

**I. GENERAL HOSPITAL DEMOGRAPHICS AND CHARACTERISTICS**

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

Table I

Bed Designation:	Licensed Beds:	Inpatient Admissions:	Primary Service Area Zip Codes:	All other Maryland Hospitals Sharing Primary Service Area:	Percentage of Uninsured Patients, by County:	Percentage of Patients who are Medicaid Recipients, by County:
Adult	363	19,139	21804	Atlantic General Hospital	Wicomico – 4.35%	Wicomico – 18.80%
Newborn	28	2,077	21801 21811 21853		Somerset – 3.57%	Somerset – 23.17%
Transitional Care Unit (Hospital based skilled nursing facility)	30	778	21851 21875 21826 21817 21830 21863	McCready Memorial Hospital	Worcester – 3.53%  (based on HSCRC Primary Service Area patients.)	Worcester – 18.92%  (based on HSCRC Primary Service Area patients. Includes Medicaid Fee for Service and Medicaid HMO patients.)

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

- a. Describe in detail the community or communities the organization serves. (For the purposes of the questions below, this will be considered the hospital’s Community Benefit Service Area – “CBSA”. This service area may differ from your primary service area on page 1. Please describe in detail.)

Peninsula Regional Medical Center (Medical Center) is located in Salisbury, Maryland, an approximately 116 mile drive from both Washington D.C. and Baltimore, Maryland. The Medical Center defines its primary service area as Wicomico County, Worcester County and Somerset County on Maryland’s Eastern Shore. The Medical Center’s primary service area has an estimated population of approximately 172,000 in 2012 and is expected to increase to 177,000 in 2017. The primary service area population has grown by an estimated 10% since 2000.

The Medical Center’s secondary service area is unique in that it serves the residents of three states: Sussex County, Delaware, Accomack County, Virginia and Dorchester County, Maryland. Our community benefits service area (CBSA) is comprised of the three lower counties Wicomico, Worcester and Somerset. Combined, these three counties had a population of

approximately 172,000 in 2012 and are projected to grow 2.9 percent over the next five years to over 177,000 by 2017. Overall the primary and secondary service areas combined accounted for a total service area of 452,000 residents which is projected to grow to over 475,000 over the next five years or 5.1%.

All six counties can be classified as rural with a historic economic foundation in agriculture, poultry and tourism. Watermen and farmers have always comprised a large percentage of the peninsula population; however, their numbers have been declining with growth in the population and expansion of other small businesses. Ocean City, located in Worcester County is a major tourist destination, during the summer weekends the city hosts between 320,000 and 345,000 vacationers, and up to 8 million visitors annually. The six counties have a diversified economic base; however, it is predominately made up of small employers (companies with less than 50 employees). Some of the major employers include the local hospitals, chicken industry companies like Purdue, and local college and teaching institutions. The median income of our community benefits service area is considerably less (\$37,985-\$47,654) than Maryland's median income of \$68,467. In addition, the August 2012 unemployment rates for each one of the counties is Wicomico 8.2%, Worcester 7.6% and Somerset has a high of 9.6%. The August 2012 unemployment rate for Maryland was 7.1% and the National rate was 8.1%.

Additional socio-economic demographic information indicates the number of elderly (those aged 65+) represent a greater portion of the total population in both the primary and secondary areas and will continue to grow over the next five years in each of the six counties between 11 and 18 percent. The elderly have additional chronic conditions, consume health care resources at higher rates, and generally require more time and attention than other population segments. According to Maryland's State Health Improvement Process (SHIP) the three lower counties Wicomico, Worcester and Somerset perform significantly worse than the State baseline rates in emergency room visits for asthma, diabetes and hypertension. In March of 2012, The Office of Minority Health and Health Disparities (MHHD) at the Department of Health and Mental Hygiene assisted SHIP local planning groups in identifying issues of poor minority health disparities. For Worcester and Wicomico, diabetes emergency room visits are considerably higher for Blacks than the Statewide Black rates, and higher than the White rates in the same county. The White rates are also higher than the Statewide White rate. Overall, these statistics indicate there is a community wide need for diabetes education and management.

*b. Table II*

**2012 Demographic Information**

The Community Benefits Service Area (CBSA) is made of three rural counties Wicomico, Worcester and Somerset for a total population of over 172,000. The median income is less than the State of Maryland, unemployment has been fluctuating between 7-10% and the total number of uninsured patients and Medicaid recipients is higher than the State average as described in Table II. The Federal Government has listed portions of the Tri-County as HPSAs (Health Professional Shortage Areas) and MUAs (Medically Underserved Areas). Not atypical to rural areas access to convenient and close primary care can be a challenge.

Community Benefit Service Area (CBSA) by County and Zip Code	<p><b>Counties:</b> Wicomico, Worcester, Somerset</p> <p><b>Zip Codes:</b> 21801, 21804, 21811, 21813, 21814, 21817, 21821, 21822, 21824, 21826, 21829, 21830, 21837, 21838, 21840, 21841, 21842, 21849, 21850, 21851, 21853, 21856, 21861, 21863, 21864, 21865, 21871, 21872, 21874, 21875</p>	Source: Peninsula Regional Records, Truven, Thomson Reuters
CBSA Demographics, by sex, race and average age	<p><b>Total population within the CBSA:</b> 172,170</p> <p><b>Sex:</b> Male 84,266 / 49% Female 87,904 / 51%</p> <p><b>Race:</b> White Non-Hispanic 120,121/69.7% Black Non-Hispanic 40,456/23.5% Hispanic 5,967/3.5% Asian &amp; Pacific Non-Hispanic</p>	2012 Thomson Reuters

	<p>2,498/1.5%</p> <p>All Others 3,128/1.8%</p> <p><b>Age:</b></p> <p>0-14: 30,290/17.6%</p> <p>15-17: 6,437/3.7%</p> <p>18-24: 17,388/10.1%</p> <p>25-34: 22,802/13.3%</p> <p>35-54: 44,136/25.6%</p> <p>55-64: 22,387/13.0%</p> <p>65+: 28,730/16.7%</p> <p><b>Median Age:</b></p> <p>Wicomico 36.3</p> <p>Worcester 47.9</p> <p>Somerset 35.9</p>	
Median Household Income within your CBSA	<p>Wicomico \$47,654</p> <p>Worcester \$49,977</p> <p>Somerset \$37,985</p> <p>Compared to Maryland \$68,467</p> <p>Compared to U.S. \$51,434</p>	2012 Thomson Reuters
Percentage of households (families) with incomes at 116% or below the federal poverty guidelines within you CBSA	<p>Wicomico 7.8%</p> <p>Worcester 6.2%</p> <p>Somerset 12.7%</p>	<p>Healthy Communities (HCI)</p> <p><a href="http://www.census.gov/acs/www/">www.census.gov/acs/www/</a></p>
Estimate the percentage of uninsured people within your CBSA	<p>Wicomico 19.7% uninsured</p> <p>Worcester 14.5% uninsured</p> <p>Somerset 30.7% uninsured</p> <p>State of Maryland 13.6% uninsured</p>	2012 Thomson Reuters
Percentage of Medicaid recipients within your CBSA	<p>Wicomico 19.1% Medicaid</p> <p>Worcester 13.5% Medicaid</p> <p>Somerset 17.2% Medicaid</p>	2012 Thomson Reuters

