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: Adventist Healthcare Rehabilitation	◉	○	
Your hospital's ID is: 3029	◉	○	
Your hospital is part of the hospital system called Adventist HealthCare.	◉	○	

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.

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

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

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

☐ Allegany County	☐ Charles County	☑ Prince George's County
☐ Anne Arundel County	☐ Dorchester County	☐ Queen Anne's County
☐ Baltimore City	☑ Frederick County	☐ Somerset County
☐ Baltimore County	☐ Garrett County	☐ St. Mary's County
☐ Calvert County	☐ Harford County	☐ Talbot County
☐ Caroline County	☐ Howard County	☐ Washington County
☐ Carroll County	☐ Kent County	☐ Wicomico County

☐ Cecil County   ☑ Montgomery County   ☐ Worcester County

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

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.

This question was not displayed to the respondent.

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

This question was not displayed to the respondent.

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

☐ 20842	☐ 21719	☐ 21775
☐ 20871	☐ 21727	☐ 21776
☑ 21701	☐ 21754	☐ 21777
☑ 21702	☐ 21755	☐ 21778
☑ 21703	☐ 21757	☐ 21780
☐ 21704	☐ 21758	☐ 21783
☐ 21705	☐ 21759	☐ 21787
☐ 21710	☐ 21762	☐ 21788
☐ 21713	☐ 21769	☐ 21790
☐ 21714	☐ 21770	☐ 21791
☐ 21716	☑ 21771	☐ 21793
☐ 21717	☐ 21773	☐ 21798
☐ 21718	☐ 21774	

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.

☐ 20058	☐ 20824	☑ 20850	☑ 20872	☐ 20891	☐ 20907
☐ 20207	☐ 20825	☑ 20851	☑ 20874	☐ 20892	☑ 20910
☐ 20707	☐ 20827	☑ 20852	☐ 20875	☐ 20894	☐ 20911
☐ 20777	☐ 20830	☑ 20853	☑ 20876	☑ 20895	☑ 20912
☐ 20783	☑ 20832	☑ 20854	☑ 20877	☐ 20896	☐ 20913
☐ 20787	☑ 20833	☑ 20855	☑ 20878	☐ 20898	☐ 20914
☐ 20810	☑ 20837	☐ 20857	☑ 20879	☐ 20899	☐ 20915
☐ 20811	☐ 20838	☐ 20859	☐ 20880	☑ 20901	☐ 20916
☐ 20812	☐ 20839	☐ 20860	☑ 20882	☑ 20902	☐ 20918
☑ 20814	☐ 20841	☐ 20861	☐ 20883	☑ 20903	☐ 20993
☑ 20815	☐ 20842	☐ 20862	☐ 20884	☑ 20904	☐ 21770
☐ 20816	☐ 20847	☑ 20866	☐ 20885	☐ 20905	☐ 21771
☑ 20817	☐ 20848	☐ 20868	☑ 20886	☑ 20906	☐ 21797
☐ 20818	☐ 20849	☑ 20871	☐ 20889		

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

☐ 20233	☐ 20710	☐ 20742	☑ 20772
☐ 20389	☑ 20712	☑ 20743	☐ 20773
☐ 20395	☐ 20715	☐ 20744	☑ 20774
☐ 20588	☐ 20716	☐ 20745	☐ 20775
☐ 20599	☐ 20717	☑ 20746	☑ 20781
☐ 20601	☐ 20718	☑ 20747	☑ 20782
☐ 20607	☐ 20720	☑ 20748	☑ 20783
☐ 20608	☑ 20721	☐ 20749	☑ 20784
☐ 20613	☐ 20722	☐ 20750	☑ 20785
☐ 20616	☐ 20724	☐ 20752	☐ 20790
☐ 20623	☐ 20725	☐ 20753	☐ 20791
☐ 20703	☐ 20726	☐ 20757	☐ 20792
☐ 20704	☐ 20731	☐ 20762	☐ 20799
☑ 20705	☑ 20735	☐ 20768	☐ 20866
☑ 20706	☐ 20737	☐ 20769	☐ 20903
☑ 20707	☐ 20738	☑ 20770	☐ 20904
☑ 20708	☑ 20740	☐ 20771	☐ 20912
☐ 20709	☐ 20741		

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.

