

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

In fiscal year 2010, St. Mary's Hospital's licensed bed designation was as follows:

Medical/Surgical Acute	61
Pediatric Acute	6
Acute Psychiatric – Adult	12
Obstetric	12
Intensive Care	<u>12</u>
<b>Total Acute Care Bed Capacity</b>	<b>106</b>
Newborn Nursery Bassinets	16

Total admissions in fiscal year 2010 was 9,102. The number of deliveries for the fiscal year was 1,162.

**2. Describe the community your organization serves.**

St. Mary's Hospital is located in Leonardtown, Maryland and is part of St. Mary's County, which has the second fastest growth rate in Maryland.

In 2009, the United States Census Bureau estimated the population of St. Mary's County to be 102,999. This represents a 19.4% increase from 2000, at which time the population was estimated to be 86,232. St. Mary's County covers an area of 361.25 square miles, which calculates to 238.8 persons per square mile. The following table displays the Census Bureau's breakdown by race for the aforementioned population.

White persons (includes persons reporting only one race)	80.3%
Black persons (includes persons reporting only one race)	15.0%
American Indian and Alaska Native persons	0.3%
Asian persons	2.4%
Native Hawaiian and other Pacific Islander	0.1%
Persons reporting two or more races	1.9%
Persons of Hispanic or Latino origin (Hispanics may be of any race, so also are included in applicable race categories)	3.0%
White persons not Hispanic	77.7%

Interesting facts about St. Mary's County which is published by the Census Bureau include:

Percent of persons who are high school graduates	85.3%
Percent of persons with a bachelors degree or higher	22.6%
Number of persons with a disability	11,724
Median household income (in 2008)	\$77,703
Percent of persons below the poverty level (in 2008)	7.4%

Contributing to the growth in St. Mary's County is the Patuxent River Naval Air Station. Base realignment and closures at other military facilities has created significant expansion at the Naval Air Station. Defense contractor presence equates for 10,697 civilian contractors. Each direct Navy job equates to 1.5 – 2 additional local jobs.

Unique to St. Mary's County are Amish and Mennonite communities. Research has shown that members of these communities have an increased number of hereditary diseases such as diabetes, congenital diseases and heart problems. Religious and cultural beliefs often factor into medical decisions, such as not accepting charity care. As such, a reduced charges program is part of St. Mary's Hospital's Charity Care policy (a description of which is contained in Appendix 1).

### 3. Identification of Community Needs.

#### a. Describe the process(s) your hospital used for identifying the health needs in your community, including when it was most recently done.

St. Mary's Hospital identifies community needs by reviewing information provided thru several different sources. These sources include the following:

##### Maryland Rural Health Plan

The most recent year of the Maryland Rural Health Plan, dated June 2007.

##### Community Advisory Committees

Members of St. Mary's Hospital's staff regularly participate if the following community advisory committees. Healthcare needs of the community and answers on how the needs will be addressed are discussed at each committee's meetings.

- St. Mary's County Health Advisory Council (staffed by St. Mary's Hospital and the St. Mary's County Health Department)
- Human Services Council
- Tri-County Council VA Subcommittee

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

In addition to collaborating on the Health Share of St. Mary's program and the St. Mary's County Health Advisory Council, St. Mary's Hospital and the St. Mary's County Department of Health continually work together to address the needs of those in the community. The hospital and the Department of Health work together to provide diagnostic testing and various community outreach classes and workshops.

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

- Low cost primary care service
- Diabetes Education and Self-Management
- Living with Heart Failure
- Dealing with Cancer

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

In addition to St. Mary's Hospital's Board of Directors, associates in the following areas participate in various community and hospital committees which identify the areas that will best benefit from community benefits activities:

- Administrative Team
- Health Connections (Coordinates St. Mary's Hospital's community outreach programs)
- Performance Measurement/Clinical Resource Management

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

Low Cost Primary Care Service

St. Mary's Hospital's Health Connections department sponsors a program called Get Connected to Health. The program was developed in the fall of 2008 and utilizes the hospital's Mobile Outreach Center. The Mobile Outreach center is equipped with two exam rooms, a wheelchair lift and a cardiac monitor. Traveling care providers include a registered nurse, a volunteer physician and other St. Mary's Hospital associates.

