28 zip codes located within the borders of Charles County. This includes the seven zip codes identified above as the Primary Service Area. The University of Maryland Charles Regional Medical Center is Charles County's only hospital and, as such, serves the residents of the entire county.

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

The Community Benefit Service Area for the University of Maryland Charles Regional Medical Center is all 28 zip codes located within the borders of Charles County. This includes the seven zip codes identified as the Primary Service Area. The University of Maryland Charles Regional Medical Center is Charles County's only hospital and, as such, serves the residents of the entire county. Zip code level data shows where the most vulnerable populations reside in Charles County. The zip codes of Waldorf (20601, 20602, 20603), White Plains (20695), and Indian Head (20640) represent the geographic areas where the most vulnerable populations reside in Charles County. The lowest average life expectancy is found in 20640, Indian Head, at 74.7 years. The highest Medicaid enrollment rate was in 20602, Waldorf. The highest percentage of low birth weight babies was in 20695, White Plains. The highest WIC participation rate was in 20602, Waldorf. The WIC participation rate was also high in Indian Head, 20640. The 2006-2011 All-cause mortality for Indian Head was 942.6 per 100,000, above the Maryland state rate. The 2006-2010 heart disease mortality for Indian Head was 232.3, also above the Maryland state rate.

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

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

<https://www.umms.org/charles/about-us/mission-values>

Q37. Is your hospital an academic medical center?

- Yes
 No

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

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

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

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

- Yes
 No

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

This question was not displayed to the respondent.

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

06/30/2018

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

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

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

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

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

	CHNA Activities										Click to write Column 2
	N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:	
Other Hospitals -- Please list the hospitals here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Local Health Department -- Please list the Local Health Departments here: Charles County Department of Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Local Health Improvement Coalition -- Please list the LHICs here: Partnerships for a Healthier Charles County	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Maryland Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Maryland Department of Human Resources

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Natural Resources

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of the Environment

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Transportation

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Maryland Department of Education

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Area Agency on Aging -- Please list the agencies here:
Charles County Department of Community Services

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Local Govt. Organizations -- Please list the organizations here:
Charles County Government

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Faith-Based Organizations

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School - K-12 -- Please list the schools here:
Charles County Public Schools

N/A - Person or Organization was not involved
Member of CHNA Committee
Participated in the development of the CHNA process
Advised on CHNA best practices
Participated in primary data collection
Participated in identifying priority health needs
Participated in identifying community resources to meet health needs
Provided secondary health data
Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

School - Colleges and/or Universities -- Please list the schools here:
College of Southern Maryland

School of Public Health -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

School - Medical School -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

School - Nursing School -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

School - Dental School -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

School - Pharmacy School -- Please list the schools here:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:
Charles County Department of Health's Substance Use and Mental Health Clinics, Charles County Local Behavioral Health Authority, Center for Children

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:
Charles County Department of Social Services

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:
Sagepoint, Fenwick Landing, The Charleston Senior Community, Genesis, Restore Health, Morningside, Hospice of Charles County

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:
United Way of Charles County, Health Partners Inc., local extension service, Lifelong Learning Center

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations - Please list the organizations here:
Lifestyles of Maryland, Inc., Charles County Service and Advocacy Council

N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A - Person or Organization was not involved	Member of CHNA Committee	Participated in the development of the CHNA process	Advised on CHNA best practices	Participated in primary data collection	Participated in identifying priority health needs	Participated in identifying community resources to meet health needs	Provided secondary health data	Other (explain)

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other - If you selected "Other (explain)," please type your explanation below:

Other -- If any other people or organizations were involved, please list them here:
White Plains Primary Care, Cambridge Pediatrics

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

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

- Yes
- No

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

06/25/2018

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

<https://www.umms.org/charles/community/assessment-implementation-plan>

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

This question was not displayed to the respondent.

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

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

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

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

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

	Activities									Click to write Column 2
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Other Hospitals -- Please list the hospitals here:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Department -- Please list the Local Health Departments here: Charles County Department of Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Partnerships for a Healthier Charles County	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Human Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Natural Resources	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of the Environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Maryland Department of Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:

Behavioral Health Organizations -- Please list the organizations here:
 Charles County Department of Health's Mental Health and Substance Use Clinics, Local Behavioral Health Authority, Center for Children

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Social Service Organizations -- Please list the organizations here:
 Charles County Department of Social Services

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Post-Acute Care Facilities -- please list the facilities here:
 Sagepoint, Fenwick Landing, The Charleston Senior Community, Genesis, Restore Health, Morningside, Hospice of Charles County

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Community/Neighborhood Organizations -- Please list the organizations here:
 Health Partners Inc, United Way of Charles County, Lifelong Learning Center, UM Extension

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Consumer/Public Advocacy Organizations - Please list the organizations here:
 Lifestyles of Maryland, Charles County Service and Advocacy Council

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

Other -- If any other people or organizations were involved, please list them here:

N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other - If you selected "Other (explain)," please type your explanation below:

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

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

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

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

- Yes
- No

Q67. Please describe the community benefit narrative audit process.

CFO, Albert Zanger: Oversees all HSCRC and 990 Reporting; internally audits Community Benefit reports; Allocates resources for CB operations. The CFO reviews the report (narrative and spreadsheet) and presents the final report to the Finance Committee of the Board of Directors for approval. The Finance Committee of the Board conducts the review and approval of the report and a summary of key points are presented to the full Board. Vice President, Planning, Clive Savory: Administers CB reporting operations including plan implementation, collaborates with strategic community partners; Oversees data collection and reporting, provides management for LHIC; Compiles reports Decision Support Analysts Jim Clague: Inputs financial data into CB data collection tool for reporting, assists with internal auditing Revenue Integrity Analyst, Ruth Case: Inputs salary data into CB data collection tool. Community Outreach Specialist, Amy Zimmerman: Implements community benefit qualifying activities and community outreach programs; collaborates with strategic community partners; Trains departmental CB reporters and manages data collection tool, provides management for LHIC Epidemiologist, Amber Starn, MPH: Provides data and reporting for CB planning; monitors and reports outcomes of CB Strategic Plan, Reports SHIP data to CCDOH

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

- Yes
 No

Q69. Please explain:

This question was not displayed to the respondent.