> Our hospital identifies the CBSA via the top 85.0 percent of our hospital discharges. The first 60.0 percent of discharges make up our Primary Service Area and the remaining 25.0 percent make up our Secondary Service Area.

☐ Other. Please describe.

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

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

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

https://www.adventisthealthcare.com/about/mission/

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)

12/28/2016

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

https://www.adventisthealthcare.com/app/files/public/3951/2017-CHNA-PHR.pdf

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

- ◉ Yes
- ◯ No

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

A hard copy is available at Adventist HealthCare Rehabilitation and at the Adventist HealthCare corporate office located in Gaithersburg, MD.

Q47. ## Section II - CHNA Part 2 - Participants

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

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

Role	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:
CB/ Community Health/ Population Health Director (system level)				✔	✔	✔	✔	✔	✔	✔	Chair of the Community Benefit Steering Committee which pro... guidance and oversight of Adventist HealthCare Community B... including the CHNA process
Senior Executives (CEO, CFO, VP, etc.) (facility level)			✔	✔			✔	✔		✔	Member of Community Benefit Steering Committee which pro... guidance and oversight of Adventist HealthCare community be... including the CHNA process.
Senior Executives (CEO, CFO, VP, etc.) (system level)				✔			✔	✔		✔	Member of Community Benefit Steering Committee which pro... guidance and oversight of Adventist HealthCare community be... including the CHNA process.
Board of Directors or Board Committee (facility level)	✔										
Board of Directors or Board Committee (system level)										✔	Reviewed and approved final reports.
Clinical Leadership (facility level)	✔										
Clinical Leadership (system level)	✔										
Population Health Staff (facility level)		✔									
Population Health Staff (system level)				✔			✔	✔		✔	Member of Community Benefit Steering Committee which pro... guidance and oversight of Adventist HealthCare community be... including the CHNA process.

	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 staff (facility level)	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit staff (system level)	☐	☐	☑	☑	☑	☑	☑	☑	☑	☑	Member of Community Benefit Steering Committee which pro[vides] guidance and oversight of Adventist HealthCare community be[nefit] including the CHNA process.
Physician(s)	☐	☐	☐	☐	☐	☐	☑	☑	☐	☐	
Nurse(s)	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Social Workers	☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	
Community Benefit Task Force	☐	☐	☐	☑	☐	☐	☑	☑	☐	☑	Known as Community Benefit Steering Committee.
Hospital Advisory Board	☐	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other (specify) System Advisory Board	☐	☐	☐	☐	☑	☑	☑	☑	☑	☐	

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: Medstar Montgomery, Suburban, Holy Cross, Holy Cross Germantown	☐	☐	☐	☐	☑	☑	☐	☐	☑	These hospitals are a part of Healthy Montgomery which leads the prioritization of health needs for Montgomery County and also provides a significant amount of data publicly as well as for the hospitals. These hospitals are also part of a Hospital Workgroup that meets regularly regarding Community Benefit efforts.
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health	☐	☐	☐	☐	☑	☑	☑	☑	☑	Montgomery County DOH leads and organizes Healthy Montgomery (LHIC)
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☐	☐	☐	☑	☑	☑	☑	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☐	☐	☐	☑	☐	☐	☐	☐	
School - K-12 -- Please list the schools here: Quince Orchard High School	☐	☐	☐	☑	☑	☑	☑	☑	☑	Principal was a member of our System Level Advisory Board
School - Colleges and/or Universities -- Please list the schools here: University of Maryland, College Park and Georgetown University	☐	☐	☐	☑	☑	☑	☑	☑	☑	Served on our System Advisory Board
School of Public Health -- Please list the schools here: University of Maryland, College Park	☐	☐	☐	☑	☑	☑	☑	☑	☑	Served on our System Advisory Board
School - Medical School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Nursing School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
School - Dental School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	

	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 - Pharmacy School -- Please list the schools here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Behavioral Health Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Social Service Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Post-Acute Care Facilities -- please list the facilities here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Community/Neighborhood Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Consumer/Public Advocacy Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Other -- If any other people or organizations were involved, please list them here: Cook Ross, Primary Care Coalition, Association of Clinicians for the Underserved, Maryland Healthcare Education Institute (MHA), Montgomery County Minority Health Initiatives (African American Health Program, Latino Health Initiative, Asian American Health Initiative)	☐	☐	☐	☑	☑	☑	☐	☑	☑	Representatives from these organizations served on our System Advisory Board

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.