	State of Maryland 12.5% Medicaid	
Life Expectancy within your CBSA	<p>Wicomico at birth is 76</p> <p>Worcester at birth is 79.4</p> <p>Somerset at birth is 74.7</p> <p>State of MD at birth is 78.6</p> <p>National Baseline is 77.9</p>	<a href="http://www.dhmh.maryland.gov/ship">www.dhmh.maryland.gov/ship</a>
Mortality Rates within your CBSA	<p>All causes of death for leading causes age adjusted death rates in Wicomico are 829.3 deaths/100,000 and Somerset 946.6 deaths/100,000 13% and 29% respectively higher than that of the State of Maryland at 732.5 deaths/100,000.</p> <p>All three counties; Wicomico, Worcester and Somerset age adjusted related deaths are greater than the State of Maryland in: Diseases of the Heart, Malignant Neoplasms and Chronic Lower Respiratory Diseases.</p> <p><b>For Diseases of the Heart:</b></p> <p>Wicomico is 31% higher</p> <p>Worcester is 1% higher</p> <p>Somerset is 57% higher</p> <p><b>For Malignant Neoplasms:</b></p> <p>Wicomico is 21% higher</p> <p>Worcester is 10% higher</p> <p>Somerset is 58% higher</p> <p><b>For Chronic Respiratory:</b></p> <p>Wicomico is 64% higher</p> <p>Worcester is 20% higher</p>	<p>Maryland Vital Statistic 2011</p> <p><a href="http://dhmh.maryland.gov/vsa/documents/11annual.pdf">dhmh.maryland.gov/vsa/documents/11annual.pdf</a></p>

	<p>Somerset is 24% higher</p> <p>Infant mortality rates for all races in the Tri-County area are 19 deaths per 1,000 live births. Caucasians are 9 deaths per 1,000 live births and African Americans are 10 deaths per 1,000 live births.</p>	
<p>Access to healthy food within your CBSA (to the extent information is available from local or county jurisdictions such as the local health officer, local county officials or other resources)</p>	<p>Based upon the density of grocery stores per 1,000 population residents of Wicomico and Somerset have limited access to grocery stores that sell healthy food. Since these are rural counties we have a higher number of convenience stores which have less healthy food choices. Residents of these rural counties living outside of local cities typically use convenience stores for food purchases. The summer months increase the availability of fresh fruits and vegetables since these counties have a strong agricultural heritage.</p> <p>Worcester County is a more affluent county and has a very positive grocery store density to population ratio.</p>	<p>Healthy Communities (HCI)  <a href="http://www.ers.usda.gov/FoodAtlas/">www.ers.usda.gov/FoodAtlas/</a></p>
<p>Transportation</p>	<p>Peninsula Regional Medical Center and its Outpatient Services</p>	<p><a href="http://www.shoretransit.org">www.shoretransit.org</a></p>

	<p>are accessible by Shore Transit, a division of the Tri-County Council for the Lower Eastern Shore of Maryland, is the public transit agency for the Maryland lower eastern shore counties of Somerset, Wicomico and Worcester. Shore Transit offers public transportation via fixed route and origin-to-destination services.</p> <p>Peninsula Regional does make available transportation services for those in extenuating circumstances.</p>	
Other (Economic Development)	<p>SWED is the Salisbury Wicomico and Economic Development Inc. its mission is to enhance the socio-economic environment of Salisbury, Wicomico County and region through the preservation and creation of productive employment opportunities.</p>	<p><a href="http://www.swed.org">www.swed.org</a></p>

## **II. COMMUNITY HEALTH NEEDS ASSESSMENT**

- 1. Identification of community health needs: Describe in detail the process(s) used for identifying the health needs in your community and the resource(s) used.*
- 2. In seeking information about community health needs what organizations or individuals outside the hospital were consulted.*
- 3. When was the most recent needs identification process or community health needs assessment completed?*
- 4. Although not required by federal law until 2013, has your hospital conducted a Community Health Needs Assessment that conforms to the definition on the previous page within the past three fiscal years?*

## **II. COMMUNITY HEALTH NEEDS ASSESSMENT**

### ***1. Identification of resources used in identifying community health needs:***

There are many resources used to help identify the health care needs of Peninsula Regional's community benefits service area. Peninsula Regional's inpatient, outpatient and emergency room data are analyzed annually; reviewing clinical diagnosis codes and other demographic data such as age, sex, race and zip codes to identify health needs. Peninsula Regional also has a Community Health Council that meets several times a year (May 23, 2012 and November 16, 2011). This Council is made up of local individuals from the Tri-County area and is instrumental in discussing health services, technology, access to health services and physicians needed within their local communities. In addition, every three years the Medical Center conducts a Medical Staff Development Survey, the overall purpose of this survey is to provide the community with adequate medical staffing for primary care physicians and specialists. Based upon the results of this survey Peninsula Regional will create a plan to recruit physicians for underserved areas and vulnerable specialties. This year's new initiative was the convening of a PFAC (Patient Family Advisory Council) on May 12, 2012, which is a partnership between patients in the community and the Hospital. Our desire is for these patients to help shape our services, quality, processes and access to healthcare by providing pertinent feedback to what their needs are in relationship to the healthcare services we are delivering.



Throughout the year Peninsula Regional utilized the following tools/resources to conduct community health needs assessments:

**Thomson Reuters / Trueven:** has a healthcare database that helps determine the prevalence and incidence rate of diseases by zip code. It is also useful in identifying chronic disease needs such as diabetes and asthma by zip code or census track in order to target that population for education & screenings.

**Creating Healthy Communities ([www.peninsula.org](http://www.peninsula.org)):** Peninsula Regional released in 2012, in collaboration with Atlantic General Hospital and the McCready Foundation: "Creating Health Communities" a website based community health data dashboard made available to the public. This health metrics dashboard provides indicators on a variety of health and quality of life indicators in addition to health care disparities broke out by race, age, gender groups, etc.

#### **Maryland Vital Statistics**

#### **SHIPs County Health Profiles**

#### **Maryland's Office of Minority Health and Health Disparities**

These resources are used throughout the year as a benchmark tool to determine what health issues need to be addressed and to gauge any significant trends.

**Questionnaires to Civic Groups:** This coming year Peninsula Regional will be developing a brief Community "Health Benefits Needs" questionnaire. Throughout the year we will be distributing these questionnaires to civic, professional and charitable organizations to get feedback on what they feel are the top local healthcare priorities.

#### **T-CHIP (Tri-County Health Improvement Plan)**

One of the most valued relationships the Hospital has is our partnership and strong collaboration with the local public county health departments. Peninsula Regional Medical Center, in cooperation with the Wicomico, Worcester and Somerset County Health Departments, the Atlantic General Hospital and the Edward W. McCready Memorial Hospital, has been conducting community health surveys of the Tri-County area since 1995. These surveys, administered by Professional Research Consultants (PRC) of Omaha, Nebraska were administered in 1995, 2000, 2004, and 2009. In addition to these adult surveys, a separate adolescent survey was conducted in 2000, 2005 and 2009. For statistical purposes, the maximum rate of error for our total sample was +/- 3.5% for the adult survey and +/- 3.9% for

the adolescent survey at the 95% level of confidence. Survey findings were compared to earlier studies and to national benchmarks.

The goals of this Community Health Assessment are to:

- Improve the residents' health status and improve overall quality of life through healthcare.
- To reduce the health disparities among the population by identifying segments that are most at risk for various diseases and injuries. Plans for targeting these individuals may then be developed as evidenced in Hospital's participation in many of the local community health organizations.
- Increase accessibility to preventative services for all community residents.

Results of these surveys are used by the participants to plan future services. Of particular note was the development of the Tri-County Diabetes Alliance, which is a cooperative venture between all the partners and community agencies to reduce the incidence of diabetes in the tri-county area. Other outcomes resulting from the survey findings include smoking cessation programs, other early detection and screening programs for heart and cancer as well as health promotion and education with a focus on prevention. Survey results are also used to obtain grants for specific testing and treatment programs.

Currently Peninsula Regional is working with T-CHIP (Tri-County Health Improvement Plan) over the next several years to address several identified health priorities which were adopted as strategic initiatives. These strategic initiatives dovetail Maryland's SHIP objectives for the Tri-County area which include diabetes education & management and addressing the high rate of obesity on the Eastern Shore.

## **II. COMMUNITY HEALTH NEEDS ASSESSMENT**

### ***2. In seeking information about community health needs, what organizations or individuals outside the hospital were consulted?***

The three local Lower Shore Health Departments and several local hospitals are continuing partners in working together on identifying community health needs and developing tactics and mining resources i.e. grants and local support to help address these needs.