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

- Yes
 No

Q71. Please explain:

This question was not displayed to the respondent.

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

- Yes
 No

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

UM CRMC's current strategic plan, which covers fiscal years 2018 through 2022, includes provisions for significant investments in programs and initiatives that benefit members of our community who are disenfranchised. Under Goal #2 (Leader in Innovation and Integrated Care Delivery), our strategic plan outlines efforts for CRMC to work collaboratively with key community stakeholders such as Partners for a Healthier Charles County to address chronic disease issues, mental health, substance abuse and access to care. Many of the individuals who are targeted to benefit from these initiatives are uninsured, so the hospital and its partners absorb the costs of treatment. Our Mobile Integrated Health visitation program is an example of community benefits planning and investment. This program, which is geared to reduce readmissions and over utilization of emergency services, is jointly funded by financial support from CRMC and the Charles County Government. Further, the CRMC's annual budget includes approximately \$1 million to cover the cost of providing charity care for the disenfranchised in our community. Our population health initiatives, which include health literacy, chronic care management, education and training for our patients are additional examples that demonstrate our efforts at strategic community benefit planning.

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

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

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

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

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

Q79. Name of initiative.

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

- Yes
- No

Q81. In your most recently completed CHNA, the following community health needs were identified:

Access to Health Services: Practicing PCPs, Behavioral Health, including Mental Health and/or Substance Abuse, Diabetes, Educational and Community-Based Programs, Health Communication and Health Information Technology, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Other Social Determinants of Health, Other (specify)
Other: Unnecessary Hospital Utilization

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

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

Q82. When did this initiative begin?

August 28, 2017

Q83. Does this initiative have an anticipated end date?

- No, the initiative has no anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

The Memorandum of Understanding between the University of Maryland Charles Regional Medical Center, the Charles County Department of Health, and the Charles County Department of Emergency Services will end on April 30, 2020. However, The program will be sustained even once grant funding has been exhausted due to its success in the community.

Other. Please explain.

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

An analysis of ED utilization was conducted in December 2015 using the time frame January 1-November 30, 2015. The criteria for inclusion were any patient with 20 or more visits to the emergency department during the specified time period. The data was queried by the transition nurse case manager using the HSCRC database. From January 1, 2015 through November 30, 2015, a total of 20 patients made at least 20 visits or more to the University of Maryland Charles Regional Medical Center Emergency Department. They accounted for a total of 643 visits. That is an average of 32 visits per patient. Visit counts ranged from 20 visits to 124 visits per patient in the 11 month time frame. The majority of the patients had either Medicaid (55%) or Medicare (35%) as their primary health insurance. The average number of visits among patients with Medicaid was 25 visits per patient. The average number of visits among patients with Medicare was 82 visits per patient. Managing their conditions in the primary care and home setting could lead to a reduction in hospital visits and a needed reduction in the 30-day readmissions rate to avoid penalties. Most of the high utilizers were discharged to their homes for self care after they have been treated in the acute hospital setting. The most commonly reported reasons for their visits included pain, shortness of breath/trouble breathing, chest pain, and behavioral health conditions. These patients could greatly benefit from community resources to help them self manage their disease processes and how changes to the home can improve their health.

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

157

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

54

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

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

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

Yes. Please describe who was involved in this initiative.

The Charles County Department of Health, the University of Maryland Charles Regional Medical Center, and the Charles County Department of Emergency Services, collectively implement the Charles County Mobile Integrated Healthcare project to address the health/social determinants leading to repeated use of emergent care. The Mobile Integrated Healthcare (MIH) Team includes a paramedic employed by Emergency Services and a registered nurse and community health worker, employed by the health department. The MIH team is housed at the Charles County Department of Health. During the initial visit, the MIH team assesses the patient's vital signs, reviews discharge paperwork, evaluates compliance with discharge instructions, completes a medication evaluation/reconciliation, conducts an environmental scan of the home for safety issues, and provides health education and chronic disease self management information when appropriate. After the initial visit, the community health worker provides the high touch needed to keep the patients engaging in this program and out of the emergency department. Additionally, grant funding for this project has been secured by the Charles County Department of Health. Other sources of referral to MIH include Health Partners Inc., the Charles County Office on Aging, Greater Baden Medical Center, the University of Maryland Charles Regional Medical Group.

No.

Q89. Please describe the primary objective of the initiative.

Reduce Emergency Department (ED) utilization and Emergency Medical Services (EMS) transports among high utilizers by linking them with care coordination and community health services.

Q90. Please describe how the initiative is delivered.