5/15/2017

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

https://www.adventisthealthcare.com/app/files/public/4201/2017-CHNA-PHR-ImplementationStrategy.pdf

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) | Traumatic Brain Injury, Spinal Cord Injury, Injury management, rehab and support

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

During the 2013-2016 CHNA cycle, Adventist HealthCare Rehabilitation Hospital selected concussion care as their priority area. Similarly, the most recent 2017-2019 CHNA cycle identified concussion care as a community health need. Several other health needs were identified during both cycles; they include spinal cord injury, cardiovascular health, diabetes, cancer, and social determinants of health. During the most recent CHNA prioritization process, Adventist HealthCare Rehabilitation Hospital elected to focus on concussion care education and awareness for student athletes.

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

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

Q60. Section III - CB Administration Part 1 - Participants

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

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

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

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: Holy Cross Health System, Suburban Hospital, Medstar Montgomery	☐	☑	☑	☑	☐	☐	☑	☑	☐	Through the hospital workgroup, we have worked with these hospitals to compare the work that we are doing and identify opportunities for collaboration in order to address health needs and gaps in our service area.
Local Health Department -- Please list the Local Health Departments here: Montgomery County Department of Health and Human Services	☐	☑	☑	☑	☑	☐	☑	☑	☐	

Organization	N/A - Person or Organization was not involved	Selecting health needs that will be targeted	Selecting the initiatives that will be supported	Determining how to evaluate the impact of initiatives	Providing funding for CB activities	Allocating budgets for individual initiatives	Delivering CB initiatives	Evaluating the outcome of CB initiatives	Other (explain)	Other - If you selected "Other (explain)," please type your explanation below:
Local Health Improvement Coalition -- Please list the LHICs here: Healthy Montgomery	☐	☑	☑	☑	☐	☐	☐	☐	☐	
Maryland Department of Health	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Human Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Natural Resources	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of the Environment	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Transportation	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Maryland Department of Education	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Area Agency on Aging -- Please list the agencies here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Local Govt. Organizations -- Please list the organizations here:	☑	☐	☐	☐	☐	☐	☐	☐	☐	
Faith-Based Organizations	☐	☑	☐	☐	☐	☐	☑	☐	☐	

School - K-12 -- Please list the schools here:
Churchill, Clarksburg, Einstein, Kennedy, Richard Montgomery, Northwest, Paint Branch, Poolesville, Rockville, Springbrook, Watkins Mill, Wheaton, Wooton; Daly Elementary

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:
☐	☐	☐	☐	☑	☐	☑	☐	☐	

School - Colleges and/or Universities -- Please list the schools here:
University of Maryland College Park, Towson, Tufts, Loyola, GWU, Gallaudet, Miami, Shenandoah, Boston University, Andrews University

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:
☐	☐	☐	☐	☐	☐	☑	☐	☐	

School of Public Health -- Please list the schools here:
University of Maryland, Towson

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:
☐	☐	☐	☐	☐	☐	☑	☐	☐	

School - Medical School -- Please list the schools 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)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

School - Nursing School -- Please list the schools 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)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

School - Dental School -- Please list the schools 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)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

School - Pharmacy School -- Please list the schools 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)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Behavioral Health Organizations -- Please list the organizations 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)	Other - If you selected "Other (explain)," please type your explanation below:
☑	☐	☐	☐	☐	☐	☐	☐	☐	

Social Service Organizations -- Please list the organizations here:
Primary Care Coalition, Manna, Hungry Harvest, WISH, Casa de Maryland, Interfaith Works, Rebuilding Together

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:
☐	☐	☑	☑	☑	☐	☑	☑	☐	

Post-Acute Care Facilities -- please list the facilities here:
Montgomery Hospice