In addition to the Community Health Needs Assessment, Peninsula Regional uses input from its Health Council (community based), local and national community health organizations such as the American Cancer Society, the March of Dimes, and American Diabetes Association, local health departments, and state and national data sources such as the CDC Healthy People 2020 and the Maryland State Vital Statistics reports.

We also collaborate with other local and national health organizations to promote and encourage healthy lifestyles and preventive care within our communities. These include the local YMCA, Women Supporting Women (a breast cancer support network), American Lung Association, The United Way, Wicomico Executive Fitness Council, Komen, American Cancer Society, and the Salvation Army.

## **II. COMMUNITY HEALTH NEEDS ASSESSMENT**

### ***3. When was the most recent needs identification process or community health needs assessment completed?***

As part of Peninsula Regional's ongoing commitment and mission statement "To Improve The Health Of The Communities We Serve," we continue to assess the health needs of the community. We continue to fulfill that mission this year by attending on a monthly basis the Tri-County Community Health Improvement Process meetings. These meetings are made up of Wicomico, Worcester and Somerset's Health Departments, local hospitals, local and national community health organizations and other local healthy lifestyle programs. We synergize as a group working towards our identified SHIP (State Health Improvement Process) initiatives in addition to sharing with each other our program successes and sometimes failures. The diversity of the participants and the dynamics of this particular group allow us to keep a better pulse on the needs of the community which contributes to planning and formulation of tactics to meet local health objectives. Peninsula Regional clinicians and Executives attend various public health meetings as requested by either entity as we exchange community health ideas, data or bring resources to bare that both parties can benefit from.

Peninsula Regional's Diabetes Department works and meets regularly with the Tri-County Diabetes Alliance to continue to assess the needs and create programs to raise awareness and improve the health of Eastern Shore residents with diabetes. On a quarterly basis Peninsula Regional meets with a Community Health Council which is made up residents from the Tri-County area. This Council is instrumental in dialoging with the Hospital on topics related to local health needs and improved access to health services. For the first time in 2012 Peninsula Regional convened a PFAC (Patient Family Advisory Council) which was created as a partnership with patients. As part of this partnership we want to better understand our patients' health, safety, and delivery of care needs and how we can strive to deliver quality, convenient, and cost sensitive healthcare.

Throughout the years, and this year is no exception, Peninsula Regional has identified community health needs using the following resources:

**Thomson Reuters/Truven:** Disease rates, demographic data (race, ethnicity, age, sex, median income, health questionnaires) mapping to census block, census track, etc.

**Maryland Vital Statistics Report:** Age adjusted death rates by disease category, mortality rates, healthcare disparity rates.

**Maryland State Health Improvement Process for Wicomico, Worcester and Somerset Counties:**

We have started using this website as a framework to better understand the health needs of our community compared to other counties, state and national baselines.

## II. COMMUNITY HEALTH NEEDS ASSESSMENT

4. *Although not required by federal law until 2013, has your hospital conducted a Community Health Needs Assessment that conforms to the definition on the previous page within the past three fiscal year?*

*Please be aware, the CHNA will be due with the FY 2013 CB Report.*

Yes (Please see the attached "2009 Tri-County Community Health Assessment Report")

No

*If you answered yes to this question, please provide a link to the document or attach a PDF of the document with your electronic submission.*

## III. COMMUNITY BENEFIT ADMINISTRATION

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

a. Does your hospital have a CB strategic plan?

Yes  
 No

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

i. Senior Leadership

1.  **CEO**
2.  **CFO**
3.  **Other** (please specify) CBO- Chief Business Officer

ii. Clinical Leadership

1.  **Physician** (Dr. Charles Silvia, Dr. Jack Snitzer, Dr. Mark Edney, Dr. Peter Abbott)
2.  **Nurse** (Dee Abbott, Regina Kundel)
3.  **Social Worker**
4.  **Other** (Diabetes Department & Peninsula Regional Medical Group)

iii. Community Benefit Department/Team

1.  **Individual** (Rhonda Lasher)
2.  **Committee** (Health & Wellness Committee)
3.  **Other** (Susan Cottongim, Registered Dietician, Diabetes Team)

**Table of Other Ancillary Community Benefit Team Members in 2012**

Patti Serkes	Education Director
Alonzo Tull	Protection Services Director
Dan Rush	Maintenance Supervisor
Autumn Romanowski	Wellness Manager
Mollie Reymann	Exercise Specialist
Crystal Regels	Child Care Director
Scott Phillips	Director of Supply
Cathy Moore	Librarian
Alissa Carr	Marketing Manager
Roger Follebout	Community Relations Director
Gwen Garland	Community Relations

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

Spreadsheet     yes     no  
Narrative         yes     no

Reviewed by members of the executive staff.

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

Spreadsheet     yes     no  
Narrative         yes     no

#### IV. HOSPITAL COMMUNITY BENEFIT PROGRAM AND INITIATIVES

*1. Please use Table III (see attachment) to provide a clear and concise description of the needs identified in the process described above, the initiative undertaken to address the identified need, the amount of time allocated to the initiative, the key partners involved in the planning and implementation of the initiative, the date and outcome of any evaluation of the initiative, and whether the initiative will be continued. Use at least one page for each initiative.*

Please find Table III under Attachment 1

*2. Were there any primary community health needs that were identified through a community needs assessment that were not addressed by the hospital? If so why not?*

In addition to the needs we and our partners have agreed to pursue together, there were a number of other health needs which (although important) were not a priority at this time. The health indicators we chose had outcomes measures much worse than the state, the nation and the Healthy People 2020 targets. We also felt that working together we could ultimately effect a positive change in our communities as collectively we had the expertise, desire and means to effectuate such a change.

Alternatively the health indicators we did not select will remain on our "watch list" and will continue to be monitored along with the other indicators. Some of those healthcare concerns on our "watch list" include:

- Heart Disease & Stroke
- Skin Cancer
- Access to Health Care Services
- Mental Health

Our limited human and financial resources as well as those of our partners do not allow us to pursue additional interventions. When resources permit, we will aggressively plan for expanding the number of health needs identified in our community health needs assessment.

Using a Regional approach, significant resources including the local health departments, the Maryland SHIP county metrics, Maryland Vital Static Reports and feedback from Community Health Councils, many aspects of health status in the Tri-County area are very similar to those recorded nationwide. Access is a key issue for communities across the county and individuals living at the lowest income level. African-American residents were far more likely to indicate cost or lack of insurance has prevented a physician visit for them in the past two years. African-Americans and those living at or near the poverty level were two to four times more likely than residents overall to indicate they have had trouble getting dental care in the past two years. One-third of individuals living at the lowest income levels and one-fifth of African-Americans are without health insurance coverage, both segments being higher than the community overall. One positive finding is that local residents were more likely to have regular sources of care when compared to national findings.

**In addition, to the strategic community health benefit initiatives presented in Table III, the following are number of health benefit initiatives in more detail:**

***2012 Initiative - Health & Wellness HealthFest an Event for all Ages***

Peninsula Regional Medical Center sponsored on March 31<sup>st</sup>, 2012 the Health & Wellness HealthFest at the James M. Bennett High School. The HealthFest drew 1,200 people during this day-long event, one of the largest of its kind on the Delmarva Peninsula. Many uninsured and underinsured individuals participated in the Health & Wellness Expo and were able to access over 20 different free, health screenings and resources. These screenings included height, weight, body fat, blood pressure, stroke assessment, vision, hearing, bone density, skin cancer, diabetes risk assessment, balance assessment, colorectal, depression/anxiety, lower body circulation, O2 saturation, prostate screening, scoliosis, cholesterol/blood glucose, oral cancer, and foot care. The Medical Center's Wagener Wellness Van was also in attendance and served as the screening

location for hearing and vision testing. In addition to the free screenings there were various fun, and exciting activities in which people could participate. There was a fun walk, a K-9 demonstration, an obstacle course, a kid's health corner, a healthy cooking demonstration, a daVinci Surgical System Robot display and much more. U.S. Olympic gold medalist Dominique Dawes was the guest speaker and spoke on the importance of a healthy and active lifestyle. The Olympic gymnast connected with the public through her autograph session following her presentation. In conclusion, the HealthFest was a fun event in which all ages were encouraged to pursue healthy lifestyles.