In addition to primary care services, the following are also offered thru the Get Connected to Health program:

- Flu shots for patients over the age of 18 when vaccines are available
- Laboratory testing for the following

- Urine
- Rapid Strep
- Occult Blood
- Whole Blood Glucose
- Pregnancy
- Blood Sugar Testing

#### Diabetes Education and Self Management

St. Mary's Hospital's diabetes education program is recognized by the American Diabetes Associates and covers the following areas for individuals diagnosed with the disease:

- Treatment options
- Meal planning
- Activity and exercise
- Medications
- Monitoring
- High and low blood sugar
- Chronic complications, detection, treatment and prevention
- Goal setting and problem solving for daily living
- Coping and resources
- Insulin pump use education

#### Heart Failure

St. Mary's Hospital's heart failure program is staffed by a registered nurse who meets with patients while they are admitted to the hospital. After a patient is discharged, the nurse contacts him/her on a periodic basis in order to provide education and advice. Patients, their family members and caregivers are invited to attend quarterly meetings sponsored by the hospital called Living Well with Heart Failure.

#### Dealing with Cancer

St. Mary's Hospital teams together with the American Cancer Society and the National Cosmetology Associating to host a Look Good, Feel Better program which provides support to cancer patients in all stages of diagnosis or treatment of the disease.

Female patients learn to improve their physical appearance and self-image via hands on beauty techniques. The goal of this hands on program is to help women deal with the side effects they may get from chemotherapy and/or radiation treatments.

St. Mary's Hospital also sponsors a free Cancer Support Group which is open to all cancer patients as well as their families and friends.

Patients of St. Mary's Hospital's Cancer Care and Infusion Services Department are offered free services from our Patient Navigator Program. Through this program, patients are navigated through all phases of diagnosis and treatment.

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

- a. **Name of initiative:** Get Connected to Health
  - b. **Nature of the evaluation:** (i.e., what output or outcome measures were used): Increased participation: Average # patients seen: 1<sup>st</sup> quarter -10, 2<sup>nd</sup> quarter 26, 3<sup>rd</sup> quarter 42, and 4<sup>th</sup> quarter 52
  - c. **Result of the evaluation (was the program changed, discontinued, etc)**  
Program continues, Hospital plans to investigate a plan for a community health center.
  - d. **If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?** N/A
- 
- a. **Name of initiative:** Congestive Heart Failure (CHF) Team (Living with Heart Failure)
  - b. **Nature of the evaluation:** (i.e., what output or outcome measures were used): Inpatient re-admissions rate for Heart Failure patients met MHA benchmark within 31 days for Heart failure (HF) patients for three quarters.
  - c. **Result of the evaluation (was the program changed, discontinued, etc):**  
Goal not met. Continue to implement improvements in inpatient care, education, and discharge instructions. Continue outpatient follow up and quarterly education programs. Continue to work with Home Health Agencies. Include local nursing homes on the HF team to increase awareness & care of heart failure patients.
  - d. **If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?** N/A
- 
- a. **Name of initiative:** Outpatient Diabetes Education
  - b. **Nature of the evaluation:** (i.e., what output or outcome measures were used): Outcome: Average reduction of A1c value three months post Diabetes Education. Goal > 1.0 percentage point reduction.
  - c. **Result of the evaluation (was the program changed, discontinued, etc):**  
FY 2009 average A1c reduction 2.28 percentage points
  - d. **If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?** N/A
- 
- a. **Name of initiative:** Dealing with Cancer
  - b. **Nature of evaluation:** (i.e., what output or outcome measures were used): Increased participation in support groups and self care programs.
  - c. **Result of the evaluation (was the program changed, discontinued, etc):**  
Program continues. Hospital continues to look into patients' needs as they arise and addresses these accordingly.
  - d. **If no evaluation has been done, does the hospital intend to undertake any evaluations in the future and if so, when?** N/A

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

The State of Maryland has a growing shortage of physicians in clinical practice. Recruiting specialist in the Southern Maryland region has proven to be quite a challenging task, however, St. Mary's Hospital continues in its efforts to recruit specialists in the following much needed areas:

- Endocrinology
- General Surgery
- Gastroenterology
- Orthopaedic Surgery
- Ophthalmology
- Hospitalists
- Intensivists

Additionally, primary care physicians are also needed.