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:
☐	☐	☐	☐	☐	☐	☑	☐	☐	

Community/Neighborhood Organizations -- Please list the organizations here: Community Centers (Long Branch, Takoma Park, White Oak, Mid-County, Benjamin Gaither, Damascus, Rockville, Shady Grove, Plum Gar, Bender JCC), Housing Units (Victory Tower, Ridge House, Green Ridge), CHEER, Crossroads Community Farmers Market	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:
	☐	☑	☑	☑	☑	☐	☑	☑	☐	

Consumer/Public Advocacy Organizations -- Please list the organizations here: Brain Injury Association of Maryland	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 -- If any other people or organizations were involved, please list them here: Clinics (Mobile Med, Mary's Center, Mercy Health Clinic), Health Quality Innovators, Leadership Montgomery	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:
	☐	☑	☑	☑	☑	☐	☑	☑	☐	

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.

This question was not displayed to the respondent.

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

- ○ Yes
- ● No

Q69. Please explain:

The Adventist HealthCare Board of Trustees reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Board of Trustees only meets twice per year so they have not yet had a chance to review this report.

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

- ○ Yes
- ● No

Q71. Please explain:

The Adventist HealthCare Board of Trustees reviewed and approved the Community Health Needs Assessment and Implementation Strategy. The Board of Trustees only meets twice per year so they have not yet had a chance to review this report.

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.

As a part of Adventist HealthCare, our Rehabilitation Hospital (Rehab) is dedicated to Community Benefit which aligns with the system's core mission and values. The Strategic Plan for Rehab as well as all of Adventist HealthCare (AHC) is based on six pillars of success: People, Quality and Safety, Patient Experience, Finance, Growth, and Population Health. Each of these pillars is centered on measurable objectives and targets and is led by an overarching council with several committees reporting up to it. Included within the Population Health pillar are the hospital's community benefit efforts. The Community Benefit Steering Committee which oversees the CHNA and Implementation Strategy process as well as community benefit system wide, reports to the Population Health Council. The strategic plan also outlines system-wide community benefit infrastructure and the areas of focus as determined by the CHNA process.

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

The strategic plan is not a publicly available document.

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.

Athletic Trainer Program

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: Health Insurance, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, Injury Prevention, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Traumatic Brain Injury, Spinal Cord Injury, Injury management, rehab and support

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

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

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

Q82. When did this initiative begin?

This initiative began in the fall of 2013

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.

◯

Other. Please explain.

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

The primary target population is student athletes ages 14 to 18 that currently, attend one of the 13 schools that Adventist HealthCare Rehabilitation Hospital partners with. The high schools include Churchill, Clarksburg, Einstein, Kennedy, Richard Montgomery, Northwest, Paint Branch, Poolesville, Rockville, Springbrook, Watkins Mill, Wheaton, and Wootton.

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

11,581

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

702

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.

  Adventist HealthCare partnered with Montgomery County Public Schools to deliver this initiative (i.e. Churchill, Clarksburg, Einstein, Kennedy, Richard Montgomery, Northwest, Paint Branch, Poolesville, Rockville, Springbrook, Watkins Mill, Wheaton, and Wootton).

- ○ No.

Q89. Please describe the primary objective of the initiative.

Specific objectives for this initiative include: 1. Reduce the number of injuries among student-athletes at the participating Montgomery County Schools. 2. Increase knowledge and awareness of concussion symptoms and care, as well as self-efficacy for identifying and reporting concussion symptoms among student-athletes at the participating Montgomery County Schools.

Q90. Please describe how the initiative is delivered.

Adventist HealthCare Rehabilitation has assisted with implementing an athletic trainer program at each of the 13 high schools. This has included training and placing an athletic trainer in each of the schools to assist with timely on-site injury prevention and management. Trainers attend all 'home' athletic events as well as 'away' varsity football games; Trainers perform functions within the six domains of athletic trainers as established by the National Athletic Trainers Association: prevention; clinical evaluation and diagnosis; immediate care; treatment, rehabilitation, and reconditioning; organization and administration; and professional responsibilities. In addition, trainers assist in implementing school and system-wide responsibilities related to the health and safety of student-athletes. Provide American Heart Association CPR/AED recertification and Basic Life Support for athletic staff at the 13 Montgomery County high schools

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

☑ Count of participants/encounters | The total number of student athletes who get screened and evaluated by an Athletic Trainer. Number of individuals certified/re-certified in BLS.