Discussions with our local health partners have identified many underserved Hispanic residents in our community benefits service area and our secondary service area. Our focus over the next year is the translation of multiple health pamphlets and health educational materials into Spanish. Distribution of this material at public venues including festivals, churches, parking lot screenings, etc. will be important in engaging the Hispanic population regarding health awareness, education and access to health services. In addition, Peninsula Regional's Wagner Wellness Van has conducted free on-site screenings for employers on Delmarva. As part of this service the Van has performed screenings at chicken plants which have a large contingency of Hispanics which provides an opportunity to engage this population.

### ***Community Flu Shots***

The mission of the Medical Center is to *"Improve the health of the communities we serve."* In fiscal year 2012, the Medical Center provided over 780 free flu shots to the indigent and underserved in our Wicomico, Worcester, Somerset and Sussex counties.

LSE-60

Various Churches in Somerset and Wicomico County-115

Homless-200

Life Crisis-15

Joseph House-200

Quantico Church-20

Seton Center-18

Village of Hope-36

Veterans Day-21

HALO-19

Hanna Lobby-22



Miscellaneous-12

Clear Channel-42

Peninsula Regional Medical Center also provided 4,920 flu shots for a nominal fee at the Arthur W. Perdue Stadium, home of the Shorebirds in Salisbury Maryland. This drive-thru event enabled thousands in our community to become vaccinated from the flu. The flu shots administered by Peninsula Regional Medical Center will help protect friends and family from the harsh flu season.

### ***Wagner Wellness Van***

The Wagner Wellness Van is Peninsula Regional Medical Center's mobile institution. The Wagner Wellness Van has multiple uses, such as health screening services, health education and wellness exhibits. The van and staff is on site at local community outdoor festivals providing the following screenings: height, weight, blood pressure, pulse oximetry, body fat analysis, grip strength, vision and hearing. In 2012 the Wagner Wellness Van screened over 1,200 people at over forty locations in our community. From outdoor events such as Apple Scrapple in Bridgeville, Delaware to the NASA complex on Wallops Island, Virginia, the van visits an array of locations.

The van also carries pamphlets for education and awareness regarding the signs and symptoms of diabetes, heart attacks, and strokes. They also include basic information concerning cholesterol, osteoporosis, and knowing your medication. These pamphlets have touched many people's lives by giving them the information they need to begin building healthier lifestyles.

In an effort to expand our mobile service to the at-risk and underserved populations Peninsula Regional Medical Center has made the Wagner Wellness Van available in collaboration with the Wicomico Health Department to offer diabetes, stroke and hypertension education and screenings to these populations (sites recommended by the health department).

Hypertension and heart disease are very prevalent in our Community Benefits Service Area, which has prompted strategic initiatives around "Healthy Heart" community education and screenings. To reach the surrounding communities with screenings and a "Healthy Heart" message the Wagner Wellness Van visited towns in the following counties during 2012:

- Somerset, Worcester, Wicomico County, Maryland
- North Accomack County, Virginia

- Southern Susséx County, Delaware

The Wagner Wellness Van also provides community outreach and education regarding an array of preventive and chronic disease conditions that have been identified as priority. In addition, a resource guide is available that provides a list of local community-based services such as:

- Medical Services @ (Sliding Scale)
- Health Department Services and Locations
- Prescription Resources
- Community Health Centers
- Three Lower Counties
- Hospital Services
- Primary Care Satellite Locations
- Dental Services
- Mental Health Services

### **Diabetes Outreach and Initiatives**

Peninsula Regional's community mission in FY2012 is to continue our commitment to diabetes awareness, prevention and "education of educators" regarding early detection and promotion of healthy lifestyles and diabetes prevention. In support of this theme we serve as a preceptor to UMES dietetic interns. We also conducted diabetic prevention educational sessions with local school nurses, other health educators and staff at the Board of Education. In addition, Wilmington College nursing students complete one of their clinical rotations working with our diabetic nurse educator for 15 hours.

Another tactic we have used to create diabetes awareness is involvement in the local "Speakers Bureau." This venue has presented many opportunities in FY2012 to promote healthy lifestyles and diabetes prevention education. These opportunities included speaking at the Lions Club, various church fairs, community dental hygienist, local and state fairs, and employers such as Perdue.

We also have support groups for all ages. There is an adult support group, kids and adolescents support group, and an insulin pump support group. These support groups inspire attendees to maintain a healthy weight, eat right, regulate insulin shots and more.

Not only do we participate with local Universities to educate educators, we also helped initiate and continue to be involved as members in the Tri-County Diabetes Alliance. The prevalence of diabetes in the Tri-County region (Wicomico, Worcester, and Somerset) is 14.3% almost twice the national rate. The Alliance was created to help lower the number of Tri-County residents who have diabetes and initiate community awareness prevention and education around this chronic disease. The Tri-County Diabetes Alliance promotes through its website [www.tridiabetes.org](http://www.tridiabetes.org) an event calendar that promotes free diabetes clinics and management workshops, “Am I at Risk” self-diabetes risk assessment tool, local support groups, rotating eating well recipes, articles and information about diabetes, and other local diabetes support programs. As a member we have been involved in and have contributed to Tri-County Diabetes Alliance projects and initiatives.

As an organization Peninsula Regional is committed to supporting diabetes education, awareness and prevention through many of its events and programs. A new initiative this winter is a “Diabetes Support Group for Kids, Teens and Their Families.” which is designed to target the pediatric population and their parents.

There is also a diabetes support group that meets once a month in addition to other free diabetes awareness events held throughout the year. These events may include free diabetes assessment screenings and/or free educational sessions provided by a registered dietician or an endocrinologist. Exercise physiologists will also talk about lowering your blood sugar risk by exercising.

### ***Support Groups and Peninsula Partners***

In 2012 Peninsula Regional Medical Center provided support groups for a bevy of needs, such as: stroke, diabetes, ALS, ostomy, lung cancer, and head/ neck cancer. The Medical Center also provided caregiver support, better breathers support, mended hearts support, and cancer survivor support. All support groups were free of charge and were open to the community. These support groups greatly encourage the individuals who attend. After all a chord of three or more is not easily broken, through these groups a network of hope is provided for our peninsula. There were also various classes and events through Peninsula Partners which touched our community.

A prostate health class was taught by Dr. Maull in December. This class helped educate men concerning their prostate health. Since most men are ignorant concerning their prostate health it is important shed some light on the subject before it becomes a dangerous issue.

A Glaucoma health class was taught by Dr. Tu in January. Glaucoma is known as the “silent thief of sight,” since it does not manifest itself until after vision is severely damaged. This silent

disease incrementally steals sight over the years. That is why it is imperative to raise awareness around the subject. The community greatly benefitted from learning more. After all knowledge is one of the greatest weapons we can possess when fighting disease.

In February Peninsula Partners held a healthy heart event and provided free screenings. The community learned about basic nutrition, exercise, and healthy lifestyles, all of which are vitally important to maintaining the amazing muscle of your heart.

A healthy back event was held in March. Almost everyone has struggled with their back at one time or another, so this event was very relevant. People learned exercises which help prevent back trouble. They also learned proper posture, how to lift heavy items, bone nutrition, and good lifestyle habits. They were also encouraged to give up bad habits such as: overeating, smoking, excessive over lifting, and sleeping on waterbeds. This healthy back event armed the community with the information they need to fight off back pain.

During the month of May Peninsula Partners held an avoiding depression event for our community. This event helped break the chains of depression for our friends and families by explaining how to break the cycle of depression. Through regular exercise, sunshine, social events, talking with friends and family, and a healthy diet Peninsula Partners showed how depression can be conquered. This event brought hope in our community.