**9. If you list Physician Subsidies in your data, please provide detail.**

Due to the limited number of specialists on staff at St. Mary's Hospital, subsidies are paid to physicians to provide on-call services for the hospital's Emergency Department and other patient care areas. Subsidies are paid to physicians in the following specialties:

- Orthopaedics
- Obstetrics and Gynecology
- General Surgery
- Cardiology
- Otolaryngology (ENT)
- Gastroenterology
- Urology

Additionally, St. Mary's Hospital has entered into recruitment and income guarantee agreements with primary care practices in order to assist with the ever growing need of primary care physicians.

Appendix 1 – Charity Care Policy

Each MedStar Health facility (in cooperation and consultation with the finance division of MedStar Health) will specify the communities it serves based on the geographic areas it has served historically for the purpose of implementing this policy. Each facility will post the policy, including a description of the applicable communities it serves, in each major patient registration area and in any other areas required by applicable regulations, will communicate the information to patients as required by this policy and applicable regulations and will make a copy of the policy available to all patients.

In meeting its commitments, MedStar Health's facilities will work with their uninsured patients to gain an understanding of each patient's financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility, MedStar Health's facilities will assist uninsured patients who reside within the communities we serve in one or more of the following ways:

- Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
- Assist with enrollment in publicly-funded programs for the uninsured (e.g., D.C. Healthcare Alliance).
- Assist with consideration of funding that may be available from other charitable organizations.
- Provide charity care and financial assistance according to applicable guidelines.
- Provide financial assistance for payment of facility charges using a sliding scale based on patient family income and financial resources.
- Offer periodic payment plans to assist patients with financing their healthcare services.

**a. Appendix 2: Charity Care Policy**

MedStar Health

Financial Assistance for Uninsured Patients Policy Statement

As one of the region's leading not-for-profit healthcare systems, MedStar Health is committed to ensuring that uninsured patients within the communities we serve who lack financial resources have access to necessary hospital services. MedStar Health and its healthcare facilities will:

- Treat all patients equitably, with dignity, with respect and with compassion.
- Serve the emergency health care needs of everyone who presents at our facilities regardless of a patient's ability to pay for care.
- Assist those patients who are admitted through our admissions process for non-urgent, medically necessary care who cannot pay for part of all of the care they receive.
- Balance needed financial assistance for some patients with broader fiscal responsibilities in order to keep its hospitals' doors open for all who may need care in the community.

In meeting its commitments, MedStar Health's facilities will work with their uninsured patients to gain an understanding of each patient's financial resources prior to admission (for scheduled services) or prior to billing (for emergency services). Based on this information and patient eligibility, MedStar Health's facilities will assist uninsured patients who reside within the communities we serve in one or more of the following ways:

- Assist with enrollment in publicly-funded entitlement programs (e.g., Medicaid).
- Assist with enrollment in publicly-funded programs for the uninsured (e.g., D.C. Healthcare Alliance).
- Assist with consideration of funding that may be available from other charitable organizations.
- Provide charity care and financial assistance according to applicable guidelines.
- Provide financial assistance for payment of facility charges using a sliding scale based on patient family income and financial resources.

- Offer periodic payment plans to assist patients with financing their healthcare services.

Each MedStar Health facility (in cooperation and consultation with the finance division of MedStar Health) will specify the communities it serves based on the geographic areas it has served historically for the purpose of implementing this policy. Each facility will post the policy, including a description of the applicable communities it serves, in each major patient registration area and in any other areas required by applicable regulations, will communicate the information to patients as required by this policy and applicable regulations and will make a copy of the policy available to all patients.