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

☐ Surveys of participants [   ]

☐ Biophysical health indicators [   ]

☐ Assessment of environmental change [   ]

☐ Impact on policy change [   ]

☐ Effects on healthcare utilization or cost [   ]

☐ Assessment of workforce development [   ]

☑ Other | Number of injuries evaluated, documented and treated

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

13 certified athletic trainers were present for the 2019 athletic seasons in 13 Montgomery County High Schools. During the 2019 athletic school year (January – September) a total of 702 injuries were evaluated, documented, and treated. Basic Life Support (BLS) certification was provided by Adventist HealthCare Rehabilitation staff. A total of ten staff members were re-certified and/or newly certified in BLS.

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

The Centers for Disease Control and Prevention estimated that recreational activities and sports account for an estimated 3.2 million visits to the emergency room each year for children 5 - 14 years. Sports-related injuries are the leading cause of emergency room visits in 12 – 17 year-olds. Adventist HealthCare Rehabilitation Hospital's partnership with Montgomery County high schools provides 13 athletic trainers at different high schools in the county. Findings from the 2014 - 2016 CHNA cycle indicate that sports-related injuries such as brain injuries and concussions are a major concern in the community. This initiative has provided student-athletes and their parent's direct contact with trained and seasoned athletic trainers who can evaluate and treat injuries and as they occur, manage return to play, and help prevent future injuries through education and awareness.

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

Cost of the Program: $502,159.00 Paid by Hospital: $297,242.00 Offsetting Funding from Montgomery County Public Schools: $204,917.00

Q95. (Optional) Supplemental information for this initiative.

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

Q97. Name of initiative.

Traumatic Brain Injury Support Group

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: Health Insurance, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, Injury Prevention, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Traumatic Brain Injury, Spinal Cord Injury, Injury management, rehab and support

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

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

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

Q100. When did this initiative begin?

> This initiative began in 2016

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.).

This initiative primarily targets individuals who have been diagnosed with a traumatic brain injury and their loved ones who serve as their support person and/or caretaker. The support groups are also open to all community members who are interested in learning about traumatic brain injuries.

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

4,235

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

384

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.

Support and management of injury.

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

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

Brain Injury Association of Maryland

◯ No.

Q107. Please describe the primary objective of the initiative.

The primary objective of this initiative is to provide support and education to individuals living with both traumatic and non-traumatic brain injuries, as well as their family members and friends in Montgomery County.

Q108. Please describe how the initiative is delivered.

Brain Injury Support Group: This support group, which meets once a month, is for those with both traumatic and non-traumatic brain injuries. The group provides support and education, as well as guidance around available community resources. Participants are encouraged to bring family members and friends. Grupo de Apoyo para Personas con una Lesión Cerebral: This support group meets every third Tuesday of the month for two hours in the evenings. The growing Hispanic population in Montgomery County prompted the creation of the support group. The group is conducted in Spanish and is targeted to Spanish speaking individuals. All sessions are moderated by a therapist and cultural diversity liaison and focus on common themes which include: traumatic brain injury or stroke, community resources, back to work, mental health, memory loss, and recreational activities. Guest speakers from local community-based organizations occasionally attend and present on resources their organizations are able to offer.

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

☑ Count of participants/encounters | The total number of participants who attend the support group.

☑ Other process/implementation measures (e.g. number of items distributed) | Number of support group sessions held

☐ Surveys of participants

☐ Biophysical health indicators

☐ Assessment of environmental change

☐ Impact on policy change

☐ Effects on healthcare utilization or cost

☐ Assessment of workforce development

☐ Other

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

Brain Injury Support Group: For CY2019 there were 11 sessions with a total of 266 encounters. On average, there were approximately 22 participants at each session.
Grupo de Apoyo para Personas con una Lesión Cerebral: For CY2019 there were 10 sessions with 118 encounters. On average, there were approximately 12 participants at each session.