The AARP Safe Driving Class was held in May. Students learned the how to drive defensively, minimize blind spots, safely change lanes, and maintain the proper following distance from other vehicles. The community also learned the effects of their medications while driving, how to use their vehicle's new technology, and the current laws regarding cell phones. This class gave our drivers important information concerning the road, their habits, and their vehicles. This class will continue to benefit the peninsula as the students drive carefully through our communities.

In June the Getting Organized Event was held. This event covered topics such as advanced directives, how often to update your will, where to keep your important documents, and other important matters. This event helped the community prepare and organize for the different seasons of life.

In conclusion these free classes and support groups, encouraged, educated, and assisted, our community towards a healthier lifestyle. These events help build a bright and hopeful tomorrow through better health.

## **Alignment of Peninsula Regional's Community Health Plan to the Tri-County Health Improvement Plan & Wicomico County Health Improvement Plan.**

As part of Maryland's SHIP (State HealthPlan Improvement Process) initiative, the Tri-County Health Improvement Plan (T-CHIP) is adopting SHIP objective 27: reduce diabetes complications and reduce diabetes related emergency department visits; and SHIP objective 31: reduce the proportion of children and adolescents who are considered obese or overweight. Peninsula Regional will continue to partner with T-CHIP and the Wicomico County Health Department to create strategies and tactics around SHIP objective 27 and 29. By adopting the same health improvement objectives we hope to create alignment, synergy and efficient resource allocation for establishing and promoting these community healthcare improvement objectives. Some of the milestones we are currently reviewing and may adopt include: reducing the number of diabetes related emergency room visits, tracking the number of tri-county diabetes risk assessment tests administered and increasing community participation in diabetes management and education programs. In response to SHIP objective 31, Peninsula Regional is reviewing the possibility of establishing a pediatric weight loss clinic in addition to reviewing other initiatives like creating an education module on obesity for our Child Care Center or working with the Tri-County Diabetes Alliance on creating Restaurant Programs that promote low-calorie or diabetic meals. These types of initiatives are currently being discussed.

### **V. PHYSICIANS**

**1. As required under HG 19-303, provide a written description of gaps in the availability of specialist providers, including outpatient specialty care, to serve the uninsured cared for by the hospital.**

Peninsula Regional is continuing to address physician shortages within our primary and secondary service areas. According to the 2012 "County Health Rankings" collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin, Peninsula Regional's primary service area has considerably fewer primary care physicians than the Maryland average. There is a correlation between having a healthy population and providing access and availability to primary care physician services. Wicomico County has the best ratio of population to primary care physicians of 1,074:1, which is still 30% below the Maryland average, and Somerset County has the worst at 2,010:1, which is 144% below Maryland's average of 824:1. In an effort to address these shortages, Peninsula Regional's "2009-2014" Strategic Plan Driving Strategy 1 states: Provide resources to expand the number and availability of physicians to fully support the needs of the region. Our ongoing Medical Staff

Development Plan includes recruitment, retention and employment of physicians. Continued recruitment is underway for FP, IM and underserved specialties like dermatology, hematology/oncology, neurosurgery and general surgery.

On November 21, 2012, Dr. Peggy Naleppa, President/CEO of PRMC signed a Memorandum of Understanding with the University of Maryland, Baltimore; University of Maryland, Eastern Shore and Salisbury University to explore the development of the following initiatives:

1. Graduate medical education programs
2. A regional medical education campus of the University of Maryland, Baltimore
3. A multi-institutional regional partnership health science education and research campus

Each of these initiatives will be in close partnership with Peninsula Regional Medical Center. The University of Maryland, Baltimore and Peninsula Regional Medical Center have agreed to commence a planning process for expanding residency training programs in the region. This marks the start of a monumental decision to move forward in the formal planning process to explore the development of a medical education facility in our region. A more formal announcement featuring representatives from each institution will be made in early 2013.

Finally, some of the Medical Center's primary service area has been identified as a Health Professional Shortage Area and a Medically Underserved Area by the Health Resources and Services Administration. Peninsula Regional, based upon the findings of a Medical Staff Needs Study, requires an additional 86 physicians of varying specialties to meet current and future needs. This fall Peninsula Regional engaged a consultant to assist in developing a "Medical Staff Development Plan" based on the healthcare needs of our medical service area. This report will include an analysis of PRMC's service area and specific recommendations regarding appropriate staffing levels in a variety of medical specialties.

***Conclusion:***

Rural providers and rural residents have issues unlike other more metropolitan areas of the our State. Over the next three years Peninsula Regional is committed to working on a Regional approach with our Tri-County Health Care Partners and several local hospitals on the selected identified State Healthcare Improvement Processes objectives (Diabetes, Obesity). We will continue to work with our other local and national healthcare organizations to promote our third initiative, healthy lifestyles. Peninsula Regional will continue to strengthen its community education & screening initiatives as it relates to diabetes, obesity and living a healthy lifestyle.

We continually strive to meet the needs of the underserved/underinsured by providing free wellness screenings at local festivals, churches, civic organization and health fairs in the three lower counties, Wicomico, Worcester and Somerset.

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

Category: Hospital based Physicians with whom the hospital has an exclusive contract

C10 Pediatric Specialties - Without this contracted service we would not be able to provide local pediatric endocrinology and cardiology care. The patient population is such that there is a need but couldn't support a local full time physician practice.

Category: Coverage of Emergency Department Call

C30 Trauma On-Call – Without this contracted service we would not be able to provide trauma services at our hospital. Hospitals are reimbursed for certain on-call expenses thru the Maryland Trauma fund.

Category: Non-resident house staff and hospitalists

C40 Physician Subsidies<sup>2</sup> – Hospitalists – These physicians provide 24-hour in-house coverage for patients with or without a primary care physician or insurance.

Category: Physician recruitment

C50 Physician Subsidies<sup>5</sup> – Recruitment – Assists with the employment of physicians in order to meet community needs.

Table III  
082012

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<p><b>Diabetes-Awareness, Education &amp; Management</b></p> <p>As part of our ongoing diabetes initiatives Peninsula Regional is looking to align and partner with T-CHIP (Tri-County Health Improvement Plan) to reduce diabetes complications by adopting SHIP (State Health Improvement Process) health objective 27</p>	<p>Diabetes Education, Awareness and Screenings</p>	<p>Continue to create general public awareness around the high prevalence of diabetes in this region and what we must do to address the issue. Collaborate with our partners to educate the public on the dangers of ignoring diabetes, in addition to teaching diabetes prevention, adoption of healthy lifestyles and offer opportunities for increased screenings to determine if residents are at risk.</p> <p>Create additional free opportunities to have the general public screened (paper assessment) for diabetes.</p> <p>We are going to do this by meeting the public at fairs, going out to schools and speaking with educators, working with the three local health departments, and performing diabetes screenings at various venues.</p>	<p>3 Year Initiative</p>	<p>PRMC Diabetes Education Department</p> <p>Tri-County Health Departments (Wicomico, Worcester, Somerset)</p> <p>Tri-County Diabetes Alliance</p>	<p>Bi-annually</p>	<p>We want to increase the volume of public messages and opportunities to connect with residents of the community to educate them on diabetes awareness and management.</p> <p><b>In FY2012</b> Total Community Benefit Diabetes Encounters: <u>2,172</u> Events: <u>36</u></p> <p>Health Fairs Attended: <u>6</u></p> <p>Diabetes Support Group Meetings: <u>14</u></p>	<p>Yes</p> <p>Yes</p> <p>Yes</p>	<p>\$11,426</p> <p>\$6,053 (included above)</p> <p>\$1,687 (included above)</p>