Enrollment: • Must be: • 18 years of age, or older (and) • Charles County resident (and) • 1 or more chronic health condition *ALL 3 MUST APPLY* Criteria for Hospital and Emergency Medical Services Inclusion: • 6 or more visits to the ED in 3 months or LACE score greater than 12 • 6 or more calls to EMS in 3 months Criteria for Primary Care Clinic Inclusion: Must display one or more • 2 missed appointments/no-show's to scheduled appointments (and/or) • Have not followed up with recommended specialists/agencies pertaining to health needs (and/or) • Poor medication adherence Initial Visits: • Medical history review • Individual concerns regarding health conditions • Social and Emotional Health Questionnaire • Physical Assessment • Vital signs • Respiratory/Neuro/Integumentary/GI/GU Cardiovascular/Musculoskeletal/Pain Assessments • Immunization history review • Assessment of ADL's • Medication reconciliation • Ability to safely dispose of unused/unwanted medications • Carbon copied lists for convenience • Thorough Home Safety Assessments • Ability to address safety needs with little to no cost to patient ☐ Smoke detectors / Carbon Monoxide detectors • Individualized "To-Do" lists for patients • Recognize needs for IDT discussions where applicable • File of Life • Personalized binders with accessible educational materials/references for clients health conditions • Zone Sheets; BP, FSBS, weight charts Follow-up after Initial Visit: • Make contact with appropriate resources • Maryland Access Point line, dental, mental health • Schedule appointments • Arrange transportation when necessary • Contact staff for MA Transportation Forms to be completed • Send "needs list" to providers offices regarding needs of patient • Refill requests, referrals, requests, etc. • Insurance companies • Coverage specifications • Case Manager access • Schedule for home safety modifications when applicable Discharge Process: • First month: • MIH is "hands-on," doing tasks for clients/family and informing them before and after tasks are completed (i.e.- appointment scheduling, etc.) • Second month: • Clients/family are encouraged to take initiative in completing necessary tasks to manage healthcare needs, reflecting level of involvement from MIH in first month • Third month - onward: • MIH monitors ability of client/family to manage healthcare needs independently and provides assistance/guidance when needed • Discharge (successful/unsuccessful) ☐ Self-manages, or remains non-compliant

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

Count of participants/encounters

Number of participants referred from hospital, Number of participants referred from EMS, number of participants referred from community agencies, number of patient encounters

Other process/implementation measures (e.g. number of items distributed)

Number of home visits, number of environmental scans, number of phone calls/emails to patients, number of phone calls/emails to outside resources, number of referrals to community services, number of referrals to primary care, number of referrals to specialists, number of people given health education, number of people with contact 48 hours after discharge or referral, number of successful discharges, number of discharges due to non-compliance

Surveys of participants

Customer satisfaction surveys are completed at discharge from program

- Biophysical health indicators Blood pressure readings, weight, blood glucose logs
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost Changes in ED utilization, Changes in inpatient admissions, changes in 30 day readmissions, changes in EMS utilization, cost savings due to reductions in ED, inpatient, 30 day admissions, and EMS utilization
- Assessment of workforce development
- Other

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

Referrals: FY19 1a) EMS 23 1b) UMCRCM 17 1c) Health Dept. 0 1d) Other, specify 20 1e) Total: Support delivered by: 2a) Home Visits 104 2b) Public Locations 275 2c) Phone/Email (to patient) 1116 2d) Phone/Email (outside resources) 732 2e) Total: 2076 Linking participants to outside resources: 54 3a) 48h post hospital d/c contact 48 3b) Home Environment Scans 74 3c) Health Education 10 3d) Primary Care (new/old) 28 3e) Social/Comm. Svc (new/old) 18 3f) Specialty Care (new/old) 18 3g) Total: 232 Looking at 3 month pre and post MIH data for the first 95 participants: - ED utilization dropped by 56% from 234 ED visits to 99 ED visits - Inpatient admissions dropped 67% from a total of 84 inpatient admissions 3 months prior to MIH to 28 inpatient admissions. - 30 day readmissions dropped by 90% from 21 readmissions to 2 readmissions. - There was a 58% reduction in EMS utilization among participants. - 63% of participants reduced their EMS utilization after MIH enrollment - 68% with hypertension and 38% with diabetes saw improvement after MIH enrollment

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

The outcomes of this initiative directly impact the Access to Care priority and its focus on unnecessary hospital utilization by addressing social determinants of health.

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

The University of Maryland Charles Regional Medical Center contributed \$50,000 to this initiative in Fiscal Year 2019.

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Living Well: Chronic Disease Self Management Program

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

- Yes
- No

Q99. In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Practicing PCPs, Behavioral Health, including Mental Health and/or Substance Abuse, Diabetes, Educational and Community-Based Programs, Health Communication and Health Information Technology, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Other Social Determinants of Health, Other (specify)
Other: Unnecessary Hospital Utilization

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

- Access to Health Services: Health Insurance
- Heart Disease and Stroke
- Access to Health Services: Practicing PCPs
- HIV
- Access to Health Services: Regular PCP Visits
- Immunization and Infectious Diseases
- Access to Health Services: ED Wait Times
- Injury Prevention
- Access to Health Services: Outpatient Services
- Lesbian, Gay, Bisexual, and Transgender Health

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

Q100. When did this initiative begin?

Q101. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

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

Heart disease is the leading cause of death for Charles County residents. Heart disease accounts for approximately 1/4 of the county deaths each year. The 2015-2017 heart disease death rate for Charles County was 166.7 per 100,000 population. (2017 Maryland Vital Statistics Report). The 2017 rate of Emergency Department visits for hypertension per 100,000 population is higher in blacks (734.9) than whites (271.8). This is a priority measure with the Maryland State Health Improvement Process. The 2015-2017 death rate for people in Charles County with diabetes mellitus 22.4 per 100,000 people. This is highest among the other SoMD counties and higher than the state average of 19.4 per 100,000. (2017 MD Vital Statistics Report). Approximately 8.3% of CC adults report having diabetes (2017 MD BRFSS). 2017 Emergency Department visit rates due to diabetes show a disparity among Charles County African Americans: 359.2 per 100,000 for African Americans and 151.2 for Whites. The same is true for Maryland African Americans. Therefore, this priority has been established by the Maryland State Health Improvement Process.

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

54641

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

62

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

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

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

- Yes. Please describe who was involved in this initiative.
- No.