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

During the 2016 CHNA cycle, traumatic brain injury (TBI) was identified as a primary community health concern. The initiatives provide community members with the opportunity to learn about different resources in the community, connect with families who share similar stories and offer a safe space to have an open dialogue on their experience with TBI or supporting someone with a TBI diagnosis.

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

Cost of Support Groups: $5,020.00 Paid by Hospital: $5,020.00 Grant Funding: $0

Q113. (Optional) Supplemental information for this initiative.

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

Q115. Name of initiative.

Concussion Testing

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: Health Insurance, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, Injury Prevention, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Traumatic Brain Injury, Spinal Cord Injury, Injury management, rehab and support

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

☐ Heart Disease and Stroke

☐ HIV

☐ Immunization and Infectious Diseases

☑ Injury Prevention

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

Q118. When did this initiative begin?

> This initiative began in the fall of 2013

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 primary target audience for the current initiative includes all student-athletes ages 14 to 18 that attend one of the 13 schools Adventist HealthCare Rehabilitation Hospital partner with. These high schools include Churchill, Clarksburg, Einstein, Kennedy, Richard Montgomery, Northwest, Paint Branch, Poolesville, Rockville, Springbrook, Watkins Mill, Wheaton, and Wootton.

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

> 11,581

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

> 2,931

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.

> Screening

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

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

> Adventist HealthCare partnered with Montgomery County Public Schools to deliver this initiative (i.e. Churchill, Clarksburg, Einstein, Kennedy, Richard Montgomery, Northwest, Paint Branch, Poolesville, Rockville, Springbrook, Watkins Mill, Wheaton, Wootton).

- ○ No.

Q125. Please describe the primary objective of the initiative.

> The primary objective of this initiative is to reduce the number of concussions among student-athletes and properly identify/evaluate concussions as they occur at the participating Montgomery County Schools.

Q126. Please describe how the initiative is delivered.

> This initiative is delivered using the following strategies: 1. Implementing ImPactTM baseline testing for student-athletes in 13 Montgomery County high schools (with each student baseline tested every 2 years and retested following a concussion) 2. Maintaining and making available baseline test results to students, parents, and students' health care providers at no cost 3. Providing retests following a concussion at no cost (analysis and treatment are an additional cost) 4. Providing follow-up testing and analysis for students as needed at a reasonable rate 5. Serve as a resource on concussion education for students, parents, and coaches

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

- ☑ Count of participants/encounters | The total number of student-athletes baseline tested
- ☐ Other process/implementation measures (e.g. number of items distributed)
- ☐ Surveys of participants
- ☑ Biophysical health indicators | Concussions diagnosed
- ☐ 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).

> Baseline concussion testing was coordinated with school personnel for 13 Montgomery County High Schools during the 2019 school year. ImPactTM baseline testing was completed at 13 Montgomery County high schools with a total of 2,931 student-athletes baseline tested year-to-date. A total of 105 concussions were diagnosed or suspected and treated.

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

> In 2016, the Maryland Traumatic Brain Injury Advisory Board reported four recommendations to follow in order to address the needs and gaps in services for Marylanders with a brain injury. Those recommendations include: (1) All Maryland Schools should appropriately screen for and identify children and youth with brain injuries (2) Implement brain injury screening protocols for participants in Maryland's public health systems, including behavioral health services, Veterans' initiatives, and home and community-based services and offer appropriate accommodations to treatment (3) Expand and improve services offered through the Brain Injury Waiver, and (4) Fund the State of Maryland Dedicated Brain Injury Trust Fund to support care coordination and evidence-based practices. Additionally, in 2012, the Maryland State Board of Education established The Traumatic Brain Injury/Sports-Related Concussion Task Force to research existing best practices regarding the prevention and treatment of TBI/concussions and to propose prevention, recognition, and management recommendations for schools in Maryland. In 2013, the Task Force submitted seven recommendations , some of which include: using the public health Levels of Prevention Model to implement prevention strategies; using educational programs to train coaches, athletic trainers, school nurses, teachers, counselors, student-athletes; promoting educational opportunities related to the evaluation and management of concussions; and improving communication with student-athletes, parents/guardians, schools, athletic departments and health care providers. Adventist HealthCare Rehabilitation Hospital will continue to raise awareness of concussion risks, teaching ways to identify, treat and manage concussions through various initiatives such as the MCPS and Community Concussion Education Program.