Table III  
082012

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Diabetes-Awareness, Education & Management	Diabetes Education, Awareness and Screenings	Diabetes Support Group Teens and Kids.  Educating Educators Develop a more formalized approach to "educating our educators" about the twice than average prevalence of diabetes in our local community. We desire to provide educational resources and align with educators to teach our adolescents how to prevent and recognize diabetes. We want to create a ripple effect to reach our community.	Multi-Year  3 Year Plan	PRMC Diabetes Education Program  PRMC Diabetes Education Program Wicomico County Board of Education Wicomico County School Nurses Meetings	Bi-Annually  Annually	New this year was our Diabetes Support Group for Teens and Kids. Outcomes to be assessed next year.  Continue to collaborate and push for the development of an adolescent diabetes awareness campaign i.e the previous Teens and Kids Support Group is part of this initiative.  Joint Meetings with Educators: 2.	Evaluation of effectiveness this year with intent on continuing to provide this support group.  Yes	\$288

Table III  
082012

Initiative 1.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Diabetes-Awareness, Education & Management	Continue to support and work with the Tri-County Diabetes Alliance.	Continue to support and work with this organization to actively promote healthy lifestyles, addressing issues of exercise and obesity and diabetes management and control.	3 Years	Tri-County Health Departments and their partners.  Partners UMES PRMC McCready Atlantic General TLC Salisbury Urban Ministries Volunteers ETC.	Evaluate PRMC's involvement and contributions annually	PRMC participation  Others to be determined and aligned with Tri-County Diabetes Alliance objectives.	Yes	
	T-CHIP grant to provide Diabetes "Lifestyle/e" Coach training for staff members of the local health departments.	Wicomico, Worcester and Somerset County received funding provided to the Tri County Health Planning board that was used to implement a portion of the Tri-county Health Improvement Plan, diabetes prevention. The funding was used for training local county health department employees by the CDC to Provide the National Diabetes Education Program. Somerset and Wicomico have started offering this program through the health departments. Worcester will continue their program.	To be determined			Reduce the number of Emergency Room admissions due to Diabetes.	Yes	

Table III  
082012

Initiative 2.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
<b>Obesity</b> Peninsula Regional will be partnering with the Tri-County Health Improvement Plan (T-CHIP) to address the SHIP (States Health Improvement Process) objective 31. Reduce the proportion of children and adolescents who are considered obese.	Create obesity awareness by promoting healthy lifestyles.  Reduce the number of residents in Wicomico, Worcester and Somerset who are considered overweight.	<b>New Initiative in FY2012 – FY2015</b> To educate the community on how lifestyle choices can impact their weight and how obesity plays a role in other related diseases such as diabetes and hypertension. Peninsula Regional will review developing an educational module (including handouts) to be used whenever the Wagner Wellness Van makes visits to local fairs and other community events.	3 Year	Peninsula Regional  Health & Wellness Committee  Education Department	Annually	As part of our obesity awareness campaign we provided healthy plate and games for the children. We distributed healthy eating info. & education in addition to distributing beach balls and frisbees with information for activities. Fast food guides were also distributed <b>Venues:</b> Salisbury Festival Chicken Festival Somerset County Foster Day Care	Yes, we will look at more venues for next year.	\$4,181
		Day Care Program	3 Year	Peninsula Regional	Bi-annually	Instituted healthy eating & lifestyle program as part of Peninsula Regional's Childcare program.	Yes	

Table III  
082012

Initiative 2.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Obesity Awareness	Create obesity awareness by promoting healthy lifestyles.	Restaurant Challenge – The challenge was to create an appealing, nutritious but tasty, restaurant dish. This was sponsored by the Tri-County Diabetes Alliance with whom we participate.	1 Year	Tri-County Diabetes Alliance Peninsula Regional	After Event	A fun community event to promote healthy restaurant eating among patrons and restaurants. Awards given to winners.	Planning on doing again next year possibly March 2013.	\$287
		<b>T-CHIP Objectives</b> As part of this coalition development model:  We are continuing to meet and discuss opportunities to: Promote programs and introduce campaigns that encourage fitness activity and nutrition in both adults and children. This may be done through various clubs, school programs, outreach programs etc., (Explore Healthy Weight Programs).	5 Years	Peninsula Regional  T-CHIP Tri-County Health Improvement Plan & Partners	To be determined.	To be determined.	Yes	
		Peninsula Regional is using our Wagner Wellness Van to promote healthy weight and the dangers of obesity.	3 Years	Peninsula Regional, Community Health & Wellness Committee, Education Dept.	After each event & bi-annually	Total number of events <u>14</u> . Total screening encounters for BMI/ Wgt: <u>526</u> .	Yes	\$8,244

Initiative 3.

Table III  
082012

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Promotion of overall Healthy Lifestyles	Promote & design 2012 local "Health Fest Expo" for underserved and the uninsured. Objective is to increase health prevention through screenings, education and provide health resource material to the community.	Health Fest Expo 2012 Reach the under insured and indigent population in Salisbury, MD. To provide healthy lifestyle education and free screenings in a fun filled atmosphere. These screenings include blood pressure, stroke assessment, vision, hearing, bone density, skin cancer screenings, diabetes risk assessment, body fat, oral cancer, cholesterol/blood glucose, foot care, etc. We also provide healthy cooking demonstrations and nutritional question and answer sessions.	Multi-Year Initiative	PRMC & Volunteers from the Hospital & James M. Bennett High School	Immediately after the event March 31 <sup>st</sup> 2012. Very successful and well received by public	Health Fest Attendance: <u>1,200</u> Health Fest Screenings: <u>Over 20 different screenings.</u>	Yes	\$23,718

Table III  
082012

Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Promotion of overall Healthy Lifestyles	Improve the Health of the Communities we serve by providing flu shots at convenient locations.	Provide flu shots to the local communities.	Multi-Year initiative for the foreseeable future.	Peninsula Regional & Arthur W. Perdue Stadium	Annually	4,920 flu shots provided for a nominal fee at the Shorebird Stadium.  Other free flu shots provided: Homeless -200 Life Crisis-15 Joseph House-200 Quantico Church-20 Seton Center-18 Village of Hope-36 Veterans-21 HALO-19 Miscellaneous->187	Yes	\$66,205  \$6,909

Table III  
082012

Initiative 3.

Identified Need	Hospital Initiative	Primary Objective of the Initiative	Single or Multi-Year Initiative Time Period	Key Partners and/or Hospitals in initiative development and/or implementation	Evaluation dates	Outcome (Include process and impact measures)	Continuation of Initiative	Cost of initiative for current FY? (See Instructions)
Promotion of overall Healthy Lifestyles	The Wagner Wellness Van will be used by Peninsula Regional as our mobile healthy lifestyles education platform.	<p>This year the mobile Wagner Wellness Van has visited local community outdoor festivals, local parking lots of Walmart Centers and employer sites to promote healthy lifestyles. The staff provides multiple screenings such as blood pressure, pulse oximetry, body fat analysis, grip strength, diabetes assessment, vision, etc., in addition to nutrition counseling and fitness education.</p> <p>As part of our ongoing education process the Van has the following pamphlets it uses in support of community health education:                      The signs and symptoms of diabetes.                      Knowing your medications.                      The signs and symptoms of stroke.                      What is cholesterol?                      What is osteoporosis?                      A health "resource booklet" is made available that provides a listing of health care providers and services at reduced rates.</p> <p>In FY2012 the Wagner Wellness Van made available free coastal cardiovascular checks, peripheral artery disease screening, blood pressure screening and although not on the Van but located at PRMC, free vascular screenings.</p>	3 Years	Peninsula Regional Community Health & Wellness Committee Education Department Tri-County Diabetes Alliance T-CHIP Tri-County Health Improvement Plan & Partners	Annually and after every event.	Total number of annual Wagner Wellness Van events <u>≥ 40</u> . Total annual screening encounters for Wagner Wellness Van > <u>1,200</u> .	We are planning on continuing to provide community education with the Van.	

## *APPENDIX I*

It is the intention of Peninsula Regional Medical Center to make available to all patients the highest quality of medical care possible within the resources available. If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies, or, if no help is available, to render care at a reduced or zero cost.