Yes, this project is implemented with the Charles County Department of Health, the Charles County Parks and Recreation Division, the Charles County Office on Aging, and Health Partners Inc.

Q107. Please describe the primary objective of the initiative.

Increase evidence based chronic disease self management by hospitals and primary care providers. Link health care-based efforts to increase participation in community prevention activities.

Q108. Please describe how the initiative is delivered.

Living Well is a chronic disease self management program developed by Stanford University. It is a 6-week program for people with chronic conditions and the people who love them. Participants make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program. Throughout the program, participants will learn: Techniques to deal with problems such as frustration, fatigue, pain and isolation, Appropriate exercise for maintaining and improving strength, flexibility, and endurance Appropriate use of medications Communicating effectively with family, friends, and health professionals Nutrition Decision making How to evaluate new treatments

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

- Count of participants/encounters

Number of participants who successfully completed the course (4 or more out of 6 classes attended)
- Other process/implementation measures (e.g. number of items distributed)

Race, ethnicity, gender, chronic conditions
- Surveys of participants

Participant pre and post evaluations with satisfaction questions and self confidence questions
- Biophysical health indicators
-

Assessment of environmental change

Impact on policy change

Effects on healthcare utilization or cost

Assessment of workforce development

Other

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

Number of workshops: 6 Average participants per workshop: 15.5 Number of participants: 62 Participants with attendance data: 62 Completers: 54 of 62 (87%) Number who are caregivers: 13 of 57 (23%) Age Count Percent 0-44 37 65% 44-49 6 11% 50-54 6 11% 60-64 3 5% 65-69 2 4% 75-79 2 4% 80-84 1 2% Unknown 5 Can Manage Condition Count Percent 10 6 67% 9 3 33% Unknown 53 Caregiver Count Percent No 44 77% Yes 13 23% Unknown 5 Chronic Condition Count Percent Depression or Mental Illness 30 70% Chronic Pain 18 42% Hypertension 13 30% Lung Disease 13 30% Arthritis 12 28% Diabetes 9 21% Obesity 6 14% Osteoporosis 3 7% Schizophrenia 3 7% Cancer 1 2% Other 5 12% Unknown 12 Completers Count Percent Yes 54 87% No 8 13% Condition Count Percent Multiple chronic conditions 26 52% One chronic condition 17 34% No chronic conditions 7 14% Unknown 12 Disabilities Count Percent Diff. remembering 22 35% Limited Phy/Men/Emotial 6 10% Visually impaired 4 6% Diff. with errands 2 3% Diff. dressing 2 3% Hearing impaired 1 2% Diff. walking or climbing stairs 1 2% Disability Count Percent No disabilities 32 56% One disability 17 30% Multiple disabilities 8 14% Unknown 5 Education Count Percent Completed High School 20 38% Some College 15 29% Some High School 12 23% Completed College 5 10% Unknown 10 Ethnicity/Race Count Percent White/Caucasian 29 51% Black or African American 27 47% Hispanic/Latino 3 5% American Indian or AK Native 2 4% Asian or Asian American 1 2% Unknown 5 GDM Count Percent No 23 37% Gender Count Percent Male 37 62% Female 23 38% Unknown 2 Health Count Percent Good 23 43% Very Good 15 28% Fair 9 17% Excellent 5 9% Poor 2 4% Unknown 8 How Did You Hear Count Percent Not reported 62 100% Insurance Count Percent Medicaid 39 74% Medicare Part B ("Regular" Medicare) 12 23% United 2 4% Aetna 2 4% No Insurance 2 4% TriCare 1 2% BC/BS 1 2% Kaiser 1 2% Other 1 2% Unknown 9 Lives Alone Count Percent No 47 89% Yes 6 11% Unknown 9 Organization Count Percent Charles County Department of Health 62 100% Participant County Count Percent Charles, MD 30 48% Prince Georges, MD 5 8% Wicomico, MD 4 6% Anne Arundel, MD 4 6% Saint Marys, MD 3 5% Calvert, MD 3 5% Baltimore, MD 2 3% Somerset, MD 2 3% Frederick, MD 2 3% Talbot, MD 1 2% Dorchester, MD 1 2% Delaware, PA 1 2% Garrett, MD 1 2% Worcester, MD 1 2% Montgomery, MD 1 2% Harford, MD 1 2% Payment Source Count Percent Not reported 62 100% Referred Count Percent No 40 87% Yes 6 13% Unknown 16 Sessions Attended Count Percent 1 1 2% 2 4 6% 3 3 5% 4 7 11% 5 13 21% 6 34 55%

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

Those with the tools to self manage their own chronic conditions are less likely to have emergent situations that lead to visits to the emergency department or lead to inpatient admissions. Since our long term objectives are to reduce ED visit rates for hypertension, diabetes, mental health, and substance use, programs to manage their own health are critical.

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

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Charles County Efforts to Reduce the Incidence and Mortality of Diabetes

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

Yes

No

Q117. In your most recently completed CHNA, the following community health needs were identified:

Access to Health Services: Practicing PCPs, Behavioral Health, including Mental Health and/or Substance Abuse, Diabetes, Educational and Community-Based Programs, Health Communication and Health Information Technology, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Other Social Determinants of Health, Other (specify)
Other: Unnecessary Hospital Utilization

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

Access to Health Services: Health Insurance

Access to Health Services: Practicing PCPs

Access to Health Services: Regular PCP Visits

Access to Health Services: ED Wait Times

Access to Health Services: Outpatient Services

Heart Disease and Stroke

HIV

Immunization and Infectious Diseases

Injury Prevention

Lesbian, Gay, Bisexual, and Transgender Health

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

Q118. When did this initiative begin?