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

> Cost of the Program: $19,011.00 Paid by Hospital: $11,253.00 Offsetting Funding from Montgomery County Public Schools: $7,758.00

Q131. (Optional) Supplemental information for this initiative.

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

Q133. Additional information about initiatives.

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

Rehab 2019 Table III - Additional Programs.pdf
112KB
application/pdf

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

○ Yes
◉ No

Q136.
In your most recently completed CHNA, the following community health needs were identified:
Access to Health Services: Health Insurance, Adolescent Health, Behavioral Health, including Mental Health and/or Substance Abuse, Cancer, Diabetes, Educational and Community-Based Programs, Heart Disease and Stroke, Injury Prevention, Nutrition and Weight Status, Older Adults, Physical Activity, Tobacco Use, Housing & Homelessness, Transportation, Unemployment & Poverty, Other Social Determinants of Health, Other (specify)
Other: Traumatic Brain Injury, Spinal Cord Injury, Injury management, rehab and support

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

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

☐ Access to Health Services: Practicing PCPs   ☐ HIV

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

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

Q137. Why were these needs unaddressed?

> Adventist HealthCare Rehabilitation does not currently provide ongoing community outreach or programs specific to behavioral health and chronic diseases (cancer and diabetes) because they are being addressed by other organizations in the community including Shady Grove Medical Center and Washington Adventist Hospital, both of which are part of the Adventist HealthCare system.

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

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

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

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

>

Q140. Section V - Physician Gaps & Subsidies

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

☐ No gaps

☐ Primary care

☑ Mental health

☑ Substance abuse/detoxification

- ☐ Internal medicine
- ☐ Dermatology
- ☐ Dental
- ☐ Neurosurgery/neurology
- ☐ General surgery
- ☐ Orthopedic specialties
- ☐ Obstetrics
- ☐ Otolaryngology
- ☐ Other. Please specify. [_____]

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

Hospital-Based Physicians	[_____]
Non-Resident House Staff and Hospitalists	This includes physician coverage outside of Rehab's employed physicians, including additional weekend and service-specific coverage.
Coverage of Emergency Department Call	[_____]
Physician Provision of Financial Assistance	[_____]
Physician Recruitment to Meet Community Need	Our recruitment of quality physicians is in direct response to patient need for our therapy services, both on the inpatient and outpatient spectrum. We actively recruit physicians who specialize in Physical Medicine & Rehabilitation (Physiatry). This relates to our employed physician group. This furthers our mission of extending God's care through the ministry of physical, mental and spiritual healing.
Other (provide detail of any subsidy not listed above)	[_____]
Other (provide detail of any subsidy not listed above)	[_____]
Other (provide detail of any subsidy not listed above)	[_____]

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

[_____]

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

Q145. Section VI - Financial Assistance Policy (FAP)

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

AHC FAP.pdf
51.4KB
application/pdf

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

Financial Assistance_Rehab.pdf
399.1KB
application/pdf

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

100	150	200	250	300	350	400	450	500

Percentage of Federal Poverty Level		200

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

	200	250	300	350	400	450	500	
Lowest FPL								201
Highest FPL								500
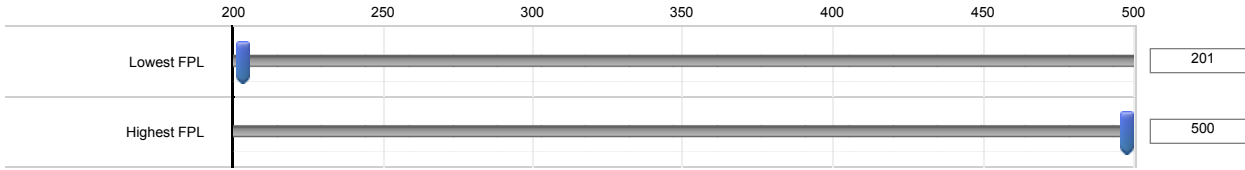
Q150. Maryland hospitals are required under COMAR 10.37.10.26(A-2)(3) to provide reduced-cost, medically necessary care to patients with family income below 500 percent of the federal poverty level who have a financial hardship. Financial hardship is defined as a medical debt, incurred by a family over a 12-month period that exceeds 25 percent of family income. Please select the range of the percentage of FPL for which your hospital's FAP offers reduced-cost care for financial hardship. Please select the threshold for the percentage of medical debt that exceeds a household's income and qualifies as financial hardship.