Peninsula Regional Medical Center makes every effort to make financial assistance information available to our patients including but not limited to:

- An annual notice regarding financial assistance is published in a local, widely circulated newspaper.
- Appropriate notices are posted in patient registration, financial services, the emergency department, labor and delivery.
- Information and application is posted on the PRMC website.
- Language and sign language options are available to assist our population with those needs.
- Individual notice to patients and other persons regarding our financial assistance policy are available at community outreach events, prenatal services, pre-admission, and admission.
- Information insert is included in every patient bill in accordance with Health General Article §19-214.1.
- Information pamphlet is provided to patients at registration.
- Signage, brochures, bill inserts and web information all have a Spanish section that provides a way for our Spanish speaking individuals to get additional information.

Further detail information can be found in the attached policy found in Appendix 2.



## **ADMINISTRATIVE POLICY MANUAL**

### **Subject: Uncompensated Care / Financial Assistance**

**Effective Date:** August 1981  
**Approved by:** President/CEO  
**Responsible Parties:** Director of Patient Financial Services  
**Revised Date:** 12/86, 6/88, 3/90, 3/91, 7/93, 7/94, 8/98, 12/05, 8/08, 5/10, 10/10  
**Reviewed Date:** 8/83, 12/85, 2/88, 6/92, 8/95, 7/96, 9/97, 6/00, 6/01, 10/02, 10/04, 12/11

### **POLICY**

It is the intention of Peninsula Regional Medical Center to make available to all patients the highest quality of medical care possible within the resources available. If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies, or, if no help is available, to render medically necessary care at zero cost for patients with income at or below 200% of the Federal Poverty Guideline and reduced cost for patients with income between 201% and 300% of the Federal Poverty Guideline. Financial assistance is considered for patients with income between 301% and 500% of the Federal Poverty Guideline that document a financial hardship as defined by Maryland law.

Patients requiring elective services may, through consultation with their physician, have their procedure postponed until such a time as the patient is able to make full payment or meet the established deposit. Elective procedure patients, who, according to their diagnosis and/or their physician, cannot be postponed, will be helped with obtaining assistance from agencies. If no assistance is available, and the patient requests, the account will be reviewed for possible financial assistance.

In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, the patient may be eligible for financial assistance.

### **ELIBILITY DETERMINATION PROCESS**

1. Interview patient and/or family
2. Obtain annual gross income
3. Determine eligibility (preliminary eligibility will be made within 2 business days)
4. Screen for possible referral to external charitable programs
5. If the patient and/or family refuse to disclose financial resources or cooperate, the patient will be subject to standard collection efforts
6. The determination of eligibility (approval or denial) shall be made in a timely manner.

### **PUBLIC NOTIFICATION**

## APPENDIX II

- An annual notice regarding financial assistance will be published in a local, widely circulated newspaper.
- Appropriate notices will be posted in patient registration, financial services, the emergency department, labor and delivery and on the PRMC website.
- Individual notice to patients and other persons regarding our financial assistance policy are available at community outreach events, prenatal services, pre-admission, and admission.

### **ADMINISTRATION OF POLICY**

Procedures are maintained in the Finance Division office related to the administration of the uncompensated care/financial assistance to patients' policy. Refer to Finance Division Policies FD-30, FD-53, FD-141, FD-162, and FD-167.

### **REFERENCE**

Board of Trustees

#### **Keywords**

**Financial Assistance**

**Federal Poverty Guidelines**

**Uncompensated**

**Charity Care**

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Peggy Naleppa  
President/CEO

APPENDIX II

**Peninsula Regional Medical Center  
Policy/Procedure**

**Finance Division**

**Subject:** Financial Assistance

**Affected Areas:** Patient Accounting, Financial Services

**Policy/Procedure  
Number:** FD-162

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**Policy:**

Peninsula Regional Medical Center will provide free and reduced-cost care to patients who lack health care coverage or whose health care coverage does not pay the full cost of their hospital bill. A patient's payment for reduced-cost care shall not exceed the charges minus the hospital mark-up.

Peninsula Regional Medical Center will provide free medically necessary care to patients with family income at or below 200% of the federal poverty level.

Peninsula Regional Medical Center will provide reduced-cost medically necessary care to low-income patients with family income between 201% and 300% of the federal poverty level.

Peninsula Regional Medical Center will provide reduced-cost medically necessary care to low-income patients with family income between 301% and 500% of the federal poverty level who have a financial hardship, as defined by Maryland law.

**Procedure:**

If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies. In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, Peninsula Regional Medical Center will provide care at reduced or zero cost.

When no third party assistance is available to cover the total bill and the patient indicates that they have insufficient funds, the following procedure will occur.

- 1) The Maryland State Uniform Financial Assistance Application should be completed by staff, in consultation with the patient, to make initial assessment of eligibility.

## APPENDIX II

- 2) Compare patient's income to current Federal Poverty Guidelines (on file with Collection Coordinator). The Collection Coordinator will get new guidelines as published in the Federal Register annually. If patient is not eligible, stop here and pursue normal collection efforts.
- 3) If preliminarily eligible per Guidelines, send Maryland State Uniform Financial Assistance Application to patient/guarantor for completion and signature. Patient should attach appropriate documentation and return to representative within 10 days.

Upon receipt of the financial assistance request, the Representative will review income and all documentation. The patient must be notified within two business days of their probable eligibility and informed that the final determination will be made once the completed form and all supporting documents are received, reviewed, and the information verified. Income information will be verified using the documentation provided by the patient and external resources when available.

A financial assistance discount will be applied to the patient's responsibility in accordance with Attachment 1.

- 4) If ineligible, the Representative will notify the patient and resume normal dunning process and file denial with the account. The denials will be kept on file in the collection office. All denials will be reviewed by the Collection Coordinator level or above.

If household income is under the income criterion but documentation indicates the patient or family member has net assets that indicate wealth, the patient does not qualify for financial assistance. If the balance due is sufficient to warrant it and the assets are suitable, a lien will be placed on the assets for the amount of the bill. Collection efforts will consist of placement of the lien which will result in payment to hospital upon sale or transfer of the asset. Refer account to Collection Coordinator for filing a lien.

5. Collection Coordinator will review documentation.
  - a. If eligible, and under \$2,500, the account will be written off to financial assistance and the "Request for Financial Assistance" form finalized. A copy is retained in the patient's file. The Representative will call the patient and notify them of the final determination of eligibility.
  - b. If eligible, and the balance is \$2,500 or above, the Collection Coordinator will obtain the appropriate adjustment signature(s) and continue as per 5.a.
6. Peninsula Regional Medical Center will review only those accounts where the patient or guarantor inquire about financial assistance or in the normal working of the account there is indication that the patient may be eligible. Any

## APPENDIX II

patient/customer service representative, financial counselor, or collection representative may begin the request process.

Pre-planned service may only be considered for financial assistance when the service is medically necessary. For example, no cosmetic surgery will be eligible. Inpatient, outpatient, emergency, and physician charges are all eligible.

### 7. Special exceptions:

- a) Financial assistance will be considered if patient is over income criterion, but have a financial hardship. A financial hardship exists when the amount of medical debt at Peninsula Regional Medical Center exceeds 25% of the family's income in a year. Financial hardship cases must be reviewed by Manager, Patient Accounts level or higher.
- b) A patient that has qualified for Maryland Medical Assistance is deemed to automatically qualify for PRMC's Financial Assistance program. The amount due from a patient on these accounts may be written off to Financial Assistance with verification of Medicaid eligibility. Normal documentation requirements are waived for financial assistance granted upon the basis of Maryland Medical Assistance eligibility.
- c) Patients who are beneficiaries/recipients of certain means-tested social services programs administered by the State of Maryland are deemed to have presumptive eligibility for PRMC's Financial Assistance program. The amount due from a patient on these accounts may be written off to Financial Assistance with verification of eligibility for one of these programs. Normal documentation requirements are waived for financial assistance granted upon the basis of presumptive eligibility.

8. Once a request has been approved, service three months before the approval and twelve months after the approval may be included in the adjustment. All encounters included with the application must reference the original encounter number when the electronic image of the application is stored. Service dates outside this fifteen month window may be included if approved by a Supervisor, Manager, or Director. Any amount exceeding \$25 that has already been collected from the patient or guarantor for approved dates of service shall be refunded to the patient.