Q119. Does this initiative have an anticipated end date?

- No, the initiative does not have an anticipated end date.
- The initiative will end on a specific end date. Please specify the date.
- The initiative will end when a community or population health measure reaches a target value. Please describe.

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

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

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

- Other. Please explain.

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

The 2015-2017 death rate for people in Charles County with diabetes mellitus 22.4 per 100,000 people. This is highest among the other SoMD counties and higher than the state average of 19.4 per 100,000. (2017 MD Vital Statistics Report). Approximately 8.3% of CC adults report having diabetes (2017 MD BRFSS). 2017 Emergency Department visit rates due to diabetes show a disparity among Charles County African Americans: 359.2 per 100,000 for African Americans and 151.2 for Whites. The same is true for Maryland African Americans. Therefore, this priority has been established by the Maryland State Health Improvement Process.

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

10187

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

1159

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

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

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

- Yes. Please describe who was involved in this initiative.
- No.

Charles County Department of Health, American Cancer Society, the Partnerships for a Healthier Charles County, Sisters at Heart, Health Partners Inc. all played an active role in the implementation of this initiative.

Q125. Please describe the primary objective of the initiative.

1. Offer Stanford University's Diabetes Self Management (DSMP). Offer the CDC's Diabetes Prevention Program (DPP) in the county. 2. Promote the University of Maryland Charles Regional Medical Center's efforts to provide diabetes education and other chronic disease management and support groups to the community.

Q126. Please describe how the initiative is delivered.

This is a multi-faceted approach with both community-level and individual-level initiatives aimed at reducing the incidence and burden of diabetes in Charles County. Community Outreach and Education at the Charles County Fair: The Chronic Disease Prevention and Management Team used the Charles County Fair Friday as the location for diabetes awareness event. Members were set up under tents and disseminated information on the diabetes support group, the Diabetes Prevention Program, the Diabetes Education Center, as well information on the importance of good nutrition and physical activity. There were a total of 1000 encounters at this community event. Diabetes Prevention Program: UMCRCM partners with the Charles County Department of Health to implement the National Diabetes Prevention Program, a yearlong CDC-recognized lifestyle change program for individuals with pre-diabetes. Diabetes Support Group: The Center for Diabetes Education sponsors a support group open to adults with diabetes and their loved ones. It is an opportunity to learn about living with diabetes in a relaxed, informal setting with plenty of fun mixed in. Participants discover healthy eating strategies, sample delicious foods and leave with the recipes, and get tips on developing an exercise routine or how to improve blood sugars. Meetings are on the 4th Wednesday of every other month, from 2 p.m. to 3:30 p.m. at UM Charles Regional Medical Center. Diabetes Self Management Program: The hospital in conjunction with the Charles County Department of Health conducted Stanford's Diabetes Self Management Program. This program is a 6 week long evidence-based intervention to help individuals with diabetes to set goals and to learn to self manage their diseases processes.

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

- Count of participants/encounters

number of encounters at county fair, number of DPP participants, number of DSME participants, number of support group meetings held, number of people in attendance at support group meetings
- Other process/implementation measures (e.g. number of items distributed)
-

- Surveys of participants
- Biophysical health indicators
 - Change in weight and BMI, Reduction in A1C
- Assessment of environmental change
- Impact on policy change
- Effects on healthcare utilization or cost
- Assessment of workforce development
- Other

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

Community Outreach and Education at the Charles County Fair: There were a total of 1000 encounters at this community event. Diabetes Self Management Program: Number of workshops: 1 Average participants per workshop: 8.0 Number of participants: 8 Participants with attendance data: 7 Completers: 5 of 7 (71%) Number who are caregivers: 4 of 6 (67%) Age Count Percent Bar 65-69 3 43% 70-74 1 14% 75-79 2 29% 80-84 1 14% Unknown 1 Can Manage Condition Count Percent Bar 10 3 60% No 2 33% Unknown 2 Chronic Condition Count Percent Bar Diabetes 6 86% Count Percent Bar Yes 4 67%

Hypertension 5 71% Arthritis 3 43% Obesity 3 43% Stroke 2 29% Cancer 2 29% Depression or Mental Illness 1 14% Chronic Pain 1 14% Other 1 14% Unknown 1 Completers Count Percent Bar Yes 5 62% No 3 38% Condition Count Percent Bar Multiple chronic conditions 7 100% Unknown 1 Disabilities Count Percent Bar Diff. walking or climbing stairs 2 25% Limited Phy/Men/Emotial 2 25% Diff. with errands 1 12% Diff. remembering 1 12% Disability Count Percent Bar No disabilities 4 57% Multiple disabilities 2 29% One disability 1 14% Unknown 1 Education Count Percent Bar Some College 4 57% Completed High School 2 29% Completed College 1 14% Unknown 1 Ethnicity/Race Count Percent Bar Black or African American 4 67% White/Caucasian 2 33% Unknown 2 GDM Count Percent Bar No 6 75% Gender Count Percent Bar Female 6 100% Unknown 2 Health Count Percent Bar Fair 5 71% Good 2 29% Unknown 1 How Did You Hear Count Percent Bar Not reported 8 100% Insurance Count Percent Bar Medicare Part B ("Regular" Medicare) 7 100% BC/BS 1 14% Cigna 1 14% Medicaid 1 14% Kaiser 1 14% United 1 14% Other 1 14% Unknown 1 Lives Alone Count Percent Bar No 4 57% Yes 3 43% Unknown 1 Organization Count Percent Bar Charles County Department of Health 8 100% Participant County Count Percent Bar Charles, MD 8 100% Payment Source Count Percent Bar Not reported 8 100% Referred Count Percent Bar No 6 100% Unknown 2 Sessions Attended Count Percent Bar 1 2 29% 2 0 0% 3 0 0% 4 1 14% 5 2 29% 6 2 29% Diabetes Prevention Program: Number of workshops: 3 Average participants per workshop: 21.0 Number of participants: 42 Participants with attendance data: 42 Completers: 11 of 42 (26%) Number who are caregivers: 0 of 4 Age Count Percent Bar 0-44 1 2% 44-49 2 5% 50-54 6 14% 55-59 4 10% 60-64 9 21% 65-69 13 31% 70-74 3 7% 75-79 4 10% Attended Session Count Percent Bar 1 3 93% 2 40 95% 3 42 100% 4 42 100% 5 40 95%