	100	200	300	400	500	600	700	
Lowest FPL								201
Highest FPL								600

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

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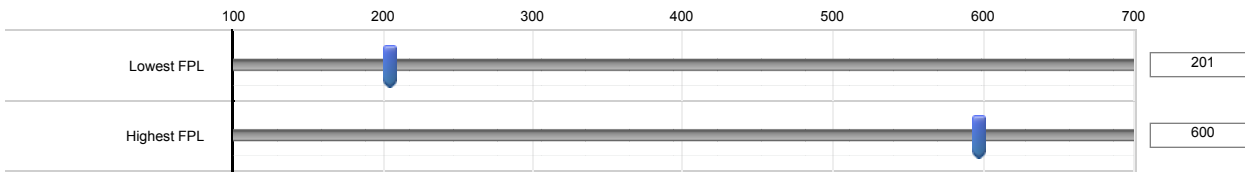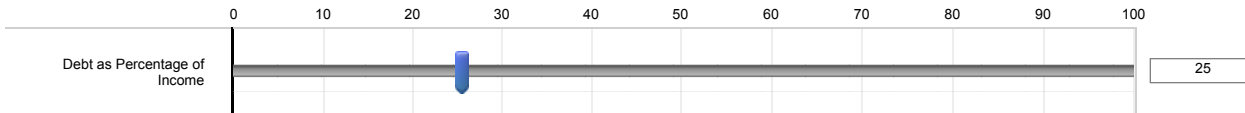
Q152. Has your FAP changed within the last year? If so, please describe the change.

○ No, the FAP has not changed.

◉ Yes, the FAP has changed. Please describe: The only changes made were adding Fort Washington Medical Center and changing "Washington Adventist Hospital" to "White Oak Medical Center".

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.
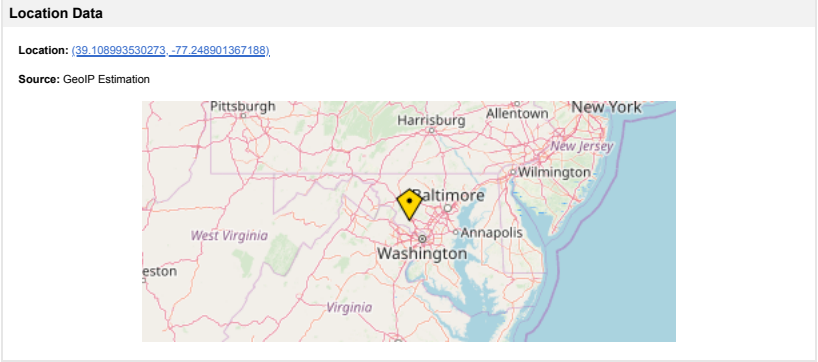
Q155. Summary & Report Submission

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: (39.108993530273, -77.248901367188)

Source: GeoIP Estimation

Report This Email

Good Morning,

You can uncheck "Behavioral Health" for question 99.

Regards,

Gina

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

Sent: Friday, February 28, 2020 1:24 PM

To: Gina Maxham <GMaxham@adventisthealthcare.com>

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

Subject: Clarification Required - Adventist Rehab FY 19 CB Narrative

> **CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

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

- In response to Question 136 beginning on page 26 of the attached, you indicate that "Behavioral Health, including Mental Health and/or Substance Abuse" was not addressed by any hospital initiatives. However, "Behavioral Health…" is listed as being addressed in your response to Question 99 on page 20 for the Traumatic Brain Injury Support Group initiative. Please clarify whether "Behavioral Health…" was addressed by this initiative and thus should not be selected in Question 136.

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