MedStar Health believes that its patients have personal responsibilities related to the financial aspects of their healthcare needs. The charity care, financial assistance, and periodic payment plans available under this policy will not be available to those patients who fail to fulfill their responsibilities. For purposes of this policy, patient responsibilities include:

- Completing financial disclosure forms necessary to evaluate their eligibility for publicly-funded healthcare programs, charity care programs, and other forms of financial assistance. These disclosure forms must be completed accurately, truthfully, and timely to allow MedStar Health's facilities to properly counsel patients concerning the availability of financial assistance.
- Working with the facility's financial counselors and other financial services staff to ensure there is a complete understanding of the patient's financial situation and constraints.
- Completing appropriate applications for publicly-funded healthcare programs. This responsibility includes responding in a timely fashion to requests for documentation to support eligibility.
- Making applicable payments for services in a timely fashion, including any payments made pursuant to deferred and periodic payment schedules.
- Providing updated financial information to the facility's financial counselors on a timely basis as the patient's circumstances may change.

#### Charity Care and Sliding-Scale Financial Assistance

Uninsured patients of MedStar Health's facilities may be eligible for charity care or sliding-scale financial assistance under this policy. The financial counselors and financial services staff at the facility will determine eligibility for charity care and sliding scale financial assistance based on review of income for the patient and her family, other financial resources available to the patient's family, family size, and the extent of the medical costs to be incurred by the patient.

The determination of eligibility will be made as follows:

1. Based on family income and family size, the percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance unless determined eligible in step 3. If the percentage is less than or equal to 400%, the patient is provisionally eligible, subject to the financial resources test in step 2.

2. The patient's financial resources will be evaluated by calculating a pro forma net worth for the patient and her family, excluding (a) funds invested in qualified pension and retirement plans and (b) the first \$100,000 in equity in the patient's principle residence. The pro forma net worth will include a deduction for the anticipated medical expenses to be incurred during the twelve months commencing on the date of the patient's admission to the facility. If the pro forma net worth is less than \$100,000, the patient is eligible for charity care or sliding-scale financial assistance; if the pro forma net worth is \$100,000 or more, the patient will not be eligible for such assistance.

3. For patients whose family income exceeds 400% of the federal poverty level, adjusted family income will be calculated by deducting the amount of medical expenses for the subject episode of care anticipated to be paid during the ensuing twelve month period. This calculation will consider any periodic payment plan to be extended to the patient. Based on this adjusted family income, the adjusted percentage of the then-current federal poverty level for the patient will be calculated. If this percentage exceeds 400%, the patient will not be eligible for charity care or sliding-scale financial assistance. Periodic payment plans may be extended to these patients.

For patients who are determined to be eligible for charity care or sliding-scale financial assistance, the following will be applicable based on the patient's percentage of the federal poverty level (or adjusted percentage, if applicable):

<i>Adjusted Percentage of Poverty Level</i>	<i>Financial Assistance Level</i>	
	<i>HSCRC-Regulated Services<sup>1</sup></i>	<i>Washington Facilities and non-HSCRC Regulated Services</i>
0% to 200%	100%	100%
201% to 250%	40%	80%
251% to 300%	30%	60%
301% to 350%	20%	40%
351% to 400%	10%	20%
more than 400%	no financial assistance	no financial assistance

As noted above, patients to whom discounts, payment plans, or charity care are extended have continuing responsibilities to provide accurate and complete financial information. In the event a patient fails to meet these continuing responsibilities, the patient will become financially responsible for the original amount owed, less any payments made to date.

---

<sup>1</sup> The assistance levels described above for HSCRC-regulated services do not include any discounts that may be applicable under the HSCRC's prompt payment regulations.



Appendix 3



MedStar Health

## Vision

*The Trusted Leader  
in Caring for People  
and Advancing Health.*

## Mission

*To Serve Our Patients, Those  
Who Care For Them, and  
Our Communities.*

## Values

### Service

We strive to anticipate and meet the needs of our patients, physicians and co-workers.

### Patient first

We strive to deliver the best to every patient every day. The patient is the first priority in everything we do.

### Integrity

We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.

### Respect

We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.

### Innovation

We embrace change and work to improve all we do in a fiscally responsible manner.

### Teamwork

System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.