6 35 83% 7 36 86% 8 38 90% 9 36 86% 10 37 88% 11 33 79% 12 34 81% 13 32 76% 14 33 79% 15 32 76% 16 32 76% 17 26 62% 18 28 67% 19 28 67% 20 27 64% 21 27 64% 22 21 50% 23 11 26% 24 10 24% 25 9 21% 26 10 24% 27 10 24% 28 10 24% 29 10 24% 30 10 24% 31 10 24% 32 10 24% 33 10 24% 34 10 24% 35 10 24% 36 10 24% 37 10 24% 38 10 24% 39 10 24% 40 10 24% 41 10 24% 42 10 24%

Disabilities Count Percent Bar Diff. walking or climbing stairs 8 19% Diff. dressing 1 2% Diff. with errands 1 2% Visually impaired 1 2% Disability Count Percent Bar No disabilities 27 71% One disability 8 21% Multiple disabilities 3 8% Unknown 4 Education Count Percent Bar Completed College 15 47% Some College 11 34% Completed High School 5 16% Some High School 1 3% Unknown 10 Ethnicity/Race Count Percent Bar Black or African American 25 60% White/Caucasian 17 40% Hispanic/Latino 2 5% GDM Count Percent Bar No 30 75% Yes 1 2% Unknown 2 Gender Count Percent Bar Female 33 87% Male 5 13% Unknown 4 How Did You Hear Count Percent Bar Family or friends 16 38% Media: Poster/flyer, etc. 12 29% Community-based organization or community health worker 4 10% Non-primary care health professional 3 7% Employer or Employer's wellness program 2 5% Media: National media (TV, internet ad) 1 2% Self 1 2% Primary care provider 1 2% Media: Radio, newspaper 1 2% Media: Social media (Twitter, Facebook, etc.) 1 2% Last Session Attended Count Percent Bar 1 0 0% 2 0 0% 3 0 0% 4 2 5% 5 0 0% 6 0 0% 7 1 2% 8 1 2% 9 0 0% 10 2 5% 11 0 0% 12 2 5% 13 0 0% 14 0 0% 15 0 0% 16 1 2% 17 0 0% 18 3 7% 19 1 2% 20 2 5% 21 6 14% 22 10 24% 23 1 2% 24 0 0% 25 0 0% 26 10 24% 27 10 24% 28 10 24% 29 10 24% 30 10 24% 31 10 24% 32 10 24% 33 10 24% 34 10 24% 35 10 24% 36 10 24% 37 10 24% 38 10 24% 39 10 24% 40 10 24% 41 10 24% 42 10 24%

Minutes of Activity Count Percent Bar 0-19 Minutes 0 0% 30-74 Minutes 1 9% 75-149 Minutes 6 55% 150+ Minutes 4 36% Organization Count Percent Bar Charles, MD 42 100% Payment Source Count Percent Bar Grant funding 39 93% Not reported 2 5% Other 1 2% Percent Weight Change Count Percent Bar 7.00%+ Loss 4 36% 5.00%-6.99% Loss 2 18% 3.00%-4.99% Loss 1 9% 1.00%-2.99% Loss 2 18% 0.99% Loss-0.99% Gain 1 9% 1.00%-2.99% Gain 1 9% 3.00%-4.99% Gain 0 0% 5.00%-6.99% Gain 0 0% 7.00%+ Gain 0 0% Average Weight Loss Percent 6.09% Prediabetes Count Percent Bar Yes 27 75% No 9 25% Unknown 6 Sessions Attended Count Percent Bar 1 0 0% 2 2 5% 3 0 0% 4 0 0% 5 0 0% 6 0 0% 7 2 5% 8 0 0% 9 2 5% 10 1 2% 11 2 5% 12 0 0% 13 1 2% 14 0 0% 15 0 0% 16 1 2% 17 0 0% 18 5 12% 19 1 2% 20 5 12% 21 5 12% 22 5 12% 23 1 2% 24 0 0% 25 0 0% 26 9 21% 27 9 21% 28 9 21% 29 9 21% 30 9 21% 31 9 21% 32 9 21% 33 9 21% 34 9 21% 35 9 21% 36 9 21% 37 9 21% 38 9 21% 39 9 21% 40 9 21% 41 9 21% 42 9 21%

A1C 14 33% Fasting Glucose 13 31% Diabetes Support Group: 9 support group meetings were conducted in Fiscal Year 2019. A total of 109 people were in attendance at the support group meetings. This included people with diabetes and their guests or caregivers. Each session had a theme. Subjects covered included: Celebrate Summer with barbecue menu and taste tests, Continuous Glucose Monitors (CGM's), Healthy Holiday Eating, Weight Loss, Type 1 Diabetes, Stress management, and Fast Food. In FY19, the Diabetes Center launched a Type 1 Support Group. This group was discontinued due to low attendance. The Center also launched an evening support Group, which has been well attended. Now, each subject is offered in an evening session and an afternoon session. These are for people with prediabetes or Type 2 diabetes.