Note: This policy was formerly part of FD-30 established in 11/85. Name was changed from Charity Care 8/05.

Date: 6/03 Split into policies FD-30 & FD-162.

Reviewed: 7/86, 7/89, 7/91

FD-162

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Revised: 9/88, 4/92, 6/93, 2/95, 8/97, 7/98, 9/99, 6/02, 6/03, 9/04, 4/05, 8/05, 8/07,  
3/09, 4/10, 5/10, 10/10, 12/11

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Attachment 1

1/26/12

If your family size is:		And, your family income is at or below:		
Size of Family	Federal Poverty Guideline (Apr 2011)	200% of FPG	201% up to 300 % of FPG	301% to 500% Of FPG with <u>Financial Hardship</u>
1	\$11,170	\$22,340	\$33,510	\$55,850
2	\$15,130	\$30,260	\$45,390	\$75,650
3	\$19,090	\$38,180	\$57,270	\$95,450
4	\$23,050	\$46,100	\$69,150	\$115,250
5	\$27,010	\$54,020	\$81,030	\$135,050
6	\$30,970	\$61,940	\$92,910	\$154,850
7	\$34,930	\$69,860	\$104,790	\$174,650
8	\$38,890	\$77,780	\$116,670	\$194,450
You will receive a discount off PRMC bills of:		100%	50%	25%

## APPENDIX III

### Patients' Rights and Obligations

#### **Rights:**

- Prompt notification of their preliminary eligibility determination for financial assistance
- Guidance from Peninsula Regional on how to apply for financial assistance and other programs which may help them with the payment of their hospital bill
- Receipt of financial assistance for all services not payable by another program that meet the qualifications of Peninsula Regional's Financial Assistance Policy

#### **Obligations:**

- Submit complete and accurate information on the Uniform Financial Assistance Application in use in the state of Maryland
- Attach supporting documentation and return the form to Peninsula Regional Medical Center in a timely manner
- Make payment in full or establish a payment plan for services not qualified under Peninsula Regional's Financial Assistance Policy

### Cómo hacer la solicitud

- Llame al 1-800-235-8640 entre las 9:00 a.m. y las 4:00 p.m., de lunes a viernes
- Acuda en persona a la oficina del consejero financiero (Localizado en el vestíbulo Frank B. Hanna del Centro de atención de Pacientes Externos) entre las 8:30 a.m. y las 4:30 p.m., de lunes a viernes
- A través de Internet, visite [www.peninsula.org](http://www.peninsula.org). Haga clic en Patients & Visitors (Pacientes y visitantes), luego en Patient Financial Services (Servicios financieros para pacientes) y después en Billing Information (Información de facturación)

## Financial Assistance With Your Medical Bills



EXCEPTIONAL HEALTHCARE. EXCEPTIONAL PEOPLE.



100 East Carroll Street • Salisbury, MD 21801-5493  
410-546-6400 • 1-800-955-PRMC (7762)  
TTY/TDD 410-543-7355  
[www.peninsula.org](http://www.peninsula.org)

BRO-086 (5/10)

EXCEPTIONAL HEALTHCARE. EXCEPTIONAL PEOPLE.





## Financial Assistance Policy

It is the intention of Peninsula Regional Medical Center to make available to all patients the highest quality of medical care possible within the resources available. If a patient is unable to pay due to financial resources, all efforts will be made to help the patient obtain assistance through appropriate agencies, or, if no help is available, to render care at a reduced or zero cost.

Patients requiring elective services may, through consultation with their physician, have their procedure postponed until such time as the patient is able to make full payment or meet the established deposit. Elective procedure patients who, according to their diagnosis and/or their physician, cannot have their procedure postponed will be helped with obtaining assistance from agencies. If no assistance is available, and the patient requests, the account will be reviewed for possible financial assistance.

Physician charges are not included in the hospital bill and are billed separately. Physician charges are not covered by Peninsula Regional Medical Center's financial assistance policy.

In the event that the patient has applied for and kept all necessary appointments and third party assistance is not available, the patient may be eligible for financial assistance.

## Eligibility Determination Process

1. Interview patient and/or family
2. Obtain annual gross income
3. Determine eligibility (*preliminary eligibility within 2 business days*)
4. Screen for possible referral to external charitable programs
5. If the patient and/or family refuse to disclose financial resources or cooperate, the patient will be subject to standard collection efforts
6. The determination of eligibility (*approval or denial*) shall be made in a timely manner

## How To Apply

- Call 1-800-235-8640 between 9:00 a.m. and 4:00 p.m., Monday through Friday
- In person at the Financial Counselor's office (located in the Frank B. Hanna Outpatient Center lobby) between 8:30 a.m. and 4:30 p.m., Monday through Friday
- On the internet at [www.peninsula.org](http://www.peninsula.org). Click on Patients & Visitors then Patient Financial Services and Billing Information

## Qualifications

Peninsula Regional Medical Center compares patients' income to the Federal Poverty Guidelines. In order to process your application we require the following information:

- An independent third party to verify your household income (one of the following)
  - a. Recent pay stub showing current and year to date earnings
  - b. Most recent tax return showing your Adjusted Gross Income or W-2 form
  - c. Written documentation of Social Security benefits, SSI disability, VA benefits, etc.
  - d. Letter from independent source such as clergy, neighbor, former employer, etc.
- Request, in writing, for help with your hospital bills.
- Completed and signed Financial Assistance Application

This information, and any information obtained from external sources, is used to determine your eligibility for financial assistance. The more information provided, the easier it is for us to determine your financial need. Peninsula Regional may request a credit report to support a patient's application for assistance.

## Need Assistance?

If, at any time, you have questions about obtaining financial assistance, your hospital bill, your rights and obligations with regard to the bill, or applying for the Maryland Medical Assistance Program, please contact Peninsula Regional Medical Center's Financial Services department at 410-543-7436 or 1-800-235-8640.

## Maryland Medical Assistance Program

To find out if you are eligible for Medical Assistance or other public assistance, please apply at your Local Department of Social Services (LDSS). If you are applying for assistance for a child or are pregnant, you may apply for the Maryland Children's Health Program (MCHP) at your Local Health Department (LHD). If you are elderly and only applying for assistance with paying your Medicare premiums, co-payments, or deductibles, you may apply at your LDSS for the Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB) Program. QMB/SLMB applications may be filed by mail or in person.

To receive an application, call your LDSS or the Area Agency on Aging (AAA). For more information, you may call the Department of Health and Mental Hygiene's Recipient Relations Hotline at 1-800-492-5231 or 410-767-5800.

## THIS NOTICE REQUIRED BY MARYLAND LAW

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## APPENDIX III

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### **Patients Rights and Obligations**

#### **Rights:**

- Prompt notification of their preliminary eligibility determination for financial assistance.
- Guidance from Peninsula Regional on how to apply for financial assistance and other programs which may help them with the payment of their hospital bill
- Receipt of financial assistance for all services not payable by another program that meet the qualifications of Peninsula Regional Medical Center's Financial Assistance Policy.

#### **Obligations:**

- Submit complete and accurate information on the Uniform Financial Assistance Application in use in the state of Maryland.
- Attach supporting documentation and return the form to Peninsula Regional Medical Center in a timely manner
- Make payment in full or establish a payment plan for services not qualified under Peninsula Regional's Financial Assistance Policy

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## **MISSION**

**Improve the health of the communities we serve.**



## **VALUES**

- **Respect for every individual**
- **Delivery of exceptional service**
- **Continuous improvement**
- **Safety, effectiveness**
- **Trust and compassion**
- **Transparency**



## **VISION**

**As the Delmarva Peninsula's referral Medical Center, we will be the leader in providing a system of regional access to comprehensive care that is interconnected, coordinated, safe and the most clinically advanced. We will deliver an exceptional patient and family experience, while fostering a rewarding environment for physicians and employees. Together, Peninsula Regional Medical Center and its physicians will be a trusted partner in improving the health of the region.**