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

Diabetes is a preventable disease. Nearly 1 in 3 adults currently has pre-diabetes. With proper education and lifestyle changes, Diabetes can be prevented. For those with diabetes, support and continued education can lead to better health outcomes and increased life expectancy.

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

Q131. (Optional) Supplemental information for this initiative.

Q133. Additional information about initiatives.

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

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

- Yes
- No

Q136.

In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Practicing PCPs, Behavioral Health, including Mental Health and/or Substance Abuse, Diabetes, Educational and Community-Based Programs, Health Communication and Health Information Technology, Heart Disease and Stroke, Nutrition and Weight Status, Physical Activity, Other Social Determinants of Health, Other (specify)
Other: Unnecessary Hospital Utilization

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

This question was not displayed to the respondent.

Q137. Why were these needs unaddressed?

This question was not displayed to the respondent.

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

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

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

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

Q140. Section V - Physician Gaps & Subsidies

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

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

General surgery

Orthopedic specialties

Obstetrics

Otolaryngology

Other. Please specify.

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

Hospital-Based Physicians	Due to the significant physician shortage in the Southern region, UM CRMC does not have adequate pool of community physicians to provide 24 hour professional and administrative services for many required specialties. Contracts with these physicians and groups are needed to provide 24 hour services for patients regardless of their insurance status or ability to pay and make it necessary for UM CRMC to assure that Contractor receives fair market value compensation for the services it is rendering to or for the benefit of Hospital.
Non-Resident House Staff and Hospitalists	<input type="text"/>
Coverage of Emergency Department Call	As a result of the prevailing physician shortage (southern Maryland has the highest number of physician specialty shortages in the state); the University of Maryland Charles Regional Medical Center has an insufficient number of specialists within the medical staff. In all of these areas there are not enough physicians to care for patients including uninsured and underinsured in the hospital. Therefore, subsidies are paid to the physicians to provide on call coverage for the Emergency Department and patient care departments.
Physician Provision of Financial Assistance	<input type="text"/>
Physician Recruitment to Meet Community Need	Southern Maryland had the highest percentage of physician shortages of all of the regions in Maryland (89.9%). To address the shortage, the University of Maryland Charles Regional Medical Center hired both a Chief Medical Officer and Physician Recruiter and Liaison who are working to successfully attract and retain physicians to the community. Private practice within the community is preferred, but the hospital will employ those physicians when necessary.
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>
Other (provide detail of any subsidy not listed above)	<input type="text"/>

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

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

[Data on Physician Gaps for Charles County.doc](#)
1.8MB
application/msword

Q145. Section VI - Financial Assistance Policy (FAP)

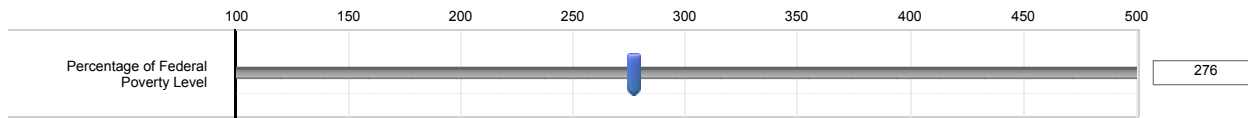
Q146. Upload a copy of your hospital's financial assistance policy.

[UMMS CBO FA Pol Proc manual - Eff 09-18-2019 - CapRegIncl.docx](#)
79.7KB
application/vnd.openxmlformats-officedocument.wordprocessingml.document

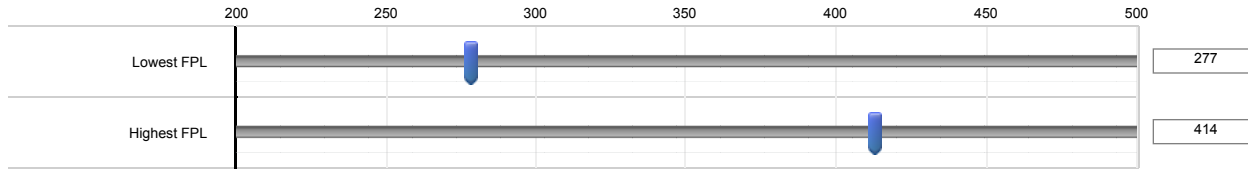
Q147. Upload a copy of the Patient Information Sheet provided to patients in accordance with Health-General §19-214.1(e).

[23640_CRMC_PatientInformation-Trifold_OB_R2.pdf](#)
1MB
application/pdf

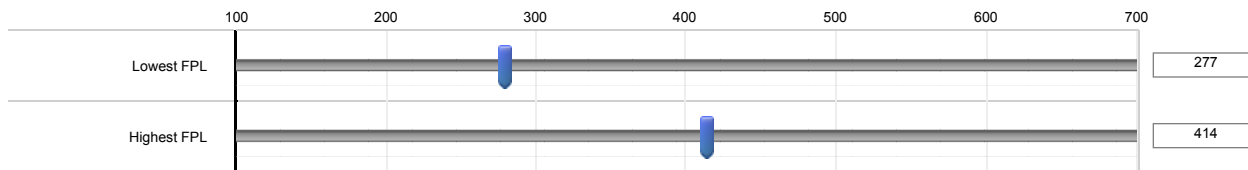
Q148. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(i) to provide free medically necessary care to patients with family income at or below 200 percent of the federal poverty level (FPL). Please select the percentage of FPL below which your hospital's FAP offers free care.



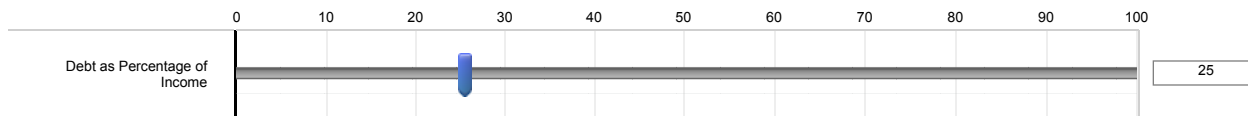
Q149. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(2)(a)(ii) to provide reduced-cost, medically necessary care to low-income patients with family income between 200 and 300 percent of the federal poverty level. Please select the range of the percentage of FPL for which your hospital's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



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



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



Q152. Has your FAP changed within the last year? If so, please describe the change.

- No, the FAP has not changed.
- Yes, the FAP has changed. Please describe:

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

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

Q155. Summary & Report Submission

Q156.

Attention Hospital Staff! IMPORTANT!

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

We strongly urge you to contact us at hcbhelp@hilltop.umbc.edu to request a copy of your answers. We will happily send you a pdf copy of your narrative that you can share with your leadership, Board, or other

interested parties. If you need to make any corrections or change any of your answers, you can use the Table of Contents feature to navigate to the appropriate section of the narrative.

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

Location Data

Location: [\(39.33610534668, -76.538902282715\)](#)

Source: GeolIP Estimation



From: [Davidson, Kimberly](#)
To: [Hilltop HCB Help Account](#)
Cc: [Jacobs, Donna](#); [Zimmerman, Amy](#); [Madray, Cristalle](#)
Subject: UM Charles Regional FY 19 CB Narrative- Clarified Response
Date: Wednesday, March 4, 2020 3:10:42 PM

[Report This Email](#)

Responses are indicated as requested below in **red**. Please let me know if you require anything additional. -Kim

- In Question 81 on page 17 of the attached, where you select the CHNA needs addressed by the Charles County Mobile Integrated Healthcare initiative, you indicated that one of the CHNA needs addressed by this initiative is “Cancer.” Your response to Question 56 on page 10 does not include this among the needs identified in the CHNA. Please indicate whether “Cancer” should have been selected in Question 56, or should not have been selected in Question 81. **Please select Cancer for Question 56.**
- In Question 99 on pages 20 and 21 of the attached, where you select the CHNA needs addressed by the Living Well initiative, you indicated that one of the CHNA needs addressed by this initiative is “Cancer.” Your response to Question 56 on page 10 does not include this among the needs identified in the CHNA. Please indicate whether “Cancer” should have been selected in Question 56, or should not have been selected in Question 99. **Please select Cancer for Question 56.**
- In Question 102 on page 22 of the attached, where you describe the population targeted by the Living Well initiative, your answer seems nonresponsive. Rather than laying out the characteristics of the target population, you have included Charles County health statistics. Please provide a description of the target population of this initiative (e.g. “All Charles County residents,” “Adults in Charles County with a history of hypertension,” or “Children enrolled in Charles County public schools”). **All Charles County residents or out of county residents are encouraged to attend with one of more chronic conditions. Patients must be at least 18 years old to register, also the program is open to caregivers of residents managing multiple chronic conditions as a primary support. The program is designed to improve community access to chronic disease self- management education.**
- Question 112 on page 23 of the attached had no response. Please provide an answer. **The total cost to the hospital for this initiative in fiscal year 2019 was \$16,326.00.**
- In Question 120 on page 25 of the attached, where you describe the population targeted by the Diabetes initiative, your answer seems nonresponsive. Rather than laying out the characteristics of the target population, you have included Charles County health statistics. Please provide a description of the target population of this initiative (e.g. “All Charles County residents,” “Adults in Charles County with a history of hypertension,” or “Children enrolled in Charles County public schools”). **Charles County residents diabetes mellitus death rate is 22.4 per 100, 000 people. This is the highest among the other So MD counties and higher than the state average of 19.4 per 100,000. In 2017, Emergency Department visit rates due to diabetes show a disparity among Charles Co.**

African Americana: 359.2 per 100,000 for 151.2 for Whites. The same is true for Maryland African Americans. Therefore, this priority has been established by the Maryland State Health Improvement process and an adopted initiative for our community as we anticipate this number to increase.)

- Question 130 on page 26 of the attached had no response. Please provide an answer. The total cost to the hospital was \$ 2,926.

From: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

Sent: Friday, February 28, 2020 2:43 PM

To: Davidson, Kimberly <Kimberly.Davidson@umm.edu>; Jacobs, Donna <djacobs@umm.edu>

Cc: Hilltop HCB Help Account <hcbhelp@hilltop.umbc.edu>

Subject: Clarification Required - UM Charles Regaional FY 19 CB Narrative

CAUTION: This message originated from a non UMMS, SOM, or FPI email system. Hover over any links before clicking and use caution opening attachments.

Thank you for submitting University of Maryland Charles Regional Medical Center's FY 2019 Community Benefit Narrative Report. Upon reviewing your report, we require clarification of certain issues:

- In Question 81 on page 17 of the attached, where you select the CHNA needs addressed by the Charles County Mobile Integrated Healthcare initiative, you indicated that one of the CHNA needs addressed by this initiative is "Cancer." Your response to Question 56 on page 10 does not include this among the needs identified in the CHNA. Please indicate whether "Cancer" should have been selected in Question 56, or should not have been selected in Question 81.
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- Question 112 on page 23 of the attached had no response. Please provide an answer.
- In Question 120 on page 25 of the attached, where you describe the population targeted by the Diabetes initiative, your answer seems nonresponsive. Rather than laying out the characteristics of the target population, you have included Charles County health statistics. Please provide a description of the target population of this initiative (e.g. "All Charles County residents," "Adults in Charles County with a history of hypertension," or "Children enrolled in Charles County public schools").
- Question 130 on page 26 of the attached had no response. Please provide an answer.

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

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